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Nurses' Perspectives on the Physical and Mental Health Consequences of Methamphetamine Abuse among Youths at Federal Neuropsychiatric Hospital, Enugu

Nwekeoma, Grace Ebele*[1], Jacob, Joy Nkeiruka[2] and Zaccheus Adeyanju Ope[3]

[1]Department of Nursing Division, ACEPUTOR, University of Port Harcourt; [2]Department of Nursing Science, Southern Delta University, Ozoro; [3]Department of Human Nutrition and Dietetics, University of Ibadan

**Corresponding Author Email: ebele_nwekeoma@uniport.edu.ng; Tel: +2348064514852*

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Abstract

Background: Methamphetamine abuse among youths has become a growing public health and psychiatric concern in South Eastern Nigeria, where it is commonly known as "Mkpurummiri." Nurses in psychiatric hospitals are often directly involved in observing and managing the physical and mental health effects associated with methamphetamine abuse, yet limited institutional evidence exists on their professional perspectives.

Objective: This study examined nurses' perspectives on the physical and mental health consequences of methamphetamine abuse among youths at Federal Neuropsychiatric Hospital, Enugu, and determined whether their perspectives differed based on work experience.

Methods: A descriptive cross-sectional survey design was adopted. The study sampled 124 nurses selected through purposive sampling and simple random sampling techniques. Data were collected using a validated structured questionnaire titled Nurses' Perspectives on Physical and Mental Health Consequences of Methamphetamine Abuse Questionnaire, with a reliability coefficient of 0.87. Data were analysed using percentages, mean, standard deviation, one-way Analysis of Variance, and Bonferroni post hoc test at the 0.05 level of significance.

Results: Nurses agreed that methamphetamine abuse caused physical health consequences among youths, including severe weight loss, poor self-care, malnutrition, dental problems, cardiovascular concerns, and skin lesions, with an aggregate mean of 3.81 ± 1.19. They also agreed that it caused mental health consequences, including psychosis, paranoia, hallucinations, aggression, cognitive impairment, depressive symptoms, and suicidal ideation, with an aggregate mean of 3.83 ± 1.25. Work experience significantly influenced nurses' perspectives on physical health consequences, $F(2, 121) = 22.662$, $p < 0.001$, and mental health consequences, $F(2, 121) = 8.671$, $p < 0.001$. Post hoc analysis showed broader differences for physical health than mental health perspectives.

Conclusions: Methamphetamine abuse among youths was perceived by nurses as a serious condition associated with physical deterioration and mental health disruption. Regular screening, staff training, youth-focused care pathways, family involvement, and coordinated aftercare are recommended.

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Keywords: Physical Health consequences, Mental Health consequences, Methamphetamine abuse, Nurses' Perspectives, Youth

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Introduction

Methamphetamine abuse has emerged as a significant public health, psychiatric, and social issue due to its high addictive properties and its extensive effects on the body, brain, family life, and community stability. Methamphetamine is an artificial stimulant that primarily affects the central nervous system, stimulating monoamine activity, particularly dopamine, which can be used to explain its strong reinforcing effect, high addictive potential, and risk of repeated use (Paulus and Stewart, 2020). It is also clinically established that the use of methamphetamine is linked to several negative physical, psychological, and neurotoxic effects, which is why the drug is of critical concern to health professionals, families, and the health systems of the population (Darke et al., 2018; Edinoff et al., 2022). On the international scale, amphetamine type stimulants continue to play a significant role in the synthetic drug issue, with methamphetamine playing a leading role in trends of drug use, drug trafficking, and treatment-related abuse in various locations (UNODC, 2025). This implies that abuse of methamphetamine is not to be considered as a mere personal behavioural issue, but as a broader societal health and psychiatric concern, which needs to be prevented, identified early, treated, and rehabilitated.

In Nigeria, the abuse of methamphetamine has become a special concern in the South East, where it is popularly referred to as *Mkpurummiri*. It is not just that the substance is being used, but that it is becoming more and more linked to youth, family stress, community panic, social instability, and health problems needing immediate action (Dumbili, Ezekwe and Ebuenyi, 2024; Obande-Ogbuinya et al., 2024). Recent data in South Eastern Nigeria indicate that the use of methamphetamine has turned into a locally visible issue instead of an international drug problem, particularly since its effects are being experienced at home, peer circles, communities, and health care facilities (Obande-Ogbuinya et al., 2024; Ebuenyi et al., 2025). This local trend is significant since local factors like peer pressure, unemployment, poverty, access to drugs, stigma, family controls, community values & inaccessibility to treatment services tend to influence drug use among youths (Dumbili, Ezekwe and Ebuenyi, 2024; Ebuenyi et al., 2025). Hence, there is a need to produce evidence based on the Nigerian psychiatric context to supplement the global literature, as well as to inform interventions that are realistic, culturally sensitive, and responsive to the needs of the affected youths.

The youths are the most vulnerable group as far as methamphetamine abuse is concerned because adolescence and early adulthood are the stages of experimentation, identity formation, peer influence, risk-taking behaviour, and further psychosocial development. Within the Nigerian setting, Oliaku and Ikezue (2023) identified youth exposure to methamphetamine as an increasing issue associated with curiosity, peer influence, lack of social control, and broader community factors. This is significant since the use of drugs at this age may interfere with schooling, job training, family ties, and emotional balance. South East Nigeria evidence also demonstrates that the use of methamphetamine is no longer an individual behaviour, but a visible community health issue that needs specific intervention (Obande-Ogbuinya et al., 2024). The risk is more severe among youth, where early screening, family support, awareness, and access to treatment are low. Ebuenyi et al. (2025) also demonstrate that stigma, alienation, and discrimination may exacerbate the experiences of young methamphetamine users and postpone help-seeking. This necessitates youth-oriented investigation, especially in psychiatric hospitals where more complicated presentations of methamphetamine are more likely to be found.

The clinical significance of the physical effects of methamphetamine abuse is that they may exacerbate psychiatric instability and complicate treatment outcomes. Darke et al. (2018) associate the use of methamphetamine with significant physical damage, such as cardiovascular diseases, weight loss, tooth decay, skin issues, and overall poor health. Similarly, Oliaku and Ikezue (2023) define methamphetamine abuse among youths in Nigeria as a negative trend that has severe health, behavioural, and social effects. Among youths admitted to psychiatric care, these physical consequences also manifest the forms of poor nutrition, sleep disorder, lack of self-care and physical weakness can have an impact on recovery, medication compliance, adherence to care and long-term rehabilitation. Edinoff et al. (2022) further note that methamphetamine has toxic effects on multiple body systems, implying that the clinical effect of this drug is not limited to intoxication. Thus, nurses and other mental health workers should evaluate physical health with psychiatric symptoms instead of considering methamphetamine abuse as a behavioural or an ethical issue.

Mental health effects of methamphetamine abuse are also severe since they directly influence safety, engagement in treatment, and recovery. According to Nwadike et al. (2024), the abuse of methamphetamines among Nigerian students has significant implications for mental health, particularly when abused alongside other drugs. This corroborates broader evidence that the use of methamphetamines can be linked to paranoia, hallucinations, anxiety, mood disturbance, poor concentration, memory issues, and impaired judgement (Paulus and Stewart, 2020). Such symptoms can pose risks to patients, caregivers, health workers, and other patients in psychiatric settings, particularly when agitation, suspicion, or aggression leads to difficulties in communicating and cooperating with care. It is also demonstrated by Ebuenyi et al. (2025) that the affected youth with Mkpurummiri misuse can feel devalued,

alienated, and discriminated against, and this can aggravate emotional distress and decrease the desire to seek help. Nevertheless, since the current research is based on the views of nurses, the results can be interpreted as professional observations of clinical practice and not the direct diagnostic assessment of the health status of youths.

Nurses are at the center stage of managing youths who are victims of methamphetamine abuse due to the constant care they offer during admission, stabilization, monitoring, and discharge preparation. According to Forchuk et al. (2023), hospital-based professionals play a role in facilitating care responses to individuals who use methamphetamine, particularly in situations that require harm reduction, safety, and continuity of care. Nurses in psychiatric hospitals oversee patients, administer prescribed medication, watch withdrawal symptoms, de-escalate, psychoeducate, promote hygiene and nutrition, communicate with families, and assist with discharge planning. Their position provides them with real-world experience of how physical and mental health issues associated with methamphetamine manifest themselves in the clinical environment. Shoptaw et al. (2020) also demonstrate that treatment and withdrawal management should be subjected to systematic clinical care, which supports the role of trained nursing observation and support. Whereas physicians, psychologists, social workers, and community health workers also contribute significantly, nurses frequently have prolonged bedside contact with patients and may notice behavioural, self-care, sleep, speech, emotional control, and response to treatment changes. This is why the analysis of the opinions of nurses can help offer evidence on the apparent physical and mental health effects of the abuse of methamphetamine among the youths in psychiatric care.

Although there is increasing public awareness on Mkpurummiri in South Eastern Nigeria, there is limited empirical data in psychiatric institutions, especially on how nurses view its physical and mental health effects on youths. Nigerian literature has largely been dominated by prevalence and community-level trends of methamphetamine use, with works like Obande-Ogbuinya et al. (2024), Orji, Chukwu and Ekwealor (2025), and Nwokike et al. (2021) demonstrating that the use of psychoactive substances among youth and students has become a significant public health issue. General causes, effects, and management measures of methamphetamine abuse in Nigeria, such as peer pressure, curiosity, lack of drug education, unemployment, ineffective social control, and the overall psychosocial impact of substance use among youths, have been studied elsewhere (Oliaku & Ikezue, 2023; Nwadike, Okwu & Roger, 2024). There is also solid evidence in the international clinical literature on the physical, neurological, and psychiatric risks of methamphetamine use, cardiovascular complications, neurotoxicity, psychosis, cognitive impairment, and treatment challenges (Darke et al., 2018; Paulus and Stewart, 2020; Edinoff et al., 2022). Nevertheless, few or no studies have investigated the professional observations of nurses working directly with the affected youths in Nigerian psychiatric hospitals, even though nurses are frequently the health professionals who observe patients throughout admission, withdrawal, stabilization, relapse, and discharge planning (Forchuk, Serrato and Scott, 2023; Shoptaw et al., 2020). This gap is significant since psychiatric nurses are well placed to determine recurrent clinical trends, frequent complications, and realistic care requirements that might not be well reflected by community surveys, student-based research, or international reviews. The current research is thus a response to the contextual evidence requirement of Federal Neuropsychiatric Hospital, Enugu, where nurses are exposed to youths who are admitted with physical and mental health issues related to methamphetamine.

Against this background, this study investigated nurses' perspectives on the physical and mental health effects of methamphetamine abuse in young people in Federal Neuropsychiatric Hospital, Enugu. This study was guided by two particular objectives: (1) to examine nurses' perspectives on the physical health effects of methamphetamine abuse among youth in Federal Neuropsychiatric Hospital, Enugu; and (2) to examine nurses' perspectives on the physical mental health effects of methamphetamine abuse among youth in Federal. The nurses' views on both the physical and mental health outcomes were then compared in relation to their work experience. Therefore, two hypotheses were made: (1) there is no significant difference in the perspectives of nurses on the physical health consequences of methamphetamine abuse among youths at Federal Neuropsychiatric Hospital, Enugu, based on work experience; and (2) there is no significant difference in the perspectives of nurses on the mental health consequences of methamphetamine abuse among youths at Federal Neuropsychiatric Hospital, Enugu, based on work experience. With a clear focus on these two dimensions, the study adds to the nursing knowledge, psychiatric care planning, and youth substance-abuse intervention in South Eastern Nigeria. It also yields evidence that can be used to enhance screening, early detection of complications, combined physical and mental health care, family education, relapse prevention, and coordinated aftercare of affected youths.

Methodology

This research used a descriptive cross-sectional survey design to study the views of the nurses on the physical and mental health effects of abuse of methamphetamine among the youths at Federal Neuropsychiatric Hospital, Enugu. The survey used a cross-sectional design since

the study was aimed at capturing data about the respondents at one point in time and describing the observed patterns in clinical settings, but not establishing causality. The target population was registered nurses at Federal Neuropsychiatric Hospital, Enugu. The researchers targeted nurses since they are direct practitioners who engage in constant observation, medication, behavioural, psychoeducation and supportive treatment of substance-related and psychiatric patients. A purposive sampling method and simple random sampling through balloting were used to select a sample of 124 nurses out of this population. The purposive sampling was used to identify eligible nurses based on the inclusion and exclusion criteria in Box 1. The result of this process was 164 qualified nurses. This method was appropriate since the research needed nurses who had pertinent clinical exposure to youths who had experienced abuse of methamphetamine instead of a general nursing population that had no direct experience of the phenomenon. Purposive sampling can be used in cases when the participants are chosen due to their possessing certain knowledge or experience that can be applied to the research problem (Etikan, Musa and Alkassim, 2016; Campbell et al., 2020).

Upon the identification of the 164 eligible nurses, a simple random sampling through balloting was employed to sample the 124 actual participants out of the list of eligible nurses. All qualified nurses received a special identification number. The figures were typed on the same pieces of paper, folded to cover up the numbers, and put in a container. The folded papers were stirred up, and then the numbers were selected one at a time and not replaced until the necessary sample size had been attained. The selected nurses were contacted and provided with the questionnaire. In cases where the chosen nurse refused to participate or was not available after multiple attempts to contact him, a new number was selected among the rest of the eligible list to substitute the non-respondent. This was done to minimize selection bias following eligibility screening and provide all eligible nurses with an equal opportunity to take part in the study (Campbell et al., 2020). It also made sure that the final sample was composed of nurses who had a pertinent clinical exposure and retained the fairness of random selection. Thus, the research was a combination of purposive eligibility sampling and simple random balloting sampling to select final participants.

A validated structured questionnaire was used to gather data that was called Nurses Perspectives on Physical and Mental Health Consequences of Methamphetamine Abuse Questionnaire (NPPMHCMAQ). The instrument was meant to get quantitative data on the professional observations made by the nurses on the health consequences of methamphetamine among the youths. The questionnaire consisted of 16 items sectioned into three. Section A collected demographic and professional information, including age, years of nursing experience, and exposure to youths with methamphetamine related cases. Section B consisted of 6 items that measured nurses' perspectives on physical health consequences. Items in this section focused on cardiovascular concerns, dental problems, severe malnutrition, weight loss, skin lesions, and neglect of basic physical care. Section C consisted of 7 items that measured nurses' perspectives on mental health consequences, including depressive symptoms, methamphetamine induced psychosis, aggression, cognitive impairment, mood disturbance, and related behavioural manifestations. Both Section B and C Responses were measured on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The instrument was subjected to face and content validation by experts in nursing and public health to ensure that the items were clear, relevant, non-ambiguous, and aligned with the study objectives. Reliability was established through internal consistency testing, and the questionnaire produced a reliability coefficient of 0.87, which indicates good reliability. A reliability coefficient above 0.70 is generally considered acceptable for social and health research instruments (Tavakol & Dennick, 2011).

The data were gathered once the ethical clearance and administrative permission were received. The sampled nurses were contacted in their duty units and told about the purpose of the study, the voluntary nature of participation, the confidentiality of responses, and the expected time to complete the questionnaire. The questionnaire was given to the respondents who agreed to participate in the study and was self-administered to reduce social desirability bias. Finished copies were obtained, verified as complete, and ready to be coded. No names of patients, hospital numbers, or any recognizable clinical records were gathered since the study was conducted on the professional views of nurses and not on actual patient records.

The Statistical Package for the Social Sciences, version 25.0, was used to code and analyse the data. The demographic characteristics of the respondents were

Box 1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Registered nurses employed at Federal Neuropsychiatric Hospital, Enugu.	Nurses who were not directly involved in clinical care.
Nurses working in inpatient psychiatric wards, outpatient clinics, emergency units or drug rehabilitation related units.	Nurses who were on leave or unavailable during the period of data collection.
Nurses who had encountered, managed or observed youths with methamphetamine related presentations.	Student nurses and interns who were not fully registered nursing staff.
Nurses who gave informed consent to participate in the study.	Nurses who declined consent to participate in the study.

Summarized using percentages, the research questions on the perspectives of nurses on the physical and mental health effects of methamphetamine abuse were answered using mean and standard deviation. One-way analysis of variance was used to determine whether nurses' perspectives differed significantly based on work experience. In cases where the ANOVA result was significant, Bonferroni post hoc analysis was done to determine the specific work-experience groups where the significant differences were found. Inferential tests were all done at the 0.05 level of significance.

Ethical clearance was obtained from the University of Port Harcourt Research Ethics Committee, while administrative approval was obtained from Federal Neuropsychiatric Hospital, Enugu. Participation was voluntary, and informed consent was obtained from all respondents before questionnaire completion. Respondents were assured that refusal to participate would not attract any penalty. Confidentiality and anonymity were maintained by excluding names and personal identifiers from the questionnaire. Data were used strictly for research purposes and reported in aggregate form. These procedures were consistent with standard ethical principles of respect for persons, beneficence, non-maleficence, and confidentiality in health research.

Results

The demographic results (Table 1) showed that the nurses were relatively young, with a mean age of 31.22 years and a standard deviation of 6.35, suggesting moderate age variation among participants. Most respondents were registered nurses, 66 representing 53%, while 48, representing 39%, held a Bachelor of Nursing Science degree. Only 10 respondents, representing 8%, had MSc Nursing qualifications. In terms of experience, 67 nurses, representing 54%, had less than five years of nursing experience, while 29, representing 23%, had 5 to 10 years and 28, representing 23%, had above 10 years. This indicates a workforce dominated by early career nurses.

Table 2 revealed that nurses concurred that meth abuse had physical health effects among the youths at Federal Neuropsychiatric Hospital, Enugu. The overall mean of 3.81 was higher than the critical mean of 3.0, which showed consensus. The aggregate responses also revealed that the majority of the respondents chose Agree, 53 or 42.3, and Strongly Agree, 38 or 30.8. Severe weight loss and neglect of basic physical care were rated the highest, with a mean of 3.90 and 3.90, respectively, and then severe malnutrition with a mean of 3.89. Mean scores of dental problems, cardiovascular problems, and skin lesions also had a mean score above 3.0. The standard deviations (1.11 to 1.22) indicated a slight

variation in the responses, but the general trend indicated that nurses generally reported physical deterioration among the affected young people.

Table 3 revealed that the nurses concurred that there were mental health effects of methamphetamine abuse among the youths in Federal Neuropsychiatric Hospital, Enugu. The mean of 3.83 was greater than the critical mean of 3.0, which showed general agreement. The

Table 1: Demographic characteristics of the respondents

Demographic Variables		**N**	**%**	**Mean**	**Std. Deviation**
Highest Educational Qualification	MSc Nursing	10	8	31.22	6.35
	BNSc (Bachelor of Nursing Science)	48	39		
	RN (Registered Nurse)	66	53		
	Other	-	-		
Years of Nursing Experience	Less than 5 years	67	54		
	5-10 years	29	23		
	Above 10 years	28	23		

Table 2: Means and standard deviation analysis of nurses' perspectives on the physical and mental health effects of methamphetamine abuse among youth in Federal Neuropsychiatric Hospital, Enugu.

SN	**Physical Health Consequences**	**SD f (%)**	**D f(%)**	**U f(%)**	**A f (%)**	**SA f (%)**	**Mean**	**St. Dev.**	**Rmk**
4	Cardiovascular issues, such as elevated blood pressure or rapid heart rate, are a major immediate physical concern during admission.	13 (10)	7 (6)	6 (5)	68 (55)	30 (24)	3.77	1.19	Agreed
5	Dental problems, such as tooth decay and gum disease, are frequently observed in youths who use methamphetamine.	10 (8)	10 (8)	18 (15)	44 (35)	42 (34)	3.79	1.22	Agreed
6	Severe malnutrition is a common physical observation among youths admitted for methamphetamine abuse.	11 (9)	8 (6)	10 (8)	50 (40)	45 (36)	3.89	1.22	Agreed
7	Severe weight loss is a common physical observation among youths admitted for methamphetamine abuse.	9 (7)	8 (6)	13 (10)	50 (40)	44 (35)	3.90	1.17	Agreed
8	Skin lesions, often from compulsive picking, are regular physical consequences seen in youths who abuse methamphetamine.	12 (10)	10 (8)	24 (19)	47 (38)	31 (25)	3.60	1.22	Agreed
9	Neglect of basic physical care is prevalent among these youths upon admission.	8 (6)	7 (6)	14 (11)	56 (45)	39 (31)	3.90	1.11	Agreed
	Aggregate scores	**11 (8.6)**	**8 (6.7)**	**14 (11.6)**	**53 (42.3)**	**38 (30.8)**	**3.81**	**1.19**	**Agreed**

**Critical mean 3.0; Mean <3.0 Disagreed, ≥3.0 Agreed. SD = Strongly Disagreed, D = Disagreed, U = Undecided, A = Agreed, SA = Strongly Agreed.*

Responses in aggregate also indicated that the majority of the respondents chose Agree, 48 (38.6%), and Strongly Agree, 44 or 35.3. The most rated consequence was methamphetamine induced psychosis, including paranoia and hallucinations, with mean scores of 3.94 and 3.92, then there was increased aggression with a

mean of 3.91. Cognitive impairment also achieved a high mean score of 3.85, with depressive symptoms and suicidal ideation having mean scores of 3.81, 3.74, and 3.65.

Table 4 indicated that the difference in the views of nurses regarding the physical health outcomes of methamphetamine abuse in youths according to work experience was statistically significant, F (2, 121) = 22.662, p = 0.000. Since the p-value was less than 0.05, the null hypothesis was rejected. This means that nurses' views on the physical health consequences of methamphetamine abuse differed significantly according to their years of work experience.

Table 3: Means and standard deviation analysis of nurses' perspectives on the mental health effects of methamphetamine abuse among youth in Federal.

SN	Mental Health Consequences	SD f (%)	D f (%)	U f (%)	A f (%)	SA f (%)	Mean	St. Dev.
10	Prolonged methamphetamine abuse often leads to significant depressive symptoms in youths who abuse it.	12 (10)	10 (8)	11 (9)	48 (39)	43 (35)	3.81	1.27
11	Depression is frequently seen in youths who abuse methamphetamine.	10 (8)	16 (13)	6 (5)	56 (45)	36 (29)	3.74	1.24
12	Methamphetamine-induced psychosis, such as paranoia and hallucinations, is a common acute mental health presentation among youths admitted for abuse.	11 (9)	9 (7)	9 (7)	43 (35)	52 (42)	3.94	1.26
13	Youths with methamphetamine abuse often display increased aggression.	11 (9)	9 (7)	11 (9)	42 (34)	51 (41)	3.91	1.26
14	Prolonged methamphetamine abuse often leads to suicidal ideation in youths who abuse it.	12 (10)	14 (11)	18 (15)	42 (34)	38 (31)	3.65	1.29
15	Cognitive impairments, such as poor memory and concentration, are noticeable even during early treatment stages.	12 (10)	5 (4)	15 (12)	50 (40)	42 (34)	3.85	1.22
16	Methamphetamine-induced psychosis, such as paranoia and hallucinations, is a common acute mental health presentation among youths admitted for abuse.	11 (9)	5 (4)	11 (9)	53 (43)	44 (35)	3.92	1.19
	Aggregate scores	**11 (9.3)**	**10 (7.7)**	**12 (9.4)**	**48 (38.6)**	**44 (35.3)**	**3.83**	**1.25**

Table 4: One-way ANOVA showing differences in nurses' perspectives on physical health consequences based on work experience

	Sum of Squares	df	Mean Square	F	Sig.	Decision
Between Groups	5.909	2	2.954	22.662	0.000	Significant
Within Groups	15.774	121	0.130			
Total	21.683	123				

Table 5 revealed the Bonferroni post hoc test for physical health consequences by work experience. It was found that there were significant differences between nurses who had less than 5 years of experience and those who had above 5 years' experience, p = 0.005; between nurses who had less than 5 years' experience and those who had above 10 years' experience, p = 0.000; and between nurses who had 5 to 10 years' experience and those who had above 10 years' experience, p = 0.012. Thus, the three groups of work experience were very different in their attitudes to the physical health effects of meth abuse. This implied that work experience had an impact on the perception of nurses of the physical health outcomes among the affected youths.

Table 6 indicated that the difference between the mental health effects of methamphetamine abuse among youths as perceived by nurses varied significantly between work experience, F (2, 121) = 8.671, p = 0.000. The null hypothesis was rejected as the p-value was below 0.05.

Table 5: Bonferroni post hoc test for physical health consequences by work experience

Comparison Groups	Mean Difference	Std. Error	Sig.	Decision
Less than 5 years vs 5–10 years	-0.257	0.080	0.005	Significant
Less than 5 years vs Above 10 years	-0.537	0.081	0.000	Significant
5–10 years vs Above 10 years	-0.280	0.096	0.012	Significant

Table 6: One-way ANOVA showing differences in nurses' perspectives on mental health consequences based on work experience

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.	Decision
Between Groups	2.578	2	1.289	8.671	0.000	Significant
Within Groups	17.987	121	0.149			
Total	20.565	123				

Table 7: Bonferroni post hoc test for mental health consequences by work experience

Comparison Groups	Mean Difference	Std. Error	Sig.	Decision
Less than 5 years vs 5–10 years	-0.181	0.086	0.112	Not Significant
Less than 5 years vs Above 10 years	-0.352	0.087	0.000	Significant
5–10 years vs Above 10 years	-0.171	0.102	0.287	Not Significant

This was a sign that the views of nurses regarding the mental health implications of the abuse of methamphetamine varied greatly based on their years of work experience.

Table 7, which was the Bonferroni post hoc result, indicated that the significant difference was only observed between the nurses who had less than 5 years of experience and those with above 10 years of experience, p = 0.000. Nonetheless, the less than 5 years and the 5 to 10 years did not differ significantly, p = 0.112, or the 5 to 10 years and the above 10 years did not differ significantly, p = 0.287. Thus, the variation was primarily between the least experienced and the most experienced nurses.

Discussion

The results of this study revealed that nurses viewed abuse of methamphetamine among the youths as a severe health issue that has apparent physical and mental health effects. Physically, nurses noted worsening health, including extreme weight loss, lack of self-care, malnutrition, dental issues, heart issues, and skin lesions. These results were in line with the findings of Darke et al., (2018), who indicated that the use of methamphetamine is linked to significant physical adverse effects, such as cardiovascular issues, tooth decay, malnutrition, and overall body degradation. They also concurred with Edinoff et al., (2022), who described that methamphetamine toxicity can impact multiple body systems and have long-term effects beyond immediate intoxication. Oliaku and Ikezue (2023) in the Nigerian context also found the abuse of methamphetamine among the youths as a trend that is linked to health

destruction and broader social disturbance. The outcome, hence, implied that the nurses at Federal Neuropsychiatric Hospital, Enugu, were not just witnessing psychiatric symptoms but also evident signs of physical deterioration among the affected youths.

The mental health results were also important as nurses believed that methamphetamine abuse was related to psychosis, paranoia, hallucinations, aggression, cognitive impairment, depressive symptoms, and other behavioural disturbances. This was in line with Paulus and Stewart (2020), who attributed the use disorder of methamphetamine to alterations in brain systems that deal with reward, emotion, judgement, and behavioural control. It was also consistent with Nwadike, Okwu and Roger (2024), who found that the abuse of methamphetamine by Nigerian students had some effects on mental health, particularly when used in combination with other drugs. In the same way, Ebuenyi et al., (2025) discovered that the youths who were victims of Mkpurummiri abuse suffered stigma, alienation, and psychosocial distress. Nonetheless, other community-based studies like Obande-Ogbuinya et al., (2024) were more concerned with prevalence and determinants than clinical psychiatric manifestations. This disparity did not disprove the current research; instead, it demonstrated that nurses working in hospitals might see more severe cases, as psychiatric facilities tend to get youths whose symptoms have already become complicated.

It was also significant that work experience had an impact on the views of nurses. Experienced nurses seemed to be more aware of the physical and mental health outcomes than the less experienced nurses. This could be because the longer the exposure to psychiatric and substance-use cases, the better the clinical judgement, pattern recognition, and confidence in identifying methamphetamine-related complications. This is in line with Forchuk, Serrato, and Scott (2023), who highlighted that hospital staff are significant in identifying and addressing methamphetamine-related harm. The discovery, however, also suggests that less experienced nurses might need more organized training, mentorship, and clinical instruction to enhance the early detection of complications. One of the non-supporting interpretations is that years of experience might not necessarily be the sole predictor of competence, as training, ward placement, professional development, and exposure to substance-use cases may also influence clinical judgement. Thus, experience must be regarded as a significant factor, yet not the sole factor that can impact the views of nurses.

The health implication of the results is that the abuse of methamphetamine in young people must be addressed as a psychiatric and a health-system issue in general, as it is associated with physical degradation, neuropsychiatric conditions, and broader social damage (Darke et al., 2018; Paulus and Stewart, 2020). The physical results indicated the necessity of nutritional evaluation, cardiovascular evaluation, oral health evaluation, and basic hygiene assistance, whereas the mental health results indicated the necessity of early psychiatric evaluation, de-escalation skills, cognitive screening, relapse prevention, and family-based support. In the case of nursing practice, it implies that care must not be restricted to medication administration or behavioural control. Nurses ought to be trained to offer combined physical and mental health evaluation, record frequent clinical trends, instruct families, and assist in discharge planning. The results also indicated that the youth-oriented public health interventions in South Eastern Nigeria ought to focus on the early warning signs, reduction of stigma, peer pressure, delayed seeking of treatment, and prompt referral to the relevant services, particularly since local research has identified Mkpurummiri misuse as a risk factor associated with youth vulnerability, stigma, and psychosocial disruption (Obande-Ogbuinya et al., 2024; Ebuenyi et al., 2025).

One of the limitations of this study is that it collected data on the perception of the nurses as opposed to direct clinical observation of the youths or examination of the patient records. This implies that the results were based on professional observations, and not on objectively validated diagnoses or quantified prevalence of health outcomes. The research was also carried out in a single specialist psychiatric hospital, which could restrict the generalization to other hospitals, community or rehabilitation centres. Future research ought to incorporate multi-centre designs, direct patient evaluation, qualitative interviewing with nurses and the affected youths, and longitudinal tracking of treatment results.

In general, the research found that nurses viewed methamphetamine abuse in young people as a severe disorder that was linked to physical degradation and mental disturbance. It is suggested that Federal Neuropsychiatric Hospital, Enugu, needs to intensify regular screening, personnel education, youth-focused care pathways, family engagement, relapse prevention,

and integrated aftercare of youths who had experienced methamphetamine abuse.

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