PERCEPTION OF PARENTS AND STUDENTS ON THE CAUSES AND REMEDIES OF DRUG ABUSE AMONG STUDENTS IN SECONDARY SCHOOLS IN KADUNA STATE,NIGERIA

BY

Charity Ishaku YANZAH
M.Ed/Educ/01133/2008-2009

(P15EDPC8023)

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING,
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY,
ZARIA

July, 2017

PERCEPTION OF PARENTS AND STUDENTS ON THE CAUSES AND REMEDIES OF DRUG ABUSE AMONG STUDENTS IN SECONDARY SCHOOLS IN KADUNA STATE, NIGERIA

BY

Charity Ishaku YANZAH

A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATES STUDIES, AHMADU BELLO UNIVERSITY, ZARIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF EDUCATION IN GUIDANCE AND COUNSELLING,

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING,
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY,
ZARIA, NIGERIA

DECLARATION

I declare that this dissertation titled Perception of Parents and Students on the Causes and Remedies of Drug Abuse among Students in Secondary Schools in Kaduna State is written by me in the Department of Educational Psychology and Counseling under the supervision of Dr. I. M. Abdullahi and Dr. J.O Bawa

_____ _____

Charity IshakuYanzah Date

CERTIFICATION

This dissertation titled Perception of Parents and Students on the Causes and Remedies of Drug Abuse among Students in Secondary Schools in Kaduna State is written to meet the requirement for the award of Master Degree in Guidance and Counseling of Ahmadu Bello University, Zaria and is approved for its contribution for knowledge and literacy presentation.

_____ _____

Dr. M. I. Abdullahi Date
Chairman Supervisory Committee

_____ _____

Dr. J.O. Bawa Date
Supervisor

_____ _____

Dr. A.I Muhammed Date
Head, Dept. of Educational Psychology and Counseling

_____ _____

Prof. S.Z. Abubakar Date
Dean, School of Post Graduate Studies

ACKNOWLEDGEMENT

The researcher wishes to acknowledge the supervisors in persons of Dr. M. I.Abdullahi and Dr.J.O.Bawa for devoting their time and patience in supervising the project, also for their encouragements throughout the period of this work.

The researcher appreciate Dr. A.I Mohammed, Prof. M. Balarabe, for their time in going through this work, may God reward you abundantly.

The researcher special thank go to Prof E.F Adeniyi, Prof R.M. Bello, Prof K. Mahamud, Prof S. Sambo, Prof D.A Oliagba, Dr. Y. Umaru, Dr. H.A Tukur, Dr. L.K. Moude and all the non-academic staff in the Department in their various ways to make this work a success.

The researcher also acknowledges the prayers of her family members and extended: Mr. and Mrs. Jacob Chumbi for their support financially, Mr. & Mrs. Abraham Chumbi, Chief & Mrs. Anto for being there for her at the most critical times, Jummai and Yabo Yanzah, her ever-supporting children and to her grandchild, David Yabo, though, you are little but you made me always smile after a hard days job. Mrs. Mary Ambi, may the Lord bless you, Chief (Mrs.) Hannatu Ugah, thank you for your good encouragement. To My friends, Mrs. Cecilia Dikki, Mrs. Kabuk, and Mrs. Asibi Musa your contributions to this work was uncountable may God reward you.

The researcher want to acknowledge the Federal Ministry of Education. Mr. David Ipinmoroti for their support and understanding during the course of this work.

Finally, my sincere appreciation goes to my spiritual Pastors thank and appreciate may God reward you for your contributions.

DEDICATION

This work is dedicated to my late husband Engr Yanzah I.S my children, Jummai, Jane, and Yanzah. Yabo Praise Abubakar Yanzah, my late parents Mr. and Mrs. Hassan Musa Chumbi, my senior sister and her husband Mr. and Mrs. Anto Musa, my younger brothers Jacob H. Chumbi and Ibrahim H. Chumbi.

ABSTRACT

This study was instituted to find out the Perception of Parents and Students, on the Causes and Remedies of Drug Abuse among Students in Senior Secondary Schools in Kaduna State. The study had four objectives, research questions and four hypotheses. This study employed a survey research design, the population of the study was forty one thousand four hundred and thirty eight student (41438) and a sample size of eight hundred and twenty eight (828) samples, four hundred and fourteen (414) parents and four hundred and fourteen (414) students across Kaduna State. Means and standard deviation were used to analyse the data collected and the test of hypotheses was based at 0.05 level of significant. The study found that difference existed on parents perceived causes of drug abuse among secondary school students. The findings shows that there is significant difference on student's perceived causes of drug abuse among secondary school students. The study, recommended that parents and students perceived causes of drug abuse among secondary school students should guard against the causes in Kaduna state. |Male and female students should be engaged in attainment of good programmes in the school that will served as source of learning good values among students. This therefore become remedy among secondary school students taking drugs abuse in Kaduna state.

.

OPERATIONAL DEFINITION OF TERMS

Drug abuse: Illegal use of drugs, or the misuse of drugs by secondary school students

Drug withdrawal: Discontinue of medications or drug by students.

Remedy: A way of finding or providing solution to drug abused by students of students that are addicted to drugs

Perception: The way in which parents and students observed on the causes and remedies of drugs.

Perceived: The direction in which parents and students comprehend causes and remedies of drugs.

TABLE OF CONTENTS

Cover Page i
Declaration ii
Certification iii
Acknowledgement
Dedication iv
Abstract v
Operational Definition of Terms vi
Table of Contents vii

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study 1

1.2 Statement of the Problem 5

1.3 Objectives of the Study 6

1.4 Research Questions 7

1.5 Research Hypotheses 7

1.6 Basic Assumption of the Study 7

1.7 Significance of the Study 8

1.8 Scope and Delimitation of the Study 8

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 Introduction 10

2.2 Conceptual framework 11

2.3 Concept of drug abuse and addiction 12

2.4 Concept of perception 16

2, 5 Causes of drug abuse and addiction 18

2.6 Reason why People become addicted 21

2.7Management of drug abuse 23

2.8 Extent of drug abuse among youth 26

2.9 The types of Drug abuse by student 27

2.10 Implications for Prevention and Intervention 30

2.11Substance abuse, violence, mental health, and academic success 36

2.12 Theoretical Framework 41

2.13 Review of Empirical Studies 48

2.14 Summary 51

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction 52

3.2 Research Design 52

3.3 Population of the Study 52

3.4 Sample and Sampling technique 53

3.5 Instrumentations 53

3.5.1 Scoring of the Questionnaire 54

3.5.2 Validity 54

3.5.3 Reliability 54

3.6 Procedure for Data Collection 55

3.7 Procedure for Data Analysis 56

CHAPTER FOUR: RESULT AND DISCUSSION

4.1 Introduction 57

4.2 Research Questions 58

4.3 Hypotheses Testing 62

4.4 Summary of the major findings 65

4.5 Discussion of the findings 67

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction 70

5.2 Summary 70

5.3 Conclusion 71

5.4 Recommendations 71

5.5 Implication for Counselling 72

5.6 Contributions to Knowledge 73

5.7 Suggestion for further studies 74

5.8 Reference 75

5.9 Appendices**:** 80

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Drug abuse has been a global concern with much consideration from the World Health Organization (WHO) and United Nations International and Children Emergency Fund (UNICEF) to curtail the effect of drug abuse in the society and the world at large. Despite the unrelenting effort of individuals, agencies, mass media and the government and none governmental organization at different levels against drug abuse, the prevalent practice among Post-Primary school students, teenagers and even adults in the community has not decreased but rather continued to increase, one would not be surprised of what may be going on even at the primary schools today. Drug abuse/addiction has gone a long way to create several health problems and dangers in societies. Such health problems include mental illness, cancer of the lungs, school drop-outs, juvenile delinquency, and delirious behaviours, the alarming rate of mental illness in society/streets today whereby drug abuse is a major predisposing factor becomes a concern. No wonder, conclusion has been drawn to the fact that the factors leading to the victims' exposure are quite common, this includes the consumption of dangerous drugs during cultural and other festivities either at schools or homes during sports or athletic competitions among secondary school students, as these students exposed themselves to practicing drug abuse. Students' involvement in cultism cannot be undermined as some put up some irrational acts.

Students' consumption of drugs during examination for the purpose of alertness is also very common; also these adolescent periods are the periods of chasing the opposite sex which most of them cannot ordinarily do without the use of some drugs and during social gathering, the timid types purposely take some drugs to enable them become bold. The abuse of these drugs

which leads to addiction among these Post-primary school students gradually progresses to cause a host of evil happenings in society such as incessant occurrence of road traffic accidents as a result of effects of these substances. In fact some students breakdown during examinations leading to failure and eventual drop-outs, some become rude and arrogant to teachers and parents and occasionally causing riots and chaos in their schools or campuses while some grow up to become criminal in the society landing them in prison-yards.

Mentally derailed individuals on the streets, broken homes and neurotic personality individuals have been on the increase. Drug addiction described by Kobiowu (2006) is the inability of person to control his use of a substance/drug. He said further that for an addict, drug use is more than a habit, his desire for the drug also involves physical dependence. An addict suffers a painful withdrawal illness if he stops the use of the drug. Substance abuse has become a National and International problem of gigantic proportions and in some ways, affects every member of the society and all sectors either directly or indirectly. More than 90% of adolescents in the United States of America would have consumed alcohol at a time before graduating from High School, 50% would have consumed marijuana, and 17% would have consumed cocaine and 12% hallucinogens. And of the 25,000 accidental deaths among youths annually approximately 40% are alcohol-related. (Asperheim 2012, Suchman and Suniya, 2012).

National Academic Advising Association (NACADA) (2004) defines alcohol as a drug when ingested into the body, alters the mental and physiological state of the user. The abuse of alcohol by some secondary school students sometimes leads to health, social and economic problem. It has generally been observed by social psychologists Sigmund (1978) and Allport (1986) that much of substances use among youths take place in schools. There is no doubt that

the incidence of substance use among students is high. Besides, drug and alcohol use during adolescence is almost always a social experience and learned behaviour.

This behaviour (drug abuse) has been found by researchers like Goldstein, (1979); Le-Blanc, (1995); Akers, (1998) to lead to the trying out of new experiences such as sex experimentation, sometimes with dire consequences for the adolescents. One widely accepted definition of drugs states that drugs are compounds that, because of their chemical structure, change the functioning of biological systems including respiration, growth, excretion locomotion, reproduction. The effects may be beneficial as in the case when drugs commonly referred to as medicines (Analgesics, antibiotics, cough mixture) are used as prescribed by the doctor. Often, medical personnel do assert that some drugs are capable of producing effects that are not beneficial but harmful. The term drug abuse, applies only to instances in which people take drug to change their moods, and in which they experience impaired behavior or social functioning as a result of doing so. Unfortunately, when people consume consciousness-altering drugs on a regular basis, they often develop dependence in which case they come to need the drug and unable to function without it.

Pointedly therefore, the use of psychoactive drug becomes a common problem among adolescents especially for the social acceptable drugs like alcohol and cigarettes. Majority of those who abuse drugs start doing so during the adolescence stage. This statement is true especially for the gateway drugs, alcohol, and cigarette. The need to check this risk behavior in the society is therefore important. Alcohol and cigarette are described as gateway because they are usually, the first drugs that are used before other drugs are tried out.

The consequences of substance use are not restricted to labour-market outcomes alone as drug users tend to delay marriage, conditional marriage. Clearly, there is the potential for a significant down side associated with adolescent drug use, which should motivate policy makers in their stewardship of adolescents. Sometimes surprisingly, however, the role of school policy in a student's choice to consume drugs has largely been ignored in the economics literature. Yet among the established results in the literature, there are several empirical patterns that raise particular concern around this shortcoming. Expectedly therefore, marijuana and its use in high school could be associated with lower levels of educational attainment, and this situation should translate into an appropriate conjecture that public policies that are effective in reducing substance use during high school should have some impact on educational attainment. This position was based on a relationship between marijuana use and lower high-school graduation rates. The perception of parents and students on the causes and remedies of drug abuse is sometime depending on individual orientation of the use of drug. Sometime, most parents go for self-medication than going to the hospital for proper advice and counsel from the professional which is the medical doctor. Drug are been taking base on how they feel not how it has been pressure by the doctors.

Many people do not understand why individuals become addicted to drug or how drug can be dangerous to the human body. Also many student in as a social civilization which is part of daily life not knowing the consequences and the danger they are into, the wrong perception about taking drugs by parents and students had to so many social problems and conflict which is very common in our society today the youth engage in drug trafficking and violence because of the level at which they take drugs.Scientifically, we know much more how drugs function in the brain and also how drug addiction can be successfully treated to help parents and students stop

abusing drugs and resume their normal life can be productive. Parents and student do not know that drug addiction is a brain disease that causes a lot of damage to the structure and function of the brain. It is believed that most people take drugs voluntary overtime and it affects the parent's self-control and the ability to behave well.

1.2 Statement of the Problem

World health organisation report on drug abuse in 2014 and 2015 among secondary schools students in Nigeria is rated 15% to 18% in 2014 and 16\% to 19% 2015. Secondary school students in Kaduna state was rated 6% in 2014 and 7% was rated in two 2015. The researcher observations and interactions revealed that many student in the secondary school abuse drug, alcohol and misuse them without knowledge and understanding of the long-term consequences of their action. Some feel pressured to use drugs or alcohol by peers at social gathering because everyone else seems to be doing it. Some feel that alcohol or drugs provide a way to compensate for feelings of shyness or low self-esteem. Sometimes these drugs act as substitute for parental urging, satisfying relationship, educational accomplishments or self-fulfillment.

World health organisation report in 2015 stated that School pupils, who engage in drug and alcohol before age 15 ran the greater risk of being substance, dependent adult having different types of diseases such as sexually transmitted disease, hepatitis and staphylococcus and sometime being convicted of crime within the society. Children also need to be cautious oned against destroying property, fighting, stealing and political thuggery because it affect the image of family cycle tree and destroy their life. One might readily argue that teenage drug abuse has reached epidemic proportion in some secondary schools and high schools. Although students

may perceive their causes differently, drugs would go a long way in affecting students (drug users) entire bodies including their brains, in a variety of ways. For instance, judgment is often the first attribute to be affected; thereby making it difficult for students to take good decisions or to make drugs or alcohol detrimentally impact on one academic experience.

It is against this background that this study is designed to examine the perception of parents and students of secondary schools on the causes of drug abuse with a view to bringing about possible solutions.

1.3 Objectives of the Study

The followings are the objectives of the study:

1. To determine the perception of parents and students on the causes of drug abuse among secondary school students in Kaduna State.
2. To find out what parents and students perceived as remedies of drug abuse among secondary school students in Kaduna State
3. To examine the perception of male and female parents on the causes and remedies to drug abuse in Kaduna State
4. To examine what students perceive as causes and remedies to drug abuse among secondary school students in Kaduna State

1.4 Research Questions

The following questions are raised for the purpose of this study

1. What do parents and students perceive as the causes of drug abuse among secondary school students in Kaduna state?
2. What is the perception of parents and students on remedies to drug abuse among secondary school students in Kaduna state?

3. What is the perception of male and female parents as the causes and remedies of drug abuse in Kaduna state?
4. What do students perceive as causes and remedies to drug abuse among secondary school

   students in Kaduna state?

1.5 Hypotheses

The following hypotheses were formulated and tested.

1. There is no significant difference on the perception of parents and students as the causes of drug abuse among secondary school students in Kaduna State.
2. There is no significant difference on parent and student's perception on the remedies of drug abuse among secondary school students in Kaduna state.
3. There is no significant difference between male and female parents on the perceived causes and remedies to drug abuse among secondary school students in Kaduna state.
4. There is no significant difference on student's perception as causes and remedies to drug abuse among secondary school students in Kaduna state.

1.6 Basic Assumption of the study

The following basic assumptions are made for this study:

1. Parents and students of secondary school may have the same perception on the causes of drug abuse
2. There may be relation between the perceived remedies of drug abuse by parents and students
3. Parents may differ from students in their perception on causes and remedies of drug abuse

1.7 Significance of the Study

The findings of this research would go a long way in assisting counselor in schools, in providing counseling and related services to their students thus curtailing incidences of drug abuse. Parents would also benefit from the findings of the study when provisions are made going by its recommendations on measures to take in preventing drug abuse. Also, students would gain knowledge that can free them from the bondage of drugs for better behavior and improved academic performance.

Religious organization will benefit from the findings of the study by providing preventive measures to the young once and it will serve as counseling tools for Pastors, Imam and other religious organizational leader. Every nation wants its citizens to be sensible and productive; therefore the government of Nigeria would find this research useful as future leaders (students) behaviour would be molded through strategies that will be suggested.

1.8 Scope and Delimitation of the study

This study is focused on secondary school students in Kaduna State. The study is on some selected senior secondary schools in Kaduna State. The researcher used one of the school in each local government. Perception of parents and students as measured by the instrument for this study regarding the causes of drug abuse among the students and parents is the concern of this study. The study is on senior secondary school students that partake in the use of drugs abuse and parents' perception on the causes of drugs abuse as while as the perceived remedies of drugs abuse among the secondary school students and the perception of male and female parents on the remedies on drugs abuse in Kaduna state.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter contains review of related literature, under the following sub-themes conceptual framework, concept of drug abuse and addiction, concept of perception, causes of drug abuse and addiction, Reason why People become addicted, management of drug abuse, extent of drug abuse among youth, types of drugs abuse, implications for prevention and intervention, substance abuse, violence, mental health, and academic success, theoretical framework, review of empirical studies and Summary

2.2 Conceptual Framework

The conceptual framework of this study was on the substance abuse and substance abuse prevention that a clear view of the relation of all parts to a coherent whole is very hard to attain. Typically people are familiarity with one or two segments of the issue, at best, and generalizes from their limited experience in conjunction with their overall belief system. In order to make effective plans for prevention, a better understanding is needed. In order to judge the merits of any particular proposed policy or strategy, one should have some idea of not only the likely result but also the alternatives and the comparative effects of each. The preventive actions needed to address each of these main routes is very different, and failure to recognize the differences can lead to frustration and decreased effectiveness in prevention planning. Preventing substance use due to profound childhood challenges is best done by preventing or intervening in the causes of the challenges, while preventing teen use due to social influences involves preventing or intervening in either the messages of influence or substance availability

(or both). Teaching youth about drug dangers is not likely to be very effective, compared to interrupting or countering social influence messages (from peers, adults, or media) that promote use. Parents play an important role in regard to prevention of profound challenges to young children and social influence on teens, but that role is different for one route than the other. The main role of parents in regard to preventing social influences toward drug use among teens is to communicate disapproval of youth substance use, establish family rules against it, and attempt to keep teens out of situations in which peer drug use will occur or is occurring. To prevent profound challenges to children, their parents most of all need to get whatever help they require early in their adult life to avoid establishing a family in which children face fetal effects from alcohol or other drugs, child neglect, child abuse, or other domestic violence. Human service systems that can provide appropriate help to young parents or soon-to-be parents are vital to prevent or intervene in situations that pose a threat to children.

Parents need that same kind of message but also need specific encouragement about expressing disapproval of youth substance use, establishing family rules against youth substance use, and monitoring their son's or daughter's activities closely enough to identify and veto their teen's participation in activities that include use of alcohol or other drugs. For the long-term prevention of profound childhood challenges in the next generation of youth, current young adults (young parents and soon-to-be parents) could benefit from media campaigns that decrease fetal exposure to drugs and that promote use of services to prevent or overcome family violence (partner violence and/or child abuse), parental substance abuse,

2.3 Concept of Drug Abuse and Addiction

Many people do not understand why individuals become addicted to drugs or how drugs can bring about change in the functioning of human brain. They mistakenly view drug abuse and

addiction as strictly a social problem and may characterize those who take drugs as morally weak. One very common belief is that drug abusers should be able to just stop taking drugs if they are only willing to change their behavior. What people often underestimate is the complexity of drug addiction that it is disease that impacts on the functioning of the brain and because of that, stopping drug abuse is not simply a matter of willpower. Through scientific advances we now know much more about how drugs function in the brain, and we also know that drug addiction can be successfully treated to help people stop abusing drugs and resume their productive lives.

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual that is addicted and to those around them. According to Mc Kim (2013) drug addiction is a brain disease because the abuse of drug leads to changes in the structure and function of the brain. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the functioning of the brain caused by repeated drug abuse can affect a person's self-control and ability to make sound decisions, and at the same time send intense impulses to take drugs.

It is because of these changes in the functioning of the brain that it is so challenging for a person who is addicted to stop abusing drugs. Fortunately, there are treatments that help people to counteract addictions powerful disruptive effects and regain control. Research shows that combing addiction treatment medications, if available, with behavioural therapy is the best way to ensure success for most patients. Treatment approaches that the tailored to each patient's drug abuse pattern and any co-occurring medical, psychiatric, and social problems can lead to sustainable recovery and a life without drug abuse. Similar to other chronic, relapsing disease, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully. And as

with other chronic diseases, it is not uncommon for a person to relapse and begin abusing drugs again. Relapse, however, does not signal failure –rather, it indicates that treatment should be reinstated, adjusted or that alternate treatment is needed to help the individual regain control and recover.

The emotional aspects of addiction are quite complex. Some persons use alcohol or other drugs or pathologically pursue other rewards because they are seeking "positive reinforcement" or the creation of a positive emotional state ("euphoria"). Others pursue substance use or other rewards because they have experienced relief from negative emotional states (dysphoria), which constitutes "negative reinforcement beyond the initial experiences of reward and relief, there is a **dysfunctional emotional state** present in most cases of addiction that is associated with the persistence of engagement with addictive behaviors. The state of addiction is not the same as the state of intoxication. When anyone experiences mild intoxication through the use of alcohol or other drugs, or when one engages non-pathologically in potentially addictive behaviors such as gambling or eating, one may experience a "high", felt as a "positive" emotional state associated with increased dopamine and opioid peptide activity in reward circuits. After such an experience, there is a neurochemical rebound, in which the reward function does not simply revert to baseline, but often drops below the original levels. This is usually not consciously perceptible by the individual and is not necessarily associated with functional impairments.

Over time, repeated experiences with substance use or addictive behaviors are not associated with ever increasing reward circuit activity and are not as subjectively rewarding. Once a person experiences withdrawal from drug use or comparable behaviors, there is an anxious, agitated, dysphoric and labile emotional experience, related to suboptimal reward and

the recruitment of brain and hormonal stress systems, which is associated with withdrawal from virtually all pharmacological classes of addictive drugs. While tolerance develops to the "high," tolerance does not develop to the emotional "low" associated with the cycle of intoxication and withdrawal. Thus, in addiction, persons repeatedly attempt to create a "high"--but what they mostly experience is a deeper and deeper "low." While anyone may "want" to get "high", those with addiction feel a "need" to use the addictive substance or engage in the addictive behavior in order to try to resolve their dysphoric emotional state or their physiological symptoms of withdrawal. Persons with addiction compulsively use even though it may not make them feel good, in some cases long after the pursuit of "rewards" is not actually pleasurable.[5] Although people from any culture may choose to "get high" from one or another activity, it is important to appreciate that addiction is not solely a function of choice. Simply put, addiction is not a desired condition. (**Treatment for Alcohol and Other Drug Addiction,** Adopted: January 01, 2010)

Drugs, according Burton, Jr. Cullen, Evans, Alarid, & Dunaway, (2014) are chemicals that tap into the brain's communication system and disrupt the way nerve cell normally send, receive, and process information. There are at least two ways that drugs are able to do this:

1. By imitating the brain natural chemical messengers, and /or
2. By over stimulating the "reward circuit" of the brain.

Some drugs, such as marijuana and heroin, Abdullahi,(2011) maintain have a similar structure to chemical messengers, called neurotransmitters, which are naturally produced by the brain. Because of this similarity, these drugs are able to "fool" the brain receptors and activate nerve cells to send abnormal messages. Other drugs, such as cocaine or methamphetamine, according to Okoye,(2013) can cause the nerve cells to release abnormal large amounts of

natural neurotransmitters, or prevent the normal recycling of these brain chemicals, which is needed to shut off the signal between neurons. This disruption produces a greatly amplified message that ultimately disrupts normal communication patterns. Nearly all drugs, directly or indirectly, target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that control movement, emotion and motivation.

Drug Abuse, also known as substance, has been described by Haladu (2015) as a maladaptive pattern of use of a substance that is not considered dependent. The term "drug abuse" does not exclude dependency, but is otherwise used in a similar manner in non-medical contexts. The term have a huge range of definitions related to taking a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. All these definitions imply a negative judgment of the drug used in similar question (compare with the term responsible drug use for alternative views). Some of the drugs most often associated with this term (Bernstein, 2005). Organization's International Statistical Classification of Disease and Related Health Problems (ICD), no longer recognizes 'drug abuse' as a current medical diagnosis. Instead, DSM has adopted substance abuse as a blanket term to include drug abuse and other things. ICD refrains from using either "substance abuse" or "drug abuse", instead using the term "harmful use" to cover physical or psychological harm to the user from use. Physical dependence, abuse of, and withdrawal from drugs and other miscellaneous substances is outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). Its section Substance dependence begins with:

Substance dependence is when individual persists in use of alcohol or other drugs despite problems related to use of the substance, Substance Dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal

symptoms when use is reduced or stopped. These, along with Substance Abuse are considered substance use disorders. However, other definitions differ; they may entail psychological or physical dependence, and may focus on treatment and prevention in terms of the social consequence of substance uses.

2.4 Concept of Perception

In Philosophy, Psychology, and cognitive science, Perception is the process of attaining awareness or understanding of sensory information. The word perception comes from the Latin words perception, percipio, and means receiving, collecting, action of taking possession, apprehension with the mind or sense. Perception is one of the oldest fields in psychology. The oldest quantitative law in psychology is the Weber- Fechner law, which quantifies the relationship between the intensity of physical stimuli and their perceptual effects. The study of perception gave rise to the Gestalt school of psychology, with its emphasis on holistic approach. What one perceives is a result of interplays between past experiences, including one's culture, and the interpretation of the perceived. (Wettlaufer, 2003).

Two types of consciousness bare considerable regarding perception: phenomenal (an occurrence that is observable and physical) and psychological. The difference every sighted person can demonstrate to him-or herself is by the simple opening and closing of his or her eyes: phenomenal consciousness is thought, on average, to be predominately absent without senses such as sight. Through the full or rich sensations present in senses such as sight, nothing by comparison is constructionism (held by such as philosophers as Glasersfeld (1978) regards the continual adjustment of perception and action to the external input as precisely what constitutes the "entity", which is therefore far from begin invariant.

Glaserfeld (1978) considers “invariant” as a target to be homed in upon, and a pragmatic necessity to allow an initial measure of understanding to be established prior to updating that a statements aim to achieve. The invariant does not and need not represent an actuality, and Glaserfeld (1978) describes it as extremely unlikely that what is described or feared by an organism will never suffer change as time goes on. This social construction list theory thus allows for a needful evolutionary adjustment. A mathematical theory of perception-in-action has been devised and investigated in many forms of controlled movement, and has been described in many different species of organism using the General Tau Theory. According to his theory, tau information, or time-to goal information is the fundamental ‘percept’ in perception.

2.5 Causes of Drug Abuse and Addiction

Like the majority of other mental-health problems, drug abuse and addiction have no single cause. However, there are a number of biological, psychological, and social factors, called risk factors that can increase a person's likelihood of developing a chemical-abuse or chemical-dependency disorder. The frequency to which substance-abuse disorders occur within some families seems to be higher than could be explained by an addictive environment of the family. Therefore, most substance-abuse professionals recognize a genetic aspect to the risk of drug addiction. Haladu (2003) gave the following as the main causes'

i. Experimental Curiosity: Curiosity to experiment the unknown facts about drugs thus 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 our 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 lead to recourse in drug abuse for temporarily removing the tension and problems arising from it.

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 income. These children engage in hawking, bus conducting, head loading, scavenging, serving in food canteens etc. and 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 (Ige, 2000).

In the opinion of Broidy, and Agnew, (2010) drug misuse is a term used commonly for prescription medications with clinical efficacy but abuse potential and known adverse effects

linked to improper use, such as psychiatric medications with sedative, anxiolytic, analgesic, or stimulant properties. Prescription misuse has been variable and inconsistently defined based on drugs prescription status, the uses that occurs without a prescription, intentional use to achieve intoxicating effects, route of administration, co-ingestion with alcohol, and the presence or absence of abuse or dependence symptoms.

Commenting on gender, self-control and crime Smite(2015) maintain that in depending on the actual compound, drug abuse including alcohol may lead to health problems, social problems, morbidity, injuries, unprotected sex, violence, deaths, motor vehicle accidents, homicides, suicides, physical dependence or psychological addition. There is a high rate of suicide in alcoholics and drug abusers. The reasons believed to cause the risk of suicide the long term abuse of alcohol and drugs causing physiological distortion of brain chemistry as well as the social isolation. Another factor is the acute intoxicating effects of the drugs may make suicide more likely to occur. Suicide is also very common in adolescent alcohol abusers, with 1 in 4 suicides in adolescents being related to alcohol abuse. In the USA approximately 30 percent of suicides are related to including child abuse. Alcohol abuse is also associated with increased risks of committing criminal offences including child abuse, domestic violence, rapes, burglaries and assaults Smite (2015)

2.6 Reasons why people become addicted

In looking at the reasons why people become addicted to drug abuse, Catalan and Hawkins (1996) argued that no single factor can predict whether or not a person will become addicted to drugs. Risk for addiction is influenced by a person's biology, social environment, and age or stage of development. The more risk factor an individual has, the greater the chance that taking drugs can lead to addiction. For examples: Catalan and Hawkins (1996) identified the following.

i. **Biology:** The genes that people are with in combination with environmental influences-account for about half of their addiction vulnerability. Additionally, gender, ethnicity, and the presence of other mental disorders may influence risk for drug abuse and addiction.

ii. **Environment:** A person's environment includes many different influences --- from family and friends to socioeconomic status and quality of life in general. Factors such as peer pressure, physical and sexual abuse, stress, and parental involvement can greatly influence the course of drug abuse and addiction in a person's life.

iii. **Development:** Genetic and environmental factors interact with critical developmental stages in a person's life to effect addiction vulnerability, and adolescent experience a double challenge. Although taking drugs at any age can lead to addiction, earlier that drug use begins, the more likely it is to progress to more serious abuse. And because adolescents' brains are still developing in the areas govern decision making, judgment, and self-control, they are especially prone to risks-taking behaviours, including trying drugs of abuse.

Drug abuse, including alcohol and prescription drugs can induce symptomatology which resembles mental illness. This can occur both in the intoxicated state and also during the withdrawal state. In some cases these substances induce psychiatric disorders can persist long after detoxification, such as prolonged psychosis or depression after amphetamine or cocaine abuse (Dishion, & Loeber 1985) a protracted withdrawal syndrome can also occur with symptoms persisting for months after cessation of use. Benzodiazepines are the most notable drug for including prolonged withdrawal effects with symptoms sometimes persisting for years after cessation of use. Abuse of hallucinogens can trigger delusional and other psychotic phenomena long after cessation of use and cannabis may trigger panic attacks during intoxication and with use it may cause a state similar to dysthymia. Severe anxiety and depression are commonly induced by sustained alcohol abuse which in most cases abates with prolonged abstinence. Even moderate alcohol sustained use may increase anxiety and depression levels in some individuals. In most cases these drug induced psychiatric disorder fade away with prolonged abstinence (Dolmen & Lindstrom, 1991).

Drug abuse makes central nervous system (CNS) effects, which produce changes in mood, levels of awareness or perceptions and sensations. Most of these drugs also alter system other than the CNS. Some of these are often thought of as being abused. Some drugs appear to be more likely lead to uncontrolled used than others (Smite2015).Traditionally, new pharmacotherapies are quickly adopted in primary care settings, however, drug for substance abuse treatment have faced many barriers. Naltrexone, a drug originally marketed under the name “Re Via” and now marketed in intramuscular formulations as “Vivitrol” or in oral formulation as a generic, as a medication approved for the treatment of alcohol dependence. This drug has reached very few patients. This may be due to a number of factors, including resistance

by addiction medicine specialists and lack of resources (Bartuch &Matsueda 1996).The ability to recognize the signs of drug use or the symptoms of drug use in family members by parents and spouse has been affected significantly by the emergence of home drug test technology which helps identify recent use of common street and prescription drugs with near lab quality accuracy.

2.7 Management of Drug Abuse

Drugs threaten our nation's youth. The average age of initial marijuana use has dropped to 11 (Towers, 1987). During a 30-day period in 1985, 65 percent of high school seniors drank alcohol, 30 percent used marijuana, and 15 percent snorted cocaine (Cahalan, and Room, (2014) Drug abuse can lead to physical problems, emotional damage, and a decline in educational achievement and productivity. Efforts to fight drug abuse must occur in the schools since they provide a major influence in transmitting values, standards, and information to children. Cahalan, and Room, (2014) that drug abuse among youth, affect the academic performance in the secondary schools, the effect of drug abuse can be combated through programs, by the teachers and principals within the school set up. Armor, Polich, and Stambul, (2015) indicated that the two most promising prevention approaches are the social influences model and a strategy that emphasizes personal and social skills training. Dunwiddie, (2014). Opined that the social influences model teaches skills for resisting drug use. The personal and social skills approach expands the social influences model to include skills in problem solving, decision making, assertiveness, and conversation as well as strategies for reducing stress. Both approaches have led to significant reductions in cigarette smoking. Preliminary evidence suggests the approaches also work reduce marijuana use and excessive drinking."Saying No" is one example of a drug abuse prevention program that emphasizes teaching students to resist peer pressure by understanding and practicing reasons for not taking drugs. Dunwiddie, (2014). That the

approach, targeted to sixth, seventh, and eight graders, uses methods such as role modeling, videotaped practice, and assertiveness training to help students learn how to refuse drugs. The National Institute of Drug Abuse sponsor just says "No" clubs that offer booklets, pins, and T-shirts, member find that the clubs gave them reasons and ways to say no. Teachers exert a significant influence on student's attitude, knowledge, and opinion. They can complement a school's drug abuse program by incorporating drug abuse prevention strategies into their subject at any grad level (Edwards and Gross 2013). For example, teacher can structure activities that require student to consider several options before making a decision. This class room practice will increase the students' ability to identify options in order solutions. The National Institute on Drug Abuse (1980) Provides prevention ideas that can be in cooperated into exiting junior high school curricular. (Edwards and Gross 2013).

In addition, teacher must inform students that they disapprove of drug abuse Edwards and Gross (2013) identified that been remaining quit gives the impression of approval or unconcern. Students should be told that they will be reported if they come to school in possession of drugs or under their influence. Teacher who believes a student is abusing drugs should take action Edwards and Gross 2013. Signs that may indicate drug abuse include redness around the eyes, dramatically changed appearance such as dirty hair, dilated pupils, reduced motivation, and slurred speech, short attention span, changes in school attendance, falling grades, and uncompleted assignments. The first step when suspecting drug abuse is to notify the appropriate school committee if one exists. Otherwise, the teacher should express concern to the student and to the parents citing observed behaviors .Students who have been abusing drugs should be referred to professionals for help. Intervention strategies must be supported by the principal (Edwards and Gross 2013). Principals need to provide opportunities for teachers to meet for

discussions about drug use and how they fight the problem. They must inform students and parents that teachers have been authorized to communicate their concern. They need to have professional available to counsel students. .Finally, principals should follow up with students and/or parents after school personnel have intervened (Edwards and Gross 2013)

Drugs produce many effects, including distortion of memory, perceptions, and sensation (Falk (2012).For example, cocaine and amphetamines give users a false sense of performing at high level when on the drug. So-called designer drugs, chemicals variations of illegal drugs, have caused brain damaged and death (Falk (2012).This showed that frequent drug users skip school or arrive late to class Regular marijuana users are twice as likely as their classmates to receive low grades Falk (2012) said that continued marijuana use can cause memory gaps and also lead to decreased physical endurance. Marijuana users often develop sinusitis, pharyngitis, bronchitis and emphysema within a year of beginning use .Experimenting with drugs, particularly at a young age, often leads to dependence. Those depending on drugs sometimes supports their habits by stealing, selling drugs to others, and sexually prostituting themselves. Falk (2012) said that early intervention and prevention activities should characterize a school's drug abuse School administrators should determine the extent of the drug problem within their jurisdiction before initiating a new intervention program. This can be accomplished by an anonymous survey of students and consulting with local law enforcement officials. Collaborative plans should be made with parents, school boards, treatment agencies, and concerned groups within the community to ensure successful programs.

Falk (2012). Identified that schools officials establish clear, consistently enforced drug-use policies that specify drug offenses, consequences (including notification of police), and procedures. Security measures should be implemented to eliminate drugs from school premises

and school functions. A comprehensive drug curriculum from kindergarten through grades 12 is needed. Teachers should receive appropriate training to participate in the programme. School systems generally combine two approaches to preventing drug abuse (Armor, Polich, and Stambul, 2015). One emphasizes discipline-what school personnel should do when drug abuse or peddling is encountered at the school. The other concerns education-instructing students about drugs and helping them develop skills and attitudes that keep them away from drugs

2.8 Extent of drug abuse among youth

Teenage drug use in the United States is the highest of any industrialized nation Goodwin, (2015) said that during the last decade the percentage of children using drugs by sixth grade has tripled. Alcohol, an illegal drug for minors, represents an even more serious problem than drug such as Marijuana, cocaine and amphetamines. The average age for beginning alcohol consumption is twelve (12), and approximately 20 percent of U.S high school students drink alcohol daily. All communities throughout the United States, urban and suburban, show a high use of illicit drugs (Goodwin, (2015). This showed that more male use drugs than female, but the gap between the two has become smaller. Goodwin, (2015).pointed that most youth violence is not committed by people with a diagnosable mental illness. It may be that certain types of emotional disorder contribute to violence by affecting judgment and decision-making abilities, or making young people with these disorder more susceptible to peer or social pressure impelling them towards violence. And emotional disorders to play a role in suicide and order behaviors involving violence towards oneself (such as self-mutilation).Being a victim of, or a witness to, violence can take emotional toll on children especially young children. There is evidence to suggestion that witnessing violence when young is risk factor for engaging in violence, or other anti-social behavior, when older witnessing violence can also lead to a heightened levels of fear,

hopelessness, and a loss of control. Research indicates that violence witness by young children can result in changes to the brain that can lead to a heightened state of fear or anticipation even in the absence of external stimuli (Child Witness to Violence Project).

2.9 The types of Drugs Abuse by students

In an attempt to identified the types of drugs abuse by student Chebukaka, (2016) states the that the types include Alcohol, Cigarette, Miraa, Marijuana,Heroin, Cocaine, Glue,It is a residual category, with students that alcohol used drugs (especially heavy alcohol use) and violence among youth are connected to dangerous activities among the students. Goodwin, Schulsinger, Hermansen,.Guze, & Winokur, (2012) Alcohol promote influences on young people to behave in way that is not accepted in the society. A young person under the influence of alcohol, and especially one who is intoxicated, may not feel restrained by his or her better judgment, nor by the influence of alcohol, and especially one who is intoxicated may not fell restrained by his or her judgment nor by the standard of their peers society, engage in violence or to behave in way that provoke confrontations. Alcohol and drug use impairs judgments and decision-making skills leading youth into potentially violent situations which they might have otherwise avoided and depriving them of the clarity of mind that would help resolve these situations without violence.

According to Chebukaka, (2016) that the relationship of drugs others than alcohol to violence is more complicated. Like alcohol, drug can impair judgments and incite violence. And there is a demonstrated relationship at the community level between drugs and crime-including violent crime. Chebukaka, (2016) stated that young people on drugs may steal to enforce their habits. The buying and selling of drugs also leads to violence among drugs dealers and consumers, drug wholesalers and retailers, and competing drug-selling gangs, (For more

information on the relationship of alcohol and other drugs and violence. The contribution that violence can make to the abuse of alcohol or other drugs is less well documented. Children and adolescents people turn to alcohol or drugs in an effort to cope with the violence in their lives, whether that is domestic or sexual violence at home, bullying at school, or a persistent level of violence in their community.That alcohol use (especially heavy alcohol use) and violence among youth are connected (Reiss and Roth, 1993). Alcohol can promote and influence young people to behave in ways or to let themselves behave in ways that they would not if they were sober. A young person under the influence of alcohol and especially one who is intoxicated may not feel restrained by his or her better judgment, nor by the standards of their peers or society and engage in violence or to behave in ways that provoke confrontations. According to Reiss and Roth, 1993 alcohol and drug use impairs judgment and decision-making skills, leading youth with potentially violent situations which they might have otherwise avoided and depriving them of the clarity of mind that would help resolve these situations without violence.

The relationship of drugs other than alcohol to violence according to Vivian, and Weerts, 1994 is more complicated. Like alcohol, drugs can impair judgment and incite violence. And there is a demonstrated relationship at the community level between drugs and crime-including violent crime. Young people on drugs may still in force their habits. The buying and selling of drugs also leads to violence among drug dealers' and consumers, drug wholesaler and retailers, and competing drug selling gangs, (for more information on the relationship on alcohol and drugs and violence (Miczek, Diebold, and Haney, Tidey, Vivian and Weerts, 1994). The contribution that violence can make to the abuse of alcohol or other drugs is less well documented. It has been suggested that some children and adolescent turn to alcohol or drugs in

an effort to cope with violence in their liver, weather that is domestic or sexual violence at home bulling at school, or a persistent level of violence in their community.

The relationship of the abuse of alcohol and to emotional and behavioral disorders and mental illness, is complicated by the fact that drugs and alcohol dependence are themselves diagnostic categories. The question of whether a young person with dual-diagnosis (that is, who has been diagnosed with both an emotional disorder or mental illness and drug or alcohol dependence) would have avoided emotional problems if he or she had avoided drugs or alcohol is difficult to answer. Both may be indicative of other personal, family, or environmental risk factors. Researchers also suggest that some young people (such as runaway and homeless adolescents and those with emotional disorders but without access to treatment) "self-medicate" that is abuse alcohol or drug to cope with their emotional pains.

Johanson, and Uhlenhuth (2014) reported that substance Abuse create bad emotional problems. Adolescents with serious emotional problems nearly twice are likely to have used marijuana as adolescents with low levels of emotional problems. They were twice as likely to smoke tobacco as adolescents with low level emotional problems. Adolescent with serious behavioral problems are nearly three times likely to use alcohol in a month than adolescents with low levels of behavioral problems. They are three times likely to smoke than when they were adolescents with low levels of behavioral problems. In line with Johanson, and Uhlenhuth (2014) that drug abuse among students results into general indiscipline in institutions of learning.

2.10 Implications for Prevention and Intervention

In order to identified the prevention and intervention the 2001 Report by Central Region Education Board and the Integrated Regional Information Network (IRIN, 2002).on Causes and Remedies of Indiscipline in Secondary Schools in Central African attributed unrest in schools, including the 2001 fire tragedy in Kyanguli secondary school where 67 students died to drug abuse (Kaburu,2006). Continued use of drugs may lead to addiction, a condition in which the abusers must take drugs in order to feel normal whether they like it (Winkel 2010). Consequences of drug abuse on the health of the individual depend on the type of drug abused Neil, (2012) that according to World Health Organization (WHO), 4.9 million people died in the year 2000 as a result of complications arising from smoking tobacco (UNODC, 2007) Heroin and cocaine kill 200,000 people every year (UNODC, 2012) In Kenya, reports show that many people have died and others lost sight because of taking local brews adulterated with harmful chemicals like Formaldehyde. An examples the 2011incident where125 people were killed and 20 went blind in Central Kenya as a result of taking the local brews (NACADA, 2011). In Nigeria, in the 1980's efforts to control drug abuse encompassed education, motivation of the public, legislation and enforcement of government machinery. This led to the establishment of the Anti-Narcotics police unit charged with curbing production and trafficking of illegal drugs and psychoactive substances. The unit mainly operates at airports, vulnerable boarder points and towns with high incidences of drug related offences (NACADA, 2002). The Alcoholic Drinks Control Act was introduced in the year 2010 with the aim of countering the negative social, health and economic consequences of excessive consumption of alcoholic drinks and adulteration of local brews (Kenya Supplement No. 70 Alcohol Bill, 2010). The law limits the hours for opening of Bars and Restaurants and mandates County Commissioners to close Bars

and Restaurants that do not conform to the Alcohol Control Act. As a member of the African Union (AU) Kenya subscribes to the Yaoundé Declaration and Plan of Action on drug abuse and illicit trafficking control in Africa

Evaluation result that many programmes including many of those reviewed by the National Registry of Effective Programmes and practices (and designated by (Samsah as Model Program)-are effective at both preventing problem behaviours and improving academic performances (Northrop Grumman Information Technology, 2002). The ability of prevention program to reduce risk behaviours and promote academic success provides a strong argument that these programmers are not "add-ons" but intrinsic to the success of the basic mission of a school: Providing an effective education to all children. According to the World Drug Report(UNDCP, 2012), 1.3 billion people or 30% of the world population use tobacco and 230 million people an equivalent of 5% of the world population, aged between 15 and 16 years use illegal drugs. Another report by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), estimates that 22 million people in Europe use marijuana (EMCDDA, 2012). Currently Africa and Asia account for 70% of global population using opium and its derivatives (UNODC, 2012)

Family and drug abuse. According to Kolb, (2012).that individual with drug problem, have a disease that can hurt the family. Drug use puts a lot of stress on parents, brothers and sisters, grandparents—anyone who is part of the home .When family members take drugs:

- You can't count on them to do what they say they will do.
- They may forget or get distracted because their focus is on getting and taking drugs.
- They might lie or steal money to buy drugs.
- They might get fired from their jobs.

- They might not come home at night.
- They may do bad things they would never do if they weren't using drugs.

The 2001 Report by Central Region Education Board and the Integrated Regional Information Network pointed that: Family members might fight a lot because of the problems the drug use is causing. The person who is using drugs might do and say things that upset neighbors and friends, and make the family ashamed. Some people who are addicted don't believe that they are sick and out of control, so they don't look for treatment. They don't see the problems they are causing themselves and those around them. Other people who are addicted are aware of the problem, but may be so upset and confused that they don't know how to ask for or get help. The 2001 Report by Central Region Education Board and the Integrated Regional Information Network identified the following processes. Keller (2014) Identified that this section looks at the effects on the family when someone is abusing alcohol or other drugs. In many cases the person is not an addict or an alcoholic. They are just drinking or taking drugs in a way which upsets others. With this in mind we look at the following five scenarios:

1. How a parent with a drug or alcohol problem affects the whole family
2. How a partner with a drug or alcohol problem affects the other partner
3. How a parent's addiction may affect their son or daughter
4. How a son or daughter with an addiction problem affects the whole family
5. Family support

Kaplan and Wieder (2015) opined that it is well known that a parent with a drug or alcohol problem can have a negative effect on their family members. You could say that the

person with the problem is like someone stuck in a bog. The other family members, in their efforts to help, often get pulled down into the bog too. The first step in putting things right is when the others start to get their own feet on solid ground. Only after they have done this will they be able to help tackle the addiction problem. Sharon Wegscheider (USA) has pointed out some of the ways in which other family members can be affected. (Reference: Sharon Wegscheider, The Family, Trap Johnson Institute, Minnesota U.S.A., 1976). Krystal and Raskin (2014) opined that it is not easy to live with a person who's drinking or drug use is causing problems. The drinker or drug user is often full of conflict, torn between wanting their drug or alcohol and not wanting the harm that always seems to follow. They often blame others when things go wrong. The partner or spouse of the addict or alcoholic often doubts themselves: Am I not a good enough partner? How can I get them to stop taking that drug? How can I protect my children? How can I hide this from my family and neighbours? The partner often feels hurt, ashamed, afraid, and has an overwhelming sense of failure. Unfortunately, many partners then work even harder to 'fix' the situation, taking on extra responsibilities, trying to cover up the mess… fighting a losing battle. If you are that partner, the first step towards putting things right is to take some time for yourself, and get the support you need. A good friend or a counsellor can be a great help. See 'family support' below. Lasagna Felsinger, and Beecher, (2015) opined that the son or daughter of a parent abusing alcohol or drugs can also end up bogged down. They often adopt a role which helps the family, but they may get stuck in the role and neglect their own needs. Sharon Wegscheider describes some of these roles. Can you see yourself in one of these roles, or in elements of a couple of them? You can change! It's easier if you get support.

- **The Family Hero:** Remington (2015).Clarified that this is often the eldest in the family. This person is responsible, works hard for approval, and often appears successful. But

inside, this person often feels insecure, as if things are always going to go wrong, and feels incompetent, confused and angry.

- **The Scapegoat:** Siegel, (2015) stated that this person feels blamed when things go wrong. Everyone focuses on this person's faults, which provides the family with a distraction from the real problem. So this person often seems rebellious, troublesome, law-breaking, tough… and may be at risk of abusing drugs themselves. Inside, this person is often full of fear, hurt, rejection and loneliness, feeling angry at the unfairness of how they are treated.

- **The Lost Child:** Zinberg (2014) identified that the son or daughter appears as a dreamer, drifting above the troubled waters that bother other people. But inside, the person is not as contented as they appear. They are quietly hurt, angry, lonely, with a feeling of being inadequate.
- **The Mascot:** Zinberg (2014) said sometimes also referred to as the clown, the person in this role is often charming and cute, fun to be with, quick to make a joke. Sometimes they are quite hyper-active and flit from one interest to another; sometimes quite fragile and easily hurt. But they are good at hiding the hurt, and other feelings of loneliness, insecurity, fear and low self-esteem. If you recognise any of these roles as being 'you', the first step to putting things right is to take time for yourself, to talk to a friend or a counsellor. Stop thinking about the addicted person for a while (easier said than done!) and pay attention to your own real needs. See the 'family support' section below. Siegel (2013) pointed that the whole families can seem to go to pieces when there is a son or daughter using drugs or alcohol. Parents fall out with each other over how to handle the situation, while other sons or daughters can get blamed for being a bad example. The drug user gets so much attention that others are neglected. Rows and bad language upset the peace. If peace and love are the oxygen of life, then the whole family is gasping for breath. In an airplane, if the oxygen masks are released, parents are supposed to put on their own masks before attending to their children's masks. The same is true here. You must look after your own needs before helping the one causing the problem.

Even if you are the only person in the family who recognises the alcohol or drug problem, it is worthwhile getting support for yourself, from a friend or a trusted teacher or a counsellor.

Support for families is available from a number of sources Zinberg Harding and Apsler (2013) identified that the National Family Support Network has a network of family support groups throughout Ireland. Family support groups have helped many families to hold their heads up again, when they had been bowed down with embarrassment and shame due to a son or daughter using drugs and causing trouble for neighbours. For more information on The National Family Support Network visit their website at www.fsn.ie or call (01) 8980148. Community Alcohol Services and Community Drug Services are run by the HSE and are generally free. Many provide support and information for families to maintain their dignity and sanity when a family member is abusing drugs or alcohol. Many addiction treatment services provide support for families.

2.11 Substance Abuse, Violence, Mental Health, and Academic Success

The mission of the American school has expanded considerably over the last thirty years. We expect our schools to teach the traditional three "R" as well as the subjects and skills needed to prosper in the contemporary world-such as foreign languages and computer technology. At the same time, schools are encouraged to engage in health promotion and risk prevention and to teach children social and emotional skills and how to promote their own wellbeing in a complex and sometimes threatening world. Educators sometimes voice frustration at having to take on these new tasks when shrinking resources make just teaching the traditional subjects more challenging than ever. Support for prevention programs, from educators and taxpayers alike, might be more forthcoming if they realized that prevention programs also contribute to achievement. To quote Howard Adel -Man and Linda Taylor (2003) of the ULCA Centre for Mental Health in School. Our approach to framing a policy rationale for mental health in school

begins with the conclusion arrived at by the Carnegies Council task force on Education of Young Adults.

In their report, they stress: Schools systems are not responsible for meeting every need of their studies. But when the need directly affects learning, the school must meet these challenges. It is evident that a variety of psychological and physical health problems affect learning in propound ways. Moreover the problems are exacerbated as youngsters internalize the frustrations of confronting barrens (external and internal) to learning, experiencing the debilitating effects of performing poorly at school, and are punished for the misbehavior that often accompanies school failure. Substance abuse, violence and emotional disorders interfere with the ability of children to learn and the ability of a school to educate. Students who are under the influence of alcohol or other drugs or battling emotional problems are not going to be able to learn as well as students who devote their full attention to their education. Time, energy, and resources devoted to maintaining order in schools with serious violence and discipline problems are time, energy and resources not being sued for education. Chaotic and insecure school environment also interfere with the academic success of students who otherwise are ready and willing to learn. Substance abuse, violence and behavioral disorders can form a cluster of risk behaviors. These clusters can often be found affecting particular individuals - or communities whose life and social circumstances place them at risk. And these problems can have a profound impact on the ability of the students to learn. A review of the literature by the Massachusetts Department Education concluded that Drug use, alcohol use, and tobacco use, pregnancy, poor nutrition and physical inactivity, and violence are all to diminished school performance (Cmanis and Sorenson, 2000). A mayor in Washington State concluded that “Groups of middle and high school students with even moderate involvement with substance use and violence/delinquency have dramatically

lowered academic achievement than groups of students with little or no involvement in these behaviors" (Washington Kids Counting, 2002).

Children and adolescence that are under the influence of drugs and alcohol fighting or acting out and/or tormented by emotional distress and fear are not going to succeed in school. In addition to the cognitive impact of drugs, alcohol, and emotional distress, these behaviors result in increased absenteeism (or time spent in detention), which also have an impact on students academic success. And a school in which teachers spend much of their time enforcing discipline rather than teaching is not an environment in which most children will learn. The purpose of this prevention brief is to clarity some of the relationships among substances abuse, violence, and mental health for children and adolescent and to points to the reader to resources that demonstrates how overarching school-wide interventions can help reduce all.

Research indicates that alcohol use (especially heavy alcohol use) and violence among youth are connected (Reiss & Ruth, 1993). Alcohol can promote influence young people to behave in ways or to let themselves behave in ways that they would not if they were sober a young person under the influence of alcohol, and especially one who is intoxicated may not feel restrained by his or her better judgment, nor by the standards of their peers or society, and engage in violence or to behave in ways that provoke confrontations. Alcohol and drug use impairs judgment and decision making skills leading youth into potentially violent situations which they might have otherwise avoided and depriving them of the clarity of mind that would help resolve these situations without violence.

The relationships of drugs other than alcohol to violence are more complicated. Like alcohol, drugs can the community level between drugs and crime including violent crime. Young

people on drugs nay steal to enforce their habits. The buying and selling of drugs also leads to violence among drugs dealers and consumers, drug wholesalers and retailers, and compelling drug-selling gangs (For more information on the relationship of alcohol and other drugs and violence see Miczek, DeBold, Haney, Tidey, Vivian and Weerts, 1994).The contribution that violence can make to the abuse of alcohol and other drugs is less well documented. It has been suggested that some children and adolescents people turn to alcohol or drugs in an efforts to cope with the violence in their lives, whether that is domestic or sexual violence at home, bullying at school, or a persistent level of violence in their community.

The relationship of the abuse of alcohol and .other drugs to emotional and behavioral disorders and mental illness, is complicated by the fact that drug and alcohol dependence are themselves diagnostic categories. The question of whether a young person with a dual-diagnosis (that is, who has been diagnosed with both an emotional disorder or mental illness and a drug or alcohol dependence) would have avoided emotional problems if he or she had avoided drugs or alcohol is difficult to answer. Both may be indicative of other personal, family, or environment risk factors. Researchers also suggest that some young people (such as runaway and homeless adolescents and those with emotional disorders but without access to testament) “self-medicate” -that is, abuse alcohol to cope with their emotional pain.

Adolescents with serious behavioral problems were nine times as likely to be dependent on drugs as adolescents with low levels of behavioral problems. Adolescents with serious emotional problems nearly twice as likely to use alcohol as adolescents with low levels of emotional problems. They were also twice as likely to smoke tobacco as adolescents with low levels of emotional problems. Adolescents with serious behavioral problem were nearly three times more likely to use alcohol in the past month than adolescent with low levels of behavioral

problems. Adolescents with serious emotional problem nearly four times more likely to be dependent on alcohol or illicit drugs than adolescents with low levels of emotional problems are likely to precede the drugs dependence. However, the difficulty in sorting out the precise relationship among risk behaviours does mean we cannot take effective steps to reduce these behaviours. The substance Abuse and Mental Health Services Administration's Report To Congress On The Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders Suggests that through scan research has been conducted on the prevention of co-occurring substance abuse disorder and mental disorder, the limited data available suggest that since some of the risk factor for mental and substance abuse disorders may be identical (e.g. low socioeconomic status, family conflict, exposure to violence), programs designed to prevent one disorder may prevent or forestall development of the other (Samsha,1993) Most youth violence is not committed by people with a diagnosable mental illness. It may be that certain types of emotional disorders contribute to violence by affecting judgment and decision-making abilities, or making young people with these disorders more susceptible to peer or social pressure impelling them towards oneself (such as self-mutilation). Being a victim of, or a witness to, violence can take an emotional toll upon children especially young children. There is evidence to suggestion that witnessing violence when young is a risk factor for4 engaging in violence, or other-social behaviour, when older. Witnessing violence can also lead to heightened levels of fear, hopelessness, and a loss of control. Research indicates that violence witnessed by young children can result in changes to brain that can lead to heightened state of fear or anticipation even in the absence of external stimuli (Child Witness to Violence Project, 2013).

2.12 Theoretical Framework

The study is based on the theoretical framework of constructs parental monitoring, social control social learning and peer deviance Hirschi (1969), Nye (1958) and Bandura and Walters (1963). These components (parental monitoring, social control social learning and peer deviance) play an important role in some of the delinquency and deviant behaviour. The major question posed on these theories is why so many individuals do not commit criminal acts. Control theories answer this question by pointing to different controlling factors that restrain people from committing such acts. The family is among the most important of these controlling factors. Social learning theory posits that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. This implies that parents on the causes and remedies of drugs abuse among students in secondary schools has significant role to play in the control of drug abuse among students in the secondary schools.

In the theory of social bonding, included a measure of virtual supervision in the attachment to parents' element and specified this as a measure of indirect parental control. In more recent versions of control theory, open the other hand, a number of researchers have used parental monitoring as a direct parental control measure in addition to attachment to parents. The theory specified the causal order between deviant friends and delinquency. Social control theory contends that there is no causal association between delinquent friends and delinquency but that both are caused by weak bonds to society caused by withdrawal which was motivated by drug and its use and or misuse. Weak bonds cause the delinquent behavior that leads to association with delinquent friends. One crucial criticism of control theories, however, focuses on their lack of interest in what motivates individuals to commit criminal acts. In addition to weak bonding

and an absence of restraints, some positive motivation by drug has been identified as necessary for sustained involvement in delinquent behaviour by contrast, social learning theory contends that delinquency is learned in association with deviant peers and that relationships with deviant peers lead to deviant behaviour as caused by drug and its abuse. The social learning perspective has also been subject to criticism, however. One limitation that has been discussed was that the perspective fails to explain why some adolescents spend their free time with deviant friends indulging in drug.

To overcome these limitations, a number of theoretical perspectives choose to employ an integrated theoretical framework in relation to delinquent behaviour. These perspectives combine components from different theories to achieve greater explanatory and predictive power in the explanation of delinquency. Proponents of an integrated theoretical perspective argue that although each traditional theory offers something of value in the explanation by drugs of delinquent behavior particularly as motivated none offers a complete explanation. Thus, elements of social control theory such as weak bonding and a lack of restraints must be combined with exposure to deviant peers and the consequent opportunities for delinquent learning needed to explain the motivation for criminal behaviour caused principally by drug related assertions.

Integrated theories suggest that weak bonds to society stimulated by exclusive withdrawal have an indirect effect on drug use and delinquency. Such weak bonds increase the risk for the development of relations with delinquent friends and it is association with delinquent friends that has the strongest effect on drug use/misuse and delinquency. The theory concluded that associations with delinquent peers, in particular, provide the motivation for delinquency

because they transmit delinquent values, reinforce delinquency, and functions as delinquent role models.

The theoretical framework for this study hypothesizes that poor parental monitoring will have an indirect effect on drug use and its misuse. Adolescents exposed to poor parental monitoring will be more likely to associate with deviant peers, however, and this in turn is hypothesized as the major source of drug use, misuse and behaviours. Association with deviant peers is thus posited to act as an intervening (social learning) mechanism between the social control variable parental monitoring and the outcome variable drug use, It is within the context of this deviant group that the adolescent finds both the motivation for drug use

SOCIAL LEARNING THEORY

Social learning theory posits that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. In addition to the observation of behaviour, learning also occurs through the observation of rewards and punishments, a process known as vicarious reinforcement. The theory expands on traditional behavioural theories, in which behaviour is governed solely by reinforcements, by placing emphasis on the important roles of various internal processes in the learning individual.

Social learning theory integrated behavioural and cognitive theories of learning in order to provide a comprehensive model that could account for the wide range of learning experiences that occur in the real world.

1. Learning is not purely behavioural; rather, it is a cognitive process that takes place in a social context.

2. Learning can occur by observing a behaviour and by observing the consequences of the behaviour (vicarious reinforcement).
3. Learning involves observation, extraction of information from those observations, and making decisions about the performance of the behavior (observational learning or modeling). Thus, learning can occur without an observable change in behavior.
4. Reinforcement plays a role in learning but is not entirely responsible for learning.
5. The learner is not a passive recipient of information. Cognition, environment, and behavior all mutually influence each other (reciprocal determinism).

Social learning theory draws heavily on the concept of modeling, or learning by observing a behavior. Bandura outlined three types of modeling stimuli:

i. Live model

In which an actual person is demonstrating the desired behavior

ii. Verbal instruction

In which an individual describes the desired behavior in detail and instructs the participant in how to engage in the behavior

iii. Symbolic

In which modeling occurs by means of the media, including movies, television, Internet, literature, and radio. Stimuli can be either real or fictional characters.

Exactly what information is gleaned from observation is influenced by the type of model, as well as a series of cognitive and behavioral processes, including :(Bandura, 2012).

iv. Attention

In order to learn, observers must attend to the modeled behavior. Attention is impacted by characteristics of the observer (e.g., perceptual abilities, cognitive abilities, arousal, past

performance) and characteristics of the behavior or event (e.g., relevance, novelty, affective valence, and functional value).

v. Retention

In order to reproduce an observed behavior, observers must be able to remember features of the behavior. Again, this process is influenced by observer characteristics (cognitive capabilities, cognitive rehearsal) and event characteristics (complexity).

vi. Reproduction

To reproduce a behavior, the observer must organize responses in accordance with the model. Observer characteristics affecting reproduction include physical and cognitive capabilities and previous performance.

vii. Motivation

The decision to reproduce (or refrain from reproducing) an observed behavior is dependent on the motivations and expectations of the observer, including anticipated consequences and internal standards.

An important factor in social learning theory is the concept of reciprocal determinism. This notion states that just as an individual's behavior is influenced by the environment, the environment is also influenced by the individual's behavior. In other words, a person's behavior, environment, and personal qualities all reciprocally influence each other. For example, a child who plays violent video games will likely influence their peers to play as well, which then encourages the child to play more often. This could lead to the child becoming desensitized to violence, which in turn will likely affect the child's real life behaviors' social reinforcement for this form of behaviour.

DRUG ADDICTION THEORIES

Drug addiction theories as described by McKim (2013) with three models of why people become addicted to drugs, or engage in substance abuse to use the modern terminology. These models include the disease model, the physical dependency model and the positive reinforcement model. The disease model claimed that at one time people with problems associated with alcohol or other drugs were regarded as sinners or criminals, and any help they might receive came via the courts or the church. Towards the end of the 19th century the medical profession began to use the word addiction as both an explanation for, and diagnosis of, excessive drug use. This idea was formalized in the 1950s when the World Health Organization (WHO) and American Medical Association (AMA) classified alcoholism as a disease. One consequence of this change in attitude is the notion that the addict is not in control of their behaviour, that they require treatment rather than punishment. One problem with the disease model is that it does not clear how one catches this disease. The presence of withdrawal symptoms led to the idea that the avoidance of withdrawal symptoms was the reason people continued to self-administer drugs. This is the essence of the physical dependency model.

The Physical Dependency Model

This model in it claimed, that after repeated exposure to certain drugs, withdrawal symptoms appear if the drug is discontinued. Withdrawal symptoms are compensatory reactions that oppose the primary effects of the drug. Therefore, they are the opposite of the effects of the drug. Withdrawal effects are unpleasant and reduction in these effects would therefore constitute negative reinforcement**.** Negative reinforcement is the reinforcement of behaviour that terminates an aversive stimulus Negative reinforcement could explain why addicts continue to take the drug. However some addicts will endure withdrawal symptoms in order to reduce their tolerance

Concentrating on the role of physical withdrawal effects at the expense of other psychological factors led to the failure to recognize the addictive properties of cocaine. Cocaine does not produce physical dependency (tolerance and withdrawal symptoms) but it is more addictive than heroin. It is also important to emphasize that reduction in withdrawal symptoms does not explain why people take drugs in the first place. Negative reinforcement may account for initial drug taking in some situations. For example, someone who is suffering from unpleasant emotions may experience a reduction in these feelings (i.e. negative reinforcement) following drug administration. However the most likely reason for drug taking involves positive reinforcement.

so that they can recommence drug intake at a lower dose which costs less to purchase.

Positive Reinforcement Model

The reinforcing properties of a drug are thought to be reason why most people become addicted

to drugs. Addictive drugs are positive reinforces (Carlson, 2001). As you know positive reinforcement can lead to learning a new response, and the maintenance of existing behaviours. It follows that the behaviours associated with taking an addictive drug (i.e. injecting or smoking it) will increase in probability. One way of testing this claim is to examine the reinforcing properties of drugs in animals. We already know that conventional reinforces support bar-pressing in animals, therefore if a drug maintains a response such as bar-pressing in an animal, it is a reinforcing stimulus. At one time it was believed that animals could not be made addicted to drugs, but that view is now rejected because technical developments have shown that animals will learn new behaviours that cause injection of drugs into their body. This shows that there are apparatus used to study self-administration of drugs in laboratory animals. The rat will learn to press the lever which causes activation of the infusion pump by the program circuitry. The pump delivers drug solution through a catheter implanted into a vein.

2.13 Reviews of Empirical Studies

Drug and alcohol use in college campuses is universal. Students articulate many reasons ‘why they do it, but most neglect to consider both the long-term consequences of their actions. How widespread is drug and alcohol abuse? Teenagers today admit to extensive experimentation. According to one study, 90 percent of teens said that they have used alcohol, over 50 percent have use marijuana, 17 percent have used cocaine and 13 percent have some form of hallucinogenic drug. Drug use has been classified as a major problem of student as early as in the fourth grade. Consequently, it is no surprise that substance use in prolific on college campuses, where many young adult supervision for the first time in their lives.

Alcohol use accounts of over 100,000 deaths per year in this country. It contributes to over50 percent of all suicides, violent crimes, emergency room admissions, traffic accidents,

substandard job performances and industrial accidents, and 80 percent of all domestic violence incidents. You may falsely believe that you are “safe” because you live in the small community of Melbourne and that these issues don’t really affect you. To be more specific, how can drug and alcohol abuse affect a healthy young college student like you?

The statistics are staggering:

Drug and alcohol abuse is the leading cause of death for people between the ages of 15 and 24. 95% of all college campus violence is related to alcohol 28% of all college dropouts are alcoholics and 40% of all college students having academic problems abuse alcohol. Over 60% of all college women who have contracted STDs were intoxicated at the time that they were infected. Drugs can affect judgments, they also affect memory.Prolonged drinking can also affect cognition by shrinking the brain.

The findings of this study with the study of Soldera et .al (2004) and those of Engs and Teylingen (1997), and Obot (200l) where they found high consumption of alcohol among students both in id post-secondary schools. This finding is also in agreement with the study of Eneh and Stanley (2014) which found the prevalence to tobacco and marijuana abuse by students to be high. Marijuana impairs the motor coordinate, perceptual skills and reaction time necessary for safely operating automobile or other machines. Marijuana also disrupts memory formation and interfaces with immediate recall (Smite, 2015).The findings of this study show that 16.2% student admitted the use of cocaine. This findings show that such powerful drug is beginning abused by students. This is dangerous trend as continued use of cocaine can produce harmful effects, including a loss of Appetite and intense. Talking about the escalation of drug use, 4-9 there is some evidence that drug use may have a subsequent deleterious effect on school performance. The former expectation (that academic failure is a risk factor for drug use or that

academic achievement is a protective factor against drug use) is consistent with social development theories 11, 12 that describe academic failure as one important indicator of poor school attachment. When students are poorly attached to pro-social entities, such as school, they are more likely to be attached to antisocial entities, such as delinquent peers groups. This confluence of low attachment to school and high attachment to delinquent peers is likely to lead to an adolescent's own involvement in nefarious behaviors (including drug use). Coward and Ohlin's strain theory and extensions of this theory hypothesize that discrepancy between their personal aspirations and their perceived opportunities for achievement. The theory considers school failure as one of the major sources of strain. Moreover, drug use may be used as a coping mechanism to deal with stress associated with academic failure and formal train theories discuss similar notions of emotional adaptations (including drug use) as 1 of the primary responses to strain. On the other hand, drug use may also serve' as a risk factor for academic failure. In this case, drug use may serve as a distraction to other pursuit and student's commitment to school may suffer as a result. There has been much less empirical support for this framework.

It is important to note, however, that these causal frameworks may not be mutually exclusive. Rather, academic failure and drug use may be involved in mutually reinforcing feedback loop, where deterioration of academic achievement promotes drug use and further involvement in drug use promotes poor academic achievement. Based on Monitoring the Future data, Bachman and colleagues support this premise, stating that "adolescent substance use is negatively correlated with educational success (a) because both sets of behaviors share common prior causes, (b) because educational successes protect against substance use whereas educational failure are risk factors, and (c) to a lesser extent because some substance use can impair educational success.

2.14 Summary

In this chapter literature was reviewed on the topic perception of parents and students on the causes

and remedies of drug abuse among students in secondary schools in Kaduna state. Nigeria. Literature is also reviewed regarding to conceptual framework, concept of drug abuse and addiction, concept of perception, causes of drug abuse and addiction, reason why people become addicted, management of drug abuse, extent of drug abuse among youth, the types of drug abuse by student, Implications for prevention and Intervention, substance abuse, violence, mental health, and academic success, theoretical Framework, and review of empirical studies. Literatures of other works were touched in brief and others untouchable. The gap which this study closed is that the study tried to answer the growing concerned of perception of parents and students on the causes and remedies of drug abuse among secondary school with some studies in the literature could not cover. This therefore, closes the existing gap in the empirical studies.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methodology was employed in carrying out the research. Specifically, it contains a description of the design of the study, population of the study, sample and sampling procedure, instruments for data collection, validation and reliability of the instrument procedures of data collection and data analysis.

3.2 Research Design

This study employed a survey research design. It is a design that study people or item in groups, and also describes and interprets relationships between or among variables that exist in a research. A survey research design was used to collect data. In line with this Olayiwola (2007) stated survey is an effective way of gathering data from different sources within a short time at a relatively cheaper cost.

3.3 Population of the Study

The population of this research is made up of the entire secondary schools students and their parents in the senior public secondary schools in some selected schools in four (4) Local Government Areas of the Kaduna State. These four (4) Local Government Areas are Anchau, Giwa, Kaduna and Zaria. The total population of the students in Anchau, Giwa, Kaduna, and Zaria 41,438 out of the entire population of the student in Kaduna State secondary schools of 105,393 students.

Table 3.1: Population of the Study

L.G.As	No.of Students	No.of Parent	Total of parents and students
Anchau	5099	5099	10198
Giwa	3212.5	3212.5	6,425
Kaduna	5841.5	5841.5	11,683
Zaria	6566	6566	13,132
Total	**20719**	**20719**	**41438**

Source: Inspectorate Dept. Ministry of Educ. Kaduna 2016.

3.4 Sample and Sampling Technique

L.G	total of Students	Noof Students	Total of parent	No of parent
Anchau	5099	102	5099	102
Giwa	3215	65	3215	65
Kaduna	5841	116	5841	116
Zaria	6566	131	6566	131
Total	20719	414	20719	414

Eight hundred and twenty eight (828) students and parents were sample in the four local Governments and stratified random sampling technique was used. The researcher used 2% to make the samples. This is in line with the recommendations of Olayiwola (2007) that a researcher is free to convenient percentage in the sample techniques in order ease the administration of instruments to the sample population of the study. The 'hat drawn' method was used. This was done by wrapping pieces of paper containing "Yes" and "No". Papers equal to the number of students in each local government was wrapped. This procedure was applied to select senior secondary school students. The students that picked 'Yes formed the sample for the study while those that picked 'No' were not used for the study

3.5 Instrumentations

A questionnaire was used to generate data from both students and parents for the study. The questionnaire was title Perception of Causes and Remedies of Drug Abuse among Adolescent (PCRDAA) and constructed by the researcher with the assistance of the supervisors. The questionnaires were made up of three sections as follows:

Section A: This section was made up of general information about the respondents' bio data to include gender, age, and status in term of parents and class in term of students

Section B: This contains total number of ten (10) items related to the perception of parents and students on the causes of drug abuse.

Section C: This contains ten (10) items on the perception of parents and students on the remedies to drug abuse among secondary school students.

3.5.1 Scoring of the Questionnaire

In order to translate responses provided by the respondents of this study into needed data there was a breakdown of responses into points as indicated below: Four Point Likert Scale

Strongly Agree (SA)	4
Agree (A)	3
Disagree (D)	2
Strongly Disagree (SD)	1

3.5.2 Validity

The instrument for this study was submitted to Senior lecturers in the Department of Educational psychology and counseling A B U Zaria to determine its suitability and adequacy,

especially in content and construct. The comments and observations of the specialists were used in improving the content of the instrument

3.5.3 Reliability

The reliability of the instrument of this study, was established on a test re-testing which was conducted using students and parents in Government Day Senior Secondary Basawa, Zaria who were not part of the main study. The results of the data collected from the testing were collated to determine the reliability coefficient of the instrument test re-test technique was used in generating the data and split half method was used. The reliability coefficient was 0.84. The reliability coefficient indicated that the instrument was considered as reliable for the study. The consistency coefficient was closed to one (1) implying that the items for the instrument is considered reliable and valid, based on the preposition of Mukherjee (2008) who stated that the average value of correlation coefficient must be around 0.70 for an instrument to be considered reliable..

3.6 Procedure for Data Collection

An introductory letter was collected from the head of department of educational psychology and counselling, Faculty of Education Ahmadu Bello University, Zaria. The letter was taken to the schools administrators where permission was granted to administer the instruments. The researcher address the teachers and students on the purposes of data collection in all the schools visited in the zones. The researcher personally administered the questionnaire to the respondents particularly the students. As showed in appendix A. The researcher issued two copies of the instruments to the students on the basis of one for the student and one for the parent to be filed and returned. The students, teachers assisted in the administration and collection of

the questionnaire. The researcher administered eight hundred and twenty eight (828) for students and parents. The researcher retrieved seven hundred and eighty nine instruments from the respondents (789) and fourty one (41) were not retrieved they one retrieved were used for the analyses,

3.7 Procedure for Data Analysis

Data were analyzed using descriptive and inferential statistics. Descriptive statistics such as frequency distribution, percentages, mean scores and standard deviation was used to analyse research questions. The, Paired Sampled t-test was used to determine the test of differences between respondents and in the variables of interest. Some of the Null hypotheses were rejected and while some retained at alpha level 0.05. Decision was based on the mean calculated of 2.5 and above as agree while less than 2.49 below was considered disagree.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the statistical analysis of the findings on the perception of parents and students on the causes and remedies of drug abuse among secondary school students in Kaduna state. Assessments were presented along the research questions. Each of the item and variables in the respective sections are analyzed with mean scores. Decisions on each of the items and variables were based on agreement signified by the magnitude of the score. The study's hypotheses and discussions of the findings from the analyzed data were presented in the last two sections of the chapter. Summary of major findings was also included.

4.2 Demographic Characteristics of Respondents

Table 4

	Students		**Parents**	
Gender	**No**	**%**	**No**	**%**
Male	228	55.2	227	54.0
Female	186	43.8	187	43.0
Total	410	100.0	408	100.0
Age of Respondents				
11-15years	118	29.0	26-30years	117(28.2)
16-20years	182	43.9	31-35years	182(43.9)
21-25years	114	27.1	36 and above	114(27.1)
Total	414	100.0	Total	414(100.0)

The gender status of the respondents as displayed in the table above showed that 228(55.2%) are male students and the rest 186(43.8%) are female students; while 227(54.0%) are male parents and 187(43.0%) are female parents. This implied that both male and female students and parents are represented in this study. The ages of the respondents as shown in table 4.1.1 above revealed that 118(29.0%) are between 11-15 years, 182(43.9%) falls within the age range of 16-20 years and 114(27.1%) are within the age range of 21-25 years. For the parents

117(28.2%) are within ages 26-30 years and 182(43.9%) are within ages 31-35years while 114(27.1%) are from 36 years and above. This implied that students of different ages were presents and their parents were assessed in this study.

4.2 Research Questions

Question one: What is the opinion of parents and students respondents on the causes of drug abuse among secondary school students in Kaduna state?

Table 4.2.1 Response of Parents and students on the causes of drug abuse among secondary school students in Kaduna State

S/NO	Items of Causes of Drug Abuse	Response Categories				Mean	SD
		SA	A	D	SD		
1	Involvement in drug is through the influence of friends, peer group, social class	165	326	294	33	1.7968	.40265
2	Indulgence in drug results from Curiosity borne out of influence of electronic and print media.	440	154	51	173	3.2384	.81638
3	Taking to drugs use is because of lack of parents doing their parental duties	154	264	253	158	2.9474	1.20217
4	Involvement in drug is to conform to the type of lifestyle that allows for escape from daily pressure	250	161	286	132	3.5006	1.00196
5	Indulgence in drug is to deal with frustration due to intense social or academic expectation	250	161	286	132	2.3619	1.07420
6	Availability of drugs in all social functions compels most students to see misuse as a society norm	217	172	264	165	2.4609	1.08807
7	The erroneous belief that drugs keep students alert and awake from sleep to be able to read enhance drug misuse	253	337	162	77	3.9240	.93135
8	To feel belong and accepted by peers and mates compel students into drug misuse	187	253	264	125	2.3945	.99638
9	The taking of cigarette and other narcotics in most home and foreign movies exposed students into taking drugs as well	264	269	165	107	3.7237	1.06103
10	The technological advancement in ICT brings about many ills of which drugs misuse is an example	165	326	294	33	2.2384	.81638
	AGGREGATE MEAN					***2.86***	***0.94***

Decision mean = 2.5000

A careful observation of the above table revealed the opinion of parents and students respondents on the causes of drug abuse among secondary school students in Kaduna state. The top four mean scores on the causes of drug abuse among secondary school students, that the erroneous belief that drugs keep students alert and awake from sleep to be able to read enhance drug misuse during examinations. These drug substance may not be prohibited e.g. the intake of coffee or kola-nut which contain caffeine that stimulate the central nervous system. Caffeine can temporarily keep one awake and energetic. Also, the taking of cigarette and other narcotics in most home and foreign movies exposed students into taking drugs. Our youth are easily deceived by what they see instead of emulating the orals behind the movies. These movies show both negative and positive sides of living which leaves every viewer with an option to choose. Involvement in drugs in order to conform to the type of lifestyle that allows to escape from daily pressure; this is a common trait amongst youth who for peer pressure. This happens when they get involved in drugs because their friends are involve in it, wanting to be on the side of their peers instead of being pushed aside for doing right. Another opinion that ranked high is the indulgence of students due to curiosity-borne influence of electronic and print media; like the message after a cigarette advertorial of the liability of smokers dying young gives no stringent cut on the intake rather a probable remedy to its intake.

The aggregate mean score on the overall causes of drug abuse among secondary school students of 10 items regarding the causes of drug abuse was 2.86 which were found to be higher than the decision mean of 2.50 implying that they are generally in agreement with the items. Specifically the item that attracted the highest mean score of 3.92is “The erroneous belief that drugs keep students alert and awake from sleep to be able to read enhance drug misuse” This item revealed that 590 (71.17%) were in agreement while 239(28.83%) are in disagreement.

Other causes of drug abuse were shown in table 4.1.2. This shows that influence from taking of cigarette and other narcotics in most home and foreign movies exposed students into taking drugs as well as peer groups are the causes of drug abuse among the secondary school children in the study area.

Research Question two: What is the opinion of parents and students respondents on the Remedies to drug abuse among secondary school students in Kaduna state?

Table 4.3.2 Parents and students responses on the Remedies of drug abuse among secondary school students in Kaduna State

S/NO	Items of Remedies to Drug Abuse	Response Categories				Mean	SD
		SA	A	D	SD		
1	Periodic seminar and talk show on drug its use & misuse should be organized to educate secondary school students about side effects of drug misuse	350	152	184	143	3.1448	1.14663
2	Drug education as a course of study should be introduced and taught in the secondary schools	151	349	164	165	1.4138	1.00306
3	Periodic visit to drug related institutions like NDLEA should be made part of secondary school programme to further enable students to learn more about drugs and its handling	318	183	185	143	3.1846	1.12437
4	Suspected drug addicts among students should be recommended for rehabilitation homes	184	569	54	11	2.8680	.57246
5	There should be legislation at all levels of government against drug misuse among secondary school students	305	359	143		1.7993	.71797
6	There should be close collaboration between PTA and the students on the danger of involvement in drugs abuse	198	470	128	11	2.9405	.67492
7	The news media (electronic &print) should carry regular news on the side effects of drug abuse	228	502	88		3.0289	.59787
8	Subjects like social studies which deal with effects of involvement in social vices such as drug misuse should be made compulsory in secondary schools	109	577	121		3.8149	.53398
9	Government should enact strict and stringent laws to prohibit the sale of drugs	165	326	294	33	2.2384	.81638
10	Government, nongovernmental and religious organizations should lead crusade against drug misuse.	440	154	51	173	3.4714	1.20217
	AGGREGATE MEAN					***2.84***	

Fixed mean = 2.5000

The table above revealed the opinion of parents and students respondents on the Remedies of drug abuse in secondary school students in Kaduna state. It showed that the

aggregate mean score of 2.84 is higher than the fixed mean score of 2.50 implying agreement to the remedies of drug abuse among secondary school students. Majority are of the opinion that Subjects like social studies which contains the disadvantages of involvement in social vices such as drug misuse should be made compulsory in all the classes of secondary school as this item ranked the highest mean score of 3.81 with 686(82.75%) were in agreement while 121 (14.60%) In the same vein they were also of the strong opinion that Government, non-governmental and religious organizations should lead crusade against drug misuse. This item ranked second highest mean score3.47 and 594 (71.65%) were in agreement while 224(27.02%) disagreed. Therefore public enlightenment against drugs abuse and its effects on human health remedies to stopping drug abuse among the school children.

4.3 Hypotheses testing

In pursuance of the objectives of this study and to provide statistical solutions to the question raised, four null hypotheses were formulated. The hypotheses were tested as follows:

Hypothesis One: *There is no significant difference on parents and students perception on the causes of drug abuse among secondary school students in Kaduna State.*

Table 4.4.1 t-test on perception of parents on the causes of drug abuse among secondary school students in Kaduna State

Variables	N	Mean	SD.	T-cal.	T-crit.	df	p
Parents	414	2.5006	1.00196				
				2.550	1.96	827	0.011
Drug Abuse	414	2.3619	1.07420				

t(827)1.96, p<0.05 fail to accept.

The test revealed that 414 students and 414 parents were sampled for this study. The observed t-calculated is 2.550 which is greater than the t-critical of 1.96 at the 827 degree of freedom and the probability level of significance observed in the test is 0.011 (P<0.05). This

indicates that there was significant difference in the perception of students and parents of the causes of drug abuse. Therefore, the null hypothesis that there is no significant difference between parents and students in their perception of the remedies of drug abuse among secondary school students was therefore rejected.

Hypothesis Two: *There is no significant difference between parents and students perception of the causes of drug abuse among secondary school students.*

Table 4.4.2 t-test on Students perception of the remedies of drug abuse among secondary school students in Kaduna State

Variables	N	Mean	SD	T-cal.	T-crit.	df	p
Students	414	1.9474	1.20217				
				-15.943	1.96	827	0.000
Drug Abuse	414	2.9095	0.92913				

(827)p<0.05 accept

The test revealed that 414 students and 414 parents were sampled for this study. The observed t-calculated is -15.943 which is less than the t-critical of 1.96 at the 827 degree of freedom and the probability level of significance observed in the test is 0.000 ($P < 0.05$). This indicates that there was significant difference in students and parents perceived remedies of drug abuse. Therefore, the null hypothesis that there is no significant difference between parents and students perceived remedies of drug abuse among secondary school students was therefore rejected.

Hypothesis Three: *There is no significant difference between male and female parents on the perceived causes and remedies on drug abuse among secondary school students*

Table 4.4.3 t-test on perception of male and female parents on the perceived causes and remedies on drug abuse among secondary school students

Variables	N	Mean	SD.	T-cal.	T-crit.	df	p
Males &Female	207	1.8289	0.59787				
				-8.244	1.96	827	0.000
Drug Abuse	207	2.1601	1.11187				

(827) p<0.05 accept

The test revealed that 414 parents were sampled for this study. The observed t-calculated is -8.244 which is less than the t-critical of 1.96 at the 413 degree of freedom and the probability level of significance observed in the test is 0.000 (P< 0.05). This indicates that there was significant difference in the perception of males and females perceived remedies of drug abuse. Therefore, the null hypothesis that there is no significant difference between males and females students on the perceived remedies of drug abuse was therefore rejected.

Hypothesis Four: *There is no significant difference on student's perception of the causes and remedies to drug abuse among secondary school students.*

Table 4.4.4 The t-test perception of students on the causes and remedies of drug abuse among secondary school students.

Variables	N	Mean	SD.	T-cal.	T-crit.	df	p
Students	207	2.5006	1.00196				
				15.162	1.96	827	0.000
Drug Abuse	207	2.0149	0.53398				

(827), p<0.05 accept

The test revealed that 829 students and parents were sampled for this study. The observed t-calculated is 15.162 which is greater than the t-critical of 1.96 at the 827 degree of freedom and the probability level of significance observed in the test is 0.000 ($P < 0.05$). This indicates that there was significant difference in males and females perceived causes and remedies of drug abuse. Therefore, the null hypothesis that there is no significant difference between males and females perceived causes and remedies of drug abuse among secondary school students was therefore rejected.

4.4 Summary of Major Findings

The following are the summary of major finding

1. Difference existed between parents and students perceived causes of drug abuse among secondary school students aggregate mean score was 2.86 while probability level of significance observed in the test is 0.011. The null hypothesis that there is no significant difference between parents and students in their perception of the causes of drug abuse among secondary school students was therefore rejected.

2. The findings shows that there is significant difference between parents and students perceived remedies of drug abuse among secondary school students, the aggregate mean score of 2.84 while probability level of significance observed in the test is 0.00. The null hypothesis that there is no significant difference between parents and students perceived remedies of drug abuse among secondary school students was therefore rejected.

3. Difference existed between male and female parents' perceived causes and remedies of drug abuse among secondary school students because the probability level of significance observed in the test of hypotheses is 0.000. The null hypothesis that there is no significant difference between males and females students on the perceived remedies of drug abuse was therefore rejected

4. There is difference that exists students' perception of causes and remedies to drugs abuse among secondary schools because the probability level of significance observed in the test of hypotheses is 0.000. The null hypothesis that there is no significant difference between males and females students perceived as causes and remedies of drug abuse among secondary school students was therefore rejected

4.5 Discussion of Major Findings

This study was conducted to determine the perception of parents and students on the causes and remedies of drug abuse among students in secondary schools in Kaduna state. The research question one asked that, what do parents and students perceive as the causes of drug abuse among secondary school students in Kaduna state? The hypothesis that assume that, there is no significant difference between the perception of parents and students as the causes of drug abuse among secondary school students in Kaduna State. The study found out that there was significant difference existed on parents and students perceived causes of drug abuse among secondary school students in Kaduna state. This is in line with the findings of Abdullah (2012) that there are common reasons why every individual take drug, whether the individual is a students or a teenager. According to Obiamaka (2011) irrespective of individual identity within a family be it parent or children there reason(s) for taking drug is always similar and in most cases bothering on peer/friends influence, wanting to get away from immediate social challenge, wade off disturbing thoughts. Okoye (2013) supported that students take to drug in their hiding places than the adolescents while the adolescent do not hide their preference for drug as a result of some unpleasant situation around them believing that with taking drugs and sometime in excess they will live to forget the situation around them. Ohsako (2013) pointed that parents and students are aware of what led to indulgence in drugs which is one of the reason why they take drugs and this mean that the opinion of parents and school children on the causes of drug abuse are the same.

The research questions two, what is the perception of parents and students on remedies of drug abuse among secondary school students in Kaduna state? The hypothesis that assume that, there is no significant difference between parent and student's perception of the remedies of drug abuse among secondary school students in Kaduna state. The study found out that there is

significant difference on parents and students perceived causes of drug abuse among secondary school students in Kaduna state. This is in line with the findings of Fayombo and Aremu (2015) that parent and students percept drug abuse and causes as the immediate solution to their problems in the schools and the society. This meaning that students and parent perceived causes of drug abuse in the secondary school in Kaduna state is the same in any society.

The research questions three states difference between male and female parents on the remedies of drug abuse in Kaduna state. The hypothesis that assume that there is no significant difference between male and female parents on the perceived remedies to drug abuse among secondary school students in Kaduna state .The study found out that there was significant difference existed between male and female parents' perceived causes and remedies of drug abuse among secondary school students in Kaduna state. This is in line with the findings of Haladu (2015) in his exposition on outreach strategies for curbing drug abuse that the fundamental difference between male and female is one of the reason the preference of one will be different from the other in most issues of human endeavour. This means that individual parent and students are quite different in their opinion of using drug abuse. This also implied that male and female are different in their opinion to the use of drug abuse in the secondary school in Kaduna state. Ifabumuyi (2016) supported that male adult did not see anything wrong in alcohol and drug use, their female counterparts abused this, which they saw as dangerous chemical that can negatively alter body chemistry and that what led male students into indulging in drugs may not be considered by their female counterparts. This was supported by Fayombo and Aremu (2015) that educational performance of some adolescent drug abusers showed positive effect of drug on males than females who were not known to have indulged in drug use/misuse.

The research questions four says what do students perceive causes and remedies to drug abuse among secondary school students in Kaduna state? The hypothesis that assume there is no significant difference on student's perception on causes and remedies to drug abuse among secondary school students in Kaduna state. The study found out that there was significant difference that exist on students' perception of remedies to drugs abuse among secondary schools in Kaduna state. This is in line with the findings Odejide (2015) showed that students and young adults in Nigeria are aware of perceived causes of drug abuse before indulging in it only that they do so as choice not minding the consequences. This means that remedies to drug abuse are not things that create emphases on the remedies to drug abuse. Obiamaka,(2011) supported that parents and their adolescents are aware of what need be done to curb incidence of drug abuse/misuse in order words they were only waiting for the inevitable to happen since in their restricted opinion there are remedies.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the contributions to knowledge, summary, conclusion and recommendations. The research has shown the perceived causes and the remedies to drug abuse among secondary school students in Kaduna State.

5.2 Summary

This study was conducted to determine the perception of parents and students on the causes and remedies of drug abuse among students in secondary schools in Kaduna state. The main objective was to determine the perception of parents and students on the causes and remedies of drug abuse among students in secondary schools in Kaduna state. The study have four objectives among which were determine the perception of parents and students on the causes of drug abuse among secondary school students in Kaduna State. In line with the specific objectives four research questions were raised one of which include what do parents and students perceive as the causes of drug abuse among secondary school students in Kaduna state? The work also have four hypotheses one of which include? There is no significant difference on the perception of parents and students as the causes of drug abuse among secondary school students in Kaduna State

Review of related literature such as the concept theoretical framework of drug abuse. Management of drug abuse, extend of drug abuse among youths, abuse of alcohol and other drugs and emotional disorders, implication for prevention and intervention, substance abuse,

empirical studies that related to the work .The methodology adopted was survey design and population of forty-one thousand, four hundred and thirty-eight (41,438) students out of which eight hundred and twenty eight was used for parents and students as 2% of the population was sampled. The null hypotheses were tested at 0.05 level of significant. The chapter four presents the statistical analysis of the findings on the perception of parents and students on the causes and remedies of drug abuse among secondary school students in Kaduna state. Assessments were presented along the research questions. Each of the item and variables in the respective sections are analyzed with mean scores. Decisions on each of the items and variables were based on agreement signified by the magnitude of the score. The study's hypotheses and discussions of the findings from the analyzed were made.

5.3 Conclusion

Based on the findings from the study, it was concluded that there is difference that exist between parents and students on the perceived causes of drug abuse among secondary school students in Kaduna state. The study concluded that there is difference between male and female on the perceived remedies to drug abuse among secondary school students in Kaduna state. The study also concluded that there is difference that exist on the perceived causes and remedies of drug abuse among secondary school students in Kaduna state. The study concluded that Parents and students do not share the same opinion on the perception and remedies of drug abuse among secondary school students in Kaduna state.

5.4 Recommendations

Based on the findings of the study, the following recommendations were made**:**

1. parents and students perceived causes of drug abuse among secondary school students should guard against the causes in Kaduna state.
2. Students should perceived the causes of drug abuse as a bad factor among secondary school students in Kaduna state.
3. |Male and female students should be engaged in attainment of good programmes in the school that will served as source of learning good values among students. This therefore become remedy among secondary school students taking drugs abuse in Kaduna state.
4. Parents and students should share the same opinion on the perception of good standard information that transmit orientation of better norms to the students in the secondary school. This therefore become a remedy to drug abuse among secondary school students in Kaduna state.

5.5 Implication of findings for Counselling

The study findings shown that guidance and counselling activities in the secondary schools is a vital instrument that is relevant to assist individuals' parents and students on the perception causes and remedies of drugs abuse this is because Drug abuse can lead to physical problems, emotional damage, and a decline in educational achievement and productivity. With the knowledge of guidance and counselling activities in the schools Family members might fight a lot because of the problems the drug causes on the individual students. The person who is using drugs might do and say things that upset neighbors and friends, and make the family ashamed, therefore with guidance and counselling it will be of great significant. Some people who are addicted don't believe that they are sick and out of control, so they don't look for treatment. They don't see the problems they are causing themselves and those around them. Other people who are addicted are aware of the problem, but may be so upset and confused that they don't know how

to ask for or get help .With the guidance and counselling activities in schools parents with a drug or alcohol problem can have a negative effect on their family members. You could say that the person with the problem is like someone stuck in a bog. The other family members, in their efforts to help, often get pulled down into the bog too. The first step in putting things right is when the others start to get their own feet on solid ground. Only if the implementation of guidance and counselling become effective in the schools they will be able to help tackle the addiction problem. It also help in the ability of prevention program to reduce risk behaviours and promote academic success provides a strong argument that these programmers are not "add-ons" but intrinsic to the success of the basic mission of a school: Providing an effective education to all children. Most youth violence is not committed by people with a diagnosable mental illness. It may be that certain types of emotional disorder contribute to violence by affecting judgment and decision-making abilities, or making young people with these disorder more susceptible to peer or social pressure impelling them towards violence. It equal help in the Security measures that are be implemented to eliminate drugs from school premises and school functions

5.6 Contributions to Knowledge

From the findings of the study, the following are the contribution to knowledge:

1. The researcher noted that parents and students perceived causes of drug abuse differentely among secondary school students in Kaduna state.
2. There are differences between parents and students views on the perceived remedies of drug abuse among secondary school students in Kaduna state.
3. There is difference between male and female parents on perceived causes and remedies of drug abuse among secondary school students in Kaduna state

4. There is difference on students' perception of remedies on drugs abuse among secondary schools in Kaduna state.

5.7 Suggestion for further studies

The present research work is only limited to secondary schools in Kaduna state. The researcher hopes that there will be other researchers wishing to further research in the following areas.

1. Perception of parents and teachers on the causes and remedies of drugs abuse.
2. Perception of the community on the causes and remedies of drugs abuse.
3. Effects of drugs abuse on the health adult.

REFERENCES

Abdullahi, Z. (2012). "Drug Abuse among Youths: Strategies for School Counseling", *the Nigerian Society of EducationalPsychologists*, Jos: Nigeria htttpp//*www.com.drugabuse* 12th December 2016

Adesina, S. (1975). The Use of Indian hemp and Drugs among Secondary School Students in Lagos, Lagos: University Press.

Adolescents Health Information Project (AHIP) (2001). *Drug Abuse*, Unpublished Pamphlet, Kano: AHIP Centre.

Agunlana, G.G. (1999). Family Structure and Prevalence of Behaviour Problems among Nigerian Adolescents, *the Counsellor*.

Albert Bandura (2011). "Social Learning Theory". General Learning Corporation. Retrieved 25 December 2013.

Armor, D.J.; Polich, J.M.; and Stambul, H.B. 1(2015). *Alcoholism and treatment.* New York: htttpp//*www.com.drugabuse* 12th December 2016

Asperheim Y. (2012), Suchman E. and Suniya, O. (2012) Prevalence of Behaviour Problems in the secondary schools. Retrieved on http www.com.google 25th march 2016

Balogun, S.K. (2006). "Chronic Intake of Separate and Combined Alcohol and Nicotine on Body Maintenance among Albino rats". *Journal of Human Ecology,*

Bandura, A. (1986). *Social Foundations of Thought and Action, a Social Cognitive Theory Engle Wood Cliffs*, NJ: Prentice Hall.

Bandura, Albert (2003). *Social Learning and Personality Development* New York: Holt, Rinehart, and Winston. http www.com.drugabuse retrieved on 32rd march, 2014

Cahalan, D., and Room, R. (2014). *Problem drinking among American men.* Monograph 7. New Brunswick, NJ: Rutgers Center of Alcohol Studies. www.com.drugabuse retrieved on 32rd march, 2014

Chebukaka, R. N. (2016) Drug Abuse among Students in Public Secondary Schools in Kenya,retrieve on htttpp//*www.com.drugabuse* 12th December 2016

Dunwiddie, T. (2014). Neurobiology of cocaine and opiate abuse. *U.S. Journal of Drug and Alcohol Dependence* (December): 17

Edwards, G., and Gross, M.M. (2013) Alcohol dependence: Provisional description of a clinical

syndrome. *British Medical Journal* 1:

Ekpo, A.U. (1981). "Marijuana is Very Harmful", *Nigerian Gong, htttpp//www.com.drugabuse* 12th December 2016

Enakpoya, E. (2009). "Prevalence of Drug Abuse Among Nigerian Adolescents: Implication for Counseling", *the Counsellor,* Vol. 26, No 2.

Esen, A.J.A. (1970). "Discipline in Schools", *Journal of the Cross River, Educator,* 1(1), 40.

Glasersfeld E.V. (1978) Drug Education and Its Effects on the Educational Performance of Some Adolescents Drug perspective of secondary education .httpp.www google..com.drugabuse retrieved on 12th march 2016.

Eze, J.E. & Omeje, (1999). *Fundamentals of Substance Abuse,* Enugu: Snaap Press Ltd.

Falk, J.L. (2012). Drug dependence: Myth or motive? *Pharmacology Biochemistry and Behavior*

Fawa, M.S. (2003). *Drug Abuse Eradication Programme in Schools: The Relevance of Team, Approach Alternative*, In A. Garba (Ed) *Youth and Drug Abuse in Nigeria: Strategies for Counselling Management and Control*, Kano: Matasa Press.

Fayombo, G.A. & Aremu, S. (2015). "Drug Education and Its Effects on the Educational Performance of Some Adolescents Drug Abusers in Ibadan", *the Counsellor,* 18(5), pp..

Grusec, J. (2009). Social Learning Theory and Developmental Psychology: The Legacies of Robert Sears and Albert Bandura". *Developmental Psychology* 28 (5).

Giandon P., Vinci 1. Obber S., Dileginio M. and Rischia I. (2010) "Development of Environmental Indicator for Italian Soils." Fresenius Environmental Bulletin, vol. 19-No. 8b-2010,

Goodwin, D.W. (2015).The bad-habit theory of drug abuse. In *Theories on drug abuse,* eds. D.J.

Goodwin, D.W.; Schulsinger, E; Hermansen, L.; Guze, S.B.; and Winokur, G. (2012). Alcohol problems in adoptees raised apart from biological parents. *Archives of General Psychiatry.*

Goldstein,O. (1979); Le-Blanc,R. (1995); Akers, Y.(1998) *Drug abuse the challenge of the time* Retrieved on http. www.com.drugabuse retrieved on 12th march, 2016

Mukharjee, M. (2009). *Colloids and Surfaces a Physiochemical and Engineering Aspects* volume: 344 Issue: 1-3 published: July 20th.

Haladu, A.A. (2015). Outreach Strategies for Curbing Drug Abuse among Out-of-School Youth in Nigeria: A Challenge for community Based Organization (CBOS), In A. Garba (Ed). *Youth And Drug Abuse In Nigeria:* Strategies For Counselling, Management And Control. Kano: Matosa Press. http www.com.drugabuse retrieved on 12th march, 2014

Idowu, A. (1987). Prevalence of Smoking and Drug Abuse among Students in Ilorin Metropolis: Implications for Counseling. *Journal of Education*, Vol. 7,

Ifabumuyi R.(2016) Causes and remedies of drug abuse: *Unpublished paper presented in the Faculty of Education University of Jos.*

Johanson, C.E., and Uhlenhuth, E.H.(2014). Drug preference and mood in humans: Repeated assessment of d-amphetamine. *Pharmacology Biochemistry and Behavior*.

Johnson, M.P. (1979). "Power Relaxations and Affective Style as Determinants on Confidence in Impression Formation in A Game Situation", *Journal of Experimental Social Psychology*, 7,

Kaplan, E.H., and Wieder, H. (2015). *Drugs don't take people, people take drugs.* Secaucus, NJ: Lyle Stuart.

Keller, M (2014). Some views on the nature of addiction. First E.M. Jellinek Memorial Lecture Presented at 15th International Institute on the Prevention and Treatment of Alcoholism, Budapest, Hungry, June (Available from Publications Division, Rutgers Center of Alcohol Studies, New Brunswick, nj). http www.com.drugabuse retrieved on 24th march, 2014

Kobiowu, S.V. (2006). "The Social and Academic Implications of Drug Abuse Among Undergraduates: A Case Study of the Obafemi Awolowo University, Ile-Ife, Nigeria", *International Journal of Psychosocial Rehabilitation*. 11(1),

Kolb, L. (2012). *Drug addiction: A medical problem.* Springfield, IL: Charles C Thomas.

Krystal, H., and Raskin, H.A. (2014). *Drug dependence: Aspects of ego function.* Detroit: Wayne State University

Lasagna, L. von Felsinger, J.M.; and Beecher, H.K. (2015). Drug-induced mood changes in Man. *Journal of the American Medical Association*.

Lettieri, M. Sayers, and H.W. Pearson. Research Monograph 30. Rockville, MD: National Institute on Drug Abuse.

Manbe, D.A. (2008).*Crime And Drug Abuse among Nigerian Youths*: A Critical Examination In World Health Organization (WHO)", *Expert committee on drug dependence*, 28th Report (unpublished).

Mba, A.I. (2008).*Counseling Techniques for the Rehabilitation of Drug Addicts in Nigeria,The Counsellor.*

McKim (2013). Drugs and Behaviour, 6th Ed, Prentice Hall, New Jersey. Retrieved on 28 october, 2016 www.http.com

National Drug Law Enforcement Agency (1997). *Drug Data Collection and Research,* Lagos: Drug Demand Reduction Unit, National Drug Law Enforcement Agency.

Nnachi, R.O. (2007). *Advanced psychology of learning and scientific enquiries*, Enugu: *J.J. Classic Publishers Ltd.*

Obiamaka, V.O. (2011). Problem Behaviours in Nigerian Secondary Schools, *Nigeria Society for Education Psychologists (NISEP).*

Odejide, A. (1979). Alcohol Use in Sub-Group Literature Nigerian. *African Journal of Psychiatry,* Vol. 5.

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).

Oduaran, D. (1978). *Psychological Guidance of the School Child*. Ibadan, Evans Books.

Ogunremi, O.O. & Rotimi, D.O. (1979). The Nigerian Teenage and the Use of Drug. *African Journal of Psychiatry,* Vol.5 (1&2).

Okuh, B. (1978). "Problems of Secondary School Learners", *Careers*. Vol. 2, No 3

Okorodudu, R. & Okorodudu, G.N. (2004). An Overview of Conduct Problems of the Nigerian Child. *Journal of theNigerian Society for Educational Psychologists. (NICEP),*

Okoye, N.N. (2013). The Adolescents and Hard Drugs: A Psychological Concern in R.U.N, Okonkwo & R.O. Okoye (Eds). *The Nigerian adolescent in perspective.* A Publication of the Nigerian Society for Education.

Oladele, J.O. (1980). *Guidance and Counseling: A Functional Approach*, Lagos: *John Lad Enterprises.*

Oyayiwola, A.O (2007). Procedure in research Activities, Kingo Nigeria Ltd Kaduna.

Olatunde, A. (1979). *Self-Medication: Benefits, Precautions And Dangers*, London: The Macmillan Press.

Orubu, A.O. (1983). Purpose for Which Secondary School Students Use Drugs: A Challenge to Guidance Counselors. *Journal of Institute of Education,* ABU,

Ohsako B. (2013).Perception of Drug Abuse among Nigerian Undergraduates. *World Journal of Medical Sciences.*

Osikoya, K.A. & Alli, A. (2006). Perception of Drug Abuse among Nigerian Undergraduates. *World Journal of Medical Sciences*

Rubington, E. (2015). Drug addiction as a deviant career. *International Journal of the Addictions*

Sambo, S. (2008). *Understanding Guidance and Counseling,* Zaria: *Ahmadu Bello University Press Limited.*

Siegel, S.(2013). Classical conditioning, drug tolerance, and drug dependence. In *Research advances in alcohol and drug problems,* eds. R.G. Smart, F.B. Glasser, Y. Israel, H. Kalant, R.E. Popham, and W. Schmidt. vol. 7. New York: Plenum.

Sigmund F. (1978) and Allport D. (1986) *Behavioural effects of adult child on drugs addicts Retrieved on www hhttp.google.com 17th September, 2015.*

Smite D. (2015) the circumstance of drugs abuse in the contemporaries' society. Retrieved on www hhttp.google.com 17th September, 2015.

Standley E. (2014) Effects of drugs abuse in the secondary school in Katsina state. *Unpublished paper presented in university of Abuja FCT.*

Ubom, I.U. (2004). "Behaviour Problems Of Children: Counseling Interventions", *Nigerian Society for Educational Psychologists (NISEP)*

Zinberg, N.E.; Harding, W.M.; and Apsler, R.(2013). What is drug abuse? *Journal of Drug Issues*.

Zinberg, N.E. (2014). The search for rational approaches to heroin use. In *Addiction,* ed. P.G. Bourne. New York: Academic Press. Zinberg, N.E. 1984. *Drug, set, and setting: The basis for controlled intoxicant use.* New Haven, CT: Yale University Press.

APPENDIX A.

NAMES OF THE SCHOOLS VISITED ON DATA COLLECTION

1. Anchau GSS Anchau
2. Giwa GSS Bomo
3. Kaduna GSS Kawo
4. Zaria Al-huda-huda Collage

APPENDIX B.

DEPARTMENT OF EDUCATION

AHMADU BELLO UNIVERSITY, ZARIA

I am a Master's student in the Department of Education, Ahmadu Bello University, Zaria. In partial fulfillment of the requirements for the award degree, I am conducting a research on "Perception of Parents and Students on the Causes and Remedies of Drug Abuse among Secondary Schools Students in Kaduna State". To this effect, I seek your cooperation to honestly respond by ticking ( ) the column against each statement in this questionnaire that best describes your feeling. The questionnaire consists of three parts: Part A is on personal information; Part B is on causes and Remedies of drug abuse among secondary school students while Part C is on parents' perception on drug abuse among students.

There is no right or wrong answer. Your responses simply represent your feeling/opinion. All information provided will be used mainly for the purpose of this study and strictly treated confidentially.

Thank you for your cooperation by making time to respond to the questionnaire.

Yanzah, Charity Ishaku

(Researcher)

PART A:

SECTION A

DEMOGRAPHIC DATA

Please read the following statements and tick [ ] the option you consider best fits your present status.

1. Gender: Male [ ] Female [ ]
2. Age range:

11-15years	[ ]
16-20 years	[ ]
21-25 years	[ ]
26-30 years	[ ]
31-35 years	[ ]
36 and above	[ ]

3. Status:

Student	[ ]
Parent	[ ]

SECTION B

Please read the following statements and put a tick [ ] on the option you consider best represents your assessment.

CAUSES OF DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS

S/NO	STATEMENT ON CAUSES OF DRUG ABUSE	SA	A	D	SD
1	Involvement in drug is through the influence of friends, peer group, social class				
2	Indulgence in drug results from Curiosity borne out of influence of electronic and print media.				
3	Taking to drugs use is because of lack of parents doing their parental duties				
4	Involvement in drug is to conform to the type of lifestyle that allows for escape from daily pressure				
5	Indulgence in drug is to deal with frustration due to intense social or academic expectation				
6	Availability of drugs in all social functions compels most students to see misuse as a society norm				
7	The erroneous belief that drugs keep students alert and awake from sleep to be able to read enhance drug misuse				
8	To feel belong and accepted by peers and mates compel students into drug misuse				
9	The taking of cigarette and other narcotics in most home and foreign movies exposed students into taking drugs as well				
10	The technological advancement in ICT brings about many ills of which drugs misuse is an example				

SECTION C

PERCEPTION OF PARENTS AND STUDENTS ON REMEDIES TO DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS

Please read the following statements and put a tick [ ] on the option you consider best represents your assessment.

S/N	STATEMENT	SA	A	D	SD
1	Periodic seminar and talk show on drug its use & misuse should be organized to educate secondary school students about side effects of drug misuse				
2	Drug education as a course of study should be introduced and taught in the secondary schools				
3	Periodic visit to drug related institutions like NDLEA should be made part of secondary school programme to further enable students to learn more about drugs and its handling				
4	Suspected drug addicts among students should be recommended for rehabilitation homes				
5	There should be legislation at all levels of government against drug misuse among secondary school students				
6	There should be close collaboration between PTA and the students on the danger of involvement in drugs abuse				
7	The news media (electronic &print) should carry regular news on the side effects of drug abuse				
8	Subjects like social studies which deal with effects of involvement in social vices such as drug misuse should be made compulsory in secondary schools				
9	Government should enact strict and stringent laws to prohibit the sale of drugs				
10	Government, nongovernmental and religious organizations should lead crusade against drug misuse.				