

Article

Drug intake and its effects on the nutritional health of youth in Bo City

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Abstract

This study examines drug intake and its effects on the nutritional health of youth in Bo City, Sierra Leone. With substance abuse becoming an escalating public health concern, this research investigates the prevalence, patterns, and consequences of drug use among young people, focusing on its impact on their dietary well-being. A mixed-methods approach was employed, combining questionnaires and interviews with 80 respondents, including youth, teachers, parents, and law enforcement officers. Key findings reveal that 37.5% of drug users were aged 11-20, with Tramadol (25%) and marijuana (24.1%) being the most abused substances. A significant 81.25% of respondents confirmed that drug abuse suppresses appetite, leading to malnutrition and related health complications. Additionally, 70% acknowledged existing drug control policies but criticized their weak enforcement, with ghettos (21.9%) and nightclubs (17.5%) identified as primary drug access points. Motivations for drug use included stress relief (20.6%) and economic hardship (15.3%), highlighting the intersection of psychological and socioeconomic factors. The study underscores the urgent need for integrated interventions combining drug rehabilitation, nutritional support, and stricter policy enforcement. Recommendations include school-based prevention programs, community awareness campaigns, and enhanced regulatory measures to curb drug accessibility. These findings contribute to the discourse on youth substance abuse in West Africa, emphasizing its nutritional and public health implications.

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Drug abuse; nutritional health; youth; substance use disorders; public health policy

Introduction

According to (Beauvais et al. 1989; Bachman et al. 1990 as cited in Stellah 2011) during the past decade, some advances have been made in understanding the nature and extent of the drug use problem encountered by the youth. Results obtained from this research have provided suggestive evidence that even the Ugandan high school seniors in Kawempe division are more likely use and abuse licit and illicit drugs. Substance use among youths can lead to problems and mental health related issues, promote poor peer relationships, motor-vehicle accidents and place stress on the family. They can develop into lifelong issues such as substance dependence, chronic health problems and social and financial consequences.

Drug is widely spread over the world among youths, seeming to provide lead way to the increase in crime rate, human immune virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and Sexual Transmitted Disease (STD). According to the United Nations Office on

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Drugs and Crime (2008), substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. (Beauvais et al. 1989; Bachman et al. 1990 as cited in Stellah 2011). People use drug to solve their problems but it is a temporal solution. It can worth nothing that drugs abusers can in one way or the other damage friends, relatives and societies. The abuse of drug is associated with culture, health, social and economic beliefs. Cultural belief considers most drugs to be helpful to some dangerous disease that befall man and use without prescription by medical practitioners. Social perception about drugs brings youth belonging to a different world of their choices.

Economic problems have engulfed youths to let them engage in money finding. In Sierra Leone, the concept of drug abuse came to sampling after the advent of the rebel war in 1991. History also has it that drug abuse in Sierra Leone can be associated with slave trade were goods such as tobacco, liquor and gun powder were brought by slave masters in exchange for slaves. The drugs the chief and elders used made them mentally imbalanced which led them to sell their subjects to slave traders. Sierra Leone, over the years, has sunk into that of despair and pessimism and people have lost taste of good right.

Globally, million people consume some form of illicit drugs. The trafficking of illicit drugs and hallucinogens is the largest business in the world accounting for 8% of international trade. Illicit drugs use include the-none medical use of drugs prohibited by national laws, such as Cannabis, cocaine, and opium. Hence the use is both stigmatized and hidden and estimating the prevalence of illicit drug use is therefore different (Degenhartt and 2 Hall, 2012). Cannabis is a significant public health problems associated with undesirable outcomes including impaired short-term memory function or attention, impaired reaction time higher risk for neuropsychiatric disorders greater susceptibility to further illicit drug use and Cannabis dependence (Schneider). Males report higher cannabis consumption than do females as well as more likely to become dependent (Kandel and Chen) Substance Abuse and Mental health Services Administration, 2008.

Background of the Study Area

Bo which is the study area is found in the Southern part of Sierra Leone. According to the 2015 census report, Sierra Leone's population has been on the increase since 1963 census. It increased from 2,180,355 in 1963 to 2,735,159 in 1974 and 3,515,812 in 1985. From 2004 to 2015 the population has increased from 4,976,871 to 7,092,113, representing an inter-censal percentage increase of 42.5%. (Statistics Sierra Leone, 2015; Population and Housing Census). Bo is the second largest city in Sierra Leone by landscape/geographical location (after Freetown) and the largest city in the Southern Province. Bo is the capital and administrative centre of Bo District. Retrieved from (<https://wikitravel.org/en/Bo>; at 1:52pm)

Bo has been the educational centre of the interior since the opening in 1906 of a secondary school for the sons of Mende and other chiefdoms; it now has government, Christian, and Muslim schools, a main library, and teacher-training colleges. Several periodicals are published locally. Bo also has the largest government hospital outside Freetown. Retrieved from <https://www.britannica.com/place/Bo-Sierra-Leone>; at 2:27 pm). The city of Bo had a population of 149,957 in the 2004 census and had a population of about 174,369 according to the 2015 population and Housing census. Retrieved from (www.citypopulation.de/en/sierraleone/admin/bo/3191_bo/; at 2:27pm).

The inhabitants of Bo are known for their resolve, resistance and hospitality. The town was named after its generosity. An elephant was killed close to what is now known as Bo Parking

Ground. People from the surrounding villages came to receive their share. Because the amount of meat was so large, the hunter spent days distributing it and the words "Bo-lor" (which in Mende language means "this is yours," with reference to the meat) was said so much that the elders and visitors decided to name the place Bo. "Bo-lor" in Mende also translates to "this is Bo."

The City of Bo is one of Sierra Leone's six municipalities and is locally governed by a directly elected city council, known as the Bo City Council, headed by a mayor. The Mayor and members of the Bo City Council are directly elected every four years in a municipal election. Retrieved from (https://en.wikipedia.org/wiki/Bo,_Sierra_Leone; at 1:54pm). The city is the primary home of Njala University, the second largest university in Sierra Leone, after the Fourah Bay College. Bo is also home to the Bo Government Secondary School, commonly known as Bo School, which is one of the biggest and most prominent secondary schools in West Africa. The city is home to the Bo Stadium, the second largest stadium in Sierra Leone, and is mostly used for football matches.

Bo is one of the most ethnically diverse cities in Sierra Leone. The city is home to a significant population of many of Sierra Leone's ethnic groups, with no single ethnic group forming a majority. Bo is the principal home of the Mende people, who form the plurality of the city's population. The city's population is religiously diverse, primarily among Muslims and Christians.

Statement of the Problem

This truly investigates the effects of drugs on the nutritional health of youth of Bo City. Over the years, drugs abuse has become increasingly alarming among youths. As the mental, the government and other development actors are focusing on the past Ebola and Covid 19 reconstruction as the country has just emerged from the Covid 19 crisis. Such a laudable initiative of the government and other development actors is unquestionable. However, it remains very clear that drugs abuse will still pose dangerous problem to the development of these youths as future leaders. Spending more money on drug will lead to poverty and leave no money to cover the basic living expenses like rent, food or utility bills. It is very likely that violence can increase in the society due to drug intake. Serious crimes like murder or rapes could be committed unknowingly under the influence of drugs.

Drugs lords and people in drug trade bribe politicians and police officers with hefty ransom for securing their trade. Traffickers try to corrupt or intimidate officers for removing blocks in the drug transit and often have private Armies. Judges, public officials and even Police officers are lured into the trap of corruption because of illicit drug trade. Honest officials initiating courageous campaigns against the drug traffic are often killed or kidnapped. No government can plan and carry out an effective anti-drug Programme until the following questions are fully answered.

- Why do youth and other adults take drug?
- Where are drugs coming from/
- What effects do some of the these have on youths and communities as a whole/
- What anti-drug programme would be put in place to solve the problems?

The General Aim of the Study was therefore to investigate the effects of drug intake on the Nutritional Health Youths in Bo City

Significance of the Study

The study is important and can be used by the government of Sierra Leone in general and especially the Ministry of education, Youth and Sports, Ministry of Social welfare, Gender and children's Affairs in formulating and implementing policies in reducing and addressing drug abuse among youths. Non-governmental Organizations (NGOs) working in the drug abuse related domain would find the study helpful in accessing additional knowledge to intensify their work.

It would serve as resource material for teachers, parent, and students in providing more information on drug abuse and its related consequences. The work would serve as a working document for other researchers to carry out future investigations on drug related cases and intervention.

Method

The study was conducted in Kennedy Community, located in Bo City, in the Southern Region of Sierra Leone. The target population consisted of 80 participants, purposefully selected to reflect the various stakeholders relevant to the issue under investigation. These included 40 youths, 10 police officers, 10 parents, and 20 teachers. The inclusion of these specific categories was intentional to capture diverse perspectives on youth drug abuse and its effects. A purposive sampling technique was employed to ensure that individuals with relevant experiences, knowledge, and direct involvement with the issue were represented in the study. This approach enabled the researchers to gather rich, targeted information necessary for a comprehensive analysis.

Data Collection

Both primary and secondary sources were used to gather information. Primary data which provided hand information was collected by the researcher himself in the research community. Informal personal interviews also provided means of data collection. Interviews were mostly directed to the illiterate population to capture their views on the topic. Observations made provided a very useful source of information.

Data Analysis

Questionnaires were utilized as the main instrument for data collection. The data were analysed using tables and descriptive statistical analysis to throw light on the research questions. Numbers, percentages, tabular presentations of responses and graphs were used to illustrate the research findings. Qualitative data from the interviews and documentary sources supplemented the questionnaire data. Some observations made were used to enrich interpretation of data. Discussion, conclusion and recommendations drawn were based on the research findings.

Findings

Here, an attempt was made to make analysis of findings. Responses to some of the questions

and interviews were recorded in the tabular form and percentages were calculated as follow.

Table 1. Age distribution of respondents

Age distribution	Absolute Frequency (AF)	Relative Frequency (RF= %)
11-20	30	37.5
21-30	25	31.25
31-40	15	18.75
41-50	10	12.5
Total	80	100

Source: Field Survey July, 2025

The above table shows that 30(37.5%) 25(31.25%), 15(18.75%) and 10(12.5%) of respondents were between the ages of 11-20, 21-30, 31-40 and 41-50 years respectively. This data therefore revealed that majority of the respondents were between the ages of 11-20 years which were very young.

Table 2. Level education of respondents

Level of Education	Absolute Frequency (AF)	Relative Frequency (RF= %)
Junior Secondary School (JSS)	20	25
Senior Secondary School (SSS)	45	56.25
Tertiary	15	18.75
Total	80	100

Source: Field Survey July, 2025

The educational level of respondents shows 45(56.25%), 20(25%) and 15(18.75%) of respondents were in JSS, SSS, and Tertiary institutions respectively. This means that more respondents were at Junior Secondary School Level (JSS).

Table 3. Types of drugs abused by youths

Drugs	Absolute Frequency (AF)	Relative Frequency (RF= %)
Tramadol	58	25
Diamba (Marijuana)	56	24.1
Pampass Wata	34	14.7
Cocaine	34	14.7
Alcohol	28	12.
Cigarette	22	9.5
Total	232	100

Source: Field Survey July, 2025

Tramadol 58(25%), Diamba (Marijuana) 56(24.1%), Pampass Wata 34(14.7%), Cocaine 34(14.7%), Alcohol 28(12%), and Cigarette 22(9.5%) respectively were identified as major drugs youths abused. According to the percentage distributions, Tramadol 58(25%) is a highly abused drug among youths.

Table 4. Appetite loss among individuals with substance abuse

Drugs	Absolute Frequency (AF)	Relative Frequency (RF= %)
True	39	48.75
Very True	26	32.5
False	8	10
I don't Know	7	8.75
Total	80	100

Source: Field Survey July, 2025

It was stated that those who abuse drugs lack appetite to eat to be True 39(48.75%), Very True 26(32.5%), False 8(10%) and I don't Know 7(8.75%) respectively. Therefore, drug abusers actually lack appetite to eat as required by normal human beings. This affects their nutritional intake which in turn affects their health.

Table 5. Health damage and related complications caused by drug abuse

Drugs	Absolute Frequency (AF)	Relative Frequency (RF= %)
Agree	56	70
Disagree	16	20
Neutral	8	10
Total	80	100

Source: Field Survey July, 2025

Those who agree to the question 'Can drug abuse can damage health?' comprised of 56(70%), Disagree 16(20%) and Neutral 8(10%) respectively. This means that drug abuse can definitely damage health thereby exposing one to several other diseases and health complications.

Table 6. Sources and means of access to drugs among youth

Drugs	Absolute Frequency (AF)	Relative Frequency (RF= %)
From the ghettos	56	21.9
In nights Clubs	45	17.5
From Drug Traffickers	44	17.1
From pharmacists	33	12.8
From Peers	28	10.9
Police Officers	26	10.1
Politicians during political campaign	25	9.7
Total	257	100

Source: Field Survey July, 2025

The data shows that youth gets access to drugs from the ghettos 56(21.9%), in nights Clubs 45(17.5%), from Drug Traffickers 44(17.1%), from pharmacists 33(12.8%), from Peers 28(10.9%), Police Officers 26(10.1%), and from Politicians during political campaign 25(9.7%) respectively. This means that ghettos are the major places where youths get access to illicit drugs.

Table 7. Effectiveness of policy implementation on drug abuse

Drugs	Absolute Frequency (AF)	Relative Frequency (RF= %)
No	56	70
Yes	24	30
Total	80	100

Source: Field Survey July, 2025

56(70%) of the respondents indicated that policies are not effectively implemented as opposed to 24(30%) of those that said no. This means that even though there are policies guiding drug accessibility and usage, but they are weakly implemented.

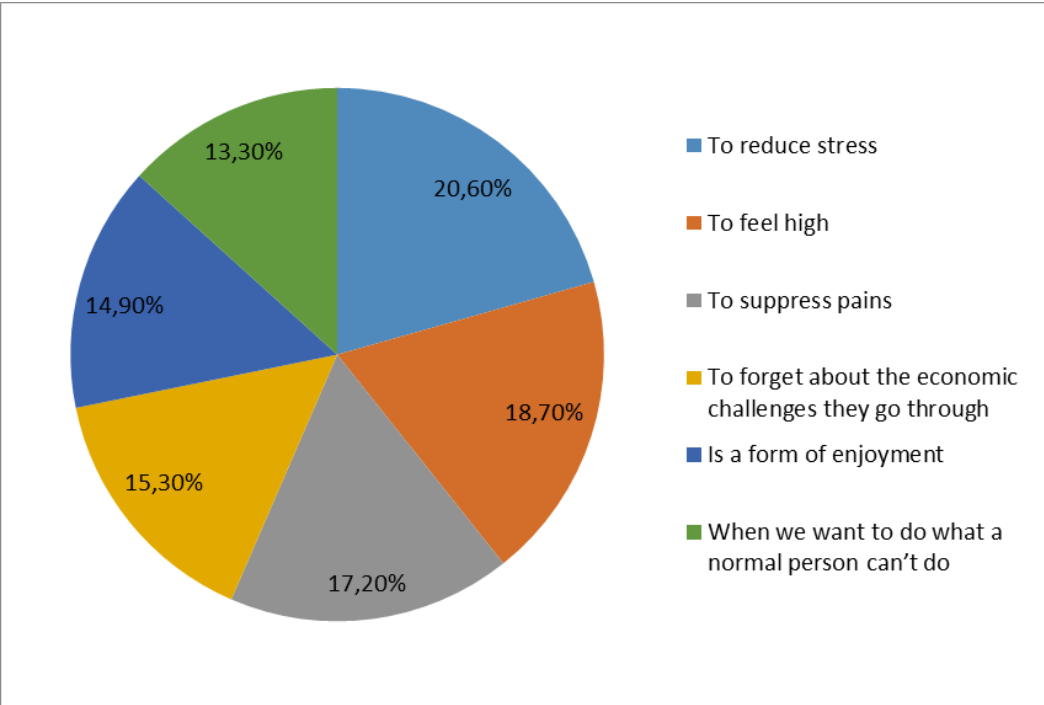


Figure 1. Reasons of youth engage in drug abuse

To reduce stress 43(20.6%), to feel high 39(18.7%), to suppress pains 36(17.2%), to forget about the economic challenges we go through 32(15.3%), is a form of enjoyment 31(14.9%), when we want to do what a normal person can't do 28(13.3%) are the reasons advanced why youths engaged themselves into drug abuse. According to distributions, youths main reason for drug abuse is to reduce stress which summed up to 43(20.6%) in the distribution.

The table below shows that detailed recommendations for minimizing drug abuse among youths had an absolute frequency of 345 distributed across four major areas. Policy Makers and Government recommendations accounted for 75(21.7%) of the responses, the Health Care System had 65(18.8%), Stakeholders recorded 115(33.3%), and Individuals and Families had 90(26.2%). This analysis therefore revealed that Stakeholders received the highest attention, indicating the importance of multi-sectoral collaboration in addressing the menace of drug abuse among the youth population.

Table 8. Detailed recommendations for minimizing drug abuse among youth

Recommendation Area	Recommendation Proffered	(AF)	(RF = %)
Policy Makers and Government	Implement policies for substance abuse counseling	30	8.7
	Facilitate controlled drug disposal programmes	25	7.2
	Implement strategies to prevent HIV and other infectious diseases	20	5.8
Health Care System	Train prescribers on safe prescription practices and establish accountability mechanisms	35	10.1
	Control drug sellers on the types of drugs sold	30	8.7
Stakeholders	Support implementation and enforcement of alcohol and drug control policies	40	11.6
	Educate youths and adults about risks of drug abuse and excessive drinking	30	8.7
	Increase awareness on proper storage and disposal of medicines	25	7.2
	Teachers to collaborate with the police to track cliques and ghettos	20	5.8
Individuals and Family	Avoid use of illicit drugs or misuse of prescription medicines	25	7.2
	Avoid driving under the influence of alcohol or drugs	20	5.8
	Refrain from supplying youths with alcohol and drugs during political campaigns	20	5.8
	Parents to strictly monitor children's friends and limit access to entertainment centers	25	7.2
	Total	345	100

Source: Field Survey July, 2025

Discussion

The present study reveals critical insights into patterns of drug abuse and its nutritional consequences among youth in Bo City. The demographic data shows a predominance of young drug users, with 37.5% aged 11-20 and 31.25% aged 21-30, mirroring findings from similar urban contexts in West Africa. This age distribution aligns with Mekanjuola et al.'s (2017) research in Nigeria, which identified adolescence and early adulthood as peak periods for drug experimentation, attributed to psychosocial developmental factors and peer influence. The gender distribution (52.5% male, 47.5% female) suggests a narrowing gender gap in substance abuse, contrasting with earlier studies that reported more pronounced male predominance (Degenhardt et al., 2013), but consistent with recent trends showing increasing female participation in drug use across Sub-Saharan Africa (UNODC, 2022).

Educational attainment data reveals that 56.25% of respondents were Senior Secondary School students, a finding that parallels Oshodi et al.'s (2020) work in Lagos, where school environments were identified as significant contexts for drug initiation. This raises important questions about the role of educational institutions in both prevention and intervention efforts. The high percentage of in-school youth involved in drug abuse contradicts common

assumptions that out-of-school youth are more vulnerable, suggesting the need for targeted school-based prevention programs.

Regarding nutritional impacts, the overwhelming consensus (81.25%) that drug abuse leads to appetite suppression has significant public health implications. This finding corroborates neuropharmacological research demonstrating how substances like Tramadol (the most commonly abused drug in this study at 25%) and cannabis (24.1%) interfere with hypothalamic regulation of hunger (Volkow et al., 2017). The nutritional consequences are particularly concerning in this low-resource setting where baseline malnutrition rates are already high. As noted by Belew et al. (2019) in similar contexts, the combination of drug-induced appetite suppression and food insecurity creates a dangerous synergy that exacerbates micronutrient deficiencies and compromises immune function.

The study's identification of Tramadol as the most abused substance (25%) differs from some regional studies that found cannabis predominance (Peltzer et al., 2018), but aligns with recent reports of increasing pharmaceutical opioid misuse in West Africa (UNODC, 2023). This shift may reflect changes in drug availability patterns and requires urgent attention from public health authorities. The diverse sources of drugs identified, including pharmacies (12.8%) and surprisingly, police officers (10.1%), reveals systemic challenges in drug regulation that have been documented in other low-enforcement contexts (Adei et al., 2021).

The reasons cited for drug use, particularly stress relief (20.6%) and economic hardship (15.3%), reflect the broader socioeconomic determinants of health in this population. These findings support the syndemic framework proposed by Singer et al. (2020), where substance abuse interacts with poverty and mental health stressors to amplify health disparities. The high percentage reporting policy ineffectiveness (70%) despite policy existence echoes evaluations of drug control measures in similar settings (Kumar et al., 2022), suggesting that without proper implementation and resourcing, policy frameworks remain largely symbolic.

From a nutritional perspective, the findings suggest that drug abuse interventions in this context must incorporate nutritional rehabilitation components. This approach has shown promise in similar populations, as demonstrated by the integrated drug-nutrition programs evaluated by Fernandes et al. (2021) in Brazil. The study's limitations, including its cross-sectional design and reliance on self-report, are comparable to other community-based drug surveys in resource-limited settings (Peltzer & Pengpid, 2019).

The findings revealed that the majority of respondents (32.5%) believed that public education and awareness campaigns are the most effective way to minimize illegal drug use among youths. Strengthening drug laws and enforcement was the second most suggested approach (25%), followed by providing youth counseling and rehabilitation centers (18.75%). Creating more employment and skills training opportunities accounted for 15%, while 8.75% emphasized the importance of engaging families and communities in prevention efforts. Overall, the data highlights a strong preference for preventive and educational strategies in addressing youth drug abuse. These findings contribute to growing evidence that youth drug abuse in urban West Africa is evolving in its patterns and consequences. The nutritional impacts, in particular, represent an under-addressed dimension of this public health challenge that requires integrated intervention strategies. Future research should employ longitudinal designs to better understand the temporal relationships between drug use, nutritional status, and health outcomes in this population.

Conclusion and Implications

Drug addiction is a menace to our society and the youths are the affected population. Well, they often give reasons to justify their behaviours, but whatever reasons they give do not stand strong to justify their illicit acts. Drug damages health, it causes appetite loss, leads to accidents, criminology and the like as has been presented in chapter four. We are gradually losing hope in the future of our society because the young suckers that will grow when the old banana trees die are getting withered. Somebody says a miss spent youth will generate into a tragic old age.

In unity there is strength. The more local and law-enforcement agencies and operations reinforce one another, the more they share information and resources, and the more they establish priorities, and focus energies across the spectrums of criminal activities. The trafficking of dangerous drugs is not a local problem but rather national and international in scope. Drug trafficking gangs and organizations do not confine their activities to any specific geographical boundary. Intelligent gathering and dissemination to assist in identifying all levels of criminal trafficking origins is essential for coordination and to prevent duplication of efforts.

Drug abuse is therefore by no means justifiable and those involved in it should consider it a quit. No doubt, youths are the futures of any country and to effectively execute their duties when they become adults would mean a responsible upbringing, sound academic achievements, drug and alcohol free mind and so on. This research is therefore relevant to the target group as it tries to address their involvement in abusing drugs.

Recommendations

With reference to the data collected and analysed, the researcher recommends the following:

I. To Policy Makers and Government

- Implement policies that facilitate the offering of alcohol and substance abuse counseling
- Facilitate controlled drug disposal programmes, including policies allowing pharmacies accept unwanted drugs
- Implement strategies to prevent transmission of HIV and other infectious diseases.

II. Health Care System

- Train prescribers on the safe prescription practices and institutions accountability mechanism to ensure compliance.
- To control all drug sellers on the type of drug sold

III. Stakeholders

- Support implementation and enforcement of alcohol and drug control policies
- Educate youths and adults about the risks of drug abuse including prescription misuse and excessive drinking
- Increase awareness on the proper storage and disposal of prescription of medicines.

- Teachers to collaborate with the police to track down the number of cliques and ghettos in town

IV. Individuals and Family

- Avoid the use of illicit drugs, or the misuse of prescription medicines
- Avoid driving under the influence of alcohol or drug
- Refrain from supplying youths with alcohol and drug during political campaigning
- Parents to strictly monitor their children on the types of friends they go out with and to reduce their access to entertainment centres especially at nights

Declarations

Competing interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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