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Assessment of the Prevalence, Knowledge and Drivers of Illicit Drug Use among Youths Aged 12 - 25 Years in Bamenda Old Town Community

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Abstract

Illicit drug use among young people remains a significant public health concern globally and has increasingly become a social and health challenge in urban communities in Cameroon. Adolescents and young adults aged 12 - 25 years are particularly vulnerable to illicit drug use due to developmental, social, and economic factors. This study aims to assess the prevalence, knowledge and drivers of illicit drug use among young people aged 12 - 25 years in Bamenda Old Town Community, North West Region of Cameroon. A community-based cross-sectional study design was employed. The study population consisted of young people aged 12 - 25 years residing in Bamenda Old Town Community. A sample size of 200 participants was selected using a convenience sampling technique. Data was collected using a structured, self-administered questionnaire designed to assess socio-demographic characteristics, knowledge of illicit drugs and their dangers, prevalence of illicit drug use, and factors influencing drug consumption among youths. Data was analysed using SPSS version 21 and statistical significance was considered if p value was ≤0.05. Among the 200 respondents, the prevalence of illicit drug use was 38.0% (n = 76), with most users initiating drug use between 16 - 18 years (55.3%) and using substances occasionally (46.1%). Cannabis (61.8%) was the most commonly used illicit drug, followed by tramadol (17.1%) and inhalants (13.2%). Overall, knowledge on the dangers of illicit drug use was high, with 91.0% of respondents aware of illicit drugs and 60.0% demonstrating good knowledge; female respondents were significantly more likely to have adequate knowledge than males (OR = 4.10, p = 0.030), while respondents aged 16 - 20 years (OR = 3.50, p = 0.030)

and 21 - 25 years (OR = 4.13, p = 0.029), as well as those with secondary (OR = 4.31, p = 0.019) and tertiary education (OR = 63.38, p = 0.006), showed significantly higher odds of adequate knowledge. Peer pressure emerged as the leading factor promoting illicit drug use (46.0%) and was a strong independent predictor (OR = 3.70, p = 0.004), while stress and trauma also significantly increased the likelihood of drug use (OR = 2.41, p = 0.036). Respondents acknowledging peer influence were 4.4 times more likely to engage in illicit drug use (OR = 4.40, p = 0.001), whereas parental supervision demonstrated a significant protective effect, reducing the odds of drug use by 70% (OR = 0.30, p = 0.005). Significant associations were observed between illicit drug use and gender (χ^2 = 3.89, p = 0.049) as well as age group (χ^2 = 6.15, p = 0.046), with males being nearly twice as likely to use illicit drugs compared to females (OR = 1.90, p = 0.034) and respondents aged 16 - 20 years showing higher odds of drug use (OR = 2.63, p = 0.022). Illicit drug use was moderately prevalent and driven mainly by peer influence, with significant associations with male gender and age 16 - 20 years, despite generally good knowledge and a protective effect of parental supervision.

Subject Areas

Drugs & Devices

Keywords

Knowledge, Drivers, Prevalence, Illicit Drug Use, Young People Aged 12 - 25 Years, Bamenda Old Town Community

1. Introduction

Illicit drug use among young people is an escalating global public health and socioeconomic concern, with adolescence and young adulthood (12 - 25 years) representing the period of greatest vulnerability for initiation. During this developmental stage, experimentation, peer influence, emotional instability, and identity formation increase susceptibility to substance use. Illicit drugs, including cannabis, cocaine, heroin, methamphetamine, ecstasy, and the non-medical use of prescription opioids such as tramadol and codeine-containing syrups, are associated with substantial adverse outcomes including substance dependence, mental disorders, poor academic performance, unemployment, risky sexual behaviors, violence, and criminal activity. Cannabis remains the most widely used illicit substance worldwide, with the burden of drug use continuing to increase, particularly in low- and middle-income countries where prevention, treatment, and rehabilitation services are often inadequate [1] [2].

Knowledge of illicit drugs plays a pivotal role in shaping attitudes and behaviors related to substance use. Comprehensive knowledge regarding the types of illicit drugs, routes of administration, health consequences, addictive potential, and legal implications can discourage initiation and promote healthier decision-mak-

ing. Nevertheless, many young people rely on peers, social media, and other informal sources for drug-related information, resulting in widespread misconceptions that certain substances, particularly cannabis and pharmaceutical opioids, are harmless or socially acceptable. In addition to knowledge deficits, illicit drug use is driven by a complex interplay of individual, interpersonal, and structural factors. Curiosity, psychological distress, poor coping skills, peer pressure, family dysfunction, parental substance use, poverty, unemployment, urbanization, drug availability, and weak law enforcement have all been consistently identified as significant determinants of drug use among adolescents and young adults [2]-[6].

Sub-Saharan Africa has witnessed a growing burden of illicit drug use, fuelled by rapid urbanization, socioeconomic instability, and limited access to prevention and treatment services. Cameroon reflects this regional trend, with increasing reports of cannabis use and the non-medical consumption of pharmaceutical opioids among adolescents and young adults despite existing drug control legislation and public awareness initiatives. However, implementation challenges, inadequate youth-focused prevention strategies, and limited community-based surveillance continue to undermine effective control efforts. Furthermore, available evidence suggests that drug use is more prevalent in urban and conflict-affected settings, yet reliable localized epidemiological data remain scarce, limiting the development of evidence-based interventions tailored to the needs of vulnerable populations [1] [2] [7]-[10].

Bamenda Old Town Community in the North West Region of Cameroon presents a particularly vulnerable setting due to the prolonged sociopolitical crisis, which has disrupted education, livelihoods, family structures, and social support systems. School closures, unemployment, displacement, exposure to violence, and psychological trauma may increase the likelihood of illicit drug use as a maladaptive coping strategy, while limited recreational, educational, and psychosocial support services further heighten vulnerability. Although Cameroon has implemented legal and policy measures to address substance abuse, little is known about the level of knowledge, drivers, and prevalence of illicit drug use among young people within this community. This lack of context-specific evidence hinders the design of targeted prevention and intervention programs. Consequently, this study aimed to assess the knowledge, drivers, and prevalence of illicit drug use among young people aged 12 - 25 years in Bamenda Old Town Community, thereby providing evidence to inform public health policy and community-based interventions.

2. Methodology

A community-based cross-sectional study was conducted in Old Town community Bamenda, North West Region of Cameroon, from February to March 2026 to assess the knowledge, drivers, and prevalence of illicit drug use among youths aged 12 - 25 years. The study enrolled 200 consenting residents aged 12 - 25 years who met the eligibility criteria. Individuals older than 25 years and those who de-

clined to provide informed consent were excluded. Participants were recruited using a convenience sampling technique based on their availability and willingness to participate during the study period. Data was collected using a pretested structured questionnaire that captured socio-demographic characteristics, prevalence of illicit drug use, knowledge of illicit drugs, and factors influencing drug use. The questionnaire was pilot-tested on 10% of the sample in a similar community, and data collection was conducted by the researcher following standardized procedures and informed consent. Data was entered, cleaned, and analyzed using SPSS version 21, with descriptive statistics used to summarize variables while the Chi-square test with logistic regression was employed to determine associations between variables at a statistical significance level of $p \leq 0.05$. Ethical approval and administrative authorizations were obtained prior to the study, and participants' confidentiality, anonymity, voluntary participation, and data security were strictly maintained throughout the research.

3. Results

3.1. Socio-Demographic Characteristics of Respondents

As seen in Table 1 below, out of the 200 respondents that took part in the study, 90 (45%) were aged 16 - 20 years while the minority 40 (20.0%) were between12 - 15 years. Also, a greater proportion of the respondents 115 (57.5%) were males while 85 (42.5%) were females. In terms of education, more than half of them 125 (62.5%) were in secondary/high school meanwhile few of them 15 (7.5%) had primary education.

Table 1. Distribution of respondents according to socio-demographic profile.

Variables	Frequency (n)	Percentage (%)
Age Group		
12 - 15 years	40	20.0
16 - 20 years	90	45.0
21 - 25 years	70	35.0
Total	**200**	**100**
Gender		
Male	115	57.5
Female	85	42.5
Total	**200**	**100**
Education Level		
Primary	15	7.5
Secondary/High School	125	62.5
University/Tertiary	60	30.0
Total	**200**	**100**

3.2. Prevalence of Illicit Drug Use

As seen in Figure 1 below, 76 (38%) had ever used illicit drugs whereas 124 (62%) never used it.

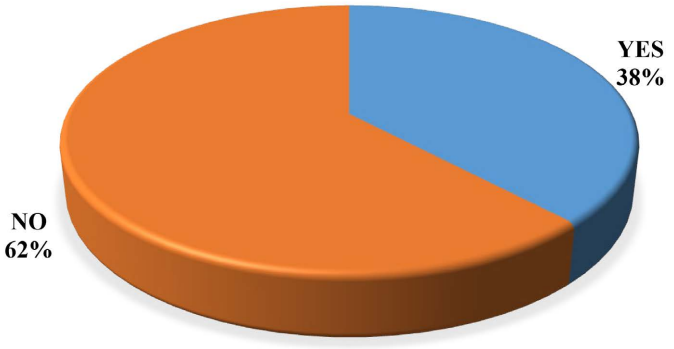

Figure 1. Distribution of respondents based on if they had ever used illicit drugs before.

As seen on Table 2 below, the majority 42 (55.3%) said 16 - 18 years while the minority 3 (5.3%) said below 12 years. Regarding the frequency of drug use, the largest proportion 35 (46.1%) used it occasionally while the smallest proportion 18 (23.6%) used it daily.

Table 2. Distribution of respondents according to the prevalence and patterns of drug use.

Variable	Category	Frequency (n)	Percentage (%)
Age of First Use	Below 12 years	4	5.3
	12 - 15 years	20	26.3
	16 - 18 years	42	55.3
	Above 18	10	13.2
	Total	**76**	**100**
Frequency of drug use	Occasionally	35	46.1
	Weekly	23	30.3
	Daily	18	23.6
	Total	**76**	**100**

3.3. Association between Socio-Demographic Factors and Drug Use Prevalence

The association between socio-demographic characteristics and illicit drug use among youths was assessed using the Chi-square test as indicated in Table 3. The findings revealed statistically significant associations between both gender and age group with illicit drug use ($p < 0.05$). Regarding gender, male participants reported a higher prevalence of ever using illicit drugs (44.1%, n = 52) compared to female participants (29.3%, n = 24). The Chi-square test demonstrated a statistically significant association between gender and illicit drug use ($\chi^2 = 3.89$, p =

0.049), indicating that males were significantly more likely to engage in illicit drug consumption than females. Similarly, a statistically significant association was observed between age group and illicit drug use ($\chi^2 = 6.15$, p = 0.046). Participants aged 16 - 20 years had the highest proportion of illicit drug use (46.7%, n = 42), followed by those aged 21 - 25 years (34.3%, n = 24), while the lowest prevalence was recorded among participants aged 12 - 15 years (25.0%, n = 10).

Table 3. Relationship between socio-demographic factors and drug use prevalence.

Demographic Variable	Category	Ever Used Drugs (Yes)	Never Used Drugs (No)	χ^2	p-value
Gender	Male	52 (44.1%)	66 (55.9%)	3.89	**0.049***
	Female	24 (29.3%)	58 (70.7%)		
Age Group	12 - 15 years	10 (25.0%)	30 (75.0%)	6.15	**0.046***
	16 - 20 years	42 (46.7%)	48 (53.3%)		
	21 - 25 years	24 (34.3%)	46 (65.7%)		
Overall Total		**76 (38.0%)**	**124 (62.0%)**		

*-Statistically significant at 0.05 significance level.

3.4. Binary Logistic Regression Analysis of Factors Associated with Ever Using Illicit Drugs

The results in Table 4 showed that gender was significantly associated with illicit drug use. Male participants had approximately 1.9 times higher odds of ever using illicit drugs compared to female participants (COR = 1.90; 95% CI: 1.05 - 3.46; p = 0.034). This suggests that being male significantly increased the likelihood of illicit drug consumption among the respondents. Regarding age, participants aged 16 - 20 years were found to be significantly more likely to have used illicit drugs compared to those aged 12 - 15 years. Specifically, youths aged 16 - 20 years had about 2.6 times greater odds of illicit drug use (COR = 2.63; 95% CI: 1.15 - 6.00; p = 0.022). This indicates that mid-adolescence to early adulthood represented a critical period for experimentation and engagement in illicit drug use. Although participants aged 21 - 25 years had higher odds of illicit drug use compared to the 12 - 15 years age group (COR = 1.57), this association was not statistically significant (p = 0.315), suggesting that age in this category was not an independent predictor of illicit drug use in this study.

Table 4. Binary logistic regression analysis of factors associated with ever using illicit drugs.

Variable	Category	OR	95% CI	p-value
Gender	Female (Ref)	1.00	–	–
	Male	1.90	**1.05 - 3.46**	**0.034***
Age Group	12 - 15 years (Ref)	1.00	–	–
	16 - 20 years	2.63	**1.15 - 6.00**	**0.022***
	21 - 25 years	1.57	0.66 - 3.73	0.315

Dependent variable: Ever used drugs (***Yes* = 1, *No* = 0**). *Statistically significant at 0.05 significance level.

3.5. Knowledge on Illicit Drug Use

182 (91%) of the respondents had heard of illicit drug use meanwhile 18 (9%) had never heard about it. 72 (35%) heard about illicit drug use from school, 60 (30%) heard from media, 48 (24%) heard from friends and peers while 20 (10%) heard from family (Figure 2). 72 (36%) identified mental illness as a health problem resulting from illicit drug use, 30 (15%) identified heart disease, 38 (18%) identified lung disease, 50 (25%) identified addiction and 10 (5%) identified family (Table 5). 148 (74%) accepted that illicit drugs affect academic performance while 52 (26%) refused. 120 (60%) had good knowledge of the dangers of illicit drug use and 80 (40%) had poor knowledge.

Table 5. Distribution of respondents according to the health problems resulting from illicit drug use.

Variable	Category	Frequency (n)	Percentage (%)
Health Problems resulting from illicit drug use	Mental illness	72	36.0
	Heart disease	30	15.0
	Lung disease	38	18.0
	Addiction	50	25.0
	Death	10	5.0
	Total	**200**	**100**

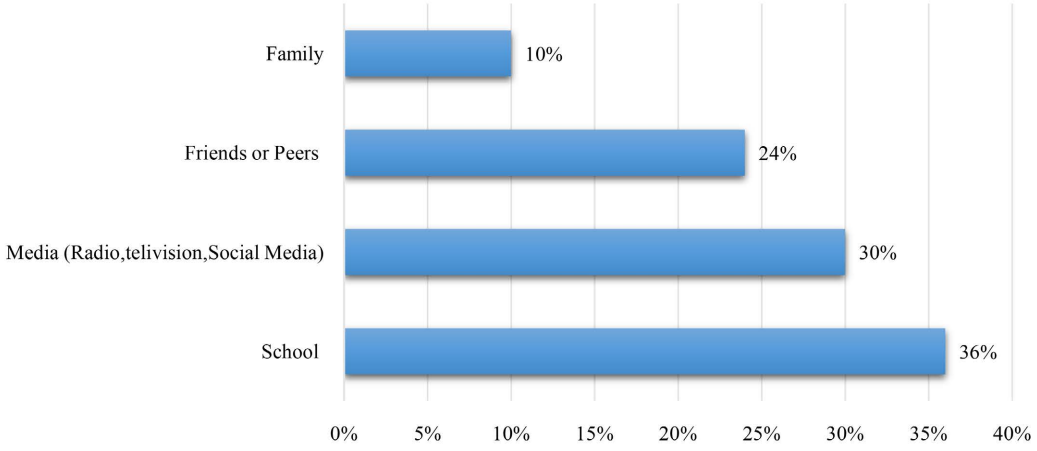

Figure 2. Distribution of respondents according to source of information on illicit drug use.

3.6. General Summary of Knowledge on Illicit Drug Use

The findings in Figure 3 indicate that the majority of respondents had very good knowledge (60%) regarding illicit drug use, suggesting that most participants were well informed about its meaning, health consequences, and negative impact on academic performance. Additionally, 31% demonstrated good knowledge, showing that a substantial proportion also had an adequate understanding of the issue. However, a smaller percentage of respondents had fair knowledge (5%), indicating only limited awareness, while 4% had poor knowledge, reflecting inadequate understanding of illicit drug use.

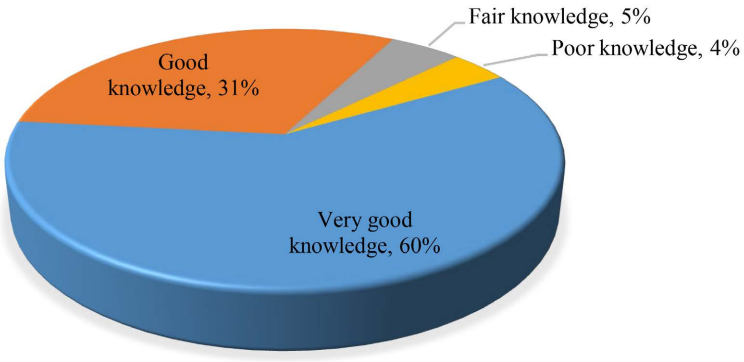

Figure 3. General summary of knowledge on illicit drug use.

3.7. Estimated Association between Socio-Demographic Variables and Knowledge on Illicit Drug Use

The analysis suggests that knowledge on illicit drug use was significantly associated with gender ($\chi^2 = 4.72$, p = 0.030), age group ($\chi^2 = 6.41$, p = 0.041), and education level ($\chi^2 = 12.56$, p = 0.002). Female respondents demonstrated slightly better knowledge than males. Knowledge levels also improved with increasing age, with respondents aged 21 - 25 years showing the highest proportion of adequate knowledge. Similarly, respondents with university/tertiary education exhibited the highest level of adequate knowledge (100%), indicating that educational attainment may strongly influence awareness and understanding of illicit drug use (Table 6).

Table 6. Estimated association between socio-demographic variables and knowledge on illicit drug use.

Demographic Variable	Category	Adequate Knowledge n (%)	Inadequate Knowledge n (%)	χ^2	p-value
Gender	Male	100 (87.0%)	15 (13.0%)	6.72	**0.030***
	Female	82 (96.5%)	3 (3.5%)		
Age Group	12 - 15 years	32 (80.0%)	8 (20.0%)	6.41	**0.041***
	16 - 20 years	84 (93.3%)	6 (6.7%)		
	21 - 25 years	66 (94.3%)	4 (5.7%)		
Education Level	Primary	10 (66.7%)	5 (33.3%)	12.56	**0.002***
	Secondary/High School	112 (89.6%)	13 (10.4%)		
	University/Tertiary	60 (100.0%)	0 (0.0%)		
Total		**182 (91.0%)**	**18 (9.0%)**		

*Statistically significant at 0.05 significance level.

3.8. Logistic Regression Analysis of Factors Associated with Adequate Knowledge on Illicit Drug Use

The logistic regression analysis in Table 7 showed that female respondents were 4.1 times more likely to have adequate knowledge on illicit drug use compared to males (OR = 4.10, 95% CI: 1.15 - 14.65, p = 0.030). Respondents aged 16 - 20 years (OR = 3.50, p = 0.030) and 21 - 25 years (OR = 4.13, p = 0.029) were significantly

more likely to have adequate knowledge compared to those aged 12 - 15 years. Regarding education, respondents in secondary/high school were 4.31 times more likely to have adequate knowledge than those in primary school (p = 0.019), while those in university/tertiary education were 63 times more likely to have adequate knowledge (p = 0.006).

Table 7. Logistic regression analysis of factors associated with adequate knowledge on illicit drug use.

Variable	Category	OR	95% CI	p-value
Gender	Male (Ref)	1.00	–	–
	Female	4.10	1.15 - 14.65	**0.030***
Age Group	12 - 15 years (Ref)	1.00	–	–
	16 - 20 years	3.50	1.13 - 10.88	**0.030***
	21 - 25 years	4.13	1.16 - 14.72	**0.029***
Education Level	Primary (Ref)	1.00	–	–
	Secondary/High School	4.31	1.27 - 14.55	**0.019***
	University/Tertiary	63.38	3.26 - 1233.37	**0.006***

Adequate knowledge = 1 and Inadequate knowledge = 0. *Statistically significant at 0.05 significance level.

3.9. Types of Illicit Drugs Used

Table 8 shows the distribution of commonly used illicit drugs among respondents who reported drug use (n = 76). Cannabis (Banga) was the most commonly used drug, accounting for 47 respondents (61.8%), indicating that it is the predominant substance abused among participants. This was followed by Tramadol, used by 13 respondents (17.1%), suggesting notable misuse of prescription opioids. Inhalants (Glue/Petrol) were reported by 10 respondents (13.2%), highlighting the accessibility and abuse of easily obtainable substances. The least commonly used drugs were other hard drugs such as cocaine and crack, reported by 6 respondents (7.9%).

Table 8. Types of illicit drugs used.

	Type of illicit drug	n	%
Commonly used Drugs	Cannabis (Banga)	47	61.8
	Tramadol	13	17.1
	Inhalants (Glue/Petrol)	10	13.2
	Others (Cocaine/Crack)	06	7.9
	Total	**76**	**100**

3.10. Factors Promoting Illicit Drug Use

From Table 9, 92 (46.0%) of respondents identified peer pressure as the main reason for consuming illicit drugs, 54 (27.0%) identified trauma, 30 (15.0%) identified curiosity and 24 (12.0%) identified easy availability of drugs. Additionally, more than half of the respondents 120 (60.0%) think pressure influence contrib-

utes to illicit drug use and 80 (40.0%) did not. More still, 50 (25.0%) believed that lack of parental supervision increases illicit drug use among youths while 150 (75.0%) refused.

Table 9. Distribution of respondents according to the factors promoting illicit drug use.

Variable	Category	Frequency (n)	Percentage (%)
Main reasons young people use illicit drugs	Peer Pressure	92	46.0
	Stress and Trauma	54	27.0
	Curiosity	30	15.0
	Easy Availability	24	12.0
	Total	**200**	**100**
Peer influence contributes to illicit drug use	Yes	120	60.0
	No	80	40.0
	Total	**200**	**100**
Believe lack of parental supervision increases illicit drug use among youths	Yes	50	25.0
	No	150	75.0
	Total	**200**	**100**

3.11. Association between Risk Factors and Illicit Drug Use among Respondents

Table 10 indicates a clear pattern linking psychosocial and environmental factors to illicit drug use among respondents. Regarding risk factors, peer pressure emerged as the most prominent driver of illicit drug use ($\chi^2 = 12.84$, $p = 0.046$), indicating a statistically significant association between peer influence and drug consumption behaviour. Similarly, stress and trauma, curiosity, and easy availability of drugs were all significantly associated with drug use, suggesting that both psychological distress and accessibility of substances contribute meaningfully to initiation and continuation of drug use. Perception-based variables also showed strong associations. Respondents who acknowledged that peer influence contributes to drug use demonstrated a highly significant relationship with drug use behaviour ($\chi^2 = 15.92$, $p < 0.001$). This reinforces the role of social networks and peer environments as major determinants of substance use among youths. In addition, lack of parental supervision was significantly associated with illicit drug use ($\chi^2 = 10.11$, $p = 0.002$), highlighting the protective role of family oversight and parental engagement in preventing substance abuse.

Table 10. Association between risk factors and illicit drug use among respondents.

Variable	Category	Ever Used Drugs (Yes)	Never Used Drugs (No)	χ^2	p-value
Main reasons for drug use	Peer pressure	40	52	12.84	**0.046***
	Stress & trauma	18	36		
	Curiosity	10	20		
	Easy availability	8	16		

Continued

Peer influence contributes	Yes	58	62	15.92	**<0.001***
	No	18	62		
Parental supervision	Yes	30	20	10.11	**0.002***
	No	46	104		
Total		76	124		

*Statistically significant at 0.05 significance level.

3.12. Logistic Regression Analysis of Factors Associated with Illicit Drug Use among Participants

The logistic regression analysis in Table 11 below identified several significant predictors of illicit drug use among participants. Peer pressure was a strong independent risk factor, with respondents exposed to peer pressure being 3.7 times more likely to engage in illicit drug use compared to others (OR = 3.70, 95% CI: 1.52 - 9.01, p = 0.004). Similarly, stress and trauma significantly increased the likelihood of drug use by approximately 2.4 times (OR = 2.41, 95% CI: 1.06 - 5.49, p = 0.036). Peer influence was also significantly associated with illicit drug use, with affected participants being 4.4 times more likely to use drugs (OR = 4.40, 95% CI: 1.85 - 10.45, p = 0.001). In contrast, parental supervision showed a protective effect, reducing the odds of illicit drug use by 70% (OR = 0.30, 95% CI: 0.13 - 0.69, p = 0.005). Although curiosity (OR = 1.86, p = 0.121) and easy availability of drugs (OR = 2.08, p = 0.075) were associated with increased odds of drug use, these relationships were not statistically significant.

Table 11. Logistic regression analysis of factors associated with illicit drug use among participants.

Variable	B	p-value	OR	95% CI for OR
Peer pressure (main reason)	1.31	0.004*	3.70	1.52 - 9.01
Stress & trauma	0.88	0.036*	2.41	1.06 - 5.49
Curiosity	0.62	0.121	1.86	0.85 - 4.07
Easy availability	0.73	0.075*	2.08	0.93 - 4.65
Peer influence contributes (Yes)	1.48	0.001*	4.40	1.85 - 10.45
Parental supervision (Yes = protective)	−1.22	0.005*	0.30	0.13 – 0.69

Illicit drug use (1 = Yes, 0 = No). *Statistically significant at 0.05 significance level.

4. Discussion

The findings showed that most respondents were aged 16 - 20 years, were male, and had attained secondary school education. This demographic distribution reflects the age group that is most socially active and therefore more likely to be exposed to risk-taking behaviours, including substance use. The predominance of male respondents is consistent with community-based surveys conducted in sub-Saharan Africa, where males often constitute the majority of participants in studies on illicit drug use because of greater involvement in outdoor social activities

and higher risk-taking tendencies [11] [12]. Similarly, the high proportion of participants with secondary education reflects the educational profile of adolescents and young adults in many urban communities in Cameroon, where secondary school enrolment exceeds tertiary enrolment among this age group [13].

The prevalence of ever using illicit drugs in the present study was 38%, indicating that more than one-third of the respondents had experimented with or used illicit substances. This prevalence is considerably higher than estimates reported in several African community-based studies but is comparable to findings from conflict-affected and urban settings where substance use has been shown to increase because of social instability and psychosocial stressors [7] [14] [15]. The observed prevalence may partly be explained by the prolonged sociopolitical crisis affecting the North West Region of Cameroon, which has disrupted education, employment opportunities, family structures, and mental well-being. Such disruptions have been associated with increased substance use among young people as a coping mechanism for stress and trauma [10] [16]. Although most users reported occasional consumption, nearly one-quarter admitted daily use, suggesting that a substantial proportion may already be developing substance dependence, a pattern previously reported among adolescents and young adults who initiate drug use during adolescence [2] [17]. Furthermore, more than half of the users reported initiating drug use between 16 and 18 years, confirming that mid-adolescence remains the critical period for first exposure to illicit drugs, consistent with global evidence indicating that most substance use begins before adulthood [1] [2].

The study further demonstrated that both gender and age were significantly associated with illicit drug use. Male respondents were significantly more likely to have ever used illicit drugs than females, and logistic regression showed that males had nearly twice the odds of drug use. This finding agrees with previous studies which reported higher rates of substance use among males due to greater sensation-seeking behaviour, social acceptability of drug use among men, and increased exposure to high-risk peer networks [14]-[18]. Similarly, respondents aged 16 - 20 years had significantly higher odds of illicit drug use than those aged 12 - 15 years, highlighting late adolescence as the period of greatest vulnerability. This observation is supported by developmental theories suggesting that adolescents experience increased independence, stronger peer influence, and greater experimentation during this stage of life [3] [19]. Interestingly, participants aged 21 - 25 years did not show significantly greater odds of drug use after adjustment, suggesting that initiation occurs earlier and that the transition into adulthood may not independently increase risk once other factors are considered.

Knowledge regarding illicit drug use was generally encouraging, with the overwhelming majority of respondents having heard about illicit drugs and 91% demonstrating adequate knowledge, while 60% exhibited very good knowledge overall. Schools emerged as the leading source of information, followed by the media and peers, underscoring the important contribution of educational institutions in

health promotion. Similar findings have been reported in studies where school-based health education significantly improved awareness of substance abuse among adolescents [20] [21]. Nevertheless, despite the relatively high knowledge levels, a substantial prevalence of illicit drug use was still observed. This apparent contradiction supports evidence that knowledge alone is often insufficient to prevent substance use when powerful psychosocial and environmental influences are present [5] [22]. Moreover, respondents most frequently identified mental illness and addiction as major consequences of illicit drug use, reflecting increasing public awareness of the psychological effects of substance abuse.

Socio-demographic characteristics significantly influenced knowledge of illicit drug use. Female respondents demonstrated significantly better knowledge than males, while increasing age and higher educational attainment were associated with improved awareness. Logistic regression further confirmed that females were four times more likely to possess adequate knowledge than males, whereas respondents with university education were over sixty times more likely to demonstrate adequate knowledge compared with those having only primary education. These findings agree with previous research showing that educational attainment improves access to reliable health information, critical thinking, and understanding of health risks [20] [23]. Likewise, females have frequently been reported to exhibit greater health-seeking behaviour and higher engagement in health education programmes than males, which may explain their superior knowledge levels [24]. The strong association between education and knowledge highlights the importance of strengthening school- and university-based substance abuse education programmes as preventive strategies.

Cannabis was the most commonly used illicit drug among respondents, accounting for nearly two-thirds of all reported drug use, followed by tramadol misuse, inhalants, and cocaine/crack. This pattern mirrors national and regional trends, where cannabis remains the predominant illicit drug because of its widespread availability, relatively low cost, and growing perception as a harmless recreational substance [1] [7]. The notable misuse of tramadol is particularly concerning and reflects the increasing non-medical use of pharmaceutical opioids across West and Central Africa, where weak regulation of prescription medicines facilitates unauthorized access [25]. Although cocaine and crack were less frequently reported, their presence indicates that exposure to more dangerous substances already exists within the study community, emphasizing the need for early preventive interventions before progression to more harmful drug use.

Regarding determinants of illicit drug use, peer pressure emerged as the most commonly perceived reason for drug use, followed by stress and trauma, curiosity, and easy availability of drugs. Both bivariate and logistic regression analyses confirmed peer pressure as one of the strongest independent predictors of illicit drug use, increasing the odds of drug consumption nearly fourfold. These findings are consistent with extensive literature identifying peer influence as one of the strongest determinants of adolescent substance use, particularly during periods of identity formation when acceptance by friends strongly influences behaviour [6] [19]

[26]. Similarly, stress and trauma significantly increased the likelihood of illicit drug use, reinforcing evidence that psychological distress, especially in conflict-affected communities, contributes substantially to substance abuse as a maladaptive coping strategy [10] [16] [27]. Although curiosity and drug availability increased the likelihood of use, they were not statistically significant predictors after adjustment, suggesting that their influence may operate through stronger psychosocial factors such as peer networks and emotional distress.

The study also demonstrated that respondents who believed peer influence contributed to illicit drug use were significantly more likely to report drug use themselves, further emphasizing the central role of social environments in shaping adolescent behaviour. Conversely, parental supervision was found to be a significant protective factor, reducing the likelihood of illicit drug use by approximately 70%. This finding is supported by numerous studies demonstrating that active parental monitoring, positive parent-child communication, and emotional support substantially reduce adolescent engagement in risky behaviours, including substance use [6] [28]. Even though only one-quarter of respondents acknowledged the importance of parental supervision, its strong protective effect in the regression model highlights the critical role families can play in preventing drug use. Strengthening family-centred interventions alongside school- and community-based prevention programmes may therefore provide a comprehensive approach to reducing illicit drug use among young people in Bamenda Old Town and similar settings [21] [29].

5. Conclusion

This study revealed that illicit drug use is a significant public health concern among young people aged 12 - 25 years in Old Town Bamenda, with more than one-third of respondents reporting having ever used illicit drugs. Cannabis was the most commonly used substance, and initiation of drug use occurred predominantly during mid-adolescence. Although the majority of participants demonstrated adequate knowledge of the harmful effects of illicit drugs, this did not necessarily translate into lower drug use, suggesting that knowledge alone is insufficient to prevent substance use. Male gender and being aged 16 - 20 years were significant predictors of illicit drug use, while peer pressure, stress and trauma, and peer influence emerged as the strongest risk factors. Parental supervision showed a significant protective effect against illicit drug use. These findings underscore the need for comprehensive, multi-sectoral interventions that combine school-based health education, psychosocial support, peer-led prevention programmes, family engagement, and strengthened community drug control strategies to reduce illicit drug use among young people in conflict-affected settings such as Old Town Bamenda.

Limitations

This study was limited by its cross-sectional design, which precludes the estab-

lishment of causal relationships between the identified risk factors and illicit drug use. In addition, the use of convenience sampling may have introduced selection bias and limited the generalizability of the findings beyond the study population. The study also relied on self-reported information, making the findings susceptible to recall bias and social desirability bias, particularly given the sensitive nature of illicit drug use. Finally, the absence of biological verification of drug use may have resulted in underreporting or misclassification of substance use among participants.

Conflicts of Interest

The authors declare no conflicts of interest.

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