

2022

An Evaluation of a Drug Policy at a Federal University in Southeastern Nigeria

Linus N. Okahia
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Public Administration Commons](#), and the [Public Policy Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Linus N. Okahia

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Ian Cole, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Janet Hunter, Committee Member,
Public Policy and Administration Faculty

Dr. Steven Matarelli, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

An Evaluation of a Drug Policy at a Federal University in Southeastern Nigeria

by

Linus N. Okahia

MA, MPhil, Walden University, 2020

MA, Our Lady of the Lake University, 2001

BS, University of Nigeria, Nsukka, 1984

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

February 2022

Abstract

Drug abuse among university students has become a public health problem. The prevalence of drug abuse has negatively impacted the students, causing serious health outcomes. Finding a solution has the potential to benefit both students and society. Various intervention strategies have been adopted but the results have varied. The purpose of this qualitative case study was to evaluate the administrators' and students' perceptions of anti-drug-use policy at a federal university in Southeastern Nigeria to determine its effectiveness on drug abuse prevention among students. The policy feedback theory (PFT), which helps to understand and analyze the policy process, was the explanatory framework. The research questions were designed to evaluate the perceptions of administrators and students on the anti-drug-use policy to determine its effectiveness on drug abuse prevention among the students. The result came from open-ended interviews of 12 participants purposively selected to evaluate the participants' perceptions of the effectiveness of the anti-drug-use policy. The resulting data were analyzed using Braun and Clarke's six-step approach thematic analysis as a reference point. The results produced four themes that facilitate anti-drug-use policy effectiveness: awareness/familiarity, involvement/engagement, equity/consistency, and agreement/acceptance; all themes suggested the importance of stakeholder engagement in the policy process. The implications for positive social change included a contribution to a body of knowledge needed to address the issue of illicit drug use policy by drawing policy makers attention to the importance of stakeholder engagement in the policy process.

An Evaluation of a Drug Policy at a Federal University in Southeastern Nigeria

by

Linus N. Okahia

MPhil, Walden University, 2020

MA, Our Lady of the Lake University, 2001

BS, University of Nigeria, Nsukka, 1984

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

February 2022

Dedication

To my parents – Raymond and Eunice Okahia – who saw the need to send their children to school without a formal education of their own.

To my lovely wife – Eucharika Okahia – who sacrificed her time to cover for my absence and showed me the value of having a supportive wife.

To my children – Chidera and Chiemeka – for missing their sports, staying late at school and missing quality moments with their daddy.

Acknowledgments

Words of mouth are not enough to express my deep gratitude to my committee chair, Dr. Ian Cole. You are a patient teacher and a motivator. Your inspiration is a model. You know how to keep faith alive.

To my committee member, Dr. Janet Hunter, for not holding back on your critique of my paper.

My gratitude also goes to my URR, Dr. Steven Matarelli, for his painstaking review of my paper.

This dissertation belongs to everyone who understands that addiction is a brain disease and that that criminalization of drugs is not the answer.

I am very grateful to all participants in this research for their unflinching support and their uninhibited and unbiased information on such a sensitive topic.

To all my family and friends who needed my attention, but I could not be there. I am forever grateful.

Pat, you were always there for me when I needed to bounce ideas off someone. Thank you for being a brother from another mother.

Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction to the Study	1
Background of the Problem	5
Statement of Problem.....	8
Purpose of the Study	9
Research Questions	10
Theoretical Framework.....	10
Nature of the Study	13
Definitions.....	14
Assumptions.....	16
Scope and Delimitations	17
Limitations	19
Significance.....	20
Summary	21
Chapter 2: Literature Review	22
Literature Search Strategy.....	23
Theoretical Foundation	23
Literature Review.....	26
Negative Effects of Drug Abuse	26
Risk Factors Associated With Drug Abuse	27

Motives for Drug Abuse	30
Experts' Suggestions.....	31
Policy Evaluation as Evidence-Based Practice.....	36
The Situation in Nigeria and the West African Subregion	39
Summary and Conclusion.....	41
Chapter 3: Research Method.....	42
Research Design and Rationale	42
Role of the Researcher	44
Methodology.....	46
Participant Selection Logic.....	46
Instrumentation	52
Data Collection	53
Data Analysis Plan.....	57
Issues of Trustworthiness.....	58
Credibility	58
Transferability.....	59
Confirmability.....	60
Ethical Procedures	60
Summary.....	61
Chapter 4: Results	62
Setting	62
Demographics	63

Data Collection	64
Data Analysis	66
Evidence of Trustworthiness.....	68
Credibility	68
Transferability.....	70
Dependability	71
Confirmability.....	71
Results.....	72
Theme 1: Awareness and Familiarity	75
Theme 2: Involvement and Engagement	77
Theme 3: Equity and Consistency	79
Theme 4: Agreement and Acceptance	81
Summary	82
Chapter 5: Discussion, Conclusions, and Recommendations.....	84
Interpretation of the Findings.....	85
Limitations	87
Recommendations for Action	89
Stricter Enforcement	89
Collaboration.....	89
Accreditation of Off-Campus Hostels	90
Education and Awareness Campaign.....	91
Empowerment and Engagement	92

Recommendations for Further Research.....	92
Implications for Social Change.....	94
Conclusion	95
References.....	97
Appendix A: Open-Ended Interview Questions for Administrators.....	126
Appendix B: Open-Ended Interview Questions for Students	127
Appendix C: Interview Protocol	128

List of Tables

Table 1. Participants Demographic Information.....	64
Table 2. Qualitative Themes, Word Count, and Weighted Averages.....	68
Table 3. Responses of the Administrators Based on Effectiveness	74
Table 4. Responses of the Students Based on Effectiveness	75

List of Figures

Figure 1. Venn Diagram Showing Relationships Among the Student Participants	51
Figure 2. Percentage of Administrators' and Students' Responses Based on Awareness of the Antidrug Use Policy	77
Figure 3. Percentages of the Responses of Students on How the Policy Applies to Students On/Off Campus	80

Chapter 1: Introduction to the Study

Drug abuse has become a major public health issue in many countries, especially among adolescents (United Nations Office on Drugs and Crime [UNODC], 2018), including university students. The concern is not only about street drugs such as alcohol, marijuana, heroin, methamphetamines, and cocaine but also prescription drugs. Addiction to narcotic painkillers such as oxycodone, hydrocodone, acetaminophen with codeine, meperidine, hydromorphone, methadone, morphine, fentanyl, and tramadol, as well as stimulants, such as Adderall and Ritalin, have become a public health issue (Arria & Dupont, 2010; Dibia et al., 2020). According to the Office of Adolescent Health (2017), in 2016 opioid overdose killed more Americans than car accidents. Research has shown that drug abuse is a major risk factor for dependence and abuse, increase in emergency room visits, risk of HIV and increased risk for poor academic performance, as well as overdose death (Balsa et al., 2011; Dart et al., 2015; Harries et al., 2018; Hellenbrand et al., 2018; Heradstveit et al., 2017; K. O. McCabe et al., 2016; S. E. McCabe et al. 2017). Addiction, according to the National Institute on Drug Abuse (NIDA, 2018) is a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. Despite the risks associated with use, the problem of abuse continues to escalate, especially among college students.

The National Survey on Drug Use and Health (NSDUH) in its August 2019 report noted similar trends in the United States for both illicit drugs and prescription painkillers. In 2018, 19.4% of people aged 12 or older used an illicit drug and 3.6% of the group misused pain relievers (Substance Abuse and Mental Health Services Administration

[SAMHSA], 2019). In the United States, Hughes et al. (2016, September) noted that NSDUH 2015 report concluded that 18.9 million people aged 12 or older misused prescription psychotherapeutic drugs in 2015. Out of the 18.9 million people, 12.5 million (4.7%) misused pain relievers, 6.1 million (2.3%) misused tranquilizers, 5.3 million (2.0%) misused stimulants, and 1.5 million (0.6%) misused sedatives (Hughes, 2016). The situation in Nigeria was no different. One study found that the most commonly used substances were codeine (85%), alcohol (75%), cannabis (70%), tramadol (65%), Rohypnol (65%), and tobacco (50%; Adekeye et al., 2017). The UNODC (2018), in a joint survey result with the Nigerian government and the European Union, reported that 14.3 million Nigerians between 15 and 64 years of age used illegal drugs in 2017.

Concerned by these trends, some universities in Nigeria responded by either establishing rules and regulations, preventions strategies, policy measures or a combination of prevention strategies and policies, ranging from zero-tolerance policy, decriminalization to harm-minimization approaches. For instance, Covenant University and Baze University inserted a section in their student's handbook on drug abuse (Covenant University, n.d.). So far, research results on the effectiveness of some these approaches have been mixed (Das et al., 2016). For instance, Caputi and Mclellan (2016) noted that a drug prevention program taught in elementary schools, Drug Abuse Resistance Education (D.A.R.E), was so popular that many school districts and countries around the world adopted it, but it was determined ineffective (Gorman & Huber, 2009; Lynam et al., 1999; Weiss et al., 2008). At the same time, some research reported success

with other drug prevention programs (Das et al., 2016; Hennessy & Tanner-Smith, 2014). According to Weiss (2008), “sensitivity to local context is seen as an important factor in encouraging decision-makers to take evaluation to heart” (p. 41). Hence, SAMHSA (2016) noted that the right and responsibility to tailor programs to meet the students’ needs and the culture of the university falls on the campuses. In other words, there is need to contextualize the problem. To prevent drug misuse, therefore, it is important to investigate the affected population and target any possible intervention specific to the identified predictors (Drazdowski, 2016). One size never fits all.

In the same manner, some researchers have decried the lack of inclusivity of people who are affected by drug abuse in decisions concerning their well-being (Mettler & Sorelle, 2018). Some scholars blamed “the lack of progress in reducing alcohol-related harm among college students in the past decades on the researchers’ failure to effectively engage and collaborate with undergraduates on shared concerns” (Osborn et al., 2007, p. 118). The students (service users) or the objects of social policy, by virtue of their knowledge and experience have expertise they bring to different stages and aspects of the process (Robert, 2014). In other words, the policy process “provides an opportunity for representation of the views and experiences of [all stakeholders] who are interested in and/or affected by the drug policy” (Robert, 2014, p. 952). To achieve program effectiveness, policymakers must ensure that service users have a buy-in in the policy process.

Furthermore, some of the policies are lacking in evidence, evaluation, or are foreign to the institution (Weiss et al., 2008) and hence the lack of effectiveness in

preventing or reducing drug abuse. Despite current research pointing towards evidence-based techniques in proffering solutions, such as independent evaluation, there was a dearth in reliable data about the effectiveness of such antidrug policies and strategies (Benfer et al., 2018; Klantschnig, 2015; Wong et al., 2011). This study, therefore, was an attempt to evaluate the administrators' and students' perceptions an antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students' drug abuse prevention. This study might be helpful to university policymakers to understand students' perceptions of an issue that affects them and the need for inclusivity in the process. The findings also could impact how university administrators create programs and policies that affect students. It would also bridge the gap in knowledge to understanding the effectiveness of antidrug policies in preventing drug abuse among students.

Next in this chapter is the background which elaborates on the scope of the study. It is followed by the problem statement and purpose of the study which spell out the importance and justification of this research. Following that are two research questions that were used to evaluate the perceptions of the university administration and the students on the anti-drug policy. The theoretical framework explored the antidrug use policy vis-à-vis its effectiveness in alleviating the problem of drug abuse among students. Other sections include the Nature of the Study, Assumptions, Scope, and Delimitations, as well as the Significance of the Study. Finally, a brief summary of the chapter will be provided.

Background of the Problem

The West African subregion is known as a transit zone for the global trafficking of cocaine and heroin from South America to many countries in Europe (UNODC, 2017; West Africa Commission on Drugs [WACD], 2014). The reasons include porous borders and ungoverned spaces, such as the area of Northern Nigeria occupied by the Boko Haram terrorist group. Others cited the presence of multiple social risk factors in the country such as “extreme income and wealth inequality, social exclusion, economic crises, high levels of corruption, high unemployment, ethnicity, frustrated income expectations, distrust of the political actors and regime, organized groups, and histories of violent internal conflicts” as contributors to drug problems (Thoumi, 2012, p. 1629). Although there appears to be a recent decline in trafficking (UNODC, 2013), the use of narcotic drugs has become the “new frontier” of global drug trafficking (Gberie, 2015; UNODC, 2018; WACD, 2014). Nigeria as a country in the West African subregion has had a repressive and coercive drug policy since the 1980s. This was a period when arrests for cocaine and heroin at one of Nigeria’s major airports were a constant occurrence (Obot, 2004a).

Klantschnig (2015) noted that the drug problem in Nigeria was framed to benefit policymakers who deliberately excluded other aspects of the drug market, such as drug use and treatment; and was basically framed with no reliable data. Recent reports indicate that the nonmedical use of prescription drugs (such as codeine, tramadol, etc.) and other controlled substances is becoming the new drug problem in the region (Kumah-Abiwu, 2019; UNODC, 2018). Between July 2017 and June 2018, 63 suspected drug dealers and

traffickers were arrested with 804.22 kg of cannabis, 2,873.8 kg of tramadol (225 mg), 5.3 g of cocaine, and 57.2 L of codeine syrup (Ikoh et al., 2019). The UNODC (2018) reported that 4.6 million people (4.7% of the population) used prescription painkillers such as tramadol and cough syrups for nonmedical purposes last year. In Nigeria, the southern geopolitical zone, comprising Southeast, Southwest, and South-south zones, had the highest prevalence of drug use last year, with southern prevalence ranging between 13.8% and 22.4% of the population compared to 10%–14.9% in the north (UNODC, 2018). Specifically, in 2017, prevalence for the Southeast zone comprising Abia, Imo, Anambra, Ebonyi, and Enugu states was estimated at 13.8% of the population or 1.5 million people aged 15–64. This carries some health implications.

Prescription opioids supposedly used to treat acute pains have been associated with major risk factors. These medications are being misused and have been associated with addiction, overdoses, and death. In 2019, three students from a large federal university of technology in Nigeria died in one night from drug overdose (Wahab, 2019). According to the National Agency for Food and Drug Administration and Control (NAFDAC), tramadol and codeine use can lead to drowsiness, decreased alertness, and sometimes agitation and euphoria, while excess dosage of codeine could cause schizophrenia, organ failure and other health-related defects (Owoseyi, 2018). The federal government of Nigeria, in apparent acknowledgment of the illicit opioids problem, banned the importation and production of codeine-based cough syrups. In a report by the West African Commission on Drugs (2014, as cited in Kumah-Abiwu, 2019), “advocacy groups and policy entrepreneurs determined to shape policy change

from the existing prohibition approach to a more humane or public health approach to narcotics control” (p. 67). Although the establishment of the Nigeria National Drug Law Enforcement Agency (NDLEA) in 1990 included rehabilitation centers, public health provisions for vulnerable populations receive little or no attention (Klantschnig et al., 2016). Yet, one of the four strategic pillars listed in the NDLEA National Drug Control Master Plan (NDCMP) to achieve its objectives was the Drug Demand Reduction (DDR). The plan, the report noted, will improve drug treatment and care services. It is also aimed at changing public attitudes towards stigmatization and promoting the delivery of evidence-based programs that reduce young people’s chances of getting initiated (NDLEA, n.d.). However, the reality is that in places where services exist, “the cost of treatment, the stigma associated with accessing such services as well as the stigma associated with substance use in general, and availability of adequate drug treatment services were the major barriers in accessing treatment” (UNODC, 2018, p. 10).

Given these circumstances, institutions and organizations started putting rules, regulations, and policies in place to alleviate the situation. However, there is a paucity of relevant data on the effectiveness of antidrug policies in preventing drug abuse among university students. Therefore, my study’s purpose was to evaluate the administrators’ and students’ perceptions an antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students’ drug abuse prevention. Such a study would be informative to university policymakers to understand the perceptions of those affected by the policy. It is expected that the findings could help to inform how university policymakers create programs and policies that affect students.

Statement of Problem

Drug abuse among university students in Nigeria is becoming a serious public health concern. A joint survey result by the Nigerian government, the European Union, and the UNODC showed that 14.3 million Nigerians between 15 and 64 years of age used illegal drugs in 2017 (UNODC, 2018). The NSDUH in its August 2019 report noted similar trends in the United States for illicit drugs as well as prescription painkillers. In 2018, 19.4% of people aged 12 or older used an illicit drug and 3.6% of the group misused pain relievers (SAMHSA, 2019).

In Nigeria, the highest prevalence of abuse was in the Southern part, the location for this research site. The prevalence rate for 2017 in the South as noted above was higher than it was in the North (UNODC, 2018). This problem impacts students because of the seriousness of health outcomes associated with the use, such as a sharp increase in medical emergencies, increase in the dependence and abuse, and increased risk for poor academic performance (Dart et al., 2015; Harries et al., 2018; Hellenbrand et al., 2018). The pervasiveness of the abuse spurred a series of initiatives focused on alleviating the problem. Colleges and universities across Nigeria such as Covenant University and Baze University instituted antidrug abuse rules and regulations to combat the drug problems in their schools (Covenant University, n.d.). According to Klantschnig (2015), the policies were formulated with limited scientific evidence and public health input and were geared towards supply-side strategies rather than harm reduction. Despite evidence that policy “evaluation has real consequences [such as] challenging old ideas, providing new perspectives [and] helping to re-order the policy agenda” (Weiss, 1999, p. 468), little is

known about the effectiveness of the antidrug policies because of a dearth of reliable data (Benfer et al., 2018; Klantschnig, 2015; Wong et al., 2011).

Therefore, a study of the university anti-drug-use policy could increase an understanding of the effectiveness of drug policies in preventing drug abuse among students and guide policymakers in adopting evidence-based solutions to the problem of drug abuse. My research evaluated administrators' and students' perceptions of antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students' drug abuse prevention.

Purpose of the Study

The purpose of this qualitative case study was to evaluate the administrators' and students' perceptions of antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students' drug abuse prevention. The associated health outcomes of drug abuse among students are well-documented (Dart et al., 2015; Harries et al., 2018; Hellenbrand et al., 2018). Universities have instituted antidrug abuse policies as a way to prevent drug abuse among students. Understanding the perception of the administrators and the students on the antidrug use policy would clarify the justification for such policies, stakeholders' involvement in policy process and acceptance, as well as the outcome of such policies. An independent evaluation such as this would appear a more appropriate tool to determine the policy effectiveness (Flynn et al., 2015). The study contributes to the body of knowledge needed to increase an understanding of the effectiveness of antidrug policies in preventing drug abuse among students.

Research Questions

RQ1: How do administrators at the federal university in Southeastern Nigeria perceive the antidrug policy and its effectiveness in preventing drug abuse among students?

RQ2: How do students at the federal university in Southeastern Nigeria perceive the antidrug policy and its effectiveness in preventing drug abuse among students?

Theoretical Framework

The policy feedback theory (PFT) developed by Sabatier (1988) and Sabatier and Jenkins-Smith (1993) served as the theoretical framework for understanding the university antidrug policy as well as to evaluate its effectiveness on drug abuse prevention among the students. I approached this evaluation with an understanding that policy effectiveness is a product of multiple feedback effects on the policy process. Authorities require feedback from the objects of social policy to ensure policy effectiveness. This theory not only adds a new dimension to the study, understanding, and analysis of the policy process, it also positions scholars to engage in a new form of policy analysis hitherto, ignored by researchers (Weible & Sabatier, 2017). As an important component of the PFT, “policy analysis aims to predict the most valuable approaches to solving social problems or to evaluate the ability of existing policies to do so” (Weible & Sabatier, 2017, p.104).

“Policies set normative values and expectations for student behavior,” including outlining the procedures for handling any substance abuse issue in schools (Midgley et al., 2017, p. 2). This being the case, the students who are affected by such policies

deserve meaningful participation in the decision-making on such policies or programs (Csete et al., 2016). This makes the policy process a political exercise. According to Msila and Setlhako (2013), the “policies and programs with which evaluation deals are the creatures of political decisions. They emerged from the rough and tumble of political support, opposition, and bargaining” (p. 325). Feedback theory became an appropriate framework to evaluate how the university anti-drug policy affects crucial aspects of the policy execution, hence its effectiveness or lack of. PFT helps to understand stakeholders’, especially the objects of the policy, the engagement, and participation in the policy process (Mettler & Sorelle, 2018).

In arguing for the need for inclusiveness of all stakeholders in the policy process, Osborn et al. (2007), blamed the research community’s failure to effectively engage undergraduates on issues affecting them as reason for the apparent lack of progress in alcohol/drug related problems among students. Students are experts by virtue of their experiences as users and are uniquely positioned to provide valuable “insight into what is needed, what alternative activities will engage students, how to keep the issues visible, and how to change the social norms around [illegal drugs] alcohol” (Robert, 2014, p. 594). Rather than stigmatizing and marginalizing students with drug problems, authorities should make their views and experiences of the context an integral part of the policy. For instance, in a podcast interview by Campus Drug Prevention (Lucey, 2019), Boston University School of Public Health graduate student September Johnson argued that when it comes to matters affecting their lives, learning and campus experiences, as well as informing policymakers about programs, students offer honest answers. It makes

sense, therefore, to engage every stakeholder in the policy process. This effort to involve relevant stakeholders in identifying, understanding, and responding to an issue at stake is critical to the achievement of policy objectives. It not only creates transparency and trust among the stakeholders but also facilitates commitment to what is now a shared interest.

Collaboration constitutes a part of evidence-based practice and is critical to achieving policy effectiveness. It involves all stakeholders who share a common goal coming together to increase their opportunities for success. It cannot be the traditional top-down approach but one of shared responsibility. This process eliminates barriers as everyone has a stake in it. When students have a buy-in in the process, it creates opportunities for success and a shared vision that supports policy objectives.

Collaborating on antidrug policy formulation can mutually benefit both the administrators and students. Collaboration gives authorities an opportunity to explain the policy imperatives and the students equally can educate stakeholders about their motivation and other underlying issues. Smith and Trist (1988) noted that irrespective of the different perspectives of each interest group, “the positive effect shared responsibility and pooled resources” at the end outweighs the concerns (p. 29). According to Bryson (2011), such cooperative arrangement is particularly useful when addressing problems for which none of the participating entities is fully in charge. In the case a university antidrug policy, school administrators have upper hands. PFT as a framework was used to explain how the antidrug use policy influenced the attitudes and behaviors of the university community. Therefore, as an analytical tool, this theory and its components fit into the present study by providing a framework for understanding a social problem such as drug

abuse by students in an institution of higher learning like the one in southeast Nigeria and evaluate the effectiveness of its antidrug use policy.

Nature of the Study

This study was driven by a qualitative case study approach. The objective of the research was to evaluate the perceptions of administrators and students at the federal university on the university's antidrug policy to determine its effectiveness on drug abuse prevention among the students. My interest in this strategy, which Yin (2002) called a "comprehensive research strategy," was the ability to draw evidence wherever available for triangulation and its suitability to program evaluation (p. 14). Following Yin's case study tradition, I maximized the quality control measures that I discussed under the issues trustworthiness. Case study research design supports qualitative methods whose goal is to achieve an understanding of a phenomenon (Creswell, 1998). Understanding the antidrug policy required an approach that has the capacity to provide an in-depth understanding of the phenomenon and affords the researcher an opportunity to collect detailed information using a variety of data collection procedures (Stake, 1995). The fact that this approach supports multiple data collection methods makes data triangulation possible and thereby establishes the validity of the assertions thereof. Triangulation improves the quality of data analysis and the accuracy of the findings by supporting the checking of one source of data against the other (Robson, 1993). Finally, a case study makes use of data sources such as a documentary, observations, and interviews which makes it an appropriate approach to evaluate the antidrug policy. By evaluating the documents, I was able to corroborate information from other sources.

Data for my study were collected purposively from administrators and students at a federal university in Southeastern Nigeria. Study participants included administrators who occupy decision-making positions and students drawn purposively from students who are 18 years and old, and who are knowledgeable about the policy. Data from the study were analyzed using thematic analysis. This research took a realist approach to the data and identified themes explicitly. I drew on Braun and Clarke's (2006) six-step approach that involves (a) getting familiar with the data through transcription, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, (f) and producing the final written output.

Definitions

Decriminalization: A process in which the seriousness of a crime or of the penalties the crime attracts is reduced. More specifically, it refers to the move from a criminal sanction to the use of civil or administrative sanctions (Csete et al., 2016).

Drug policy: In the context of psychoactive drugs, the aggregate of policies designed to affect the supply and/or demand for Illicit drugs, locally or nationally, including education, treatment, control and other programs and policies to reduce the harms related to illicit drug use (Csete et al., 2016).

Harm reduction: In the context of alcohol or other drugs, harm reduction describes policies or programs that focus directly on reducing the harm resulting from the use of alcohol or other drugs (Csete et al., 2016).

Mental disorder: A mental condition marked primarily by disorganization of personality, mind, and emotions that seriously impairs the psychological or behavioral functioning of the individual (NIDA, 2018).

Prescription drug misuse: The use of medication in ways or amounts other than intended by a doctor, by someone other than for whom the medication is prescribed, or for the experience or feeling the medication causes. This term is used interchangeably with *nonmedical use*, a term employed by many national drug use surveys (NIDA, 2018).

Psychoactive drug or substance: A substance that, when ingested, affects mental processes such as cognition, mood, sensation, and behavior (Csete et al., 2016).

Risk factors: Factors that increase the likelihood of beginning substance use, of regular and harmful use, and of other behavioral health problems associated with use (NIDA, 2018).

Stigma: A set of negative attitudes and beliefs that motivate people to fear and discriminate against other people. Many people do not understand that addiction is a disorder just like other chronic disorders. For these reasons, they frequently attach more stigma to it. Stigma, whether perceived or real, often fuels myths and misconceptions and can influence choices. It can impact attitudes about seeking treatment, reactions from family and friends, behavioral health education and awareness, and the likelihood that someone will not seek or remain in treatment (NIDA, 2018).

Substance use disorder (SUD): A medical illness caused by disordered use of a substance or substances. According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*), SUDs are characterized by clinically significant impairments

in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms (NIDA, 2018).

Assumptions

As resources dwindle, policymakers turn to evidence-based practices, such as independent evaluations, to determine policy or program effectiveness. Drug policies play a significant role in promoting drug abuse prevention among university students (Sharma & Reinhard, 2016). With that in mind, in this study, I made the following assumptions.

One of my assumptions was that an ill-formulated policy or program fails to achieve policy objectives. The reason for this assumption was that a well-formulated policy stands a better chance to be effective than ill-formulated one. For instance, a policy that is, among other things, an outcome of stakeholders' agreement, familiar to all concerned, and is equitably/consistently implemented will very likely be effective (Hellenbrand et al., 2018; Torjiman, 2005; Walter & Kowalczyk, 2012).

Second, when all stakeholders are involved in the policy process it creates a buy-in by everyone affected by the policy and subsequently leads to policy effectiveness. The reason for this assumption was that university students are at a stage in life when authority is questioned and unless the students are taken along in a decision making, such decision might not stand a chance to succeed. The voices of students are therefore crucial in developing any successful responses to alcohol and other drug issues on their campus (Lancaster et al., 2013).

Third, I shared the view that “incorporating campus survey data on policy agreement, familiarity, and perceptions into their development and implementation strategies [help] to garner greater support” (Hellenbrand et al., 2018, p. 101). Wide consultation with the relevant stakeholders, familiarity with the policy, and consistency in enforcement of policies are a necessary recipe for effectiveness. Also, many students have been found ignorant of their institution’s substance use prevention program and some that were aware did not know how the policy was enforced (Ayala et al., 2017).

Fourth, this research was predicated on a basic assumption that policy effectiveness is a product of multiple feedback effects on the policy process. Sufficient consultation, involvement/collaboration with relevant stakeholders help to create support. An antidrug use policy or intervention would be successful if it has a positive opinion, which translates to greater acceptability and compliance (Lancaster et al., 2013).

Scope and Delimitations

Every study carries certain delimitations guided by a researcher’s underlying theories, “objectives, research questions, variables under study and study sample” (Dimitrios & Antigoni, 2019, p. 157). In an editorial work by Simon (2011, as cited in Dimitrios & Antigoni, 2019), a delimitation is “a detailed account of reasoning which enlightens the scope of the study’s core interest as it relates to the research design and underpinning philosophical framework” (p. 157). For this study, I explored the administrators’ and students’ perceptions of antidrug use policy at a federal university in Southeastern Nigeria to help determine its effectiveness on students’ drug abuse prevention.

This study focused on a particular university in southeastern Nigeria. The site selection for this study was informed by the current prevailing rate of drug use in that geopolitical zone in Nigeria and a recent loss in one night of three students from a single university to a drug overdose (Wahab, 2019). Thus, the need to evaluate the perceptions at the university on the antidrug use policy to determine its effectiveness in preventing abuse was needed.

As noted previously, there was a paucity of current data not only on antidrug policy evaluation prior to this study but also on drug use in general in Nigeria. It was expected that this study would bridge the gap in knowledge and that the findings could increase an understanding of the effectiveness of drug policies in preventing drug abuse among students and guide policymakers in adopting evidence-based solutions to the problem of drug abuse. Additionally, the purposive sampling technique was adopted for this study. The idea was to “focus case selection strategically in alignment with the inquiry’s purpose, primary questions, and data being collected” (Patton, 2015, p. 264). It was also important to note that a sample size of 12 participants, although convenient economically and executable within a limited time frame, was not generalizable. Note, also, that interview data obtained from the 12 participants (three administrators and nine students, including student union members) were augmented and triangulated with data from documentary analysis and observation. Again, such a sample size has previously gained support in studies (Braun & Clarke, 2013; Fugard & Potts, 2015). The aim, however, was not to generalize but to collect data rich enough to understand the

perspectives of the university administrators and students on the effectiveness of the anti-drug policy.

Limitations

This study had some potential limitations. As a case study of one university, it was not possible to generalize the results to the entire population, but the result could serve as a guide for others. Also, as I previously noted, the objective was to understand the perspectives of the university administrators and students on the effectiveness of the antidrug policy. Additionally, as the researcher and the instrument of data collection, I could not completely rule out the influence of my subjective feelings (bias). Another obvious limitation of this study was its limited scope. This study involved a sample size of 12 people (or more participants depending on data saturation) out of a university population of about 20,000 that were purposively selected from the university community. Although open-ended questions can “produce a richly textured understanding of the phenomenon and be handy enough to permit deep, case-oriented analysis” (Sandelowski, 1995, p. 183), a sample of 12 participants limits the study.

Furthermore, although the drug abuse problem is widespread and all over the news in Nigeria, there was a dearth of current research on the effectiveness of policy initiatives vis-à-vis drug abuse prevention among students. Most of the current studies have been conducted in the United States and often lack cross-cultural applicability. This was a limitation because a policy is contextual, and according to Fraser and Moore (2011), choices, behaviors, and experiences of individual drug users vary according to the circumstances and local conditions within which individuals find themselves. My

research was an attempt to fill this gap by providing information relevant to the Nigerian cultural setting.

Significance

As stated earlier in the problem statement and introduction, drug abuse among university students in Nigeria has become a serious public health concern. Also noted was the paucity of data in the subject area in Nigeria. The significance of the study and its findings were an increase in understanding of the effectiveness of drug policies in preventing drug abuse among students. It also helped to bridge the gap in knowledge about the issue of drug abuse and prevention among university students in Nigeria. The study was unique because it evaluated policy specific perceptions of university administrators and students in order to determine its effectiveness or otherwise in preventing drug abuse among students.

Understanding the perception of the service users (students) significantly provided necessary data that could guide policymakers in adopting evidence-based solutions to the problem of drug abuse. The evaluation of the anti-drug use policy had the potential to provide feedback to university policymakers as well as healthcare professionals to alleviate unintended negative effects of such policies (Zúñiga et al., 2020). It could impact how university administrators create programs and policies that affect students.

Theoretically, this research is significant because of the chosen approach of looking at policy or program effectiveness as a product of multiple feedback effects on

the policy process. It highlighted the value of collaboration/involvement of all stakeholders as a panacea for policy effectiveness.

Summary

There appears to be a consensus among many researchers and health officials that drug abuse among university students has become a public health concern. Research has shown that drug abuse is a major risk factor for dependence and abuse, an increase in emergency room visits, risk of HIV and increased risk for poor academic performance, as well as overdose death. Although many institutions have intervened with anti-drug policies or programs to ameliorate the problem, there was a paucity of data to determine the effectiveness of such interventions. Results so far on some of the programs' effectiveness remain mixed. There appears to be a lack of evidence-based practice in the policy process. It was, therefore, this study's contention that policy effectiveness is a product of multiple feedback effects on the policy process. Giving students an opportunity to participate in the antidrug policy process would improve the chances of success of the policy.

This study, therefore, was an attempt to evaluate the administrators' and students' perceptions of antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students' drug abuse prevention. In this chapter, I discussed the importance and need for the study, the Background, the Problem, and the Purpose, as well as the Research Question, Theoretical Framework, and the Nature of the Study. It also discussed the Scope, Delimitations, Limitations, and Significance of this Study. The next chapter will be an Analysis of Literature and other chapters.

Chapter 2: Literature Review

The issue of drug abuse among university students has become a public health concern. This problem impacts students because of the seriousness of health outcomes associated with the use, such as a sharp increase in medical emergencies, increase in the dependence and abuse, and increased risk for poor academic performance (Dart et al., 2015; Harries et al., 2018; Hellenbrand et al., 2018), as well as overdose deaths. Institutions responded with various interventions such as rules and regulations, prevention programs, and policies aimed at ameliorating the situation. The results so far have been mixed. One of the reasons put forward for the apparent lack of effectiveness is that institutions are adopting interventions/policies that are not based on evidence, such as an independent evaluation to determine program effectiveness. Policies have consequences and the outcome of any policy depends on the process.

Despite evidence that policy “evaluation has real consequences [such as] challenging old ideas, providing new perspectives [and] helping to reorder the policy agenda” (Weiss, 1999, p. 468), little is known about the effectiveness of the antidrug policies because of a dearth of reliable data (Benfer et al., 2018; Klantschnig, 2015; Wong et al., 2011). Therefore, a study of the federal university antidrug abuse policy could increase an understanding of the effectiveness of drug policies in preventing drug abuse among students and guide policymakers in adopting evidence-based solutions to the problem of drug abuse. The purpose of this study, therefore, was to evaluate the administrators’ and students’ perceptions an antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students’ drug abuse prevention.

The goal of this literature review was to understand the effectiveness of antidrug policy in preventing drug abuse among students and how the perceptions of the federal university administrators and students on the antidrug policy process impacted its effectiveness. Such an understanding could help to improve future interventions.

Chapter 2 outlines the literature search strategy adopted for this review. It also lays out the theoretical foundation based on PFT. The topics discussed in the actual review include the negative effects of drug use, risk factors associated with use, motives, and suggestions by other scholars. Finally, I examine policy evaluation as evidence-based policy and provide a summary of the chapter.

Literature Search Strategy

The literature search for this study involved databases through Walden University Library services, Google publications and relevant Nigerian government agency records. This included Political Science Complete, ProQuest, Medline, PsycInfo, SAGE publications and PubMed. Others included a reference list of existing relevant articles, government sources such as SAMHSA, NIDA, NSDUH, UNODC, and NDLEA. The search terms included *university or college students, drug abuse/misuse, opioids, evaluations, policy feedback, drug policy, strategy, and plan*. The search focused mostly on articles published from 2015 to 2020 and few older articles found to be relevant. The focus was on abstracts, full-texts, and peer-reviewed journal articles.

Theoretical Foundation

Sabatier (1988) and Sabatier and Jenkins-Smith's (1993) PTF provided the theoretical framework for understanding the university's antidrug policy as well as to

evaluate its effectiveness on drug abuse prevention among the students. Of interest is PFT's relevancies in analyzing policy effectiveness by explaining how policy formulation can influence those affected by the policy and help to understand the process by explaining how existing policies affect the chances and formulation of future policies. I contended that policy effectiveness is a product of multiple feedback effects on the policy process. Authorities require feedback from the objects of social policy to ensure policy effectiveness. This theory not only adds a new dimension to the study, understanding, and analysis of the policy process, it also positions scholars to engage in a new form of policy analysis hitherto, ignored by researchers (Weible & Sabatier, 2017). As an important component of the PFT, "policy analysis aims to predict the most valuable approaches to solving social problems or to evaluate the ability of existing policies to do so" (Weible & Sabatier, 2017, p.104). PFT is an appropriate explanatory framework for understanding the perceptions of the university administrators and students on the antidrug policy effectiveness in preventing drug abuse among students in the university.

Since policies not only set normative values and expectations for student behavior but also outline the procedures for handling any substance abuse issue in schools (Midgley et al., 2017), the students who are affected by such policies deserve a meaningful participation in decision-making on such policies or programs (Csete et al. 2016). This makes the policy process a political exercise. According to Msila and Setlhako (2013), the "policies and programs with which evaluation deals are the creatures of political decisions. They emerged from the rough and tumble of political support, opposition, and bargaining" (p. 325). PFT becomes an appropriate framework to assess

how the university antidrug policy affects crucial aspects of the policy execution, hence its effectiveness or lack of. PFT helps to understand stakeholders', especially the objects of the policy, engagement, and participation in the policy process (Mettler & Sorelle, 2018).

Arguing on the need for inclusiveness of all stakeholders in the policy process, Osborn et al. (2007) blamed "the lack of progress in alcohol-related harm among college students on the research community's failure to effectively engage and collaborate with undergraduates on shared concerns" (p. 118). Students are experts by virtue of their experiences as users and are uniquely positioned to provide valuable "insight into what is needed, what alternative activities will engage students, how to keep the issues visible, and how to change the social norms around [illegal drugs] alcohol" (Robert, 2014, p. 594). Rather than stigmatize and marginalize students with drug problems, their views and experiences of the context should form an integral part of the policy. Lancaster et al. (2013), in research commissioned by the Australian National Council on Drugs (ANCD), noted the critical need for the voices of young people in "helping to develop successful responses to alcohol and other drugs" (p. XII). The authors believed that part of the process of effective policymaking is sufficient consultation with relevant stakeholders. Writing in support of harm reduction in a foreword for the Global Commission on Drug Policy 2017 report, titled *The World Drug Perception Problem: Countering Prejudices About People Who Use Drugs*, Ruth Dreifuss, former President of Switzerland noted that the fears and prejudices surrounding drugs have been "expressed in stigmatizing language, stigmatization leads to social discrimination and repressive laws, and

prohibition validates fears and prejudices” (p. 4). Countering these false perceptions is crucial in eliminating barriers preventing those “rejected by society and perceived as asocial, depraved or deviant from accessing the services they need” (p. 5). The perceptions of students and administrators are important in determining the university’s anti-drug policy effectiveness.

Literature Review

In reviewing existing literature relevant to this study, I examined certain subject areas relevant to the antidrug use policy evaluation. As the data above show, the prevalence of drug abuse among university students is well documented. My focus was on the negative effects of drug abuse, the risk factors associated with drug abuse, the motives for drug abuse, and what the experts suggested as best practices to alleviate the problem, as well as the need for policy evaluation. The details are discussed below.

Negative Effects of Drug Abuse

Nonmedical use of prescription drugs and illicit drugs among university students is a public health concern because of the associated negative outcomes. McCabe et al., (2017) in a recent study found that U.S. high school seniors who use drugs/alcohol were at risk of developing alcohol and substance use disorders in adulthood and were significantly less likely to obtain a 4-year college degree by age 35 (McCabe et al., 2017; Ward et al., 2016). In another study, Aikins et al. (2017) reported evidence of “nonmedical use of prescription drugs leading situationally to creative impairment, fleeting long-term memory retention, neuropsychological impairment, or other attentional or behavioral dangers such as polydrug use and panic attacks that college students also

experience” (p. 230). A longitudinal study by Arria et al. (2008), reported that nonmedical prescription drug users were more likely to skip classes, socialize more, spend less time studying, and have a lower GPA. Additionally, Tapscott and Schepis (2013) cited increased risk of overdose and dependence, as well as increased costs for health insurers as some of the negative outcomes. The effects are no different with street drugs such as cocaine, marijuana, as well as alcohol. The negative effects of these illicit drugs are well documented. Drug use can increase the risk of HIV, cancer, Hepatitis C, mental health conditions, overdose deaths, motor vehicle accidents, and so forth (NIDA, 2018). It is not surprising, therefore, that universities and health officials are concerned about drug abuse among university students.

Risk Factors Associated With Drug Abuse

Researchers have shown that university students (18–25) are at the highest risk for prescription drug misuse (Drazdowski, 2016; SAMHSA, 2011). University students in most parts of the world are young adults between the ages of 18 and 25. In Africa, especially in Nigeria, university students are often between ages 18 and 35, in part because people attend university when it is financially possible or when they are able to gain admission into a university due to the limited number of universities. So, describing university students in Nigeria as young adults who are more risk-averse than the older population may not be entirely accurate. While that description might fit adolescence, it is also important to note that some students are older adults who might act or see things differently. Adolescents as emerging adults face numerous developmental challenges. Arnett (2005 as cited in White & Jackson, 2005) noted that it is a period “of identity

exploration and self-focus; initiation of new roles; development of new social networks; separation from families and old friends; increased choices and opportunities; increased independence; freedom from time constraints and social control; and decreased parental support, guidance, and monitoring” (p. 183). It is no surprise, therefore, that such loss of social control could lead to experimentation with different behavior lifestyles, including drug use out of curiosity, because it feels good, to reduce pressure.

One of the ways to prevent substance abuse is to identify factors that increase the risk of the problem (i.e., risk factors) and those that reduce their impact (i.e., protective risk factors; O’Malley et al., 2001). Certain risk factors consistently cited in literature for prescription drug misuse are sensation-seeking behaviors tendencies and lower levels of perceived risk related to prescription drug misuse, perceived prevalence of substance use, as well as perceived benefits associated with use (Arria et al., 2018; Kenne et al., Romberg et al., 2019; Watkins, 2016; 2017). The way individuals think and feel about the risk they face is an important determinant of protective behavior (Ferrer & Klein, 2015). The lower the perceived level of harm, the more the use and vice versa (Helmer et al., 2016; Sanders et al., 2014; Schulenberg et al., 2018). Also, the higher the perceived benefits associated with use, the higher the chances of use (Sanders et al., 2014). Likewise, those who overestimate the prevalence of use among their peers also misuse drugs. The NIDA (2016) noted that adolescents whose friends view drug-free lifestyle as normal are less likely to use drugs/alcohol themselves.

Although some researchers have found having a low GPA as a significant risk factor for drug use (Arria et al., 2015; Hightower, 2015; Watson et al., 2015); others

suggested it could be a way of “coping with a deeper underlying issue” (Tronnier, 2015; Vrecko, 2013, p. 4; Ward et al., 2016). Such issues include feelings of stress, feeling overwhelmed, or low self-esteem, and to promote feelings of confidence, calmness, and being in control (Tronnier, 2015). In another study of cannabis-using students, Buckner et al. (2018) noted that users reported at least one cannabis-related academic functioning problem, such as procrastination, lower energy, memory loss, or missing school. It is not surprising that some researchers have seen environmental intervention strategies as holding the solution to the problem (Abelman, 2017; Ferri et al., 2015). Such a view is in tandem with Bostrom and Sandberg (2009), who see the use of stimulants as coping mechanisms in response to the failure of the universities to meet the needs of students with special learning disabilities. Aikins et al. (2017) found an “overwhelming perception among college students that stimulants enhance academic learning” (p. 230). It has also been reported that the availability and legal usage of these substances in the user’s immediate environment are equally contributory to the problem (Adekeye et al., 2017; Arria & Dupont, 2010).

Finally, advocates of environmental solution see such social risk factors as “extreme income and wealth inequality, social exclusion, economic crises, high levels of corruption, high unemployment, frustrated income expectations, and histories of violent internal conflicts” as contributors to drug problems (Thoumi, 2012, p. 1629). In other words, these vulnerabilities exacerbate drug use.

Motives for Drug Abuse

There appears to be a consensus among some scholars that understanding the motivations for the nonmedical use of prescription drugs among university students is important in finding solutions to the prevalence (Abelman, 2017; Bennett & Holloway, 2017; Drazdowski, 2016). Some of the motivations for prescription drugs misuse are relaxation, euphoria, reducing pain, losing weight, enhance concentration, experiment, cognitive enhancement and getting high, as well as enhancing sexual performance (Arria et al. 2018; Cicero & Ellis, 2017; Drazdowski 2016; Gallucci et al., 2014; Greer & Ritter, 2019; Johnston et al. 2016; Kenne et. al., 2017; Lord et al. 2011; Rozenbroek & Rothstein, 2011; SAMHSA, 2019). Additionally, Corzine (2016) found financial gain and employment to be motives for using performance-enhancing drugs. Apparently, the motives for use are complex and vary from one user to another.

Some studies show cognitive enhancement as a motive for abuse of stimulants, but others found little evidence that academic performance is improved by nonmedical use in individuals without attention-deficit/hyperactivity disorder (Faraone et al., 2020). The abuse, misuse, and diversion of stimulants such as Adderall stem from the fact that these stimulants enhance alertness and concentration and induce euphoria (Crompton et al., 2019). It is important to note that the majority of the research on substance abuse has been conducted in the United States (Bennett &Holloway, 2017; Essau & Delfabbro, 2020). From the foregoing, there appears not to be one particular motive for every user. Motive for use may vary from one place to another.

To understand the motives for users in other countries, Drazdowski (2016) suggested the need to extend research to other countries and investigate why specific groups of people use so as to inform targeted interventions. This is necessary because choices, behaviors, and experiences of individual drug users vary according to the circumstances and local conditions within which individuals find themselves (Fraser & Moore, 2011). Cupido (2018), echoed that position, stating that contexts and realities differ based on individual experiences, hence, the content of policies is variable. It is not surprising, therefore, that some researchers have highlighted the importance of contextualizing programs and policies (Department of Health and Human Services, 2003; NIDA, 2018) to improve program efficacy. Interventions targeting drug abuse must address any underlying factors of use (Abelman, 2017) and be contextualized. This is one reason why a policy-specific evaluation of the perceptions of administrators and students at a federal university in Southeastern Nigeria is crucial.

Experts' Suggestions

The effectiveness of university antidrug policy depends in part on how students respond to it. When students perceive that such antidrug policy is counter to their well-being, they are more likely to resist it. It becomes necessary, therefore, that understanding students' perceptions of the antidrug policy will be an appropriate step towards preventing drug abuse among students. Again, no one is better positioned to assess a university antidrug policy effectiveness than the students themselves due to their closeness to those who use drugs (Brown et al., 2008).

Students, no doubt, are often underutilized in campus drug prevention efforts. It will be counterproductive not involving students in the antidrug policy process. Students like “to have their voices heard” and “want to work together [with university administration] to have a campus that feels like home to them [and] is safe,” and in such a situation, they “get together and really make that happen.” (Lucey, 2019, para. 4). It is important that policy makers involve every stakeholder in the process.

Collaboration is not limited to the stakeholders on campus. The university and indeed, the students come from families and communities. The university is a microcosm of the community (macrocosm). Whatever affects one affects the other. For instance, the marijuana landscape has evolved in recent years and continues to evolve in terms of availability and legality. The mixed messages affect any effort to prevent abuse. A situation in which marijuana is seen as having medical use leads to an increase in use as perceptions shift towards a more favorable view of the drug (Yamatani & Byrdsong, 2019). Schulenberg et al. (2018) found a recent substantial fall in perceived risk for marijuana as a result of states legalizing recreational marijuana. It is time to jettison silos thinking and embrace a community approach, in which the university, families, and the community team up for lasting solutions to the drug problem. Along with that is leadership commitment which is vital in achieving a successful antidrug policy. University vice chancellors or presidents must speak up on the issue of drug abuse prevention as such commitment can result in more resource allocation and sends a clear message to all stakeholders on the university stand.

In the introduction, I cited that research results on the effectiveness of some of these approaches have been mixed (Das et al., 2016; Strom et al., 2014), so are the recommendations. Some studies have suggested that prohibition of drugs is not effective in reducing drug use (Csete et al., 2016; Maahs, Weidner, & Smith, 2016). This is because illicit drugs, like other commodities are governed by the same principles of demand and supply (Nosyk & Wood, 2012). In other words, unless consumer demand is curtailed, illicit drug trade will continue to be resilient (Nosyk & Wood, 2012). The Johns Hopkins-Lancet Commission on Drug Policy and Health argued that when drug policies appear punitive, drug users tend to avoid health services and that adds to the stigma. It also exacerbates risks of overdose and the epidemic of communicable diseases such as tuberculosis, HIV, and viral hepatitis among users. (Lancet, 2016). Prohibition is also responsible for “deaths from overdose and the use of adulterated substances, violence associated with repression and gang turf wars, corruption, a shortage of adequate drug treatment and pain relief, overcrowded prisons, and an absence of any perspective of social integration for people with a drug-related criminal record, including consumers and non-violent actors involved in the illegal production or sale of drugs” (Global Commission on Drug Policy, 2017, p. 5). Thus, with this realization that criminalizing drug users does not work, there is a shift to harm reduction strategies to reduce the public health impact of illicit drug use (Nosyk & Wood, 2012).

Many scholars have advocated for harm reduction. Ritter and Cameron (2006) described it as “an overarching policy approach” that provides a framework for global drug policies (p. 618). According to the authors, “harm reduction refers to policies and

programs that are aimed at reducing the harms from drugs, but not drug use per se” (p.611). Harm reduction strategies such as medication-assisted treatment, needle-exchange programs, safe injection sites, heroin-assisted treatment, deregulation of naloxone, and the decriminalization of marijuana have been found to significantly reduce overdose deaths, the spread of infectious diseases, and even the nonmedical use of dangerous drugs (Global Commission on Drug Policy, 2017).

Education and information, either in the form of public awareness campaigns, targeted campaigns, peer networks, and outreach services; through health services and using posters, leaflets, videos, or booklets, and so on; aimed at providing accurate and credible information to promote behavior that reduces risk, are seen as key to the strategy. This ties into one of my assumptions that policy awareness/familiarity is crucial to antidrug policy effectiveness (Ayala et al., 2017). Many students have been found ignorant of their institution’s substance use prevention program and some that were aware did not know how the policy was enforced (Ayala et al., 2017). Educational programs work but they must be sustained over time (Cross et al., 1998; Das et al., 2016), and must be targeted.

Some other suggestions in available literature included strategies addressing underlying factors of use (Abelman, 2017; Csete et al., 2016; Maahs et al., 2016; Vrecko, 2013; Ward et al., 2016), those identifying why specific groups use (Arria et al. 2018; Cicero & Ellis, 2017; Drazdowski, 2016; Gallucci et al., 2014; Greer & Ritter, 2019; Johnston et al. 2016; Kenne et. al., 2017; Lord et al. 2011; Rozenbroek & Rothstein, 2011; SAMHSA 2019), and those combining prevention strategies and policies (Walter

& Kowalczyk, 2012), as well as those targeting misperceptions (Arria et al., 2018; Davis et al., 2019; Reisinger et al., 2016), etc. For instance, Ferri et al., (2015) cited that media campaigns alone are not enough. Recent evidence suggested a combination of strategies that include “reduction in exposure to drugs, enhancement of the motivation of individuals to embrace a healthy lifestyle and improvement of the microenvironment” (p. 447). Those targeting underlying risk factors believe that risk perceptions are influenced by contextual factors and that any intervention that changes risk perception subsequently changes health behaviors (Ferrer & Klein, 2015). The Global Commission on Drug Policy (2017) report advocated for the need to contextualize drug policy based on the needs of individuals and the community, hence, the need for an in-depth analysis of the phenomenon and engagement in the process of all those affected by the problem.

Additionally, studies that show perceived prevalence of substance use as a major risk factor for substance use “suggest that interventions intended to change the belief systems or correct the misconceptions maybe effective in deterring misuse” (Arria et al., 2018; Davis et al., 2019; Reisinger et al., 2016). For instance, Reisinger et al. (2016) found a student’s belief that using study drugs is wrong as the strongest deterrent to use.

There are also, researchers who see flexible and seamless integrative interventions as a panacea for effective antidrug policies and strategies (Tancred et al., 2018; Ferri et al., 2013). In furtherance of this, NIDA (2018) recommended focusing on characteristics that improve program efficacy. For instance, a successful youth alcohol program must comprise such elements as “theoretical underpinning, specificity to a group, comprehensive interactive training for program providers, and multi-component

delivery” (Calverley et al., 2020, p. 2). Evidence also exists in support of environmental prevention strategies, not only in targeting specific groups “but also in promoting synergies and integration among the many stakeholders involved” (Ferri et al., 2015, p. 447). Still, others have discussed the importance of various forms of evidence, such as statistical data and service user perspectives in “meaningful stakeholder engagement and public participation in drug policy, as well as effective policy design and implementation” (p. 952). Advocates of environmental strategies see the early onset of drug use as an indication of some “underlying vulnerability towards addictive behaviors or exposures to environmental conditions” that exacerbate one’s propensity to use later (Maina et al., 2020, p. 2). This line of thinking requires a holistic approach to the problem (Flaggiano et al., 2010), part of which is an independent evaluation to determine program/policy effectiveness.

Policy Evaluation as Evidence-Based Practice

“Policies are purposive courses of action devised in response to a perceived problem,” such as drug abuse (Cochran & Malone, 2014, p. 3). A university’s antidrug policy is a decision by university authorities made in the best interest of the university community to ameliorate drug abuse among the students. It involves the shaping or controlling of drug availability/access, use, and environmental factors that influence access and use by way of rules and regulations (Zúñiga et al., 2020). It involves regulations, rules, and laws that seek to achieve a desired goal such as the minimization of drug use and availability that is considered to be in the best interest of all members of society (Torjman, 2005). The prevalence of drug abuse among university students led

university administrators to formulate policies that will ameliorate the situation (Sharma & Reinhard, 2016).

Policies have become the bedrock of a university's efforts to prevent substance misuse and build a safer campus environment Fisher (2000, as cited in Hellenbrand et al., 2018, p. 99). Since policies have become a "frequent foundation of a university's efforts to prevent drug abuse and build a safer campus environment" Fisher (2000, as cited in Hellenbrand et al., 2018, p.99), it must be such that the aim is not defeated. According to Torjman (2005), policy formulation ideally "involves identifying and analyzing a range of actions that respond to the targeted problem and each possible solution assessed against a number of factors such as probable effectiveness, potential cost, resources required for implementation, political context and community support" (p. 4). These steps are prerequisites for policy effectiveness.

Policies form the foundation of every intervention, and yet the underlying assumptions and values are often not thoroughly examined in many evaluations (Doucette, n.d.). Invariably, if the policy is wrongly formulated, the intervention based on it will more than likely not be effective. Consequently, Johns Hopkins–Lancet Commission on Drug Policy and Health (2014), observed that drug policies that are "based on prohibition and criminalization" create detrimental effects on the people on ways that undermine their health (p. 1347). A good policy must address all stakeholders' concerns and every possible option.

Indeed, one advantage of the PFT lies in its ability to elucidate the need for students' engagement and participation in the policy process (Mettler & Sorelle, 2018).

Many researchers have suggested developing drug policies that promote a sense of community by empowering all stakeholders to participate in the process (Csete et al., 2016; Peterson & Reid, 2003). Such a position finds support in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) which highlighted the importance of students' involvement in the process. Consulting students (service users) in the policy process helps to inform policy to provide an evidence base for policy development (Robert, 2014). Consistent with PFT, consultation provides an opportunity for representation of the views and experiences of all stakeholders in the drug policy (p. 952). PTF provides necessary insight on how collaboration among all stakeholders can create efficacy of the antidrug policy among university students (Mettler & SoRelle, 2014).

However, while it is recommended to involve students in the policy process, there appears to be no valuable associations between their involvement and their drug use (Midgely et al., 2017). Anecdotal evidence appears to suggest that participation in policy formulation leads to the buy-in of all concerned. Hellenbrand et al. (2018) suggested focusing on "increasing policy familiarity in order to facilitate student buy-in" (p. 101). Others suggested that when it comes to policy effectiveness, program delivery appears more important than specific policy or policy content (Foxcroft & Tsertsvadze, 2011). While various policies or interventions have been put in place, their effectiveness has varied considerably between studies (Strom et al., 2014). Moreover, the majority of evidence, so far, "comes from the United States and other high-income countries with little research conducted among the low- to middle-income nations" (Essau & Delfabbro,

2020, p. 94). This study has a goal, therefore, to determine the impact of students' participation on antidrug policies by evaluating the administrators' and students' perceptions of antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students' drug abuse prevention.

The Situation in Nigeria and the West African Subregion

Nigeria is a country in the West African subregion. The country shares borders with Benin Republic, Cameroon, Chad, and Niger Republic. Nigeria is a populous country with a population of about 190 million people in 2017 (Macrotrends, n.d.). Nigeria has 36 states and is grouped under six geopolitical zones, one of which will be the study's focus. Nigeria fought a catastrophic civil war in the late 1960s in which millions of lives were lost. The country is currently battling terrorism by Boko Haram and incessant killings and banditry by Fulani herdsmen. According to the National Bureau of Statistics (n.d.), the national unemployment rate in Nigeria during the first quarter of 2017, that the latest available statistic, was 14.4% out of 82,592,121 labor force. Out of this population, 16,836,792 are underemployed/parttime and 11,926,225 are unemployed. Youth unemployment rate, those between ages 15-34, for the 3rd quarter of 2018 was 29.7% (National Bureau of Statistics, n.d.).

The situation is worse in the Southern part of the country where the highest unemployment rate for one of the states was 37.7% for the 3rd quarter of 2017 (National Bureau of Statistics, n.d.). This makes it a breeding ground for various antisocial behaviors.

Illicit drug problem is not new in the West African subregion. Cannabis was cultivated in Sierra Leone nearly a century ago and has been consumed by deviant youth in the West African subregion (Klantschnig, 2014). The introduction of cocaine and heroin in the region in the early 1980's added a twist to the drug problem. Nigeria, as well as some other West African countries, became a major transit route for these drugs to Europe and the United States. Obot (2004) reported a 1982 arrest of a passenger who was caught leaving the country with 1.2 kg of cocaine, as well as arrests of other traffickers and seizures of cocaine across West Africa. In response, law enforcement agencies collaborated efforts to reduce the trafficking. The drug control strategy centered on reducing supply and demand especially on drugs covered by international conventions (Adelekan, 1996).

Obot noted that prevention, treatment, care, epidemiology – and the comparative risks involved in the use of illicit psychoactive substances were virtually neglected. Recently, tramadol and cough syrups with codeine have become popular among street children, secondary and university students in West Africa. UNODC (2018) reported that drug use was most common people ages 25 and 39. Survey results from UNODC reveal significant level of psychoactive substances use in Nigeria in 2017 to include, but not limited to, cannabis, tramadol codeine, and morphine, as well as cough syrups containing codeine and dextromethorphan (UNODC, 2018). Policy makers in the region are now taking increasing notice of these drug use issues. Obot (2004) reported an adoption of evidence-based services for opioid addiction in Senegal, collaboration of European Union and UNODC with Nigeria, and reform-minded review of laws in Ghana. Many schools

and universities in Nigeria have added some form of rules/regulations about drugs in the students' handbook.

Summary and Conclusion

As noted previously, drug abuse among university students has become a public health concern, especially in Southeastern Nigeria. This chapter offered an understanding of existing research on drug abuse intervention efforts, the concepts, and methods, as well as research findings on various intervention approaches relevant to the study. It offered a critical evaluation of previous studies and their contributions to the body of knowledge on various perceptions of drug abuse intervention programs and policies. Available research indicates that there are a lot of intervention programs with mixed results. Although indications are that these programs stand a chance to succeed when everyone who shares interest in the policy/program has an opportunity to participate in the formulation, there is a paucity of data to substantiate that claim.

Therefore, it was the purpose of this qualitative case study to evaluate the administrators' and students' perceptions of antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students' drug abuse prevention. It was my expectation that the results would address the issue of dearth in literature. The next chapter details the methodology adopted for this study.

Chapter 3: Research Method

The purpose of this qualitative case study was to evaluate the administrators' and students' perceptions of antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students' drug abuse prevention. This study addressed the lack of evidence-based practice such as independent evaluation in policy formulation and the need for students' involvement in formulating any antidrug policies/programs that affect them. It focused on an area, Southeastern Nigeria, that lacks reliable data especially on antidrug use policy evaluation. In this chapter, I describe the research design and my role as this researcher in the process. The chapter also includes the methodology—participant selection, instrumentation, data collection, and data analysis, as well as issues of trustworthiness and ethical procedure.

Research Design and Rationale

This study was driven by a case study approach. Open-ended questions were designed to collect data based on the following research questions. RQ1: How do administrators at the federal university in southeastern Nigeria perceive the antidrug policy and its effectiveness in preventing drug abuse among students? RQ2: How do students at the federal university in southeastern Nigeria perceive the antidrug policy and its effectiveness in preventing drug abuse among students? The focus was on the university administrators and students vis-à-vis their perceptions of the effectiveness of the university's antidrug use policy in preventing drug abuse among students.

The objective of this research was to evaluate the perceptions of administrators and students on the university's anti-drug-use policy to determine its effectiveness on

drug abuse prevention among the students. In examining the university's anti-drug-use policy, I assessed the policy vis-à-vis the objectives. This entailed looking at the university disciplinary and aggregate public health records related to illicit drug use, as well as referrals obtainable through open-records request and a possible guarantee of confidentiality to university authorities. With these records, I evaluated drug use in the federal university before the implementation of the antidrug use policy from initial drug abuse assessment as a baseline vis-à-vis the current drug use rate 3 years post policy implementation expressed in rates. I also discussed effectiveness in relation to the assumptions.

I cited certain moderators that determine a well-formulated policy which included, but not limited to, policy as an outcome of stakeholders' agreement, familiar to all concerned, and is equitably/consistently implemented. These are also some of the mediators of program effectiveness. I also used post-policy-implementation data on drug abuse among the students to measure the antidrug use policy effectiveness. These included, but were not limited to, disciplinary actions related to illicit drug use, emergency room admissions related to illicit drug use, and rates of truancy. The presence or absence of these factors was used as proxy measurement for program effectiveness.

The case study approach was appropriate for this study because it tapped into the various perspectives of the key actors in the antidrug policy and was valuable in this evaluation's need for a detailed understanding of these multiple perspectives, as well as the role each played in the effectiveness or otherwise of the policy (Purdon et al., 2001). Case study research design supports qualitative methods whose goal is to achieve an

understanding of a phenomenon (Creswell, 1998). Drug abuse is one such phenomenon. It helps to “understand and explain causal links and pathways resulting from a new policy initiative or service development” (Yin, 2009, p. 18), as well as focus on “the events that transpire and on outcomes of those events from the perspectives of those involved” (Teherani et al., 2015, p. 669). To understand the federal university’s antidrug policy required an approach that has the capacity to provide an in-depth understanding of the phenomenon and affords the researcher an opportunity to collect detailed information using a variety of data collection procedures (see Stake, 1995).

The fact that the case study supports multiple data collection methods made data triangulation possible. By interviewing administrators and students who are in the student union government and other students who are not, I developed a holistic picture of the subject matter, and established a validity of the assertions thereof. I triangulated the data from these different perspectives on the anti-drug-use policy and improved the quality of data analysis and the accuracy of the findings by supporting the checking of one source of data against the other (Robson, 1993). I corroborated information from the perspectives of these participants with and my reflective notes.

Role of the Researcher

Scholars using qualitative design share a consensus that the researcher is the primary research instrument (Creswell, 2013; Kvale, 2007). As a researcher using a qualitative case study and open-ended interview protocol to evaluate the perceptions of participants, I had a social responsibility. That responsibility was an understanding that as a researcher, the expectations of the participant were considered in all actions and

decisions related to the research. As an instrument of this study, who developed the protocol and was responsible for collecting and analyzing the data, I had a responsibility to sharpen my interviewing skills and try to understand the perspectives of the participants (Kvale, 2007; Patton, 2002). It involved actively listening to understand their perspectives. It meant that since the chosen approach, case study, involves an open-ended protocol, my bias and effect as the interviewer would not impact on the quality of the research.

Understanding that interviewer bias can affect validity and reliability of research data and subsequently, the findings, the researcher must establish rapport with participants, and ensure appropriate questions are asked for clarity and probes (Collins et al., 1988). It also means that the participants are allowed to express their views without the interviewer interjecting or leading the thought processes but directs the conversation with the subject for the purpose of gathering specific information (Wienclaw, 2013). The researcher must not appear to be condescending or exhibit any appearance or demeanor that affect the way that a subject perceives the interview or responds to the questions during an interview (Wienclaw, 2013). It also meant that the chosen participants were representative of the university community.

Finally, it was my role to ensure the participants' right to privacy, informed consent and confidentiality are protected. I maintained an ethical obligation to make the participants aware that the interview was strictly voluntary, that they had the right to privacy, and that their information would be anonymized. All participant names were replaced with pseudonyms chosen by participants to protect their confidentiality. It is

important to note that I have no relationship with either the school or the participants. However, I come from the part of the country where the university is situated, though I now reside in the United States, which can carry a lot of positive and sometimes, negative influence. The fact that I came from the United States generated some enthusiasm among prospective interviewees. Most Nigerians hold Americans to high esteem, and that perspective comes with certain expectations.

There was a possibility that some participants might volunteer in anticipation of a reward. Although participation in this study was voluntary, the economic hardship in the country always brings up the question, “what is there for me?” Understandably, many people cannot afford airtime to make telephone calls or afford transportation to and from an interview site without receiving a token. Many people do not grant favors to anybody without asking for something in return. It became apparent that I had to offer participants a token. I offered each of the student interview participants at the end of the interview, an equivalent of \$10.00 (equivalent of approximately N4000.00 in Nigerian currency) each after the interview to assist them with transportation. For the administrators, I offered each of them a special pen of equal value, as \$10.00 might appear demeaning to their status. It should be noted that idea was not to incentivize but to show appreciation. I did not believe that this token of appreciation impacted who volunteered for the study.

Methodology

Participant Selection Logic

The target population for this study included two categories of people at a federal university in Southeastern Nigeria: administrators and students. The first category,

administrators, consisted of those in decision-making positions who might be knowledgeable about or might have participated in the policy process. Administrators such as the vice-chancellor, bursar, deans, campus police/security, and medical director were invited to participate in interviews. I sent a letter by mail seeking access to the administrators. The second category, university students, required a stratified sampling technique. I selected four students from the students' union government, at least two students who, during screening admitted to illicit drug use while a student, and at least three students who claimed to never have used illicit drugs while a student. Among these students who use and those who do not use drugs, were one freshman student and one from junior year, and the last one came from any other enrollment year. As stated, my evaluation involved a preselection interview to determine eligibility.

With the site university's approval, I advertised my research on the school's bulletin/information boards with a student participant recruitment flyer. This invitation for prescreening did not make any mention of drug use. However, before the prescreening started, students consented to confidentiality, and I asked for drug use history. I used snowballing technique to reach my target number. Those who met the criteria were invited for the actual interview. I did not envisage that these participants would be vulnerable to coercion and undue influence or at risk of facing any disciplinary action from the university. Here is why. In addition to not mentioning drug use in my advertisement for participants, prospective interviewees were individually prescreened and qualified. Drug users were identified through prescreening. The use of participant-

selected pseudonym aided in ensuring participant confidentiality. The university authority did not have access to the list.

The student group reflected a heterogenous participant mix. The rules and regulations on drug abuse are part of the students' handbook, which is given to every freshman during admission. An assumption was made that students in their junior year would have been at the university since the drug policy inception approximately 3 years prior, during which period, according to Wahab (2019), three students at the university died in one night from drug overdoses. It was therefore fair to assume that these juniors, ipso facto, likely experienced the policy's implementation, and would be suitable participants for interviews regarding policy impacts. I also expected that the university may maintain students' disciplinary records which indicated actions, or treatment for drug related incidents or infractions. Included in my Institutional Review Board (IRB) application to the university that served as the study site, I sought access to their aggregate public health records related to drug abuse. Both Walden and the federal university required IRB applications in order to obtain study approval. I sought at least 12 information-rich cases from my combined participant groups related to their experiences with the federal university's antidrug policy implementation.

Purposeful sampling is widely used in qualitative research and involves selecting information-rich cases for study in-depth, capable of providing valuable insights into the issue at stake (Patton, 2002). The idea of a purposeful sample is to "focus case selection strategically in alignment with the inquiry's purpose, primary questions, and data being collected" (Patton, 2015, p. 264). This method is chosen because of the field orientation

of the study and the need to focus on certain characteristics of the decision-makers (administrators) and the service users that best answer my research questions. Note that the student participants outnumber the administrators. The reason is that students are the reason for the policy and seeking to gain their perspective as service users is relevant for this drug policy evaluation. The administrators' opinions helped to provide information as to whether the policy objectives have been met from an academic or university administrative perspective.

Although a sample size of at least 12 participants (at least three administrators and at least nine students) in a university of about 20,000 people may seem small, it provided me an opportunity for in-depth understanding and familiarization with the data. Furthermore, previous studies recommended a minimum of 12 participants to reach saturation in qualitative studies (Braun & Clarke, 2013; Fugard & Potts, 2015). Therefore, a sample size of at least 12 purposively selected students and administrators was adequate to generate enough data to answer my questions. Also, the choice of the nonprobabilistic sample was informed by my desire to conduct fieldwork and therefore not "concerned by statistical generalizability" (Guest et al., 2006, p. 61). My study's aim was not to generalize but to collect data rich enough to understand the perspectives of the university administrators and students on the effectiveness of the anti-drug-use policy, hence my choice of purposive sampling to ensure selected cases have the capability of yielding richly textured information, relevant to the phenomenon under investigation (Vasileiou et al., 2018). Study participants were identified by stratified sampling adopted to capture a wide range of perspectives on the anti-drug-use policy and by so doing gain

greater insight into the policy effectiveness or lack of. A student's awareness of the existence, or lack thereof, the antidrug use policy was a factor in the prescreening stage of the participants.

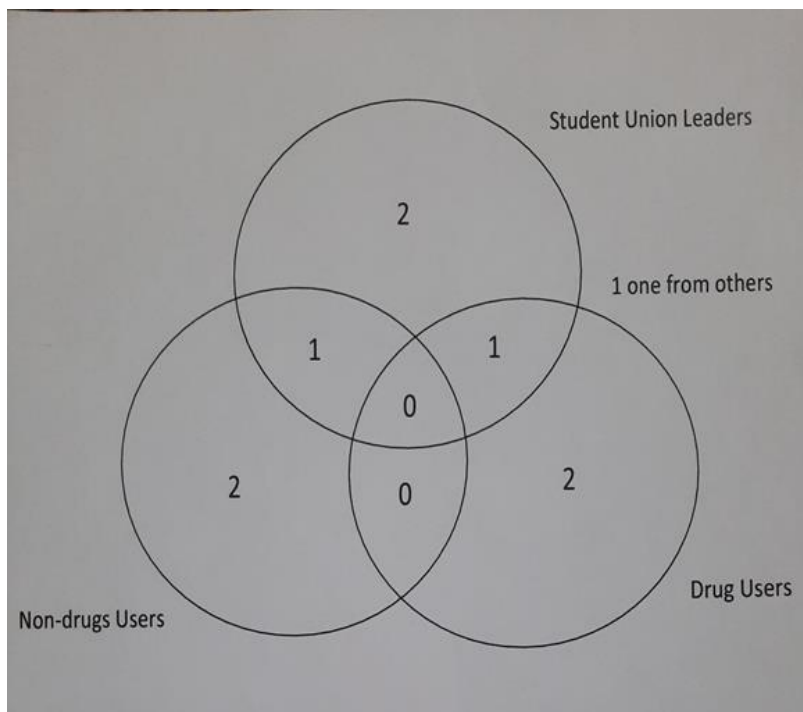
Purposeful sampling enabled me to select information-rich cases capable of providing valuable insights into the issue at stake and align them with my purpose, primary questions, and data being collected (Patton, 2002; 2015). This method was chosen because of the field orientation of the study and to focus on certain characteristics of the decision-makers (administrators) and the service users (students) that best inform responses to my proposed research questions. To capture a wide range of perspectives on the antidrug use policy among the student body, I used a stratified sampling technique, and by so doing, I gained greater insight into the policy effectiveness or lack thereof. Therefore, the study sample of at least nine student participants comprised three who use illicit drugs at least once a month, three who represented union leaders, and three who claimed to be nonusers of illicit drugs; in each subset, one participant must have been in the university for at least 3 years, another one from the freshman year, and the remaining one from any other academic year. Figure 1 illustrates my stratifications for participant interviews. Knowledge about the antidrug policy was another criterion, especially for students in union government. These criteria were used during prescreening to determine participant eligibility. It is important to note that information about student participants was made confidential and was not accessible to school authorities. Therefore, fear of retribution or disciplinary action against any user who came forward was not envisaged.

Although there was no fear of retribution for the university administrator participants, they were conferred the same confidentiality.

The Venn diagram in Figure 1 illustrates participant relationships between drug users and nondrug users with an objective of zero participant intersection representing all three categories. A student could be a union leader and may or may not use drugs; therefore, those intersections between students' union leaders, drug users, and non-drug users would include at least one participant. The remaining student participants can represent "other category." The union of all participant types will be zero.

Figure 1

Venn Diagram Showing Relationships Among the Student Participants



Instrumentation

Open-ended questions have been developed in addition to demographic information to evaluate the perceptions of the administrators and students on the federal university's antidrug policy effectiveness in preventing drug abuse among students in the university. There are two survey instruments. The first one consists of 12 open-ended questions for university administrators designed to determine the antidrug policy process, the policy rationale, policy content concerning prevention efforts and treatment, sensitivity to local context, stakeholders' involvement in policy development, policy awareness/ familiarity, and delivery, consistency/adequacy of the implementation process, student education regarding policy specifics, and perceptions of the antidrug policy's effectiveness. These are policy specific perceptions and variables underlying policy-specific associations. This instrument is listed as Appendix A. The second instrument contained in Appendix B, has nine open-ended questions specifically generated to elicit students' perceptions of the same campus drug policy issues and the effectiveness of the antidrug use policy in meeting the university's policy objective of preventing students' illicit drug use.

The research utilized a qualitative method and other secondary sources such as documentary analysis. These documents include, but are not limited to, the policy document, documents relating to drug use, discipline, and treatment as well as available publications/reports related to drug use, if any. Note that due to privacy concerns, the documents referred to above are aggregate data relating to drug abuse. A formal records release request may be required, and I made such request to appropriate authorities at the

university. So, while the interviews captured the perceptions, the meanings, and interpretation of these key informants, analyzing the documents helped to corroborate the accounts.

The primary data sources were interviews of participants and the secondary data sources include the policy document, documents relating to drug use, discipline, and treatment as well as available publications/reports related to drug use. The documents where they exist, may be obtained through an open records request or by establishing a relationship of trust with authorities to gain access to the records. I did not encounter any difficulty from authorities once I received the initial access to conduct research at the federal university. As previously noted, the population consisted of federal university administrators and students. To ensure that adequate information was collected, study data were analyzed iteratively. Primary source data were corroborated with secondary sources in order to ensure data triangulation to support research reliability. The survey instruments are contained in Appendices A and B.

Data Collection

Data were collected from a federal university in southeastern Nigeria. The administrators consisted of those who make decisions that affect the entire students. Such administrators included the vice-chancellor, bursar, deans, campus police/security, and medical director. I submitted a formal letter through the registrar. Administrators were asked to participate in member checking to review their interview transcripts. This was accomplished by including a member checking request on their informed consent form. Those who agree to participate were asked to include a contact email and requested to

return any views within 7 calendar days. Unreturned consent within the 7-day time frame and consent that has not been requested for member checking review were considered valid via tacit approval and was incorporated into my data analysis procedures.

Another group involved students who are affected by this policy. It included students from the student union leadership, students who use illicit drugs, and those who never use illicit drugs. I expected the university might maintain a record of students who might have been disciplined, referred, or treated for drug-related cases.

A sample size of at least 12 participants, comprising three administrators and nine students was purposefully selected from the university population to “focus case selection strategically in alignment with the inquiry’s purpose, primary questions, and data being collected” (Patton, 2015, p. 264). The choice of the non-probabilistic sample was informed by a lack of “concern for statistical generalizability” (Guest et al., 2006, p. 61). The aim of the study was not to generalize but to collect data rich enough to understand the perspectives of the university administrators and students on the effectiveness of the antidrug policy.

Upon approval from the federal university’s IRB, and Walden University’s IRB authorization to conduct research (approval # is 04-02-21-0580920), I advertised by way of flyers, with help from an administration staff, on the federal university’s information boards, explaining the purpose of the research. Any interested students were asked to contact me by phone with my local number. During this call, I prescreened students’ eligibility based on the criteria (member of student leadership, ever used illicit drugs and never used illicit drugs, as well as awareness of the antidrug policy, consent to audio

record and number of years in the university). After screening, anyone that met the eligibility criteria and agreed to become a study participant was sent an informed consent letter through their preferred contact (email or through other available delivery service) with the date, time, and venue of the interview, as well as a research overview.

It is important to point out that the students write and speak English. Participants received an information sheet briefly explaining in layman terms the following: the title of the research, the purpose of the research, the goal of the interview, and the reason for their selection, as well as the voluntary nature of their participation, and the purpose for recording the interview. Each participant underwent an informed consent process and was provided a signed copy of the consent form for their records. During the informed consenting process, participants were assured of their privacy and that their information would be confidential during the analyses by the use of pseudonyms. Participants were allowed to choose a pseudonym and were not permitted to use their real names in the study.

The interviews were expected to last approximately 60 minutes each. I audio recorded the session after obtaining the necessary consent. As noted elsewhere in this paper, consent to record was a prequalifying requirement for participation. As needed, a snowballing technique was used to recruit more participants. Audio tapes were transcribed manually. In addition to a consent letter explaining the study, participants were debriefed on the rationale for the study design, the method involved, why their participation was necessary, and a restatement of confidentiality before and after the interview.

In addition to conducting the informed consent process, I introduced myself, explained the purpose of the interview, the need to audio record it, explained the rules and interview guidelines, and addressed privacy and confidentiality issues. Participants were told that their participation was voluntary, and they had the right either not to answer any particular question or opt out of the interview/recording. In an event that anyone opted out of the interview for any reason, a snowballing sampling technique was used to replace the person. At the conclusion of the interview script, I asked each interviewed participant if they had any final questions or information they would like to discuss about the research. I thanked them for their participation and found out whether they would like to be contacted later for any clarifications.

Member-checking, whereby participants are made aware that transcripts of their data were available for their review for content accuracy review was included. Previously, I stated that data from the interviews were analyzed iteratively. Participants were given “particles of the narratives” from their own words as recorded in the forms of themes or patterns that emerged from the data to verify for accuracy (see Carlson, 2010, p. 1105). Students were asked to participate in member checking to review their interview transcripts. This was accomplished by including a member checking request on their informed consent form. Those who agreed to participate were asked to include a contact email and were requested to return any reviews within 7 calendar days. Unreturned content within the 7-day time frame and content that had not been requested for member checking review was considered valid via tacit approval and was

incorporated into my data analysis procedures. This process helped to empower the participants and gave them voice in the process.

Data Analysis Plan

The research questions were conceptually designed to explore how the administrators and students at the federal university perceive the anti-drug policy and its effectiveness in preventing drug illicit use among students. The resulting data were analyzed using thematic analysis. Thematic analysis, according to Braun and Clark (2006), is an umbrella term, designating sometimes quite different approaches aimed at identifying patterns (“themes”) across qualitative datasets. It is a process of identifying patterns or themes within qualitative data. Some of the key elements of the method are a theme, a code, or coding. I drew on Braun and Clarke’s (2006) six-step approach that involves: (a) getting familiar with the data through transcription; (b) generating initial codes; (c) searching for themes; reviewing themes; (d) defining and naming themes, and (e) producing the final written output. This iterative process helped to provide a deep understanding of the problem of illicit drug use. “The iterative process enabled me to see themes and concepts that are embedded in the interviews start emerging” (Rubin & Rubin, 1995, p. 226).

I manually transcribed the interview audio records. Although I analyzed these data as they were collected and used the results iteratively to modify the data collection, enhance data quality, and ensure data saturation; I used the qualitative data analysis (QDA) software, NVivo (Version 12.6). As a QDA, NVivo has the advantage of helping users save time, manage huge amounts of qualitative data, and increase flexibility. It can

also improve validity, auditability of qualitative research, as well as simplify intricate data analysis, enhance final report writing, and organize huge amount of data, away from manual and clerical tasks (Predictive Analysis Today, 2016a).

Issues of Trustworthiness

The validity of a survey instrument, such as open-ended interview questions, depends on the extent to which it extracts “richly textured information” to adequately answer the research question (Vasileiou et al., 2018, p. 2). Aware of the criticism that qualitative research is “subjective, anecdotal, subject to researcher bias, and lacking generalizability by producing large quantities of detailed information about a single, unique phenomenon or setting” (Diane, 2014, p. 89), the following strategies were adopted to ensure data trustworthiness.

Credibility

One way of ensuring trustworthiness is to make sure the research is credible. Credibility refers to the truth of the data or the participant views and the interpretation and representation of them by the researcher. It is the “overarching criterion for achieving trustworthiness in qualitative data analysis” (Suter, 2012, p. 362). For this research, I ensured credibility by maintaining an audit trail and thick, rich description of the setting, participants, data collection, and analysis procedures (Carlson, 2010). I demonstrated engagement and ensured the conclusion was accompanied by strong evidence, clear logic, valid data, and the ruling out of alternative explanations (Suter, 2012). Member checking, offered by Lincoln and Guba (1985, p. 314) as “the most crucial technique for establishing credibility,” triangulation, peer review, and saturation are some other ways

of ensuring credibility. Credibility is directly related to the research design, instrumentation, and data of a study (Ravitch & Carl, 2016). I created the interview questions and research questions based on the information I obtained from the literature review.

Dependability

Dependability “refers to the constancy of the data over similar conditions,” [when] “study findings can be replicated with similar participants in similar conditions” (Diane, 2014, p. 90). I achieved this by continuing to have another researcher such as my committee members agree with any decision trails at each stage of the research process. I also interpreted my findings and reported the results based on the data collected. In other words, study dependability was achieved through an audit trail, rich documentation, and data triangulations. Interview notes and journals taken to reflect thoughts during the interview served this purpose. Finally, I used code-recode consistency to enhance thematic analyses dependability.

Transferability

Transferability, a generalization of findings, is another way to demonstrate trustworthiness. Although the aim of this research was not to generalize but to collect data rich enough to understand the perspectives of the federal university administrators and students on the effectiveness of the antidrug policy, transferability might be difficult to achieve due to individual differences which tend to change over time. However, by conducting context-specific evaluation, I provided detailed report of the location, my methods, and my role as both the researcher and the instrument. Such thick description

“enable[d] judgments about a fit with other contexts” (Suter, 2012, p. 363). I also used rich quotes from the participants that depicted each emerging theme (Diane, 2014).

Confirmability

In terms of confirmability, I maintained a journal of my experiences and reflections on the study process, as well as applied different triangulation techniques to ensure the accuracy of my information. I analyzed, coded, and categorized the results based on the perceptions of the federal university administrators and the students. Data collected were interpreted based on participant responses without the researcher’s subjective feelings.

Ethical Procedures

In compliance with ethical guidelines, I sought approval from the IRB of Walden University. While the study’s purpose was to evaluate perceptions of university administrators and students, it involved an open-ended interview of students who use drugs. There was a potential concern for unintended disclosure, an intrusion of privacy, distress, and confidentiality (Walden University, 2010). While this group might not be vulnerable, the potential for emotional distress, confidentiality, and unintended disclosure was possible. I assured confidentiality of the participants by the use of pseudonyms. Participants were informed that they had the right to stop the interview at any point.

Furthermore, an informed consent form was read verbally and given to participants to read over again. The participants voiced their consent on audiotape and were given a written copy for themselves. I also obtained participants’ permission to record the proceedings of the interview. I informed interviewees that participation in the

study was voluntary. However, it was ethical for me to appreciate the participants at the end of the process in view of the economic difficulties in the area. Finally, I placed all data and collection methods under lock for 5 years following the completion of the study after which they will be destroyed. I shredded any data in paper form not required to complete the research process using cross-cut shredders or pulverizers. Electronic records will be completely destroyed using incinerators upon completion. De-identified data was encrypted and then deleted from computer and any digital storage devices.

Summary

In Chapter 3, I discussed the method of the study. The qualitative case study approach was used to evaluate the administrators' and students' perceptions of antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on students' drug abuse prevention. Interviews using open-ended questions were used in addition to analysis of relevant documents on the antidrug policy. The resulting data were analyzed thematically in an iterative process to develop themes and be able to link them to the research question. Other areas explained include the logic for selecting participants and the issue of trustworthiness, as well as the research instruments located in the appendices. The next chapter involves data collection, analysis, and results.

Chapter 4: Results

The purpose of this qualitative case study was to evaluate the administrators' and students' perceptions of an antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on prevention of student drug abuse. To do this, I utilized effective policy indicators such as stakeholders' involvement, familiarity, and consistency in enforcement of policies. In so doing, I was able to answer my two research questions:

- RQ1: How do administrators at the federal university in Southeastern Nigeria perceive the antidrug policy and its effectiveness in preventing drug abuse among students?
- RQ2: How do students at the federal university in Southeastern Nigeria perceive the antidrug policy and its effectiveness in preventing drug abuse among students?

This chapter addresses the data collection process, including the preselection of cases, the open-ended interviews, and attempt to obtain drug related documents, as well as the use of my reflective notes to add validity to the study. It also addresses the study's results and analysis of the interview data.

Setting

The setting for this study was a federal university in Southeastern Nigeria located in the capital city of a state in southern Nigeria. The area has a population of about 400,000 and is set in the center of one of the three major ethnic groups in Nigeria, Igbo. The area is approximated to be 40 square miles (100 km²). This geopolitical subregion is

currently battling multiple social risk factors such as banditry, issue of unknown gunmen, Fulani herdsmen, and kidnapping, as well as “extreme income and wealth inequality, economic crises, high levels of corruption, high unemployment, frustrated income expectations, distrust of the political actors, and organized groups,” all exacerbating the problem of illicit drug use (Thoumi, 2012, p. 1629).

The university itself has a population of about 20,000 people, most of whom live off-campus with few or no restrictions. A change in the university administration in 2019 ushered in a new vice chancellor who prefers harm reduction to a stricter enforcement of the anti-drug use policy (Ritter & Cameron, 2006). Harm reduction refers to “policies and programs that are aimed at reducing the harms from drugs, but not drug use per se” (Ritter & Cameron, 2006, p. 611). The vice chancellor’s approach might have created an atmosphere of complacency among those responsible for enforcing the policy and inadvertently caused a wanton violation of the policy by students.

Demographics

As noted in my inclusion criteria, knowledge of the anti-drug use policy and age (must be 18 years or older) influenced the selection. All selected cases met the inclusion criteria. I did not consider tribe, religion, or any other demographic information when selecting study participants. It is important to note, however, that the participants included three university administrators (tenure 2–22 years) and nine students at all levels—freshman to senior, including some in the students’ union government (SUG). Table 1 shows some demographic information about the participants. For confidentiality

purposes, participant-chosen pseudonyms were used, rather than the actual names of participants.

Table 1

Participants Demographic Information

No.	Assumed name of participants	Gender	Position	Educational level/tenure	SUG Membership
1	Geraldine	F	Student	Junior	No
2	Jerry Hanks	M	Student	Senior	Yes
3	Mr. Alpha	M	Student	Junior	No
4	Mr. B	M	Student	Sophomore	Yes
5	Mr. CityGlobal	M	Student	Sophomore	No
6	Mr. Harry	M	Student	Junior	No
7	Mr. Success	M	Student	Sophomore	Yes
8	Ms. Vera	F	Student	Junior	Yes
9	Rose Parker	F	Student	Freshman	No
10	Dr. C.	M	Administrator	22 years	N/A
11	Mr. S.	M	Administrator	12 years	N/A
12	Mr. Nekede	M	Administrator	2 years	N/A

Note. F = Female; M = Male; SUG = Students' union government.

Data Collection

Data collection for this qualitative case study consisted primarily of preselection of participants and participant interviews. I screened 25 potential student-participants but selected only nine of them based on age and knowledge about the subject matter. However, while analyzing the interview data iteratively, I found some responses were not detailed enough and were inadequate to reach data saturation. Data saturation refers to the use of enough participants for redundancy and replication of data (Saunders et al., 2015; Yin, 2017). Without saturation, issues of analysis of data and identifying themes might occur (Marshall et al., 2013; Yin, 2017). I caught the apparent lack of redundancy early because I was analyzing my data iteratively. I resorted to snowballing to find three more

participants to complete the 9 student-participants. Analyzing interview data iteratively helped me to see the themes and concepts embedded in the interviews (Rubin & Rubin, 1995) and connect them to my research questions. I had to increase my sample size once I discovered that some participants were vague in their answers. With the research questions in mind, I was also able to recognize themes and concepts embedded in the interviews (Rubin & Rubin, 1995).

The site university's acceptance letter granted me access to certain senior administrators, out of whom I interviewed three. I interviewed all participants individually in various settings, including in the hotel rooms, offices, and hostels. I gave the participants an opportunity to choose their own time and location and by so doing, I was able to minimize distractions. I explained Walden University's consent form and had participants consent on audio record. Special emphasis was given to the voluntary nature of their participation. I also asked participants to signify interest in member checking by leaving an email address. Although I estimated that each interview would last about 60 minutes, the average time was 30 minutes for students and 45 minutes for administrators. Twelve interview questions (see Appendix A) were asked of the three administrators. The student participants who were selected based on their knowledge of the antidrug use policy and age had nine interview questions (see Appendix B).

All interviews were conducted face-to-face and were audio recorded. My first interview was not very productive. I realized during the first interview that coming from America carried some influence and was unsettling for the participant, who apparently has never been placed on the spot. I suspected an asymmetrical power differential.

Therefore, in subsequent interviews, I made it a duty to establish rapport and use an interview protocol (see Appendix C). Having made a connection, my conversations with the participants flowed better and there was depth in their information sharing. I understood the difference between having participants and having human subjects. The participants felt free, showed keen interest, and volunteered information freely. It should be noted that there was no major variation in the data collection as previously planned, except that I decided to use interview protocol. Also, the university had no written records related to illicit drug use among the students, hence no document analysis was conducted.

Data Analysis

Data analysis involves the examination and categorization of data to identify and develop research themes (Yin, 2017). To start my data analysis, I manually transcribed the interview responses and answered my research questions with the participants' responses (Marshall & Rossman, 2016). Utilizing Braun and Clarke (2006), my analysis involved a six-step approach: (a) getting familiar with the data through transcription, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, (f) and producing the final written output.

To identify and interpret the key features of my data that guide my research questions, I used thematic analysis. This analysis process provides systematic procedures for generating codes and themes from qualitative data (Lee et al., 2017). I searched across the data set looking for repeated patterns of meaning. Part of the reason for using thematic analysis was its flexibility. I needed such flexibility to accommodate some of

my participants' busy schedule. Some interviews were conducted late in the evenings and on Sunday after church service. In terms of efficiency, I chose a popular tool for many researchers (Woods et al., 2015), NVivo software, to upload my interview transcripts, track the responses of participants, and determine the themes from the interview data. NVivo has features that can detect themes, catch trends, and provide codes to interview data (Allard et al., 2014).

I started by manually transcribing verbatim the interview data upon discovering that NVivo had difficulty understanding the Nigerian "thick" accent. The idea for verbatim transcription was to capture accurately the quotations used to validate the study. It involved listening to the recordings, back and forth, until I understood the participants' responses. Together with my reflective notes, my observations and interactions with the participants increased the confirmability of the study (Cope, 2014; Yin, 2017). The interview data are currently secured and will be maintained for 5 years in a password-protected device. I coded the interview data with my research questions and problem statement in mind. This was done after identifying meanings of words/phrases, searching for concepts and themes, as well as labeling the unit of analysis. I created categories and tables, and generated graphs. Finally, I looked at themes generated vis-à-vis the key words/concepts from my literature review considered to be a recipe for policy effectiveness. I then used the PFT as a tool to evaluate the university anti-drug use policy as an outcome of multiple feedback effects on the policy process (Weible & Sabatier, 2017).

In the end, I identified four themes from the participant interviews concerning the effectiveness of the university anti-drug use policy in preventing substance abuse among the students. These themes are awareness/familiarity, involvement/engagement, equity/consistent, and agreement/acceptance. After identifying the themes, I logged the keywords, the number of times interviewees communicated the words, and the weighted percentage against the data set. Table 2 outlines the qualitative themes, word counts, and weighted percentages. These themes are discussed in detail later on in the study.

Table 2

Qualitative Themes, Word Count, and Weighted Averages

Word	Word count	Weighted %
Awareness/familiarity	94	0.86
Involvement/engagement	58	0.19
Equity/consistency	34	0.14
Agreement/acceptance	12	0.02

Evidence of Trustworthiness

Credibility

Credibility is the “overarching criterion for achieving trustworthiness in qualitative data analysis” (Suter, 2012, p. 362). Member checking is a key technique in establishing credibility in qualitative research. I understood the importance of having reliable and valid data in achieving data saturation and avoiding unnecessary duplication (Reilly, 2013). I included member checking into the research process. Participants were made aware in the consent letter and at the end of the interview that transcripts of their data will be available for their review for content accuracy (Mugge, 2016). Interested

participants provided their email addresses and a copy of their transcribed interview data sent to them for confirmation. Five out of the nine student-participants confirmed through email response that the information provided was the accurate transcription of their responses. I was not surprised because I manually transcribed the interview data verbatim to avoid overlooking anything of importance (Tilley & Powick, 2002). One of the administrators responded that he got it but did not say anything about the accuracy. I considered the transcription valid via tacit approval and incorporated it into my data analysis procedures.

In addition, I created the interview questions and research questions based on the information I obtained from the literature review, acknowledging that credibility is directly related to the research design, instrumentation, and data of a study (Ravitch & Carl, 2016).

Further effort was made to achieve trustworthiness by gathering and analyzing data from more than one source (Curtin & Fossey, 2007). I triangulated interview data from interviews of student-participants, administration-participants and from my reflective notes. Triangulation improves the quality of data analysis and the accuracy of the findings by supporting the checking of one source of data against the other (Robson, 1993). Also, I orally conveyed the interview protocol to the participants and followed it judiciously (Jorgensen et al., 2016). To ensure that my biases did not affect the credibility of the research data, I established rapport with the participants and ensured appropriate questions were asked for clarity and probes (Collins et al., 1988).

Finally, I achieved trustworthiness through the use of “thick description” of the setting and relevant quotes from the participants, emanating from audio recording and reflective notes from the interviews (Carlson, 2010, p. 1103). Audio recording of the interviews allowed me to actively listen to participants, and that accounted for the vivid details from the participants.

Transferability

Effort was made to promote transferability, although I had earlier decided on a nonprobabilistic sample, informed by my desire to conduct fieldwork, and was therefore not “concerned by statistical generalizability” (Guest et al., 2006, p. 61). My study’s aim was not to generalize but to collect data rich enough to understand the perspectives of the university administrators and students on the effectiveness of the antidrug use policy. Still, I interviewed administrators, students, including those in student union government and maintained reflective notes to obtain multiple sources of data and triangulation necessary in promoting credibility, confirmability, and transferability (Marshall & Rossman, 2016; Yin, 2017). Despite the difficulty in achieving transferability due to individual differences which change overtime, by conducting context-specific evaluation, I provided detailed report of the location, my methods, and my role as both the researcher and the instrument (Heale & Twycross, 2015). Such thick description “enable(d) judgments about a fit with other contexts” (Suter, 2012, p. 363). I also used rich quotes from the participants that depict each emerging theme (Diane, 2014).

Dependability

Dependability “refers to the constancy of the data over similar conditions,” [when] “study findings can be replicated with similar participants in similar conditions” (Diane, 2014, p. 90). To achieve dependability, effort was made to increase credibility of the study. First, I resorted to using interview protocol (Mugge, 2016). By strictly adhering to the protocol, I was able to mitigate any potential bias (Jorgensen et al., 2016). Second, I shared my reflective notes with participants and offered them opportunity to review their interview transcripts (Houghton et al., 2013). Providing the participants an opportunity to review these documents for accuracy ensured my subjective feelings were eliminated. I took these steps with an understanding that study dependability can be achieved through an audit trail, rich documentation, and data triangulations. Third, I interpreted my findings and reported my results based on the data collected.

Confirmability

Confirmability, or the accuracy of data (Houghton et al., 2013), was achieved by maintaining a journal of my experiences and reflections on the study process, as well as by triangulating the perceptions of three different categories of participant sources. The idea of utilizing these multiple sources and triangulations within the data collection process was to increase credibility (Heale & Twycross, 2015). I analyzed, coded, and categorized the results based on the perceptions of the federal university administrators and the students. Finally, I interpreted the data collected based on participants responses without my subjective feelings. Aware that individual differences tend to change over

time, to the degrees possible, I believe that the outcomes of this study could be confirmed by other people given similar circumstances.

Results

In this section, I discussed the themes from the interviews with both the administrators and students. I have also presented my findings based on the data collected. To understand the perceptions of the university administrators on the effectiveness of the university anti-drug use policy, I interviewed three administrators at a place and time convenient for them. The questions have been attached as Appendix A. I also interviewed nine students to understand their perceptions of the effectiveness of the anti-drug use policy. The students interview questions are also attached as Appendix B. I set out with two research questions:

RQ1: How do administrators at the federal university in Southeastern Nigeria perceive the antidrug policy and its effectiveness in preventing drug abuse among students?

RQ2: How do students at the federal university in Southeastern Nigeria perceive the antidrug policy and its effectiveness in preventing drug abuse among students?

Although I have two research questions, both seek the perceptions of the participants and are analyzed together. Previously stated, I conducted 12 open-ended interviews with administrators and nine open-ended questions with students. To ensure the data would be reliable, I adhered to my interview protocol (Appendix C), obtained participants consent, and emailed them their transcripts to verify accuracy. Participants who indicated interest in member checking were sent a copy of their transcribed

interview data. Only five participants responded, and they gave their approval of the data. This was an effort to ensure the data was valid and reliable. I should mention at this point that all interviews were manually transcribed because the NVivo tool had difficulty understanding the participants' accent. However, it became useful for theme identification, coding, and storage after I analyzed the themes using thematic analysis.

The PFT was used to understand the perceptions of both the university administrators and students on the antidrug use policy as well as to evaluate its effectiveness on preventing illicit drug use among the students. PFT is a valuable tool for predicting “approaches to solve social problems or to evaluate the ability of existing policies to do so” (Weible & Sabatier, 2017, p.104). I approached the evaluation with an understanding that policy effectiveness is a product of multiple feedback effects on the policy process. An effective policy must be an outcome of collaboration among key stakeholders, must be familiar to those affected by the policy and must be equitably implemented. PFT helps to understand stakeholders, especially the objects of the policy, the engagement, and participation in the policy process (Mettler & Sorelle, 2018).

As discussed in Chapter 3, I used thematic analysis, following the steps espoused by Braun and Clarke (2006) and Yin (2017). The reason was to identify and interpret key features of my data which provide guide to the research questions (Braun & Clarke, 2017). It offered the needed flexibility in terms of the research question, sample size and composition, data collection method, and approaches to meaning generation (Yin, 2017). I was able to interview the participants based on their varying schedule at their convenient time and place, as well as increase the number of study participants when

some appeared evasive in their responses to achieve data saturation. At the end, I chose three administrator-participants and nine student-participants for a total of 12 participants.

In Chapter 1, I made some assumptions based on previous research on things to consider as recipe for effectiveness when evaluating a policy. Using both manual and NVivo coding, I identified the following themes based on the interviews (see Tables 3 and 4 below). Finally, I identified four major themes from the interviews namely, awareness/familiarity, involvement/engagement, equity/consistency, and agreement/acceptance. Table 2 above shows a log of the key words, the word count, and weighted averages. Below is my discussion of the themes, my findings, and a brief summary of the chapter.

Table 3

Responses of the Administrators Based on Effectiveness

Categories	Responses	Percentages
Yes	14	15%
Effective	18	20%
Good	8	9%
Involvement	24	26%
Consistent	3	3%
Commending	4	4%
Implemented	14	15%
Satisfied	2	2%
No	2	2%
Bad	1	1%
Partially	1	1%

Table 4*Responses of the Students Based on Effectiveness*

Categories	Responses	Percentage
Yes	39	25%
Partially	40	26%
Effective	30	19%
Involvement	26	17%
Sensitization	5	3%
Bad	4	3%
Adequate	2	1%
Normal	3	2%
No	2	1%
Applied	3	2%
Quiet	1	1%

Theme 1: Awareness and Familiarity

The first theme that emerged was students' awareness of the university anti-drug use policy. Previous research found many students were ignorant of the existence of their institution's substance abuse prevention programs and some that were aware did not know how it was enforced (Ayala et al., 2017). In this case, it does not appear to be true. All the participants stated that they are aware of the anti-drug use policy in their school. Some stated that they were made aware through the students' handbook, others mentioned billboards/signposts, during orientation/admission, during the solemn assembly organized by the vice chancellor, forms/handouts, and during the students' union government (SUG) week. Communicating the antidrug use policy to students through various channels sustains the argument that policy awareness/familiarity is crucial to antidrug use policy effectiveness (Ayala et al., 2017). For such a program to be effective it must be sustained overtime (Cross et al., 1998; Das et al., 2016), and must be

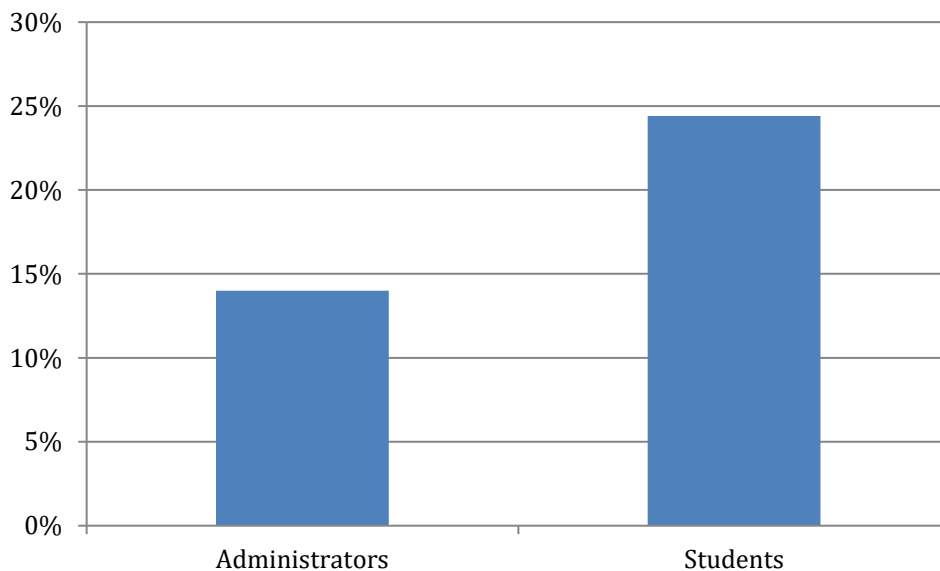
targeted. No doubt some participants stated that they became aware of the university antidrug use policy during their admission, again during orientation of new students, during SUG week and the vice chancellor's solemn assembly. One of the participants, Alpha stated that "I was made aware when I was admitted into the school through the students' handbook Also, if you should come into my school, there this signpost that writes against drug abuse in school." An administrator participant, Mr. S. corroborated the report, stating that

during matriculations, they are informed. Occasionally, we have local seminar within the institution, we have local interview, the SUG are there, who we pass information to, who now disseminate such information to other students. We have departmental executives who we relate with and who we tell, disseminate such information to, who also disseminate such information to various departments.

Apparently, there was a consensus among participants on the familiarity of the university antidrug use policy. Increasing policy familiarity, no doubt, facilitates students' a buy-in in the policy (Hellenbrand et al., 2018). Awareness of the policy will help policy makers achieve compliance and hold anyone out of compliance accountable. Below is a graphical representation of the level of awareness of the anti-drug use policy between administrators and students. About 14% of the administrators indicated awareness compared to 24% of the students, which suggested that the latter is more aware than administrators because of the adverse effects of drug abuse on the students.

Figure 2

Percentage of Administrators' and Students' Responses Based on Awareness of the Antidrug Use Policy



Theme 2: Involvement and Engagement

The second theme that evolved was involvement as an important variable in ensuring policy effectiveness. One of the assumptions I made earlier was that policy effectiveness is a product of multiple feedback effects on the policy process. I stated that involving key stakeholders in the policy process would lead to a buy-in by everyone concerned. One advantage of the PFT lies in its ability to elucidate the need for students' engagement and participation in the policy process (Mettler & Sorelle, 2018). By empowering all stakeholders to engage in the process, it creates a sense of community (Csete et al., 2016; Peterson & Reid, 2003), a recipe for policy effectiveness. Also, since authority defiance is characteristic of people in this age category, involving them in the

process becomes crucial in developing any successful responses to drugs and alcohol issues on campus (Lancaster et al., 2003). A participant, Nekede opined,

Interestingly, the making of these rules involves the student, too ... recently we reviewed this student's handbook. The SUG president, the vice president and the director of welfare were all part of the committee that reviewed it. And at each stage, where students' issues are considered in this, they had an input. So, at the end, they were satisfied with the outcome of the review, and we have not had any case of any student saying that they will not obey the students' handbook.

This confirms that students are the objects of the university anti-drug use policy and should deserve a meaningful participation in the decision-making on such policy (Csete et al., 2016). Engaging the students in the policy process appears to be the right thing to do and will very likely create trust and support/acceptance of the policy.

Also, by virtue of their experiences as users, students can provide valuable "insight into what is needed ..." (Robert, 2014, p. 594). It becomes necessary that sufficient consultation and involvement (collaboration with relevant stakeholders) is required to garner support for the policy. Participant S narrated how an awareness of the policy and collaboration with administration led to the apprehension of a drug dealer on campus. Participant S reported that

a student of mechanical engineering who was involved in drugs, if you look at his hands, he was carrying marijuana inside the school and was about selling to students before he was apprehended. You see, the education given to our students

to discourage drug helped a lot, otherwise we would not have got this information.

When students perceive that their opinions are taken into consideration by university administrators in the development of a policy, they will likely offer their support (Kelley, 2017). Participant S report is an affirmation that involving relevant stakeholders in identifying, understanding, and responding to an issue at stake is critical to the achievement of policy objective, in this case preventing illicit drug use among students.

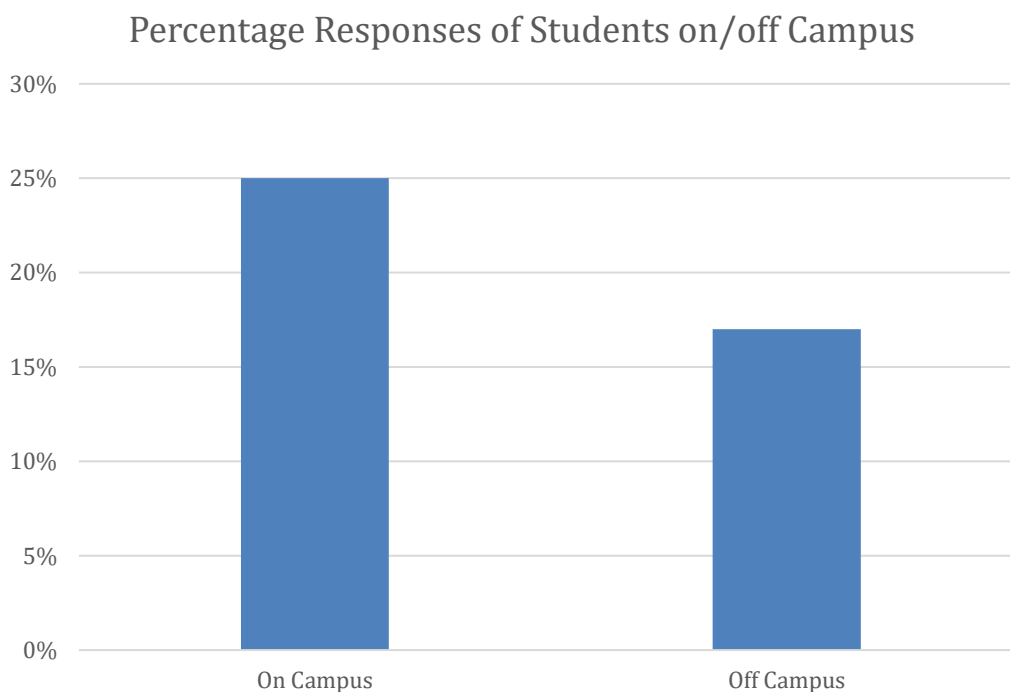
Theme 3: Equity and Consistency

Equity in the application of the anti-drug-use policy or consistency in the policy implementation is the third theme that emerged. A policy that is equitably/consistently implemented will very likely be effective (Hellenbrand et al., 2018; Torjiman, 2005; Walter & Kowalczyk, 2012). When the question of equity and consistency came up, majority of the participants were of the opinion that the policy was equitably implemented across board among on-campus students but not so with off-campus students. The student-participants argued that the students who live off campus get away with various infractions. They stated that those on campus were surveilled 24/7. Participant Harry stated that he “knows the policy is mainly carried out for those living in the campuses.” That view was re-echoed by one administrator-participant, Mr. Nekede. He reported that “it has been for those on campus and not so properly with off campus students.” Figure 3 below shows a graphical representation of the percentages of the responses of students on how the policy applies to students on/off campus. There appears to be a consensus between the students and administrators that the university anti-drug

use policy is not applied equitably among the students. Such perception of inconsistency/inequity in the implementation process will very likely affect the overarching goal of the policy. From figure 3 below, I can deduce that the participants agree that the anti-drug-use policy is not consistently applied to the students. The data suggests that the policy is enforced more on campus than off campus.

Figure 3

Percentages of the Responses of Students on How the Policy Applies to Students On/Off Campus



Another participant, Dr. C. expressed displeasure at the behavior of some of their staff on the lack of equity in the implementation of the anti-drug-use policy. Dr. C. reported that “some cases will come, and you will see some lecturers, some heads of departments and some big officers, non-teaching staff trying to prevail on you as a [man

in-charge], don't make this open.... This is one of the areas that we have failed." It, therefore, goes without saying that when students perceive inequity in the enforcement mechanism or implementation, there will likely be dissenting views and attitudes towards the policy. Inconsistency in policy implementation creates negative perception among the students and affects the trust they have in the administration. Equity means inclusion of all relevant stakeholders in the process, making sure the intent of the policy is understood and familiar to the objects of the policy and that it applies to all concerned in the same way, without any perception of favoritism.

Theme 4: Agreement and Acceptance

The fourth theme that emerged from the data was the importance of policy acceptance or agreement in ensuring policy effectiveness. An anti-drug-use policy or intervention will be successful if it has a positive opinion which in turn translates to greater acceptability and compliance (Lancaster et al., 2013). One of the participants, Mr. Nekede reported how this process played out in their recently conducted review of the students' handbook. He stated that "And at each stage, where students' issues are considered in this, they had an input. So, at the end, they were satisfied with the outcome of the review, and we have not had any case of any student saying that they will not obey the students' handbook." This appears to suggest that policy acceptance has something to do with the way and manner the processes involved in the policy are handled. In this case, participatory engagement appears to increase the anti-drug-use policy acceptance. The policy process is an opportunity for representation of the views and experiences of all stakeholders who are affected by the policy (Robert, 2014).

Another participant, City Global stated that “any law being made must go through the SUG., that is the student union government before the director will now sign it.” This participant appears to affirm that policy process is an opportunity for representation. Students are likely going to accept a policy when they perceive that their voices are heard by the administrators. Consistent with this view, the way and manner students perceive their engagement in the policy process affects their acceptance of the policy. Procedural justice factors such as the students’ perception of lack of stricter enforcement and lopsided implementation in favor of off-campus students appear to have moderating impact of reducing the influence of preferences on acceptance. Policy agreement in this case, appears to be a necessary ingredient in policy development to ensure acceptance/support. When the students perceive the processes as positive, it translates to their support and acceptance of the policy and the reverse is true.

Summary

Selecting 12 participants purposefully for this study enabled me to obtain “a richly textured understanding” of the antidrug use policy of a federal university in Southeastern Nigeria (Sandelowski, 1995, p. 183). I used a case study approach to evaluate the perceptions of three administrators and nine students on the university antidrug use policy. Data obtained from the interview, using open-ended questions were transcribed and analyzed with input from my reflective notes. Emergent themes from data were analyzed vis-à-vis the key words from literature (familiarity, involvement, consistency, and agreement). There was no document related to drug abuse to be analyzed and that spoke in part, to the dearth of reliable data earlier discussed. The study

findings highlight the importance of stakeholder engagement in the policy process.

Chapter 5 takes a look at the implications of the findings, limitations, recommendations, implications, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

In response to a public health concern about illicit drug use among students, policies became the bedrock of a university's effort to prevent substance abuse. Fairlie et al. (2015) cited widespread public support for most of such control policies. It is not surprising because policies set normative values and expectations for students' behavior and outline procedures for handling any substance abuse issue in schools (Midgley et al., 2017). As popular as the practice is, results on its effectiveness in preventing illicit drug use among students has been mixed. Despite the measures initiated to prevent abuse, prevalence rate for 2017 in Nigeria where this study took place, ranged between 13.8% and 22.4% of the population in the South compared to 10%–14.9% in the North (UNODC, 2018). The implications for this include serious health outcomes associated with the use, such as a sharp increase in medical emergencies, increase in the dependence and abuse, and increased risk for poor academic performance (Dart et al., 2015; Harries et al., 2018; Hellenbrand et al., 2018).

In an effort to inform practice, therefore, I evaluated the perceptions of the university administrators and students in one of the federal universities in Southeastern Nigerian to determine the effectiveness of the university's antidrug use policy in preventing drug abuse among the students. I postulated two research questions, one for administrators and the other for students, using open-ended interviews to obtain relevant data. I transcribed the interview data manually and used NVivo 12 to code the data. Following the footsteps of Braun and Clark (2017), I used thematic analysis to analyze the data by (a) getting familiar with the data through transcription, (b) generating initial

codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the final written output. The themes generated are described in Chapter 4 (see Table 2) and highlight the importance of students' engagement in the antidrug use policy process. In this chapter, I discussed the implications of the findings, limitations, recommendations, implications, and conclusion.

Interpretation of the Findings

The purpose of this qualitative case study was to evaluate the administrators' and students' perceptions of an antidrug use policy at a federal university in Southeastern Nigeria to determine its effectiveness on prevention of student drug abuse. Selecting 12 participants purposefully for this study enabled me to obtain "a richly textured understanding" of the antidrug use policy of a federal university in Southeastern Nigeria (Sandelowski, 1995, p. 183). I used a case study approach to evaluate the perceptions of three administrators and nine students on the university antidrug use policy. Data obtained from the interview, using open-ended questions were transcribed and analyzed with input from my reflective notes. Emergent themes from data were analyzed vis-à-vis the key words from literature (i.e., familiarity, involvement, consistency, and agreement). These themes were consistent with themes from the literature concerning the importance of stakeholder engagement in achieving policy effectiveness. There was no document related to drug abuse to be analyzed and that spoke, in part, to the dearth of reliable data earlier discussed.

Consistent with the literature, data suggested that the university used various ways to disseminate information about the antidrug use policy. All the students indicated that

they were familiar with the policy. Such level of awareness appears to contradict a previous research finding that many students were ignorant of the existence of their institution's substance abuse prevention programs and some that were aware did not know how it was enforced (Ayala et al., 2017).

Evidence suggests that the students are in support of the university antidrug use policy. This view is consistent with previous research which reported widespread public support for most alcohol and other drug control policies (Fairlie et al., 2015; Lavine et al., 2008). This might have been as a result of students' engagement in the process. Consistent with this view, Kelley (2017) noted that students are likely to support a policy when they perceive their opinions are considered by university administrators in the policy process.

Data from this study suggest that most of the students ($n = 7$) took exception to the university enforcement mechanisms. Certain procedural justice factors such as the students' perception of lack of stricter enforcement and letting off-campus students get away with infractions appear to have moderating impact of reducing the influence of preferences on acceptance. This is consistent with prior research which demonstrated a majority of college students preferred stricter policies and enforcement to reduce campus drugs/alcohol problems (Lavigne et al., 2008). A majority of the participants (both the administrators and students) agree that the policy is enforced more on-campus than off-campus.

Overall, the administrators at the federal university in Southeastern Nigeria perceive that the antidrug use policy is effective. The administrators believe that the

guidance and counseling unit and other mechanisms put in place help to checkmate illicit drug use among their students. The students, on the other hand, believe that there is indeed a system put in place to prevent illicit drug use among them. However, they do not believe that the guidance counseling unit and the disciplinary measures put in place are effective. Only a few of the students believe that the antidrug use policy is effective in preventing illicit drug use among the students. This discrepancy in perception between administrators and students appears to emanate from how the policy was implemented among the on- and off-campus students. Most of the participants perceive that the policy does not apply to off-campus students as much as it applies to those on campus. The participants cited difficulty in monitoring those off-campus and called for collaboration with homeowners and the community.

In light of the above, I can conclude, based on the findings of this qualitative case study, that engaging students in the policy process and equitably enforcing the policy will likely lead to greater policy effectiveness.

Limitations

One of the limitations of a case study comes from my role as both the researcher and the instrument of data collection (Creswell, 2013; Kvale, 2007). As much as I exercised care to avoid bias and unduly influencing the process of the study through triangulation of data by using member checking, reflective notes, and standardized interview data, one cannot totally rule out any subjective feelings. It is important to understand that interviewer bias can affect the credibility of research data and subsequently the findings. Establishing rapport with participants, asking appropriate

questions/probes, allowing participants to express their views without interjecting, and avoiding the appearance of condescending are recommended (Collins et al., 1988; Wienclaw, 2013).

Another limitation to this study is in my choice of purposeful sampling strategy, a decision made to “focus case selection strategically in alignment with the inquiry’s purpose, primary questions, and data being collected” (Patton, 2015, p. 264). With a sample size of 12 participants in a university with about 20,000 students, it is not possible to generalize the results to the entire population, but the result could serve as a guide for others. It should be noted that I was not “concerned by statistical generalizability” (Guest et al., 2006, p. 61), but rather sought to collect data rich enough to understand the perspectives of the university administrators and students on the effectiveness of the antidrug use policy. Also, the study did not seek to identify discrepant cases.

Finally, the issue of paucity of reliable data in Nigeria is real. One of my expectations when designing the study was to review any existing drug-related documents (document analysis) in the university. Unfortunately, the university did not have any documents on record apart from the students’ handbook. Most of the current studies on the subject have been conducted either in the United States or else in the developed countries and they often lack cross-cultural applicability. This is a limitation because a policy is contextual; and according to Fraser and Moore (2011), choices, behaviors, and experiences of individual drug users vary according to the circumstances and local conditions within which individuals find themselves. My research was an attempt to fill this gap by providing information relevant to the Nigerian cultural setting.

Recommendations for Action

In designing the research instruments for this study, I specifically included as one of the questions a recommendation for improving the university antidrug use policy. Several recommendations were made by the participants and are summarized below.

Stricter Enforcement

A majority of the participants agreed that they were familiar with the university antidrug use policy. However, they decried what they perceived as lack of stricter enforcement of the policy. One participant, Dr. C., described the enforcement of the anti-drug-use policy as “paying lip service to it and afraid someone might harm you.” Another participant called for severe punishment of any student caught using illicit drugs. “Any student caught doing drugs ... will leave school [the] automatically.” One advocated for a taskforce that will conduct surveillance activities both on-campus and off-campus. Participant Jerry Hanks called on the school administration to “set up a taskforce that will check mate all the hostels outside the school environment and tighten the belt of those ones within the school.” As bizarre as these recommendations might appear, coming from the students, previous research shows that a majority of students prefer stricter enforcement to ameliorate the issue of illicit drug use on campus (Lavigne et al., 2008).

Collaboration

A majority of the participants recommended setting up a tripartite committee of the university, the community, and the government on issues concerning illicit drug use in the university. Others recommended bringing parents in because it takes a village to raise a child. One participant, Jerry Hanks, thinks that the federal government has a role

to play because most school managements do not make it their priority. Previous research supports this idea of collaboration or inclusion of all relevant stakeholders in the policy process. Osborn et al. (2007), blamed the research community's failure to effectively engage undergraduates on issues affecting them as reason for the apparent lack of progress in alcohol/drug-related problems among students.

Collaboration constitutes a part of evidence-based practice and is critical to achieving policy effectiveness. It involves all stakeholders who share a common goal coming together to increase their opportunities for success. It cannot be the traditional top-down approach but one of shared authority. This process eliminates barriers as everyone has a stake in it. When students have a buy-in in the process, it creates opportunities for success and a shared vision that supports policy objectives.

Collaborating on antidrug policy formulation can mutually benefit both the administrators and students, as well as the community. Collaboration gives authorities an opportunity to explain the policy imperatives and the students equally can educate stakeholders about their motivation and other underlying issues. Although antidrug use policy is contextual, involving the federal government in the process creates an opportunity for uniform enforcement since most universities fall under federal government control.

Accreditation of Off-Campus Hostels

Another recommendation which is related to the involvement of all relevant stakeholders in the policy process is the call to accredit hostels used by off-campus students. Both administrators and students lamented the difficulty in enforcing the antidrug use policy outside the campus. This is a big issue because majority of the

students live off-campus and out of the control of the university. Participant Nekede opined that

[the] majority of students live off campus and we don't have control over what happens there. I can vouch that those students will use drugs in the hostels within the campus. I cannot vouch for that for those outside because we don't have control over there.

Advocates believe that getting the community, especially the landlords association involved will help to create a memorandum of understanding. Such understanding will have an accreditation process for any off-campus lodge or hostel and those found in violation will be blacklisted. This will make landlords to become more vigilant, responsible, and willing to report any infractions to authorities or risk getting blacklisted.

Education and Awareness Campaign

A majority of the participants would like to see more "education and public enlightenment on the consequences of abuse." They called for opportunities to discuss the effects of illicit drug use. They recommended using various platforms, such as creating "more signposts in the school that says no to drug abuse even gate at the school gate," "shar[ing] flyers to enlighten about the dangers, the causes and effect of drug abuse," and reaching students through their landlords, their lecturers, and their friends, as well as through the departments, workshops, seminars, and the solemn assembly. Speaking on the power of peer-to-peer influence, participant AD put it this way, "friends to talk to friends about the harm it [illicit drug use] causes to their body and hope for the best." All this appears to buttress one of my assumptions that policy

awareness/familiarity is crucial to antidrug policy effectiveness (Ayala et al., 2017).

Educational programs work but they must be sustained over time (Cross et al., 1998; Das et al., 2016), and must be targeted.

Empowerment and Engagement

Others share the view that idleness disposes people to antisocial behaviors. Some participants would like to see students more engaged in prosocial activities as well. The participants, Mr. B., City Global, and Rose Parker want the school to “provide a kind of skill acquisition within school that they will engage in. I think it will help to reduce high rate of taking the drugs,” workshops on empowerment, and inviting “outside personnel working in rehabilitation centers ... to help them so that they will improve.”

Finally, one suggestion that appears to acknowledge the severity of the problem but takes a harm reduction approach came from a senior administrator. Harm reduction refers to policies and programs that are aimed at reducing the harms from drugs, but not drug use per se” (Ritter & Cameron, 2006, p. 611). Participant Dr. C. called for a “guidance and counseling office equipped to handle sophisticated drugs.” The participant argued that the current school guidance and counseling office was not adequately equipped to handle the various drugs in use.

Recommendations for Further Research

Although prior research recommended contextualizing a policy (SAMHSA, 2016; Weiss, 2008), it is a limitation in this study. I focused on the perceptions of administrators and students on the antidrug use policy at a particular federal university in the southeastern Nigeria. While contextualizing this research was not a mistake, it is a

limitation in that it did not incorporate what goes on either in other universities in the southeast geopolitical zone or the country as a whole. To address this limitation, therefore, further research is recommended to understand how the rest of the universities are handling similar problems.

Also noted was that a sample size of 12 participants, despite having previously gained support in other studies (Braun & Clarke, 2013; Fugard & Potts, 2015), was inadequate to generalize the study findings. However, purposively selecting 12 participants to work with was convenient, economical, and executable within my limited timeframe. I did it to “focus case selection strategically in alignment with the inquiry’s purpose, primary questions, and data being collected” (Patton, 2015, p. 264). While the aim was not to generalize but to collect data rich enough to understand the perspectives of the university administrators and students on the effectiveness of the antidrug use policy, a more robust study would be appropriate. The issue of illicit drug use among university students is not limited to any particular university rather it has become a public health concern. Perhaps, another independent evaluation with a larger sample size, maybe a quantitative study, will help to bridge the gap in literature in that part of the world.

Finally, as the researcher and instrument of data collection, I cannot completely rule out the influence of my subjective feelings (bias). Although it was not the case because I strictly adhered to a specific protocol for each interview (Jorgensen et al., 2016), I still had the potential to bring in bias to the data (Mugge, 2016). To address this limitation, I recommend that further studies by seasoned researchers in the field with ability to mitigate such biases be conducted.

Implications for Social Change

Evaluation challenges old ideas, provides new perspectives and helps to reorder the policy agenda (Weiss, 1999). It also helps to determine areas of improvement in order to achieve the desired objective. Since universities use policies as frequent foundation of their effort to prevent illicit drug use and build a safer place for the community (Fisher, 2000), evaluating such policies to determine their effectiveness must have implications for social change.

One of such implications for a study such as this is to inform theory. A successful implementation of this study result by university administrators may lead to a safe campus environment, thereby serving lives. By using PFT to understand policy analysis' ability to evaluate the university antidrug policy, it highlighted the importance of consultation of relevant stakeholders. The policy process is an opportunity for representation of various interest groups affected by the policy. Such inclusion not only creates evidence base for the policy, but it also leads to a buy-in, a recipe for effectiveness. When students perceive that their voices are heard, they work with the administration to achieve a set objective. Universities will soon realize that the top-bottom, silos thinking approach no longer works and must be jettisoned in favor of a community approach to create efficacy of the antidrug use policy in the universities. Embracing this approach by one federal university might create a domino effect among other universities in the country.

Another implication for social change is how increasing policy familiarity can create a shared vision. There is evidence that when administrators focus on creating

policy awareness, they are indirectly facilitating students buy-in and therefore policy acceptance. Engaging all relevant stakeholders in the policy process, means that everyone affected by or interested in the policy is included. One advantage of using the PFT to evaluate the university antidrug use policy is understanding the participation and engagement of the students who are the objects of the policy in the process. My study highlights the importance of stakeholder engagement in formulating university antidrug use policy. An anti-drug use policy can result in positive social change when administrators adopt measures that create shared vision.

Conclusion

Prior research noted that policies have become the bedrock of a university's efforts to prevent substance misuse and build a safer campus environment (Fisher, 2000). Policies also set normative values and expectations for student behavior and outline the procedures for handling any substance abuse issue in schools (Midgley et al., 2017). I shared the view of previous research that the students who are affected by such policies deserve a meaningful participation in decision-making on such policies or programs (Csete et al., 2016). Based on the foregoing, I settled for conceptual framework which sees policy effectiveness as a product of multiple feedback effects in the policy process. I was able to identify four major themes from the interviews which highlight the importance of students' engagement in the anti-drug use policy process in their university. This view, to incorporate collaboration, agreement, equity/consistency in implementation, and familiarity/awareness of policy in the policy process is consistent with previous research (Fisher 2000; Hellenbrand et al., 2018; Kelley, 2017; Mettler &

Sorelle, 2018; Roberts, 2014). Data suggests that when students have buy-in in the process, it creates opportunities for success and a shared vision that supports policy.

References

- Abelman, D. D. (2017). Mitigating risks of students use of study drugs through understanding motivations for use and applying harm reduction theory: a literature review. *Harm Reduction Journal*, 14(1). <https://doi.org/10.1186/s12954-017-0194-6>
- Adekeye, O. A., Odukoya, J. A., Chenube, O., Igbokwe, D. O., Igbinoba, A., & Olowookere, E. I. (2017). Subjective experiences and meaning associated with drug use and addiction in Nigeria: A mixed method approach. *Global Journal of Health Science*, 9(8), 57–65. <https://doi.org/10.5539/gjhs.v9n8p57>
- Adelekan, M. L. (1996). West African Subregion: An overview of substance abuse problems. *Drugs: Education, Prevention and Policy*, 3(3), 231–237. <https://doi.org/10.3109/09687639609017399>
- Adeyeye, M. C. (n.d.). *The problem of drug/substance abuse in Nigeria: A symposium* <https://www.nafdac.gov.ng/the-problem-of-drugs-substance-abuse-in-nigeria-a-symposium-by-professor-mojisola-christianah-adeyeye-director-general-nafdac-at-the-university-of-benin-benin-city/>
- Aikins, R., Zhang, X., & McCabe, S. E. (2017). Academic doping: Institutional policies regarding nonmedical use of prescription stimulants in U.S. higher education. *Journal of Academic Ethics*, 15(3), 229–243. <https://doi.org/10.1007/s10805-017-9291-0>
- Arnett, J. J. (2005). The developmental context of substance use in emerging adulthood. *Journal of Drug Issues*, 35(2), 235–254.

<https://doi.org/10.1177/002204260503500202>

Arria, A. M., Caldeira, K. M., O'Grady, K. E., Vincent, K. B., Fitzelle, D. B., Johnson, E. P., & Wish, E. D. (2008). Drug exposure opportunities and use patterns among college students: Results of a longitudinal prospective cohort study. *Substance Abuse*, 29(4), 19–38. <http://dx.doi.org/10.1080/08897070802418451>

Arria, A. M., & DuPont, R. L. (2010). Nonmedical prescription stimulant use among college students: Why we need to do something and what we need to do. *Journal of Addictive Diseases*, 29(4), 417–426.

<https://doi.org/10.1080/10550887.2010.509273>

Arria, A. M., Caldeira, K. M., Bugbee, B. A., Vincent, K. B., & O'Grady, K. E. (2015). The academic consequences of marijuana use during college. *Psychology of Addictive Behaviors*, 29(3), 564–575. <https://doi.org/10.1037/adb0000108>

Arria, A. M., Caldeira, K. M., Vincent, K. B., O'Grady, K. E., Cimini, M. D., Geisner, I. M., Fossos-Wong, N., Kilmer, J. R., & Larimer, M. E. (2017). Do college students improve their grades by using prescription stimulants nonmedically? *Addictive Behaviors*, 65(65), 245–249.

<https://doi.org/10.1016/j.addbeh.2016.07.016>

Arria, A. M., Geisner, I. M., Cimini, M. D., Kilmer, J. R., Caldeira, K. M., Barrall, A. L., Vincent, K. B., Fossos-Wong, N., Yeh, J.-C., Rhew, I., Lee, C. M., Subramaniam, G. A., Liu, D., & Larimer, M. E. (2018). Perceived academic benefit is associated with nonmedical prescription stimulant use among college students. *Addictive Behaviors*, 76(76), 27–33. <https://doi.org/10.1016/j.addbeh.2017.07.013>

- Ayala, E. E., Roseman, D., Winseman, J. S., & Mason, H. R. C. (2017). Prevalence, perceptions, and consequences of substance use in medical students. *Medical Education Online*, 22(1), Article 1392824.
<https://doi.org/10.1080/10872981.2017.1392824>
- Balsa, A. I., Giuliano, L. M., & French, M. T. (2011). The effects of alcohol use on academic achievement in high school. *Economics of Education Review*, 30(1), 1–15. <https://doi.org/10.1016/j.econedurev.2010.06.015>
- Benfer, I., Zahnow, R., Barratt, M. J., Maier, L., Winstock, A., & Ferris, J. (2018). The impact of drug policy liberalisation on willingness to seek help for problem drug use: A comparison of 20 countries. *International Journal of Drug Policy*, 56(56), 162–175. <https://doi.org/10.1016/j.drugpo.2018.03.032>
- Bennett, T. H., & Holloway, K. R. (2014). Drug use among college and university students: findings from a national survey. *Journal of Substance Use*, 20(1), 50–55. <https://doi.org/10.3109/14659891.2013.878762>
- Bennett, T., & Holloway, K. (2017). Motives for illicit prescription drug use among university students: A systematic review and meta-analysis. *International Journal of Drug Policy*, 44(44), 12–22. <https://doi.org/10.1016/j.drugpo.2017.02.012>
- Bertaux, D. (1981). *Biography and society: the life history approach in the social sciences*. Sage Publications.
- Bostrom, N., & Sandberg, A. (2009). Cognitive enhancement: Methods, ethics, regulatory challenges. *Science and Engineering Ethics*, 15(3), 311–341.
<https://doi.org/10.1007/s11948-009-9142-5>

- Brady, S. R., & O'Connor, M. K. (2014). Understanding how community organizing leads to social change: The beginning development of formal practice theory. *Journal of Community Practice*, 22(1–2), 210–228.
<https://doi.org/10.1080/10705422.2014.901263>
- Braithwaite, D. O., Moore, J., & Abetz, J. S. (2014). “I need numbers before I will buy it.” *Journal of Social and Personal Relationships*, 31(4), 490–496.
<https://doi.org/10.1177/0265407514524131>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
<https://doi.org/10.1191/1478088706qp063oa>
- Brown, S. K., Bain, P., & Freeman, M. (2008). Employee perceptions of alcohol and drug policy effectiveness: Policy features, concerns about drug testing, and the key role of preventative measures. *Drugs: Education, Prevention and Policy*, 15(2), 145–160. <https://doi.org/10.1080/09687630701425592>
- Bryson, J. M. (2018). *Strategic planning for public and nonprofit organizations: A guide to strengthening and sustaining organizational achievement* (5th ed.). Wiley.
- Buckner, J. D., Walukevich, K. A., Lemke, A. W., & Jeffries, E. R. (2018). The impact of university sanctions on cannabis use: Individual difference factors that predict change in cannabis use. *Translational Issues in Psychological Science*, 4(1), 76–84. <https://doi.org/10.1037/tps0000147>
- Buresh, M., Gicquelais, R. E., Astemborski, J., Kirk, G. D., Mehta, S. H., & Genberg, B. L. (2020). Fatal overdose prevention and experience with naloxone: A cross-

sectional study from a community-based cohort of people who inject drugs in Baltimore, Maryland. *PLOS ONE*, *15*(3), e0230127.

<https://doi.org/10.1371/journal.pone.0230127>

Carlson, J. A. (2010). Avoiding traps in member checking. *The Qualitative Report*, *15*(5), 1102–1113. <https://doi.org/10.46743/2160-3715/2010.1332>

Calverley, H., Petrass, L., & Blitvich, J. (2020). Alcohol-focused drowning prevention campaigns: What do we know and what should we do now? *International Journal of Aquatic Research and Education*, *12*(2), Article 7.

<https://doi.org/10.25035/ijare.12.02.07>

Caputi, T. L., & Thomas McLellan, A. (2016). Truth and D.A.R.E.: Is D.A.R.E.'s new Keepin' it REAL curriculum suitable for American nationwide implementation? *Drugs: Education, Prevention and Policy*, *24*(1), 49–57.

<https://doi.org/10.1080/09687637.2016.1208731>

Centers for Disease Control and Prevention. (2019). *National Center for Health Statistics: Provisional opioid overdose death counts*.

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Chang, V. N. (1993). Prevent and empower: A student-to-student strategy with alcohol abuse. *Children & Schools*, *15*(4), 207–213. <https://doi.org/10.1093/cs/15.4.207>

Cicero, T. J., & Ellis, M. S. (2015). Abuse-deterrent formulations and the prescription opioid abuse epidemic in the United States. *JAMA Psychiatry*, *72*(5), 424.

<https://doi.org/10.1001/jamapsychiatry.2014.3043>

Cicero, T. J., & Ellis, M. S. (2017). Understanding the demand side of the prescription

- opioid epidemic: Does the initial source of opioids matter? *Drug and Alcohol Dependence*, 173(173), S4–S10. <https://doi.org/10.1016/j.drugalcdep.2016.03.014>
- Clarke, V., & Braun, V. (2016). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297–298. <https://doi.org/10.1080/17439760.2016.1262613>
- Cochran, C. L., & Malone, E. F. (2014). *Public policy: perspectives and choices*. Lynne Rienner Publ.
- Coffey, C., & Patton, G. C. (2016). Cannabis use in adolescence and young adulthood. *The Canadian Journal of Psychiatry*, 61(6), 318–327. <https://doi.org/10.1177/0706743716645289>
- Compton, W. M., Han, B., Blanco, C., Johnson, K., & Jones, C. M. (2018). Prevalence and correlates of prescription stimulant use, misuse, use disorders, and motivations for misuse among adults in the United States. *American Journal of Psychiatry*, 175(8), 741–755. <https://doi.org/10.1176/appi.ajp.2018.17091048>
- Covenant University. (n.d.). *Student handbook 2019 – 2022* (p. 156). <https://covenantuniversity.edu.ng/Media/Banner-Assemblies/Homepage/Notifications/Board-of-Regents-Documents#.X5663IhKiUI>
- Cope, D. G. (2013). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89–91. <https://doi.org/10.1188/14.onf.89-91>
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five traditions*. Sage.

- Crompton, H., Burke, D., & Lin, Y.-C. (2018). Mobile learning and student cognition: A systematic review of PK-12 research using Bloom's taxonomy. *British Journal of Educational Technology*, 50(2), 684–701. <https://doi.org/10.1111/bjet.12674>
- Cross, J. E., Saunders, C. M., & Bartelli, D. (1998). 32. *Quality and Quantity*, 32(2), 165–180. <https://doi.org/10.1023/a:1004398707484>
- Csete, J., Kamarulzaman, A., Kazatchkine, M., Altice, F., Balicki, M., Buxton, J., Cepeda, J., Comfort, M., Goosby, E., Goulão, J., Hart, C., Kerr, T., Lajous, A. M., Lewis, S., Martin, N., Mejía, D., Camacho, A., Mathieson, D., Obot, I., ... Beyrer, C. (2016). Public health and international drug policy. *The Lancet*, 387(10026), 1427–1480. [https://doi.org/10.1016/s0140-6736\(16\)00619-x](https://doi.org/10.1016/s0140-6736(16)00619-x)
- Cupido, X. M. (2018). Finding the personal in the development of school-based, substance-abuse prevention. *The International Journal of Adult, Community and Professional Learning*, 25(2), 25–34. <https://doi.org/10.18848/2328-6318/cgp/v25i02/25-34>
- Dart, R. C., Surratt, H. L., Cicero, T. J., Parrino, M. W., Severtson, S. G., Bucher-Bartelson, B., & Green, J. L. (2015). Trends in opioid analgesic abuse and mortality in the United States. *New England Journal of Medicine*, 372(3), 241–248. <https://doi.org/10.1056/nejmsa1406143>
- Das, J. K., Salam, R. A., Arshad, A., Finkelstein, Y., & Bhutta, Z. A. (2016). Interventions for adolescent substance abuse: An overview of systematic reviews. *Journal of Adolescent Health*, 59(4), S61–S75. <https://doi.org/10.1016/j.jadohealth.2016.06.021>

- Davis, C. S., & Carr, D. (2015). Legal changes to increase access to naloxone for opioid overdose reversal in the United States. *Drug and Alcohol Dependence*, *157*, 112–120. <https://doi.org/10.1016/j.drugalcdep.2015.10.013>
- Dibia, S. I. C., Nwagu, E. N., & Odo, A. N. (2020). Drug use and abuse prevention concerns in rural communities in Enugu State Nigeria. *Global Journal of Health Science*, *12*(2), 78. <https://doi.org/10.5539/gjhs.v12n2p78>
- Dimitrios, T. & Antigoni, F. (2019). Limitations and delimitations in the research process. *Perioperative Nursing (GORNA)*, *7*(3), 155-162. <https://doi.org/10.5281/zenodo.2552022>
- Doucette, A. (n.d.). *Evaluation approaches and techniques*. TEI | The Evaluators' Institute. <https://tei.cgu.edu/areasofstudy/evaluation-approaches-and-techniques/#evaluating-training>
- Drazdowski, T. K. (2016). A systematic review of the motivations for the non-medical use of prescription drugs in young adults. *Drug and Alcohol Dependence*, *162*(162), 3–25. <https://doi.org/10.1016/j.drugalcdep.2016.01.011>
- Essau, E., & Delfabbro, P. H. (2020). *Adolescent addiction: Epidemiology, assessment, and treatment*. Elsevier Academic Press.
- Faggiano, F., Vigna-Taglianti, F., Burkhart, G., Bohrn, K., Cuomo, L., Gregori, D., Panella, M., Scatigna, M., Siliquini, R., Varona, L., van der Kreeft, P., Vassara, M., Wiborg, G., & Galanti, M. R. (2010). The effectiveness of a school-based substance abuse prevention program: 18-Month follow-up of the EU-Dap cluster randomized controlled trial. *Drug and Alcohol Dependence*, *108*(1–2), 56–64.

<https://doi.org/10.1016/j.drugalcdep.2009.11.018>

- Faraone, S. V., Rostain, A. L., Montano, C. B., Mason, O., Antshel, K. M., & Newcorn, J. H. (2019). Systematic review: Nonmedical use of prescription stimulants: Risk factors, outcomes, and risk reduction strategies. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59. <https://doi.org/10.1016/j.jaac.2019.06.012>
- FDA/CDER. (2015). *Abuse-deterrent opioids — Evaluation and labeling guidance for industry*. <https://www.fda.gov/downloads/Drugs/Guidances/UCM334743.pdf>
- Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2015). Psychosocial sequelae of cannabis use and implications for policy: findings from the christchurch health and development study. *Social Psychiatry and Psychiatric Epidemiology*, 50(9), 1317–1326. <https://doi.org/10.1007/s00127-015-1070-x>
- Ferrer, R., & Klein, W. M. (2015). Risk perceptions and health behavior. *Current Opinion in Psychology*, 5(5), 85–89. <https://doi.org/10.1016/j.copsyc.2015.03.012>
- Ferri, M., Ballotta, D., Carrá, G., & Dias, S. (2015). A review of regional drug strategies across the world: How is prevention perceived and addressed? *Drugs: Education, Prevention and Policy*, 22(5), 444–448.
<https://doi.org/10.3109/09687637.2015.1041456>
- Flynn, A. B., Falco, M., & Hocini, S. (2015). Independent evaluation of middle school–based drug prevention curricula. *JAMA Pediatrics*, 169(11), 1046.
<https://doi.org/10.1001/jamapediatrics.2015.1736>
- Foxcroft, D. R., & Tsertsvadze, A. (2011). Universal school-based prevention programs for alcohol misuse in young people. *Cochrane Database of Systematic Reviews*.

<https://doi.org/10.1002/14651858.cd009113>

Fraser, S., & Moore, D. (2011). *The drug effect: Health, crime, and society*. Cambridge University Press.

Fugard, A. J. B., & Potts, H. W. W. (2015). Supporting thinking on sample sizes for thematic analyses: a quantitative tool. *International Journal of Social Research Methodology*, 18(6), 669–684. <https://doi.org/10.1080/13645579.2015.1005453>

Gallucci, A., Martin, R., Beaujean, A., & Usdan, S. (2014). An examination of the misuse of prescription stimulants among college students using the theory of planned behavior. *Psychology, Health & Medicine*, 20(2), 217–226.

<https://doi.org/10.1080/13548506.2014.913800>

Gallucci, A. R., Usdan, S. L., Martin, R. J., & Bolland, K. A. (2013). Pill popping problems: The non-medical use of stimulant medications in an undergraduate sample. *Drugs: Education, prevention, and policy*, 21(3), 181–188.

<https://doi.org/10.3109/09687637.2013.848840>

Gberie, L. (2015). *Center for 21st Century Security and Intelligence Latin America Initiative 1 crime, violence, and politics: drug trafficking and counternarcotics policies in mali and guinea crime, violence, and politics: Drug trafficking and counternarcotics policies in Mali and Guinea, Executive Summary key findings*.

Retrieved October 18, 2020, from <https://www.brookings.edu/wp-content/uploads/2016/07/Gberie-Mali-and-Guinea-final.pdf>

Global Commission on Drug Policy. (2017). World drug perception problem: Countering prejudices about people who use drugs.

https://www.globalcommissionondrugs.org/wp-content/uploads/2018/01/GCDP-Report-2017_Perceptions-ENGLISH.pdf

Gorman, D. M., & Huber, J. C. (2009). The Social construction of “evidence-based” drug prevention programs. *Evaluation Review*, *33*(4), 396–414.

<https://doi.org/10.1177/0193841x09334711>

Grant, S., Colaiaco, B., Motala, A., Shanman, R., Booth, M., Sorbero, M., & Hempel, S. (2017). Mindfulness-based relapse prevention for substance use disorders.

Journal of Addiction Medicine, *11*(5), 386–396.

<https://doi.org/10.1097/adm.0000000000000338>

Greer, A. M., & Ritter, A. (2019). “It’s about bloody time”: Perceptions of people who use drugs regarding drug law reform. *International Journal of Drug Policy*,

64(64), 40–46. <https://doi.org/10.1016/j.drugpo.2018.12.006>

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? *Field*

Methods, *18*(1), 59–82. <https://doi.org/10.1177/1525822x05279903>

Hafer, J. A. (2017). Understanding the emergence and persistence of mandated

collaboration: A policy feedback perspective of the United States’s model to address homelessness. *The American Review of Public Administration*, *48*(7),

777–788. <https://doi.org/10.1177/0275074017729877>

Harries, M. D., Lust, K., Christenson, G. A., Redden, S. A., & Grant, J. E. (2018).

Prescription opioid medication misuse among university students. *The American Journal on Addictions*, *27*(8), 618–624. <https://doi.org/10.1111/ajad.12807>

Heale, R., & Twycross, A. (2015). Validity and reliability in quantitative studies.

Evidence Based Nursing, 18(3), 66–67. <https://doi.org/10.1136/eb-2015-102129>

Hellenbrand, M., Kammer, R. T. J., Much, K., Reif, C., & Follick, B. (2018). Student perceptions toward changes in a university's alcohol and other drugs policy.

College Student Affairs Journal, 36(2), 97–109.

<https://doi.org/10.1353/csaj.2018.0018>

Helmer, S. M., Pischke, C. R., Van Hal, G., Vriesacker, B., Dempsey, R. C., Akvardar,

Y., Guillen-Grima, F., Salonna, F., Stock, C., & Zeeb, H. (2016). Personal and perceived peer use and attitudes towards the use of nonmedical prescription stimulants to improve academic performance among university students in seven

European countries. *Drug and Alcohol Dependence*, 168(168), 128–134.

<https://doi.org/10.1016/j.drugalcdep.2016.08.639>

Hennessy, E. A., & Tanner-Smith, E. E. (2014). Effectiveness of brief school-based interventions for adolescents: A meta-analysis of alcohol use prevention

programs. *Prevention Science*, 16(3), 463–474. <https://doi.org/10.1007/s11121-014-0512-0>

Heradstveit, O., Skogen, J. C., Hetland, J., & Hysing, M. (2017). Alcohol and illicit drug use are important factors for school-related problems among adolescents.

Frontiers in Psychology, 8(8). <https://doi.org/10.3389/fpsyg.2017.01023>

Høffding, S., & Martiny, K. (2015). Framing a phenomenological interview: what, why and how. *Phenomenology and the Cognitive Sciences*, 15(4), 539–564.

<https://doi.org/10.1007/s11097-015-9433-z>

Holloway, K. R., Bennett, T. H., Parry, O., & Gorden, C. (2013). Misuse of prescription

drugs on university campuses: options for prevention. *International Review of Law, Computers & Technology*, 27(3), 324–334.

<https://doi.org/10.1080/13600869.2013.796707>

Houghton, C., Casey, D., Murphy, K., & Shaw, D. (2013). Rigour in qualitative case-study research. *Nurse Researcher*, 20(4), 12–17.

<https://doi.org/10.7748/nr2013.03.20.4.12.e326>

Hughes, A., Williams, M. R., Lipari, R. N., Bose, J., Copello, E. A. P., & Kroutil, L. A. (2016, September). *Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review.

<http://www.samhsa.gov/data/>

Ikoh, M. U., Smah, S. O., Okwanya, I., Clement, U. A., & Aposhi, Z. A. (2019). Factors affecting entry into drug abuse among youths in Lafia Metropolis: Implications on security. *SAGE Open*, 9(1), 215824401882342.

<https://doi.org/10.1177/2158244018823428>

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2003). Monitoring the future: National results on adolescent drug use: Overview of key findings. *FOCUS*, 1(2), 213–234. <https://doi.org/10.1176/foc.1.2.213>

Jorgensen, M., Dyba, T., Liestol, K., & Sjoberg, D. I. (2016). Incorrect results in software engineering experiments: How to improve research practices. *Journal of Systems and Software*, 116, 133–145. <https://doi.org/10.1016/j.jss.2015.03.065>

Kvale, S. (2007). *Doing interviews*. London, UK: Sage Publications, Ltd.

Kenne, D. R., Hamilton, K., Birmingham, L., Oglesby, W. H., Fischbein, R. L., &

- Delahanty, D. L. (2016). Perceptions of harm and reasons for misuse of prescription opioid drugs and reasons for not seeking treatment for physical or emotional pain among a sample of college students. *Substance Use & Misuse*, 52(1), 92–99. <https://doi.org/10.1080/10826084.2016.1222619>
- Kertesz, S. G., & Gordon, A. J. (2018). A crisis of opioids and the limits of prescription control: United States. *Addiction*, 114(1), 169–180. <https://doi.org/10.1111/add.14394>
- Klantschnig, G. (2016). The politics of drug control in Nigeria: Exclusion, repression, and obstacles to policy change. *International Journal of Drug Policy*, 30(16), 132–139. <https://doi.org/10.1016/j.drugpo.2015.10.012>
- Klantschnig, G., Dimova, M., & Cross, H. (2016). Africa and the drugs trade revisited. *Review of African Political Economy*, 43(148), 167–173. <https://doi.org/10.1080/03056244.2016.1170312>
- Klantschnig, G. (2014). Histories of cannabis use and control in Nigeria, 1927-1967. In Klantschnig, G., Carrier, N. & Ambler, C. (eds.), *Drugs in Africa*. New York: Palgrave Macmillan.
- Kumah-Abiwu, F. (2019). Changing trends in West Africa's drug policy terrain: A theoretical perspective. *Commonwealth & Comparative Politics*, 57(1), 52–70. <https://doi.org/10.1080/14662043.2018.1514553>
- Kvale, S. (2007). *Doing Interviews*. <https://doi.org/10.4135/9781849208963>

- Lancaster, K., Sutherland, R., & Ritter, A. (2013). Examining the opinions of people who use drugs towards drug policy in Australia. *Drugs: Education, Prevention and Policy*, 21(2), 93-101. <https://doi.org/10.3109/09687637.2013.838211>
- Lavigne, A., Witt, C., Wood, M., Laforge, R., & DeJong, W. (2008). Predictors of college student support for alcohol control policies and stricter enforcement strategies. *The American Journal of Drug and Alcohol Abuse*, 34(6), 749–759. <https://doi.org/10.1080/00952990802385773>
- Lee, H. C., Arora, V., Brown, T., & Lyndon, A. (2016). Thematic analysis of barriers and facilitators to implementation of neonatal resuscitation guideline changes. *Journal of Perinatology*, 37(3), 249–253. <https://doi.org/10.1038/jp.2016.217>
- Lilly, C. C. (1998). Book Review: Creswell, John. (1997). Qualitative inquiry and research design: Choosing among five traditions. *Networks: An online Journal for Teacher Research*, 1(1), 62–62. <https://doi.org/10.4148/2470-6353.1252>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. W. Ross Macdonald School Resource Services Library.
- Lord, S., Brevard, J., & Budman, S. (2010). Connecting to young adults: An online social network survey of beliefs and attitudes associated with prescription opioid Misuse among college students. *Substance Use & Misuse*, 46(1), 66–76. <https://doi.org/10.3109/10826084.2011.521371>
- Lucey, R. (Host). (2019). *Prevention profiles: Take five. – September Johnson (Student at Boston University School of Public Health)* [Audio podcast episode]. Campus Drug Prevention, U.S. Drug Enforcement Administration.

<https://www.campusdrugprevention.gov/podcast/prevention-profiles-take-five-september-johnson-student-boston-university-school-public>

Lynam, D. R., Milich, R., Zimmerman, R., Novak, S. P., Logan, T. K., Martin, C.,

Leukefeld, C., & Clayton, R. (1999). Project DARE: No effects at 10-year follow-up. *Journal of Consulting and Clinical Psychology, 67*(4), 590–593.

<https://doi.org/10.1037/0022-006x.67.4.590>

Maahs, J. R., Weidner, R. R., & Smith, R. (2014). Prescribing Some Criminological

Theory. *International Journal of Offender Therapy and Comparative*

Criminology, 60(2), 146–164. <https://doi.org/10.1177/0306624x14548530>

Maina, G., Phaneuf, T., Kennedy, M., Mclean, M., Gakumo, A., Nguemo, J., King, A., &

Mcharo, S. K. (2020). School-based interventions for preventing substance use in indigenous children ages 7–13: a scoping review protocol. *BMJ Open, 10*(2),

e034032. <https://doi.org/10.1136/bmjopen-2019-034032>

Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in

Qualitative Research? A review of Qualitative interviews in is research. *Journal of Computer Information Systems, 54*(1), 11–22.

<https://doi.org/10.1080/08874417.2013.11645667>

Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Sage Publications.

McCabe, K. O., Modecki, K. L., & Barber, B. L. (2016). Participation in organized activities protects against adolescents' risky substance use, even beyond

development in conscientiousness. *Journal of Youth and Adolescence, 45*(11),

2292–2306. <https://doi.org/10.1007/s10964-016-0454-x>

McCabe, S. E., West, B. T., Veliz, P., McCabe, V. V., Stoddard, S. A., & Boyd, C. J. (2017). Trends in medical and nonmedical use of prescription opioids among US adolescents: 1976–2015. *Pediatrics*, *139*(4), e20162387.

<https://doi.org/10.1542/peds.2016-2387>

Mettler, S., & SoRelle, S. (2014). Policy feedback theory. In P. A. Sabatier & C. M. Weible (Eds.), *Theories of the policy process* (pp. 151-181). Westview Press.

Michael Quinn Patton. (2015). *Qualitative research & evaluation methods: integrating theory and practice*. Sage Publications.

Midgley, L. S., Murphy, S., Moore, G., Hewitt, G., & White, J. (2018). Multilevel population-based cross-sectional study examining school substance-misuse policy and the use of cannabis, mephedrone and novel psychoactive substances among students aged 11–16 years in schools in Wales. *BMJ Open*, *8*(6), e020737.

<https://doi.org/10.1136/bmjopen-2017-020737>

Msila, V., & Setlhako, A. (2013). Evaluation of programs: Reading Carol H. Weiss. *Universal Journal of Educational Research*, *1*(4), 323–327.

Mügge, L. M. (2016). Bridging the qualitative-quantitative divide in comparative migration studies: Newspaper data, and political ethnography in mixed method research. *Comparative Migration Studies*, *4*(1). <https://doi.org/10.1186/s40878-016-0036-9>

Nathan Michael Corzine. (2016). *Team chemistry: The history of drugs and alcohol in major league baseball*. University of Illinois Press.

National Bureau of Statistics (n.d.). Labor force statistics 2017 – 1st quarter.

[https://nigerianstat.gov.ng/elibrary?queries\[search\]=unemployment](https://nigerianstat.gov.ng/elibrary?queries[search]=unemployment)

National Institute of Drug Abuse (2019, January 29). *Overdose death rates*.

Drugabuse.Gov. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

National Institute of Drug Abuse (2018, July 20). *Drugs, brains, and behavior: The*

Science of addiction. <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>

National Institute of Drug Abuse (2017, April 24). *Trends and statistics*.

<https://www.drugabuse.gov/relatedtopics/trends-statistics>

National Law Enforcement Agency (n.d.). *Frequently asked questions*.

<https://www.ndlea.gov.ng/>

NIDA (2003). *Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders* (2nd ed.).

https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf

Nosyk, B., & Wood, E. (2012). Evidence-based drug policy: It starts with good evidence

and ends with policy reform. *International Journal of Drug Policy*, 23(6), 423–425. <https://doi.org/10.1016/j.drugpo.2012.10.005>

Obot, I. S. (2004). Assessing Nigeria's drug control policy, 1994–2000. *International*

Journal of Drug Policy, 15(1), 17–26. [https://doi.org/10.1016/s0955-3959\(03\)00110-5](https://doi.org/10.1016/s0955-3959(03)00110-5)

Office of Adolescent Health. (2019, May 13). *Opioids and adolescents*. U.S. Department

of Health & Human Services. <https://www.hhs.gov/ash/oah/adolescent-development/substance-use/drugs/opioids/index.html#prevalence>

O'Malley, M. S., Earp, J. A., Hawley, S. T., Schell, M. J., Matthews, H. F., & Mitchell, J. (2001). The association of race/ethnicity, socioeconomic status, and physician recommendation for mammography: Who gets the message about breast cancer screening? *American Journal of Public Health, 91*(1), 49–54.
<https://doi.org/10.2105/ajph.91.1.49>

O'Malley, P. M., Bachman, J. G., & Johnston, L. D. (1983). Reliability and Consistency in Self-Reports of Drug Use. *International Journal of the Addictions, 18*(6), 805–824. <https://doi.org/10.3109/10826088309033049>

Osborn, C. J., Thombs, D. L., & Olds, R. S. (2007). Reconceptualizing research on undergraduate alcohol use. *Evaluation & the Health Professions, 30*(2), 118–137.
<https://doi.org/10.1177/0163278707300629>

Parks, K. A., Levonyan-Radloff, K., Przybyla, S. M., Darrow, S., Muraven, M., & Hequembourg, A. (2017). University student perceptions about the motives for and consequences of nonmedical use of prescription drugs (NMUPD). *Journal of American College Health, 65*(7), 457–465.
<https://doi.org/10.1080/07448481.2017.1341895>

Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage

Patton, M. Q. (2015). Chapter 5, Module 30: Purposeful sampling and case selection:

Overview of strategies and options. In *qualitative research and evaluation methods* (4th ed., pp. 264–315). Thousand Oaks, CA: Sage Publications.

Peterson, N. A., & Reid, R. J. (2002). Paths to psychological empowerment in an urban community: Sense of community and citizen participation in substance abuse prevention activities. *Journal of Community Psychology, 31*(1), 25–38.

<https://doi.org/10.1002/jcop.10034>

Predictive Analysis Today. (2020, June 27). *Top 19 free qualitative data analysis software in 2020 - Reviews, features, pricing, comparison*. PAT Research: B2B reviews, buying guides & best practices.

<http://www.predictiveanalyticstoday.com/top-free-qualitative-data-analysis-software/>

Products - Vital Statistics Rapid Release - Provisional drug overdose data. (2019).

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

Ranade, R., Wunder, J., Terzian, M., & Ungureanu, I. (2020). Opioids and Suicide. *Journal of Public Health Management and Practice, 26*(3), 291–293.

<https://doi.org/10.1097/phh.0000000000001161>

Ravitch, S. M., & Nicole Mittenfelner Carl. (2016). *Qualitative research: bridging the conceptual, theoretical, and methodological*. Sage.

Reingle, J., Thombs, D., Osborn, C., Saffian, S., & Oltersdorf, D. (2010). Mental health and substance use: A qualitative study of resident assistants' attitudes and referral practices. *Journal of Student Affairs Research and Practice, 47*(3), 325–342.

<https://doi.org/10.2202/1949-6605.6016>

- Reisinger, K. B., Rutledge, P. C., & Conklin, S. M. (2016). Study drugs and academic integrity: The role of beliefs about an academic honor code in the prediction of nonmedical prescription drug use for academic enhancement. *Journal of College Student Development, 57*(1), 65–78. <https://doi.org/10.1353/csd.2016.0011>
- Ritter, A., Livingston, M., Chalmers, J., Berends, L., & Reuter, P. (2016). Comparative policy analysis for alcohol and drugs: Current state of the field. *International Journal of Drug Policy, 31*(31), 39–50. <https://doi.org/10.1016/j.drugpo.2016.02.004>
- Roberts, A., Sabatier, P. A., & Jenkins-Smith, H. C. (1994). Policy change and learning: An advocacy coalition approach. *Canadian Public Policy / Analyse de Politiques, 20*(3), 334. <https://doi.org/10.2307/3551961>
- Roberts, M. (2014). Making drug policy together: Reflections on evidence, engagement, and participation. *International Journal of Drug Policy, 25*(5), 952–956. <https://doi.org/10.1016/j.drugpo.2014.04.014>
- Robson C. (1993). Real world research. Oxford: Blackwell Publishers Ltd
- Rogeberg, O. (2015). Drug policy, values, and the public health approach –four lessons from drug policy reform movements. *Nordic Studies on Alcohol and Drugs, 32*(4), 347–364. <https://doi.org/10.1515/nsad-2015-0034>
- Rogeberg, O. (2018). Prohibition, regulation or laissez faire: The policy trade-offs of cannabis policy. *International Journal of Drug Policy, 56*(56), 153–161. <https://doi.org/10.1016/j.drugpo.2018.03.024>
- Romberg, A. R., Rath, J. M., Miller Lo, E. J., Mayo, A., Liu, M., Vallone, D. M., & Hair,

- E. C. (2019). Young adults' opioid prescription history and opioid misuse perceptions. *American Journal of Health Behavior*, *43*(2), 361–372.
<https://doi.org/10.5993/ajhb.43.2.12>
- Rozenbroek, K., & Rothstein, W. G. (2011). Medical and nonmedical users of prescription drugs among college students. *Journal of American College Health*, *59*(5), 358–363. <https://doi.org/10.1080/07448481.2010.512044>
- Rubin, H. J., & Rubin, I. S. (2016). *Qualitative interviewing: The art of hearing data*. Sage.
- Sabatier, P. A. (1988). An advocacy coalition framework of policy change and the role of policy-oriented learning therein. *Policy Sciences*, *21*(2–3), 129–168.
<https://doi.org/10.1007/bf00136406>
- Sabatier, P. A., ed. (2007). *Theories of policy processes*. Colorado: Westview Press.
- Sabatier, P. A. (2010). *Policy change and learning: an advocacy coalition approach*. Westview Press.
- Sabatier, P. A., Jenkins-Smith, H. C. (1993). *Policy change and learning: An advocacy coalition approach*. Westview Press.
- Saunders, M. N. K., Lewis, P., & Thornhill, A. (2016). *Research methods for business students* (7th ed.). Essex, England: Pearson Education Limited.
- Smith, T. J., & Trist, C. (1988). Training and educating the work force in the nineties: The rationale for public-private collaboration. Retrieved September 11, 2020, <https://www.worldcat.org/title/training-and-educating-the-work-force-in-the-nineties-the-rationale-for-public-private-collaboration/oclc/23885458>

- Singer, J. A. (2018). Harm reduction: Shifting from a war on drugs to a war on drug-related deaths. *Policy Analysis*, 858, CATO Institute.
- Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National survey on drug use and health: Summary of national findings*. (NSDUH Series H-41, HHS Publication No. (SMA) 11-4658).
<https://www.samhsa.gov/data/sites/default/files/NSDUHNationalFindingsResults2010-web/2k10ResultsRev/NSDUHresultsRev2010.pdf>
- Substance Abuse and Mental Health Services Administration. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52). U.S. Department of Health and Human Services.
<https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>
- Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services.
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>
- Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health*, 18(2), 179–183. <https://doi.org/10.1002/nur.4770180211>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in*

Nursing & Health, 23(4), 334–340. [https://doi.org/10.1002/1098-240x\(200008\)23:4<334:aid-nur9>3.0.co;2-g](https://doi.org/10.1002/1098-240x(200008)23:4<334:aid-nur9>3.0.co;2-g)

Sanders, A., Stogner, J., Seibert, J., & Miller, B. L. (2014). Misperceptions of peer pill-popping: The Prevalence, correlates, and effects of inaccurate assumptions about peer pharmaceutical misuse. *Substance Use & Misuse*, 49(7), 813–823.

<https://doi.org/10.3109/10826084.2014.880485>

Schulenberg, J. E., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Miech, R. A., & Patrick, M. E. (2018). *Monitoring the future national survey results on drug use, 1975-2017: Volume II, college students and adults ages 19-55. II.*

<https://doi.org/10.3998/2027.42/146531>

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, Calif. Sage Publ.

Stake, R. E. (2005). Qualitative Case Studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (p. 443–466). Sage Publications Ltd.

Strøm, H. K., Adolfsen, F., Fossum, S., Kaiser, S., & Martinussen, M. (2014).

Effectiveness of school-based preventive interventions on adolescent alcohol use: a meta-analysis of randomized controlled trials. *Substance Abuse Treatment, Prevention, and Policy*, 9(1). <https://doi.org/10.1186/1747-597x-9-48>

Suter, W. (2012). Qualitative data, analysis, and design. In *Introduction to educational research: A critical thinking approach* (pp. 342-386). Sage Publications.

[www.scirp.org/\(S\(lz5mqp453edsnp55rrgict55\)\)/reference/ReferencesPapers.aspx](http://www.scirp.org/(S(lz5mqp453edsnp55rrgict55))/reference/ReferencesPapers.aspx)

Tancred, T., Paparini, S., Melendez-Torres, G. J., Fletcher, A., Thomas, J., Campbell, R.,

- & Bonell, C. (2018). Interventions integrating health and academic interventions to prevent substance use and violence: a systematic review and synthesis of process evaluations. *Systematic Reviews*, 7(1). <https://doi.org/10.1186/s13643-018-0886-3>
- Tapscott, B. E., & Schepis, T. S. (2013). Nonmedical use of prescription medications in young adults. *Adolescent medicine: state of the art reviews*, 24(3), 597–610
- Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of Graduate Medical Education*, 7(4), 669–670. <https://doi.org/10.4300/jgme-d-15-00414.1>
- The Lancet. (2016). Reforming international drug policy. *The Lancet*, 387(10026), 1347. [https://doi.org/10.1016/s0140-6736\(16\)30115-5](https://doi.org/10.1016/s0140-6736(16)30115-5)
- Thoumi, F. E. (2012). Vulnerable societies: Why antidrug policies fail, why there is a need for reforms and why they are unlikely to be implemented. *Substance Use & Misuse*, 47(13–14), 1628–1632. <https://doi.org/10.3109/10826084.2012.705718>
- Torjman, S. (2005). *What is Policy?* <https://maytree.com/wp-content/uploads/544ENG.pdf>
- Trends in opioid analgesic abuse and mortality in the United States. (2015). *New England Journal of Medicine*, 372(16), 1572–1574. <https://doi.org/10.1056/nejmc1501822>
- Tronnier, C. D. (2015). Harnessing attachment in addiction treatment: Regulation theory and the self-medication hypothesis. *Journal of Social Work Practice in the Addictions*, 15(3), 233–251. <https://doi.org/10.1080/1533256x.2015.1056529>
- United Nations Convention on the Rights of the Child. (1989).

<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

U.S. Department of Health and Human Services. (2017). The opioid epidemic in the U.S.

https://www.hhs.gov/opioids/sites/default/files/2019-01/opioids-infographic_1.pdf

U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER). Abuse-deterrent opioids— evaluation and labeling guidance for industry (April 2015).

<https://www.fda.gov/downloads/Drugs/Guidances/UCM334743.pdf>.

United Nations Office on Drugs and Crime. (2018). Drug use in Nigeria.

https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf

UNODC-World Drug Report. (2017). Vienna, Austria. United Nations Publication Sales No E.17.XI.6.

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18(1). <https://doi.org/10.1186/s12874-018-0594-7>

Vrecko, S. (2013). Just how cognitive is “cognitive enhancement”? On the significance of emotions in university students’ experiences with study drugs. *AJOB Neuroscience*, 4(1), 4–12. <https://doi.org/10.1080/21507740.2012.740141>

Wahab, B. (2019, April 6). 3 FUTO students die from suspected drug overdose in hostel. Pulse Nigeria. <https://www.pulse.ng/news/metro/3-futo-students-die-from->

[suspected-drug-overdose-in-hostel/r3qs5rs](#)

Walden University. (2010). *Research ethics review application*.

[http://researchcenter.waldenu.edu/Documents/Walden_IRB_Application_2010A-4\(3\).doc](http://researchcenter.waldenu.edu/Documents/Walden_IRB_Application_2010A-4(3).doc)

Walter, G., & Kowalczyk, J. (2011). The effectiveness of alcohol policies in 4-Year public universities. *Journal of Community Health, 37*(2), 520–528.

<https://doi.org/10.1007/s10900-011-9474-3>

Ward, R. M., Oswald, B. B., Galante, M. (2016). Prescription stimulant misuse, alcohol abuse and disordered eating among college students. *Journal of Alcohol Drug Education, 60*, 59–80. <https://eric.ed.gov/?id=EJ1106042>

Watkins, W. C. (2016). A social learning approach to prescription drug misuse among college students. *Deviant Behavior, 37*(6), 601–614.

<https://doi.org/10.1080/01639625.2015.1060799>

Watson, G. L., Arcona, A. P., & Antonuccio, D. O. (2015). The ADHD drug abuse Crisis on American college campuses. *Ethical Human Psychology and Psychiatry, 17*(1), 5–21. <https://doi.org/10.1891/1559-4343.17.1.5>

Weible, C. M., & Heikkila, T. (2017). Policy conflict framework. *Policy Sciences, 50*(1), 23–40. <https://doi.org/10.1007/s11077-017-9280-6>

Weible, C. M., & Sabatier, P. A. (2018). *Theories of the policy process*. Westview Press.

Weiss, C. (1998). Have we learned anything new about the use of evaluation? *The American Journal of Evaluation, 19*(1), 21–33. [https://doi.org/10.1016/s1098-2140\(99\)80178-7](https://doi.org/10.1016/s1098-2140(99)80178-7)

- Weiss, C. H. (1996). Excerpts from evaluation research: Methods of assessing program effectiveness. *Evaluation Practice*, 17(2), 173–175.
[https://doi.org/10.1016/s0886-1633\(96\)90023-9](https://doi.org/10.1016/s0886-1633(96)90023-9)
- Weiss, C. H., Murphy-Graham, E., Petrosino, A., & Gandhi, A. G. (2008). The Fairy godmother—and her warts. *American Journal of Evaluation*, 29(1), 29–47.
<https://doi.org/10.1177/1098214007313742>
- Weiss, T. G. (1999). Principles, politics, and humanitarian action. *Ethics & International Affairs*, 13(13), 1–22. <https://doi.org/10.1111/j.1747-7093.1999.tb00322.x>
- West Africa Commission on Drugs. (2014). *Not just in transit: drugs, the state and society in West Africa*. http://www.globalcommissionondrugs.org/wp-content/uploads/2017/02/WACD_En_Report_WEB_051114.pdf
- White, H. R., & Jackson, K. (2004). Social and psychological influences on emerging adult drinking behavior. *Alcohol Research & Health*, 28(4), 182–190.
- Wienclaw, R. A. (2013). Interviews. *Research Starters: Sociology (Online Edition)*.
<https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=ers&AN=89185555&site=eds-live&scope=site>
- Woods, M., Paulus, T., Atkins, D. P., & Macklin, R. (2016). Advancing qualitative research using qualitative data analysis Software (QDAS)? Reviewing potential Versus practice in published studies using ATLAS.ti AND NVIVO, 1994–2013. *Social Science Computer Review*, 34(5), 597–617.
<https://doi.org/10.1177/0894439315596311>
- Wong, G., Pawson, R., & Owen, L. (2011). Policy guidance on threats to legislative

interventions in public health: a realist synthesis. *BMC Public Health*, 11(1).

<https://doi.org/10.1186/1471-2458-11-222>

The World Bank. (n.d.). World population prospects: 2019 revision.

<https://data.worldbank.org/indicator/SP.POP.TOTL?locations=NG>

World Drug Report 2013. (2013).

http://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf

Yamatani, H. & Byrdsong, T. R. (2019). Drug abuse trend and profile of current social crisis. *Journal of Addiction & Addictive Disorders* 6 (24)

Yin, R. K. (2002). *Case study research: Design and methods*. Sage Publications.

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Sage Publications.

Yin, R. K. (2017). *Case study research: Design and methods* (6th ed.). Sage Publications.

Zúñiga, M. L., Rojas, S. A., Magaña, V. M., & Ferdous, N. (2020). Prevention, public health, and public policy. *Absolute Addiction Psychiatry Review*, 349–361.

https://doi.org/10.1007/978-3-030-33404-8_23

Appendix A: Open-Ended Interview Questions for Administrators

Candidate (Pseudonym): _____

Position: _____ Number of Years in the University: _____

1. Please, describe what led to the formulation of the anti-drug policy?
2. How would you describe the application of this policy with regards to everyone on campus?
3. Please, explain to me how the policy was communicated to the students.
4. Do you believe the policy implementation and enforcement has been consistent with the original intentions of the authors? Please, explain.
5. Could you please describe what resources are there in the university for implementing the policy?
6. How effective has the University anti-drug policy been in meeting the University policy objective of preventing drug abuse among students?
7. How does administration at the university perceive the university anti-drug policy?
8. In your opinion, do you think the policy has been effective in preventing drug abuse among students? Please, substantiate your answer.
9. How would you describe the enforcement mechanisms?
10. Would you say the policy has been properly implemented? Please, explain your answer.
11. How does the formulation of the anti-drug policy impact the implementation and effectiveness of the policy?
12. If you were to revise the policy, what changes would you put in place?

Appendix B: Open-Ended Interview Questions for Students

Candidate (Pseudonym) _____

Level in the University: _____ [Freshman, Junior, or Any other]

1. Please, are you aware of any rules and regulations or substance abuse prevention policy in the university? If yes, tell me what you know about these rules?
2. Please, describe how you were made aware of the university's official policies on campus drug use?
3. Why do you think this policy was formulated?
4. In your view, how would describe the policy implementation process?
5. Do you believe the policy applies to all students on/off campus the same way? Please, explain.
6. Please, explain to me how you perceive the issue of drug abuse in the university today?
7. How do you perceive the impact of the university's anti-drug policy on substance abuse prevention in the school?
8. In your opinion, how effective do you believe the university anti-drug policy has been in meeting the University policy objective of preventing drug abuse among students?
9. How do you think the policy could be improved?

Appendix C: Interview Protocol

The interview protocol includes:

1. Introductions and outline of the interview.
2. Present, review, and answer any questions from the participant regarding the consent form.
3. If signed, provide a copy of the signed consent form to the participant.
4. Advise participant and select record on my Sony digital voice recorder icd-px470
5. Note the location, time, and date for the record.
6. Ask the first interview question through to the last (see Appendices A and B above).
7. Ask any additional questions to follow-up from key themes identified through participant verbalization.
8. End the interview and thank the participant.
9. Confirm other (non-human) sources of data collection and member checking process.
10. Turn off the Sony digital voice recorder icd-px470.
11. End.