PARENTS', TEACHERS'AND STUDENTS' PERCEPTION OF DRUG ABUSE AND ITS INFLUENCE ON ACADEMIC PERFORMANCE AMONG ADOLESCENTS IN SECONDARY SCHOOLS IN NIGER STATE

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DECLARATION

I declare that this thesis entitled Parents', Teachers' and Students' Perception of drug abuse and its influence on academic performance among adolescent students in secondary schools in Niger State was carried out by me in the Department of Vocational and Technical Education. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this thesis was previously presented for another degree or diploma at this or any other Institution.

_____	_____	_____
Name of student	Signature	Date

CERTIFICATION

This thesis entitled "Parents' Teachers' and Students' Perception of Drug Abuse and Its Influence on Academic Performance among Adolescent Students in Secondary School in Niger State" by Inno Nura Ibrahim meets the regulations governing the award of master degree of masters of Education (Home-Economics Education) of the Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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Dean. School of Postgraduate Studies		

DEDICATION

This work is dedicated to God Almighty that gave me grace to complete it.

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Inno Nura IBRAHIM

ABSTRACT

This study was aimed at examining the Parents', Teachers' and students' perception of drug abuse and its influence on academic performance among adolescents in Secondary Schools in Niger state, Nigeria. *Four research questions guided the study and four corresponding null hypotheses were tested at 0.05 level of confidence. The study sample included 162 parents, 60 teachers and 162 adolescents, making a total of 384 sampled respondents for the study. The descriptive survey design was used. Relevant literature reviewed were cited. The instrument for data collection was a questionnaire that was validated and tested for reliability. Both descriptive and inferential statistics were used for data analysis. Frequency counts, percentages and means were used while the hypotheses were tested using Analysis of Variance (ANOVA). The responses on the* drug abuse and its influence on academic performance among adolescent students in Secondary Schools in Niger state *were both positive and significant. Their major perceptions were that,* drug abuse by adolescents lower their academic performance; both parents and the students were of the view that male students who keep bad friends were likely to fall into drug abuse; teachers were of the opinion that male students who have no basic future of livelihood may resort to drug abuse. It was concluded that all the respondents irrespective of their status have almost the same level of perception on what influences adolescents' drug abuse and that drug abuse can result to into negative consequences including lower academic performance. It was recommended among others that parents and teachers should monitor the type of peer groups their adolescents keep, as peer group influence, is the major cause of adolescent drug abuse. It was also recommended that drug education should be integrated into Home – Economics curriculum at all levels of education.

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ABBREVIATION

PCP – Phencyclidine hydrochloride

DMT - Dimethtryplamine

CNS – Central Nervous system

AIDS – Acquired immune Deficiency syndrome

WHO – World Health Organization

THC – Tetrahydrocannabinol

Operational Definition of Terms

Alcohol – is a volatile liquid distilled from fermented liquids,

Taken internally it acts as a temporary heat stimulant and in large quantity as depressant poison. p

Amphetamine – this is a synthetic drug which stimulates the higher nerve center, so increasing alertness xabolishing.

Drug abuse – Is self-administration of drugs without medical advice.

Depressant – are drugs used as a calming agent e.g, alcohol

Psychoactive substance – Any substance which influences mental processes

Dysfunctional use – use of drug that is leading to impaired psychological or social function (e.g less of job or marital problems

Hallucinogen – A drug such LSD, that affects people's minds x makes then see x hear things that are not really there.

Hard drugs – these are drugs, which by law, are prohibited for use except for medical purpose x doctor's recommendation examples are cocaine, heroine, morphine, amphetamines, etc.

Harmful use – use of drug that is known to have caused tissue damage or mental illness in the particular person.

Hallucination – the act of seeming to see or hear something that is not really there.

Pharmacology – is the science study of drugs, their actions and effects.

Psychosocial – involving both social x psychological behavior psychosocial is a combination of psychological and social factors to a person's life.

Psychiatric – the branch of medical study devoted to the diagnosis and treatment of mental illness.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The incidence of increase in the rate of drug abuse in Nigeria, particularly among adolescent led to the establishment of the National Drug Law Enforcement Agency (NDLEA) in 1990. The agency's investigating report revealed that adolescents and youths between the ages of 15 to 30 years constitute the high risk group in drug abuse (NDLEA, 1992). The Police Community Relation Report (2000) showed that the great number of adolescents and youths from different secondary and tertiary institutions across the country arrested in connection with violent and criminal cases in Nigeria were drug abuse related. Drug abuse has become a medical, economic, and social problem that effects individual and the community at large.

Drug is a substance, other than food, that has an effect on one or more systems of the body, causing physical, psychological, legal or social harm to the individual or to others affected by the drug user's behaviours especially the central nervous system. It is simply the non-medical use of a drug which interferes with a healthy and productive life (Gerard, Mark and Stephen, 1990; Sott, 2002). It is also the deliberate taking of drug for other than its intended purpose and in a manner that can result in damage to the person's health or ability to function. Akinwade (2004) defines drug abuse as the adverse or negative pharmacological properties of drugs for selfish, economic or psychoactive purposes.

Adolescent is a person developing from a child into an adult usually between the ages of 13 and 18.Adolescence is the most crucial and significant period of rapid revolutionary change in the individual's physical, mental, moral, spiritual, sex and social outlook, human

personality, period of anxieties and worries (Aggarwal, 2005). It is also a period of ambitious, conflicts and complexity.

NDLEA (1998) confirmed among adolescent students a relationship between drug use and their involvements in academic activities and other criminal behaviors in schools. The students involved were found to pay more attention to social vices than to their studies. Some of these students drop out of school and engage in drug trade and money laundering.

Perception is defined by Coolican (1994) as the process of attaining awareness or understanding of sensory information. Alexander (2003) asserted that when individual perceives, it will be as result of interplays between past experiences and one's culture which individual react the way he understood things or situation.

Parents' perception of drug abuse is rooted in their social exposure, experienced and intellectual standing. According to Abdullahi (2008), most illiterate parents do not see drug as an anathema or habit that debase adolescents' futuristic endeavours, but a social act that proofs his maturity. In some cultures, drug abuse is considered as a culture imperative which has genealogical evidence and acceptability. The literate parents' perceptions rely heavily on the evidence of psycho-social and intellectual effects of drug in their perceptions. Their behavior towards issue of drug abuse is therefore, characterized by strong evidence of debilitating conditions of the abusers and the stimuli they received from social conditions (Ukadike, 2004).

Teachers also experienced what psychologists tag adolescent's perception diffusion. Although, adolescent students they interact with them which puts the teachers in a good steady to know, understand and monitor their conducts and behaviours yet they do not know the extent at which they students have internalize certain criminal actions that pose threat to their academic performance and future advancement. Adolescents perceived prescribed drugs

as safe because they are medicine which calms coughs, soothes throats, ease fever, painkillers and stimulants and therefore, can be used as mind or body altering drugs. The phenomenal increase in the consumption of illicit drugs by adolescent in our country and resultant effects justify the concerns and worries over the wide spread of public health problems in Nigeria.

Academic performance refers to the extent to which students have achieved their educational goals, this is commonly measured by examination or continuous assessment. Research study shows that most adolescent who have been exposed to drug suffer from ego diffusion. According to a study carried out by Tajudeen, (2007), it was revealed that adolescents student that consume hard drug usually perform poorly in their school tests and public examinations. Adolescents also display behaviors that attest to their poor potential upbringing. These behaviours include disrespectfulness, lack of tolerance, truancy and aggression. The psychological problem infringes on their view and, in an extreme condition, result in commission of crimes.

Despite the jingles on Radio, television and print media, the evidences on the ground today, particularly the persistent reports of arrest of students with drugs by NDLEA; the Nigeria police and even the Nigeria Defense Corps, attest to the fact that the jingles have not in any way, curbed the involvement of students in drugs and their related offences. Some efforts have been made in recent past to nip the problems at the bud, a lot more needs to be made, giving the severity of the problems and the effects on the survival of the family and the nation.

1.2 Statement of the Problem

The research was prompted by the growing rate of drug abuse and unethical conducts by most adolescents in schools. The researcher had on several occasions witnessed a display of aggression by some suspected drug users among students to their contemporaries, and

persistent show of lackadaisical attitude to their studies. In Niger State, for instance, it was reported by News line Newspapers in Minna that 10 students of Government Secondary School, Minna were caught with some raps of Indian hemp kept in their School bags (Newsline, June, 20, 2004).

In the same vein, it was reported by the state radio (Radio Niger) that two students beat up the principal of Government Day Secondary School, Maikunkele in Niger State. On investigation by the police, it was discovered that these students were drug users and had on several occasions' unleashed terror in the school by beating up fellows students. Counselling units of two secondary schools in Niger State were visited by researcher. It was discovered that some students that consume hard drugs perform below average in their studies and behaviours that include disrespectfulness, lack of tolerance, truancy and aggression.

According to Ofeogbu (2004) "most of youths who consume drugs have been found to engage in more deadly criminal acts, such as armed robbery and hired killing. They manifest some symptoms of deviance and psychosis which of course, are attributed to huge consumption of drugs such as Indian hemp and cocaine. Bello (2006) found that no fewer than six principal staff of some secondary schools in Niger State were attacked and beaten up by students who were later confirmed to have taken Indian hemp.

It was reported by National Drug Law Enforcement Agency in Niger State that most drugs that youths, particularly student's abuse persistently in the State are Indian hemp, cigarette and inhaler known as 'solution. It is quite worrisome too that these children that are engaged in consumption of drugs may indeed be aided by their parents. A case was recently reported in the state print media News line involving a man arrested with 27kg of Indian hemp along Kontagora Road in Niger State by NDLEA and on interrogation, it was discovered that two of his children in secondary schools have been assisting him in the

business. No doubt, exposing children to such business could easily tempt them to consume the drugs.

Various attempts have been made to reduce the use of drugs by students. Some of these attempts include, jingles on the danger of drug abuse in the public media (radio and television), public bulletins, pamphlets, warning and arrest of adolescent drug users by law enforcement agencies, and so on. But despite all these, the problem persists.

1.3 Objectives of the Study

The major objective of study is to examine parents', teachers', and students' perception of drug abuse and its influence on academic performance among adolescents in selected secondary schools in Niger State.

The specific objectives were to evaluate:-

1. Parents teachers' and students perception on what influences adolescents to abuse drugs;
2. The perception of parents, teachers and students on adolescents' drug abuse;
3. The perception of parents,' teachers and students on drug abuse and its influence on students' academic performance; and
4. The perception of parents' teachers' and students' on which gender predominates in the frequency of drug abuse among adolescent students.

1.4 Research Questions

1. What are the differences among parents', teachers' and students' in their perception on what influences adolescents drug abuse?

2. What are the differences in the perception parents', teachers' and students on what influences adolescents drug abuse?

3. What is the influence of drug use on students' academic performance?

4. What are the differences in the perception of parents, teachers and students drug abuse among male and female adolescent students?

1.5 Research Hypotheses

The study is based on null hypotheses

HO_1: There is no significant differences among parents' teachers' and students' in their perception on what influences adolescent drug abuse.

HO_2: There is no significant differences among parents' teachers' and students' in their perception on adolescents drug abuse.

HO_3: There is no significant differences among parents' teachers' and students' in their perception on drug abuse and its influence on students' academic performance.

HO_4: There is no significant differences among parents, teachers' and students' in their perception on which gender predominates in the frequency of drug abuse among adolescent students.

1.6 Basic Assumption

In carrying out the study, the following assumptions would be made the views of the parents on the problems of adolescents' drug abuse are not being influence by sentiments or unrealistic impression.

1. The views of the teachers on the problem of adolescents drug abuse is not influenced by their personal relationship with the students.

2. The views of the students on drug abuse are not strictly based on their fear of been seen as drug users or addicts.

1.7 Significance of the Study

The findings of this study will be of importance to the following people; parents, curriculum planners, students, teachers and school administrators.

The results of the study will enlighten parents to always counsel their children and wards on the need to embrace sound ethical codes and good behaviours. They will also see the need to care, come closer and show love to their children.

The result of findings will enable the curriculum planners in their review to integrate drug education into Home Economies curriculum of all levels of education as this will help to control the phenomenon of adolescent's drug abuse in our schools. It will also enrich the scope of Home Economies education and provide new perspectives for a deeper understanding of the drug abuse by adolescents.

It will educate students to show abstinence from drugs, through seminars and educative talks on drugs by Home Economists. This will lead to arouse students interest in more rewarding activities and enterprise; make them to completely throw overboard several misconduct that impinge on their good image in school.

Teachers and school administrators will benefit from the result of the study by devising appropriate measures, and skills in handing the issue of moral behavior of the students and their quest for academic excellence.

The study will be of immense benefit to the nation as it could lead to the turnout of students who are morally sound and upright, and whose thinking has been moderated by more rewarding conducts and goals.

Parents, curriculum planners, students, teachers and school administrators will get the information through media, seminars, workshops, conferences, bulletins and newspapers.

1.8 Delimitation of the Study

The study is delimited to the perception of parents, teachers and students on drug abuse and its influence on academic performance among adolescents in secondary schools in Niger State. The study will focus on six selected Local Government Areas of Niger State. The parents to be used for this study will be those who have students in secondary schools in Niger State. The choice of parents is based on their knowledge of observed change in attitudes in their children.

The study will be delimited to teachers of secondary schools who have 10 years and above years of cognate experience because they are better positioned to observe students' displayed aggression and other social deviant behaviours. It is further delimited to SSII students in Niger State. The choice of SSII students is based on the fact that they are not affected by placement or external examinations and have also attained the period of adolescence.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

In this chapter, the literature related to the study is reviewed under the following sub-headings:

2.1 Concept of Drugs

2.1.1 Classification of drugs

2.1.2 Concept of drugs abuse

2.1.3 Commonly Abused Drugs

2.1.4 Why people take drugs

2.2 The effects and consequences of drugs on the body

2.2.1 Harmful outcomes of various drugs on addicts

2.2.2 The effects of various drugs on individuals

2.2.3 The effects of drug abuse on academic performances

2.2.4 The effects of drug abuse on the society

2.3 Factors facilitating drug abuse in Nigeria

2.3.1 Drug abuse in Nigeria: A review of epidemiological study

2.3.2 Healthy ways to cope with life stress

2.4 Influence of drug abuse on students' academic performance

2.1 Concept of Drugs

Drug is defined as any substance, natural or artificial other than food, that by its chemical nature alters structure or function in the living organism (Oakey and Charles 2004). While Ike (2005) defined it as any substance that is harmful and alter the organic functions and the behavior of those who take them. Gerrard et al. (1999) defined it in a broadest sense as any chemical entity or mixture of entities other than those requires for the maintenance of normal health like (food), the administration of which alters biological function and possibly structure. The New Book of Knowledge (1992) defined drug as any substance used to treat or prevent disease, they are also used to relieve pain, to help control mental or physical ailments, and even to help diagnose illness.

2.1.1 Classification of Drugs

Drugs are grouped into four general categories;

1. Narcotics

2. Depressants

3. Stimulants, and

4. Hallucinogens

Narcotics: Are drugs that induce sleep or stupor and relieve pain. They are addicting. Opium, heroine, morphine, codeine, and synthetics like methadone and Demerol are narcotics.

Depressants: Are also called sedatives. They depress the central nervous system and can cause addiction. Alcohol, barbiturates (sleeping pills), and some tranquilizers such as valium and Librium are depressants.

Stimulants are drug that stimulate the central nervous system. They accelerate body processes, often to a dangerous degree. They produce a false sense of well-being which may be followed by severe depression. Amphetamines, pepbills, some weight reduction pills, methamphetamine (speed), and cocaine are stimulants.

Hallucinogens are mind-altering drugs. They cause hallucinations with frightening mental experiences. Examples include LSD, peyote, phencyclidine hydrochloride (PCP) (Ryder, 1990).

2.1.2 Concept of Drug Abuse

According to Joseph (1998) Drug abuse is the harmful use of drug when it is not prescribed by a medical doctor. Some of the drugs normally abused by our youths are alcohol particularly Burukutu, Pito, Ogogoro, beer, palm-wine and various other alcoholic beverages. Others include cigarette, Indian herm, cocaine and inhalant. It is also defined by World Book Encyclopedia (2002) as the non-medical use of a drug that interferes with a healthy and productive life. Drug abuse occur at all economic level of society, from the wealthy to the impoverished, and among young people as well as adults. After continued use of certain drugs, some people developed a condition called drug dependence. It can be psychological, physical, or both. A person with a psychological dependence craves a drug, for the feeling of well-being it might provide.

A physically dependent person continues drug use chiefly to avoid the physical illness hat result when use stops. A danger of any type of dependence is that the need for a drug may grow so overpowering that nothing matters except getting more. Therefore drug abuse is termed as taking of drugs that result into negative consequences.

Many youths begin and continue to use drugs because they want a pleasurable change in their state of mine. Unfortunately, drug only change the brain's perception of difficulties and problems. When a drug wears off, the users real problems nearly always remain. Many harmful effects often accompany drug use. These effects include failure to achieve goals, undesirable personality changes, physical illness, and death.

Besides the personal damage the drug user suffers, a person's drug use can have a devastating effect on others. Many drug users turn to crime, such as robbery or prostitution, to support their habit. Each year, thousands of traffic deaths and injuries are caused by people under the influence of alcohol or other drugs. Drug also damages families and other personal relationship.

The different types of being abused includes; stimulant drugs such as amphetamines, methamphine, deredrine, dosoxyn, cocine, caffine and benezedrine; narcotis such as opium, codeine, heroine, morphine and methadone; depressants such as barbiturates, benzodrazephines and alcohol; halfucinogens such as Iyergic acid diethyl lamide (LSD), Mescaline, psilocybin and psilocin, bifotonin, harmine and DMT (dimethtryplamine);marijuana, steroids, inhalants such as gases, glues and aerosol (coastal post online, 2005).

A drug is a substance, other than food, that has effect on one or more systems of the body, especially the central nervous system. Drugs change body chemistry, and different people react differently to the same drugs. While drug abuse is deliberately taking of

substance for other than its intended purpose, and in a manner that can result in damage to the person's health or his ability to function.

2.1.3 Commonly Abused Drugs

The most commonly abuse drugs among the youths are marijuana (cannabissativa), cocaine, stimulants, depressants, tobacco, inhalants.

- **Marijuana:** Marijuana is the most widely used drug among young people. When people use marijuana, they have difficulty doing tasks that require accurate coordination. They are likely to forget what they said or did just a few minutes earlier. It is hard for them to concentrate on what they are saying. Some people think their sense become sharper and they do better at such things as painting or playing music. Actually they do not.

- **Cocaine:** The use of cocaine, a white powered made from the cocoa plant, has risen dramatically in the 1980's. Cocaine users experience a temporary sense of happiness and increased energy. To maintain these feelings they must use more and more cocaine, which can lead to convulsion, depression, paranoia, or even death.

- **Stimulant:** A stimulant is a general name for a drug that makes a person feel more alert awake. Some stimulants are mild. One is caffeine. It is found in coffee, tea, and some soft drinks in small amounts. One group of stimulants, known as amphetamines, wereonce widely used by many people, though the drugs are now more carefully they controlled. People may become addicted to amphetamines because the drugs make them feel self-confident and able to stay awake for a long time. Gradually they find that must have regular and even larger dose. Otherwise, they feel exhausted and depressed. They cannot work, study, or perform their usual activities. In time, some users think of nothing else but getting the drugs into their deaths.

- **Depressants:** These drugs slow down the body or produce drowsiness or sleep. Among them are tranquilize and sleeping medicines called sedatives or barbiturates and memethaqualone are frequently abused depressant. These drugs can cause unconsciousness or even death.

- **Heroine:** The most dangerous of all the abused drugs. Heroine not only causes physical dependence. It also causes the person using it to develop tolerance, so that more and more of the drugs is needed. Another danger of heroin is that an overdose can kill a person almost immediately.

- **Tobacco:** Is a plant native to North and South America, whose laves are made into smoking tobacco, chewing tobacco and snuff. Tobacco contains a substance called nicotine. Nicotine is a stimulant, a drug that raises activity of the central nervous system. In addition to nicotine, tobacco smoke contains carbon monoxide and substance called tars, which can cause lung cancer. Tobacco use contributes to become a habit that many users have difficult in breaking.

- **Inhalants**: Are substances that give off fumes inhaled for their intoxicating effects. They include certain glues, nail polish, gasoline, and aerosol sprays. In some instances, the effect of these place of oxygen to the lungs. The reduced flow of oxygen to the brain creates an intoxicating effect. Inhalants can make the user relaxed, restless. Uncoordinated, and sometimes delirious. Some fumes result in lung damage, brain damage, and coma. Some also can cause death when they coat the lungs' surface and prevent the absorption of oxygen (the World Book Encyclopedia 2002).

2.1.4 Why People Take Drugs

There are many reasons why people try to start to use drug regularly. People take

drugs just for the pleasures they believe they can bring. Often it's because someone tried to better time if they took them. Some teens believe drugs will help them think better, be more popular, stay more active, or become better athletes. Others want to fit in and to gain attention from their parents.

Many teens use drugs because they are depressed or think drugs will help them escape their problems. The truth is, drugs don't solve problems. They simply hide feelings while problems remain, or become worse htpp:kidshealth.org/teen/drug retrieved 3/10/2009. Adolescent who want to be accepted by their friends are likely to imitate the behavior of their peers, drinking and taking drugs to gain acceptance. Children with low self-esteem often use alcohol and drugs to feel more comfortable around other so that they can alleviate shyness and relieve nervousness. According to the study carried out by Sanusi (2004), he observed that the responses of drug abusers on why they take drug include: It enables them to be more friendly/loving, to gain social acceptance to mark the symbol of youth, as an aspect of culture, to forget problems.

In a survey conducted on why youths take drugs in Adamu (1989), it was reported that some other reasons includes: to stay awake satisfy religious/ritual rights, feel strong. Craving, relieve boredom, increase or reduce appetite, to be stimulated, make good mood last longer, improve physical performances and to forget problems. Ike (2005) identified the following as reasons why people involve themselves in using drugs.

These are:

"Because I wanted to be like the rest"

"To escape from my problems" (Home and studies)

"I let myself be carried along by my fried"

"Boredom"

"I wanted to experience new sensations"

"Because I like the risk"

"To go against my parents and the society"

"To rebel".

The reasons why people take drugs can also be classified under the followings: Psychological or pharmacological.

Psychological factors

The personality and character of a person may make him to be prone to drug abuse. Most drug abusers report a feeling of personal inadequacy and emotional difficulties. They report certain personality crisis which tends to push them into drug abuse. For such people, the drugs help them to find meaning in life, identify their natural abilities, increase their creativity, expand their consciousness or discover new ideas and perceptions (Dantani, 2005). A survey on why youths turn to drugs revealed that some psychological attributes such as to feel less afraid, boldness, more courageous, keep away from panicking, feel less depressed/sad, relieve tension or nervousness, to improve intelligence, prepare for stress, be more alert or wake has been notice (Dantani, 2005).

Sociological factors

Social and cultural factors are obviously significant in promoting drug abuse, social factors such as the mass media, magazines, newspapers, radio adverts may entice youths to think of experimenting the drug. Responses of drug abusers on why they take the drug

include; it enables them to be more friendly or loving, to gain social acceptance, to mark the symbol of youth, as an aspect of culture, to forget problems (Sanusi, 2004).

Pharmacological Factors

It is obvious that some drugs are likely to be abused than others. This is so because of their effect. For example, most drug abusers may go for drugs which produce/include euphoria, which is a state of feeling a high sense of well-being, because it elevates the individual's mood, perceptions and pleasurable experiences. The desire for such experiences being about a continuous and subjective crawling for the drugs.

In a survey conducted on why youths take drugs in Adamu (1989), it was reported that some other reasons include:

To stay awake

Find out about them

Satisfy religious/ritual rights

Satisfy strong craving

Relieve boredom

Increase/reduce appetite

To be stimulated

Make good mood last longer

Improve physical performance

Forget problems

2.2Effects and Consequences of Drugs on the Body

Drug abuse makes central nervous system (CNS) effects, which produce changes in mood, levels of awareness or perception and sensations. Most of these drugs appear to be more likely to lead to uncontrolled use than others (file://C:Documents and settings/Kole/My documents/came if chance 2009).

How smoking affects one's health?

Brain: The nicotine in tobacco is a mood altering substance that affects brain chemicals. It is extremely addictive.

Mouth: The immediate effect is bad breath. Continued use affects the sense of taste and causes teeth to yellow. Cancer of the lip and moth may occur.

Larynx: Cancer of the larynx or throat can occur.

Heart: Nicotine increases blood pressure and causes the heart to beat faster. Carbon monoxide produced by the smoke reduces the supply of oxygen. This combination increases a person's risk to coronary heart disease.

Pancreas, kidneys and bladder: Cancer in any of these organs is more likely to occur if a person smokes tobacco.

Bronchi and Lungs: Hair like cilia which normally clean the lungs are damaged, mucous builds up in the bronchial tubes causing a chronic cough. Abnormal cells may be produced to repair damaged lung tissue, resulting in lung cancer. Smoking also damages the air sacs of the lungs making it more difficult for oxygen to be absorbed by the body. The result is emphysema.

Blood vessels: Nicotine causes blood vessels to become smaller, thus raising blood pressure. The heart must work harder to push blood through the narrowed passages.

Reproductive Organs: (Female)In pregnant women, nicotine and carbon monoxide can reach the placenta, reducing the flow of blood and oxygen to the unborn baby, thus causing brain damage. Smoking contributes to low-birth weight babies, premature deliveries, stillborn births and miscarriages.

How alcohol affects one's health?

Mouth and Throat: Excessive drinking can harm the lining of the mouth and throat. This can cause people to be more susceptible to cancer of the throat or larynx, especially if they also smoke.

Lungs: Some alcohol is released into the lungs as vapour. This causes a person's breath to smell of alcohol.

Heart: Prolonged alcohol use can damage the muscles of the heart.

Liver: When alcohol is present, the liver cannot breakdown fat. Fat and protein collect in the liver, preventing it from working properly. The cells die ad scar tissue grows in place of the cells. This condition is called cirrhosis of the liver and eventually cause liver failure. Heavy drinkers may also develop hepatitis, and are more likely to develop liver cancer.

Female Reproductive System: Alcohol consumed during pregnancy passes into the baby's bloodstream. Physical abnormalities, mental retardation and behavioural problems may result. These effects are referred to as fetal alcohol effects or fetal alcohol syndrome (FAS).

Brain: Alcohol acts as a sedative and depresses nerve activity in the brain. Alcohol affects the area of the brain controlling inhibition, attention, and memory. Large amounts of alcohol

can cause “blackouts” involving amnesia without loss of consciousness. Alcohol affects the area of the brain controlling motor actions, causing a loss of muscle coordination. Movements appear clumsy and balance is affected. The person may not speak clearly.

Alcohol affects the area of the brain controlling emotional behaviour. People who have been drinking may anger or cry easily. Normally quiet people may become loud and boisterous.

Bloodstream: Alcohol causes the capillaries in the skin to enlarge and give off excess heat. The body appears flush (the skin reddens) and the person feels warm, but this is a false sense of warmth. The body is actually losing heat and the body temperature is decreasing.

Stomach: Some alcohol is immediately absorbed into the bloodstream from the stomach. Therefore, the effects of alcohol are noticed within minutes after consumption. Alcohol causes the stomach to produce too much gastric juice, which contains acid. Nausea, vomiting and diarrhea can result, ulcers, gastritis and pancreatitis can occur with prolong alcohol use. Alcoholic beverages contain calories but very few nutrients. If a person cuts back on nutritious food to avoid weight gain, nutritional deficiencies may occur.

Muscles: Alcohol causes a loss of coordination Reaction time of the muscles, the time it takes for a muscle to respond increases (Ryder, 1980).

The sociological implications of drug abuse among adolescent have been major threat to the peaceful co-existence of all and sundry in our contemporary society, thereby destroying the socio-political dignity, personality and integrity of dependence on life. According to Adamu (2004) the anti-social behavior of youth involvement in drugs will manifest series of maladaptive behaviours like delinquency, prostitution, violent crimes such as armed robber, political thuggery, and paid assassins.

Health Implication

The consequences of drug abuse among adolescents as stated by Ike (2005) are based on health ground, such as:

1. **Decreased immunological System**: when an organism as loses defences and tends to contact diseases.

2. **Chemical adulteration:** some dealers use inexpensive substances (substandard) in order to obtain more doses.

3. **Hepatitis and AIDS:** The virus of these diseases is easily transmitted by the use of needles and syringes, which have been used by other people.

4. **Hematomas:** the repeated injections produce internal injuries and deterioration in the tissues and prevent blood circulation.

Mental, Social, Physical Life

Health is defined by the World Health Organization (WHO) as being in a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Overall health is achieved through a combination of physical, mental, emotional and social well-being which, together is commonly referred to as the health triangle.

Physical health: Refers to body health, and is the result of regular exercise, proper diet and nutrition, and proper rest for physical recovery. This is also influenced by the standard of living and quality of life. Genetics also plays a major role in people's height.

Mental health: Mental health describes either a level of cognitive or emotional well-being or an absence of a mental disorder. The World Health organization defines mental

health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

Social health: Personal health depends partially on the social structure of one's life.

The maintenance of strong social relationship is linked to good health conditions, longevity, productivity, and attitude. This is due to the fact that positive social interaction as views by the participant increases many chemical levels in the brain which are linked to personality and intelligence traits (file:IIC:IDocument-//Kole/Locals]Templ/Pk 3RVI OT.htm).

2.2.1 Harmful Outcomes of Drugs on Addicts

- Problems at school
- Drinking and driving
- Unplanned sexual activity and consequent pregnancy or sexual transmitted disease
- Emotional trauma over guilty feelings
- Criminal activity, often to support their habit
- Physical problems, including alcohol poisoning
- Death
- Sadness and depression
- Suicide attempts. Retrieved from http://www.lifespan on 3/10/2009

2.2.2 Effects on Various Drugs on Individual

Alcohol: Is a depressant that is, it lowers the activity of the central nervous system. It also interferes with the thinking, concentration, and movement. Heavy use of alcohol can lead to death. Even a single episode of excessive drinking can cause come and death. Some people

develop a physical dependence on alcohol, and overcoming that dependence may be extremely difficult.

Tobacco: Isa plant native of north and South America, whose leaves are made into smoking tobacco, chewing tobacco, and snuff. Tobacco contains a substance called nicotine.

Nicotine: Isa drug that raises activity of the central nervous system. In addition to nicotine, tobacco smoke contains carbon monoxide and substance called tars, which can cause lung cancer. Tobacco to use contributes to heart disease and other health problems.

Inhalant: Are substances that give off fumes inhaled for their intoxicating effects. They include certain glues, nail polish, gasoline, and aerosol sprays. In some instances, the effects of these substances result from their fumes taking the place of oxygen in the lungs. They reduce flow of oxygen to the brain. Inhalant can make the relaxed, restless, uncoordinated, and sometimes delirious.

Some fumes result in lungs damage, brain damage and coma. Some also can cause death when they coat the lung's surface and prevent the absorption of oxygen (The World Book Encyclopedia, 2002)

Cocaine and Crack: Cocaine is a white crystalline power made from the dried leaves of the coca plant. Cracks, named for its crackle when heated, are made from cocaine. It looks like white ortan pellets.

The street name for cocaine are coke, snow blow, nose candy, white, big C white the injected the street name for crack are freebase, rock, and so on. Cocaine is the inhaled through the nose or injected while crack is smoking. Cocaine is a stimulant that rocks the central nervous system giving users a quick, intense feeling of power and energy. Snorting

high last between 15 and 13 minutes; smoking highs last between 5 and 10 minutes, cocaine elevate heart rate, breathing rate blood pressure, and body temperature.

- Injection cocaine can give you hepatitis AIDS if you share needless with other users.
- Snorting can also put inside the lining of your nose.
- First time users-even teens-of both cocaine and crack can stop breathing or have fatal heart attack.

Amphetamines: Are stimulant that accelerated function in the brain and the body. They come in pills or tablets. Prescription diet pills also fall into this category of drugs. The street names are speed, uppers, deities, bennies. Amphetamines: are swallowed, inhaled, or injected.

- Swallowed or snorted, these drugs hit users with fast high, making them feel powerful, alert, and energized
- Uppers
- pump up heart rate, breathing, and they can also cause sweating, shaking, headaches, sleeplessness, and blurred vision.
- Prolong use may cause hallucination and intense paranoia. Retrieved from http:/kids health on 3/10/ 2009.

The effects of drug abuse are detrimental to the health and personality of an individual. Drug abuse are has destroyed many youths rendering them nuisance to their families and society. The hazards of drugs of drug abuse can be observed in the following:

Habituation

Drug abuse makes the individual to be in a state at which he becomes compelled to continue the use of drug in order to maintain the state of well-being production by it). At this

point, the user is said to be psychologically dependent on the drug he is habituated to it. When deprived, he/ she becomes restless, irritable uneasy or anxious.

Tolerance

Persistent use of a drug is likely to result into tolerance. Tolerance is the ability of the body to accommodate and require more and increase of the drug with time. This situation has some implications on users- first, the drug will no longer serve the treatment purpose it is intended to serve; secondly, the drug has to be taken continuously on an increasing rate, thereby affecting the body organs (DLEA,1992).

Addition

This refers to the continual administration of the drug in order to avoid an extremely painful syndrome known as withdrawal illness or abstinence syndrome. Tolerance and withdrawal syndrome always accompany physical dependency (Sanusi, 2004). Withdrawal is temporal is temporal illness that occurs when someone who is physically dependent on a drug no longer receives it or there is a sharp reduction in the amount the body has chosen to tolerate. The delirium treatments attacks (DTS) of the alcoholic's for example, represents a withdrawal syndrome, such symptoms as convulsion hallucination, nausea, vomiting and tremors also occur. In some cases, it result to coma and death (Sanusi, 2004).

Resistance

This is the ability of the body to withstand a drug. This is a potentially dangerous problem in the society; creates a difficult in the treatment of victims when they are attacked by any sickness.

Other Effects

There are many other effects of drug abuse in our societies. These includes, economic instability, broken homes, accidents, fights, unemployment, drop-outs, delinquency, poor interpersonal relationship with families and others, malnourishment, etc (Sanusi, 2004)

2.2.3 Effects of drug abuse and academic performances

Godley (2006) asserted that drug abuse is related to many school-related outcomes that have a strong behavioural and social component. That is, outcomes such as school grades, attendance, school completion and dropout are influenced not only by intellectual functioning but also by motivation, organizational skills and social/behavioural skills. In other words, the effects of drug abuse on academic outcomes may have motivational, social and behavioural components in addition to any effects cognition and cognitive development. Thus, negative academic outcomes may be to both the direct effect of drug abuse on a cognitive skills as well as the constellation of motivational, social and behavioural risk factors.

Nature has tried very hard to protect the brain, the messing around with drugs can change the way the brain works naturally. When one takes drugs, parts of the brain start to disagree on what to do, and that creates a big problem. The brain can solve problems, be creative, be logical, make plans, make wise decisions, and do almost anything else one can think of. All parts of the brain work together to keep us healthy, intelligent and happy (DLEA,2006). The harmful effects of drug abuse cannot be overemphasized. The abuser might justify the practice by positing that it helps in lifting mood, induces confidence and suppresses worries and anxiety. But these feelings are ephemeral and totally out of tune with reality, and can lead to lethal consequences, in the sense that heart functioning and breathing can be severely depressed, thereby causing death.

Academic performance is term as the extent to which a student has achieve their educational goals, this is based on how well they are doing in studies and classes.

2.2.4 Effects of Drug Abuse on the Society

Drug users may resort to theft, prostitution, or selling to pay for their drug habits. Drug use in the transportation industry, such as bus drivers and air traffic controllers, risk endangering the public. Factory and office workers using drugs perform ineffectively and make mistakes. These inefficiencies and errors result in higher cost for products.

Public concern about the drug problem has led to as demand for greater law enforcement efforts. The police have responded by making more arrests for drug possession and sales. As a result, drug offenders have crowded courtrooms, jails and prisons, creating a burden on the criminal justice system. Some of the social of drug abuse are:

- Isolation is the most common social effect of drug abuse. The drug abuser eventually maintains a connection only with his drug of choice
- Depending upon the drug of choice, the financial strain can be devastating. Buying drugs becomes more important to the drug addict than daily responsibilities.
- Close connections to the drug abuser are affected. Relationships become dysfunctional, as the co-dependent recognizes the effects of the drugs.
- Social effects on the children family can be felt after the addition. The family can be dissolved, children can develop emotional issues and trust can be shattered.
- Drug abuse can lead to unexplained absences, depleted sick days and eventually jobless. The severity of the drugs abuse will determine the timeline.

Drug abuse erodes the social life of the addict, tearing apart his family, friendships and professional relationships. Without intervention, the drug addict can wind up alone with the drug being his only friend. (Retrieved from internet 10/8/2009).

2.3 Factors Facilitating Drug Abuse in Nigeria

- Prolonged or traumatic parental absence
- Harsh discipline
- Failure or communicate on an emotional level
- Parental use of drugs, which provides a negative role model for children
- Lack of household stability
- Income or employment for parents may increase stress on the family and its vulnerability, pushing marginal individuals to find solutions or solace in alcohol or drugs.
- Single parent families may have increased difficulties with the single parent being forced to function beyond his or her ability
- Cultural or group practices may also facilitate drug or alcohol abuse.
- Drinking drug cultures exist in some workplaces and some of them set a standard that may be imposed on the non-user.

In addition, conditions in some workplaces involve exposure to harmful or dependence producing in such as glue in shoe factories. Employees may follow fads and local customs and accept substance abuse, holding views that are clearly inconsistent with known facts about their physical effects. According to Wikipedia (2009) where it was stated that drug abuse or drug addiction among Nigerian youths are due to many factors such as peer groups, parental background (broken home) emotional stress among others.

Firstly, peer group is a form of societal influence in the affected youths. For example, a friend can be greatly influenced to be a drug addict if allowed to interact with drug addicts-young and old. He can be tempted on one fateful day to join the bad wagon of drug addicts, thereby gradually ruining his career in life.

Secondly, the parental background of a child can also affect the over-dependent rate on drugs among the affected youths. Due to various family abject poverty, cultural influence, parental neglect, lack of parental affection and responsibility. Most parents in Nigeria today in their bid to make ends meet, searching for greener pasture, always abandon and neglect the proper welfare of their wards children and expose them to the unofficial assistance of the so-called housemaids. This ugly incidence will psychologically depress such children thereby giving rise to Child Abuse which is an off-shoot of Drug Abuse.

Thirdly, naturally some group of teenagers are emotionally stressed but instead for them to seek for a proper emotional attention, they will result to self-medication which is a conceptual relic of drug some students believe so much in drinking coffee drinks of different brand of drugs to suppress their normal routine of sleep. The frequent and persistent use (or misuse) of this stimulant might degenerate to drug addiction or otherwise.

The various consequences of the drug abuse or drug addiction are so devastating, these are social violence among youths, armed robbery, mental disorders, 419 syndrome, social miscreants (area boys and girls), lawlessness among youth, lack of respect for elders, rape and many more of the social evils (Wikipedia, 2009).

2.3.1 Drug Abuse in Nigeria: A review of Epidemiological Studies

There is no universal agreement on the definition of the term "drug abuse". For example, Edwards and Arif (1980)defined it is "the use of a drug which is viewed as posing a

problem by the society concerned". These authors have defined it as the unspecified use of a drug other than for legitimate purposes. Using this latter definition, substances reported to have been abused in Nigeria include, among others, *antidiarrhoeals*; laxatives and pain-relieving drugs. Most societies do not usually disapprove of the abuse of drugs which do not produce over behavioral changes and as a result this presentation to the abuse of drugs which affect behavior.

Some dependence-producing drugs such as sedative-hypnotics which have been accepted for medical use and are known to be widely abused do not carry the same amount of adverse publicity as amphetamines, which have also been acceptance for medical use. This is either because sedative-hypnotics do not frequently produce bizarre over behavioral changes or because import restrictions on these substances are lax. In contrast, the importation of amphetamines and narcotics into Nigeria is prohibited except through the Federal Ministry of Health. There is, however, need for concern about the use of sedatives since these drugs are, to a large extent, imported both legally in 1977 was twice "the cost of all other drugs into Nigeria" [25]. The increasing number of reports of attempted suicides by ingesting sedatives in combination with tranquillizers is also a reason for concern about the abuse of these drugs.

According to Olajide and Sanda (1976) ,in Nigeria, emphasis is placed on cannabis abuse since it is frequently reported to be associated with drug-induced,' 1 as far as the authors know, however, there is little evidence about the cause and effect relationship between abuse of cannabis and the occurrence of psychosis in drug abusers in Nigeria.

What is known about drug abuse in Nigeria is as a result of research with little or no financial support, and from a public outcry through the mass media about "deviant behavior" of adolescents because of drug abuse. Although these reports all seem to agree on the classes of drugs abused, the changing patterns in drug use and other epidemiological data, the lack of

a uniform reporting system has tended to mask the increasing danger posed by the abusers of drugs such as narcotics (Moses 1975). The authors are of the opinion that this state of affairs is due to the fact that abuse of substances such as cocaine, heroin and Lysergic acid diethylamide (LSD) has not yet permeated the adolescent population. Research findings, for example those of Anumonye(1980) Ebie and Pela (1981) and Nevadomsky (1981) supported this view that some students in their surveys who had heard of these substances claimed not having seen or used them. Ebie and Pela(1981), however, reported the organization of "cocaine parties" by some well- placed Nigerians in collaboration with non-Nigerians in Benin City. Ahmed (1981)also reported the use of cocaine in Kaduna. These separate observations raise serious questions about security measures at the various ports of entry into Nigeria.

What has consistently emerged from work done in Nigeria is that substances of abuse of any major importance are cannabis, benzodiazepines, barbiturates, amphetamines and alcohol. A brief review of the abuse of these drugs is as follows:

Cannabis

In Nigeria cannabis is known as by various name including "pot" ,"Igbo", wee wee", "marijunna","ganja" and the "Moroco ". The active ingredient in all of these is tetrahydrocannabinol (THC).The mode of consumption in Nigeria is by smoking the preparation leaves and flowering seeds. There has been no reported use of -other preparations.

There are no known medical uses of the drug in Nigeria. The effects, which appear to depend on the potency of the preparation and the amount consumed, are 'both physiological and behavioral. Although some authors have associated smoking of cannabis with the genesis of mental illness, we shall not enter into the controversy over the degree of harmfulness,

since relevant data on this issue are scanty in Nigeria.

Sedative-Hypnotics

Since the uses of barbiturates and non-barbettes sedatives poses similar problem and since these substances are used for medical purposes, they are discussed as sedatives in this paper. Research findings of Boroffka, (1966) and Ogunremi and Okonofua (1977) in Nigeria are in agreement with the fact that the extent of dependence on sedatives is second in rank only to dependence on alcohol. It is interesting to note that there are changing patterns in the abuse of sedative - hypnotics. Earlier reports from Nigeria, notably by Olatawura and Odejide(1974) and Akindele (1974), indicated widespread abuse of methaqualone in combination with diphenhydramine (Mandrax) by secondary school students. Recent reports, particularly these from clinical settings. Indicate that the abuse of benzodiapines and barbiturates is widespread. The abuse of a barbiturate referred to by the drug-using culture as a "Chinese capsule" has been widely reported. A preliminary sample analysis that it was eithersecobabita orquinobarbital.

Medically, these drugs are prescribed to induce sleep, relaxation and relief from tension or anxiety. Interesting, these who abuse them do so not only for these reasons but also to increase intoxication when used together with alcohol. These drugs have been associated with cases of attempted suicide in Nigeria (Olatunde, 1979) and (Ebie and Pele, 1981).

Stimulants

Alcohol not an amphetamine, proplus 1 is a preparation marketed for alertness and revitalization. The amphetamines which are available in Nigeria are dextroamphetamine sulfate (Dexedrine) and methamphetamine hydrochloride (Methedrine). The abuse of methylphenidate (Ritalin) has also been reported. A preparation containing 50 mg caffeine

per tablet. The legal Importation of amphetamines is controlled by the Ministry of Health. Although the medical use of such' drugs is not approved. They are prescribe and dispensed by medical doctors and pharmacist to patients for weigh - control purposes. Because of the poor enforcement of unclear drug laws, these drugs have found their way into Nigeria via illegal routes and area widely marketed patent medicine dealers.

Eferakeya (1980) observed in that the Nartcotics Division of the Federal Ministry of Health asserted that information from a Word Health Organization (WHO) committee on drug dependence showed that the volume of amphetamines entering Nigeria had increased by 100 per cent since 1971. Most reports from Nigeria claim a fairly low use of this drug by the sampled population, thus it is difficult to explain where the bulk of the users are. It is possible that the section of the population which user's amphetamines have never been studied Apart from reports from clinical practice implication truck drivers. Farmers and other adults no attempt has made to study samples of the general population in order to determine the extent of amphemine abuse.

Alcohol

The astronomical increase in the number of breweries in Nigeria (over 16 at the last count), has brought, on the one hand, considerable economic rewards to Government and investors, while, on the other, it is beginning to cause concern over alcohol-related problems and their attendant economic, social and medical adverse effects upon the individual, family and community.

Other substance

The abuse of cocaine, volatile solvents, heroin and LSD is not widespread. Few authors have mentioned the use of some of these drugs in adult populations the likelihood

that large-scale abuse of these substances will spread to the adolescent population cannot be overlooked, however, considering the influx of semi-skilled expatriate workers and the desire of the young to experiment.

The potential abuse of volatile solvents in some occupational groups such as car mechanics, welders, artisans and petrol station attendants cannot be ruled out in view of their close contact with such substances and poor emission control regulations. The spread of volatile substances to the schools is a logical sequence, bearing in mind the fact that a sizeable number of the skilled labour forces are young adults and adolescents.

Epidemiological evidence

Findings from hospital statistics and the few available epidemiological surveys show that the abuse of drugs, especially of the cannabis and stimulant types, have involved adult population young adults between 21 and 25 years of age and children of school age. Reports on drug experimentation have shown that children as young as 11years of age have experimented with one form of drug or another (Odiase, 1980.

Young men are usually more prone to drug abuse, particularly cannabis, than women, although there have been reports that an increasing number of young women are using cannabis. The abuse of stimulants has been largely reported among students' farmers and labourers. The proportion of women reportedly abusing sedative-hypnotics than men earlier findings on the problem of alcohol abuse showed that it was a problem of middle-aged people (Ogunremi and Rotimi 1979). Recent epidemiological data have revealed, however, that alcohol abuse is becoming a problem in the adolescent and young adult group as well, a narrowing of the sex differential.

Studies carried out in the east, west, and north of Nigeria, have showed that there is

apparently no relation either between ethnicity and the type of abused or the reason far, or patterns of abuse in Nigeria.

Religion has also not been found to be a factor in drug abuse. Studies on the influence of socio-economic status and the abuse of substances have been contradictory. In Akindele (1974) found that drug abuse, mainly of cannabis and amphetamines, was more prevalent among privileged youths. Two years later, Odejide and Sanda (1976) reported from the same geographical location a relationship between social class and drug use, and parental deprivation and drug use. In his study of a different geographical area, however, Nevadamsky (1981) did not find social class to be a factor drug use. Thus, the abuse of drugs has been reported among children of the rich and poor alike, among urban and rural adolescents and among highly literate and illiterate individuals. While the widespread belief is that the abuse of drugs, mainly of cannabis, is restricted to the poor and illiterate, findings by Akindele (1974) and Asuni (1974)are the more recent clinical observation that approximately 70 percent of cases of toxic psychosis is are from wealth homes, indicate that apart from what is termed a "vulnerability" factor in predisposition to psychosis resulting from drug abuse, there are factors referred to as the "set" and "setting" of the potential user.

Anumanye (1980), Ebie and Pela(1981), Nevadamsky (1981) and Ogunremi and Rotimi(1979)investigated the patterns of drug use. These studies did not reveal any degree of consistency in the pattern of abuse of specific drugs for protracted period of time. Most of the research, particularly the surveys of student populations, showed that the majority of the subjects were occasional drug users. Obviously, survey data provides a different type of information from clinical data, which focus only on a highly selected population. It appears, however, that the trend in substance abuse is shifting from single-substance use to the use of two or mare substances in combination. Reports from patients suggest that alcohol is used

more frequently than any other drug, and is combined with other substances (mostly with cannabis and sedative-hypnotics) to enhance the euphoric effect of the substance.

Looking at the source of initial drug contact and use and the reason far first drug use, Anumonye (1980), Ebie and Pela(1981) Nevadamsky (1981) and Ogunremi and Rotimi (1979) showed that the source of drugs were clandestine agents, home medicine chests at home, open markets, chemist shops and cannabis farms. Factors predisposing to initial drug use included curiosity, enjoyment, peer group pressure, conflicts with parents (anti-establishment revolt), academic pressure, loneliness and, to a minor extent, fatigue. Apart from these reasons, the authors shared Anumoye's (1980) and Nevadamsky's (1981) views that the period of integrating the physiological with the psychological self was an important factor. Thus, the periods from 10 to 12 years of age and from 15 to 17 years of age are extremely important in adolescent psychology. These are period when Nigerian children make the transition from primary to secondary education and from secondary education to post-secondary education. In addition to the anxieties of academic success, it is a time when they are exposed to numerous pressures from parents and peers and when they undergo considerable physiology changes. Nevadamsky (1981) advanced a theory to explain haw this change could contribute to the development of the drug-use habit in a psychologically vulnerable individual. He stated, "Small-scale" societies have normally been adept at coping with transitional statuses, through rites of passage or age grading, by arranging marriages and delimiting friendship cliques, and providing that sense of security that comes through adherence to age-aid principles and regulations. In modem society, on the other hand, stratification, individualism, intergroup tension, uncertainty and inhibitions predominate. Such factors make difficult the attainment of an easy, non-competitive friendship situation based on trust which is a pre-requisite far interpersonal relaxation. People Caught in this situation thus resort to drugs to achieve their aims.

Olajide and Sanda (1976) established that there are no, studies establishing a direct cause and effect relationship between drug abuse and criminality in Nigeria, same authors have shown that cannabis abuse is associated with cases of I murder and sexual abuse. With respect to treatment modalities in drug abuse victims, there is little available information.

Management of the victims of drug abuse is patterned after the medical model and little attempt is made at rehabilitation or in promoting "serious" attempts at stopping the habit. The literature revealed that there had been no studies in the treatment and problem of relapse m toxic psychosis except for Pela's paper on a behavior modification approach to rehabilitation and management.

In conclusion, the abuse of narcotic drugs does not appear to be as serious a problem in Nigeria as it is in some other countries. In a clinical setting a great deal of psychosis associated with the use of cannabis and amphetamines are seen. The extent of the use of these substances in the entire population is known. Sedative-hypnotics and alcohol are freely available and are used. There is a trend towards a gradual decrease in the age of initial exposure to drugs, and multiple drug abuse is becoming common. The epidemiological information provided in this report has been put together from various fragmented researches. There is the need to organize epidemiological surveys that will incorporate most of the core items in any epidemiological study on substance abuse. While the authors seem to be preoccupied with the prevention of drug abuse in Nigeria, there is no reporting system in the country by which trends in drug abuse can be monitored. There is a need to set up a drug abuse information centre which should co- ordinate not only the collection of epidemiological data but also be charged with implementing a reporting system and applying a timely multi-disciplinary approach in the control of substance abuse.

2.3.2 Healthy Ways to Cope With Life Stress

1. Observe yourself

   - Try to identify your habitual ways of relieving tension, how healthy are they?

   - Make up your mind to learn and practice new healthy ways.

2. Avoid careless striving

   - Do not dedicate your "awake hours" to careless striving

   - Dedicate some hours for relaxation in order to sustain your creative and adaptive energies

   - Have a daily plan of action to relax via exercises, games, reading, music, visits, participating in community development projects, prayers, meditation etc.

3. Develop self-management skills

- A void habitual use of deadlines as guidelines for action.

- Always give room for adjustment.

- Avoid misusing your time and energy through regrets, self-pity, denial, worrying about the future, wishful thinking, etc.

- Set up and pursue concrete and achievable goals to attain

- Stop worrying and start living growing and developing.

4. Learn to adapt to life conditions:

   - Realize that disappointments, frustration, loss, failure, negative emotions, etc are

universal realities and are not unique to you alone. See them as your own home work

- Recognize the role of learning ... seeking for help ... forming new habits, pausing and listening in overcoming your problems.

- Never underestimate a helping hand

- There is no solution in blames

- Always think good to feel good; feel good to do good (NDLEA, 2008).

2.4 Influence of Drug abuse on Students' Academic Performance

A drug is any substance other than food, whose chemical properties. Alter the state of living organisms. The primary purpose of drugs is for therapeutic use. However, many people as Odejide (1982) observed, use of drugs for recreation according to the NDLEA (1998), the reasons advanced by youth for abusing drugs are psychological satisfaction and improved performance. The United Nation (1999) also maintained that addictive drugs use is due to many reasons among which are; peer pressure/influence, stress unemployment, poverty and curiosity. Dambazau (1997) observed that in Africa, there has always been traditional mixture of herbs, stems and roots for consumption for various purposes, including stimulating bodily strength, and for mystical -religious experiences. This culturally prescribed consumption for various purposes is considered to be partly responsible for drug abuse in the Nigeria society. He adds that some drugs are belief to bestow on users good moods, strength and good performance. The NDLEA (1998) noted that the reasons advanced for the use of drugs by Nigerian youths include; to be brave, to be friendly, to enhance the development of positive self-esteem and to feel good. Despite the reasons advanced by youth for using drugs, most of them do not become strong enough on taking drugs. Contrary to the perceived functions that the drugs will serve, the effects are usually poor performance, distorted

thoughts, traffic offences and deviant behaviours that are detrimental to users and the society (United Nations, 1989, NDLEA 1998). Abubakar (2006) states that a family has a great influence on the behaviour manifestation of the child. The influence of the child can either e negative or positive, depending on the training and type of environment the child was brought up. There are some children too, who have a stable home with caring parents but the children set themselves problems because of excessively high stands aspiration. They suffer much tensions and anxiety, which may block intellectual functioning and even cases of high intelligence causing a low output, which can be disappointing to the parents as well as to the children themselves. He further stated that children from broken homes, may not enjoy attention because usually the parent who is charged with the task of looking after the children does so in isolation and bitterness, sometimes in an unwholesome atmosphere that is not intellectually stimulating. Some culture permit drug abuse, for example, the taking of alcohol and other beverages sources of relation and entertainment. Mohammed (2004) observes that still there are some children too, who have a stable home with caring parents but the children invite the problems because of exclusively high standards of aspiration if they fail to reach the standard, they suffer much tension and anxiety which block intellectual functioning.

Adeniyi (2005) pointed out that families in which there is high incidence of marital conflict, divorce, alcohol and substance use, poverty or stressful life, are likely to influence children with a high incidence of emotional difficulties and psychological disturbances. He added that victims of such rational victimization such as lack of interest, love and failure to give encouragement to the child exposes the child to deviant path like early sexual activity and drugabuse.

2.5 Education and Drug Abuse

Education is the principal means for preventing drug abuse. In addition to educational

institutions, other settings are important for the contributions they make to learning and socialization. Home, workplace and religious institutions, to name three examples, are. Settings for the education of young and old alike; seeking the root causes focuses on the social conditions that lead persons to engage in drug abuse. Slow and indirect education is often seen as producing its result only over the long run, involving parents and making gradual social change to reduce experimentation, occasional or regular drug use. The short-term approach (to control the supply of drugs) and the long- term demand reduction approach by education are two ends of a continuum which are often placed in opposition to each other. In reality, both are essential parts of a comprehensive view of prevention of drug abuse.

According to UNESCO (1993) approaches to education about drugs may be grouped conceptually into a threefold typology (a) the chosen educational strategy or approach (direct, alternative or indirect and selective); (b) the target group; and (c) thetype of activity and teaching materials used. Depending on the target group a direct substance-centred approach may be used. Educational activities may be carried out by adults, teachers, specialist, educators, youth leaders, parents or peers.

For drug education to be effective, it must be directed towards behavioural change since drug use is a behavior. The change must go beyond knowledge or understanding of drug. It also has to do with attitudes towards drug practices. It must indeed include the pharmacological and physiological effects of drugs on the different systems of the body. It must also consider the feelings, and interest of students. A well package drug education programme should include the reasons for drug use as well as the social impact of drugs on the youths and the society. It must also foster and instill in the youths the necessary skills for living (Sambo, 2008).

2.6 Home Economic Education

Home-economics is concerning with using and managing human and material resources for the benefit of individuals, family and society. In Home-economics, a 'great deal of emphasis is placed in promoting the general well-being of individuals, families and communities; facilitation of development of attributes for lifelong learning for paid, unpaid and voluntary work, and living standards.

The HEIA (2002) has given four dimensions or areas of Home-Economics. These are:

1) An academic discipline: this involves education new scholars, conducting research and to create new knowledge and ways of thinking for professionals and for the society.

2) An arena for everybody living, particularly in households, families and communities, and for developing human growth, potentials and human necessities of meeting basic needs.

3) A curriculum area that facilitates students to discover and further develop their own resources and capabilities to be used in their personal life by directing the professional decisions and actions or preparing them for life.

4) A societal arena to influence and develop policy, to advocate for individuals, families and communities to achieve empowerment and well-being to utilize transformative practices, and to facilitate sustainable futures.

Its major concern therefore, is to prepare the families to live physically fit and socially acceptable lives in their community. Perhaps it is also worthy to note that Home- Economics Education helps students to interpret and understand the world of family and work, and to identify and solve challenges that occur in their daily lives.

On a rather logical note, Home-Economic education provides the necessary balance

inbringing together theoretical understandings and addressing practical everyday problems.

2.7 Review of Related Empirical Studies

The researcher reviewed related thesis and journals in order to find out what other researchers have done on the present study or similar to study and come up with the following.

Dewan (1993) carried out research study on the relationship between drug abuse and behaviour problems among secondary students. Three hypothesis were formulated, four objectives and four research questions. Survey method was used, the population was made up of 936 senior secondary school students and 94 teachers of the schools, both in purposive and random sampling techniques was adopted in selecting sample of 380 respondents used for the study. The instrument was questionnaire and data were analyzed by using percentages and spearman rank order correlation co-efficient to determine the extent of variation in scores of responses. The findings revealed a significant association between drug abuse and truancy which showed the common symptoms of drug abuse among youths on their change in school attendance.

This study is related to the present study both investigate into the problem of drug abuse among adolescents students in secondary schools, the study used two respondents i.e. teachers and students which the present study used three groups of respondents i.e.parents, teachers and students. This study adopted the use of variance of (ANOVA) because of the groups involved in the study.

In another similar research carried out by Igbanei (1995) on the incidence of performance enhancing drugs use and their effects among Ahmadu Bello university NUGA athletes. The research design used was survey method. The population was made up of

Ahmadu Bello University NUGA athletes from various faculties of the same university. 100 sportsmen and sportswomen were randomly selected. The instrument was the questionnaire; data were presented and organized in tables. Percentages were used for data analysis. The findings revealed that 65% of respondents agreed that friends influence the use of drugs to enhance athletic performance this can be found most among male athletes and the female are usually introduced into taking these drugs by their male friends who are also athletes.

The researcher only states four research questions, no hypothesis was formulated therefore, there was no way any statically tool. The study was on the use of drugs by athletes to enhance performance while the present study will examine drug abuse on academic performance of students in secondary schools.

In another similar research conducted by Ibok and Jona (2006) on drug abuse by youths: 'Environmental impacts in Ikot-Ekpene urban, AkwaIbom State, Nigeria'. The sampling techniques employed was stratified random samplingmethods was used to select the sample which comprising of 165 commercial vehicles operators, 15 commercial sex workers, 225 employed youths on street,50prison inmates and 45 suspects in police custody. Three research questions were stated and three hypotheses. The purpose was to find out the different types of drugs and extend of abuse of drugs by youth in Ikot-Ekpene. The instruments used were questionnaire. The data were analyzed by using simple descriptive statistical (frequencies and percentages).

The findings revealed that there is high prevalence of alcohol by male and female and abuse of these substances influenced the rate of crime and other environmental hazards by youths.

Research conducted Adamu (2005), on investigation parents and teachers perceived factors of drugs abuse among primary pupils in Kaduna State. The research design employed

was descriptive survey. The method was used because the study involved gathering of information and data in a natural setting, its helped to ascertain the normal trend in obtaining the population under investigation.

The population of the study included teachers and parents of primary pupils in Kaduna State. The main instrument for data collection was a structured questionnaire by the researcher in likert format to indicate how strongly the respondents felt about statements.

A total of 323 out of 350 questionnaire distributed were correctly filed and returned. Descriptive statistical tools of frequency(f), means (x) standard deviation (SD) and t – test.

The finding revealed data aggression, seeking attention, comprehension and billing have 85%, school disaffection has 72%. The various factors perceived by parent and teacher as sources of behavioural problems among primary school children is an indication of their relationship with the children either as parents and teachers.

Agwogie (2003) conducted a research study on an investigation into the nature and predisposing factors related drug abuse in Kano and Lagos state. Eight objectives were stated and eight hypotheses were formulated to guide the study. A non-probability sampling techniques was to select 680 inmates.

The instruments used were questionnaire structured by the researcher. Four hypotheses were analyzed by using t-test and remaining four hypotheses were analyzed by chi-squared (x^2) at 0.5 level of significance. The study revealed that cocaine marijuana and different types of alcohols are frequently abuse by people, among factor social foundation and autocratic parenting style. The similarities that exist between the two studies are in the areas of factors that influence, the student or adolescent's drug abuse and different kinds of

drugs that are often abuse by people. Agwogie used t-test and chi-square to test hypothesis, while this study use variance of (ANOVA).

In another research conducted by Sambo (1991), on the study of drug abuse among students in selected secondary schools in Kaduna state; implication for education and guidance. The purpose of the study was to find out the effect of drugs abuse among students. The research design used was descriptive; the population was made up of principals, teachers, students and hospital personnel. The instruments were questionnaire and the data were analyzed by using simple percentage and frequency.

The findings revealed that adolescents' drug abuse has peer group influence, drug available or other risk factors in an individual social or family environment and that drugs effect the biological, psychological characteristics of the abusers.

A research conducted by Dauda (2009) on the causes of drug abuse and their effects on psycho-social behaviour of drug users. Five objectives were stated, one of the objectives was to find out the effects of peer group influence on drug abuse. Research design adopted was survey method, the population was drawn from four social service centers in Kaduna State. 68 inmates from Nigerian prisons Service Kaduna State Command,72 drug abusers from NDLEA, 202 Borsta training centre and 85 Federal neuron psychiatric hospital patients, making total of 427 subjects. 201 samples from the population were used as sample size. Instrument was questionnaire designed by the researcher. Pilot test was conducted in Zaria prison which 45 drug abusers were used.

The data collected were analyzed by using ANOVA, Pearson's correlation coefficient and t-test. The results from the Pearson's correlation revealed that there is significant relationship between the influence of peer group and drug abuse. The calculated Pearson significant value of 0.000 which is lower than the table value of 0.05 confirmed a significant

relationship between the two variables of interest

These studies are related to the present study in the sense that the studies involved the students of secondary schools as it relates to drug abuse, effects of drug abuse on psycho-social behaviour of drug users and most of the researchers draw their samples from prison inmates, remand homes, NDLEA and psychiatric hospital patients.

Like Sambo, the research did not use any inferential statistics to test the hypotheses of formulated, but the study highlighted the importance of education and counseling for both parents and students.

Unlike the other research studies, the topic is different but deals with sampling peoples view or perception, the same design will be adopted for the on-going research study but different statistical too to test hypotheses.

However, the past and present study makes use of descriptive survey method, different sampling techniques were used, and the past study used random sampling while the present study will use stratified and random sampling techniques.

Questionnaire were used and pilot study carried out in past studies also the present research study will use researcher structures questionnaire and equally carry out pilot study. The present study also used analysis of variance (ANOVA) to test the four hypotheses formulated at 0.05 level of significant.

2.19 Summary of Literature of Reviewed

From the literature reviewed, the problem of adolescents' drug abuse is not only peculiar and prevalent among adolescent students in Niger State or Nigeria but also in other developing countries as well as the developed countries of the world. In the view of educationists, writers and researchers, there is an agreement that drug abuse is a serious problem and more rampant among adolescents.

It has negative implications on the social and mental well-being of both the abusers, parents and society as a whole. The related reviewed literature, dealt with areas such as relationship between drug abuse and behaviour problems among secondary school students, problems of drug abuse among adolescent students in secondary schools, incidence of performance enhancing drug use and their effects among Ahmadu Bello University: Nuga, drug use by youths; environmental impacts in Ikot-Ekpene urban, AkwaIbom State.None of the study compared the differences in the opinion of parents and teachers on adolescent's drug abuse and its influence on academic performance in the Niger State. The present study became necessary to fill that gap.

CHAPTER THREE

RESEARCH DESIGNS AND METHODOLOGY

This chapter is devoted to describing and explaining the various methods that was adopted in resolving the problems established earlier in chapter one. The descriptions are:

3.1 Research design

3.2 Population for the Study

3.3 Sample Size and Sampling Procedure,

3.4 Instrument for Data Collection

3.4.1. Validation of Instrument

3.4.2 Pilot Study

3.4.3. Reliability of the Instrument

3.5 Procedure for Data Collection

3.6 Procedure for Data Analysis

3. 1 Research Design

Descriptive survey method was adopted for this study. This is in line with the assertion of Kerlinger (1973) and Ali *et al* (1991) that descriptive survey enables the researcher to discover the relative incidence and distribution characteristics of the population. The survey method was used due to the fact that the result of this research can be reliably generalized to the entire adolescents' teachers and parents' population in Niger.

3.2 Population for the Study

The target population involved all secondary school parents, students and teachers in Niger State. The total population of secondary students in Niger State is 335,843. Teachers' population was 8,769 and a total of 1.34 million parents who have children in secondary schools in Niger State. Total population for the research is therefore 1,684,612 (Table 1).

Table 3.1: Population for the study

Population	Number of population
Parents	1.34 million
Teachers	8,769
Students	335,843
TOTAL	**1,684,612**

Source: (Demographic Report of Niger state 2007).

3.3Sample Size and Sampling Procedure

The sample size of the study was 384 comprising parents, teachers and students. For the study is drawn by dividing the Niger State into strata that is zones. The study used the multi stage sampling. Random sampling was adopted in the selection of two Local Government Areas from each Zone while one school was randomly selected from each Local Government area, bringing the number of schools selected to six. A proportional sampling technique was used to obtain the sample size of three hundred and eighty four from a population of one million, six hundred and eighty-four thousand, six hundred and twelve subjects that is parents, teachers and students. The sample size is in line with the distribution of sample size by Krejeie and Morgan (1970) who suggested a sample size of 384 from population above 100.000.

Table 3.2: Sample Size for Study

Zones	Local Government	Name of Schools	SSII Students Proportion taken (%) S	Teachers S	Parents S	Total Sample
A	Mokwa	Government Secondary School, Mokwa	16 (9.87%)	10 (16.6%)	16	42
Central	Lapai	Day Secondary School, Minna	18 (11.1%)	10 (16.6%)	18	46
B	Bosso	Government Girls Day School, Minna	31 (19.13%)	10 (16.6%)	31	72
East	Chanchaga	Government Secondary School, Minna	35 (21.6%)	10 (16.6%)	35	80
C	Rafi	Government Secondary School, Kagara	36 (22.2%)	10 (16.6%)	36	82
West	Kontagora	Government Girls' College, Kontagora	26 (16.0%)	10 (16.6%)	26	60
TOTAL			**162**	**60**	**162**	**384**

3.4 Instrument for Data Collection

The respondents were expected to respond to each statement by a tick (√). In section A, the respondents were to tic personal data relate to them while in sections B,C, D and E they were expected to either strongly agree, agree, strongly disagree, disagree with the statements. The researcher used this scale because it is regarded as the most widely used in this type of research study due to its ability to measure attitudes, believes and intentions of respondents (Judy.2004). The scale used four levels of agreement /disagreement.

1.	Strongly Agree	(AS)
2.	Agree	(A)
3.	Disagree	(D)
4.	Strongly disagree	(SD)

The instrument that was used for data collection was a self-designed questionnaire designed by the researcher. The questionnaire was in three categories that is; Parents, Teachers and Students Questionnaire. The questionnaire was divided into four sections. Section A answered questions on Demographic variables of the respondents. Section B answered research questions 1 (item 1-10) bordering on parents', teachers' and students perception on influence of adolescents drug abuse were answered by all respondents that is; parents teachers and students. Section C answered research question 2 (item 11-16) bordering on parents', teachers' and students perception adolescent drug abuse were answered by both teachers and students. Section D answered research question 3 (item 17-22) bordering on parents', teachers' and students on drug abuse and its influence on students' academic performance were answered by both teachers and students. Section E answered research question 4 (item 23 -28) bordering on parents', teachers' and students' perception on gender

that predominates in the frequency of adolescent drug abuse were both teachers and students.

3.4.1. Validation of the Instrument

The instrument was subjected to validity by three experts in the field of Home-Economics, one guidance and counseling expert and a psychologist, the final statements/questionnaire was used for study.

3.4.2Pilot Study

In order, to ascertain validity and reliability of the instrument (questionnaire) intended to use for the purpose of this study, a pilot test was carried out at the Government Secondary School Paiko in Paikoro Local Government Area of Niger State. A total of 40 copies of questionnaire were administered to 15 students 15 parents and 10 teachers. The adolescent students were randomly selected from SSII. The questionnaire was distributed to the randomly selected adolescent students to take home for the parents to complete. Thus, the researcher had to go back the next day to collect the completed questionnaire. Questions were interpreted to illiterate parents in their local languages All completed questionnaire were returned except one from the parent.

3. 4.3Reliability of the Instrument

The split half method was used to measure the reliability of the instrument. The items on the questionnaire were divided into two and administered to the respondents used for the pilot study at two different times. The two scores obtained were analyzed using Pearson Product Moment Coefficient. A coefficient reliability of 0.82 was obtained.

3.5 Procedure for Data Collection

Prior to the actual collection, the researcher issued an introductory letter by the Department of Vocational and Technical Education, Ahmadu Bello University, Zaria. Copies of these letters were taken to schools involved in this study. The researcher administered copies of the questionnaire with the assistance of research assistant in each school. The break period was used so as not to disturb their lessons. Explanation was given to the respondents by the researcher to further solicit for their co-operation.

The copies of questionnaire for the students were collected the same day while copies for their parents were taken home to return the following day. The researcher went back to collect teachers copies and the copies given to students to take home for their parent to fill. The researcher followed the same procedure for each school randomly selected for the study. Parents of sampled students were allowed to respond through their children that are in Day Schools. While the Boarding schools, the researcher used Parents', Teachers' Association meeting or School Open Day for administering questionnaire.

3.6 Procedures for Data Analysis

The data analysis for the responses on the returned copies of the questionnaire was analyzed using:

Frequency distribution and percentages to describe socio demographic variables

Means scores to indicate degree of differences between groups.

Analysis of variance (ANOVA) to retain or reject the four null hypotheses formulated at 0.05 level of significant. This was used to test the hypotheses because f-test is more appropriate when a test of significance between three or more groups is to be carried out, Omotosho (1990).

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

This chapter presents the analysis of data collected in order to test the four null hypotheses formulated for the study. The study is titled Parents, Teachers and students' perception of drug abuse and its influence on academic performance among adolescent students' secondary schools in Niger state, Nigeria, 17th edition was used for the analysis. This chapter is presented after the following sub-headings:-

4.1 Analysis of bio-data

4.2 Answers to research questions

4.3 Testing of hypotheses

4.4 Discussion of the major findings.

The 0.05 level of significance formed the basis for retaining or rejecting the hypotheses. A satisfactory scale was set to infer disagree and agree; 1.0 – 2.4 disagree, 2.5 – 4.0 agree. Disagree and strongly disagree were merged together while agree and strongly were merged together

4.1 Bio Data Variables of Respondents

Table 4.1.1: Distribution of respondents by their Status.

Status	Frequency	Percentage
Parents	158	42.0
Teachers	58	15.4
Students	160	42.6
Total	**376**	**100.0**

Table 4.1.1 showed the status of the respondents in this study. Accordingly, a total of 158 of them representing 42.0% were parents of the adolescents while 58 representing 15.4% were teachers and the remaining 160 representing 42.6% were the selected adolescents for this study.

Table 4.1.2: Distribution of respondents by Age

Age of parents	Frequency	Percentage
36-45 yrs	70	44.3
46-55 yrs	57	36.1
56-above	31	19.6
Total	**162**	**100.0**

Table 4.1.2 above revealed the age of the parents 'respondents, it showed that 70 or 44.3% of the respondents were between 36-45 years. 57 or 36.1% of them were between ages 46-55 while 31 or 19.6% of the respondents were between 56- and above. The majority of respondents were between ages 36-45 years.

Table 4.1.3: Distribution of Parents by Sex

Gender of parents	Frequency	Percentage
Male	96	60.8
Female	62	39.2
Total	**162**	**100.0**

In table 4.1.3 on parents' gender distribution, a total of 96 or 60.8% were males while the rest 62 or 39.2% were female parents. This showed that the majority of parents were males.

Table 4.1.4: Distribution of Teachers by Age

Age of Teachers	Frequency	Percentage(%)
36-45 yrs	23	39.6
46-55 yrs	24	41.4
56-65 yrs	11	19.0
Total	**60**	**100.0**

Table 4.1.4 revealed the age of the teachers 'respondents, it showed that 22 or 39.6% were between 36-45 years while 24 or 41.4% were between 46-55 years while 11 or 19.0% were between 56-65 years. The majority of respondents were between the ages of 36-45 and 46-55 years.

Table 4.1.5: Distribution of Teachers by Sex

Teachers sex	Frequency	Percentage (%)
Male	34	58.6
Female	24	41.4
Total	**60**	**100.0**

Table 4.1.5 revealed distribution teachers by sex. It showed that 34 or 58.6% of the teachers were males while the remaining 24 or 41.4% of the teachers were females. The findings showed that two-third of the respondents were males

Table 4.1.6: Distribution of adolescent students by Age

Adolescent students by Age	Frequency	Percentage
10-14yrs	89	55.6
15-20yrs	71	44.4
Total	**162**	**100.0**

Details in the Table 4.1.6 revealed the adolescent students by Age. It showed that90 or 55.6% of the students were between 10-14 years while 71 or 44.4% were between 15-20 years. This revealed that more than half of respondents were between the ages of 10-14 years.

Table 4.1.7: Distribution of adolescent students by Sex

	Frequency	Percentage
Male	111	69.4
Female	49	30.6
Total	**162**	**100.0**

Table 4.1.7 showed that 111 or 69.4% of the adolescent students were males while the remaining 49 or 30.6% were females. The majority for this group of respondents were males.

4.2 Answers to Research Questions

Research Question 1: What are the differences among parents, teachers and students in their perception on what influences adolescents drug abuse?

Table 4.2.1: Parents', Teachers 'and students' perception on what influences adolescents' drug abuse

S/NO	ITEMS	STATUS	Response				
			A	D	Decision	M	STD
1	Peer group type may influence adolescence drug abuse	PARENTS	117	45	A	3.1139	.642
		TEACHERS	43	15	A	3.1379	.9633
		STUDENTS	131	29	A	3.3125	.9124
2	The drug status of parent may influence adolescences drug abuse	PARENTS	72	86	D	2.1709	1.1184
		TEACHERS	26	32	D	2.1552	1.1050
		STUDENTS	75	85	D	2.2063	1.1164
3	The economic status may contribute to adolescents drug abuse	PARENTS	51	107	D	2.3797	.9557
		TEACHERS	98	39	A	2.3793	.9519
		STUDENTS	52	108	D	2.3750	.9433
4	Academic and moral background of parents may have influence on adolescents drug abuse	PARENTS	128	30	A	3.3038	.9218
		TEACHERS	47	11	A	3.2759	.9327
		STUDENTS	129	31	A	3.2750	.9312
5	Building of self-esteem may influence adolescents drug abuse	PARENTS	114	44	A	2.7215	.8733
		TEACHERS	42	16	A	2.1069	.8586
		STUDENTS	117	42	A	2.7313	.8667
6	Trying g to build a relationship among peers may influence drug abuse	PARENTS	105	53	A	2.8671	1.1571
		TEACHERS	39	19	A	2.8793	1.1406
		STUDENTS	108	52	A	2.8813	1.1403
7	Consumption of local herbs may influence adolescents to take drugs	PARENTS	118	40	A	3.1582	.9478
		TEACHERS	43	14	A	3.1379	.9633
		STUDENTS	118	42	A	3.1375	.9614
8	Employment status may be responsible for adolescents drug abuse	PARENTS	75	83	D	2.2298	1.1110
		TEACHERS	27	25	A	2.1897	1.1310
		STUDENTS	72	88	D	2.1688	1.1227
9	Children custodian arrangement may influence adolescents drug abuse	PARENTS	53	105	D	2.4051	.9446
		TEACHERS	18	40	D	2.3448	.9282
		STUDENTS	51	109	D	2.3688	.9425
10	Emotional condition of an adolescent at a particular time may influence drug abuse	PARENTS	126	32	A	3.2468	.9354
		TEACHERS	47	11	A	3.2931	.9368
		STUDENTS	118	42	A	3.04587	.9637

Decision mean = (4 + 3 + 2 +1) ÷ 4 = 2.50 Aggregate mean 3.0342

Parents cumulative mean scores = 2.7596

Teachers cumulative mean scores = 2.69

Students cumulative mean scores = 2.7502

The Table above revealed the parents, teachers and students' perception on what influences adolescents' drug abuse. The parents were of the opinion that Academic and moral background of parents may have influence on adolescents drug abuse. This view attracted the parents highest mean perception of 3.3038 which showed that 88 strongly agree, while 40 agreed as against 20 that disagreed and the rest 10 strongly disagreed implying that 128 (81.0%) were in agreement while 30 (19.0%) were in disagreement with this view. The teachers were of the opinion that emotional condition of an adolescent at a particular time may influence drug abuse. This attracted the teachers highest mean response of 3.2931 with details showing that 32 strongly agree while 15 agreed as against 7 that disagreed and the rest 4 strongly disagreed. This implies that 47 (82.0%) are in agreement while the rest 21 (18.0%) of the teachers were in disagreement. The students' perception regarding what influences adolescents drug abuse is that Peer group type may influence adolescents' drug abuse. This item attracted the students' highest mean response of 3.3125. Details of their responses on this item showed that 89 strongly agreed while 42 agreed as against 19 that disagreed and the rest 10 strongly disagreed. This implies that 131 (81.9%) were in agreement while the rest 29 or 18.1% of the students were in disagreement with this view.

From Table 4.2.1 statistics revealed that the aggregate means for all the items was 3.0342 which is higher than the 2.5 therefore this means that their responses in these items is significant as it has between disagree and agree.

Research Question 2: What are the differences among parents, teachers and students in their perception on adolescents' drug abuse?

Table 4.2:2: Parents', teachers' and students' perception of adolescents' drug abuse

S/NO	ITEMS	STATUS	Responses				
			A	D	Decision	M	StD
1	I feel drug abuse is about consumption of illicit drugs by adolescents	PARENTS	118	40	A	2.7532	.8423
		TEACHERS	42	16	A	2.7241	.8745
		STUDENTS	115	45	A	2.7250	.8756
2	Use of no prescribed drugs and over doses of prescribed drugs can be referred to as drug abuse	PARENTSS	107	51	A	2.8924	1.1376
		TEACHERS	42	18	A	2.9138	1.1438
		STUDENTS	116	44	A	3.1125	.9904
3	I perceive that drug abuse is taking of harmful substance that alters the organic function and	PARENTS	118	40	A	3.1456	.9828
		TEACHERS	45	15	A	3.1379	.9633
		STUDENTS	82	80	A	2.3063	1.1215
4	I feel over dependency on drugs either physically, psychologically is drug abuse	PARENTS	75	83	D	2.2278	1.1110
		TEACHERS	29	31	D	2.1897	1.1310
		STUDENTS	56	10	D	2.3938	.9783
5	drug abuse is taking of drugs that result into negative consequences	PARENTS	43	10 5	D	2.4051	.9446
		TEACHERS	20	40	D	2.3448	.9281
		STUDENTS	120	40	A	3.1688	.9727
6	I perceive, drug abuse by adolescents is a form of moral paralytic behaviours	PARENTS	126	32	A	3.2468	.9354
		TEACHERS	49	11	A	3.2931	.9368
		STUDENTS	120	40	A	2.8000	.8600
Decision mean 2.5		aggregate mean 2.7655					

Decision mean = (4 + 3 + 2 + 1) ÷ 4 = 2.50

Parents accumulative mean scores = 2.7784

Teachers accumulative mean scores = 2.7672

Students accumulative mean scores = 2.7510

The Table above revealed the parents, teachers and students in their perception on adolescents' drug abuse. The parents were of the opinion that they perceive, drug abuse by adolescents as a form of moral paralytic behaviours. This view attracted the parents highest mean perception of 3.2468 with details showing that 82 strongly agree, while 44 agreed as against 21 that disagreed and the rest 11 strongly disagreed implying that 126 (79.8%) were in agreement while 32 (20.2%) were in disagreement with this view. The teachers' highest mean response of 3.2931 is also on the belief that they perceive, drug abuse by adolescents is a form of moral paralytic behaviours. Their detail response on this item showed that 32 strongly agreed while 15 agreed as against 7 that disagreed and the rest 4 of the teachers strongly disagreed. This implies that 47 (82.0%) were in agreement while the rest 21 (18.0%) of the teachers were in disagreement. The students' perception regarding adolescents' drug abuse, is that drug abuse is taking of drugs that result into negative consequences. This item attracted the students' highest mean response of 3.1688. Details of their responses on this item showed that 79 strongly agreed while 41 agreed as against 28 that disagreed and the rest 12 strongly disagreed. This implies that 120 (75.0%) were in agreement while the rest 40 or 25.0% of the students were in disagreement with this view.

From the statistics presented in Table 4.2.2 the overall aggregate mean responses on parents, teachers and students perception of adolescents drug abuse was 2.7655. This aggregate means is higher than 2.5 hence the responses on these items is significant.

Research Question 3: What are the differences among parents' teachers' and students in their perception on drug abuse and its influence on students' academic performance?

Table 4.2:3: Parents', teachers' and students' perception on drug abuse and its influence on students' academic performance

S/NO	ITEMS	STATUS	Responses				
			A	D	Decision	M	Std
1	How well or bad a student is performing in his/her studies and classes determines his academic performance	PARENTS	118	40	A	2.9532	.8423
		TEACHERS	42	16	A	2.7241	.8745
		STUDENTS	108	52	A	2.8625	1.1298
2	Failure in examinations, drop out of school are as a result of poor academic performance	PARENTS	107	51	A	2.8924	1.1376
		TEACHERS	40	18	A	2.9138	1.1438
		STUDENTS	105	54	A	2.8688	1.1553
3	Poor retention of memory and hang-over can lead to poor academic performance of student	PARENTS	118	40	A	3.1646	.9501
		TEACHERS	27	31	D	3.1379	.9633
		STUDENTS	119	41	A	3.1563	.9486
4	Continuous assessment and examination can be used to determine academic performance of a student	PARENTS	75	83	D	2.2278	1.1110
		TEACHERS	18	40	D	2.1897	1.1310
		STUDENTS	76	84	D	2.2250	1.1099
5	Academic performance is the extent at which student attain his educational goal	PARENTS	53	125	D	2.4051	.9446
		TEACHERS	18	40	D	2.3448	.9281
		STUDENTS	54	106	D	2.4125	.9607
6	Drug abuse causes tension and anxiety which blocks intellectual functioning and may result to low output	PARENTS	126	32	A	3.2468	.9354
		TEACHERS	47	11	A	3.2931	.9368
		STUDENTS	128	32	A	3.2625	.9213
						Aggregate mean	2.7774

Decision mean = (4 + 3 + 2 +1) ÷ 4 = 2.50

Parents accumulative mean scores = 2.8149

Teachers accumulative mean scores = 2.7672

Students accumulative mean scores = 2.7979

The Table above revealed the parents, teachers and students in their perception on drug abuse and its influence on students' academic performance. The parents, the teachers and the adolescent students are of the view that Drug abuse causes tension and anxiety which blocks intellectual functioning and may result to low output. This item attracted the parents, teachers and the students' highest mean responses of 3.2468, 3.2931 and 3.2625 respectively. The details of the parents' response on this item showed that 82 strongly agreed while 44 agreed as against 21 that disagreed and the rest 11 strongly disagreed. This implies that a total of 126 (79.87%) while the rest 32 (20.2%) were in disagreement. The detail of the teachers response on this item revealed that 32 strongly agreed while 15 agreed as against 7 that disagreed and the rest 4 strongly disagreed. This implies that a total of 47 (81.0% were in agreement while 11 (19.0%) of the teachers were in disagreement with this item. The students details response on this item showed that 84 strongly agreed while 44 agreed as against 22 that disagreed and the rest 10 strongly disagreed. This shows that 128 or 80% were in agreement while the rest 32 or 20.0% of the students were in disagreement with this view.

An aggregate mean score of 2.7774 was calculated for parents', teachers' and students' perception of drug abuse and its influence on students' academic performance. This showed that their response is significant as it is higher than 2.5 set as the average expected mean.

Research Question 4: What are the differences among parents', teachers' and students in their perception on gender that predominates in the frequency of drug abuse among adolescent students?

Table 4.2.4: Parents', teachers' and students' perception on gender that predominates in the frequency of drug abuse among adolescent students.

S/NO	ITEMS	STATUS	Responses				
			A	D	Decision	M	StD
1	Female students who keep bad friends are likely to be indulged in drug abuse	PARENTS	118	40	A	2.7532	.8422
		TEACHERS	42	16	A	3.0000	.8745
		STUDENTS	118	42	A	2.7375	.8503
2	Female who come from divided homes can easily fall into drug abuse	PARENTS	107	51	A	2.8924	1.1376
		TEACHERS	40	18	A	3.0000	1.1438
		STUDENTS	107	53	A	2.8750	1.1533
3	Female students who drop out of school easily resort to drug abuse	PARENTS	107	51	A	2.8924	1.1376
		TEACHERS	40	18	A	2.91208	1.1338
		STUDENTS	108	53	A	2.8605	1.1544
4	Male students who keep bad friends are likely to fall into drug abuse	PARENTS	126	32	A	3.2468	.9354
		TEACHERS	47	11	A	3.0000	.9368
		STUDENTS	129	31	A	3.2938	.9221
5	male students who drop out of school easily resort to drug abuse	PARENTS	129	40	A	2.7532	.8423
		TEACHERS	42	16	A	2.88545	.9745
		STUDENTS	115	45	A	2.7188	.8699
6	Male students who have no basic future of livelihood may resort to drug abuse	PARENTS	107	51	A	2.8924	1.1376
		TEACHERS	47	11	A	3.2931	.9368
		STUDENTS	106	54	A	2.8688	1.1444

Decisions mean 2.5 Aggregate mean 2.937

Decision mean = (4 + 3 + 2 + 1) ÷ 4 = 2.50

Parents cumulative mean scores = 2.9050

Teachers cumulative mean scores = 3.0150

Students cumulative mean scores = 2.8924

Presented above is the parents, teachers and students perception on gender that predominates in the frequency of drug abuse among adolescent students. The parents are of the opinion that male students who keep bad friends are likely to fall into drug abuse. This item attracted their highest mean response of 3.2468 with details showing that 82 were in strong agreement while 44 agreed while 21 disagreed and the rest 11 strongly disagreed. In summary, a total of 126 (78.8%) were in agreement while the rest 34 (21.2%) were in disagreement. The teachers were of the opinion that male students who have no basic future of livelihood may resort to drug abuse. This attracted their highest mean response of 3.2931 wit details showing that 32 strongly agreed while 15 agreed as against 7 that disagreed and the remaining 4 strongly disagreed. This implies in summary that while 47 or 81.0% of the teachers were in agreement with this view, the rest 11 or 19.0% were in disagreement with this item. The students' highest mean response of 3.2938 was that male students who keep bad friends are likely to fall into drug abuse. Details of their responses on this item showed that 88 strongly agreed, while 41 agreed as against 21 that disagreed and the rest 10 of the students strongly disagreed with this view. In summary this shows that a total of 129 (80.6%) were in agreement while the rest 31 or 19.4% of the students were in disagreement with this view.

Table 4.2.4 statistics revealed that the aggregate mean response of 2.9375 on the parents', teachers' and students' perception on gender that predominates in the frequency of

drug abuse among adolescent students showed that their responses were significant. This is because their mean response of 2.9375 is higher than the average expected mean of 2.5.

4.3 TESTING OF HYPOTHESES

Hypothesis One: There were no significant differences among parents, teachers and students in their perception on what influences adolescent drug abuse.

Justification for statistical technique: The One Way Analysis of variance (ANOVA) statistics is used to test this hypothesis because the computed test quantitative variable ofwhat influences adolescent drug abuse ***(dependent variable) is being answered by three different groups of parents, teachers and students respondents.***

Table 4.3.1 (A): ***The One Way Analysis of variance (ANOVA) statistics on perception of parents, teachers and students*** on what influences adolescent drug abuse.

Variations	**Sum of Squares**	**Df**	**Mean Square**	**F computed**	**F critical**	**Sig.(p)**
Between Groups	468	2	.234	0.019	2.60	0.981
Within Groups	4662.976	373	12.501			
Total	**4663.444**	**375**				

According to the Analysis of variance statistics and the mean descriptive statistics on the *perception of parents, teachers and students* on what influences adolescent drug abuse, shows that there is no significant differences among them regarding the perception *of parents, teachers and students* on what influences adolescent drug abuse.

Reason being that the calculated p value of 0.981 is higher than the 0.05 alpha level of significance as the computed F value of 0.019 is lower than the 2.60 F critical.

Table 4.3.1 (B): Descriptive statistics of the mean *perception of parents, teachers and students* on what influences adolescent drug abuse.

Status	N	Mean	Standard Deviation	Standard Error
Parents	158	27.5949	3.49711	.27822
Teacher	58	27.5000	3.49059	.45834
Student	160	27.6000	3.58929	.28376
Total	**376**	**27.5824**	**3.52645**	**.18186**

The mean *perception of parents, teachers and students* on what influences adolescent drug abuse were 27.5494, 27.5000 and 27.6000 respectively. This implies that all the respondents irrespective of their status have almost the same level of *perception of parents, teachers and students* on what influences adolescent drug abuse. Therefore, the null hypothesis which stated that there is no significant differences among parents, teachers and students in their perception on what influences adolescent drug abuse, is hereby rejected.

Hypothesis Two: There were no significant differences among parents, teachers and students in their perception on adolescent drug abuse.

Justification for statistical technique: The One Way Analysis of variance (ANOVA) statistics is used to test this hypothesis because the computed test quantitative variable of adolescent drug abuse ***(dependent variable) is being answered by three different groups of parents, teachers and students respondents.***

Table 4.3.2 (A): ***The One Way Analysis of variance (ANOVA) statistics on perception of parents', teachers' and students'*** **on adolescent drug abuse.**

Variations	Sum of Squares	Df	Mean Square	F computed	F critical	Sig.(p)
Between Groups	2.166	2	1.083	0.154	2.60	0.857
Within Groups	2620.759	373	7.026			
Total	**2622.926**	**375**				

Table 4.3.2 (B): Descriptive statistics of the mean *perception of parents', teachers' and students'* on adolescent drug abuse.

Status	N	Mean	Standard Deviation	Standard Error
Parents	158	16.6709	2.90934	.23145
Teacher	58	16.6034	2.97911	.39118
Student	160	16.5063	2.22337	.17577
Total	**376**	**16.5904**	**2.64471**	**.13639**

According to the Analysis of variance statistics and the mean descriptive statistics on the *perception of parents, teachers and students* on adolescent drug abuse, shows that there is no significant differences among them regarding the *perception of parents, teachers and students* on adolescent drug abuse. Reason being that the calculated p value of 0.857 is higher than the 0.05 alpha level of significance as the computed F value of 0.154 is lower than the 2.60 F critical. Their mean *perception of parents, teachers and students* on adolescent drug abuse were 16.6709, 16.6034 and16.5063 respectively. This implies that all the respondents irrespective of their status have almost the same level of *perception* on adolescent drug abuse. Therefore, the null hypothesis which state that there is no significant differences among parents, teachers and students in their perception on adolescent drug abuse, is hereby rejected.

Hypothesis Three: There is no significant difference among parents, teachers and students in their perception on drug abuse and its influence on students' academic performance

Justification for statistical technique: The One Way Analysis of variance (ANOVA) statistics is used to test this hypothesis because the computed test quantitative variable of drug abuse and its influence on students' academic performance ***(dependent variable) is being answered by three different groups of parents, teachers and students respondents.***

Table 4.3.3 (A): ***The One Way Analysis of variance (ANOVA) statistics on perception of parents, teachers and students*** on drug abuse and its influence on students' academic performance.

Variations	**Sum of Squares**	**Df**	**Mean Square**	**F computed**	**F critical**	**Sig.(p)**
Between Groups	1.659	2	.829	0.099	2.60	0.906
Within Groups	3134.458	373	8.403			
Total	**3136.117**	**375**				

According to the Analysis of variance statistics and the mean descriptive statistics on the *perception of parents, teachers and students* on drug abuse and its influence on students' academic performance shows that there is no significant differences among them regarding the *perception of parents, teachers and students* on drug abuse and its influence on students' academic performance. Reason being that the calculated p value of 0.906 is higher than 0.05 alpha level of significance as the computed F value of 0.099 is lower than the 2.60 F critical

Table 4.3.3 (B): Descriptive statistics of the mean ***perception of parents, teachers and students*** on drug abuse and its influence on students' academic performance

Status	**N**	**Mean**	**Std dev**	**Std. Error**
Parents	158	16.6899	2.90157	.23084
Teacher	58	16.6034	2.97911	.39118
Student	160	16.7875	2.86683	.22664
Total	**376**	**16.7181**	**2.89188**	**.14914**

Their mean *perception of parents, teachers and students* on drug abuse and its influence on students' academic performance were 16.6899, 16.6034 and 16.7875 respectively. This implies that all the respondents irrespective of mean status have almost the same level of perception on drug abuse and its influence on students' academic performance. Therefore, the null hypothesis which state that there is no significant differences among parents, teachers and students in their perception on drug abuse and its influence on students' academic performance, is hereby rejected.

Hypothesis Four: There is no significant difference among parents, teachers and students in their perception on which sex predominates in the frequency of drug abuse among adolescent students.

Justification for statistical technique: The One Way Analysis of variance (ANOVA) statistics is used to test this hypothesis because the computed test quantitative variable of which sex predominates in the frequency of drug abuse among adolescent students ***(dependent variable) is being answered by three different groups of parents, teachers and students respondents.***

Table 4.3.4 (A): ***The One Way Analysis of variance (ANOVA) statistics on perception of parents, teachers and students*** **on which gender predominates in the frequency of drug abuse among adolescent students**

Variations	**Sum of Squares**	**Df**	**Mean Square**	**F computed**	**F critical**	**Sig(p)**
Between Groups	1.023	2	.511	0.032	2.60	0.968
Within Groups	5936.911	373	15.917			
Total	**5937.934**	**375**				

According to the Analysis of variance statistics and the mean descriptive statistics on the *perception of parents, teachers and students* on which sex predominates in the frequency of drug abuse among adolescent students, shows that there is no significant differences among them regarding the perception *of parents, teachers and students* on which sex predominates in the frequency of drug abuse among adolescent students. Reason being that the calculated p value of 0.968 is higher than the 0.05 alpha level of significance as the computed F value of 0.032 is lower than the 2.60 F critical. Therefore, the null hypothesis which stated that there is no significant differences among parents, teachers and students perception on which sex predominates in the frequency of drug abuse among adolescent students, is hereby rejected.

4.4 DISCUSSION OF MAJOR FINDINGS

The first finding of this study revealed that emotional condition of an adolescent at a particular time may influence drug abuse.

This is in-line with the finding of Dantani, (2005) who pointed out that personal inadequacy and emotional condition of person at a time tends to push him into drug abuse, the survey further revealed that some psychological attributes such as to feel less afraid, boldness, more courageous, prepare for stress, to be more alert among others has been noticed. Result of hypothesis 1 revealed significant differences among parents', teachers' and student's in their perception on what influences adolescents' drug abuse. The opinion of respondents showed that majority of respondents numbering 291 agreed that emotional condition of an adolescent at a particular time may influence drug abuse. The second finding revealed that drug abuse by adolescents is a form of normal paralytic behaviours.

This supports Adamu (2004), who pointed out that anti-social behavior of youth involvement in drugs will manifest series of maladaptive behaviours like delinquency, prostitution, violent crimes such as armed robber, political thuggery and paid assassins. The result of hypothesis 2 revealed significant differences among parents', teachers' and students' in their perception of adolescents' drug abuse as it attracted aggregate mean scores of 2.78, 2.77 and 2.75 for parents, teachers and students respectively which was higher than decision mean of 2.50.

Table 4.2.3 revealed that drug abuse causes tension and anxiety which blocks intellectual functioning and may result to low output. This is in-line with Coadley (2006) who asserted that drug abuse is related to many school related outcomes such as school grades, attendance, school competition and drop out which are influenced not only by intellectual functioning but also by motivation, organizational skills and social/behavioural skills. The result of the

parents', teachers' and students' on drug abuse and its influence on students' academic performances.

The fourth objective of the study was to identify the gender which predominates in the frequency of drug abuse among adolescents. The findings revealed that male students who have no basic future of livelihood may resort to drug abuse attracted highest number of respondents who agreed with the statement. The mean scores for parents, teachers and students were 2.9050, 3.0150 and 2.8924 respectively which was higher than decision mean of 2.50. This showed that there is significant.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study was conducted to examine the perception of parents, teachers and students on drug abuse and its influence among adolescent students in secondary schools in Niger State. Information was collected by means of questionnaires from three hundred and seventy-six respondents in six secondary schools in Niger State.

5.1 SUMMARY

The study was conducted to examine the perception of parents, teachers and students on drug abuse and its influence among adolescent students in secondary schools in Niger state. The objectives of the study were to identify parents', teachers' and students' perception on what influences adolescents' drug abuse, to determine the perception of parents', teachers' and students' perception on gender that predominates in to the frequency of drug abuse and to identify the perception of parents', teachers' and students' on drug abuse and its influence on students' academic performance.

Literature reviewed highlighted the effects of drugs on individual, society and on academic performance. It further highlighted the review of epidemiological study of drug abuse and its influence on academic performance. Descriptive survey design was used in carrying out the study. The population of the study was 1,684,612 which comprised of parents, teachers and students in secondary schools in Niger state. A sample size of 384 parents, teachers, and students were drawn using both random and proportional sampling technique.

The data collected were analyzed using frequency, means scores to indicate the degree of differences between groups, while analysis of variance (ANOVA) was used to analyze the four Null hypotheses formulated for the study at 0.05 level of significant, which

were all rejected. The findings revealed that academic and moral background of parents may have influence on adolescents' drug abuse. Drug abuse by adolescents is a form of paralytic behaviours and that drug abuse causes tension and anxiety which blocks intellectual functioning and may result to low output. It also revealed that male students who keep bad friends and who have no basic future livelihood may resort to drug abuse.

5.2 CONCLUSION

From the findings it can be concluded that all the respondents irrespective of their status have almost the same level of perception on what influences adolescents' drug abuse and that drug abuse can result into negative consequences including lower academic performance.

5.3 RECOMMENDATIONS

Based on the findings of this study the following were therefore recommended:

1. Guidance and counselors in collaboration with Home-Economics professionals should give lectures, hold workshops and seminars on drug abuse in schools.
2. Parents and teachers should monitor the type of peer groups students keep, as peer group influence is the major cause of adolescents' drug abuse.
3. National Drug Law Enforcement Agency (NDLEA) in collaboration with National Agency for Food and Drug Administration Control (NAFDAC) should intensify efforts at stopping the illegal and indiscriminate sale of drugs in the State.
4. Drug education should be integrated into Home –Economics curriculum at all level of education.
5. Parents should always counsel their children on the need to embrace sound ethical codes and good behaviours.

5.4 SUGGESTIONS FOR FURTHER STUDIES

In view of the findings of this study, the researcher suggested that further study should be conducted in the following areas.

1. Teachers' and students' perception of drug abuse among adolescents student in higher educational institutions such as the universities and polytechnics and its influence on family.
2. The effects of parental style on adolescents drug abuse.
3. An evaluation of the role of Home-economists on adolescents' drug abuse.

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APPENDIX

Department of Vocational and Technical Education,
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Zaria.

QUESTIONNAIRE

DearRespondent,

This study intends to examine the parents, teachers and students perception of drug abuse and its influence on academics performance among adolescent students in secondary school in Niger State. I would appreciate your kind co-operation in answering these questions as best as you can.
Information gives by you will be treated with utmost confidentiality.

Parents' Questionnaire

Section A: Personal Data

Instruction: Tick in your personal data in this section that relate to you.

1. Age

(a) 31-35yrs [ ] (b) 36-45yrs [ ]

(c) 46-55yrs [ ] (d) 56-65 yrs [ ]

2. Sex: (a) Male [ ] (b) Female [ ]

Key:

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

SECTION: B TO ANSWER RESEARCH QUESTION 1

PERCEPTION ON THE INFLUENCE OF ADOLESCENTS DRUG ABUSE

S/NO	Statements	A	SA	D	SD
1	Peer group type may influence adolescents' drug abuse.				
2	The drug status of parent may influence adolescents drug abuse				
3.	The economic status may contribute to adolescents drug abuse				
4.	Academic and moral background of parents may have influence on adolescents' drug abuse.				
5.	Building of self-esteem may influence adolescents' drug abuse.				
6.	Trying to build a relationship among peers may influence drug abuse.				
7.	Consumption of local herbs may influence adolescents to take drug.				
8.	Employment status may be responsible for adolescents' drug abuse.				
9.	Children custodian arrangement may influence adolescents' drug abuse.				
10	Emotional condition of an adolescent at a particular time may influence drug abuse.				

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QUESTIONNAIRE

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Information gives by you will be treated with utmost confidentiality.

Teachers' Questionnaire

Section A: Personal Data

Instruction: Tick in your personal data in this section that relate to you.

1. Age

(a) 31-35yrs [ ] (b) 36-45yrs [ ]

(c) 46-55yrs [ ] (d) 56-60 yrs [ ]

2. Sex: (a) Male [ ] (b) Female [ ]

Key:

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

SECTION: B TO ANSWER RESEARCH QUESTION 1

PERCEPTION ON THE INFLUENCE OF ADOLESCENTS' DRUG ABUSE

S/NO	Statements	A	SA	D	SD
1	Peer group type may influence adolescents' drug abuse.				
2	The drug status of parent may influence adolescents drug abuse				
3.	The economic status may contribute to adolescents drug abuse				
4.	Academic and moral background of parents may have influence on adolescents' drug abuse.				
5.	Building of self-esteem may influence adolescents' drug abuse.				
6.	Trying to build a relationship among peers may influence drug abuse.				
7.	Consumption of local herbs may influence adolescents to take drug.				
8.	Employment status may be responsible for adolescents' drug abuse.				
9.	Children custodian arrangement may influence adolescents' drug abuse.				
10	Emotional condition of an adolescent at a particular time may influence drug abuse.				

SECTION: C TO ANSWER RESEARCH QUESTION 2

PERCEPTION ON ADOLESCENTS DRUG ABUSE

S/NO	Statements	A	SA	D	SD
11	I Feel; drug abuse is about consumption of illicit drugs by adolescents.				
12	Use of non-prescribed drugs and over does of prescribed drugs can be referred to as drug abuse				
13.	I perceive that; Drug abuse is taking of harmful substance that alters the organic function and behaviors of those that take drugs				
14.	I Feel; Over dependency of drug either physically psychologically is drug abuse.				
15.	Drug abuse is taking of drugs that result into negative consequences.				
16.	I Perceive; Drug abuse by adolescents is a form of moral paralytic behaviours.				

SECTION: D TO ANSWER RESEARCH QUESTION 3

PERCEPTION ON DRUG ABUSE AND IS INFLUENCE ON STUDENTS' ACADEMIC PERFORMANCE

S/NO	Statements	A	SA	D	SD
17	How well or bad a student is performing in his studies and classes determine his academic performance.				
18	Failure in examination, drop out of school are as a result of poor academic performance.				
19.	Poor retention of memory and hang-over can lead to poor academic performance of student.				
20.	Continuous assessment and examination can be used to determine academic performance of students.				
21.	Academic performance is the extent at which student attain his educational goal.				
22.	Drug abuse causes tension and anxiety which blocks intellectual functioning and may result to low output.				

SECTION E: ANSWER RESEARCH QUESTION 4

PERCEPTION ON SEX THAT PREDOMINATES IN THE FREQUENCY OF ADOLESCENTS DRUG ABUSE

S/NO	Statements	A	SA	D	SD
23	Female students who keep bad friends are likely to be indulged in drug abuse.				
24	Female who come from divided homes can easily fall into drug abuse.				
25.	Female students who drop out of school easily resort to drug abuse.				
26.	Male students who keep bad friends are likely to fall into drug abuse.				
27.	Male students who drop out of school easily resort to drug abuse.				
28.	Male students who have no basic form of livelihood may resort to drug abuse.				

Department of Vocational and Technical Education,
Ahmadu Bello University
Zaria.

QUESTIONNAIRE

DearRespondent,

This study intends to examine the parents, teachers and students perception of drug abuse and its influence on academics performance among adolescent students in secondary school in Niger State. I would appreciate your kind co-operation in answering these questions as best as you can.
Information gives by you will be treated with utmost confidentiality.

Students' Questionnaire

Section A: Personal Data

Instruction: Tick in your personal data in this section that relate to you.

1. Age

(a) 10-14yrs [ ] (b) 15-20yrs [ ]

(c) 21-25yrs [ ]

2. Sex: (a) Male [ ] (b) Female [ ]

Key:

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

SECTION: B TO ANSWER RESEARCH QUESTION 1

PERCEPTION ON THE INFLUENCE OF ADOLESCENTS' DRUG ABUSE

S/NO	Statements	A	SA	D	SD
1	Peer group type may influence adolescents' drug abuse.				
2	The drug status of parent may influence adolescents drug abuse				
3.	The economic status may contribute to adolescents drug abuse				
4.	Academic and moral background of parents may have influence on adolescents' drug abuse.				
5.	Building of self-esteem may influence adolescents' drug abuse.				
6.	Trying to build a relationship among peers may influence drug abuse.				
7.	Consumption of local herbs may influence adolescents to take drug.				
8.	Employment status may be responsible for adolescents' drug abuse.				
9.	Children custodian arrangement may influence adolescents' drug abuse.				
10	Emotional condition of an adolescent at a particular time may influence drug abuse.				

SECTION: C TO ANSWER RESEARCH QUESTION 2

PERCEPTION ON ADOLESCENTS DRUG ABUSE

S/NO	Statements	A	SA	D	SD
11	I Feel; drug abuse is about consumption of illicit drugs by adolescents.				
12	Use of non-prescribed drugs and over does of prescribed drugs can be referred to as drug abuse				
13.	I perceive that; Drug abuse is taking of harmful substance that alters the organic function and behaviors of those that take drugs				
14.	I Feel; Over dependency of drug either physically psychologically is drug abuse.				
15.	Drug abuse is taking of drugs that result into negative consequences.				
16.	I Perceive; Drug abuse by adolescents is a form of moral paralytic behaviours.				

SECTION E: ANSWER RESEARCH QUESTION 4

PERCEPTION ON SEX THAT PREDOMINATES IN THE FREQUENCY OF ADOLESCENTS DRUG ABUSE

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23	Female students who keep bad friends are likely to be indulged in drug abuse.				
24	Female who come from divided homes can easily fall into drug abuse.				
25.	Female students who drop out of school easily resort to drug abuse.				
26.	Male students who keep bad friends are likely to fall into drug abuse.				
27.	Male students who drop out of school easily resort to drug abuse.				
28.	Male students who have no basic form of livelihood may resort to drug abuse.				