

PSYCHOACTIVE DRUG ABUSE AMONG SECONDARY SCHOOL  
STUDENTS IN OSUN STATE OF NIGERIA AND THE  
COUNSELLING IMPLICATIONS.

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BY

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ABSTRACT

Drug abuse has become a mental, social and psychological menace in our society. This study was carried out to investigate the prevalence of psychoactive drug abuse among the secondary school students in Osun state of Nigeria. Two hundred and forty students made up of one hundred and twenty boys and the same number of girls were used as subjects. One hundred and seventy four were from poor families while sixty-six were from rich families. The two research hypotheses tested showed that male students were more into drug abuse than female students and that the students from rich families were more abusers of drugs than those from poor families. Many reasons were given by the students as being responsible for venturing into drug abuse. The counselling implications were discussed.

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INTRODUCTION

Drug abuse (apart from the general self medication such as buying anti malaria drugs without their being prescribed by a Doctor, is mostly a covert activity, carried out in privacy, away from direct public gaze, or in venues where others too may be indulging in the same, and where the practice is tolerated, accepted, or even positively encouraged.

Detection and recognition of drug abuse could be difficult for the untrained and uninitiated observer. They may never witness the effects of direct drug abuse and they may never easily overlook the physical and behavioural symptoms of such activity, or pass them off as being due to some other cause. Perhaps only the symptoms of withdrawal may be seen, and these may be very similar to those brought about by other circumstances such as the stresses and pressures of an adolescence and therefore easily discounted.

### Psychoactive Drugs: CONFERENCE PAPER

According to Witting and Belkin (1977) Psychoactive drugs are those that can cause subjective, psychological changes in a person's consciousness. These include alcohol, narcotic drugs, hallucinogens, stimulants, antidepressants, sedatives, marijuana and many more.

Frequently, psychologists try to distinguish between individuals who merely use such drugs and those who become reliant upon them. Relying upon such a drug when there is no reason to do so is termed drug abuse. Psychologists prefer the concepts of use and abuse rather than describing someone as an addict, because a person may be a habitual user of one or more of these drugs and not be either psychologically or physiologically addicted.

## Alcohol

Alcohol, a depressant is the most widely used of all the psychoactive drugs. When taken in sufficient quantity (which varies from one individual to the next), alcohol can depress aspects of central nervous system functioning, causing conscious reactions that are noticeably different from those produced in a nonalcoholic state,

The flirtatiousness of people at a cocktail party may be the result of the depression of certain brain activity by alcohol. Continued drinking may lead to continued changes in brain activity, with the result that the previously cheerful "life of the party" may become hostile, lose motor coordination, and possibly pass out.

## Marijuana:

Smoking or eating marijuana may produce a psychoactive drug effect. Quite often, the marijuana 'high' is a state of elation, in which the user claims an enrichment of sensory experiences.

Research into marijuana use has shown that the effect produced may be a function not only of the amount and characteristics of the marijuana used, but also of the expectations of the user. Motivation, past experience, and many other variables may create effects greater or lesser than those expected from the properties of the

marijuana itself. Orubu (1983).

## Prescription of Drugs CONFERENCE PAPER

It is surprising to some that many prescription drugs are listed as psychoactive drugs. However, many of these drugs do produce a changed state of consciousness; in fact, this is often the effect that is sought when the drug is prescribed. Included in this category are drugs such as amphetamines, barbiturates, and many drugs such as tranquilizers, prescribed in the course of psychiatric treatment.

The legal use of drugs has led to the development of a separate scientific discipline, called psychopharmacology, that investigates the psychological effects of drugs. It must be recognized that although these drugs have legal and appropriate uses, they can be abused and drug dependency may develop.

One difficulty with psychiatric drugs is that both physician and patient may become too dependent upon their use. A physician may prescribe them as 'cure alls' using them indiscriminately rather than carefully analyzing a patient's symptoms and considering other treatments. The patient comes to expect the drug-produced result and, in cases where the drug is being used to control behaviours or emotions, abandons efforts at self-control and relies on the drug effect instead. It should be recognized that psychological effects can also be produced by common or nonprescription drugs. For example, a person could

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become caught up in a repetitive stimulant-sedative cycle, using caffeine or nicotine as the stimulant and "sleeping pills" as the sedative. Because tolerance levels build, more and more of each drug becomes necessary.

#### Narcotic Drugs:

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Narcotic drugs are used frequently as pain killers. However, abuse of narcotic drugs such as morphine or heroin have become widespread. Initial misuse of narcotics commonly occurs for social reasons, but repeated dosages lead to a physiological dependence that continues to increase. The dependence has two aspects: the need for larger doses to prevent withdrawal symptoms (which can be quite severe), and the need for larger doses to produce the euphoric effect.

#### Hallucinogenic Drugs:

Hallucinogenic (or psychedelic) drugs are so named because a major feature of their use is the production of hallucinations. These drugs such as LSD (lysergic acid diethylamide) or mescaline, are available legally only in controlled circumstances such as medical research.

One characteristic of hallucinogens is that the effect produced by their use cannot be predicted reliably. It is even difficult to predict whether the resultant initial

experiences will be "favourable" or "unfavourable".

Many individuals have used LSD with a positive result (particularly a feeling of increased sensory awareness) but some have experienced pronounced anxiety, loss of coordination, and unpleasant hallucinations.

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### SOME CHARACTERISTICS OF DRUG ABUSERS

There is no single personality or social profile of the young drug abuser but low self-esteem, pessimism, apathy, and depressive moods could all be noted. In addition, rebellion, disobedience to authority, and law-breaking are associated with drug abuse, though the abuse may only be a part of a delinquent cluster of activities rather than a discrete entity.

Emmett and Nice (1996) identify some characteristics as follows:

1. Marked and abnormal mood swings and aggression
2. Truancy and lateness for school, work or appointments
3. Deterioration in personal hygiene and dressing
4. Covering suspicious behaviour by lying and being vague
5. Unusual conflict with authority figures
6. Sudden and marked change of habits, loss of purpose in life, lacking motivation or goals
7. Excessive borrowing of money
8. Stealing from family, friends, school, shops and working place
9. Selling of own property with little or nothing to show for it

- 10 Drug abuser - dealers
11. Frequent short visits from new or older friends,  
and many short excursions away from home.
12. Wearing dark glasses even in dull weather
13. Short-term memory loss and deterioration in performance  
and loss of concentration.
14. Poor appetite and weight loss
15. Suffering a succession of colds which may persist

for an unusually long time

16. Spending time away from home, usually overnight
17. Excessive sleeping, usually after time away  
from home
18. Poor Coordination and slurred speech
19. Depression, shyness and poor self-image

## STATEMENT OF THE PROBLEM

Folawiyo (1985) defines a drug as any substance other than food, which by its chemical nature, affects the structure or function of the living organism. From this perspective, the term may include any number of household, agrivulture, and industrial chemicals. To a physician, a drug might be any substance used as a medicine in the treatments of physical or mental disease. When used in the context of drug abuse, the term becomes inflammatory. The meaning of drug becomes social rather than scientific. In its social sense, when the term abuse is attached it takes on a negative connotation. Smith (1971) sees drug abuse as the use of any drug to the point where it interferes with the individual's health or with his economic or social adjustments.

Right from the period of oil boom in the 70s, drug abuse appear to have spread accross all levels of our society. Drug abuse is a bad wind that blows no one any good and it is on the increase especially among the young people. This may be due to peer pressure or even bad parenting. As a result of any abuse many youths have become psychotic and many otherwise promising lives have been wasted.

## PURPOSE OF THE STUDY

Because of the seriousness of the problem of drug abuse among Nigerian youths, this study was carried out in Osun state (Researcher state of origin) to survey the

prevalence of psychoactive drug abuse among the secondary school students, the perceived reasons for engaging in such abuse and to highlight some preventive measures treatment options.

### Hypotheses

Two research hypotheses were tested:

Hypothesis I: There will be significant difference in the number of male students who are involved in psychoactive drug abuse compared to their female counterparts.

Hypothesis II: There will be significant difference in the number of poor students who engage in psychoactive drug abuse compared to those from rich families.

### METHOD

Population: The population consists of all secondary school students in Osun state.

Sample: 240 students from 10 secondary schools in Oshogbo (capital of Osun state) from the sample used in this study 120 boys and 120 girls (All in SS 2). Their mean age was 15 years.

Research Instrument: Proactive Drug Abuse Inventory (PDAI) which was designed by the researcher was used in collecting the necessary data from the sample. The PDAI has three sub-sections. Section A concerns the biographic data, section B has 20 statements to which each student was to respond regarding the extent to which each of the statement is referring to him or her on a 4-point scale of very much like (4) like me (3) unlike me (2) very much unlike me (1).

The higher the score the more the level of drug abuse.

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Section C of the Inventory requests the respondents to write down the reasons why students engage in drug abuse.

The research instrument has high content valifity (.82) and test-retest reliability .76.

PROCEDURE: All the 240 students were given the PDAI to respond to. The researcher personally administer the instrument in each of the 10 secondary schools within three days. The students were told to relac and be sincere since writing of their names was made optional and they were also reminded of the instruction on the Inventory that there was no right or wrong answer. They were all given adequate time to respond to the inventory after which the papers were collected back for data nalysis.

RESULTS:

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TEST OF HYPOTHESES

Research Hypothesis I: which stated there will be significant difference in the scores of male students who are involved in psychoactive Drug Abuse compared to their female  $\frac{7}{8}$  counterpart" was tested by using independent t-test statistical analysis and the result is as shown in Table I

TABLE I:

INDEPENDENT T-TEST ANALYSIS OF THE MEANS AND STANDARD DEVIATIONS OF MALE AND FEMALE SECONDARY SCHOOL STUDENTS

Group	N	$\bar{x}$	S.D	t	P
Males	120	51	2.15	226.41	.001*
Females	120	39	2.07		

N = Number of subjects

$\bar{x}$  = means of scores

S.D = STandar deviation

Since t observed of 226.41 is greater than t critical of 3.29 at .001 level of significance, therefore the research hypothesis I is accepted. There is statistically significant difference. Male students scores higher than their female classmates and so were considered higher in psychoactive drug abuse than the females.

Research Hypothesis II

In testing the research hypothesis II which states There will be significant difference in the score of students from poor families compared to students from rich families independent t test statistical analysis was also employed and the result is shown in Table II

TABLE II **CONFERENCE PAPER**  
INDEPENDENT T-TEST ANALYSIS OF THE MEANS AND THE STANDARD DEVIATIONS OF STUDENTS FROM POOR FAMILIES AND THOSE FROM RICH FAMILIES.

Group	N	$\bar{x}$	S.D	t	P
Students from poor families	174	48	2.03	16.37	.001*
Students from rich families	66	52	1.87		

T observed of 16.37 is greater than t critical of 3.29 at .001 level of significance, therefore the research hypothesis II is accepted.

The analysis of section C of the research instrument which asked respondents to state reasons for drug abuse led to the compilation of a long list of reasons which

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include for enjoyment, to be able to read well, to relieve pain, to treat sickness, to feel high, to overcome insularity, boredom, depression, anxiety, to gain weight, because my parents do it, because my friends do it, to have strength, to test it, to be sociable, to forget my sorrow, to celebrate party.

## DISCUSSION

Male students reported more involvement in psychoactive drug abuse than female students while students from rich families were more into drug abuse than the ones from poor families. Parents, guardians, teachers and the society at large need to pay particular attention to the male students and the rich families should train their children properly.

According to Emmett and Nice (1996) There are almost as many reasons for using drugs as there are users, but many reoccur with great regularity. Dependent on what is being used, drugs can change or lift your mood, increase your energy levels, change your perspective, aid sleep, help you relax, remove emotional or physical pain, reduce your appetite and weight, lower inhibitions and increase libido, or give you feelings of great physical and mental prowess. Drugs can also be used in order to change your image, provide entry into certain groups, to rebel or just to fill time and relieve boredom.

Substances may be used to mask a person's problems, but will only succeed temporarily. They are a short-term solution only, as they do not remove or resolve difficulties,

but just changes the user's perception of the immediate circumstances.

It is possible that some who use substances do so simply because of their availability, or for social reasons, and there may be no discernible underlying problems. Many however do have problems that even they themselves may be unaware of, and are simply self-medicating these problems away. Problems may be of a somplex and deep psychological nature, caused by earlier life traumas, for example abuse or bereavement, or they may be much simpler in nature such as boredom, or low self-esteem.

By using drugs to relieve these problems, the use can unwittingly be putting themselves into situations that actually increase and exacerbate them, for regular use may lead to other health, social difficulties. Some who start out using drugs or other substances do so for only a short period in their lives and of those, only a small percentage will go on to develop any medium of long-term problems as a direct result. But these users can cause damage to society well out of proportion to their numbers.

THE COUNSELLING IMPLICATIONS **CONFERENCE PAPER**  
 The classroom Teacher and the School Counsellor

The classroom teacher can be the most important person in bringing about a reduction in drug use and dysfunctional behaviour among the youth of our nation. It is the teacher who has the most contact with children and teenagers. It is the teacher to whom young persons look for a role-model during their formative years. The teacher's outlook on life and attitude toward drugs indicate to the students a value

system concerning these things. In many cases the teacher become the sounding board when young people are having difficulties at home, with peers, or with life in general.

The counsellor should understand growth and development. The counsellor should have knowledge of the growth and developmental characteristics of students, with a working knowledge of the stages of physical and emotional development, to better empathize with students, help them learn how to cope with personal concerns, problems, needs and recognise and understand behaviour problems.

Understand . the general composition of the most common drugs and their effects. He/she needs an understanding of the general nature of common drugs and their positive and negative effects if he is to provide opportunities for students to understand scientific information concerning the relationship of drugs to physical, mental and social health and to help answer or find the answers to students' questions concerning drugs.

Understand basic users and abuses of drugs. He or she must know, and be able to help the students understand the positive functions of drugs as well as the possible consequences of non-medical drug use. Students need to understand the positive conctions of drugs as well as the possible consequences of non-medical drug use. Students need to understand what is knwon and unknown about drug effects

Understand current politics governing drug use. Knowledge of current social policies will aid the counsellor in helping students understand present leval restrictions and possible legal consequences so that such considerations

can contribute to personal behavioural decisions.

Understand current issues and trends in drug use and abuse. Because the drug scene is constantly changing, the teacher, will feel more comfortable and effective in his role as drug educator if he is knowledgeable on recent research findings, current trends in legalization issues, changes in sub-cultural patterns of drug use, and societal influences on the rates of use.

#### Treatment for people with drug problems

For some people, their use of drugs or other substances may not, in their eyes at least constitute a problem. They may be indulging in it recreationally, to be sociable,. But situations have a tendency towards change after a time, and for many it may turn out to be quite a different story. Drug abuse for them may have reached a point where it is adversely affecting their physical and mental health, their finances employment, relationships, education, their legal position and even accommodation. Also affected of course, will be many of these people around them, partners, family friends, and the victims of any drug related crimes which the users might be involved in order to fund their habits.

Even at this advanced stage, many users will still choose not to see their drug abuse as a problem, and many simply transfer any problem back onto others who may be affected, or who are showing concern, insisting that they are making something out of nothing. Even further along this road, the user may reach a point where, despite their wish to ignore the facts, there is no alternative but to admit to having

a problem for which they may require help, support and understanding.

Depending on the degree and length of time of their usage, the particular drug or drugs being used, and any other life problems faced by the user, there are a range of services generally available in most countries for users and others who are also involved or affected in some way,. However good these services are, they can only succeed in helping if the user is willing to cooperate and be totally honest with themselves and others.

If recognized at an early enough stage, some may well respond to simple interventions such as being spoken to by a parent, friend or partner who shows care and concern for them. Others may respond better after being spoken to by their Doctor, a social worker, teacher, police officer or some other authority figure who is respected by them.

But there will be those who require more than just a good talking or listening to. This is particularly true in cases where substance misuse is carried out in order to mask other problems in the user's life, whether consciously or not. The fear of having to cope without using drug as a psychological prop can be too great to contemplate.

Drug Agencies

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Most major towns and cities should have drug and substance abuse services in them. These may be statutory or voluntary in nature, will be staffed or supported by trained personnel and offer a range of services to users and

others alike,. Many have trained counsellors, therapists and medical staff, any of whom may be assigned as key worker to the user, after an initial assessment interview to determine their needs. Counselling may be offered on a one-to-one basis or in groups and in some cases, proves to be all that is needed to overcome the user's problems and help them to become drug free. Relapse prevention counselling may then follow to ensure that they remain drug free. Some agencies may even offer alternatives to counselling. Such as acupuncture, stress management and relaxation classes, or even sport and exercise sessions.

More Rehabilitation centres like the one near Isheri in Lagos, should be set up to help the drug abusers to fully recover. In fact, all hands must be on deck to curb the menace of drug abuse among the youths.

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