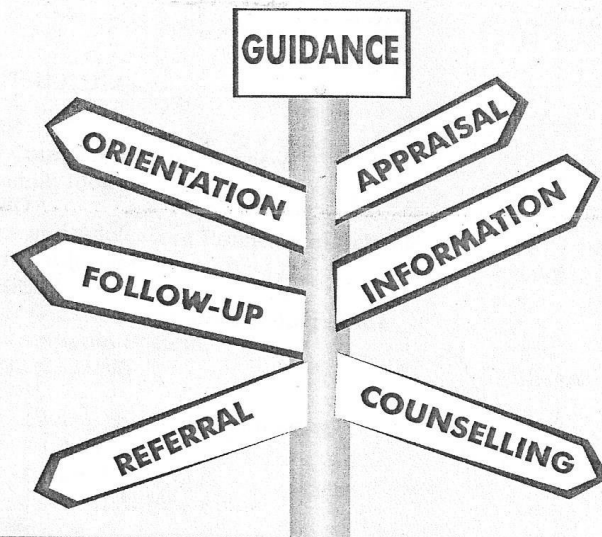


Revised
Edition



GUIDANCE AND COUNSELLING IN EDUCATION

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CHAPTER FIFTEEN

DRUG ABUSE COUNSELLING IN SCHOOLS

By:

Dr. (Mrs.) Foluke N. Bolu-Steve and Mrs. Adenike Adeboye

Introduction

Drugs are substances that alter our physiological or psychological state when ingested. Fawa (2003) described drugs as any substance that is used for the treatment or prevention of disease in human beings. Drugs can alter the body system positively or negatively depending on how such drugs are used. From a scientific point of view, drug refers to any substance used in medicine, for the treatment of diseases. Drugs can either be natural or synthetic. The use of drugs in itself does not precipitate danger when it is correctively used. It is important to note that when drugs are administered under proper medical supervision, they can be a source of relief to pains and sickness and at the same time helps to combat diseases.

Drugs misuse can be defined as the use of drugs in a manner that deviates from medical prescription. When drugs are misused it can cause a lot of damage to the body. Drug abuse, on the other hand, refers to sporadic and excessive use of drug in violation to medical advice. Drug abuse is the use of psychoactive drugs to the extent that they interfere with the physical health, social relationship or vocational functioning of an individual. Sanni (2008) noted that drug abuse is the misuse of drugs for a purpose without regard to acceptable medical practice. National Drug Law Enforcement Agency (2000) revealed that drugs are abused when their use are not medically necessary and not recommended by a health worker. Drugs are also abused when their use is forbidden by law or when an individual excessively uses any of the socially acceptable drugs. Therefore, drug abuse is a situation in which drugs are not used in accordance with medical prescription. Drug abuse has the following features:

- a. habit forming properties;
- b. they act on the central nervous system, that is, such drugs can stimulate, depress or confuse the mental state of a person; and
- c. the body develops tolerance from their constant usage. With the frequent intake, the drug addicted person must

constantly increase its use in order to derive the usual satisfaction.

There are different types of drugs; some are good for the body system while others are hard drugs that are dangerous to human health. Section 10 of the NDLEA Act Cap,N 30, Law of the Federal Republic of Nigeria (LFN) 2010 prohibits the use of drugs popularly known as cocaine, LSD, heroin or any related drug without lawful authority. Offenders are liable to imprisonment of 15years but not exceeding 25years without an option of fine (NDLEA Academy, 2004).

There are lots of factors responsible for high misuse and abuse of drugs among students. Awoyemi (2009) confirmed that drug abuse is a global threat to youths. Aworanti (2006) discovered that there is high prevalence of drug use among secondary school students. The National Drug Law Enforcement Agency (NDLEA) stated that drug abuse is a common problem among in- school adolescents. The National Drug Intelligence (2011) affirmed that more than 75 million youths worldwide have used illicit drugs at one time or the other. In a study carried out by Fatoye and Morakinyo (2002), the most common drugs used among secondary school students are salicylate analgesics (48.7%), stimulants (20.9%), antibiotics (16.6%), alcohol (13.4%), hypo-sedatives (8.9%), tobacco (3.0%). The researchers also explained that high usage of tobacco is common among male students. Atoyebi and Atoyebi (2013) reported that out of 420 students interviewed on the patterns of drug abuse in the South Western part of Nigeria, 372 claimed to be familiar with drugs of abuse. Some of the students, in fact, claimed that they were drug addicts. The involvement of youths in drug abuse has led to a high rate of indiscipline, cultism, drop-out and failure in schools (Sanni, 2005). As such, counselling has always been recognized as a major tool in reconstructing drug addicts. Counsellors can help to reconstruct the thought patterns and, at the same time, treat the underlying behavioural problems of the students involved in drug abuse.

Classification of drugs

There are various classifications of drugs but for the purpose of this chapter, drugs are grouped as follows:

- a. **Stimulants:** these are drugs which stimulate the nervous system. It helps users to be active, alert and at the same time cause nervousness e.g. cocaine, kolanuts, caffeine, tobacco etc.
- b. **Depressants:** they are the kind of drugs that depress the Central Nervous System (CNS) and cause sleep. Example of such drugs is alcohol.

- c. **Hypnotics and sedatives:** they induce sleep e.g. nitrazepan, valium, librium. analgesics. They are drugs that also relieve pain, such as panadol, paracetamol, aspirin, cough mixture etc (Sanni, 2008).

Drugs can also be grouped as:

- i. **Legal drugs:** they are drugs that are prescribed by medical personnel and they are also referred to as over-the-counter, non-prescription drugs e.g. anti-malarial drugs, antibiotics, paracetamol etc.
- ii. **Illegal drugs:** these are drugs that are controlled so that they will not be abused. Examples are narcotics, morphine and diazepam etc.
- iii. **Socially acceptable drugs:** they are often used for relaxation and socialization They are alcohol, tobacco and caffeine (Chikezie, 2008).

Drugs commonly abused by students

The following are drugs that are commonly abused by students in Nigeria:

- (1) **Narcotics:** these are drugs that reduce the brain performance. These drugs make the user inactive and sleepy. When taken in large doses, they may relieve pains and cause a complete loss of the senses. They act as depressants to certain areas of the brain and part of the nervous system.
- (2) **Opium:** this is naturally used as source of drug morphine. Morphine has some medical use, they act as analgesic in treatment of mild to severe pain. When the drug abuser inhales this substance, such a person goes into hallucinations for some time.
- (3) **Cocaine:** this is prepared from coca leaves which are greenish-yellow leaves of different sizes. When injected into the body the heart beats faster and such an individual feels that the body is moving very fast. Cocaine raises the body temperature and increases the breathing rate. Excessive dose may lead to convulsion, seizures, strokes, cerebral haemorrhage and heart failure. Cocaine makes the user crave for it. This produces psychological dependence.
- (4) **Heroin:** this is a drug obtained from morphine. It slows down activities. It is used to relieve pain and induce sleep. Heroin comes in a rock or powdered form which is of whitish or pinkish colour. It can also be in dark grey/medium brown colour. This drug can be injected, inhaled or smoked. When taken, the individual is relieved

of pains for about 4 to 6 hours. The side effects include vomiting, loss of balance and concentration. An overdose can lead to death. It is also associated with difficulty in breathing, dry skin and chronic constipation.

- (5) **Cannabis:** it looks like dried herb and is coarse. When smoked, the individual gets very high and as such it increases the pulse rate. The eyes become red. The use of cannabis can lead to lung cancer, chronic bronchitis and psychomotor problems. Sometimes the juice or resin of the hemp plant is extracted. This hash oil or cannabis is the strongest form of drug and is called honey oil or red oil. street names are cannabis, marijuana, blow, resin, green grass, igbo e t c
- (6) **Amphetamines:** these are stimulants that accelerate the function of the brain and body. They come in form of pills and tablets. This drug makes the users to feel high and very powerful when injected. When taken, the blood pressure increases and sweating, shaking, headaches, sleeplessness and blurred vision may occur. This causes intense paranoid problems.
- (7) **Caffeine:** this is found in coffee, tea, cocoa and some soft drinks. When consumed heavily, it can lead to disruption of the Central Nervous System (CNS), restlessness, anxiety and delayed sleep. Merki (1996) noted that high intake of caffeine can lead to coronary heart diseases, pancreatic problems, cancer and fibrocystic breast diseases.
- (8) **Alcohol:** this is produced through the process of fermentation from a chemical reaction in fruits, vegetables and grass. Alcohol slows down the brain and the nervous system. Excessive intake of alcohol can cause brain and liver damage, it can also widen blood vessels. In a matter of minutes, it reaches the brain and distorts movement, speech and causes blurred vision. There are different types of alcohol. They include wine (8% to 14% alcohol content), Beer (5%-10% alcohol content) and distilled beverages (whiskey, gin, brandy, local gin, "ogoru," "burukutu", palm wine which has up to 40% to 50% alcohol content).
- (9) **Inhalants:** inhalants and solvents are chemicals that can be inhaled such as gasoline, gerosol sprays, lighter fluid etc. They are not drugs perse. Inhalants can be glue, lighter fuel e t c. These chemicals are soaked in rags and placed on the nose and mouth. The vapour is inhaled and it makes the user to feel numb, dizzy, confused and drowsy for a short period of time.
- (10) **Tobacco:** this is derived from the leaf of tobacco plant. It is an addictive substance. Cigarettes and snuff are made from tobacco leaves. Tobacco is socially acceptable and easily accessible. This is commonly abused among the youth, especially secondary school students. It causes liver, heart, urinary bladder problem, swelling

of the prostate glands, brain damage, cancer of the lungs etc. Tobacco companies, by law, are compelled to write on cigarettes packs that "smoking is dangerous to health and smokers are liable to die young". Cigarette is a highly addictive gate way leading to use of harder drugs.

- (11) **Kolanut:** this is derived from kola plants. It is cultivated mostly in the southern region of Nigeria. It is highly consumed among the northerners. Students often use it to keep awake at night in order to read. Kolanut is a mild stimulant.
- (12) **Barbiturates:** this is often referred to as sleeping tablets. It reduces mental and memory functioning. It causes drowsiness and high dose can lead to seizures, delusion, hallucination, convulsion coma or death. They are used in the treatment of ulcer, hypertension and insomnia. Medical doctors use this drug as pre-surgery medication to calm the patient.
- (13) **Tranquilizers:** these are depressants for managing stress and anxiety. They do not induce sleep but rather relax the muscle. Some tranquilizers are used in controlling patients with psychotic problems. Some tranquilizers are designed to regain consciousness, subdue people physically and modify individuals' emotional state or mood. Valium and Librium for example are grouped as minor tranquilizers.
- (14) **Rohypnol:** this drug is manufactured in South America, Europe and Asia. It comes in pre-sealed bubble packs. Most youths use this drug with alcohol or other drugs. Rohypnol is ten times more powerful than valium. It causes blood pressure to drop. This is more dangerous than high blood pressure. It can lead to drowsiness, memory loss, black out and stomach ache. Merki (1996) explained that girls reported that they were raped after sipping drinks with Rohypnol.
- (15) **Hallucinogens:** these are called psychedelic drugs. When injected, it leads to a change in one's feelings, obstructs thoughts and, at the same time, causes hallucinations. Hallucinogenic drug includes laboratory produced Lysergic Acid, Diethylamide (LSD), mescaline and psilocybin. All hallucinogenic drugs produce similar reactions depending on the consumption level (Oluwasogo, 2015).

Stages of Drug Abuse

There are major stages of drug abuse; these include:

- (1) **Experimental stage:** youths often develop some kind of curiosity to experiment the unknown facts about drugs. Experience at the initial stage produces a state of arousal such as happiness and pleasure which motivate them to continue.

- (2) **Occasional user stage:** these individual use drugs as a result of the influence of peer pressure. These kinds of people do not go seeking for the drugs but rather use such drugs when available. The occasional users believe that they can handle the effects of drugs when necessary.
- (3) **Regular user stage:** they are groups of people who constantly seek for drugs. The individual demonstrates a high motivation to acquire the drug of choice. They often satisfy their crave through the use of those drugs.
- (4) **Dependence/Addiction stage:** this is when drugs become part of an individual's lifestyle. The user becomes obsessed with drugs; such an individual can spend any amount of money in order to purchase drugs. They cannot live a day without the intake of drugs. It is important to note that an individual can move from experimental stage to regular user depending on the type of drug and the individual's personality (Chikezie, 2008).

Causes of Drug Abuse among Students

There are lots of factors that cause drug abuse among secondary school students; these include:

- (1) **Genetic background:** it has been discovered that drug abuse runs in some families. When a parent abuses drugs, it puts the child at risk of using drugs. Research has shown that most drug or alcohol abusers have one or two children in the same situation. Also, scientists recognize that genetic predisposition to drug abuse exists but they are yet to point out the specific genes involved. They guess that this might have to do with a feel-good chemical called dopamine. A person genetically predisposed to drugs develops addiction problem and may use substance constantly as they will naturally derive pleasure from dopamine (Boyd, 2015).
- (2) **Environmental influence:** the environment where a child is reared can influence his/her behaviour. When a student lives in an area where there is prevailing habit of drug abuse, such a student might be attracted to such behaviour. Living in a neighbourhood of drug users puts the child at high risk of experimenting with drugs at an early stage of life (Chiwuzie, 2000).
- (3) **Influence of peer pressure:** the most influential factor on whether an adolescent takes drug or not is the negative influence of peer pressure. Since every adolescent want to be recognized and accepted by peers, there is high possibility of using drugs when the adolescent has peers who abuse drugs.

- (4) **Curiosity:** adolescents especially students attempt taking drugs because they are ignorant of its effects and they also develop a strong desire to know more about drugs. The first taste and its effects determine whether the user will continue or not. As such, due to the innate curiosity and quest for new experience, the adolescents usually experiment with drugs (Sanni, 2008).
- (5) **Emotional imbalance:** the personal or environmental problems and poor self-concept of individuals can lead to emotional imbalance. Students often use drugs to cope with tension and frustration resulting from emotional disturbances. When students are not performing well in school, they are often frustrated and they seek to cover up their frustration through the use of drugs (Bolu-Steve, 2015).
- (6) **Mass media:** the mass media often portray drugs and alcohol in a favourable way which encourages students to indulge in their use. The way drugs are advertised on the television, magazines, home video, films, newspapers are strong enough to encourage adolescents to experiment with drug (Oluwasogo, 2015).
- (7) **Lack of parental supervision:** many parents do not have enough time to supervise and censor their children. Parental negligence is commonly seen as part of the causes of drug abuse among school children. When parents fail to pay attention to their children, they feel neglected and search for alternatives. This creates psychological problems (Fareo, 2012).

Common Signs of drug abuse among students

There are some notable signs that make counsellors or parents recognize students that are into drugs; such signs include:

- (a) possession of the drug itself whether in form of plants, seeds or powdery substance
- (b) unusual use of perfumes, air-fresheners, incense, chewing gum, licking of sweets/ candies etc.
- (c) being unusually withdrawn or evasive
- (d) unusual downward performance in school or work place
- (e) tiredness and truancy
- (f) deviant behaviour e.g. stealing, bullying, fighting etc
- (g) deterioration in health
- (h) memory lapses
- (i) possession of drug-related magazines/slogans on clothing, wall, posters etc.
- (j) hostility in discussing drugs and drug-related issues (Sanni, 2005).

In 1990, the United Nations Convention on global and national strategy for curbing drug abuse called for Basic Global Programme Action. These include prevention and reduction of drug abuse with a view to eliminating the illicit demand for narcotic drugs and psychotropic substances. They also advocated for treatment, rehabilitation and reintegration of drug addicts, suppression of illicit trafficking in narcotic drugs and the strengthening of judicial and legal systems against drug addicts. In Nigeria, these activities are vigorously pursued by the National Drug Law Enforcement Agency (NDLEA). In order to carry out the implementations of the United Nations Conventions on drug abuse, some of the laws against drug abuse have been revisited (NAFDAC Consumer Safety, 2005).

Consequences of Drug Abuse

The consequences of drug abuse include the following:

(1) **Health consequences.** Bolu-Steve (2015) noted that the impact of substance abuse is multifaceted. This assertion is supported by various increases in mental health problems among secondary school students which could be traced to the high use of substance. The health problems are:

- damage of organs like liver, kidney and lungs
- foetal deformities and other teratogenic disorder
- depression of the central nervous system
- high blood pressure
- mental health problem
- loss of libido in men.

(2). **Physical consequences:** Sanni (2005) stated that over 90% of crime and violence are committed and carried out under the influence of drugs. These acts include, armed robbery, stealing, murder, rape, hooliganism, cultism, political and ethnic violence. Other physical consequences include:

- road traffic accidents
- physical dependency on abused substance
- involvement in criminal behaviour within the school
- truancy
- high rate of failure in school

(3) **Psychological consequences.** The negative impact of drug abuse in schools is of a great concern to all, as it affects the psychological

balance of students who are drug abusers. The effects are sleeplessness, anxiety and even premature death. Others are:

- memory impairment e.g. forgetfulness
- depression
- hallucinations
- restlessness e.g. hyper-activity
- suicide and accidental death.

(4). **Social consequences.** The impacts of drug abuse on an individual include:

- loss of sense or sense of responsibility
- loss of job
- prostitution
- family disintegration (Umar, 2005).

Counsellors' roles in the prevention and management of drug abuse

Drug abuse prevention involves activities of the counsellor which helps the youth to avoid the abuse of drugs. Counselling is the process by which the Counsellor assists clients in a face to face relationship. Adegoke (2003) defined counselling as an in-depth interaction between two or more individuals with the intent of assisting them to better understand themselves. In counselling, the client's emotions and psychological balance are of utmost concern to the counsellor. As such, Sambo (2004) noted that school counsellors focus basically on areas of nurturing and emotional healing, problem management, acquisition of decision making skills, crisis management, support and life skills training. The counsellor can employ the following prevention modalities:

- (1) **Enlightenment programme among the students:** this can be done by inviting specialists on drug substance management to talk on the dangers of drug abuse. The counsellor should also promote anti-drug attitudes among the students. This can be done by disseminating information in a clear and unambiguous way through posters, bill boards, and banners showing the danger of drugs abuse on human health. Also, the counsellor can give enlightenment talks during the school assembly and at P.T.A fora (Sanni, 2005).
- (2) **Counselling:** counselling is a face to face interaction between the client and the counsellor with the utmost aim of resolving the clients' problem. Counsellors in schools can counsel students who are into drugs and also give preventive counselling to those who

are not into drugs. This helps the clients to attain positive adjustments within the school environment. The relationship between the Counsellor and the clients is strictly confidential.

There are two basic types of counselling, viz:

(i) *Individual counselling*: this is a one to one relationship between the counsellor and the client.

(ii) *Group counselling*: this involves a group people with similar problems having a face to face interaction with a counsellor.

This helps the clients to appreciate themselves and collectively proffer solutions to their problem. The counselling process is not limited to drug abusers alone but also to their family members. During the counselling process, the action plan is implemented which is usually accomplished by role modelling, bargaining and follow up. The counsellor ensures that the goals of counselling are achieved and maintained. Drug abusers can visit the counsellor through:

(a) *Self-referral*. The various enlightenment programmes in the school can be an eye opener to students. The drug abuser might wish to disengage from drug abuse and consequently seek assistance from the counsellor.

(b) *Referral from others*. This might be from an organization, parents or even relatives who have found that their wards are into drug abuse.

(c) *Outreach*. As a professional counsellor, through the use of counselling skills, some students who are into drugs can be identified within the school system. Also, students who are arrested within and outside the school environment can be referred to the counsellor (Chikezie, 2008).

(3) **Constructive confrontation**: the drug abusers might deny their involvement in drug abuse. Constructive confrontation is done based on some counselling skills like empathy, reflection, paraphrasing, clarification, verbal and non-verbal communication and observation. Confrontation is done when the counsellor presents a series of incidents which shows that the client has been involved in drug abuse. It is important that the counsellor keeps a diary of situations and incidents with dates, time and place. The counsellor must be empathic in his/her dealings with the client and at the same time be firm in his/her action in a manner that the client sees the need to seek for help. Sanni (2008) noted that

there are some basic rules that ensures effective confrontation, counsellors should:

- (1) not cry, preach or moralize, bludge or feel frightened;
 - (2) be caring and concerned;
 - (3) treat the drug addict as a normal student;
 - (4) not generalize but be specific;
 - (5) not threaten the client;
 - (6) allow the client to speak at the end;
 - (7) sign a contract with the client to ensure commitment;
 - (8) follow up the commitment with the reinforcement package; and
 - (9) discourage denial as a form defense mechanisms.
- (4) **Assertiveness training:** assertive behaviour is defined as the proper expression of any emotion towards another person. The counsellor can train the drug abuser who is determined to stop the intake of drugs to be assertive especially in the midst of friends who are into drugs. The essence of this training is to encourage freedom of thought and action. Assertiveness training which is also called resistance training provides youngsters with the skills necessary to terminate or say no to drugs. There is need for new behaviour rehearsal. This is when the counsellor allows the client to practice the new desired behaviour in the presence of arousing stimulus. The phases of learning assertive behaviours have an acronym called PALS (Project, Analyze, Look and Speak up).
- (A) *Project*: the counsellor allows the drug abusers to project themselves into a situation in which they failed to assert themselves after taking a decision not to go into drugs again.
 - (B) *Analyze*: through the counsellors guidance, the client analyzes the degree of threat they felt among friends who are drugs abusers. The client is encouraged to focus on self-improvement planning.
 - (C) *Look*: the counsellor allows the client to take a look at their behaviour critically to see what emotions, negative sentences and self-images that make the client not to be assertive when it comes to intake of drugs and what he/she can do to change them.
 - (D) *Speak up*: finally, the counsellor plans with the client a negotiating script to remedy the problem situation by allowing the client to express himself/herself in an affirmative manner (Bower & Bower, 1976).
- (5). **Rehabilitation programme:** rehabilitation assists the treated individual to recover from drug dependency. The counsellor can

also help to reintegrate the drug abuser into the community as a productive and responsible person. This will help to remove the social stigma. The school counsellor can either refer the client appropriately or collaborate with the treatment centre (Chikezie, 2008).

- (6). **Relapse prevention programme:** the counsellor can give adequate support to the client in order to recover. Relapse is a situation where a recovering drug abuser starts to use substance again. This can also be done by following up on the client through home visit observations and asking the client to constantly report to the counsellor (NDLEA, 2004).
- (7). **Encourage recreational activities within the school system:** the counsellor can encourage school authorities (administration) to establish clubs, debating societies and recreation activities. The counsellor and the school games master can encourage healthy competition of inter and intra school sports. The school counsellor can also help to develop:
 - a. refusal skills among children within the school age;
 - b. rational thinking skills against drugs through cognitive restructuring; and
 - c. a suitable platform for students to exercise their freedom of choice and a healthy life style.

Conclusion

In this chapter, an attempt was made to discuss types and causes of drug abuse as well as its consequences on students. Drug abuse problem is a global plague that affects a lot of youths, including Nigerian youths. Most students use drugs because they are not aware of the risk factors involved. Students are most vulnerable due to the influence of peer pressure, curiosity and poor home training. It has been discovered that majority of drug users started at the period of adolescence. It is imperative to note that counselors are trained to modify maladaptive behaviour. This chapter has therefore emphasized the need for the professional school counsellor to embark on some management strategies to prevent the involvement of students in drug abuse. As such, it is important for the school counsellor to sensitize the students early enough on the need to live a positive and healthy lifestyle devoid of drug abuse.

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Selected Questions for Practice

1. What are the causes of drug abuse among students in Nigerian schools?
2. What are some notable signs that assist parents to recognize that their children are into drugs? Describe five (5) of such signs.
3. Explain three (3) major consequences of drug abuse on adolescents.
4. List and explain the roles of the Counsellor in the prevention of drug abuse.
5. Describe the four (4) main stages of drug abuse.
6. Write short but explanatory notes on the following terms:
 - i. Drug abuse;
 - ii. Drug addiction;
 - iii. Drug misuse; and
 - iv. Drug abuse counselling.