


Counselling Strategies to Curb the Menace of Drug Addiction among Secondary School Students in Sokoto State

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Abstract

The level of drug abuse by adolescents (secondary school students) in the society is alarming and hence requires all hands to be on deck in addressing the issue. When these students are allowed to digress by joining the drug train, they end up harming themselves and posing serious health and safety threat to their families, communities and the country at large. This paper explores the importance of counselling in addressing the menace of drug addiction among secondary school students in Sokoto State. The paper highlights and discusses reasons that influence students to abuse drugs, the health implications of drug abuse as well as the best counselling strategies to employ in rooting out the menace of drug abuse among secondary school students. The paper concludes by recommending among other things that the Ministries of Education and Culture in collaboration with the National Drug Law Enforcement Agency (NDLEA) should embark on sensitization campaign to caution students on the adverse effects of drugs. Also, counsellors should enlighten the school teachers and students on the dangers associated with drug addiction.

Keywords: counselling, strategies, drug, addiction, secondary, school

Introduction

Drug abuse is a major problem facing the world in which Nigeria is not an exception. The use of non-conventional substances by adolescents in secondary schools is a major problem in Nigeria. Many of the youths ignorantly depend on one form of substance or the other, for various daily activities such as social, educational, political and moral. Lately, non-medical consumption of cough syrups in Northern Nigeria has become a subject of public concern, largely due to its potential danger to the society. Abuse of substances, licit or illicit, is widespread in the present societal context, and is common among secondary school students aged between 13 and 18 years. Drug abuse and other associated problems constitute a major threat to the survival and effective functioning of human society (Haladu, 2003). Lives are daily lost through drug dependency and activities of addicts. A significant number of deaths from accidents, violent crimes and cultism can be traced to activities of persons under the influence of drugs.

Conceptual issues

A drug refers to a substance that could bring about a change in the biological function through its chemical action. It is also considered as a substance that modifies perceptions,

cognition, mood, behaviour and general body functions (Bashirian & Mahjoub, 2008). Drugs can be considered as chemical modifiers of the living tissues that could bring about physiological and behavioural change; or any product other than food or water that affects the way people feel, think, see, and behave (Ekpang & Abuo, 2015). It is a substance that due to its chemical nature affects physical, mental and emotional functioning of the body; it can enter the body through chewing, inhaling, smoking, drinking, rubbing on the skin or injection.

Substance abuse and drug abuse are used interchangeably by people. However, Odejide (2009) defined drug as medicine prescribed by doctor, while substances abuse may include chemicals other than drugs e.g gasoline, glue among others. Substance was considered abused if it is deliberately used to induce physiological or psychological effects for a purpose other than for therapeutic purpose.

Drug abuse: This refers to the use of drugs for purposes other than medical reasons. It refers to misuse of any psychotropic substances resulting in changes in bodily functions, thus affecting the individual in a negative way socially, cognitively or physically. Social effects may be reflected in an individual's enhanced tendency to engage in conflicts with friends, teachers, and school authorities. Cognitive effects relate to the individual's lack of concentration on academic work and memory loss such as "blackouts."

Drug addiction: Addiction to drugs or alcohol means that a person's body can no longer function without these substances. The addictive substances usually have negative effects; for example, they can alter mental state and behaviour to a point where the individual becomes a threat to himself and others. According to Nichols (2004), an addicted person may show a decline in academic performance, frequently fails to attend classes, loses interest in school work and displays weakened motor coordination, poor health, and lack of interest in old friendships. Addiction by its nature distorts thinking processes giving prominence to thoughts, which justify continuing addictive behaviour, and minimizing or excluding consideration of reasons for ceasing.

Drug abuse and its impact on the society

Drug abuse has become rampant in the society and this has posed a problem, because a society filled with drug addicts and drug dependents population cannot move forward. A nation filled with people who misuse, abuse or are addicted to drugs will have a high rate of increase in crime, prostitution, among others. It also makes way for drug trafficking in the society. It constitutes a major public health hazard and is a part of general and social disorganization seen in the society (Haladu, 2003). It contributes significantly to breakdown of law and order and establishment of various circles of abuses, deficiency and criminality. There is also the problem of diversion of scarce resources to cure addicts, and to rehabilitate them, building of psychiatric hospitals, breakdown of societal norms and values. Such problems call for in-depth research to help salvage the situation. Counsellors have peculiar role in this regard, as they should help to inform and educate the people on the effects of drug abuse to the addicts and the society.

Reasons that influence secondary school students to indulge in drug abuse

According to Ekenedo and Obiechina (2010), the followings are the main causes of drug abuse among secondary school students:

i. Experimental curiosity: Curiosity to experiment the unknown facts about drugs motivates adolescents into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure, which in turn motivate them to continue.

ii. Peer group influence: Peer pressure plays a major role in influencing many adolescents into drug abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. In Nigeria, as other parts of the world, one may not enjoy the company of others unless he conforms to their norms.

iii. Lack of parental supervision: Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse.

iv. Personality problems due to socio-economic conditions: Adolescents with personality problems arising from social conditions have been found to abuse drugs. The social and economic status of most Nigerians is below average. Poverty is widespread, broken homes and unemployment is on the increase, therefore the youths roam the streets looking for employment or resort to begging. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed action to promote job creation by private and community entrepreneurs. Frustration arising from these problems leads to drug abuse for temporarily removing the tension and problems arising from the social challenges.

v. The need for energy to work for long hours: The increasing economic deterioration that leads to poverty and disempowerment of the people has driven many parents to send their children out in search of a means of earning something for contribution to family's income. These children engage in hawking, bus conducting, head loading, scavenging, serving in food canteens; they are prone to drug taking so as to gain more energy to work for long hours.

vi. Availability of the drugs: In many countries, drugs have dropped in prices as supplies have increased.

vii. The Need to prevent the occurrence of withdrawal symptoms: If a drug is stopped, the user experiences what is termed "withdrawal symptoms". Pain, anxiety, excessive sweating and shaking characterize such symptoms. The inability of the drug user to tolerate the symptoms motivates him to continue.

The problem of drug abuse has been attributed to several factors including psychological, environmental, sociological and genetic (biological) make-up of the person that affect behaviour, personality and individual's responses to various stimuli (Dorwick & Maline, 2007). Substance abuse mostly initiates with smoking in adolescence. However, drug abuse among secondary school students could be as a result of interaction between peer group influence, availability and nature of the substance. Some environmental factors that contribute to drug abuse are cultural, parents' behaviour, regulations and policies, which

restrict access to the drugs. Transition from childhood to adulthood is a delicate period and in many cases, the initiating of drug abuse may occur. The adolescents may abuse substances due to various reasons such as lack of adequate knowledge about the harmful effects of the substances, presenting personal independence, peer pressure, satisfying the curiosity, low level of self-confidence, inability in maintaining inter-personal communications, and reducing stress. Among other conditions, presence of substance abuser in the family is a major factor of substance abuse by adolescents. There is no doubt that drugs abuse among secondary school students have become a matter of concern to Sokoto state. These substances not only alter the functioning of the body and mind but also affect the dimension of health. According to Pike (2020), the use of illicit drugs is not a new trend, rather it is growing at an alarming rate with more “leaders of tomorrow” embracing drug abuse for various reasons.

Classification of drugs commonly abused by students

Odejide (2009) says there are seven categories of drugs, classified according to their physiological effects. However, most psychoactive drugs fall into one of the general categories. These are stimulants, narcotics, cannabis, depressants, analgesics, sedatives, performance enhancing drug, hallucinogens and inhalants. The common name they are called, route of administration and the possible effects are discussed below:

1. **Stimulants:** The primary use of stimulants is to increase the activities of the central nervous system (CNS) with increased heart rate, blood pressure and the rate of brain function. The users feel uplifted and less fatigue. Examples of stimulants include caffeine, cocaine, nicotine and amphetamine.

a) Caffeine: It is a tasteless drug found in coffee, tea, cocoa, many soft drinks and several groups of over the counter drugs. Moderate intake of it, is relatively harmless to the individual’s health. However, chronic users show evidence of withdrawal and physical dependence.

(b) Cocaine: This is a very strong stimulant. Cocaine produces a feeling of excitement, increased confidence and willingness to work. Cocaine use is on the increase among students as it is perceived as a confirmation of one’s “big boy” status (Danjuma *et al.*, 2015).

(c) Nicotine: This is a poisonous alkaloid derived from tobacco plant. It is responsible for the dependence of regular smokers on cigarettes (Elizabeth & Martin, 2007). Nicotine is in tar, cigars, cigarettes, tobacco and traditional snuff. A small dose of nicotine has a stimulating effect on the autonomic nervous system. It is mostly abused by secondary school students (Dyck, 2005).

(d) Amphetamines: They are used to increase activity, mood elevation, create series of wellbeing and also suppress appetite. It improves physical and mental performance. However, large doses may result in anxiety, feeling of nervousness and physical tension.

2. **Narcotics:** These are among the potent dependence producing drugs, used medically to relieve pain and induce sleep. Narcotics are derived from plants such as opium, morphine, codeine and heroin. They are extremely addictive and can be inhaled (snorted), injected, or smoked.

(a) Heroin: It is a white crystalline powder derived from morphine but with a short-term duration of action. According to Substance Abuse and Mental Health Services (2005), heroin is highly popular among young adults. It is quick acting. It alters the brain chemistry which interferes with an individual's ability to make decision.

(b) Opium: This is a milky substance derived from the unripe seed pods of the poppy. It has analgesic effect and may cause drowsiness (Hamisu *et al.*, 2014). The abusers of opium are mostly adolescents and healthcare professionals.

(c) Morphine: It is also found in poppy head. It is a potent analgesic drug used mainly to relieve severe and persistent pain. However, individuals develop both tolerance and dependence. Morphine is commonly abused by medical health care professionals and adolescents (SAMHSA, 2005). The injected drugs can lead to collapsed veins and infection of the blood vessels.

(d) Codeine: This is an analgesic derived from opium poppy and morphine but less potent as a painkiller and sedative, and is less toxic. Because of the presence of codeine in cough syrups, it has become a favourite for many drug abusers. They could easily be obtained over the counter at big and small medicine stores (Nwannennaya, 2017). Codeine is generally abused by students of secondary and higher institutions, who mix the syrup with soft drink or use it to soak garri.

(e) Tramadol: This is a painkiller that is often prescribed for moderate to severe pain for arthritis patients. However, it is a narcotic drug meaning that users may be at risk of addiction if they use it for a long period (Obiechina & Isiguzo, 2016).

3. **Cannabis:** This is a drug prepared from Indian hemp plant (*cannabis sativa*) also known as pot, marijuana. It has little therapeutic value and its nonmedical use is illegal. Cannabis, popularly known as marijuana, is one of the drugs commonly abused in Nigeria especially by the adolescents. Marijuana was introduced to Nigeria by soldiers returning from Second World War (Makanjuola, 2015).

4. **Depressants:** These are agents that reduce the normal activity of any body system or function. They are also known as sedative, slowing down the CNS function. It produces tolerance in abusers as well as strong psychological and physical dependence. Examples of drugs in this category include alcohol, barbiturate, tranquilizer and rohypnol.

(a) Alcohols: These are strong central nervous system depressant. The primary depressant effects of alcohol occur in the brain and spinal cord. Many people think of alcohol as a stimulant because of the way most users feel after consuming a serving or two of their favourite drink. At that moment, any temporal sensations of excitement, boldness or relief are attributable to alcohol's ability to release personal inhibitions and provide temporal relief from tension.

(b) Barbiturates: These are drugs that depress activity of the central nervous system. Regular use of the drug will produce tolerance. A high dose takes a long period to wear off from the user. Barbiturates are more common among females to relieve anxiety.

(c) Tranquilizers: These are minor depressants that are meant to reduce anxiety, tension and relax people having problems managing stress. Such drugs are diazepam (valium) and chlodiazepoxide (Librium). People can be addicted easily to it and may have severe withdrawal symptoms which can be life threatening.

(d) Rohypnol: The drug is manufactured in South America, Mexico, Europe and Asia and illegally imported into Nigeria. It is commonly abused by Nigerian youths because of its fast action and longtime effect. It is known as ‘roofies’ on the street. It is stronger than other tranquilizers and causes a drunk, sleepy feeling that can last up to eight hours. Rohypnol is known as date rape drug which adolescents add in a drink for their girls.

5. **Hallucinogens:** This is one of the oldest drugs used by mankind that is capable of producing hallucination. They are called psychedelics, dissociative or delirants (mind) vision (Nichols, 2004). Psychedelic brings about evident cerebral excitation in the form of illusion, hallucination and vision. Dissociative produces analgesia, amnesia and catalepsy at anesthetic doses thus disassociation from his environment. Delirants as the name implies induce a state of delirium in the user, characterized by extreme confusion and inability to control one’s action (Dyck, 2005). They are used within medicine, religion and traditions around the world for ceremonies, healing and rituals of syncretistic movement. (a) Lysergic acid diethylamide (LSD): It is a potent hallucinogen which is produced in crystalline form and then mixed or diluted as a liquid to be ingested. The effect is felt within 20-30 minutes after consumption. The user may experience extreme changes in mood shifts, time and space distortions including impulsive behaviour. The user may experience visual hallucination, impaired depth and time perception with distorted perception of size and shape of objects, movements, colour, sound, touch and body image.

6. **Inhalants:** These are breathable chemical vapours or gases that produce psychoactive effects when abused or misused. They include volatile organic solvents, fuel, gases, nitrites and anesthetic gases (chloroform, nitrous oxide and ether), commercial solvents like gasoline, kerosene, glue, and typewriter correction fluid among others. The abusers inhale the toxic chemical products which result to low blood pressure, dizziness, loss of hearing, damage to the lung and heart. (a) Solvents: This could be industrial or household solvent products such as paint, thinners, dry cleaning fluid, spray, lubricants, gasoline, kerosene, nail polish or remover, furniture polish and wax. (b) Gasses and propellants: These are household or commercial products which includes butane lighters, propane, hair and deodorant sprays, room deodorizer sprays, refrigerants sprays, ether, chloroform and halothane.

7. **Aphrodisiacs:** These are substances that arouse sexual desire or increase a person’s capacity for sexual activities. It is also known as libido boosters and popularly called ‘manpower’ in the streets, ‘qurantaashi’ in the northern part of the country, and ‘aleko’ in southwest Nigeria. The agents enhance the sexual drive performance and lead to greater sexual satisfaction.

Counselling strategies for curbing drug addiction among secondary school students

Counselling strategy is a structured, solution-oriented process undertaken to persuade youth who is abusing drugs to seek help in overcoming the addiction. A successful intervention strategy is not a confrontation but an opportunity for an addicted student to accept help in taking the first step toward recovery. According to Sambo (2009), the aims or goals of counselling is not only the elimination or minimization of anxiety, hostility, depression, feelings of inferiority and inadequacy, unhappiness and other symptoms, but

also of enhancing happiness, effective living, rational behaviour, independence, responsibility and self-actualization. It is imperative that some youth development programmes need to be established in secondary schools and other theatres of human activities for proper guidance of our youth. These programmes such as youth clubs, should aim at de-emphasizing the use of drugs and emphasize those areas where young people can play useful roles in the society. Similarly, drug counselling units should also be set up in schools and other youth development centres to prevent those at high risks (teenagers) before they start, and also to counsel those already in the habit. In essence, a development approach to guidance is preferred to a crisis-oriented approach. In curbing drug, intervention strategy should involve school, peer education, family, non-governmental organization (NGO), health and social marketing.

i) **School drug intervention strategy:** Schools can play a crucial role during intervention programme through drug free club, drama, role play, involving home and community partnership with schools on educational programmes either by focusing on promotion of knowledge of the students about addictive drugs and their adverse effects, or on improvement skills such as decision-making and resisting peer pressure. These educational programmes would play an important role in decreasing the prevalence of drug abuse among adolescents.

ii) **Peer education counselling strategy:** Peer group education is a carefully planned and implemented strategy to train representative adolescents, providing them with information on issues relating to adolescents and hopefully, this will allow them to share information with their immediate peer group and others (Ekenedo & Obiechina, 2010). Peer educator can discourage advertising of cigarettes, alcohol, and proprietary drugs that are responsible for adolescents' exposure to drug use. The counsellors should give comprehensive health education on drug addiction and proffer solution to rehabilitation. Such programme encourages the adolescent to focus more directly and effectively on learning behaviour to promote their health needs.

iii) **Family counselling strategy:** Family influences such as genetic predisposition to alcoholism, acceptance of drugs, family conflicts, and distant family relationships influence adolescents' use of illicit drug. Therefore, parents should be part of the intervention strategy programme, through building awareness and educating families about the ill effects of drug abuse. Preventive measures should be designed to include training parents in appropriate ways of dealing with children and providing a friendly and safe environment in family. Children should be discouraged from buying or patronizing cigarettes, alcohol, and proprietary drugs that are responsible for adolescents' exposure to drug use.

iv) **Non-Governmental Organization (NGO) drug intervention strategy:** The primary mission of NGO is to promote, prevent and reduce harm related to chemical dependency on alcohol and drugs through advocacy, networking, collaboration and treating people for their dependency problems, in order to limit the negative impact of substance abuse known to be a major cause of premature death, interpersonal violence, disability and poverty, throughout the world. Their functions include creating and nurturing ties between organisations concerned with harm related to chemical dependency, influencing policymakers by advocating effective and evidence based

policies, treatment of chemical dependency, and monitoring of policy initiatives and marketing strategies of the alcohol and pharmaceutical industries.

v) **Health and social marketing intervention strategy:** Social marketing is widely used to influence health risky behaviour. They use a wide range of health communication strategies based on mass media; they also use role models such as popular music and movies celebrities and mediated through a healthcare provider, interpersonal, and other modes of communication. This can also be adopted as an intervention strategy. Other marketing methods such as message placement, promotion, dissemination of information through mass media, and community level outreach should also be adopted to discourage drug addiction.

Conclusion

Drug addiction is becoming a public health problem among secondary school students in Nigeria. Health educators, families, schools, civil society, religious organizations and the community should be concerned and worried that more students in secondary schools are fast joining the drug train, drinking and smoking away their future for the pleasure of getting high, which poses a threat to the health and safety of the adolescents. Preventing these unwholesome situations can be achieved through intervention strategy, advocacy and awareness of the adverse effect of drugs addiction to the adolescents' health and life.

Recommendations

1. A functional Guidance and Counselling office should be established in each school, and professionally trained counsellors should be recruited to handle the activities of the office.
2. The Ministry of Education (Federal and State) should include drug abuse as part of the curriculum to be taught in primary and secondary schools.
3. Teachers should be provided with skills on how to handle students with behavioural problems using primary, secondary and tertiary prevention; and they should always organize lectures, rallies, seminars and film shows for students on the adverse effects of drug abuse.
4. Government should urgently intervene in educating the Nigerian public using mass media about the spreading scourge of drug abuse among adolescents.
5. National Drug Law Enforcement Agency (NDLEA) should intensify their anti-drug campaigns in order to have a drug-free society with a special focus on students.

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