

Adolescent and Drug Abuse: In Road to Depression and Suicide Implication for Counselling

Oboh Stephen O.¹ - Oboh Omonyemen J.²

Department of Education, Faculty of Arts and Education, Benson Idahosa University, Nigeria

Abstract: *Drug and substance abuse is and remains a major social problem world over. The purpose of the study was to investigate the effectiveness of counselling as a strategy for curbing drug and substance abuse leading to depression and suicide among Nigerian Adolescents. The thriving concept of this paper is about the counselling strategies that brings wholesome rehabilitation with positive self-concept among drug addict adolescents. The paper identifies the grave challenges faced by the Adolescents, points out the importance of counselling as part of measures to assist Adolescents and the role of key stakeholders such as civil society organisations (CSO) and Educational Institutions; governmental and non-governmental organizations in curbing drug abuse among adolescents. Therefore, drug control counselling centres should be established in every community and qualified health counsellors should be employed in helping drug addicts by giving them special advice on how to go about the withdrawal. Drug awareness units to be set up in all states by the federal, state and local government not to try people who use drugs as criminals, but to help solve their socio-psychological problem. Thus, the challenges of drug abuse facing Adolescents needs a collaborative effort in ameliorating their plight. This paper discusses the concept of drug abuse, the meaning of depression and suicide, types, signs and symptoms, effects, and implication for counselling.*

Keywords: *Drug, Drug Abuse, Adolescents, Depression and Suicide.*

Date of Submission: 13-04-2020

Date of Acceptance: 28-04-2020

I. Introduction

Drug use is as old as man. Since the early times, herbs, leaves and plants have been used to heal and control diseases. The use of drugs in itself does not constitute any danger, because drugs correctly administered have been a blessing. Falco (1988) as cited by Sambo (2008) viewed that “chronic use of substances can cause serious, sometimes irreversible damage to adolescent’s physical and psychological development. The use of drugs could be beneficial or harmful depending on the mode of use. A drug refers to a substance that could bring about a change in the biological function through its chemical actions (Okoye, 2001). It is also considered as a substance that modifies perceptions, cognition, mood, behavior and general body functions (Balogun, 2006). This could thus be considered as chemical modifiers of the living tissues that could bring about psychological and behavioural changes (Nnachi, 2007).

Drug abuse is a major public health problem all over the world (UNODC, 2005). The use and abuse of drugs by adolescents have become one of the most disturbing health related phenomena in Nigeria and other parts of the world (NDLEA, 1997). Several school going adolescents experience mental health problem, either temporarily or for a long period of time. Some become insane, maladjusted to school situations and eventually drop out of school. NAFDAC, (2004) as cited by Haladu (2003) explained the term drug abuse as excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns. It could also be viewed as the use of a drug to the extent that it interferes with the health and social function of an individual. Odejide, (2000) warned that drug abusers who exhibit symptoms of stress, anxiety, depression, behavior changes, fatigue and loss or increase in appetite should be treated by medical experts and counsellors to save them from deadly diseases.

The alarming evidence in the prevalence of drug abuse, the effects and consequences of substance abuse among students has called for concern and challenge to all helping professions to mount strategies of equipping youths with skills of living devoid of substance abuse. In Nigeria today, the consequences of substance use are diverse, including acute and chronic health, social as well as psychological problem. There is disruption of interpersonal relationships particularly within the family, marginalization, criminal behaviour, school failure, vocational problems and failure to achieve normal adolescent milestones, yet these adolescents are expected to be the leaders of the country in the future when they do not even have any focus for the future. Several studies carried out among the secondary school students in Benin City by Omege and Oshiloya, (2006), Nwagwu, (1999), Fayombo, (2000) and Obianwu, (2005) found out that students and youth of easy virtue in the community are involved in cannabis abuse and stimulants such as amphetamines and cannabis. The consensus

of opinion therefore seems to be that youths are also seriously involved in substance abuse. Drug abuse has become such a problem of great concern to all well-meaning Nigerians and particularly the Federal Government to the extent that an Agency has been established to combat the social disease with a view to reducing the spread of drug abuse to the barest minimum or eradicating it totally.

The Nigerian National Drug Law Enforcement Agency (NDLEA) has stated that drug abuse is a major problem in schools (NDLEA, 1997). For instance, about 20% of the school population in Edo state, Nigeria have taken a psychoactive drug once in their lives (Alemika, 1998). Many of these behaviors are heavily tied to the peer culture, as children learn from and imitate the peers they like and admire. Wanting to be attractive to others becomes very important in adolescence, and this factor is significant in the development of eating disorders, alcohol consumption, tobacco and drug use, tanning, not practicing safe sex, and vulnerability to injury, among other behaviour. These adolescent who get involved in such risky behaviour often have high levels of conflict with their parents and poor self-control, suggesting that they engage in such behaviour to manage a stressful life. Adolescents who abused substances typically do more poorly in school, and family problems, deviance, and low self-esteem appear to explain this relationship. Parents and peers influence adolescent drinking by influencing attitude about alcohol and by acting as role models (Taylor, 2003). On the other hand, parental deprivation due to deaths, divorces, separation or discord has also been strongly associated with drug abuse (Odejide, 1997).

Beautrais (2000) emphasized that stressful life events that occur in an individual's life have a role in the development of depression. Therefore, depression is considered to be one of the most common diseases in the world today among adolescents. It is a disease that affects all people irrespective of their religion, social status, educational background gender or race. Most victims of depression tend to become increasingly irritated, may drink alcohol excessively, loss appetite, or have an increased appetite or choose to seclude themselves from the society. This is because the stress affects the body and mind, thus causing distress in the body functions. Depression has been outlined as a mental disorder characterised by sadness, loss of interest or pleasure, feelings of guilt or low self-esteem, disturbed sleep or appetite, feelings of tiredness and poor concentration. When the psychological functions are affected, both mind and body react irrationally. These forms of irrational behaviors are the result of depression. The behaviors include insomnia, bouts of anger, sadness, seclusion from others, unwillingness to eat or excessive eating, fighting, and mood swings. Therefore, how does depression lead to suicidal tendency? Suicide is the intentional will to die. This means an individual tries to kill him or herself and succeeds are considered as suicide victims. If the attempt is not successful it is identified as attempted suicide.

By implication, drug abuse, depression and suicide behaviour among adolescents may be a collection of different things. It is not easy to determine the specific causes of their depression although it is highly prevalent across the country. Adolescents are a special group of individuals that are enduring a critical transitory period from adolescence to adult hood, one of the most stressing times in a person's life. Such are prey to a number of concerns. Consequently, the adolescents are under immense stress that may lead to depression in some. They feel they cannot control their own lives. This may lead to missing classes, crying a lot, or isolating themselves. The prevalence of depression is very high among adolescents in Nigeria due to adjustment into adulthood and the new expected responsibilities in the new stage of their lives. Thus, an upward trend in consumption of both licit and illicit drugs by students. Hence the need to establish comprehensive strategies to deal with the drug and substance Abuse problem in schools.

The Concept of Drug Abuse

Drug and Substance Abuse among the youth is a major challenge facing the Nigeria education sector. It creates social-economic hardships, breeding misery which increases crime, violence and a drain in all affected strata of the society, United Nations Office on Drugs and Crime (UNODC, 2010). A drug is a substance (other than food) which, when taken, alters the state and functions of the body (UNODC, 2011). Drugs can be taken through the mouth, injection, nostrils or as ointments and pessaries (Ngesu, *et al* 2008 and Ndirangu, 2004). The term is generally used in reference to a substance taken for therapeutic purpose and as well as abused substances. Drug abuse is the use of any legal (social) or illegal drug or substance when it is detrimental to health and wellbeing, for physical or psychological reasons. Studies show that factors such as prolonged or traumatic parental absence, harsh discipline, and failure to communicate on an emotional level, and parental use of drugs may lead to or intensify drug abuse among young people.

It should be stated that not all drugs are harmful. Some drugs are good for health when they are not abused, analgesic drugs like aspirin, phenslc and paracetamol are used for pain relief. Drugs like librium, valium 5 or 10, and piritin serves as sleeping tablets. Because of the fear of abuse, some of these drugs are not sold without evidence of it been prescribed by a medical expert in Nigeria. Many adolescents' drug users particularly those taking non-prescribed drugs appear to have some degree of personality disorder before taking drugs, as this was evidenced from their school record like poor school behavioural record, truancy and all forms of delinquencies. This, according to Akinola (1995), may be true since the school exists as a place in the society

where discipline and moral virtues of life are inculcated in the young ones, school-going adolescents who indulge in abusing drugs might not be able to adapt to the expected standards or norms. Studies have shown that abuse of drugs can lead to poor coordination; reduced attention span, resulting to lack of imparted standards. Drug abuse can also predispose the adolescent to gross disobedience to constituted authority, outright rejection of moral norms in school, deviant attitudes and inciting of other law-abiding students against the school authority. There is no gainsaying the fact that dismay academic performance will result when there is a continued and sustained episodes of lateness to school or outright absence from school.

The Meaning of Depression and Suicide

Depression is a common mental disorder that presents with depressive mood, loss of appetite loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep, and poor concentration. More over depression often comes with symptoms of anxiety. These problems can become chronic leading to substantial impairment of an individual's ability to effectively function in the society. At its worst, depression has been known to lead to suicide and suicidal behavior. The World Health Organization 2012, outlines that "almost 1 million lives are lost to society yearly, these translates to 3000 suicide deaths daily. For each individual who commits suicide, 20 or more individuals attempt to end their lives." Looking at the above statistics it is quite clear that depression is a factor that needs to be highlighted so as to help reduce the incidences of suicide and suicide behavior.

Suicide is the intentional will to die. This means an individual tries to kill him or herself and succeeds are considered as suicide victims. If the attempt is not successful it is identified as attempted suicide. Thus, drug abuse has been identified as a major factor leading to depression and suicide among adolescents. Suicides are considered as secondary deaths due to their nature. This is because an individual who commits suicide has often lost the will to live, which leads to the death of their inner strength and their ability to exist effectively in the society. Depression is a significant factor when it comes to the psychological well-being of an individual. It makes affects the mental, physical and emotional abilities of a person. When affected by depression an individual tends to have fatigue affecting their ability to carry out their day to day activities, mood swings affecting their association with others and absent mindedness that can lead to accidents.

Types of Drug Abuse

In Nigeria, the most common types of abused drugs according to NAFDAC (2000) as cited by Haladu (2003) are categorized as follows: -

1. **Stimulants:** These are substances that directly act and stimulate the central nervous system. Users at the initial stage experience pleasant effects such as energy increase. The major source of these comes from caffeine substance.
2. **Hallucinogens:** These are drugs that alter the sensory processing unit in the brain. Thus, producing distorted perception, feeling of anxiety and euphoria, sadness and inner joy, they normally come from marijuana, LSD etc.
3. **Narcotics:** These drugs relive pains, induce sleeping and they are addictive. They are found in heroin, codeine, opium etc.
4. **Sedatives:** These drugs are among the most widely used and abused. This is largely due to the belief that they relieve stress and anxiety, and some of them induce sleep, ease tension, cause relaxation or help users to forget their problems. They are sourced from valium, alcohol, promethazine, chloroform.
5. **Miscellaneous:** This is a group of volatile solvents or inhalants that provide euphoria, emotional disinhibition and perpetual distortion of thought to the user. The main sources are glues, spot removers, tube repair, perfumes, chemicals etc.
6. **Tranquilizers:** They are believed to produce calmness without bringing drowsiness, they are chiefly derived from Librium, Valium etc.

Causes of Drug Abuse

Haladu (2003) gave the following as the main causes'

- i. **Experimental Curiosity:** Curiosity to experiment the unknown facts about drugs thus motivates adolescents into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue.
- ii. **Peer Group Influence:** Peer pressure plays a major role in influencing many adolescents into drug abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. In Nigeria, as other parts of the world, one may not enjoy the company of others unless he conforms to their norms.
- iii. **Lack of parental supervision:** Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse.

- iv. Personality Problems due to socio-Economic Conditions: Adolescents with personality problems arising from social conditions have been found to abuse drugs. The social and economic status of most Nigerians is below average. Poverty is widespread, broken homes and unemployment is on the increase, therefore our youths roam the streets looking for employment or resort to begging. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed action to promote job creation by private and community entrepreneurs. Frustration arising from these problems lead to recourse in drug abuse for temporarily removing the tension and problems arising from it.
- v. The Need for Energy to Work for Long Hours: The increasing economic deterioration that leads to poverty and disempowerment of the people has driven many parents to send their children out in search of a means of earning something for contribution to family income. These children engage in hawking, bus conducting, head loading, scavenging, serving in food canteens etc and are prone to drug taking so as to gain more energy to work for long hours.
- vi. Availability of the Drugs: In many countries, drugs have dropped in prices as supplies have increased.
- vii. The Need to prevent the Occurrence of Withdrawal symptoms: If a drug is stopped, the user experiences what is termed "withdrawal symptoms". Pain, anxiety, excessive sweating and shaking characterize such symptoms. The inability of the drug user to tolerate the symptoms motivates him to continue (Ige, 2000).

Signs and Symptoms of Drug Abuse

According to Adolescents Health Information Project AHIP (2001) the following are signs and symptoms of drug abuse. They are:

- a. Signs of Drug Used and Drug Paraphernalia
 - i. Possession of drug related paraphernalia such as pipes, rolling paper, small decongestant
 - ii. Possession of drugs, peculiar plants or bolts, seeds of leaves in ashtrays or clothing pockets.
 - iii. Odour of drugs, smell of incense or other cover up scents.
- b. Identification with Drug Culture
 - i. Drug related magazines, slogans on clothing
 - ii. Hostility in discussing drugs
- c. Signs of Physical Deterioration
 - i. Memory lapses, short attention span, difficulty in concentration.
 - ii. Poor physical coordination, slurred or incoherent speech; unhealthy appearance, indifference to hygiene and grooming
 - iii. Bloodshot eyes, dilated pupils.
- d. Changes in Behaviour
 - i. Distinct downward performance in school place of work.
 - ii. Increased absenteeism or tardiness.
 - iii. Chronic dishonesty, lying; cheating and stealing.
 - iv. Trouble with the police and other law enforcement agencies
 - v. Change of friends, evasiveness in talking about new ones.
 - vi. Increasing and inappropriate anger, hostility, irritability, sectraveness etc.
 - vii. Reduce motivation, energy, self-discipline, self-esteem etc.

The Effects of Drug Abuse

Mba (2008) identified numerous negative effects of drug abuse on the body chemistry as follows:

- 1. Alcohol-related problems include:
 - a. Physical problems e.g liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, neurological disorder.
 - b. Mental retardation for the fetus in the womb, growth, deficiency, delayed motor development.
 - c. Craniofacial abnormalities, limbs abnormalities and cardiac deficits.
 - d. Psychiatric e.g pathological drunkenness, suicidal behaviour
 - e. Socially-broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases.
- 2. Tobacco: Causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the fetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack.
- 3. Stimulants: Lethargy, irritability, exaggerated self-confidence, damage nose linings, sleeplessness, and psychiatric complications.
- 4. Inhalants: Causes anemia, damage kidney and stomach bleeding.

5. Narcotics: Causes poor perception, constipation, cough, suppression, vomiting, drowsiness and sleep, unconsciousness and death.

The Role of Major Stakeholders in Tackling drug abuse and suicide behaviour among adolescents in Nigeria

The key stakeholders here are the individuals, civil society organisations, educational institutions, government and international organisations (NGO); The stakeholders have major roles to play in curbing drug abuse and suicide behaviour among adolescents. These roles are as follows:

a. The Role of Individuals:

The Individuals have roles to play. These include:

1. The role to love adolescents and care for them because they are human beings and fellow citizens, we need to embrace them, go close to them, pray, play with them. Make them feel loved and give them the sense of belonging.
2. Individuals can provide adolescents with useful information that will help overcome drug abuse, depression and suicide behaviour.
3. The individuals can extend their hands of care through provision of emotional stress of what they have been through. We need to restore their dignity, and through love and care
4. Individuals may also provide entrepreneurial training skills that will assist adolescent development positive self-concept.

b. Role of Civil Society Organisations (CSOs)

In addition to the individual roles, the CSO can assist adolescents. The scope of activities for civil society groups for adolescents may include the following;

1. Civil society organizations (CSOs) can play the role of monitoring situations of drug abuse, depression and suicide behaviour among adolescents in Nigeria, in order to ensure that it does not amount to killing themselves due to misuse of harmful substances.
2. The civil organizations can assist the adolescents to obtain a remedy on drug abuse, including personality change.
3. CSOs can advocate for legal or policy frameworks to address substances abuse and durable solutions.
4. They can assist adolescents with skills and the creation of livelihood opportunities, to enable them to start rebuilding their lives.
5. They can also contribute a recreational activities aimed at ensuring good relations between adolescents and the local communities where they intend to live permanently.

c. Role of Educational Institutions

1. Educational institutions have a role of providing quality education as a key factor in countering the risk of radicalisation among youths. This is premised on the grounds that youths who have received even a little education are more inclined to view unreasonable violence negatively and are less susceptible to ideological brainwashing of substance abuse in groups.
2. Efforts to provide adequate protection and assistance to adolescents must be based on accurate information about the danger of (drug abuse and suicide behaviour in different age groups) in all locations such as schools, camps, cities, rural settings. Educational institutions could embark on research to provide data on numbers and state of affairs of drug abuse and suicide behaviour among adolescents in Nigeria to give adequate guidance for intervention.

d. The Role of Government

Addressing the problems of drug abuse, depression and suicide behaviour is primarily the responsibility of the government. This requires the taking of concrete steps to prevent drug abuse, depression and suicide behaviour among adolescents, protect and assist them to find durable solution to their problems. The role of government includes:

1. Government has the responsibility to prevent drug abuse, depression and suicide behaviour among the population of adolescents/youth.
2. Raising national awareness for recognized problems and addressing same.
3. Adequate medical care should be given to substance abusers. The adolescents should be accurately orientated to avoid drug abuse and suicide behaviour.
4. The adolescents also need to be empowered; government should provide them with vocational training and skill acquisition so that they don't stay idle while in school.

5. Government should provide adolescents with adequate security; make sure that their lives are being secured before sending them back to their school. Also they should be guarded by the security armed forces to make sure that they focused their studies to prevented drug abuse that create unrest in school.
6. The adolescents should not only be provided with carbohydrate food. Well balanced diet should be given to them so that they will not be malnourished with drug and suicide behaviour.
7. While the adolescents are still in school, they need to be educated on pre-marital sex and the dangers of unprotected sex to avoid sexually transmitted diseases.
8. Good shelters should be provided for them to avoid effects of cold. Also good source of water should be made available for them to prevent water borne diseases.
9. The government should provide a national legal framework to develop laws to uphold the rights of adolescents/youth.
10. The role of government is also to collect data so as to obtain credible information needed on the numbers, location and conditions of adolescents in order to design effective policies and programmes.
11. Government should provide for the education of the adolescents while the period of schooling lasts and even after for adolescents who become victims of drugs with no one to care for them.
12. To provide training programmes for government officials including counsellors, school administrators, military and police exposing them to the rights and needs of the adolescents and their own official duties to protect and assist them from drug abuse.
13. Participation of adolescents in Decision Making: Engaging them in consultation and building upon their skills. The participation of women can reduce their vulnerability to sexual harassment and violence.
14. Government owe it as a duty to establish conditions to allow adolescents to live in a sane society, in safety and dignity, to their places of habitual residence.
15. Allocation of adequate resources to the extent they can, to address situations of adolescents involving in drug trafficking.
16. Cooperation with international, regional and local organizations in providing assistance to assist and help adolescents development positive self-concept.

e. The Role of Non-Governmental International Organisations (NGOs):

The international organization play a key role in helping to preventing drug abuse and providing protection and assistance to those adolescents. Their roles in helping adolescents are thus:

1. In line with the United Nation's guiding principles on drug abuse and the African Union Convention for the Protection and Assistance of drug victims in Africa, they should help in preventing drug abuse and providing assistance to those drug victims.
2. They should actively play role of providing funding from the Commonwealth of Nations and gifts to countries that are in dear need of such assistance to combat drug abuse in Nigeria.
3. International actors have the role to engage indigenous researchers and NGOs dedicated to advancement of research to collate and analyse data to generate comprehensive result for proper intervention.
4. As part of their role, they should provide a comprehensive support and training programme to equip adolescents with skills for better livelihoods.
5. The provision of health facilities and services to adolescents engaging in drug abuse. The World Health Organization (WHO) has the role to intervene in cases like this so as to remedy and help the situation.

In Road to Drug Abuse, Depression and Suicide tendency among Nigerian Adolescents

Students, especially those in secondary school tend to see the drug user as one who is tough, bold and strong. Many youngsters have been known to use drugs at the instance of peers, elders or siblings. Students who usually feel inadequate have been known to use drugs to achieve social acceptance. Esen (1979) stated that Nigerian secondary school adolescents under the influence of Indian hemp shed all inhibitions and produce behaviour that is inconsistent with school discipline. He went further to observe that the increasing incidence of drug abuse among secondary school students is a contributory factor in the ugly confrontation between school administration and students.

Odejide, (1979); Ogunremi and Rotimi, (1979); Agunlana, (1999); Ubom, (2004); Obiamaka, (2004); Okorodudu and Okorodudu, (2004) in their research work indicated that the problem of drug abuse knows no boundaries or social class. It impedes the development of any society as it is a threat to life, health, dignity and prosperity of all individuals. Fayombo and Aremu (2000) in their research on the effect of drug abuse on educational performance of some adolescent drug abusers in Ibadan found that the misuse of marijuana had reached an epidemic level in the present Nigeria society, and that drug abuse could lead to reduce academic achievement or even halt one's entire academic process. Adesina, (1975); Ekpo, (1981); and Orubu, (1983) in their studies dwelled extensively on reasons students use drugs include success in examination, social acceptance and initiation of peers. Olatunde (1979) states that Nigerian adolescents take drugs such as amphetamines and pro-plus as aid for success in examination. He postulated that those who take drugs as aid for

studies toward examinations are those with poor academic records, a history of instability and family/social problems, while others, he commended; use drugs to increase their self-confidence, heighten pleasure, cope with feelings of depression and inadequacy, and to facilitate communication. Idowu (1987) found that students smoke and use drugs at the instance of friends/peers, parents and television/radio advertisements. Oladele, (1989); Okorodudu and Okorodudu (2004); and Enakpoya (2009) in their studies showed that adolescents were very susceptible to the influence of their peers.

Osikoya and Ali (2006) asserted that socially, a drug abuser is always pre-occupied with how to obtain drug of choice and crave for the substance. Kobiowu (2006) study revealed that the academic pursuits of those undergraduates who engages in drug misuse is not unduly jeopardized, and that the abusers do not socialize extraordinarily, contrary to seemingly popular expectation.

Studies by Okoh (1978), Oduaran (1979) and Johnson (1979) exhibit a plethora of purposes for which students use drug. The list includes curiosity, boldness, friends-do-it, enjoyment of social gathering, academic pressure, sound-sleep, sexual-prowess, and performance in sports. Drug abuse is a very serious problem among school adolescents and which has slowly made the average Nigerian student to be maimed, sentenced to a life of delinquency, insanity, street walking and premature death.

II. Conclusion

Drug abuse in adolescence constitutes one of the deadliest menaces faced by Nigerians today. It has been identified as a social vice leading to depression and suicidal behaviour that must be eradicated. Although the government has currently championed the campaign against drug abuse, drug abusers exhibit some aberrant behaviour due to their reliance on drugs. They can be helped by Counsellor to overcome their problem. Counsellors are also required to provide drug abuse education to the adolescent in our secondary school and tertiary institutions. Drug abuse counselling is therefore recommended as an integral part of school curriculum; a method of management which focuses on specific problems arising from the abuse of drug. Many of them engaged in drug abuse out of frustration, poverty, lack of parental supervision, peer influence and pleasure. However, with effective counselling programme, the problems can be tackled. Counsellors attached to the various school should monitor and identify drug abusers and provide counselling therapies for them to adjust to normal life/better life.

III. Recommendations

The following recommendations were made:

- a) Establishment of Family Education on Drugs: The family is the nucleus of the social organization. Parents should give their children appropriate education on drug use. They should be encouraged by health authorities to offer family education on drug abuse to their children. They should inform them of the dangers of drug abuse and dependence on their health, society and the nation. This is possible since the school combines formal (classroom teaching) and informal (peer group influence) processes of socialization. The school uses methods like guidance and counselling, suspension, exclusion, official mention and rewards as modes of behaviour control. The school therefore becomes the best place for drug abuse intervention and control.
- b) Designing Curricula on Drug Education: Ministry of education (State and Federal) should as matters of urgency add to the curricula- drug education at all levels of education. Establishment of Drug Awareness Units: Drug awareness units to be set up in all states and moderated by the federal state and local governments. It should not be a panel established to try people who use drugs as criminals, but to help solve their socio-psychological problem.
- C) Establishment of Counselling Centres for Drug Control: Counselling centres should be established in every community by the government or private individuals. Qualified health counsellor should be employed in helping drug addicts or those dependent on drug by giving them counsel on how to go about the withdrawal system.

IMPLICATION FOR COUNSELLING

There is need for professionally trained counsellors to be posted to universities/secondary school to render expert services to students engaging in substance abuse.

- a) Counsellors would need to mount vigorous educational and vocational guidance services in school in order to help students harmonise academic ability and vocational aspirations as against drug abuse, depression and suicide behaviour.
- b) In order to break the growing trend of drug abuse, depression and suicide behaviour in Nigeria counsellors would need to assist university/secondary school students in redirecting their attention from glamorous causes of drug abuse that would leave them perpetually as victims at the expense of

their vocational and professional training that would provide them skills for self – employment rather than depend on harmful substance.

- c) Counsellors would need to organise seminars for students during career day/career week programmes to sensitize or create awareness about the danger of substance abuse, depression and suicide behaviour. The counsellor would invite expert like mental health doctor to talk on that day during the programmes and it would provide first-hand information that would change their negative perception on substance abuse.

References

- [1]. Alimeka, E. E. O. (1998). Narcotics drugs control policy in Nigeria Development policy center, Report Number: 11
- [2]. ADESINA, S. (1975). The use of Indian hemp and drugs among secondary school students in Lagos, Lagos: University Press. Adolescents Health Information Project (AHIP) (2001). *Drug abuse*, Unpublished Pamphlet, Kano: AHIP Centre.
- [3]. AGUNLANA, G.G. (1999). "Family structure and prevalence of behaviour problems among Nigerian adolescents", *The Counsellor*, 17(1) pp. 154-159.
- [4]. BALOGUN, S.K. (2006). "Chronic intake of separate and combined alcohol and nicotine on body maintenance among albinorats", *Journal of Human Ecology*, 19(1) 21-24.
- [5]. BANDURA, A. (1986). *Social foundations of thought and action, A social cognitive theory* Engle wood Cliffs, NJ: Prentice Hall.
- [6]. Beautrais, A. (2000). Risk factors for suicide and attempted suicide among young people. *Australian and New Zealand Journal of Psychiatry*, 34, 3, 420– 436, 2000
- [7]. EKPO, A.U. (1981). "Marijuana is very harmful", *Nigerian Gong*, pp. 9-11.
- [8]. ENAKPOYA, E. (2009). "Prevalence of drug abuse among Nigerian adolescents: Implication for counseling", *The Counsellor*, Vol. 26, No 2.
- [9]. ESEN, A.J.A. (1970). "Discipline in schools", *Journal of the Cross River, Educator*, 1(1), 40.
- [10]. FAYOMBO, G.A. & Aremu, S. (2000). "Drug education and its effects on the educational performance of some adolescent drug abusers in Ibadan", *The Counsellor*, 18(5), pp. 378-387.
- [11]. HALADU, A.A. (2003). Outreach strategies for curbing drug abuse among out-of-school youth in Nigeria: A challenge for community Based Organization (CBOS), in A. Garba (ed). *Youth and drug abuse in Nigeria: Strategies for counselling, management and control*. Kano: Matosa Press.
- [12]. IDOWU, A. (1987). "Prevalence of smoking and drug abuse among students in Ilorin metropolis: Implications for Counselling", *Journal of Education*, Vol. 7, p.85-97.
- [13]. JOHNSON, M.P. (1979). "Power Relaxations and affective style as determinants on confidence in impression formation in a game situation", *Journal of Experimental Social Psychology*, 7, 98-100.
- [14]. KOBIOUWU, S.V. (2006). "The social and academic implications of drug abuse among undergraduates: A case study of the Obafemi Awolowo University, Ile-Ife, Nigeria", *International Journal of Psychosocial Rehabilitation*. 11(1), 661-68.
- [15]. MANBE, D.A. (2008). "Crime and drug abuse among Nigerian youths: A critical examination in World Health Organization (WHO)", *Expert committee on drug dependence*, 28th Report (unpublished).
- [16]. MBA, A.I. (2008). "Counselling techniques for the rehabilitation of drug addicts in Nigeria", *The Counsellor*, 18(1) 10-18. National Drug Law Enforcement Agency (1997). *Drug data collection and research*, Lagos: Drug Demand Reduction Unit, National Drug Law Enforcement Agency.
- [17]. Ngesu, L. M., Ndiku, J. and Masese, A. (2008). Drug dependence and abuse in Kenyan secondary schools: strategies for intervention. *Educational research and review* vol.3 (10), pp304 -308. <http://www.academicjournals.org/EPR>.
- [18]. Nwagwu, H. O., (1999). Drug Addiction Among Police Secondary School Students. Paper Presented at the Bi-annual conference of the force education officers and the first Nigerian training course for NGO's in the treatment of Drug Dependent Persons in Benin City, Nigeria, 1 – 20.
- [19]. NNACHI, R.O. (2007). *Advanced psychology of learning and scientific enquiries*, Enugu: J.J. Classic Publishers Ltd.
- [20]. OBIAMAKA, V.O. (2004). "Problem behaviours in Nigerian secondary schools", *Nigeria Society for Education Psychologists (NISEP)*, pp. 69-75. Obianwu, H. (2005). Emerging serious psychopathology associated with abuse of cannabis (Indian hemp, marijuana). *Tropical journal of pharmaceutical research*, 4, (1), 329 – 330
- [21]. ODEJIDE, A. (1979). "Alcohol use in sub-group literature Nigerian" *African Journal of Psychiatry*, Vol. 5, 15-20.
- [22]. Omege, E. I., & Oshiokeya (2006) Perception of Drug Abuse Amongst Nigerian Undergraduates Published by World Journal of Medical Science
- [23]. ODEJIDE, A.O. (2000). "Research, prevention and treatment of alcohol and drug abuse in Nigeria: Problem and prospects", *Paper Presented at the 10th Anniversary Lecture of CRISA*. Jos (5th October).
- [24]. ODUARAN, D. (1978). *Psychological guidance of the school child*. Ibadan, Evans Books.
- [25]. OGUNREMI, O.O. & Rotimi, D.O. (1979). "The Nigerian teenage and the use of drug", *African Journal of Psychiatry*, Vol. 5(1&2), pp. 21-27.
- [26]. OKUH, B. (1978). "Problems of secondary school learners", *Careers*. Vol. 2, No 3.
- [27]. OKORODUDU, R. & Okorodudu, G.N. (2004). "An overview of conduct problems of the Nigerian child", *Journal of the Nigerian Society for Educational Psychologists. (NICEP)*, pp. 76-83.
- [28]. OKOYE, N.N. (2001). "The adolescents and hard drugs: A psychological concern in R.U.N", Okonkwo & R.O. Okoye (eds). *The Nigerian adolescent in perspective*. A Publication of the Nigerian Society for Education.
- [29]. OLADELE, J.O. (1980). *Guidance and Counselling: A functional approach*, Lagos: John Lad Enterprises.
- [30]. OLATUNDE, A. (1979). *Self-medication: Benefits, precautions and dangers*, London: The Macmillan Press.
- [31]. ORUBU, A.O. (1983). "Purpose for which secondary school students use drugs: A challenge to guidance counselors", *Journal of Institute of Education*, ABU, 6(22) 109-120.
- [32]. OSIKOYA, K.A. & Alli, A. (2006). Perception of drug abuse among Nigerian undergraduates. *World Journal of Medical Sciences*. 1(2), 133-139.
- [33]. SAMBO, S. (2008). *Understanding guidance and counseling*, Zaria: Ahamadu Bello University Press Limited.
- [34]. Taylor, S. E., (2003) *Health Psychology* (5th Ed.) Indian: McGraw Hill.
- [35]. UBOM, I.U. (2004). "Behaviour problems of children: Counselling interventions", *Nigerian Society for Educational Psychologists (NISEP)* pp. 47-58.

- [36]. United Nations Organizations on Drug Council (UNODC) (2005). "World Health Organization Expert Committee on Dependence Producing Drugs. Fourteenth Report Urban Adolescents", *Child Development*, 61, 2032-2046. World Book Encyclopedia (2004). Vol. 6, Chicago: *World Book*.
- [37]. UNODC. (2010). *World Drug Report*. New York: United Nations.
- [38]. UNODC. (2011). *World Drug Report*. New York: United.

Oboh Stephen O. "Adolescent and Drug Abuse: In Road to Depression and Suicide Implicationfor Counselling." *IOSR Journal of Research & Method in Education (IOSR-JRME)*, 10(2), 2020, pp. 53-61.