DRUG ABUSE IN SCHOOLS: CAUSES AND PREVENTIVE MEASURES

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ABSTRACT
Drug abuse in recent times has increasingly become a big problem among students. While some students are unaware of its consequences, most others involved in it are aware of the consequences, yet they keep on indulging in the vice possibly because they are unaware of the possible treatments or interventions for an already addicted individual. This article therefore sought to examine drug abuse in schools; causes and possible preventive measures. It examined a range of topics such as the concept of drug abuse, common signs and symptoms of drug abuse, commonly abused drugs, theoretical perspectives of drug abuse, causes of drug abuse, effects of drug abuse and preventive measures. Finally, recommendations that could help curb the menace of drug abuse in schools were made to educational administrators and teachers.

KEY WORDS: *Drug, Drug Abuse, School, Symptoms, Prevention*

Introduction

Over the past two decades, the abuse of drugs had rapidly increased and risen to unprecedented level and no part of the country is safe from the scourge (Mimeo. Ngesu, Ndiku & Masese, 2008). Drug and substance abuse is linked to the rising crime rate, HIV/AIDS prevalence, school unrest, family dysfunction, poverty and other malaise in the country. At the greatest peril are youths who are deliberately and tactically recruited into the drug culture through personal factor, uncontrolled media influences and social exposure (NACADA, 2006).

The use of drugs in itself does not constitute an evil; in fact, some drugs have been a medical blessing (Maithya, 2009). Herbs, roots and tree leaves have been used since time immemorial for the relief of sufferings and disease control. Unfortunately, some drugs that originally had attractive impacts like a sensation of good, elation, serenity and power had evolved into a problem of dependence and abuse (Maithya, 2009). Drug use and abuse by students had been one of Nigeria and other regions of the world's most disturbing health associated events (NDLEA 2013). Some students get crazy, get disadvantaged and ultimately leave the schools due to this scourge (Sambo, in Zarra, 2020). The use of a drug could also be considered in such a way as to interfere with an individual's health and social role. Odejide, (2000) noted that substance abusers sometimes show symptoms of stress, anxiety, depression, changes of behaviour, exhaustion, and loss or an increase in appetite. The alarming proof in the incidence of drug abuse, the impacts and implications of drug abuse among learners has called for all the professions to help to develop policies and programmes that equip young people particularly students with living abilities that do not abuse drugs or other substances.
Drug abuse can lead to physical problems, emotional damage, and a decline in educational achievement and productivity (Njeru, & Ngesu, 2014). Efforts to fight drug abuse therefore must occur in schools since they provide a major influence in transmitting values, standards, and the right information to students.

Drug Abuse

Drugs have been defined differently by different people. A drug is any substance which when taken into the living organism may alter one or more of its functions (Ghodse, 2003). Drugs are substances that alter the normal biological and psychological functioning of the body and in particular the central nervous system when introduced into the organism (Escandon & Galvez, 2006). Drug abuse refers to non-medical use of drugs. A substance is considered abused if it is deliberately used to induce physiological or psychological effects or both for purpose other than therapeutic ones and when the use contributed to health risks or some combinations of these (Njeru, & Ngesu, 2014).

According to Lloyd (2020), drug abuse is the use of illegal drugs or the use of prescription or over-the-counter medications in ways other than recommended or intended. It also includes intentional inhalation of household or industrial chemicals for their mind-altering effects.

The United Nations International Children's Emergency Fund (UNICEF) and World Health Organization (WHO), (2006) defined drug abuse as the self-administration of all drugs in a way that is different from approved medical or social pattern in a given culture. Legal or licit drugs and substances are accepted socially and are not criminally offended by their use. These include Alcohol and nicotine in Nigeria. However, the use of these legal substances and drugs are usually abused by in-school adolescents (students). Cannabis, ecstasy, heroin, are among the illegal drugs also used by in-school adolescents (National Agency for Food and Drug Administration and Control (NAFDAC), 2004). When taken without any medical condition and/or prescription, prescribed drugs are abused. These drugs can include mood lifts, pain killers, or antidepressants. Drugs include codeine-related pain killers, and sleep control medicines.

A study by Rew (2005) found that these psychic substances are able to produce surplus energy feelings, euphoria, stimulation, depression, relaxation, hallucinations, temporary wellness and sleepiness. The abuse often leads to physical or physiological dependence. A NAFDAC (2008) report noted that abuse in Nigeria is a student sub-culture in both licit and illicit drugs. This development is a major concern of Nigerian society and it requires immediate attention. When a medicine is abused, the brain is wounded and often changes in the central nervous systems are irreversible. The effects are deadly when psychoactive drugs destroy several thousand cells and a proportion of students had died from overdoses of medications (Zirra, 2020).

Common Symptoms and Signs of Drug Abuse

Friends and family may be among the first to recognize the signs of drug or substance abuse. Early recognition increases the chances for successful treatment. Signs to watch out for according to Lloyd (2020) include:

- Deterioration of relationships
- Deterioration of school or work performance
- Disengagement from non–drug-related activities
- Financial problems
- Craving the drug despite difficulties obtaining it or wanting to quit
- High-risk sexual behaviour
- Increasing time spent thinking about, obtaining, using, and recovering from the drug
- Leaving responsibilities unfulfilled
- Needing higher doses to get the same effect (tolerance)
- Using a drug to avoid its withdrawal symptoms
- Using drugs before or during activities where safety is a concern

Serious Symptoms That Might Indicate a Life-Threatening Condition

In some cases, drug abuse can be life threatening. Seek immediate medical care if you, or someone you are with, have any of these life-threatening symptoms including:

- Being a danger to oneself or others, including threatening, irrational, or suicidal behaviour
- Overdose symptoms, such as rapid or slow pulse; respiratory or breathing problems, such as shortness of breath, difficulty breathing, laboured breathing, wheezing, not breathing, choking; abdominal pain, vomiting, diarrhea; cool and clammy skin or hot skin; sleepiness, chest pain, confusion or loss of consciousness for even a brief moment
- Trauma, such as bone deformity, burns, eye injuries, and other injuries (Lloyd, 2020).

Commonly Abused Drugs

According to Roxanne Dryden-Edwards (2019), commonly abused drugs include the following:

- Inhalants: This group of substances includes solvents that emit vapours, causing intoxication when breathed in (inhaled). Individuals who abuse inhalants intentionally breathe in the vapours, either directly from a container, from a bag in which such a substance is in, or from a rag soaked with the substance and then placed over the mouth or nose. Inhalant intoxication happens quickly and doesn't last long. Abuse of inhalants is also called "huffing." Symptoms of inhalant intoxication are very similar to those seen with intoxication with alcohol, including dizziness, clumsiness, slurred speech, elation, tiredness, slowed reflexes, thinking and movement, shaking, blurred vision, stupor or coma, and/or weakness. Long-term damage associated with inhalant use includes brain and nerve damage as well as heart, liver, or kidney failure.

- Tobacco: People cite many reasons for using tobacco, including pleasure, improved performance and vigilance, relief of depression, curbing hunger, and weight control. The primary addicting substance in cigarettes is nicotine. Cigarette smoke contains thousands of other chemicals that also damage health both to the smoker and to those around them. Hazards include heart disease, lung cancer and stroke. Withdrawal symptoms of smoking include anxiety, hunger, sleep disturbances, and depression.
- Alcohol: Although many people have a drink as a "pick me up," alcohol actually depresses the brain. Alcohol lessens an individual's inhibitions, slurs speech, decreases muscle control and coordination, and prolonged use may lead to alcoholism. Examples of alcohol include; beer, stout, distilled gin, palm-wine etc.
- Marijuana (also known as grass, pot, weed, herb): The drug is usually smoked, but it can also be eaten. Its smoke irritates an individual's lungs more and contains more cancer-causing chemicals than tobacco. Common effects of marijuana use include pleasure, relaxation, and impaired coordination and memory.
- Synthetic (man-made) forms of marijuana (often called K2, Spice, Black Mamba, Blaze and Red X) can be smoked or otherwise inhaled. It is an increasing health risk, in that it can produce the same impairment in judgment.
- Cocaine (also known as crack, coke, snow, blow, rock): is derived from the coca plant of South America. Cocaine can be smoked, injected, snorted, or swallowed. The intensity and duration of the drug's effects depend on how one takes it. Desired effects include pleasure and increased alertness. Both short- and long-term use of cocaine had been associated with damage to the heart, the brain, the lungs, and the kidneys.
- Heroin (also known as dope, smack, horse): Effects of heroin intoxication include drowsiness, pleasure, and slowed breathing. Withdrawal can be intense and can include vomiting, abdominal cramps, diarrhea, confusion, aches, and sweating. Overdose might result in decreased breathing to the point of stopped breathing and death.
- Methamphetamines (also known as meth, crank, ice, speed, crystal). Methamphetamine is a powerful stimulant that increases alertness, decreases appetite, and gives a sensation of pleasure. The drug can be injected, snorted, smoked, or eaten. It shares many of the same toxic effects as cocaine -- heart attacks, dangerously high blood pressure, and stroke. Withdrawal often causes depression, abdominal cramps, and increased appetite. Other long-term effects include paranoia, hallucinations, weight loss, destruction of teeth, and heart damage.
- Anabolic Steroids: This group of drugs includes testosterone, which is the natural male hormone. It also includes a number of other synthetic forms of testosterone. Steroids are often abused by bodybuilders or other athletes to increase muscle mass or improve performance. These types of substances seem to be associated with a number of mental-health effects, like dependence on the substance, mood problems, and developing other kinds of drug abuse.
- Club Drugs: The club scene and rave parties have popularized an assortment of other drugs. Many young people believe these drugs are harmless or even healthy. The following are the most popular club drugs: Ecstasy (also called MDMA, E, X, E pills, Adam, STP): This is a stimulant and hallucinogen used to improve mood and to maintain energy, often for all-night dance parties. Even onetime use can cause high fever to the point of inducing a seizure. Long-term use may cause damage to the brain's ability to regulate sleep, pain, memory, and emotions.
- GHB (also called Liquid XTC, G, blue nitro): GHB's effects are related to dose. Effects range from mild relaxation to coma or death. GHB is often used as a date-rape drug because it is tasteless, colourless, and acts as a powerful sedative.
- Rohypnol (also called roofies, roche): This is another sedative that has been used as a date-rape drug. Effects include low blood pressure, dizziness, abdominal cramps, confusion, and impaired memory.
- Ketamine (also called Special K, K): This is an anesthetic that can be taken orally or injected. Ketamine (Ketalar) can impair memory and attention. Higher doses can cause amnesia, paranoia and hallucinations, depression, and difficulty in breathing.
- PCP (also known as angel dust, hog, lovie, love boat): PCP is a powerful anesthetic used in veterinary medicine. Its effects are similar to those of ketamine but often stronger. The anesthetic effects are so strong that one can break one's arm but would not feel any pain when under its effects. Usually, tobacco or marijuana cigarettes are dipped into PCP and then smoked (Roxanne Dryden-Edwards, 2019).

Street Names for Most Drugs

- On the street, marijuana is referred to as ganja, grass, herb, chronic, dope, Mary Jane, reefer, pot, sinsemilla, weed, and skunk. Often, preparations that have a higher content of THC are referred to as hash or hashish, oils, and wax.
- Common street names for cigarettes include cigs, smokes, singles or butts. Smokeless tobacco is often referred to as snuff, chew, or snus.
- Street names for inhalants include whippets, snappers, laughing gas, rush, azaman, guzoro, bold among others (Lloyd, 2020).

Theoretical Perspectives on Drug Use

Research to understand why some people abuse drugs while others do not has generated several theoretical perspectives on the social and behavioural causes of drug abuse (Payne & Gainey, 2005).

Social Control and Drug Use.

The basic premise of social control theory is that individuals are born with the tendency to pursue pleasure, which is tempered by formal and normative structures that shape behaviour (Nagasawa, Qian, & Wong, 2000). As use of drugs could be pleasurable, individuals might be inclined towards drug use, but avoid it for fear of social sanctions. Ultimately, individuals' perception of the likelihood/severity of social sanctions (felt social control) and their attitudes about possible social sanctions would determine the likelihood of drug use. Subjective evaluation of the likelihood and severity of social sanctions is influenced by social bonds, which are embedded in people's attachment to others, commitment to institutions, involvement in normal activities, and beliefs in social norms/rules (Hirschi in Yang & Xia, 2019). The stronger such social bonds are, the stronger the felt social control, and consequently the less likely that individuals would indulge in drugs.

Social Learning and Drug Use.

Social learning theory emphasized social influences of behaviour and argued that drug use is not inborn but socially learnt (Bahr, Hoffmann, & Yang, 2005; Buchana & Latkin, 2008). Such social learning occurs through differential association, imitation, and differential reinforcement. An important risk factor for drug use is the presence of drug users in one's social networks (Bahr, Hoffmann, & Yang, 2005; Buchana & Latkin, 2008). Other things being equal, the more drug users there are in the network, the more likely that individuals would learn the same behaviour.

Sensation Seeking and Drug Use.

While social control and social learning focus on interpersonal factors as moderators or facilitators of individual behaviour, sensation seeking perspective emphasizes intrapersonal traits as contributing factors of drug abuse (Yang & Xia, 2019). Instead of looking to external forces, it emphasizes factors within individuals. Sensation seeking is a set of personality traits characterized by a drive for novel and complex thrills and willingness to take risks to seek sensations/thrills (Buchana & Latkin, 2008). As drug use could be pleasurable and socially risky, and generates a sense of thrill, it is linked to individuals' level of sensation seeking. The higher the level of sensation seeking, the more likely individuals will seek the thrill of drugs.

Socio-cultural Theories of Drug Dependence/Abuse:

The theory premised on the opinion that abuse is determined by people's socio-cultural beliefs. Socio-cultural models are theoretical. For example, while some cultures allow alcohol and marijuana to be consumed, other cultures do not. Among the Urhobo, Ijaw, Ibibio, Edo, Igbo, Yoruba and Itesekiri, alcohol i.e. Ogogoro is used in cultural activities. Alcohol is prohibited by Sharia Law in Northern Nigeria. The Sharia Law does not, however, prohibit consumption of cigarettes and therefore this is evident in the rampant nicotine addiction (Zarra, 2020).

Possible Causes of Drug Abuse

Teachers and students in various studies attributed the causes of in-school adolescent drug abuse to peer pressure, social opportunities, private issues and curiosity. However, it had been deduced by Haladu (2003) that drug abuse is instigated by many variables including:

i. Curiosity to experiment with unidentified medication facts motivates teenagers to take medicines. The first experience in the field of drug abuse gives rise to a feeling of excitement, such as gladness and fun.
ii. Peer group influence: The influence of peer pressure on many adolescents in drug abuse is important. This is because peer pressures are a reality of adolescence and adolescence. They are more dependent on their buddies as they attempt to rely less on relatives. In Nigeria, one cannot appreciate the business of others, like other areas of the globe, unless they meet their standards.
iii. Lack of parental guidance: Many parents do not have time to monitor their children. Some fathers have little or no communication with household members, while others press for examinations or stronger study by their kids. This initializes drug abuse and improves it.
iv. Socio-economic circumstances: Drugs have been discovered to be abused by in-school adolescents with personalities owing to social circumstances. Most Nigerians have below median social and financial status. Poverty is common, households are shattered and there is increasing unemployment, so our young people walk on the roads to seek jobs or beg. These circumstances are compounded 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 caused by such issues leads to the use of substance abuse to eliminate the stress and its issues momentarily
v. Drug availability: Drugs fell in prices in many nations, as there has been a significant increase in supply of such over the last decade.
vi. The need to avoid withdrawal symptoms: If a medicine is halted, the customer will experience what is known as' retirement symptoms.' Such symptoms are characterized by pain, anxiety, excessive sweat and trembling. The drug user's failure to accept his symptoms leads him to stay.
vii. Advertising: young people are quick to copy and advertise. The glamor of alcohol advertising and tobacco create in young people the desire to be the way the advertisement shows.
viii. Social and emotional pathologies: one of such social pathologies is parental deprivation. Adolescents may take drugs in order to forget their trouble when they are triggered by emotional pressures, such as anxiety, anger and economic depression.

Effects of Drug Abuse

Drug abuse had become a stumbling block to students' learning behaviour which is an essential element in education practice (Blandford, 2008). It has been noted generally that school indiscipline is on the rise due to drug abuse and many incidences related to this make the headlines in the daily press. In-school adolescents who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems, poor peer relationships and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society like conflict between friends, family breakdown, violence, gangs, drug trafficking etc. Declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent substance abuse.

Hawkins, Calatano and Miler (2002) had research finding that low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Again drugs abuse affects the brain, this result in major decline in the functions carried out by the brain (Abot, 2005). Drugs affect students' concentration span, which is drastically reduced and boredom sets in much faster than for non-drug and substance abusers. The student then, would lose interest in school work including extra curricula activities. Most of the psychoactive drugs affect the decision-making process of students, creative thinking and the development of the necessary life and social skills are stunted. They also interfere with the awareness of individuals' unique potential and interest thus affecting their career development (Kikuvi, 2009). Cognitive and behavioural problems experienced by alcohol and drug-using in-school adolescents might interfere with their academic performance and also present obstacles to learning for their classmate (United Nations, 2005). Drug abuse is associated with crime maintenance of an orderly and safe school atmosphere, conducive to learning. It leads to destruction of school property and classroom disorder.

Common Treatment of Drug Abuse

The goals of drug abuse treatment are aimed at stopping drug-seeking and use, preventing complications of drug withdrawal, rehabilitation, maintaining abstinence, and preventing relapse. Treatment depends on the drug being abused, whether addiction is present, and whether there are coexisting health or psychological problems. Treatment could be on an inpatient or outpatient basis, depending on the drug being abused. Supervised withdrawal, also called detoxification (or detox), might be necessary if physical symptoms are common when the drug is stopped. Medications might be used to decrease cravings, counteract the effects of the drug, or to cause unpleasant reactions if the drug is used. Behavioural therapy is commonly an important part of treatment, providing skills, helping change attitudes and behaviours, and helping maintain recovery. Treatment of drug abuse is often an extended process involving multiple components including:

- Cognitive behavioral therapy to work on thought patterns and behaviour
- Family therapy to help the family understand the problem and to avoid enabling drug use
- Identification and treatment of coexisting conditions
- Medications to decrease cravings, block withdrawal symptoms, counteract drug effects, or to cause unpleasant side effects if a drug is used
- Motivational incentives to reinforce abstinence
- Motivational interviewing to utilize a person's readiness to change behaviors
- Rehabilitation to assist those with severe addiction or coexisting mental illness through the initial stages of quitting
- Supervised withdrawal (detoxification) to prevent, recognize and treat physical symptoms of withdrawal
- Support groups
  (Lloyd, 2020)

Steps to Solving Drug Problem

These steps are the same whether in the school or at home. The steps as identified by Graham (2008) are as follows:

1. Identify the problem. If one is unsure, but suspects a problem, consult a trusted professional. It is often difficult to tell if an individual is abusing substances.

2. Talk with the individual involved about your concerns. Listen to what he or she has to say. The person might become very angry, defensive, non-communicative, hostile or disgusted. Don't be intimidated. Most individuals when confronted will deny or grossly minimize a problem. If the person refuses to talk about a drug problem and you are still concerned you must act because anybody with a drug problem won't take the first step. Take the suspected drug victim to a trusted professional (physician, psychologist, etc.) for an assessment. Your actions must convince him/her that you mean business.

3. Put your plans into action! Firm rules must be set. As a parent or teacher, you need to recognize you can't stop an adolescent from using drugs if they really want to. However, you can control drug usage in some environments (like your home or school) and you can be a major reason for their decision to stop using drugs.

Finally, because drug usage is often a complex problem, many teachers or parents find outside professional support essential. Trained and experienced physicians or psychologists in the treatment of substance use are the best sources of help. Though the road to success and drug-free living is sometimes painfully long and difficult, yet there are many successes.

Preventative Measures for Drug Abuse

Students abusing harmful substances may decide to do so in order to cope with distressing mental and emotional conditions. Although some of these conditions may be temporal, their effects can last a lifetime. The goal of prevention is to attempt to stop someone from partaking in a harmful action that has substantial consequences before those consequences occur. The followings are some of the preventive measures as suggested by Murray**, (** 2021)**.**

Family Influence

Prevention of drug and alcohol abuse can start at home. Parents can talk to their children and explain the consequences of drug and alcohol abuse. Specifically, talking to children while they are young can create a strong foundation for awareness of drug use. This helps parents to positively influence their children, while teaching their children about boundaries. In teaching boundaries, parents help children to understand when to deny something that can hurt them, while controlling the dynamic of an unhealthy request. Preventive talks also create deeper bonds and guidance between children and parents. Parents can establish consistency

in communication, as well as guidance that can be followed for years. Preventive conversations can lead the adolescent to strengthen trust with their parent, and make wise decisions with habits, friends, interests, and influences.

Educational Tools

There are governmental agencies, community leaders, and school personnel that attempt to teach children about living a drug-free life. Educating students on the effects of drug abuse is important as it attempts to control possible drug use before they move into the real world. There are presently various educational programmes in place for this very reason. A comprehensive programme will address each of these three levels based on their intended audience's needs.

- **Universal** programmes are meant to reduce risk factors among all students, such as in a school or community. These large scale programmes may include poster campaigns, assemblies, or events to promote awareness of the problem and how to get help. Universal programmes function to teach social, personal, and drug resistance techniques on a weekly basis.
- **Selective** programmes are interventions meant to address those children, adolescents and even adults who have an increased risk of drug use because of other factors, such as deviant behaviours, family history of use, where they live, who their friends are, or their income.
- **Indicated** programmes are meant to help those students who are already using drugs and will focus on reducing and ending the use with therapy and targeted interventions that increase protective factors and reduce risk factors (Murray**,** 2021)**.**

School-based Drug Prevention Programmes

Botvin, Griffin and Gilchrist, (2019*)* identified a number of drug prevention programmes that have been developed for implementation within schools. They include:

Traditional Educational Approach

Information Dissemination: The most commonly used approach to drug and alcohol abuse education involves simply providing students with factual information about drugs and alcohol.

Some information-dissemination approaches attempt to dramatize the dangers of drug abuse by using fear-arousal techniques designed to attract attention and frighten individuals into not using drugs, accompanied by vivid portrayals of the severe adverse consequences of drug abuse.

Methods**:** Informational approaches may include classroom lectures about the dangers of abuse, as well as educational pamphlets and other printed materials, and short films that impart information to students about different types of drugs and the negative consequences of use. In some programmes, police officers come into the classroom and discuss law-enforcement issues, including drug-related crime and penalties for buying or possessing illegal drugs. Other programmes use doctors or other health professionals to talk about the severe, often irreversible, health effects of drug use.

Contemporary Educational Approaches

Social Resistance Approach: There has been a growing recognition since the 1970s that social and psychological factors are central in promoting the onset of cigarette smoking and, later, drug and alcohol abuse. Drug abuse education and prevention approaches are increasingly more closely tied to psychological theories of human behaviour. The social resistance approach is based on a conceptualization of adolescent drug abuse as resulting from pro-drug social influences from peers, persuasive advertising appeals, and media portrayals encouraging drug use, along with exposure to drug-using role models. Therefore, social influence programmes focus extensively on teaching students how to recognize and deal with social influences to use drugs from peers and the media. These resistance-skills programmes focus on skills training to increase students' resistance to negative social influences to engage in drug use, particularly peer pressure.

Methods: The goal of resistance-skills training approaches is to make students learn ways to avoid high-risk situations where they are likely to experience peer pressure to smoke, drink, or use drugs, and/or acquire the knowledge, confidence, and skills needed to handle peer pressure in these and other situations. These programmes frequently include a component that makes students aware of pro-smoking influences from the media, with an emphasis on the techniques used by advertisers to influence consumer behaviour. Also, because adolescents tend to overestimate the prevalence of tobacco, alcohol, and drug use, social resistance programmes often attempt to correct normative expectations that nearly everybody smoke, drink alcohol, or

use drugs. In fact, it has been proposed that resistance skills training may be ineffective in the absence of conservative social norms against drug use, since if the norm is to use drugs, adolescents will be less likely to resist offers of drugs.

Competence Enhancement Approach: A limitation of the social influence approach is that it assumes that young people do not want to use drugs but lack the skills or confidence to refuse. For some youths, however, using drugs may not be a matter of yielding to peer pressure but may have instrumental value. It may, for example, help them deal with anxiety, low self-esteem, or a lack of comfort in social situations. According to the competence-enhancement approach, drug use behavior is learned through a process of modeling, imitation, and reinforcement and is influenced by an adolescent's pro-drug cognitions, attitudes, and beliefs. These factors, in combination with poor personal and social skills, are believed to increase an adolescent's susceptibility to social influences in favour of drug use.
Methods: Although these approaches have several features that they share with resistance-skills training approaches, a distinctive feature of competence-enhancement approaches is an emphasis on the teaching of generic personal self-management skills and social coping skills. Examples of the kind of generic personal and social skills typically included in this prevention approach are decision-making and problem-solving skills, cognitive skills for resisting interpersonal and media influences, skills for enhancing self-esteem (goal-setting and self-directed behaviour change techniques), adaptive coping strategies for dealing with stress and anxiety, general social skills (complimenting, conversational skills, and skills for forming new friendships), and general assertiveness skills. These skills are best taught using proven cognitive-behavioral skills training methods, instruction and demonstration, role playing, group feedback and reinforcement, behavioural rehearsal (in-class practice) and extended (out-of-class) practice through behavioural homework assignments (Botvin, Griffin & Gilchrist, 2019).

Conclusion

Drug abuse is a destructive habit that is not only harmful to the user's health and wellbeing but which has serious negative effects to both the family, school and the society at large due to the negative vices associated with it such as violence, crime, misconduct among others.
It has become a universal, cultural and mental issue, having taken on a dimensional pattern. In as much as the family and religious institutions are duty bound to ensure that this ugly behaviour is curbed, the school which is a multi-cultural organization where character are molded and where students spend most of their active and early life must through concerted efforts and serious students' engagements ensure that such ugly behaviour are not only curbed but reduced to the bearest minimum.

Recommendations

Educational administrators and teachers exert a significant influence on students' attitudes, knowledge and opinions hence they can in different ways assist the school in curbing the menace of drug abuse and even help students in preventing or indulging in such harmful behaviour. The following recommendations were put forward:
To Educational Administrators:

- They should provide and coordinate programmes and services for students experiencing behavioural difficulties as a result of drug abuse in the school.

- Make inputs or recommendations to educational policy makers for curriculum review and reform which address drug abuse issues through integrating drug abuse information into national school curriculum.

- Organise trainings for teachers on best practices for identifying and handling students with behavioural challenges occasioned by drug abuse.

- They should engage in inter- agency support services when appropriate, to support staff and families in managing students with drug abuse challenges

- They should develop an effective school anti- drug policy document and ensure that the school's response to gender, cultural differences, family circumstances or disabilities does not reduce students' learning opportunities.

To Teachers:

- They should communicate and interact effectively with students and engage in cooperative guidance and counselling sessions.
- Participate in developing, implementing and reviewing the school's procedures for managing drug abuse related cases.
- Establish, maintain, make explicit and model the school's expectations relating to students' behaviour.
- Structure the teaching programme to facilitate learning and encourage students to achieve their personal best.
- Develop classroom management strategies which will involve negotiation, support the participation of all students and acknowledge positive learning and social behaviours.
- Respond positively to responsible students' behaviour and apply consequences if students interfere with teaching and learning and the safe school environment.

REFERENCES

Abot, I. (2005). *Substance Use among Students and Out of School Youth in Urban Area of Nigeria.* W.H.O. Geneva.

Bahr, S.J., Hoffmann, J.P., & Yang, X. (2005). Parental and peer influences on the risk of adolescent drug use. *Journal of Primary Prevention, 26, 529–551.*

Blandford, S. (2008).*Managing Discipline in Schools*. London: Routledge.

Botvin, G., Griffin, K.W., Gilchrist, L.Z.(2019). *Drug and Alcohol Abuse; School, College.* Retrieved from https://education.stateuniversity.com/pages/1923/Drug-Alcohol-Abuse. html

Buchana, A.S., & Latkin, C.A. (2008). Drug use in the social networks of heroin and cocaine users before and after drug cessation. *Drug and Alcohol Dependence, 96, 286–289.*

Escandon, R., & Galvez, C. (2006). *Free from Addictions.* Madrid: Editorial safeliz.

Graham, A.R. (2018). *The guide to Attention Deficit/Hyperactivity Disorder (ADHD) coaching.* http://www.addvisor.com/drug-abuse-solutions.html

Ghodse, H. (2003). *Drug and Addictive Behaviour,3rd ed.* New York: Cambridge University

Haladu, A.A. (2003). *Outreach strategies for curbing drug abuse among out-of-school youth in Nigeria*: A challenge for community Based Organization

Hawkins, J. D., Catalano, R. F. & J. Y. Miller. (2002). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin112*

Kikuvi, R. N. (2009). *Determination of Juvenile Delinquency Development among Pupils in Machakos Rehabilitation Schools.* Unpublished Masters Degree Thesis. Kenyatta University

Lloyd, W.C. (2020), *Substance Abuse and addiction*, Health grades. Retrieved from, https://www.healthgrades.com/right-care/substance-abuse-and-addiction/drug-abuse

Maithya, R. (2009). *Drug Abuse in Secondary Schools in Kenya*: Development Programme for Prevention and Intervention. Kenya: University of South Africa.

Mimeo.Ngesu, LM., Ndiku, J., Masese, A. (2008). Drug Dependence and Abuse in Kenya Secondary schools: Strategies for Intervention. *Academic journal. 304-308.* (http://www. academicjournal.org/EE).

Murray, K. (2021). *The Importance of Teen Substance Abuse Prevention*. Addiction Center.https://www.addictioncenter.com/teenage-drug-abuse/teenage-substance-abuse-prevention/

NACADA, (2006). *Drug and Substance Abuse in Tertiary Institutions in Kenya.* Nairobi: NACADA.

NAFDAC (2004). *A hand Book on Prevention of Drugs and Substance Abuse in Nigeria*,

NAFDAC (2008). *Do Drugs Control Your Life?* Know the Risks.

Nagasawa, R. Qian, Z. & Wong, P. (2000). Social control theory as a theory of conformity: The case of Asian/Pacific drug and alcohol nonuse. *Sociological Perspectives, 43,581–603*

National Drug Law Enforcement Agency (NDLEA); (2013). *Drug data collection and research*, Lagos: Drug Demand Reduction Unit, National Drug Law Enforcement Agency.

Njeru, A. N &Ngesu, L. (2014).Causes and Effects of Drug and Substance Abuse among secondary school students in Dagoretti Division, Nairobi West District-Kenya. Global *Journal of Interdisciplinary Sciences. 3(3): 1-4: Global Institute for Research and Education.*

Odejide, A.O. (2000). "*Research, prevention and treatment of alcohol and drug abuse in Nigeria: Problem and prospects*", Paper Presented at the 10th Anniversary Lecture of CRISA. Jos (5th October)

Payne, B.K, & Gainey, R.R. (2005). *Drugs and policing: A scientific perspective*. Springfield, IL: Charles C Thomas Publisher, Ltd.

Rew, L. (2005). *Adolescent Health. A multidisciplinary Approach to Theory Research and Intervention*. California: Sage Publications.

Roxanne Dryden-Edwards, M.D. (2019). *Substance Abuse*. https://www.emedicinehealth.com/substance_abuse/article_em.htm

UNICEF & WHO (2006). *Global School-based Health Survey Report Geneva*. Retrieved from http://www.who.int/chp/gshs/UNICEF-GSHC-Report-Oct-07.pdf

United Nations (2005).*World Drug Report*. New York: Oxford University Press

Yang, X. & Xia, G. (2019).Causes and Consequences of drug abuse: A comparison between synthetic drug and heroin users in urban China. *AIDS Education and Prevention 31, (1)* https://doi.org/10.1521/aeap.2019.31.1.1

Zirra, A.F. (2020). Drug Abuse among In-School Adolescents in Nigeria. *International Journal of Research and Scientific Innovation (IJRSI)7,(I)*, www.rsisinternational.org