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Research Article

Prevalence of School Drop Outs Among Drug Users in a Drug Treatment Center; A 10 year Retrospective Study.

Dapap D.Datak[1], Nwoga Charles[2], Audu D Moses[2].

[1] *Department of Psychiatry, College of medical Sciences, Bingham University, Jos, Plateau state, Nigeria.*

[2] *Faculty of Clinical Sciences, College of Health Sciences, University of Jos, Plateau state, Nigeria.*

Abstract

Background: Drug use and school dropout are often intertwined, with one exacerbating the other. For students, substance abuse may begin as a form of coping with academic stress, social pressures, or personal issues. Over time, drug use can interfere with cognitive functioning, making it harder for students to concentrate, participate in classes, and maintain good grades. These academic struggles can increase frustration, leading to disengagement from school, behavioral issues, and ultimately dropping out.

Objectives: The aim of the present study was to determine the prevalence of school drop outs among drug users in a drug treatment center and to evaluate the demographic correlates of school dropout.

Method: This retrospective cross- sectional study analyzed data on 1,187 clients from a drug treatment center in Jos, Nigeria over ten years (2013-2023). The sample included all patients admitted during this period, for drug treatment, in which some had a history of school dropout prior to treatment. Data was collected from medical records and analyzed using SPSS version 22, where frequency and chi square statistics were used as statistical analysis.

Result: The prevalence of school drop-out was 5.9%. Out of these, 89% drop out at the level of degree program, and about 83% of these school drop-outs were from public higher institutions. School dropout was more prevalent among Islamic religion (p=0.001), Hausa ethnic group (p=0.001) and artisan occupational group (p=0.008).

Conclusion: The study showed high prevalence of school dropouts among drug users in treatment centers which has important implications for both drug rehabilitation programs and educational systems. Treatment centers should consider offering integrated services that address the educational needs of their clients. This may include providing educational support or collaboration with local schools to create a pathway for reintegrating individuals into the educational system once they have completed treatment

Keywords : School dropout, drug users, drug treatment center, substance abuse, academic failure.

INTRODUCTION

School dropout is a multifaceted issue that impacts not only the academic achievements of individuals but also their broader life outcomes, including employment prospects, social integration, and mental health. Compared to high school graduates, school dropouts may have greater job instability,[1] and economic difficulties.[2] Among the various factors influencing dropout rates, substance abuse stands out as a significant contributor. Drug use, particularly among adolescents and young adults, has been associated with a higher likelihood of school disengagement and dropout.

Epidemiological research has revealed the relationship between high school dropout, mental health problems and chronic health conditions such as asthma, diabetes and cardio-vascular disease.[3,4] Evidence also points to a relationship between school dropout and criminality including violence, assault, and crimes related to drugs.[4-7] According to various studies, students who drop out of high school may experience higher risk for problems related to the use of nicotine, alcohol, cannabis, and other illegal drugs.[5,8,9]

Research consistently shows a strong correlation between drug use and school dropout[10-12] The relationship between substance abuse and school dropout is among the most studied in official records,[13] suggesting that students who are involved in drugs or alcohol abuse are more likely to drop out

***Corresponding Author:** **Dapap D.Datak**, Department of Psychiatry, College of Medical Sciences, Bingham University, Jos, Plateau state, Nigeria.
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from school.[14-16] Lynskey & Hall have linked prior substance use to increased risk for school dropout.[17] Furthermore, the evidence from clinical work with substance-using teenagers confirms the belief that drug use leads to declines in academic motivation, study skills, and goal-setting.

It is well established that greater educational attainment is positively associated with health and wellbeing during adulthood.[18] For instance, Esch et al.[13] found that students who continued their academic career had lower risk of becoming current drinkers than their peers who had dropped out from school. Likewise, those adolescents who began to use cannabis before the age of 16 were up to five times more likely to drop out of secondary school than their peers who did not consume any drug.

In Nigeria a study conducted by obi et al revealed that the prevalence of substance abuse among out of school adolescents in Awka South LGA was 58.2% among the adolescents surveyed.[19] In addition a comparative study of substance use among in-school and out of school adolescents showed that the overall prevalence of substance use was 58.4%, with 63.6% among the out-of-school compared to 36.4% with the in-school participants.[20]

The prevalence of school dropouts among individuals in drug treatment centers is a significant area of concern for clinicians and researchers. Studies have found that many individuals who seek treatment for substance use disorders have a history of school disengagement or dropout. While exact statistics vary depending on the treatment center and demographic population being studied, a substantial proportion of drug users in treatment have dropped out of school.

Estimates of dropout rates seem to be higher in South and West Asia (43%) and sub-Saharan Africa (36%), while other geopolitical areas such as East Asia, and Europe show similar lower dropout rates (between 4 and 12%).[21,22]. In Spain, dropout rates are estimated as high as 22% with a greater incidence among males (26.6%).[23,24] In Bulgaria, the rate of school dropout for 2015 was 13.4 % where the lowest was Croatia (2.8%).[25] There is a dearth of data on prevalence of school drop outs among drug users in a drug treatment center in Nigeria and other parts of the world. Such data could inform treatment centers to consider offering integrated services that address the educational needs of their clients

MATERIALS AND METHOD

The study was conducted in a drug rehabilitation center at Jos South Local Government area of Plateau state, Nigeria, which has a population of 306,716 at the 2006 census. The center was established in 2012 with a vision of providing mental health promotion, treatment and rehabilitation for general mental illnesses and substance abuse as well as training and research. It offers residential treatment based on therapeutic community model as well as out-patient treatment. Ethical clearance was obtained from the Ethical committee of the Bingham University Teaching Hospital for the study and permission was granted by the Management of rehabilitation center to access data from medical records.

This retrospective cross- sectional study analyzed data on 1,187 clients from a drug treatment center over ten years (2013-2023). The sample included all patients admitted during this period, for drug treatment, among whom some had a history of school dropout prior to treatment. Data was collected from medical records, where psychological assessments, toxicology screening and interviews were conducted during the intake process. The study categorized participants based on their age, gender, marital status, educational level, occupation, the age at which they began using substances and etc. The school dropout was defined as individuals who had not completed their formal education or had dropped out before completing either primary, secondary education or their A-level. Data was analyzed using SPSS version 22, where frequency and chi square statistics were used as statistical analysis

RESULT

A total of 1,187 client's were admitted into the facility within the study period comprising 1,041(87.7%) Christians and 146(12.3%) Muslims. Their ages ranged between 14-91 years with a mean age of 31.16 years (SD=10.996). About two third, 753(63.4%) were within the ages of 18-32 years. More than three quarter were males 1,079(90.9%), while about three quarter were single 862(72.6%) and more than half of them had degree certificates, 774 (65.2%).(**Table 1**), **figure 1**; showed the educational level of the participants including school dropout in pie chart.

Figure 1. Pie chart

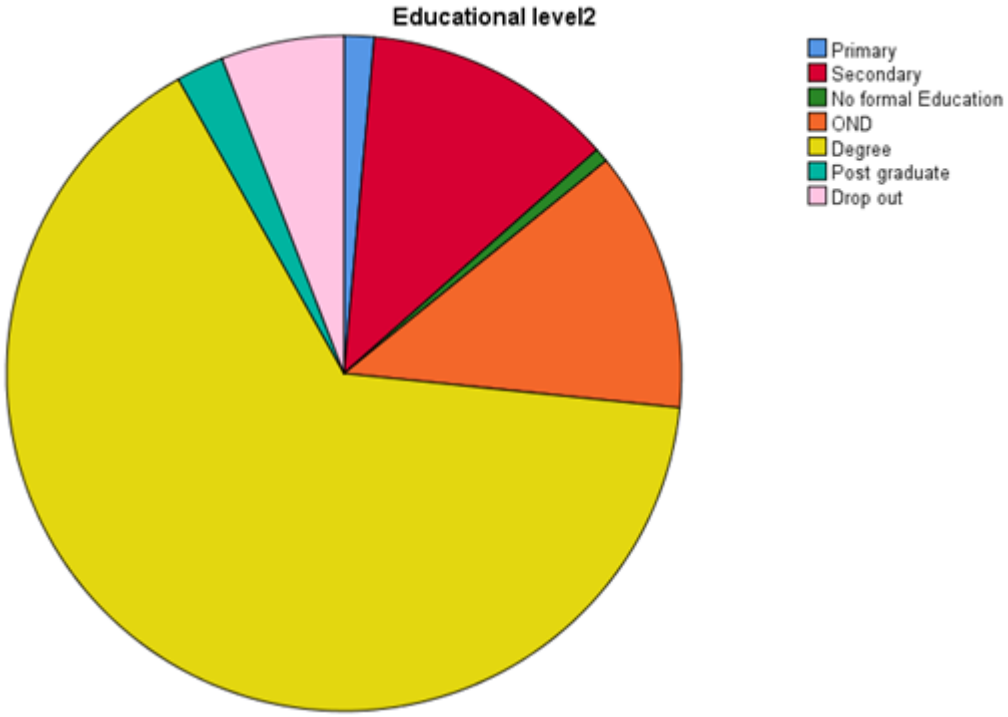


Table 1. Demographic variables of Clients

Demographic characteristics	Frequency	Percentage
Age group		
<18	25	2.1
18-32	753	63.4
33-47	311	26.2
48-62	42	3.5
63-77	42	3.5
>77	14	1.2
Gender		
Male	1079	90.9
Female	108	9.1
Marital status		
Single	862	72.6
Married	314	26.5
Separated	6	.5
Widowed	5	.4
Religion		
Christianity	1041	87.7
Islam	146	12.3
Ethnicity		
Hausa	95	8.0
Yoruba	52	4.4
Igbo	92	7.8
Plateau state indigenes	397	33.5
Others	550	46.3
Occupation		
Civil servant	240	20.2
Student	472	39.8
Applicant/Unemployed	177	14.9
Farmer	36	3.0
Business/Self-employed	137	11.5
Artisan	26	2.2

Health workers	13	1.1
Clergy	12	1.0
Retiree	22	1.9
Others	52	4.4
Educational level		
Primary	17	1,4
Secondary	143	12.0
No formal edu	8	.7
OND	148	12.5
Degree	774	65.2
Postgraduate	27	2.3
Drop out	70	5.9

In our study, the prevalence of school dropout among the study participants was 5.9%, meanwhile school dropout was more prevalent among the male gender (p= 0.322), Islamic religion (p=0.001), Hausa ethnic group (p=0.001) and artisan occupational group (p=0.008). These were all statistically significant except for gender. (**table 2**).

Table 2. Association between demographic variables and school drop out.

Demographic Characteristics	School dop out		Chi square	p-value
	Yes	No		
Age group				
<18	3 (12.0)	22 (88.0)	5.865	0.320
18-32	40 (5.3)	713 (94.7)		
33-47	17 (5.5)	294 (94.5)		
48-62	4 (9.5)	38 (90.5)		
63-77	4 (9.5)	38 (90.5)		
>77	2 (14.3)	12 (85.7)		
Gender				
Male	64 (5.9)	1015 (94.1)	0.656	0.322
Female	6 (5.6)	102 (94.4)		
Marital status				
Single	46 (5.3)	816 (94.7)	4.054	0.132
Married	22 (6.9)	297 (93.1)		
Separated	0 (0.0)	6 (100)		
Widowed	2 (40.0)	3 (60.0)		
Religion				
Christianity	55 (5.3)	986 (94.7)	14.655	0.001
Islam	15 (10.3)	131 (89.7)		
Ethnicity				
Hausa	9 (9.5)	86 (90.5)	19.705	0.001
Yoruba	1 (1.9)	51 (98.1)		
Igbo	5 (5.4)	87 (94.6)		
Plateau state indigenes	25 (6.3)	372 (93.7)		
Others	30(5.5)	520 (94.5)		
Occupation				
Civil servant	0 (0.0)	240 (100)	18.967	0.008
Student	0 (0.0)	472 (100)		
Applicant/Unemployed	28 (15.8)	149 (84.2)		
Farmer	10 (27.8)	26 (72.2)		
Business/Self-employed	15 (10.9)	122 (89.1)		
Artisan	9 (34.6)	17 (65.4)		
Health workers	0 (0.0)	13 (100)		
Clergy	0 (0.0)	12 (100)		
Retiree	0 (0.0)	22 (100)		
Others	8 (15.4)	44 (84.6)		

DISCUSSION

In our study, we found that school dropout was prevalent among 1,187 clients admitted in a drug treatment center, with a prevalence of 5.9%,. The findings of this study provide compelling evidence that drug abuse is strongly correlated with school dropout. Early initiation of drug use, particularly during the critical developmental period of adolescence, appears to play a pivotal role in academic disengagement. The data suggests that drug abuse can negatively affect cognitive functioning, mental health, and social skills, all of which are necessary for academic success.

The prevalence in our study is lower than most previous studies conducted across the world. It is lower compared to studies conducted in South and West Asia (43%) and sub-Saharan Africa (36%).[21] The reason for this discrepancy could be due to the fact that their study was conducted on the general population where there could be a wide range of risk factors such as, drug abuse, learning disability, socioeconomic factors, socio cultural factors and e.t.c. while our study was limited to drug users in a drug treatment center.

On the other hand, our study had higher prevalence rate than studies conducted in Croatia (2.8%).[25] This may be due to socioeconomic disparities, educational policies, and cultural norms, where Croatia may have prioritized universal basic education and investing in quality education and social support systems tending to have lower dropout rates compared to our country Nigeria.

The study also highlights gender differences in school dropout rates, with males more likely to drop out due to substance abuse. Even though this was not statistically significant, the incidence was more among males. This may reflect broader societal factors such as gender norms, peer influences, and gendered patterns of substance use and academic performance.

Our study also revealed that school dropout among these drug users was more prevalent among Islamic religion than other religion. This could likely be due to cultural stigma and denial, whereby in many Islamic societies, drug use is highly stigmatized due to religious prohibitions. Because of this, individuals who use drugs may face strong social rejection or family shame which could leads to denial and silence, hindering both individuals and families from seeking help with subsequent withdrawal from public life including school, or the shame or fear of being discovered might push some students to drop out rather than risk being caught. This aligns with a study done by Sean O' Malley[26] on Canadian Muslim communities which found that addiction is often viewed through a religious lens as a sin, leading to significant stigma. This perception can deter individuals from seeking help, potentially impacting their educational continuity. It is crucial to break down these barriers and create an environment where open discussions about drug abuse can take place without judgment.

School dropout among drug users was more prevalent among Hausa ethnic group than other ethnic groups. This could be due to the fact that Drug use is highly stigmatized especially among the Hausa ethnic group, which may discourage families from seeking help. Instead of rehabilitation, youths are often ostracized, leading to further disengagement from school. Secondly, in many Hausa communities, there is a cultural expectation for boys to start working early and for girls to marry young. This can interrupt formal education, especially when paired with drug use. This agrees with a study conducted by Sarkingobir and Dikko[27] in Sokoto State of Nigeria which is a Hausa dominated state, the study found that a significant proportion of out-of-school youths engaged in substance abuse. The study highlighted that 46.7% of out-of-school youths had left school after primary education, while 26.7% had never attended school. Most of the out of school youth were married (80%) and only 6.7% are married among in-school youth.The respondent's age was within 18-22 years in most cases.

Artisan as an occupational group in our study has more prevalence of school dropout among drug users compared to other occupational groups. This could be due to a mix of socioeconomic, educational, and cultural factors, which may include;

Early entry; Artisans typically engaged in informal trades such as carpentry, welding, tailoring, and mechanics, often start learning their trade at a young age, sometimes as apprentices. This early vocational path can lead to leaving school early, especially if education is seen as less relevant to their chosen trade or when combined with substance abuse. This aligns with study conducted by Nwachuku[28]

Lower educational demand; Many artisan jobs don't require formal education or certifications beyond basic literacy and numeracy. This can reduce the motivation to stay in school, especially when income can be earned without further education, therefore most of the school drop out's opt for artisan work instead.

Peer influence and environment; The artisan work environment can expose young people to older peers or mentors who may already be involved in drug use. Drug culture can sometimes be normalized in informal sectors, especially where supervision and regulation are limited. This aligns with study conducted by Hawkins et al.[29]

Many artisans come from low-income families, where financial hardship pushes children to contribute to the household income. Dropping out of school to pursue paid work or apprenticeship becomes a necessity rather than a choice. In such environments, drug use can emerge as a form of coping or recreation in the absence of structured support. This aligns with United Nations World Drug Report 2018.[30]

CONCLUSION

The prevalence of school dropouts among drug users in treatment centers underscores the importance of a holistic approach to both drug rehabilitation and education. By addressing the underlying causes of substance abuse, providing tailored support, and creating opportunities for educational reintegration, society can help break the cycle of substance abuse and academic failure. It is essential for policymakers, educators, and mental health professionals to work collaboratively to support at-risk youth and ensure that both their educational and personal well-being are prioritized.

LIMITATIONS

This study has some limitations. The sample was drawn from a single drug treatment center, which may not be representative of all drug users or those who are school dropouts. Additionally, the study relies on retrospective data, which may be subject to recall bias.

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Conflict of interests
The authors have declared that no competing interest exist

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