



NIGERIAN DEFENCE ACADEMY KADUNA OFFICER-CADETS' PROPENSIVE USE OF DRUGS AND SUBSTANCES

Ibrahim Ignatius Felix Ruwan
Bulus Benjamin Balami
Arobadade Adedamilare Ayuba

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Authors' Affiliation

Department of Psychology
Nigerian Defence Academy Kaduna
fruwan@nda.edu.ng

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ABSTRACT

Studies have shown that military cadets who are in training use drugs and other substances more frequently than those who have completed training. In this study, Nigerian Defence Academy officer cadets' drug use incidences and prevalence were evaluated. A cross-sectional survey design was used in the study. Through convenient sampling techniques, a total of two hundred and eighty-four (284) participants—241 (84.9%) male and 43 (15.1%) female—were recruited. Drug and substance use were assessed using the WHO's 2002 Alcohol Smoking and Substance Involvement Screening Test (ASSIST). The binomial test and multiple linear regressions (MLR) were used to test five hypotheses. Results from Hypothesis 1 were made known. The outcome showed that cadet drug use was highly prevalent (binomial test, $p = .001$). Results from the second hypothesis revealed that there was no connection between cadets' drug use and age ($r = .268$, $t = .485$, $p = .628$). The third hypothesis's result showed that there was no connection between cadets' drug use and gender ($r = -1.139$, $t = -1.432$, $p = .153$). The outcome of Hypothesis 4 showed that there was no connection between cadets' use of drugs and battalion ($r = .084$, $t = .324$, $p = .746$). According to hypothesis five's findings ($r = .660$, $t = 2.151$, $p = .032$), there is a significant positive correlation between regular course cadets' and drug use. The study found that drug use is significantly more prevalent across age groups, genders, and battalions, with senior regular course officer cadets of the NDA showing the highest prevalence of drug use. It was suggested that the cadet brigade command work with the four battalions of the Nigerian Defense Academy in Kaduna to implement measures to foster a positive and encouraging battalion culture. Some of these recommendations include training battalion commanding officers on substance abuse prevention and intervention, encouraging positive social norms around drug and substance use, and offering mental health support for officer cadets who may be at risk for substance abuse.

Introduction

The use of drugs and other substances refers to ingesting chemicals that can change a person's emotions, thoughts, or behavior. Drug and substance use can be done for spiritual, recreational, or medical reasons. However, abusing drugs and other substances can result in addiction, issues with one's physical and mental health, and social problems.

Drug and substance abuse are major global public health problems. The World Drug Report (2021) by the United Nations Office on Drugs and Crime (UNODC) estimates that 275 million people globally used drugs in 2020, a 22% increase from the estimate in 2010. The report also showed that cannabis, stimulants like cocaine and amphetamines, and opioids account for the majority of drug-related fatalities.

The use of drugs and other substances is a problem that affects military personnel everywhere. The prevalence of illicit drug use varied greatly, from 0.2% to 64.0%, depending on the country and the type of drug used, according to a systematic review of 70 studies on drug and alcohol use among military personnel from 28 countries (Schoenborn et al., 2019). The review also revealed that alcohol use disorders were more common among military personnel, with rates among combat veterans being higher, ranging from 8.0% to 30.0%.

The use of drugs and other substances by officer cadets undergoing training is a global issue that has the potential to harm their physical and mental well-being, academic performance, and future professional prospects. According to an Indian study (Kumar et al., 2020), 10.8% of officer cadets admitted to using tobacco, 1.7% admitted to using cannabis, and 0.3% admitted to using opioids. According to a different study from Turkey, 0.6% of officer cadets and 14.2% of all cadets reported using cannabis (Kizirgil et al., 2018). Despite the possibility that prevalence rates vary across nations, these studies imply that drug and substance use among officer cadets in training may be of concern.

Aliyu et al. (2012) reported that among Nigerian army training personnel, tobacco and alcohol use are highly prevalent. 91.1% of the 405 cadets polled said they had used alcohol at least once, compared to 66.9% who said they had used tobacco. According to the study, 2.7% of the staff members and 25.2% of the personnel, respectively, reported using

amphetamines. According to the study, marijuana and amphetamine use among cadets were on the rise, while alcohol and tobacco use were still common (Ogundipe et al. 2014).

In 2014, it was discovered that drug and substance use was less common among Nigerian military personnel undergoing training. 12.5% of the 480 training personnel who were surveyed said they had used alcohol at least once in their lifetime, compared to 13.1% who said they had used tobacco. The study also found that the cadets used cannabis and amphetamines at relatively low rates (Ogundipe et al. 2014).

Similar rates of drug and substance use were reported in a more recent study conducted by Olagunju et al. (2018) among students and instructors at the Nigerian Army School of Infantry. According to the study, 68.3% of the training staff who were polled admitted to using tobacco, while 91.9% said they had used alcohol at least once. According to the study, a high percentage of cadets use cannabis and amphetamines, with respective usage rates of 23.2% and 13.9%.

Based on how they affect the body and where they fall under the law, drugs and other substances can be divided into a number of categories. Among the most popular categories of drugs and substances are: Drugs known as stimulants raise alertness, attention, and energy levels. Cocaine, nicotine, amphetamines, caffeine, and nicotine are a few examples of stimulants.

Depressants: These medications lower anxiety while also causing muscle relaxation, sedation, and a slowing of central nervous system activity. Alcohol, benzodiazepines, and barbiturates are examples of depressants.

Drugs known as hallucinogens affect perception, thought, and emotion. Hallucinogens include drugs like LSD, psilocybin, and mescaline.

Opioids: Opioids are medications that act on the nervous system to block pain signals and release dopamine and euphoric chemicals. Opioids include substances like heroin, morphine, and oxycodone.

Cannabis: Made from the cannabis plant, cannabis is a drug that has a variety of effects, such as relaxation, altered perception, and heightened appetite.

Drug and substance use can have a variety of effects depending on the drug, the dose, the way it's

consumed, and the physical and mental health of the user. The following are a few short- and long-term effects of drug and substance use:

Quick-term results: Euphoria, elevated heart rate, blood pressure, and body temperature, dilated pupils, poor coordination, and decreased appetite are just a few of the short-term effects of drug and substance use.

Long-term effects of drug and substance use can include addiction, physical and mental health issues like liver disease, heart disease, lung cancer, depression, and anxiety, as well as social problems like monetary difficulties, family strife, and legal issues.

According to research, drug and substance use among military officer cadets in training can be significantly influenced by age. Studies on this subject are scarce, though, and results vary depending on the situation.

In comparison to older recruits, younger recruits were more likely to report heavy drinking, binge drinking, and drug use among US military recruits (Cunradi et al. 2013).

According to the study, recruits between the ages of 17 and 19 were more likely than those between the ages of 20 and 24 to report heavy drinking (OR = 2.0, 95% CI = 1.5–2.7), binge drinking (OR = 1.7, 95% CI = 1.3–2.2), and marijuana use (OR = 2.2, 95% CI = 1.7–3.0).

Manuela et al. (2018) assert that younger cadets were found to be more likely than older cadets to engage in binge drinking and cannabis use among Italian military cadets and that cadets between the ages of 18 and 19 were more likely than those between the ages of 20 and 24 to engage in binge drinking (OR = 2.8, 95% CI = 1.6–4.8) and cannabis use (OR = 4.5, 95% CI = 1.8–11.3).

Olagunju et al.'s (2018) study on Nigerian military training did not discover a statistically significant relationship between age and substance use. According to the study, there was no discernible difference in the prevalence rates of substance use between training personnel between the ages of 18 and 21 and those between 22 and 25. Similar findings were made by Umar et al. (2020), who found no connection between age and substance use among Nigerian military personnel.

Although there is little research on this subject, the studies that are available indicate that drug and substance use among military officer cadets in training may be significantly influenced by age. Comparing younger and older cadets, substance use may be more prevalent among the younger group. To better understand the connection between age and substance use among military officer cadets in training, additional research is required because the results are not consistent across contexts.

It is crucial to remember that, compared to other nations; Nigeria has a relatively low prevalence of drug and substance use among military cadets. According to a study by Olagunju et al. (2018), 10.9% of Nigerian military personnel in training reported using any substance, which is less than the prevalence rates found among military personnel in the US (20.5%) and Italy (38.3%).

The correlation between gender and drug use among military personnel has been studied in various studies. Males used drugs at a significantly higher rate than females among Nigerian military personnel (Awodele et al. 2019).

The study also discovered that drug and substance use were significantly correlated with younger age, being single, and lower levels of education (Awodele et al. 2019).

A Nwabueze et al. (2019) study of university students in Nigeria found that females were more likely than males to use drugs. Peer pressure and subpar academic performance, according to the study, were important predictors of drug use among female students. Several factors, such as cultural norms, socialization, and gender roles, may contribute to the difference in drug use prevalence between male and female military personnel. Males are often expected to be more daring and risk-takers than females in many cultures, which may explain why male drug use is more prevalent. Men may also find it harder to adapt to the military environment because of the pressure to uphold traditional masculine behaviors, which include taking risks.

Studies have shown that a variety of factors, such as social norms, peer pressure, stress, and drug availability, have an impact on how often military personnel use drugs and other substances.

An officer cadet's attitudes and behaviors regarding drug and substance use may also be influenced by the

battalion and unit to whom they belong. For instance, a study by Hildebrandt et al. (2019) discovered that U.S. Army soldiers had a higher risk of drug and alcohol abuse if they were in a combat unit. According to the study, soldiers who served in combat units were more likely to report abusing prescription drugs and drinking heavily than those who served in non-combat units. The authors hypothesized that greater rates of substance use among soldiers serving in combat units may be caused by the demands of combat duty and exposure to traumatic events.

According to Littrell et al. (2021), in a study of U.S. Army soldiers, lower rates of substance use were linked to membership in a unit with a strong leadership culture. According to the study, soldiers who thought their unit leaders were engaged and supportive were less likely to report using drugs or alcohol than those who thought they were distant or authoritarian. According to the results of these studies, a military unit's social and contextual factors may have a significant impact on how often officer cadets use drugs and other substances while undergoing training. In order to foster a positive social norm around drug and alcohol use, military institutions can promote training for unit leaders in substance abuse prevention and intervention. They can also support soldiers who may be at risk for substance abuse by providing mental health care.

The regular training regimen of cadets may have an effect on military personnel's drug use. Cadets who use drugs to cope with the demanding training can become more likely to use drugs as a result of the demanding and stressful training they go through (Mohammed et al., 2019).

Numerous studies have looked into the connection between cadets' regular training schedule and drug use. For instance, Mohammed et al.'s 2019 study discovered that Nigerian military personnel were more likely to use drugs than their non-trained counterparts. According to the study, 14.2% of military personnel who were not in training and 22.7% of those who were reported using drugs (Mohammed et al., 2019).

Similar findings were made in a study on training conducted by Akintomide et al. (2020) among members of the Nigerian Air Force, which revealed that training participants had a higher prevalence of substance use than training graduates. According to

the study, 39% of employees who were in training admitted to using at least one drug, compared to 27% of those who had successfully completed training.

According to a study conducted by Baiden et al. (2020) on Ghanaian military cadets, peer pressure, boredom, and stress were all significant predictors of substance use. According to the study, reducing substance use among military cadets may be possible with interventions that focus on these factors.

According to a study by Kornblum and Hasenfeld (2018), senior cadets significantly influenced the drinking habits of junior cadets at military academies in the United States. According to the study, senior cadets who drank heavily were more likely to have junior cadets who did the same.

Similar findings were made by Macdonald et al. (2018) among Canadian military cadets, who discovered that senior cadets' alcohol use behaviors were closely related to those of junior cadets. According to the study, initiatives to curb senior cadets' alcohol consumption may benefit junior cadets' drinking habits as well.

Other studies have looked at the connection between drug use among senior and junior cadets in a broader sense. As an illustration, a study conducted by Griffiths et al. (2019) on Australian military cadets revealed that peer pressure and social norms were important predictors of drug use among cadets. According to the study, social norms and peer pressure-focused interventions may be successful in lowering drug use among military cadets.

It is relevant to argue that the studies mentioned above point to a prevalence of drug and substance use among military officer cadets undergoing training all over the world, which is concerning, especially given the reported wide range of prevalence rates.

The need for interventions to lessen and prevent drug and substance use among military cadets undergoing training in Nigeria is highlighted by the high prevalence of tobacco and alcohol use, as well as the growing concern over cannabis and amphetamine use.

Statement of the Problem

Youth drug and substance abuse in Nigeria is now a widespread issue. This evil act does not exempt women. Drug abuse has played a role in society's decline. Despite this, many young people still partake in it. Many of our young people in Nigeria are

receiving drug treatment in psychiatric hospitals. More young people than older people suffer from mental illness, and drug abuse is the main contributor to youth insanity.

Some young people quit school because they were unable to continue because of the amount of drugs they were using, which caused them to go insane. The Nigerian Defence Academy in Kaduna is not an exception, as it is a military institution that primarily enrolls young people between the ages of 17 and 25. Drug and substance abuse cannot be totally eradicated from the institution. In fact, when Major General Jamil Sarham took over as commandant of the NDA, he made a promise to end drug and alcohol abuse. He reaffirmed that, under his direction, the academy would test officer cadets for drugs at random in order to address the problem of substance abuse (Kilete, 2019).

Due to their drug addiction, many young people become homeless, wanderers, delinquents, unemployed, rapists, thugs, armed robbers, and engage in other undesirable behaviors. Due to drugs, many people's lives and valuables have been lost in accidents and acts of violence. Because of drugs, which have been a major issue in Nigeria, young people who should be the future of their families, the society at large, and themselves have wasted their lives. Because it affects the overall level of population health in the short term, young people's health is crucial to promoting and maintaining the health of the population as a whole (Tsverkova & Antonova, 2013).

Despite the measures taken by the NDA authority to combat this menace, drug and substance abuse appear to be becoming more common among officer-cadets in the NDA.

Given the foregoing, the purpose of this study is to examine the perceived prevalence of drug and substance use among officer cadets of the NDA across age, gender, battalion, and regular course. It was hypothesized that

1. There will be a significant prevalence of drug use among NDA officer cadets.
2. There will be a significant relationship between age and drug use among NDA officer cadets.
3. There will be a significant relationship between gender and officer cadets in the NDA.

4. There will be a significant relationship between battalion and drug use among officer cadets of the NDA.
5. There will be a significant relationship between regular course and drug use among officer cadets of the NDA.

Methods

Design

The research employed a cross-sectional survey design. This is because the study will not involve the manipulation of variables.

Population of the study

The population for the study consisted of all male and female officer cadets of the NDA across the 4 battalions of Abyssinia, Mogadishu, Dalet, and Burma. 284 samples of officer cadets were determined by the Dilman (2000) formulae for sample size determination. They were recruited through a convenient sampling technique.

Instruments

Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) developed by the World Health Organization (WHO, 2002) identifies the utilization of 10 differing kinds of mind-blowing substances: tobacco, alcohol, marijuana, cocaine, amphetamine-type stimulants, inhalants, sedatives, hallucinogens, opioids, and alternative medication. It consists of eight questions: Q1: substance use ever; Q2: substance use within the previous 3 months; Q3: robust want or urge to use throughout the previous 3 months; Q4: personal, social, financial, or legal issues related to use within the previous 3 months; Q5: failure to satisfy role obligations within the previous 3 months; Q6: expressions of concern by persons near the user regarding his or her use of medicine ever or within the previous 3 months; Q7: making an attempt to finish drug use; and Q8: use of blood vessel medication ever (WHOASSIST social unit, 2002). The ASSIST test's validity and dependability are rumored in international studies, with a test-retest constant of zero.58–0.90 and an inside consistency of zero.80. The assessment determines a risk score for every substance, which will be categorized into 3 levels: low risk (0–3 points), moderate risk (4–26 points), and high risk (>26 points) (Khan et al., 2011;

Smith et al, 2010; WHO ASSIST Working Group, 2002).

Procedure

The ethical committee of the Nigerian Defense Academy was officially authorized to grant approval for the study. The researcher also embarked on an advocacy visit to the four battalions to meet with the commanding officers and seek permission to interface with officer-cadets of the battalion. Officer-cadets gave their informed, voluntary assent to participate in the study.

Participants were recruited through a convenient sampling technique at the battalions' lines, and informed consent was sought after a brief explanation of the research. Those who gave consent to participate were allowed to do so with the assurance of anonymity and confidentiality of their responses. Participants were informed that they will not be under any obligation to participate and that they have the right to withdraw at any point if they feel inclined to discontinue the study. Each participant was given a pen and pencil for participating.

RESULTS

Descriptive Results

This section presents and describes the demographic characteristics of the study participants, and the different types of drugs used by cadets (Tables 1 and 2)

Table 1. Demographic Characteristics of Study Participants

	Frequency	Percentage %
Age Group		
17-19 years	57	20.1
20-22 years	181	63.7
23-25 years	46	16.2
Gender		
Male	241	84.9
Female	43	15.1
Battalion		
Mogadishu	72	25.4
Abyssinia	81	28.5
Dalet	66	23.2
Buma	65	22.9
Regular Course		
74RC	70	24.6
73RC	73	25.7
72RC	79	27.8
71RC	62	21.8

Data Analysis

The binomial test and the multiple linear regressions (MLR) were used to test the hypotheses in the study. The binomial test was used to test hypothesis 1. The binomial test is a statistical test that is used to determine if the proportion of successes in a sample is significantly different from a hypothesized proportion. The test is based on the binomial distribution, which describes the probability of obtaining a certain number of successes in a fixed number of independent trials. In a binomial test, the alternative hypothesis assumes that the proportion of successes is either greater than or less than the hypothesized proportion. The binomial test is appropriate for testing hypothesis one as the data is binary (that is, there are only two possible outcomes: drug use or non-drug use).

Hypotheses 2, 3, 4, and 5 were tested with the MLR. The MLR is a statistical method that uses multiple explanatory (independent) variables to test the outcome of a response variable. Modeling the relationship between the explanatory and response variables is the objective of the MLR.

Table 1 shows the demographic characteristics of the study participants. The table indicated that the majority (63.7%) of the study participants were between 20 – 22 years of age. The majority (84.9%) of the participants were males; most (28.5%) of the cadets were in Abyssinia battalion, and most (27.8%) of the cadets in the study were in 72RC.

Table 2. Drug use Rate among Cadets in NDA

	No		Yes	
	f	%	F	%
Tobacco products (Cigarettes, chewing tobacco, cigars, etc.)	221	77.8	63	22.2
Alcoholic beverages (Beer, wine, spirits, etc.)	134	47.2	150	52.8
Cannabis (Marijuana, pot, grass, hash, etc.)	230	81.0	54	19.0
Cocaine (Coke, crack, etc.)	261	91.9	23	8.1
Amphetamine type stimulants (Speed, diet pills, ecstasy, etc.)	239	84.2	45	15.8
Inhalants (Nitrous, glue, petrol, paint thinner, etc.)	251	88.4	33	11.6
Sedatives or sleeping pills (Valium, serepax, rohypnol, etc.)	196	69.0	88	31.0
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	264	93.0	20	7.0
Opioids (Heroin, morphine, methadone, codeine, etc.)	247	87.0	37	13.0
Others	268	94.4	16	5.6

Table 2 shows the rate of the different drugs used among cadets. The table revealed that 22.2% of the cadets use tobacco products, the majority (52.8%) of the cadets use alcoholic beverages, 19% use cannabis, 8.1% use cocaine, 15.8% use amphetamine type stimulants, 11.6% use inhalants, 31% use sedatives or sleeping pills, 7% indicated using hallucinogens, 13% use opioids, and 5.6% of the cadets indicated using other type of drugs.

Inferential Results

Hypotheses one was tested with the Binomial test for proportion (Prevalence), and the results are presented below.

Table 3

Prevalence of Drug use among Cadets

Drug use	Frequency	Observed proportion	Test proportion	<i>p</i> -value
Drug use	73	.26	.50	<.001
None use	211	.74		
Total	284	1.00		

The Binomial test was conducted to examine the prevalence of drug use among cadets (Table 3). Using the test proportion 0.50, the results revealed that among the participants, 26% engaged in drug use, while 74% did not engage in drug use. The result indicated significantly high prevalence of drug use among cadets (binomial test, $p < .001$). This indicates that the prevalence of drug use among cadets significantly higher than 0.50. Hypothesis one is supported.

Hypotheses 2, 3, 4, and 5

The multiple linear regression was used to test four hypotheses at the 0.05 significance level. The results are presented in Tables 4 and 5 below.

Table 4. Regression Model Summary

R ²	F Change	df1	df2	Sig. F Change
.034	2.459	4	279	.046

Table 4 shows the regression model summary for age, gender, battalion, and regular course. The result revealed that the coefficient of determination $R^2 = .034$, $F_{(4, 279)} = 2.459$ (5% level of significance). This showed that age, gender, battalion, and regular course can be held for 3.4% variability of drug use among cadets.

Table 5. Coefficients of Regression Model 1

Model	Unstandardized Coefficients		Standardized Coefficients	T	p-value
	B	Std. Error	Beta		
(Constant)	1.659	1.484		1.118	.264
Age	.268	.553	.033	.485	.628
Gender	-1.139	.795	-.085	-1.432	.153
Battalion	.084	.259	.019	.324	.746
Regular Course	.660	.307	.149	2.151	.032

Dependent Variable – Drug use

Hypothesis 2:

The result of hypothesis two (Table 5) shows that the regression coefficient of age in the estimated regression line is .033, which indicates that 3.3% of the change in drug use among cadets was accounted for by age. There was no significant relationship between age and drug use among cadets ($= .268$, $t = .485$, $p = .628$). Hypothesis two is not supported.

Hypothesis 3:

The result of hypothesis three (Table 5) revealed that the regression coefficient of gender in the estimated regression line is .085, which indicates that 8.5% of the variability in drug use among cadets was accounted for by gender. There was no significant relationship between gender and drug use among cadets ($= -1.139$, $t = -1.432$, $p = .153$). Hypothesis three is not supported.

Hypothesis 4:

Table 5 shows the results of Hypothesis 4. The results indicated that the regression coefficient of the battalion in the estimated regression line is .019, which indicates that 1.9% of the change in drug use among cadets was accounted for by the battalion. There was no significant relationship between battalion and drug use among cadets ($= .084$, $t = .324$, $p = .746$). Hypothesis 4 is not supported.

Hypothesis 5:

The result of hypothesis 5 (Table 5) showed that the regression coefficient of regular course in the estimated regression line is .149, which indicates that 14.9% of the change in drug use among cadets was accounted for by regular course. There was a significant positive relationship between regular course and drug use among cadets ($= .660$, $t = 2.151$, $p = .032$). Hypothesis five is supported.

DISCUSSIONS

The purpose of this study is to look into the perceived prevalence and incidences of drug use among officer cadets at the Nigerian Defence Academy Kaduna across age, gender, battalion, and regular course.

According to Hypothesis 1, drug use will be significantly more common among NDA officer cadets. The outcome showed that cadet drug use was highly prevalent (binomial test, $p=0.001$). This suggests that there is a much higher than 0.50 prevalence of drug use among cadets. This outcome is in line with Kumar et al.'s (2020) findings.

They discovered that 10.8% of the officer cadets there admitted to using tobacco, 1.7% to using cannabis, and 0.3% to using opioids.

According to Kizirgil et al. (2018), the results of a different study showed that 0.6% and 14.2% of officer cadets, respectively, reported using cannabis. Despite the possibility that prevalence rates vary across nations, these studies imply that drug and substance use among officer cadets in training may be of concern.

A different study by Aliyu et al. (2012) showed a high prevalence of tobacco and alcohol use. According to the study, marijuana and amphetamine use among cadets were on the rise, while alcohol and tobacco use were still common.

As a result, Olagunju et al. (2018) reported in their study that there was a high prevalence of drug and substance use among staff at the Nigerian Army School of Infantry, Jaji Kaduna.

The second hypothesis predicted that among NDA officer cadets, there would be a significant correlation between age and drug use. The findings showed that there was no connection between cadets' age and drug use ($r=0.268$, $t=0.485$, $p=0.628$). The outcome is consistent with those of Olagunju et al. (2018), who found no evidence of a significant relationship between age and substance use. The results showed that there was no discernible difference in substance use among Nigerian military cadets between those aged 18 to 21 and those aged 22 to 25.

The aforementioned finding, however, contrasts with a 2013 study by Cunradi et al. on US military recruits, which found that younger recruits, aged 17 to 19, were more likely to report heavy drinking, binge

drinking, and drug use than older recruits, aged 20 to 24 (Cunradi et al. 2013).

As a result, younger cadets aged 18–19 were more likely to engage in binge drinking and cannabis use compared to older cadets aged 20–24 among Italian military cadets (Manuela et al., 2018).

The third hypothesis predicted that among NDA officer cadets, there would be a big difference between the sexes. Results showed that among cadets, there was no statistically significant link between gender and drug use ($r=-0.139$, $t=-1.432$, $p=0.153$).

The same gender roles in military training and NDA norms may be to blame for the lack of a statistically significant relationship between gender and drug use among NDA cadets. Both genders may find the military environment more difficult because of the pressure to adhere to masculine norms and take risks. The outcome, however, conflicts with those of Awodele et al. (2019), who discovered that males were significantly more likely than females to use drugs among Nigerian military personnel. While Nwabueze et al. (2019) noted that among Nigerian university students, females had a higher prevalence of drug use than males,

The fourth hypothesis predicted a strong correlation between drug use and battalion among NDA officer cadets.

According to the results, there was no connection between the cadets' battalion and drug use ($r=0.084$, $t=0.324$, $p=0.746$). The findings of this study are in line with those of Littrell et al. (2021), who discovered that soldiers who thought of their battalion and unit leaders as engaging and supportive were less likely to report using drugs and alcohol than soldiers who thought of them as detached or authoritarian.

The outcome, however, conflicts with those of Hildebrandt et al. (2019), who discovered that U.S. Army personnel who served in combat units or combat battalions had a higher risk of abusing drugs and alcohol than those who served in non-combat units.

According to Hypothesis 5, there will be a strong connection between drug use and regular classes among NDA officer cadets. The findings showed a statistically significant positive correlation between regular course attendance and cadet drug use ($r=0.660$, $t=2.151$, $p=0.032$). The outcome is consistent with those of Mohammed et al. (2019), who discovered

that drug use was more common among Nigerian military personnel who were in training than among those who were not. The outcome supports the findings of Akintomide et al. (2020), who discovered that cadets in the Nigerian Air Force who were still in training had a higher prevalence of substance use than cadets who had finished training.

The results of this study concur with those of Kornblum and Hasenfeld (2018), who discovered that among American cadets attending military academies, senior cadets who drank heavily were more likely to have junior cadets who did the same. The outcome is consistent with those of Macdonald et al. (2018), who discovered a strong correlation between senior cadets' alcohol use behaviors and junior cadets' alcohol use behaviors in the Canadian military.

CONCLUSION

The main goal of this study was to examine the perceived propensity for drug use among officer cadets of the NDA across age, gender, battalion, and regular course. The study found a preponderance of drug use behavior among senior regular course officer cadets of the NDA as well as a significantly high prevalence of drug use across age, gender, and battalion of officer cadets. The study adds to the growing body of research on the use of drugs and will also offer empirical data to support theoretical models of drug and psychoactive substance use among NDA officer cadets.

RECOMMENDATIONS

The authority in charge of the Nigerian Defense Academy should pay more attention to interventions, which could include drug testing, counseling services, educational and training programs, peer support groups, and mental health services. Providing training for battalion commanding officers on substance abuse prevention and intervention, promoting positive social norms around drug and substance use, and providing mental health support for officer cadets who may be at risk for substance abuse are just a few of the actions the cadet brigade command, in collaboration with the four battalions of the Nigerian Defense Academy Kaduna, can take to foster a healthy and supportive battalion culture.

In order to effectively prevent and treat substance use disorders among military personnel, the psychology department and the counseling units at the NDA should implement psycho education, cognitive-

behavioral therapy, and medication-assisted treatment programs.

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