

COUNSELLING AS A MEANS FOR RESOLVING CONFLICT BEHAVIOURS AMONG THE YOUTH: A STUDY OF SUBSTANCE ABUSE AMONG STUDENTS IN KATSINA STATE

Shehu Yahaya Tsagem PhD

Department of Educational Foundations
Usmanu Danfodiyo University, Sokoto
shehu.yahaya@udusok.edu.ng

Prof. M. U. Tambawal

Department of Educational Foundations
Usmanu Danfodiyo University, Sokoto
malamiumar@udusok.edu.ng

Abstract

The study employed the descriptive survey approach to show how the abuse of alcohol, drug and other substance can be traced to factors that are biological, psychological, and social-environmental. A sample size of 142 subjects was purposively drawn from a population of 27, 057 students from schools in Katsina Zonal Directorate of Education. A researchers' designed instrument, the Substance Abuse Inventory (SAI) served for data collection. The instrument was validated by experts in the field of Counselling and Psychology and also by the NDLEA officials. With the use of the split half measure, a reliability coefficient of 0.79 was realized for the instrument. The Pearson Product moment correlation statistical technique was used in testing the three formulated null hypotheses and results revealed that substance abuse correlated significantly with psychological and social-environmental factors but not with biological factors. It was recommended that substance abuse could be tackled by helping individuals understand and deal with substance cues and cravings by using behavioural interventions such as avoiding, leaving or changing situations that trigger or worsen cravings to redirect activities or get involved in pleasant activities and also by getting help and support from others. Thus, effective counselling interventions should be utilized to help individuals cope with such potentially conflicting behaviours for the development of an efficient generation that will ensure the realization of a peacefully stable and developed nation.

Introduction

Substance abuse, a public health and social problem has gradually become a cause for concern in Africa and indeed in Nigeria. In Nigeria, the consumption of illegal drugs and the harmful use of other psychoactive substances such as alcohol, pharmaceutical drugs, inhalants and solvents have increased at an alarming rate over the years. An analysis of the World Drug reports over a ten-year period (2001 – 2011) showed that the estimated annual prevalence of cannabis consumption among persons aged 15 to 65 years increased from about 8.7% to 14.3%; while that of amphetamine consumption increased from 1.2% to 1.4% (United Nations Office for Drug Control and Crime Prevention (2001); United Nations Office on Drugs and Crime, 2011). The same trend was also reported for cocaine and opiates with annual prevalence of consumption rising from 1.0% and 0.3% respectively to 0.7% for both substances (United Nations Office for

Drug Control and Crime Prevention (2001); United Nations Office on Drugs and Crime, 2011). Available report indicates that Nigeria is one of the highest consumer of cannabis and amphetamine in Africa (United Nations Office on Drugs and Crime, 2011). Thus, the International Council for Alcohol and Addiction (1988) observes that the problem of drug abuse has for a considerable time increasingly escalated in Nigeria. It is an observable fact which is being emphasized by the present economic dilemma which the nation has found itself with its attendant social discontent. Until recently, drug abuse was not very prevalent in Nigeria, because these drugs are not produced in Nigeria and are therefore not readily available.

Ekpenyong (2012) noted that according to the World Drug Report (2005), the use of illicit drugs in all nations has increased in recent years. While 3.3 to 4.1 per cent of the global population admits to consuming drugs, the most worrisome trend for the UNDCP is the younger ages at which people are becoming addicted. In Pakistan for example, the share of those who started heroine use at 15-20 years of age has doubled to almost 24 percent. A survey in the Czech Republic showed that 37 percent of new drug users were teenagers between 15 and 19 years old. In Egypt, drug use - in particular heroin use - is becoming a serious problem and nearly 6 percent of secondary school students admit to having experimented with drugs (World Drug Report, 2005 as cited in Ekpenyong, 2012).

Related Literature

Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. Medline's medical encyclopedia defines drug abuse as the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed (Buddy, 2011).

In 1932, the American Psychiatric Association created a definition that used legality, social acceptability, and cultural familiarity as qualifying factors; "...as a general rule, we reserve the term drug abuse to apply to the illegal, nonmedical use of a limited number of substances, most of them drugs, which have properties of altering the mental state in ways that are considered by social norms and defined by statute to be inappropriate, undesirable, harmful, threatening, or, at minimum, culture-alien." (Glasscote, Sussex, Jaffe, Ball, & Brill, 1932).

A definition of substance abuse that is frequently cited is that in DSM-IV, the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association. The DSM-IV definition is as follows:

1. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
 - i. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household).
 - ii. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).
 - iii. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
 - iv. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)
2. The symptoms have never met the criteria for Substance Dependence for this class of substance. (<http://www.medicinenet.com>).

Generally, drugs of abuse (ingested, inhaled, smoked, injected or snorted) fall into three categories:

Depressants (e.g. heroin, barbiturates) are sedatives which act on the nervous system. Artificial relaxation and relief from anxiety and mental stress tend to produce psychological dependence and withdrawal from heavy use is severe.

Stimulants (e.g. cocaine, crack, amphetamines) are agents that activate, enhance, or increase neural activity. They include amphetamines and synthetic appetite suppressants such as phenmetrazine or methylphenidate. They can give rise to symptoms suggestive of intoxication, including tachycardia, pupillary dilation, elevated blood pressure, nausea or vomiting and abnormal behaviour such as fighting, agitation and impaired judgement. A full-blown delusional psychosis may occur.

Hallucinogens (e.g. marijuana, ecstasy, mescaline, LSD) are a chemically diverse group which produce profound mental changes such as euphoria, anxiety, sensory distortion, vivid hallucination, delusion, paranoia and depression. (www.un.org/cyberschoolbus/briefing/abuse/abuse.pdf).

Inhalants such as glue, nail polish, cigarette lighter fluid, hairspray, paint thinner, gasoline/petrol, correction fluid, amyl nitrite (sometimes called poppers), alcohol, non-prescribed and over-the-counter medications and even coffee and cigarettes, can all be used to harmful excesses are inexpensive and easy to purchase in all regions and therefore collectively constitute the drug of choice for especially vulnerable young children worldwide. The “high” occurs very quickly, with effects similar to alcohol-related drunkenness, but there are those who experience something like hallucinations. Street youth often sniff glue or other inhalants to mask hunger and cold. Sniffing can also be a social activity that allows users to pool their money and, in some cases, to present an anti-establishment image. Inhalant use is an issue that spans the globe, though rates vary widely. (WHO, Substance Abuse Department, 1999).

But the broad range of substance abuse in today's society is not that simple. There are substances that can be abused for their mood-altering effects that are not drugs at all – inhalants and solvents – and there are drugs that can be abused that have no mood-altering or intoxication properties, such as anabolic steroids. Theoretically, almost any substance can be abused. For many substances, the line between use and abuse is not clear. Many theorists have tried to account for why people use substance and other drugs, and especially why they continue or relapse despite negative consequences. Some theories suggest genetic and other biological factors, while others emphasize personality factors or social-environmental factors. While these factors have all been shown to contribute to persistent substance use and to relapse following periods of abstinence, no one set of factors can account for all types of substance use. Rather, substance use appears to result from complex interactions of biological, psychological and social-environmental structures and processes.

Factors Related to Substance Abuse

Biological Factors

Genetic Inheritance. Genetic factors appear to play a role in people's use of tobacco and other drugs (Madden & Heath, 2002). It is believed that many genes influence people's responses to

drugs, and that their responses reflect a continuum of vulnerability to abuse problems. This understanding is consistent with behavioural studies that have failed to clearly distinguish between people with abuse problems and others.

Tolerance and Physical Dependence. The repeated use of drugs can change the body's ability to adapt to the presence of these substances. One result is that people become less sensitive to the substance and so need to increase the dosage to obtain the desired effects. This loss of sensitivity is called *tolerance*. The body's adjustment to the presence of a drug may also result in withdrawal symptoms when use stops. This condition is called *physical dependence*. The adaptive changes that underlie tolerance and physical dependence involve changes to metabolic pathways, cellular adaptation, activation of parallel biochemical systems and changes to the release of neurotransmitters. These changes may help explain why some people who use drugs heavily find it so difficult to stop. Research on neurobiological aspects of drug use has led to the identification of many relevant structures and processes (e.g., drug-specific receptor sites in the brain and the effects of specific drugs and their metabolites on neurotransmitters). It has been suggested that all addictive behaviours may be the result of common physiological or biochemical actions in the brain, and a good deal of research is currently focused on the neurotransmitter dopamine. Some theorists have suggested that all pleasurable activities, including drug use, result from the release of dopamine in specific areas of the brain.

Psychological Factors

Personality Traits. Several studies have sought to identify personality characteristics associated with the onset of drug use in adolescence. The results suggest that such use is more common among adolescents who show pre-drug use signs of one or more of the following: rebelliousness, other adjustment problems, depression, and sensation seeking (Kandel & Yamaguchi, 1985; Stein, Newcomb and Bentler 1987; Shedler & Block, 1990). Evidence also suggests that such people have a genetically determined brain disorder involving the prefrontal lobes (Tarter, Alterman and Edwards, 1988). However, the relationships between mental health and substance use are complex and difficult to disentangle. Some people with serious mental disturbances (e.g., phobias, rage, anxiety, depression, mania, paranoid delusions) appear to use drugs to self-

medicate for mental distress. For others, mental health problems are caused or exacerbated by substance use, and these problems tend to decrease with abstinence.

Psychodynamic Processes. A psychodynamic approach to understanding human behaviour emphasizes psychological forces, structures and functions as they develop and change over time. There is a special interest in childhood experiences and conflicts and their influences in later life. Psychodynamic perspectives on substance use problems focus on unconscious motivation, emotions, self-esteem, self-regulation and interpersonal relationships. “Fixations” at Freud’s anal and phallic stages have also been proposed as explanations for substance use (Barry, 1988).

Learned Cognitions and Behaviours. Use of drugs activates two basic learning mechanisms. The first, called *classical conditioning* occurs when an initially neutral stimulus eventually produces the same responses as an existing stimulus with which it has been paired; the best-known example is the experiments of Ivan Pavlov. Example of a classically conditioned response is the onset of cravings and withdrawal symptoms in response to stimuli associated with substance use. These stimuli, or cues, may be internal to the person (e.g., feelings of depression or anxiety) or may be found in the external environment (e.g., advertisements, social situations or the sight of a syringe). Through classical conditioning, drug related stimuli may also invoke mild drug effects that arouse the person’s appetite for more. By being frequently paired with substance use, the (now conditioned) tolerance responses become stronger, and more of the substance is needed to produce intoxication (Sherman, Jorenby and Baker, 1988).

The second learning process activated by drug use is called *operant conditioning*. This occurs when behaviours are shaped by their consequences. Through operant conditioning, positive reinforcements (rewards) are used to increase the frequency of specific behaviours in specific situations, and negative reinforcement (withholding of rewards) or punishments are used to decrease or eliminate behaviours. Behaviours come to be evoked in response to the various stimuli associated with the conditioning process. All drugs used for pleasure can act as positive reinforcers. For others, substance use cues can become highly generalized (e.g., when they are happy, sad, alone, with others, and at any time of the day). A likely explanation is that stress relief from drug use is influenced by expectations that relief will occur (Cohen and Baum, 1995). Expectations of the effects of drugs are cognitions and, like other cognitions, they both influence and are influenced by classical and operant conditioning.

Social-Environmental Factors

No one social-environmental factor has been shown to be either necessary or sufficient for use or relapse of substance abuse to occur. Thus, like other factors that influence substance use, the factors exert their influence in the context of a complex, dynamic multi-factor system.

Aspects of Family Life. Many other aspects of family life may also contribute to substance use and relapse. Family members may present models of substance use that are emulated by children. Childhood experiences within distressed or dysfunctional families may leave children vulnerable to substance use and a variety of other problems as adults. Family-related factors that can contribute to the onset and maintenance of substance use (and possibly to relapse) include: poverty, membership in a group devalued by the larger society, drug problems among family members, parental abuse and neglect, parental separation, low cohesion and low mutual support (Goplerud, 1990). Systems theory has drawn special attention to the influence of other family processes (Pearlman, 1988). This theory views individuals' behaviour as being determined and sustained by the dynamics and demands of the key people with whom they interact. Further, systems theory proposes that behaviours have *functions* within dynamic systems, even when the behaviours and their supporting systems cause problems for those involved. The theory draws attention to ways in which a substance user's family copes with and possibly reinforces substance use, and the implications for the family if the person changes his or her behaviour. The theory proposes that families and other social networks develop "rules" of interaction that can sustain pathological behaviours (e.g., the family implicitly agrees never to plan family events on nights father 'is on high'). Family members also assume roles, such as "enabler," "martyr" or "sick person," that maintain the homeostasis within the family.

Peer Influence. Many adolescents do experience problems in psychosocial transition which make them vulnerable to peer influence. For example, the need to establish a self-identity may sometimes lead to conflict with parental authority and association with drug using peers. The need to be accepted by the group members is a powerful motivation to try a tobacco or cannabis cigarette, or share a bottle of codeine. At first this behaviour "is intended primarily as a symbolic gesture of group cohesion, and the [pleasure] or comfort derived from the use of the drug is secondary. With time however, the two become inseparable." (Rathod as cited in Obot, 1999, p. 17).

Availability and Cost. The availability and cost of other drugs clearly influence overall patterns of use (Single, 1988; Godfrey & Maynard, 1988) and can contribute to use and relapse. Obot (1999) rightfully pointed out that an example of this is the case of heroin and cocaine in Nigeria. Abuse of these two drugs started when they became available through the activities of traffickers in the early 1980s and has kept pace with increased availability. Even the trend in increased consumption of alcohol in the 1970s and 1980s can be attributed to the dramatic growth in the number of breweries and distilleries in the country in the two decades.

Culture of the Dominant Society. The substance use culture of the dominant society can contribute to continuing substance use and relapse. This is especially so in cultures that promotes heavy or illegal substance use, or substance use to solve problems. In the case of alcohol abuse, what has been called a community's "drinking sentiment" – its values, attitudes and norms – contributes to the pattern of drinking in that community. An additional cause of drug abuse identified was ignorance; inaccurate perceptions of the risks of abuse (Tambawal & Tsagem, 2013).

Statement of the Problem

Students abused various types of drugs and nicotine, in particular, at a rate that is causing concern. Despite National Drug Law Enforcement Agency (NDLEA) and other organization-based interventions, drug abuse is on the rise among secondary school students in the area of study. Accordingly, it is conflict behaviour among secondary school students. In many public places, students who have dropped out of school because of drug abuse can be found loitering and participating in other forms of activities unapproved by the society. Likewise, poor academic performance is being recorded as a result of substance abuse by students. Many other unwanted social problems as a result of substance abuse engaged by students were the main concern of everybody. How substance abuse is happening and what factors are involved and how counselling can be utilize to resolve such behaviour conflict is the main thrust of this study.

Objectives of the Study

The objectives of this study were to find out if:

1. There is any significant relationship between substance abuse and biological factors among secondary school students in Katsina state.

2. There is any significant relationship between substance abuse and psychological factors among secondary school students in Katsina state.
3. There is any significant relationship between substance abuse and social-environmental factors among secondary school students in Katsina state.

Hypotheses of the Study

Three null hypotheses were generated for this study:

1. There is no significant relationship between substance abuse and biological factors among secondary school students in Katsina state.
2. There is no significant relationship between substance abuse and psychological factors among secondary school students in Katsina state.
3. There is no significant relationship between substance abuse and social-environmental factors among secondary school students in Katsina state.

Significance of the Study

This research is of great benefit to parents, teachers and the society who need to understand that certain substance use problems can manifest in individuals due to factors previously not given much attention to. Above all, it was most helpful to such students who engage in substance use to understand the magnitude of what they are leading themselves into and also to embrace strategies to cope and eventually desist altogether.

Research Design

The research technique adopted for this study was the correlational survey design. This design is suitable for this research because it helps to identify and determine relationships between the various factors of substance abuse and the abuse itself.

Population of the Study

This study covered all senior secondary school students in Katsina state, however, only students from Katsina Zonal Directorate of Education were used; an area the problem is most prevalent. The schools involved in the study are GSSS Natsinta, GCK (P) Katsina, GCK (DW) Katsina, KCK Katsina, GSSS K/Sauri and GSS K/Yandaka with a population of 27, 057 students.

Sample and Sampling Technique

A sample size of 142 subjects was purposively drawn for the study with the justification that they were the ones with record of such behaviour in the school and for some, with the police and the NDLEA too. Thus, they were the number that adequately met requirement for inclusion in the study because it was only concerned with students who are involved in substance abuse and considering the small number, the study decided and utilized them all.

Instrumentation

The instrument used for the research was a researchers' designed instrument titled the Substance Abuse Inventory (SAI). The instrument consisted of 2 sections; Section A captured the personal data of the pupils while section B further contained sub-sections on biological, psychological and social-environmental factors. Another section here is that which sought information on the nature of abuse of substance. Each of the sub-section in the Section B of the instrument contained ten questions. The instrument was validated by experts in the field of Counselling and Psychology in Umar Musa 'Yaradua University, Katsina, FCE Katsina and IKCOE D/Ma and also by the Katsina Office NDLEA officials. The instrument was pilot tested with students from GPSS Kankia, GSS Funtua and GPSS D/Ma and with the use of the split half measure, a reliability coefficient of 0.79 was realized for the instrument.

Administration and Scoring of the Instrument

The instrument was administered by the researchers to all the selected students. Adequate explanation was made to the students as to the purpose of the study and what is expected of them to do. With proper instruction and guidance the students responded to all the questions. Each school was visited separately and the administration was done at a stipulated time agreed by each school authority. The Likert type procedure was used in designing the instrument with scores ranging from 4 (Strongly Agree) to 1 (Strongly Disagree).

Presentation, Analyses and Interpretation of Results

H₀₁: There is no significant relationship between substance abuse and biological factors among secondary school students in Katsina state.

This hypothesis was tested by subjecting the scores of the students on biological factors and substance abuse to a Pearson 'r' analysis as shown in Table 1.

Table 1: Relationship of Biological Factors to Substance Abuse.

Variables	N	Mean	Std. Deviation	r-Cal	p-Value	Decision
Biological Factors	142	21.25	6.041	.004	.964	H ₀ Retained
Substance Abuse	142	31.23	5.679			

P > .05

From Table 1 it can be deduced that biological factors and substance abuse were not related, Pearson's $r(140) = .004$, $p = .964$. This indicates no significant relationship between biological factors and substance abuse. Therefore, H₀₁ which states that there is no significant relationship between substance abuse and biological factors among secondary school students in Katsina state is retained. This means that biological factors of the students do not play an important part in their substance abuse.

H0₂: There is no significant relationship between substance abuse and psychological factors among secondary school students in Katsina state.

This hypothesis was tested by subjecting the scores of the students on psychological factors and substance abuse to Pearson 'r' analysis as shown in Table 2.

Table 2: Relationship of Psychological Factors to Substance Abuse.

Variables	N	Mean	Std. Deviation	r-Cal	p-Value	Decision
Psychological Factors	142	27.07	6.089	.203	.015	H ₀ Rejected
Substance Abuse	142	31.23	5.679			

P < .05

From Table 2 it can be deduced that psychological factors and substance abuse were related, Pearson's $r(140) = .203$, $p = .015$. This indicates a significant relationship between biological factors and substance abuse. Therefore, H₀₂ which states that there is no significant relationship between substance abuse and psychological factors among secondary school students in Katsina state is rejected. This means that psychological factors of the students play a vital role in their substance abuse.

H0₃: There is no significant relationship between substance abuse and social-environmental factors among secondary school students in Katsina state.

This hypothesis was tested by subjecting the scores of the students on social-environmental factors and substance abuse to Pearson 'r' analysis as shown in Table 3.

Table 3: Relationship of Social-Environmental Factors to Substance Abuse.

Variables	N	Mean	Std. Deviation	t-Cal	p-Value	Decision
Social-Environmental Factors	142	27.68	4.215	.219	.009	H ₀ Rejected
Substance Abuse	142	31.23	5.679			

P < .05

From Table 3 it can be inferred that social-environmental factors and substance abuse were related, Pearson's $r(140) = .219, p = .009$. This indicates a significant relationship between social-environmental factors and substance abuse. Therefore, H₀₃ which states that there is no significant relationship between substance abuse and social-environmental factors among secondary school students in Katsina state is rejected. This means that social-environmental factors of the students have an influence over their substance abuse.

Summary of Findings

- i) Biological factors did not correlate with substance abuse among secondary school students in Katsina state.
- ii) Psychological factors correlate significantly with substance abuse among secondary school students in Katsina state.
- iii) Social-environmental factors correlate significantly with substance abuse among secondary school students in Katsina state.

Discussion of the Findings

The finding that biological factors did not correlate with substance abuse is not in agreement with the assertion that genetic factors also appear to play a role in people's use of tobacco and other drugs (Madden & Heath, 2002). That may well be the reason why Tambawal & Tsagem (2013) pointed out that the adaptive changes that underlie tolerance and physical dependence are not yet fully understood and that even though some animal research supports the theorists that all pleasurable activities, including drug use, result from the release of dopamine in specific areas of the brain, it is likely that other mechanisms are also involved.

The finding that psychological factors correlate significantly with substance abuse is in accord with the suggestion that such use is more common among adolescents who show pre-drug use signs of one or more of the following: rebelliousness, other adjustment problems,

depression, and sensation seeking (Kandel & Yamaguchi, 1985; Stein, Newcomb and Bentler 1987; Shedler & Block, 1990). That is why, in relation to substance abuse, psychodynamic approach to understanding human behaviour emphasizes psychological forces, structures and functions as they develop and change over time. Thus, Sherman, Jorenby and Baker, (1988) maintain that through classical conditioning, drug related stimuli invoke mild drug effects that arouse the person's appetite for more. By being frequently paired with substance use, the tolerance responses become stronger, and more of the substance is needed to produce intoxication. Moreover, a good number of the participants expressed that societal pressure mostly pushed them to abuse substance so that they can 'escape' and a likely explanation is that stress relief from drug use is influenced by expectations that relief will occur (Cohen and Baum, 1995).

The finding that social-environmental factors correlate significantly with substance abuse concur with the notion that Family-related factors that can contribute to the onset and maintenance of substance use (and possibly to relapse) include: poverty, membership in a group devalued by the larger society, drug problems among family members, parental abuse and neglect, parental separation, low cohesion and low mutual support (Goplerud, 1990). That is why systems theory has drawn special attention to the influence of other family processes (Pearlman, 1988). Accordingly, majority of the participants pointed to the fact they were 'initiated' into substance abuse by peers. This was adequately concluded by Rathod as cited in Obot (1999) that the need to be accepted by the group members is a powerful motivation to try a tobacco or cannabis cigarette, or share a bottle of codeine. At first this behaviour "is intended primarily as a symbolic gesture of group cohesion, and the [pleasure] or comfort derived from the use of the drug is secondary, with time however, the two become inseparable." (p. 17). Along this line, availability and cost of other drugs clearly influence overall patterns of use (Single, 1988; Godfrey & Maynard, 1988) and can contribute to use and relapse. This was supported by the pointer of Obot (1999) that an example of this is the case of heroin and cocaine in Nigeria. Abuse of these two drugs started when they became available through the activities of traffickers in the early 1980s and has kept pace with increased availability. But, one thing that cannot easily be explained is that though "substance use culture of the dominant society contributes to continuing substance use and relapse" (Tambawal & Tsagem, 2013), the area of study has never had a culture that favours or pardons substance abuse giving the fact also that people in the area are predominantly Muslims and no religion has ever sympathizes such. In retrospect, the earlier

explanation pointed that no one social-environmental factor has been shown to be either necessary or sufficient for use or relapse of substance abuse to occur. Thus, like other factors that influence substance use, the factors exert their influence in the context of a complex, dynamic multi-factor system.

Counselling Implications

In order to have a successfully reduced or removed substance abuse in the society, counselling has a significant role to play. Thus, counselling should be involved in such treatments as it provided a range of effectively proven possibilities and solutions to the problem. Consequently, the counselling recommendations are that:

1. Biological factors of substance abuse could be undertaken by helping individuals develop ways of coping with negative emotional states by using various methods, depending on the sources, manifestations and consequences of individual's emotional state which may include: treatment for mental health problems, anger management and leisure planning (for boredom). The counsellor should also dwell on attitudes and beliefs.
2. Psychological factors of substance abuse could be tackled by enhancing helping individuals understand and deal with substance cues and cravings. This should be done by using behavioural interventions such as avoiding, leaving or changing situations that trigger or worsen cravings to redirect activities or get involved in pleasant activities and by getting help and support from others. Also, encourage such individuals to attend self-help meetings to learn how others have coped. When necessary and with medical consultation, use medication such as Naltrexone (ReVia®) or Disulfiram (Antabuse®).
3. Social-environmental factors of substance abuse could be dealt with by helping individuals understand and deal with social pressure to use substances by identifying high-risk relationships. Also, by helping them to assess effects of thoughts, feelings and behaviours. There is also the need to plan and practice alternative coping skills using role playing and then evaluate results and modify the coping strategy if required. And also by helping individuals develop and enhance a supportive social network by involving family and significant others and by referral to self-help groups. Help individual decide who should be included in or excluded from the social network. In addition, rehearse asking for help/support and develop a written action plan.

Conclusion

Even though biological factors did not seem to have a significant influence on substance abuse in the study area, it is of paramount importance for all concern to be extra vigilant on early signs of such behaviours so that adequate plan to tackle them would be put in place. It is also of significance to keep track of families with such behaviour history so that, other factors involved will also be well understood and, any evolvement of such behaviours will be adequately nipped in the bud.

The authority concerned and all other stakeholders should mount a genuine campaign against stimulating and tempting advertisements of all alcoholic and alcoholic related drinks and other substances/drugs. It would do the society a lot of good if all such advertisements are tightly controlled or banned altogether. Likewise, avenues for youth to fully develop their potentials need to be created and/or strengthened so that stress due to boredom and rejection will not set in and cause any unwanted turmoil in their lives which will also affect the society adversely.

It is also of vital consequence if the family in particular and the society in general would be putting an eye on the activities of the youth and also on the kind of company they keep. The monitoring should be undertaken by all stakeholders in the society and should be recognize of its enormity to the survival of the society.

Reference

- Barry, H. (1988). Psychoanalytic Theory of Alcoholism. In C. D. Chaudron & D. A. Wilkinson (Eds.), *Theories on Alcoholism*. Toronto: Addiction Research Foundation.
- Buddy, T. (2011). *What is substance abuse? The difference between substance use and abuse*. Retrieved [12/04/13] from <http://www.about.com/alcoholism>
- Cohen, L. & Baum, A. (1995). Stress. In J. Jaffe (Ed.), *Encyclopedia of Drugs and Alcohol*. New York: Macmillan Library Reference.
- Ekpenyong, S. N. (2012). Drug abuse in Nigerian schools: a study of selected secondary institutions in Bayelsa State, South-South, Nigeria. *International Journal of Scientific Research in Education*, 5(3), 260-268. Retrieved [12/04/13] from <http://www.ijrsre.com>
- Glasscote, R. M., Sussex, J. N., Jaffe, J. H., Ball, J., Brill, L. (1932). *The Treatment of Drug Abuse for people like you...: Programs, Problems, Prospects*. Washington, D.C.: Joint Information Service of the American Psychiatric Association and the National Association for Mental Health.

- Godfrey, C. & Maynard, A. (1988). An Economic Theory of Alcohol Consumption and Abuse. In C. D. Chaudron & D. A. Wilkinson (Eds.), *Theories on Alcoholism*. Toronto: Addiction Research Foundation.
- Goplerud, E. N. (1990). *Breaking New Ground for Youth at Risk: Program Summaries* (DHHS Publication No. ADM 89-1658). Washington, DC: Office for Substance Abuse Prevention.
- International Council for Alcohol and Addiction (1988). *Report of research on substance abuse in some urban and rural areas in Nigeria*.
- Kandel, D. B. & Yamaguchi, K. (1985). Developmental Patterns of the Use of Legal, Illegal, and Medically Prescribed Psychotropic Drugs from Adolescence to Young Adulthood. In *Etiology of Drug Abuse: Implications for Prevention* (NIDA Research Monograph Series No. 56, DHHS Publication No. ADH 85-1335). Washington, DC: U.S. Government Printing Office.
- Madden, P. A. F. & Heath, A. C. (2002). Shared Genetic Vulnerability in Alcohol and Cigarette Use and Dependence. *Alcoholism: Clinical and Experimental Research*, 26, 1919–1921.
- Obot, I. S. (1999). *Licit and Illicit Drugs: Essentials of Substance Abuse*. Lagos: Malthouse Press Limited.
- Pearlman, S. (1988). Systems Theory and Alcoholism. In C. D. Chaudron & D. A. Wilkinson (Eds.), *Theories on Alcoholism*. Toronto: Addiction Research Foundation.
- Shedler, J. & Block, J. (1990). Adolescent Drug Use and Psychological Health. *American Psychologist*, 45, 612–630.
- Sherman, J. E., Jorenby, D. E. & Baker, T. B. (1988). Classical Conditioning with Alcohol: Acquired Preferences and Aversions, Tolerance, and Urges/Craving. In C. D. Chaudron & D. A. Wilkinson (Eds.), *Theories on Alcoholism*. Toronto: Addiction Research Foundation.
- Single, E. W. (1988). The Availability Theory of Alcohol-Related Problems. In C.D. Chaudron & D.A. Wilkinson (Eds.), *Theories on Alcoholism*. Toronto: Addiction Research Foundation.
- Stein, J. A., Newcomb, M.D. & Bentler, P.M. (1987). Personality and Drug Use: Reciprocal Effects Across Four Years. *Personality and Individual Differences*, 8, 419–430.
- Tambawal, M. U. & Tsagem, S. Y. (2013). Emerging factors of alcohol and substance abuse: Implications for counselling. *Sokoto Educational Review*, 13 (1), 11 – 24.
- Tarter, R. E., Alterman, A. I. & Edwards, K. L. (1988). Neurobehavioral Theory of Alcoholism Etiology. In C. D. Chaudron & D. A. Wilkinson (Eds.), *Theories on Alcoholism*. Toronto: Addiction Research Foundation.
- United Nations Office for Drug Control and Crime Prevention (2001). *Global Illicit Drug Trends*. New York : United Nations.

United Nations Office on Drugs and Crime (2011). *World Drug Report*. New York : United Nations Publications.

WHO, Substance Abuse Department, (1999). *Volatile solvents abuse: a global overview*. Geneva: Author.