

Drug Abuse Among Students: Devil's Work for Idle Hands or Human Egocentrism?

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Abstract

Students' drug misuse is a worldwide public health concern with several underlying causes. This study examines whether drug abuse among university students is better understood as a moral-religious problem (the Devil's work) or a psychological condition rooted in egocentrism. Convenient random sampling was used to recruit 814 out of 11,300 university students for a cross-sectional survey. A systematic questionnaire measuring questions on 5-point Likert scales in four domains, spiritual influences, egocentrism, idleness, and community effects, was used to gather data online. SPSS version 26 was used to calculate descriptive statistics. The study was based on Social Control Theory, Social Cognitive Theory and Sensitivity Theory. Findings revealed that 63.5% of university students recognized the Devil's role in temptation, but 67.9% rejected only spiritual explanations, emphasizing environmental factors; 79.0% supported egocentrism, with 90.8% endorsing moral education as preventive; 72.1% recognized idleness as a significant risk factor, especially through increased peer susceptibility (80.4%); and religious institutions were endorsed as crucial intervention partners (88.8%). It can be concluded that the Devil tempts people to engage in drugs, while insisting on human responsibility; they acknowledge egocentrism as a contributing factor. Again, in appreciating environmental constraints, they identify idleness as a risk factor and recognize that structured activity provides protection. It was recommended that universities and communities in drug prevention must include spiritual aspects in addition to just biological ones. While religious organizations provide compassionate, stigma-free interventions within coordinated multi-sectoral policy frameworks, universities could provide chances for formal participation. We recommend that universities should provide psycho-spiritual counselling to students about drug abuse. Implications for practice include a requirement for institutional response due to the strong students' mandate for planned activities.

Keywords: addiction, drug abuse, Devil's work, egocentrism, idle hands.

1. Introduction

Substance misuse is a serious global public health issue, especially for youth. Over 296 million individuals use drugs globally, with a rising incidence among young people, according to the United Nations Office on Drugs and Crime (2023). Drug abuse (DA) is a pervasive global issue that transcends geographical, cultural, and socioeconomic boundaries, leaving a trail of devastation in its wake. Historically, DA among students has been linked to societal changes. The 1960s counterculture movement, for instance, saw a surge in drug use among youth as a form of rebellion against societal norms (Goode, 1972). In recent years, the proliferation of synthetic drugs and the influence of social media have further exacerbated the issue (WHO, 2021). According to the World Health Organisation (WHO, 2021), substance abuse is a leading contributor to preventable deaths worldwide, with over 11 million lives lost annually due to drug-related causes. WHO reports that globally, substance abuse among adolescents has increased by 20% over the past decade, with students in urban areas being more vulnerable due to easier access to drugs. Crucially, the contrast between “Devil’s work” and “human egocentrism” in the title is meant to be a heuristic rather than a real dichotomy. University students do not necessarily see these theories as mutually exclusive, as this study will show; rather, many support both spiritual and psychological causes at the same time.

Brechtling and Giancola (2006), in a survey of 5,000 high school students in the U.S., found that 30% had experimented with illicit substances, including marijuana, prescription drugs, and synthetic drugs. Peer pressure and academic stress were identified as primary motivators. The World Health Organisation (WHO, 2021) confirmed that substance abuse among adolescents and young adults has risen significantly over the past decade, with students being particularly vulnerable due to peer pressure, academic stress, and curiosity. The phenomenon raises critical questions about the underlying causes: Is drug abuse a result of idle time and lack of engagement, or is it a manifestation of human egocentrism, where individuals prioritize self-gratification over long-term well-being?

One underexplored dimension of drug abuse is the role of moral and religious perspectives in understanding its root causes. Religious teachings often frame destructive behaviours, such as substance abuse, within the context of moral failings or spiritual influences. For instance, the Christian adage “idle hands are the Devil’s workshop” suggests that a lack of purposeful activity can make individuals susceptible to harmful behaviours, including drug abuse. This perspective implies that drug abuse may be a manifestation of spiritual weakness or moral decay. Conversely, secular viewpoints often attribute substance abuse to human egocentrism, self-centeredness, a lack of empathy, and moral disengagement. These contrasting perspectives highlight the need for a deeper exploration of the moral and spiritual dimensions of drug abuse.

While multiple disciplines, such as Psychology, Medicine, and Criminology, have explored its causes, religious perspectives often frame drug abuse within a moral and spiritual discourse. From a Christian perspective, the phrase “idle hands are the Devil’s workshop” suggests that a lack of purposeful engagement makes individuals susceptible to immoral influences, including drug abuse. This perspective aligns with religious teachings that associate substance misuse with moral decay and spiritual corruption. Koenig et al. (2012) argue that religious beliefs and practices can serve as protective factors against substance abuse by promoting self-discipline, moral responsibility, and a sense of purpose. Stauner et al. (2019) highlight the role of spirituality in coping with addiction, suggesting that individuals who view their struggles through a spiritual lens may be more motivated to seek help and make positive changes.

Conversely, psychological and sociological theories argue that drug abuse is rooted in human egocentrism, self-indulgence, the pursuit of pleasure, and the need for escape. From a secular standpoint, drug abuse may not be attributed to demonic influence but rather to human choices shaped by social, economic, and psychological factors. Religious teachings often frame

destructive behaviours like drug abuse as a result of spiritual warfare or the Devil's influence. Students may view drug abuse as a manifestation of the Devil's temptation or as a moral failing rooted in human weakness.

Egocentrism refers to excessive self-focus and a lack of concern for others, which can lead to destructive behaviours like drug abuse (Harvey, 2013). Baumeister et al. (2021) argue that egocentrism, excessive self-focus, and a lack of empathy for others can contribute to destructive behaviours, including substance abuse. They suggest that interventions aimed at fostering empathy and moral responsibility may be effective in reducing drug abuse.

Religious teachings often emphasise moral responsibility and selflessness, which may influence students' views on egocentrism and drug abuse. The adage "idle hands are the Devil's workshop" suggests that a lack of meaningful activity can lead to harmful behaviours like drug abuse. In Ghana, the situation is particularly alarming, with the Narcotics Control Commission (2023) reporting a sharp rise in drug abuse among youth, fuelled by the widespread availability of substances such as cannabis, tramadol, and codeine-based cough syrups. According to reports from the Ghana Health Service (2022), adolescents and college students in Ghana are becoming increasingly concerned about the abuse of opioids and cannabis. High youth unemployment and limited opportunities for engagement may contribute to idleness and subsequent drug abuse. The hashtag "Wonim Red?" has become a viral sensation across Ghanaian social media and traditional media, sparking widespread curiosity and debate among youth. Translated from Akan as "Do you know red?", the phrase gained popularity through viral videos of individuals falling asleep mid-activity, often accompanied by drill music by O'Kenneth and Reggie from the Asakaa group. While the trend has captivated social media platforms like TikTok, Facebook, X, and YouTube, it also highlights a darker reality: the growing issue of substance abuse among Ghanaian youth.

"Red" refers to an illegal synthetic opioid, a dangerous mix of tapentadol (a prescription painkiller) and carisoprodol (a muscle relaxant), sold under various brand names like Tafrodol and Super Royal-225. These unlicensed drugs, manufactured by an Indian pharmaceutical company and smuggled into Ghana and other West African countries, are highly addictive and pose severe health risks, including seizures, breathing difficulties, and even death. The 2023 World Drug Report accentuates the global challenge of new drug combinations, which complicates efforts to monitor and treat substance abuse. Despite its viral appeal, the "Wonim Red?" trend highlights the urgent need to address the devastating effects of drug abuse on Ghana's youth, as it has far-reaching consequences, including health problems, crime, family breakdown, and economic losses. In Ghana, drug abuse contributes to social instability, youth delinquency, and strained community resources.

Students may view these effects through a moral or spiritual lens, emphasizing the breakdown of societal values. Students are particularly vulnerable to peer pressure, academic stress, curiosity, and the search for identity. This study explores the perspectives of university students on whether drug abuse stems from the "Devil's works" or human egocentrism. By examining these views, the study aims to bridge the gap between religious and secular understandings of addiction, offering a holistic approach to addressing this societal challenge (Aleer et al., 2024). Despite concerted efforts by Governments, Non-Governmental Organizations (NGOs), and religious institutions to curb this menace, drug abuse continues to escalate, raising critical questions about the underlying causes and the effectiveness of current interventions.

The debate raises crucial questions about how university students perceive drug abuse: Is it primarily a spiritual issue caused by moral failure and idleness, or is it a human-centred problem driven by individual and societal factors? Understanding these perspectives is critical in shaping effective interventions, particularly in faith-based communities where drug abuse is often stigmatized.

University students, who are trained to analyse ethical and religious issues, offer unique insights into the moral and spiritual underpinnings of societal challenges. By exploring their perspectives, this study aims to contribute to the broader discourse on the causes of drug abuse and inform the development of more holistic, culturally relevant interventions.

This study is significant for several reasons, including that it contributes to the growing body of literature on the intersection of religion and addiction. Second, it highlights the potential role of religious education in shaping attitudes toward drug abuse. Thirdly, it offers practical implications for integrating spiritual perspectives into addiction recovery programmes, particularly in communities where religious beliefs play a central role in daily life (Haa et al., 2024; Baumeister, 2021).

1.1 Problem statement

The rising prevalence of DA, particularly among youth, poses a significant threat to public health, social stability, and economic development in Ghana and beyond. Despite numerous interventions aimed at addressing this issue, drug abuse continues to escalate, suggesting that current approaches may be inadequate or misaligned with the root causes of the problem. At the University of Ghana, it was revealed by Pulse Ghana in 2025 that several students were suspended for one academic year for possession of narcotics, breaching Regulation 7.11(f)(1) of the University of Ghana Regulations for Junior Members (2017).

Religious teachings often attribute destructive behaviours, such as drug abuse, to moral failings or spiritual influences. For example, the Christian concept of “the Devil’s work” suggests that evil forces can exploit human weaknesses, leading individuals toward harmful behaviours. Mensah and Ampem (2023) observed bad behaviours (hooliganism, disrespect for school authorities, rape, armed robbery, stabbing of students, etc.) of Senior high school students who read CRS, aligning with Ampem et al (2025) report of students wanting to quit school, leaving a lot of questions unanswered. Are students’ unethical behaviours influenced by drugs? On the other hand, secular perspectives emphasise human egocentrism and self-centeredness. Modern psychological theories suggest that egocentrism, self-centred decision-making, hedonistic tendencies, a lack of moral responsibility, and moral disengagement as key drivers of substance abuse (Bandura, 1991; Sheldon, 2006). Although drug misuse is receiving more attention, little is known about how students see its causes, whether it is a psychological result of egocentric inclinations or a moral failure affected by spiritual forces.

Few studies combine psychological explanations with theological interpretations, especially in the Ghanaian setting, even though current research concentrates on risk factors and prevalence. The lack of empirical studies examining how university students conceptualize DA, whether as the result of spiritual negligence or human egocentrism, creates a gap in both religious and psychological discourse. If religious beliefs shape attitudes toward drug abuse, how do these perceptions influence prevention and rehabilitation efforts? Does labelling drug abuse as “the Devil’s work” promote stigma, or does it serve as an effective deterrent? Are individuals driven to drug abuse by external, malevolent forces (the Devil), or is it a consequence of human egocentrism and moral failing? Understanding these perspectives can contribute to more holistic approaches to tackling drug abuse in faith-based and secular settings. Understanding these perspectives is essential for developing comprehensive interventions that integrate both scientific and spiritual approaches (Johnson, 2018). These contrasting viewpoints raise important questions about the perceived causes of drug abuse and the potential role of religion and moral education in addressing this issue. This study examines how students integrate, or fail to integrate, these conflicting explanatory frameworks rather than assuming that they choose either a fully spiritual or a purely secular viewpoint. Comprehending this integration is crucial to creating all-encompassing interventions that honour the multiplicity of students’ worldviews.

1.2 Research questions

The research questions below underpinned the study.

1. What are students' views on the role of the Devil in DA?
2. To what extent do students attribute DA to human egocentrism?
3. What are the views of university students on the extent to which idleness leads to DA?
4. What are the negative effects of DA in communities?

2. Literature review

2.1 Theoretical foundation

This study is underpinned by the Social Control Theory (the role of weak social bonds and idle time), Social Cognitive Theory (specifically, Moral Disengagement Theory) and Sensitivity Theory. According to Travis Hirschi (1969), aberrant behaviour, including substance abuse, is more likely when social ties are weak.

The Social Control Theory posits that individuals engage in deviant behaviour, such as drug abuse, when their bonds to society are weak (Hirschi, 1969). Idle time and lack of engagement can weaken these bonds, potentially leading to substance abuse. These bonds are categorised into the major elements: Attachment (Emotional connections to family, peers, or institutions) and Commitment (Investment in conventional goals (education, career) and participation in socially approved activities. When students experience idle time (e.g., a lack of academic engagement, co-curricular activities, or employment), their involvement in constructive societal roles tends to diminish. This weakens their social bonds, reducing the perceived cost of deviant behaviour like drug abuse. For example, students who are disconnected from family or school may lack accountability, making substance use seem less consequential. A study by Buja et al. (2024) revealed that students with excessive free time were more likely to engage in substance abuse compared to those involved in co-curricular activities.

This study also uses Albert Bandura's Moral Disengagement Theory, which is a specific branch within the Social Cognitive Theory, to explain drug usage as a cognitive self-justification process as opposed to a solely external factor. Albert Bandura (1999) explains that individuals engage in harmful behaviour through moral disengagement, while they justify wrongdoing. Students may use drugs while using strategies like moral justification, blame dispersion, and consequence distortion to offset their guilt. This implies that actions that are frequently blamed on "the Devil's work" are actually a result of a failure in moral self-control brought on by social constraints and egocentric thinking. To address substance use among university students, both psychological and moral treatments are necessary because drug usage reflects the interplay between personal cognition and environmental factors.

According to the Sensitivity Theory, humans vary in how strongly rewards and costs influence them. The Behavioural Activation System (BAS) is a heightened sensitivity to potential rewards, pleasure, excitement, or praise from one's peers. Meanwhile, the Behavioural Inhibition System (BIS) deals with sensitivity to punishment, fearfulness, guiltiness, and disapproval. Students with a more dominant BAS than BIS tend to engage in short-term hedonism (things giving gratification) even if they are aware of the consequences. This imbalance goes a long way toward clarifying why some students, who possess knowledge of both the health and academic repercussions of drug use, fall victim to indulgence. Their high reward sensitivity drives them towards the immediate gratification that drugs provide, and their low punishment sensitivity reduces the potential to learn a fear of consequences.

By the lights of idleness, drug use can be seen as the “Devil’s work.” Young people who do not have positive engagement in their education, or in co-curricular pursuits, or in a structured routine, may find themselves displacing their motivation to ill pursuits. It follows from the theory of sensitivity that idleness does not merely render students with extra time, but also increases their sensitivity to rewards. This is when drugs start to look appealing as a miracle ideology to get rid of all that boredom or a kindred asset to bond over, or even a mighty vehicle to simply leave oneself behind. Yet they are less sensitive to punishment, which is why they cannot fully weigh the risks.

Drug addiction can also be seen as the result of human egocentrism. Some students abuse drugs not because they are lazy, but because they value personal pleasure more than social conventions, family expectations, and future dreams. Once more, sensitivity theory accounts for this: high reward sensitive people are motivated by the pleasure and social gains accompanied by drug use, whilst their low punishment sensitivity allows them to ignore health warnings, moral shame, or the disapproval of those around them. This self-absorbed orientation transforms drug use into an act of selfishness, predicated on the momentary pursuit of pleasure even at the expense of long-term repercussions.

2.2 Empirical review

2.2.1 Devil’s role in drug abuse

There is little empirical data on students attributing drug abuse to demonic or satanic powers, yet it is important in certain cultural situations. Ghunney and Greer (1998) studied drug use and beliefs about supernatural abilities among Ghanaian senior secondary school pupils. According to their research, most African nations, including Ghana, have a widespread belief that supernatural abilities can cause people to abuse alcohol and other drugs. However, the study’s findings demonstrated that the notion that supernatural abilities can cause people to become alcoholics or drug addicts was unrelated to age, sex, place of origin, or the significance of religion in students’ lives.

Studies that explore religious perspectives often highlight the role of moral failing, sin, and spiritual warfare in addiction. For example, some Christian traditions view drug abuse as a result of succumbing to temptation or demonic influence (Gallucci et al., 2018). In contrast, secular perspectives emphasise human agency and egocentrism as key drivers of addictive behaviours (Johnson, 2018). This study builds on these discussions by examining how religious studies students at the university reconcile these differing viewpoints.

Koenig et al. (2012) discovered that adolescents who participated in religious activities were less likely to engage in drug abuse due to the moral frameworks and community support provided by religious institutions. Othman and Abdelaal (2025) found that Schools that incorporated spiritual and moral education into their curricula reported lower rates of substance abuse among students. Koenig et al. (2012) argue that religious beliefs and practices can serve as protective factors against substance abuse by promoting self-discipline, moral responsibility, and a sense of purpose. However, they also caution that religious teachings can sometimes stigmatise individuals struggling with addiction, framing it as a moral failing rather than a health issue. Stauner et al., (2019) highlight the role of spirituality in coping with addiction, suggesting that individuals who view their struggles through a spiritual lens may be more motivated to seek help and make positive changes.

2.2.2 Extensive students attribute drug abuse to human egocentrism

There has been a lot of empirical research on the connection between drug misuse and egocentrism. Kudimova (2018) studied thirty children undergoing rehabilitation, aged 14 to 16, to

investigate the semantic sphere of adolescents taking psychoactive substances. The results showed that teenagers who use psychoactive substances have a clearly deficient sense of activity management and a less developed structure of meanings. According to Kudimova's critical analysis, prosocial ideals do not hold prominent places in their semantic structure, and these people exhibit weak reflectivity and self-awareness along with heightened egocentrism.

In a study of 585 high school students in Ohio, Pagano et al. (2016) compared 195 students with documented addictions to matched controls who had never used drugs or alcohol. According to the study, teens who suffer from addiction seem to be especially lacking in social awareness. According to the study, one in five teenagers had a history of driving while intoxicated, and 55% of them said their most recent sexual contact was unprotected. The degree of alcohol or drug misuse was closely associated with these dangerous behaviours. Pagano described alcoholics as "a tornado running through the lives of others," pointing out that rather than sociopathic intent, the defect seems to be a lack of awareness of how actions affect others. The researchers concluded that a lack of awareness of how one's actions affect other people is linked to the intensity of drug usage.

Monk and Heim (2011) investigated self-image bias in university students' attributions of drug usage. According to their research, drug users were more likely than non-users to make "addicted" attributions about their own actual drug usage, which reflected dispositional locus, low control, and high stability. Additionally, the attributions drug users made for heavy drug-usage stories matched those they made for their own drug use. The authors concluded that when people can relate to the actions of others, a self-image bias occurs in drug use attributions, which supports the idea that addiction results from functional attribution processes.

2.2.3 University students' view on the extent to which idleness leads to drug abuse

Numerous research has shown a connection between drug misuse and inactivity or unstructured leisure. Helmi (2026) clarified that unstructured leisure time can serve as a doorway to drug usage at university seminars held at Mustansiriyah University's College of Medicine. Problematic leisure time, according to Helmi, is characterised by boredom, aimlessness, and a lack of supervision during times when people are not working, learning, or participating in constructive activities. Boredom, boring routines, the urge to try new things, peer pressure, and escaping psychological stresses are some of the ways that leisure time contributes to drug use. Young people are particularly vulnerable, according to Helmi, because of their high energy levels without the right guidance, curiosity, ignorance of the negative effects of drugs, and scarcity of healthy alternatives.

According to research conducted in Pakistani universities, day scholars were less likely than hostelised pupils to engage in drug abuse (Sarkingobir & Tukur, 2021). According to the report, students' behavioural issues included being lazy, having a negligent attitude toward their schoolwork, and squandering time with friends. According to Jagnany et al. (2008), out of 164 medical undergraduates residing in dorms, 68 (41.5%) had used alcohol, 64 (39%) had smoked tobacco, and 47 (28.7%) had used cannabis at least once. The study found that the prevalence of drug misuse increases with age and that the combination of peer pressure, popularity, academic pressure, and easy access to drugs increases the likelihood of addiction during university years. The adage "idle hands are the Devil's workshop" has been explored in various cultural and religious contexts. Salas-Wright et al. (2013) found that individuals who lack meaningful activities or a sense of purpose are more likely to engage in risky behaviours, including substance abuse. They suggest that interventions aimed at providing structured activities and fostering a sense of purpose may reduce the likelihood of drug abuse.

2.2.4 *Negative effects of drug abuse in communities*

According to Sarkingobir and Tukur (2024), drug abuse among college students results in some detrimental outcomes, such as academic career failure, weakened social and personal ties, financial hardship, and physical and mental health issues. University students who take drugs suffer social, mental, and physical harm, according to Warren et al. (2015).

According to the Kenyan Presidential Commission (1995), drug addiction was frequently associated with the Devil worship cult, which resulted in “tremendous fear, suspicion and insecurity within the society and learning institutions.” According to the Commission, participation in these behaviours resulted in disaster, incantation, tragedy, death, and severe mental disease. Homosexuality, lesbianism, rape, child abuse, aggressive language, rejection of authority, mass indiscipline, sex orgies, corruption, human sacrifices, violence, and nude prayer were among the specific detrimental consequences noted.

In cross-sectional research of 381 young people in Bushenyi District, Western Uganda, aged 18 to 30, Bunu, Andrew, Sunday, and Isyaku (2025) investigated the dynamics of substance misuse in families and communities. Substance abuse was found to be substantially correlated with living arrangements ($\chi^2 = 21.46$, $p = 0.001$), peer influence ($\chi^2 = 13.40$, $p = 0.001$), parental drug usage ($\chi^2 = 102.68$, $p < 0.001$), and insufficient law enforcement ($\chi^2 = 12.95$, $p = 0.001$). Strict household rules were protective ($\text{Exp}(B) = 0.325$, $p < 0.001$), whereas ineffective law enforcement raised the likelihood of substance misuse ($\text{Exp}(B) = 0.357$, $p = 0.003$), according to regression analysis. The authors concluded that the main causes of teenage substance misuse are family and community dynamics, including parental behaviour, peer pressure, and inadequate institutional control.

In a preliminary study conducted in Nairobi’s informal settlements in 2025, researchers looked at 94 participants between the ages of 15 and 24. They discovered that 78% of them had used alcohol in the three months prior, while 68% and 35% had used cannabis and tobacco, respectively. For alcohol and cannabis, 43% and 47%, respectively, indicated frequent use. According to the study, alcohol consumption was linked to age, depressive symptoms, and socioeconomic independence; tobacco use was more prevalent among individuals with low levels of education, anxiety, and depression; and cannabis use was more prevalent among men, those living independently, and those with stress, anxiety, and depression. Buja et al (2024) observe that chronic drug use among students was linked to significant health issues, including respiratory problems, cardiovascular diseases, and mental health disorders such as anxiety and depression. Stauner et al. (2019) suggest that adolescents who abused drugs were found to have impaired cognitive functions, including memory loss and reduced attention span, which negatively impacted their academic performance. Romero-Martinez et al. (2019) associate drug abuse with increased aggression, delinquency, and risky behaviours such as unprotected sex and drunk driving. According to Carter et al (2021), students who abused drugs were more likely to experience social isolation and strained relationships with family and peers. From the work of Piko and Fitzpatrick (2004), drug abuse was correlated with higher dropout rates and lower academic achievement. Students who used drugs were 50% more likely to fail their courses compared to their peers. Crum et al. (2022) are of the view that long-term implications of adolescent drug abuse include unemployment, financial instability, and an increased likelihood of criminal behaviour in adulthood.

3. Methodology

3.1 *Research design*

To investigate whether drug abuse is caused by “the Devil’s work” or human egocentrism, this study used a cross-sectional survey design, which was appropriate because it

allowed for the collection of data at a single point in time, providing a snapshot of students' perspectives across various academic levels and demographic backgrounds (Creswell & Creswell, 2018). This design is especially helpful for descriptive and analytical studies that aim to examine relationships between variables without manipulating the research environment (Saunders et al., 2019).

To collect information on students' perceptions in four important areas, spiritual influences, egocentrism, idleness, and the effects of drug misuse on the community, a quantitative technique was used, employing a standardised questionnaire. Because questionnaires allow for the collection of standardised data from a sizable sample, quantitative approaches were judged suitable for statistical analysis and the detection of patterns and trends within the population (Bryman, 2016).

3.2 Population

Second- and third-year Ghanaian university students (University of Cape Coast, University of Education and the Methodist College of Education) made up the study's target population. This demographic was specifically selected for a number of strong reasons. First, because of developmental changes, peer pressure, academic demands, identity discovery, and susceptibility to drug usage (Arnett, 2000). Second, these students' viewpoints are especially valuable for a study looking at the junction of spiritual beliefs and behavioural explanations because, as persons pursuing higher education, they have the cognitive maturity to examine complicated moral and theological concerns. Third, a wide range of viewpoints on the study subjects is ensured by Ghanaian institutions' enrolment of students from various socioeconomic, religious, and ethnic backgrounds. Participants had to meet three requirements to be eligible: (a) be enrolled in a Ghanaian university, (b) be at least eighteen years old, and (c) be ready to give informed consent. Since the survey sought to include the widest possible spectrum of student viewpoints, no exclusion criteria pertaining to gender, religious affiliation, academic discipline, or year of study were used. They are made up of 11,300 students.

3.3 Sampling and sample size

The study's sample size was 814 students. For several reasons, this sample size was considered sufficient. First, it surpasses the minimal standards for descriptive survey research, which often suggest sample sizes of 100-200 for populations of medium size (Bartlett et al., 2001). Second, the planned descriptive analyses, which include calculating frequencies, percentages, means, and standard deviations across several questionnaire items, have enough statistical power thanks to the sample size. Third, a sample of this size increases confidence in the results by improving estimate precision and lowering sampling error (Field, 2018). Given the difficulties of gathering data online and the delicate nature of the research issue, the obtained sample of 814 university education students is a strong response. This sample size is in line with comparable research that looks at student populations' perceptions of substance usage (Othman & Abdelaal, 2025; Salas-Wright et al., 2013).

For this study, a convenience sample strategy was used to find participants. Etikan et al. (2016) argue that convenience sampling selects participants based on their accessibility and desire to engage. Practical limitations, such as scarce resources, time constraints, and the difficulty of obtaining a complete sampling frame of all Ghanaian university students, led to the use of this non-probability sampling technique. Additionally, a sampling strategy that could effectively reach potential participants through digital media was required due to the use of an online survey. Convenience sampling is still frequently employed in exploratory research and studies where probability sampling is not feasible, notwithstanding its shortcomings with relation to

generalisability (Stratton, 2021). The researchers worked hard to distribute the survey among different universities and different year groups to increase sample diversity and reduce any potential biases related to this method.

3.4 Data collection instruments and procedures

The instrument was divided into four sections that matched the goals of the study. Participants' basic background data, such as age, gender, year of study, academic discipline, and religious affiliation, were gathered in this section. Subgroup analyses were made possible by these variables, which also gave the findings context for interpretation. Students' opinions on the involvement of spiritual forces, especially the Devil, in drug misuse were examined in ten items. Perceptions of demonic influence, spiritual warfare, temptation, and the protective function of religious rituals were all covered. The degree to which students relate drug addiction to self-centredness, moral disengagement, lack of empathy, and putting one's own satisfaction ahead of the welfare of the community was assessed using ten items. Students' opinions on the connection between unstructured leisure, a lack of meaningful activities, and susceptibility to drug usage were examined through ten items. Students' awareness and perceptions of the detrimental effects of drug misuse on communities, such as crime, family disintegration, economic decline, and health system costs, were evaluated using ten items.

A 5-point Likert scale, with 2 denoting “strongly disagree” and 5 denoting “strongly agree,” was used for all items in sections two through five. This format was selected for several reasons, such as the fact that Likert scales can record levels of agreement or disagreement; they are frequently employed in social and educational research to provide complex information about attitudes and perceptions (DeVellis, 2017). The 5-point structure avoids the complexity that can come with scales with more points while balancing answer possibilities enough to permit discrimination (Krosnick & Presser, 2010). To accommodate respondents who held ambivalent or indecisive attitudes, lower points (1 = Neither Agree nor Disagree) were provided.

A thorough analysis of the literature on drug usage, religious viewpoints on addiction, and psychological theories of egocentrism and moral disengagement served as the foundation for the development of the first questionnaire. To ensure clarity, relevance, and cultural appropriateness for the Ghanaian setting, items were designed to reflect the major constructs under inquiry. The questionnaire was pre-tested on a sample of thirty university students who were not part of the primary study when it was first developed. Pre-testing was used for some reasons, including: (a) detecting unclear or confusing items; (b) measuring the amount of time needed to complete them; (c) analysing the instrument's organisation and flow; and (d) getting input on the items' comprehensiveness and relevance (Presser et al., 2004). A few sections were reworded for clarity based on pre-test comments, and the questionnaire's layout was slightly altered.

Several techniques were used to improve the questionnaire's validity and reliability. Expert review was used to ensure content validity. Two senior scholars from the field of educational psychology and two from the field of religious studies assessed the items' representativeness and relevance. During pre-testing, participants verified that the items seemed to measure what they were supposed to measure in order to assess face validity. Cronbach's alpha coefficient was used to evaluate the reliability of internal consistency. Subscale reliabilities ranged from 0.79 to 0.91, surpassing the normally acceptable threshold of 0.70, and the entire questionnaire showed strong reliability ($\alpha = 0.87$) (Taber, 2018). These coefficients show that items in each domain consistently measure the underlying constructs.

3.5 Data collection

Google Forms, a web-based survey platform, was used for all online data gathering. For several methodological and practical reasons, the online approach was selected. First, as the target group included students from several Ghanaian universities, online surveys allowed for quick data collection from geographically scattered populations, which was crucial (Wright, 2017). Second, printing, distribution, and data-entry expenses are reduced through online management. Third, sensitive issues concerning drug misuse and religious convictions may elicit more candid answers due to the anonymity provided by internet surveys (Tourangeau & Yan, 2007).

3.6 Data analysis

Ethical consideration

The study adhered to strict ethical guidelines to ensure the protection of participants' rights and well-being. Participants were provided with detailed information about the study and were required to sign a consent form before participation. A comprehensive information document outlining the goal of the study, the nature of their participation, potential risks and benefits, and their rights as research participants was given to prospective participants at the start of the online survey. The information sheet highlighted that respondents might stop participating at any time by simply closing the browser window, that participation was completely voluntary, and that they could withdraw at any time without consequences. Participants had to tick a box indicating that they had read, comprehended, and agreed to participate to move on to the survey questions. This process preserved anonymity while meeting the informed consent criterion (British Educational Research Association, 2018). All data were anonymised, and participants' identities were kept confidential. The study avoided sensitive or intrusive questions that could cause emotional distress. Every technique was carried out in compliance with the 1964 Helsinki Declaration and its subsequent amendments, as well as the institutional research committee's ethical guidelines. The authors can provide the anonymised dataset created and analysed during this work upon reasonable request.

4. Findings

Results

This section of the work presents results on students' views on the role of the Devil in DA, the extent to which students attribute drug abuse to human egocentrism, the views of university students on the extent to which idleness leads to DA and the negative effects of DA in communities.

The university students were to indicate their agreement or disagreement with the items based on the scale: "1= Uncertain; 2= Strongly Disagree; 3= Disagree; 4= Agree; and 5 = Strongly Agree". All percentages above 50% were considered positive views, while those below 50% were considered negative. For research questions 2 and 3, the mean scores and overall mean were interpreted as 1.00-2.7 (low), 2.8 - 3.4 (moderate) and 3.5-5.0 (high). Tables 1 to 4 detail the results.

Table 1. Students' Views on the Role of the Devil in DA (n=814)

Statements	U		D/SD		A/SA		M	SD
	No	%	No	%	No	%		
Drug abuse is a result of the Devil's influence on individuals who lack strong moral or spiritual foundations.	33	4.1	322	39.6	459	56.4	3.46	1.01

The Devil uses drug abuse as a tool to lead people away from their faith and moral responsibilities.	31	3.8	266	32.7	517	63.5	3.59	1.00
Individuals who abuse drugs are often under the spiritual influence of the Devil.	81	10.0	388	47.6	345	42.4	3.15	1.07
The Devil exploits human weaknesses, such as idleness or despair, to encourage DA.	57	7.0	255	31.3	502	61.7	3.50	1.03
Religious teachings about the Devil’s role in temptation can help prevent drug abuse.	79	9.7	106	13.0	629	77.3	3.72	1.12
The Devil’s influence is more significant in causing the DA environmental factors.	79	9.7	474	58.2	261	32.1	3.00	.99
Praying and seeking spiritual guidance can protect individuals from the Devil’s influence in DA.	61	7.5	110	13.5	643	79.0	3.81	1.05
The Devil’s role in DA is often exaggerated, and human choices are more responsible.	70	8.6	101	12.4	643	79.0	3.76	1.04
Drug abuse is a spiritual battle between good and evil, with the Devil playing a central role.	92	11.3	327	40.2	395	48.5	3.23	1.08
The Devil’s influence on drug abuse is a reflection of broader moral decay in society.	122	15.0	195	23.9	497	61.1	3.38	1.21
Average							3.46	1.06

Source: Field Data (2025)

Most of the students (643, 79.0%) agreed that praying and seeking spiritual guidance can protect individuals from the Devil’s influence in drug abuse ($M = 3.81$, $SD = 1.05$), and 643 (79.0%) disagreed that the Devil’s role in drug abuse is often exaggerated, and human choices are more responsible ($M = 3.76$, $SD = 1.04$). Above (517, 63.5%) agreed that the Devil uses drug abuse as a tool to lead people away from their faith and moral responsibilities ($M = 3.59$, $SD = 1.00$), and 469 (57.6%) disagreed that individuals who abuse drugs are often under the spiritual influence of the Devil ($M = 3.15$, $SD = 1.07$). The majority (419, 51.5%) disagreed that DA is a spiritual battle between good and evil, with the Devil playing a central role ($M = 3.23$, $SD = 1.08$). Lastly, the majority (553, 67.9%) of them disagreed that the Devil’s influence is more significant in causing DA environmental factors ($M = 3.00$, $SD = .99$).

Table 2. University Students’ Attribution of DA to Human Egocentrism (n=814)

Statements	U		D/SD		A/SA		M	SD
	No.	%	No.	%	No.	%		
DA is primarily a result of human selfishness and lack of empathy.	89	10.9	306	37.6	419	51.5	3.30	1.08
Individuals who DA often prioritise their desires over the well-being of others.	46	5.7	125	15.4	643	79.0	3.79	.92
Egocentrism (self-centeredness) is a major factor contributing to DA.	84	10.3	177	21.8	553	67.6	3.57	1.09
Moral education can reduce egocentrism and prevent drug abuse.	36	4.4	39	4.8	739	90.8	4.04	.86
Human choices, rather than external influences, are the main cause of DA.	55	6.8	285	22.8	574	70.5	3.69	1.01

Religious teachings about selflessness and empathy can help reduce DA.	51	6.3	185	22.8	668	82.1	3.87	.97
Egocentrism is a bigger factor in drug abuse than societal or environmental influences.	84	10.3	314	38.6	416	51.1	3.31	1.06
Individuals who lack moral responsibility are more likely to DA.	62	7.6	94	11.5	658	80.9	3.84	1.03
Addressing egocentrism through religious education can help combat DA.	77	9.5	85	10.5	652	80.1	3.73	1.05
The role of human selfishness in DA is often overlooked in favour of blaming external factors.	107	13.1	152	18.7	555	68.2	3.50	1.16
Average							3.66	1.02

Source: Field Data (2025)

Majority the students (658 80.9%) in Table 2, agreed that individuals who lack moral responsibility are more likely to DA ($M = 3.84$, $SD = 1.03$) and agreed that individuals who abuse drugs often prioritise their desires over the well-being of others ($M = 3.79$, $SD = .92$). Large number of them (668 82.1%) agreed that religious teachings about selflessness and empathy can help reduce DA ($M = 3.87$, $SD = .97$). However, above half (416, 51.1%) of them disagreed that egocentrism is a bigger factor in DA environmental influences ($M = 3.31$, $SD = 1.06$). Finally, half (419, 51.5%) of them disagreed that DA is primarily a result of human selfishness and lack of empathy ($M = 3.30$, $SD = 1.08$). An average mean score of 3.66 (1.02) was obtained, showing that the students' views were above the threshold of high, suggesting that DA is mainly caused by human-centred or self-love and desire to escape from dangerous problems in life.

Table 3. Views on How Idleness Led to Drug Abuse (n=814)

Statements	U		SD/D		A/SA		M	SD
	No.	%	No.	%	No.	%		
Idleness (lack of purposeful activity) is a major cause of DA among youth.	71	8.7	208	25.6	535	65.7	3.57	1.10
Youth who have too much free time are more likely to experiment with drugs.	54	6.6	313	38.5	447	54.9	3.42	1.02
A lack of structured activities makes youths more vulnerable to DA.	73	9.0	234	28.8	507	62.3	3.47	1.05
Idleness creates opportunities for youths to engage in harmful behaviours like DA.	63	7.7	164	20.2	587	72.1	3.68	1.04
Youths who are idle are more likely to succumb to peer pressure to use drugs.	42	5.2	118	14.5	654	80.4	3.88	.95
Idleness is a bigger factor in DA than academic stress or financial problems.	76	9.3	234	28.8	504	61.9	3.51	1.09
Youths who lack hobbies and activities are more likely to abuse drugs.	78	9.6	330	40.5	406	49.9	3.32	1.04
Idleness leads to boredom, which increases the likelihood of DA.	88	10.8	197	24.2	529	65.0	3.50	1.10
Universities should provide more structured activities to reduce idleness and prevent DA.	40	4.9	104	12.8	670	82.3	3.89	.93
Idleness is a significant contributor to the rise in DA among university students.	87	10.7	226	27.8	501	61.5	3.46	1.11
Average							3.46	1.11

Source: Field Data (2025)

In Table 3, majority (670, 82.3%) agreed that universities should provide more structured activities to reduce idleness and prevent drug abuse ($M = 3.89$, $SD = .93$) and 654, (80.4%) agreed that youths who are idle are more likely to succumb to peer pressure to use drugs ($M = 3.88$, $SD = .95$). Majority (587, 72.1%) of them also agreed that idleness creates opportunities for youths to engage in harmful behaviours like drug abuse ($M = 3.68$, $SD = 1.04$). Above half (507, 62.3%) of them disagreed that a lack of structured activities makes youths more vulnerable to DA ($M = 3.47$, $SD = 1.05$), and 447 (54.9%) disagreed that youths who have too much free time are more likely to experiment with drugs ($M = 3.42$, $SD = 1.02$). Likewise, the majority (406, 49.9%) of them disagreed that youths who lack hobbies and activities are more likely to abuse drugs ($M = 3.32$, $SD = 1.04$). With an average mean score of 3.46($SD=1.06$), the students indicated that they agreed that the Devil is moderately responsible for drug abuse.

Table 4. Perceived Effects of Drug Abuse in Communities (n=814)

Statements	U		SD/D		A/SA		M	SD
	No.	%	No.	%	No.	%		
DA leads to increased crime rates in communities.	27	3.3	41	5.0	746	91.6	4.26	.88
Families are often torn apart by the effects of DA.	34	4.2	64	7.9	716	87.9	4.05	.87
DA contributes to the spread of diseases such as HIV/AIDS.	69	8.5	356	43.7	389	47.8	3.30	1.08
Communities with high rates of DA experience economic decline.	58	7.1	85	10.5	671	82.4	3.92	1.04
DA undermines moral and religious values in communities.	32	3.9	67	8.2	715	87.9	4.04	.87
Youth's misbehaviour is often linked to DA in communities.	45	5.5	88	10.8	681	83.7	3.94	.94
DA places a heavy burden on healthcare systems.	32	3.9	41	5.0	741	91.0	4.21	.89
Communities with high drug abuse rates experience social instability.	46	5.7	48	5.9	720	88.5	4.04	.97
DA leads to a loss of economic potential.	47	5.8	59	7.3	708	87.0	4.03	.98
Religious institutions play a key role in addressing the negative effects of drug abuse in communities.	36	4.4	55	6.8	723	88.8	4.08	.90
Average							3.99	0.94

Source: Field Data (2025)

Surprisingly, only 389 people (47.8%) agreed that drug misuse contributed to the spread of diseases like HIV/AIDS, compared to 356 people (43.7%) who disagreed and 69 people (8.5%) who were unsure. This might be a result of students’ lack of knowledge about the connections between injectable drug use, poor judgment that results in unprotected intercourse, and the spread of illness. On the other hand, it might suggest that injection drug use is less common in Ghana than in Western settings, which would make this connection less noticeable to students. In any case, this result suggests a gap in schooling.

5. Discussion of findings

This chapter interprets the findings presented in the previous chapter, linking them back to the theoretical frameworks and empirical literature reviewed earlier. The discussion is organised according to the research questions that guided the study.

5.1 Students' views on the role of the Devil in drug abuse

The findings revealed a nuanced and complex understanding among students regarding the role of the Devil in drug abuse (DA). While a majority (63.5%) agreed that the Devil uses drug abuse as a tool to lead people away from their faith, a counterintuitive yet significant finding was that an even larger majority (67.9%) disagreed that the Devil's influence is more significant than environmental factors. This indicates that students do not view spiritual and environmental causes as mutually exclusive but rather as interacting factors.

The widespread agreement on the Devil's role aligns with the cultural and religious context of Ghana, where spiritual explanations for personal and social problems are common. This supports the observations of Koenig et al. (2012), who found that religious communities often frame addiction as a form of spiritual warfare or moral failing. Furthermore, the finding that 77.3% of students agreed that religious teachings about temptation can help prevent drug abuse is consistent with the findings of Othman and Abdelaal (2025), who noted that schools incorporating spiritual and moral education reported lower rates of substance abuse. This suggests that students perceive religious teachings as a protective factor.

However, the strong rejection of the Devil's role as being more significant than environmental factors demonstrates that students' perspectives are far from deterministic. This aligns with Bandura's (1999) Moral Disengagement Theory, which posits that harmful behaviours arise from cognitive self-justification processes rather than external, supernatural coercion. Students seem to acknowledge a spiritual dimension but maintain that human agency and social contexts are ultimately more responsible for the behaviour. This is further supported by the 79.0% who believed that the Devil's role is often exaggerated and that human choices are more responsible, echoing the arguments of Johnson (2018) and the broader secular perspectives that emphasise individual accountability.

The finding that prayer and spiritual guidance are seen as protective mechanisms (79.0%) is in line with Stauner et al. (2019), who highlighted the role of spirituality in coping with addiction. It suggests that students see spiritual practices not as a cure but as a resource for building resilience against the temptation that the "Devil" might exploit. This perspective fits the Sensitivity Theory framework, where spiritual engagement could potentially enhance the Behavioural Inhibition System (BIS), increasing sensitivity to moral consequences and guilt associated with drug use. In essence, students appear to view spiritual influences as operating through and amplifying existing human vulnerabilities (such as idleness or despair) rather than acting as deterministic forces that override free will.

5.2 Students' attribution of drug abuse to human egocentrism

The findings overwhelmingly support the role of human egocentrism in drug abuse. A high average mean score of 3.66 (above the 3.5 threshold) indicates strong agreement that DA is primarily a human-centred issue, driven by self-interest and a desire for escape.

The agreement by 79.0% of students that individuals who abuse drugs prioritise their own desires over the well-being of others aligns perfectly with the conceptualisation of egocentrism as excessive self-focus and lack of empathy (Harvey, 2013; Baumeister et al., 2021). This is a core finding that links the study directly to its title. This suggests that students intuitively understand the connection between a lack of moral responsibility and substance use, echoing the observations of Kudimova (2018), who found heightened egocentrism in adolescents using psychoactive substances.

The students' view that egocentrism is a major contributing factor (67.6%) and that a lack of moral responsibility makes one more likely to abuse drugs (80.9%) provides empirical

evidence for the applicability of Bandura’s (1999) Moral Disengagement Theory. Students are effectively saying that drug users rationalise their behaviour, prioritising their own gratification and disengaging from the moral consequences of their actions. This supports the work of Monk and Heim (2011), who found that individuals engaging in drug use often make dispositional attributions that justify their own behaviour.

Interestingly, a large portion of students (51.1%) disagreed that egocentrism is a bigger factor than environmental influences. This once again highlights the students’ integrated and holistic worldview. While they firmly believe egocentrism is a key driver, they do not see it operating in a vacuum. They recognise, as Salas-Wright et al. (2013) and Social Control Theory (Hirschi, 1969) suggest, that social bonds, environmental factors, and individual psychology all interplay. The near-unanimous support (90.8%) for moral education as a tool to reduce egocentrism and prevent DA is a powerful mandate, suggesting that students see empathy, perspective-taking, and moral reasoning as the most effective antidotes to the self-centred thinking that underpins addiction. This supports Viner et al.’s (2012) findings on the effectiveness of moral and spiritual education in schools.

5.3 University students’ views on how idleness leads to drug abuse

The proverb “idle hands are the Devil’s workshop” finds strong empirical support in this study. A significant majority of students (72.1%) agreed that idleness creates opportunities for harmful behaviours like DA, and 80.4% agreed that idle youths are more likely to succumb to peer pressure.

This directly supports the Social Control Theory (Hirschi, 1969), which posits that weak social bonds and a lack of involvement in conventional activities increase the likelihood of deviant behaviour. Idle time weakens a student’s commitment to academic and social goals and reduces their attachment to prosocial institutions, thereby lowering the perceived costs of risk-taking behaviour like drug abuse. The finding that 82.3% of students believe universities should provide more structured activities to reduce idleness further supports this theory by highlighting the need for stronger institutional engagement.

The identification of peer susceptibility as a key mechanism (80.4%) offers a more precise explanation of how idleness leads to abuse. This resonates strongly with the findings of Helmi (2026), who pointed to unstructured leisure time as a “doorway to drug usage” due to boredom and peer influence, and with those of Sarkingobir and Tukur (2021), who noted that hostelised students with more unstructured time were more likely to engage in drug abuse compared to day scholars.

The finding that 54.9% of students disagreed that “youth with too much free time are more likely to experiment” is a critical nuance. It suggests that students do not view idleness merely as a matter of the quantity of time. This aligns with Sensitivity Theory, which would suggest that it is not the mere absence of activity that leads to drug use, but the qualitative nature of that idleness. Students likely understand that time can be unstructured but still filled with meaningful and engaging activities, or it can be empty and lead to boredom. It is the state of boredom, disconnection, and heightened sensitivity to immediate rewards (BAS) that makes a student vulnerable, as opposed to simply having free time. This interpretation is supported by the work of Buja et al. (2024), who found that students engaged in co-curricular activities were less likely to use substances, highlighting the protective factor of structured and meaningful engagement.

5.4 Perceived negative effects of drug abuse in communities

The findings regarding the negative effects of drug abuse were expectedly robust, with students demonstrating a high level of awareness of the social and economic devastation caused by the phenomenon. The average mean of 3.99 indicates a strong, near-unanimous agreement on the destructive impacts.

The overwhelming agreement that DA leads to increased crime (91.6%), places a heavy burden on healthcare systems (91.0%), and leads to economic decline (82.4%) aligns with the broader literature. These findings echo the work of Crum et al. (2022), who discussed the long-term economic consequences, and that of Romero-Martinez et al. (2019), who associated drug abuse with increased aggression and delinquency. The students' awareness mirrors the concerns raised by the Narcotics Control Commission (2023) regarding the social instability caused by drug abuse in Ghana.

The high level of agreement regarding family breakdown (87.9%) and social instability (88.5%) is particularly noteworthy as it reflects the community-level impact, which is a key focus of the study. This aligns with the findings of Bunu et al. (2025) in Uganda, who highlighted substance abuse as a major issue affecting families and communities, leading to financial hardship and weakened social ties. The students' perspective also resonates with the historical findings of the Kenyan Presidential Commission (1995), which linked drug addiction to a breakdown in social and moral order.

One surprising finding was the ambivalence regarding the link between DA and the spread of diseases like HIV/AIDS (only 47.8% agreed). This may suggest a gap in awareness regarding the connections between drug use, unsafe sexual practices, and intravenous drug use. As students in Ghana may not commonly associate drug abuse with needle sharing, this finding highlights a crucial area for health education, as noted by WHO (2021).

Finally, the strong endorsement (88.8%) of religious institutions as key partners in addressing DA's negative effects is a significant finding with practical implications. It demonstrates that in the Ghanaian context, religious institutions are seen as trusted and essential stakeholders in intervention and community healing. This supports Koenig et al.'s (2012) work on the role of religious communities in providing social support and moral frameworks that facilitate recovery and prevention.

6. Conclusions and recommendations

6.1 Conclusions

The study suggests that both psychological tendencies and religious interpretations influence drug misuse among students, indicating the necessity for comprehensive therapeutic measures. This study demonstrates that Ghanaian university students hold integrated, nuanced perspectives on drug abuse that resist reduction to either purely spiritual or purely secular explanations. Students recognise the Devil's role in temptation while insisting on human responsibility; they acknowledge egocentrism's contribution while appreciating environmental constraints; they identify idleness as a risk factor while recognising that structured activity provides protection; and they perceive devastating community impacts while identifying religious institutions as crucial intervention partners. Instead of imposing simplistic frameworks, effective methods must respect the complexity that students recognise. Religious communities can be mobilised as resources rather than stigmatised as barriers by integrating spiritual explanations with psychological and sociological understandings. These results also contradict religious fundamentalism that disregards environmental considerations, as well as secular fundamentalism

that rejects spiritual viewpoints. Students set a better example by acknowledging various levels of causality while upholding moral seriousness regarding individual responsibility and choice.

In conclusion, Ghanaian college students reject the title’s suggested binary. They affirm both “the Devil’s work” and “human egocentrism,” placing personal moral decision-making inside a setting that is both spiritually charged and environmentally limited. Therefore, effective preventative programs should develop interventions that respect this integrated worldview rather than making students choose between religious and scientific perspectives.

6.2 Recommendations

It is recommended that universities should be intentional about including counselling services that address the psychological and spiritual aspects of drug usage in their activities for each semester. Religious educators must advocate for well-rounded lessons that develop self-awareness while discouraging moral absolutism. While families and communities offer supportive conditions that lessen students’ susceptibility to substance misuse, policymakers can bolster youth involvement initiatives and preventive education.

6.3 Implication for practice

An institutional response is required due to the strong student mandate for planned activities. Universities should develop mentorship programs that effectively occupy students’ time, increase the number of co-curricular activities offered, and provide relevant employment prospects. Institutions should purposefully create engagement opportunities that promote moral development and communal connectedness, going beyond simply offering activities. Recreational programming, career guidance, and skill development should be acknowledged as techniques for preventing substance misuse as well as student services.

There are opportunities and responsibilities associated with endorsing religious organisations as intervention partners. To avoid stigmatisation while upholding moral clarity, faith communities should create compassionate, evidence-based addiction ministries. Leveraging the special access and credibility of religious institutions would involve training religious leaders in fundamental counselling techniques, setting up support groups inside church structures, and building referral networks with qualified treatment providers. The discovery that prayer and spiritual counselling are valued implies that overtly spiritual therapies are still acceptable as long as they supplement rather than take the place of medical therapy.

Coordination across multiple sectors becomes crucial. Ministries of health, education, and religious affairs should work together to develop all-encompassing plans that consider biological, psychological, social, and spiritual aspects. The Narcotics Control Commission should work in tandem with community development programs, healthcare provider training, and religious education programs. Instead of imposing foreign models, policies should support programmes that show cultural relevance and community involvement.

It is impossible to prioritise information-based methods over moral instruction. Students’ awareness of the importance of egocentrism indicates that programs that foster moral reasoning, empathy, and perspective-taking address underlying motivations. The inactivity findings also suggest that attitude improvement must be accompanied by opportunity supply. Therefore, comprehensive programs should incorporate: (1) moral and spiritual education that addresses egocentrism; (2) organised activities that reduce idleness; (3) peer leadership development that positively leverages social influence; and (4) community engagement that mobilises religious and traditional institutions.

6.4 Limitations

The cross-sectional form of this study makes it impossible to draw conclusions about causality, and its emphasis on university students restricts its applicability to young people who are not students. Self-report statistics, especially when it comes to religious beliefs, may represent socially acceptable responses. Although it offers statistical power, the quantitative focus might not fully capture the depth of students' meaning-making. Longitudinal designs, diversified sampling, and qualitative approaches that prioritise participant voices should be used in future research to overcome these constraints.

Notwithstanding these drawbacks, the study offers convincing proof that Ghanaian university students have complex integrated viewpoints on drug misuse that refute oversimplified divisions and offer recommendations for comprehensive intervention. Hearing their perspectives could reveal solutions to address the terrible issue of youth substance misuse in a way that is more successful and culturally appropriate.

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