

**SOCIO-DEMOGRAGHIC DETERMINANTS OF DRUG ABUSE AND
PERCEIVED CONSEQUENCES TO HEALTH AMONG SECONDARY
SCHOOL STUDENTS IN EZZA NORTH LOCAL GOVERNMENT
AREA, EBONYI STATE**

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Abstract

The study was conducted to ascertain the drugs abuse among secondary school students in Ezza North LGA, Ebonyi State, Nigeria. Four specific objectives with four corresponding research questions and three null-hypotheses were postulated to guide the study. The descriptive survey research design was adopted for the study. The sample consisted of 674 secondary school students. Random sampling techniques of balloting without replacement, disproportionate sampling techniques and systematic sampling techniques were used to draw the sample for the study. A two-section researcher's designed questionnaire which was titled Extent of Drug Abuse Questionnaire (ESAQ) was the instrument used for data collection. The instrument was validated by five experts from the Department of Human Kinetics and Health Education, University of Nigeria, Nsukka. Mean statistic was used to answer the research questions while t-test statistic and Analysis of Variance (ANOVA) were used in testing null hypotheses at .05 level of significance. The result of the study showed that: the secondary school students were abusing stimulants drugs in a very low extent as their cluster mean score is (1.81). The socio-demographic factors (gender and age) considered, had no significant influence at .05 level of significance on the drug abuse among secondary school students while class of study had a significant difference at .05 level of significance on the drug abuse among the students. The study supports the need for compulsory drug education in both primary and secondary schools in the area to educate the students about the dangers associated with drug abuse.

Key Word: *Stimulant, Drug Abuse, Socio-demographics factors, Secondary School Students, Health consequences*

Introduction

Common experience has shown that in order to allay boredom at work, relieve pain, feel good, sleep, relax, keep awake during examinations, calm down worries including celebration of special events like birthdays, weddings and other cultural activities people of almost every culture have used some chemical agents. While some of the universal agents used for this purpose in a typical village setting among Nigerians are kola nut, bitter cola and tobacco, other substances may be used among the elite for the same purpose (Aleke & Nwimo 2015). Some of these substances are not recognized as drugs in some local settings. Medically, these drugs are called stimulants. National Institute on Drug Abuse [NIDA] (2014) observed that a stimulant historically is a drug used for the treatment of asthma and other respiratory problems, obesity, neurological disorders, and a variety of other ailments. Stimulants increase alertness, attention, and energy, as well as elevate blood pressure, heart rate, and respiration. As their potential for use and abuse became apparent, the medical use of stimulants began to wane. The therapeutic use of stimulants drugs is limited, but their mood-elevating effects make some of the stimulants potent drugs of abuse (Abdullah, Anderson, Adam, Barton & Bauer 2015). *NIDA* (2012) observed that the consequences of stimulant drug abuse can be extremely dangerous. It disclosed that taking high doses of a stimulant can result in an irregular heartbeat, high body temperatures, and/or the potential for cardiovascular failure or seizures. *NIDA* maintained that taking high doses of some of these stimulants repeatedly over a short period of time can lead to hostility or feelings of paranoia in some individuals (*NIDA 2012*)

Studies have observed that secondary school students used drugs especially stimulant drugs such as cigarette, tobacco, cocaine, kola nut, bitter kola and caffeine to relieve pain, to feel good, to sleep, and relax, to keep awake during exams and calm their worries about grades or career and to effect relief from the burden of underlying problems rather than confronting them practically and realistically (Onyemachi 2004). He posited that the solace found in the stimulants drug often develops into an abuse of it. United Nation Drug Control Programme (1997); Deborah, Ellen, Robert and Jeanne (2003) and Babalola, Ogunwale and Akinhanmi (2013) have described drug most commonly abused by secondary school students as psychoactive drugs. According to them, the term 'psychoactive drug' is used to describe any chemical substance that affects mood, perception or consciousness as a result of changes in the functioning of the nervous system (brain and spinal cord). In the view of Achalu, stimulants are psychoactive drugs that increase or speed up the activities of the central nervous system. It stimulates the activity of the heart and other organs and induces wakefulness and sleeplessness (Achalu 2004).

Psychoactive stimulants drugs are grouped as follows (nicotine, tobacco cigarette, caffeine, coffee, bitter kola, kola nut, cocaine, crack, amphetamines,

lipton), and are either ingested inhaled, smoked, injected, chewed, rubbed on the skin or absorbed (UNDP 1997; Deborah, Ellen, Robert and Jeanne 2008; Osa-Edoh and Egbochukwu, 2012; Aleke 2013; Center for Education and Alcohol 2013). The present study adopted these stimulants drugs as grouped above to determine the extent of abuse among secondary school students in Ezza North LGA, Ebonyi State.

Secondary school students are adolescents between the ages of 10 to 19 years (WHO, 1999; Pearson 2005; and United Nations International Children's Education Fund 2005). The adolescence period is further categorized into three stages namely early adolescence, mid adolescence and late adolescence. Early adolescence is the group of persons between the ages 10 to 13 years which is categorized by growth along with sexual maturation. Similarly mid adolescence is the period between the ages 14 to 15 years which is categorized by the development of stronger sense of identity and late adolescence is the persons between ages 16 to 19 years and is categorized by the development of adult form (WHO 2006). This WHO and UNICEF categorization of adolescents' age range of 10 to 19 years which were further classified as early adolescence 10 to 13 yrs, mid adolescent 14 to 15 yrs and late adolescent 16 to 19 yrs was adopted for the present study. Swaid (1998) asserted that drug abuse among adolescents within these age bracket is almost always a social experience and a learned behaviour. He maintained that this behaviour has been found to lead to the trying out of new experiences such as drug and sex. Carmona and Stewart (2001) posited that adolescents at this stage reject conventionality and traditional authority figure in an effort to establish their own independence. For the significant number of adolescents, this rejection consists of engaging in number of risky behaviours including drug use and abuse sometimes with dire consequence to the adolescent's health.

Osa-Edoh and Egbochukwu (2012) submitted that stimulants are drugs which increase activity and what most people call alertness and their limited medical uses include the reduction of fatigue or mild depression and paradoxically for treatment of hyperactive children. They observed that stimulants often abused by students include amphetamine, caffeine concentrates, kola nut, coffee, tea and lately cocaine. Osa-Edoh and Egbochukwu (2012) noted that when taken in small doses, they may produce a sense of excitement, euphoria, increased alertness and reduction of fatigue and hunger. Larger doses intensify these feelings and may lead to bizarre erratic behaviour, hostility and violence. These behavioural disturbances are accompanied by physical symptoms of over stimulation of the sympathetic nervous system such as accelerated heart beat, raised blood pressure, temperature, and fast breathing. Taken in higher doses could lead to reactions such as agitation, restlessness, delirium, hallucination and even delusion and in serious muscle coordination.

National Survey on Drug Use and Health (NSDUH, 2002) and Substance Abuse and Mental Health Services Administration (SAMHSA, 2003b) have lamented over the rate at which the adolescents substance use and abuse extend to health problems, productivity losses, psychological problems, crime and other social problems. They warned that heavy involvement in substance use has been known to predict lower educational achievement, limit horizons, and include suspicions and fears, and tear apart families (NSDUH, 2002; SAMHSA, 2003b). They concluded that, the sheer size of the problem is daunting. Drug abuse among youth has been found to predict job instability, early pregnancy, and infection with HIV/AIDS and other sexually transmitted disease (Kerber & Wallich, 1999; Maxwell & Liu, 1999). It is important to note that despite all these dire consequences of drug abuse to health and society, May secondary school students especially those in Ezza North LGA, Ebony State where the present study was carried out might be running away from the stark realities of life and may be rather taking refuge in the unreal world of drug abuse hence some socio-cultural activities in the area such as traditional wrestling (*Mgba Ekka*), traditional dances (*Edege Igbudu & Ode Ogboji*), new yam festival (*okeaku*), and other festival includes (*Eke Okpoto*”, “*Aji Ogboji*”, “*Udenyi Nkomoro*”, “*Iringangbo Ezza*”, “*Onwa Eke Ezza*”, “*Ogbodo* i.e. Masquerade cult”, Hunting & Swimming), when ongoing predisposes adolescents especially those in secondary schools to be more vulnerable to excessive drug abuse. The above scenarios were the reason for the present study on stimulants drug abuse among secondary school student in Ezza North LGA, Ebony State.

This study examined some socio-demographic factors, (age, sex, class of study) that were associated with drug abuse among secondary school students. The study was also anchored on theories of drug abuse. This includes personality theory of drug abuse, learning theory of drug abuse, biological theory of drug abuse and socio-cultural theories (Eze and Omeje, 1999). The major emphasis of the theories is that people have their individual reasons for depending on one type of the drug or the other. For example, in Northern Nigeria, alcohol is forbidden due to Sharia law but tobacco is commonly used by many people. However, the *Sharia* law does not forbid cigarette consumption and thus nicotine dependence. In addition, the culture of Urhobo, Ijaw, Ibibio, Edo, Igbo, Yoruba and Itsekiri, and Ezza North, Abakaliki, Ebony State where the present study was carried out, permitted the use of legal drugs such as stimulant drugs (cigarette, tobacco, caffeine, coffee, cola nut, bitter cola, lipton and alcohol (i.e., palm wine, *ogogoro*) during cultural activities. Thus, socio-cultural activities in the area such as masquerade cult, new yam festival, traditional dances, and other festivals when ongoing, may be predisposing adolescents in the area to be more vulnerable to excessive drug use and abuse. Investigating the above scenarios is the main thrust of the present study.

Again, empirical studies conducted by Ezedum (1999); Linderberg, Boggess, and Williams, (2000); Borowsky, Ireland and Resnick (2001); NACADA (2002; 2004); WHO (2004); Springer, Selwyn, and Kelder (2006); and Rongkavilit, Naar-King, Chuenyam, Wang, Wright, and Phanuphak (2007) indicated that variables such as age, gender and class of study are predictors of socio-demographic adolescent drug abuse among secondary school students. Hence this study adopted it to ascertain determinants drug abuse among secondary school students in Ezza North LGA., Ebonyi State.

The use of drugs in itself does not constitute any danger, because drugs correctly administered have been a blessing. Regrettably, the reverse is the case when people including secondary school students use drugs calming their worries; changing the way they feel, think or behave, tension reduction/relaxation. As regards to the case of Ezza North secondary school students, it is interesting to note that the socio-cultural activities such as traditional wrestling, traditional dances, masquerade cult, new yam festival and other festivals existing in the area, when ongoing, predisposes them to be more vulnerable to excessive drug use and abuse. The extent of drug abuse and its consequences to health may be unknown to many secondary school students in both the rural and urban areas of Nigeria. Therefore the problem of the study was to investigate drug abuse among secondary school students in Ezza North LGA, Ebonyi State.

Research Questions

To guide this study, the following research questions were answered:

1. What is the extent of drug abuse among the students in Ezza North L.G.A?
2. What is the extent of drug abuse among the students based on sex?
3. What is the extent of drug abuse among the students based on age?
4. What is the extent of drug abuse among the students based on class of study?

Hypotheses

The following null hypotheses were formulated to guide the study and were tested at .05 level of significance.

1. There is no significant gender difference in drug abuse among students in Ezza North Local Government Area
2. There is no significant effect of age on extent of drug abuse among secondary school students in Ezza North Local Government Area
3. There is no significant effect of class of study on the extent of drug abuse among secondary school students in Ezza North Local Government Area

Methodology

The descriptive survey research design was employed. The researchers study collected data from a small sample of a large population of the students to enable the researcher describe in a systematic manner and interpret the characteristics on the extents of stimulants abuse among the secondary school students. The location of this study was Ezza North Local Government Area, Ebonyi State, Nigeria. The people of the area are agrarian; they produce mainly cassava, yam, rice, sweet potato and cocoyam. The main economic activities of the people are agriculture and trade.

The population for this study consisted of the entire students in the 10 state governments owned secondary schools in Ezza North LGA, Ebonyi State. The sample for this study consisted of 674 secondary school students in the state owned secondary Schools in Ezza North LGA. This represented 10 per cent of the total population. This is in line with Nwana's (1990) rule of the thumb which stated that, when a population is a few thousand, five to ten per cent of the population will be deemed appropriate to determine the sample size. The procedure for sample selection involved multi-stages. In the first stage, five (5) secondary schools were selected from the 10 secondary schools in Ezza North LGA, using simple random sampling technique of balloting without replacement. The second stage involved the use of disproportionate sampling techniques to draw 134 secondary school students from each of the five secondary schools selected. The third stage involved the use of systematic sampling technique to obtain the required number of students from each of the classes in the sampled schools, where every tenth from the admission register were selected for the study.

A close-ended self designed questionnaire was used to collect information for the study. The questionnaire was titled Extent of Stimulants Abuse Questionnaire (ESAQ). The questionnaire consisted of two sections: A and B. Section A was bio-data which consisted of three socio-demographic variables of the students (age, gender and class of study). Section B comprised three items designed to determine the stimulants abuse among secondary school students. The students were required to use the following key to indicate the extent of stimulants abuse as follows Very Great extent (VGE), Great Extent (GE), Low Extent (LE), Very Low Extent (VLE), Not All (NA) with assigned values of 5, 4,3,2,1 respectively. A tick was appropriate for any response option(s) for each number.

The completed copies of the ESAQ were collected and crosschecked for completeness of information and responses. All statistical analysis was done using the Statistical Package for Social Science (SPSS) batch system. The students were required to use the following key to indicate the extent of stimulants abuse as follows: Very Great Extent (VGE), Great Extent (GE), Low Extent (LE), Very Low Extent (VLE), Not All (NA) with assigned values of 5, 4,

3, 2, 1 respectively. The following criterion was used to answer the research questions 4.50-5.00=very great extent (VGE); 3.50-4.49=great extent (GE); 2.50-3.49= low extent (LE); 1.50 – 2.49 = very low extent (VLE); 1.0-1.49= Not at all (NA). The data was analyzed on an item-by-item basis to indicate the mean responses of various categories of respondents such as males, females, age, and class of study for the purpose of description and for answering the research questions. The postulated null hypotheses of no significant difference on the extent of drug abuse among secondary school students were tested at .05 level of significance at the appropriate degree of freedom using t-test for Hypothesis one, ANOVA for Hypotheses two and three.

Results

Table 1: Mean ratings of the extent of drug abuse among secondary school students? (N= 672

Drugs	\bar{x}	SD
Cigarette	1.49	.990
Crack (rock, hard, iron, cavy, base)	1.31	.874
Amphetamine (uppers, pep pills, bennies, speed)	1.39	.975
Tobacco (snuff)	1.57	1.028
Caffeine	1.68	1.120
Coffee	2.01	1.301
Kola nut	2.41	1.350
Bitter cola	2.31	1.310
Cocaine	1.30	.864
Lipton	2.58	1.584
Cluster mean	1.81	1.1396

Data in table 1 indicated a cluster mean score of 1.81 which indicates that secondary school students do abuse stimulant drugs in a very low extent. The Table also indicates specifically that “Tobacco snuff” ($\bar{x} = 1.57$), “caffeine” ($\bar{x} = 1.68$), “Coffee” ($\bar{x} = 2.01$), “kola nut” ($\bar{x} = 2.41$), “Bitter kola” ($\bar{x} = 2.31$) had mean scores which falls within 1.50 – 2.49 implying that the students do abuse these drugs in a very low extent. Furthermore, the Table indicates that “crack” (rock, hard, iron, cavy, base) ($\bar{x} = 1.31$), “Cigarette” ($\bar{x} = 1.49$), “amphetamine” (uppers, pep pills, bennies, speed) ($\bar{x} = 1.39$), “Cocaine” ($\bar{x} = 1.30$) had mean 1.00 – 1.49 which implies that the students did not abuse these drugs at all. However, Lipton had a mean score of ($\bar{x} = 2.58$) which falls within 2.50 – 3.49 indicating that the students do abuse stimulant drug in a low extent.

Table 2: Mean ratings of the extent of drug abuse among the students based on gender

Drugs	Male (N=381)		Female (N=291)	
	\bar{x}	SD	\bar{x}	SD
Cigarette	1.54	1.108	1.43	.808
Crack (rock, hard, iorn, cavy, base)	1.41	1.003	1.19	.649
Amphetamine (uppers, pep pills, bennies, speed)	1.50	1.102	1.25	.759
Tobacco (snuff)	1.57	1.078	1.56	.961
Caffeine	1.61	1.086	1.78	1.157
Coffee	1.94	1.286	2.10	1.316
Kola nut	2.62	1.434	2.13	1.177
Bitter cola	2.45	1.424	2.12	1.120
Cocaine	1.36	.955	1.22	.722
Lipton	2.46	1.573	2.73	1.588
Cluster mean	1.85	1.0963	1.75	1.0257

Data in table 2 above shows a cluster mean score of 1.85 for male slightly more than that of female $\bar{x} = 1.75$ which indicates that male students abuse drugs to some extent than female students though both students do abuse drugs in a very low extent. Specifically, the table reveals that “cigarette” (male $\bar{x} = 1.54$) “amphetamine” (uppers, pep pills, bennies, speed) (male $\bar{x} = 1.50$), tobacco (snuff) (male $\bar{x} = 1.57 > \text{female } \bar{x} = 1.56$), “caffeine” (male $\bar{x} = 1.61 < \text{female } \bar{x} = 1.78$), “coffee” (male $\bar{x} = 1.94 < \text{female } \bar{x} = 2.10$), “cola nut” (female $\bar{x} = 2.13$), “bitter kola” (male $\bar{x} = 2.45 > \text{female } \bar{x} = 2.12$), “lipton” (male $\bar{x} = 2.46$) implies that only male secondary school students abuse drugs like cigarette, amphetamine and lipton to very low extent, while the female students abuse kola nuts to very low extents and both male and female students abuse tobacco, caffeine, coffee, bitter kola to very low extent. However, stimulant drugs like “Crack” (rock, hard, iron, cavy, base) (male $\bar{x} = 1.41 > \text{female } \bar{x} = 1.19$), “Cigarette” (female $\bar{x} = 1.43$), “amphetamine” (female $\bar{x} = 1.25$) and “cocaine” (male $\bar{x} = 1.36 > \text{female } \bar{x} = 1.22$) are not abused at all by the students as their mean score fall within 1.00 – 1.49. Whereas “cola nut” (male $\bar{x} = 2.62$), “lipton” (female $\bar{x} = 2.73$) are abused by the students in a low extent as their mean score fall within 2.50-3.49. The standard deviation values which ranges from .955 to 1.573 for male and .649 to 1.588 for female shows that there is much variation in the extent of stimulant abuse among the students based on gender.

Table 3: Mean ratings of the extent of stimulants abuse among the students based on age

Drugs	10-13yrs (n=196)		14-16yrs (n =271)		17-19yrs (n = 205)	
	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD
Cigarette	1.53	.994	1.45	.941	1.52	1.051
Crack (rock, hard, iorn, cavy, base)	1.25	.806	1.27	.830	1.42	.980
Amphetamine (upper, pep pills, bennies, speed)	1.32	.952	1.36	.940	1.50	1.037
Tobacco (snuff)	1.54	.994	1.64	1.089	1.50	.973
Caffeine	1.64	.990	1.69	1.142	1.72	1.207
Coffee	1.93	1.236	2.04	1.335	2.04	1.317
Kola nut	2.33	1.291	2.44	1.367	2.45	1.384
Bitter cola	2.42	1.308	2.23	1.280	2.31	1.350
Cocaine	1.19	.682	1.25	.796	1.47	1.064
Lipton	2.68	1.586	2.69	1.611	2.34	1.528
Cluster Mean	1.78	1.0839	1.81	1.1331	1.83	1.1891

Data in table 3 reveals a cluster mean score of 1.78, 1.81 and 1.83 for students between 10-13years, 14-16 years, 17-19 years respectively. By implication, all the students in different age groups do abuse stimulant drugs in a very low extent. Specifically, the students in the three age groups abuse “cigarette” (\bar{x} = 1.53 for 10-13years, \bar{x} = 1.45 for 14-16years, \bar{x} = 1.52 for 17-19years), “tobacco” (snuff) (\bar{x} = 1.54 for 10-13years, \bar{x} = 1.64 for 14-16years, \bar{x} = 1.50 for 17-19years), “caffeine” (\bar{x} = 1.64 for 10-13years, \bar{x} = 1.69 for 14-16years, \bar{x} = 1.72 for 17-19years), “coffee” (\bar{x} = 1.93 for 10-13yrs, \bar{x} = 2.04 for 14-16years, \bar{x} = 2.04 for 17-19years), “cola nut” (\bar{x} = 2.33 for 10-13years, \bar{x} = 2.44 for 14-16years, \bar{x} = 2.45 for 17-19years), and “bitter kola” (\bar{x} = 2.42 for 10-13years, \bar{x} = 2.23 for 14-16years, \bar{x} = 2.31 for 17-19years) in a very low extent except students within the age limit of 14-16yrs \bar{x} 1.45 who do not abuse cigarette at all . The Table also shows that crack” (\bar{x} = 1.25 for 10-13yrs, \bar{x} = 1.27 for 14-16years, \bar{x} = 1.42 for 17-19years), and “cocaine” (10-13 yrs \bar{x} = 1.19, 14-16 yrs \bar{x} = 1.25, 17-19 yrs \bar{x} = 1.47) are not abused at all by the students. The table also shows that all the students in other age groups do not abuse “amphetamine” (uppers, pep pills, bennies, speed) (10 -13 years \bar{x} = 1.32, 14 -16 years \bar{x} = 1.36 and 17 -19 years \bar{x} = 1.50) at all except the students between the ages of 17 – 19 years who abuse it in a very low extent. Furthermore, the table indicates that students between the ages of 10 - 13 years and those between 14- 16 years abuse “Lipton” (\bar{x} = 2. 68, \bar{x} = 2.69 respectively) in a low extent while the students between 17-19 years (\bar{x} = 2.34) abuse it in a very low extent. The standard deviation values which ranges from .682 to 1.586 for 10-13years, .796 to 1.611 for 14-16years, and .973 to 1.528 for 17-19years shows that there is much variation in the extent of stimulants abuse among the students based on age. “amphetamine” (\bar{x} = 1.50 for 17-19years).

Table 4: Mean ratings of the extent of drug abuse among the students based on class of study

Drugs	JSS1 (n=111)		JSS2 (n=113)		JSS3 (n=106)		SS1 (n=113)		SS2 (n=100)		SS3 (n=129)	
	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD	\bar{x}	SD
Cigarette	1.58	1.125	1.52	1.095	1.42	.779	1.58	1.033	1.19	.506	1.63	1.125
Crack (rock, hard, iron, cavy, base)	1.59	1.225	1.34	.960	1.14	.446	1.42	.952	1.09	.473	1.27	.798
Amphetamine (pep pills, speed)	1.45	1.110	1.65	1.267	1.20	.608	1.45	.991	1.13	.506	1.43	1.006
Tobacco (snuff)	1.69	1.219	1.62	1.175	1.54	.896	1.70	1.093	1.28	.668	1.55	.952
Caffeine	1.58	1.100	1.75	1.065	1.72	1.012	1.96	1.378	1.32	.777	1.74	1.176
Coffee	1.65	1.101	2.07	1.380	1.97	1.158	2.12	1.400	1.85	1.149	2.33	1.438
Kola nut	2.40	1.485	2.52	1.337	2.62	1.477	2.22	1.208	2.43	1.416	2.29	1.175
Bitter kola	2.29	1.378	2.64	1.440	2.25	1.30	1.04	1.097	2.26	1.338	2.37	1.250
Cocaine	1.35	.860	1.33	.940	1.14	.608	1.46	.991	1.16	.677	1.33	.963
Lipton	2.08	1.453	2.73	1.627	3.20	1.570	2.43	1.690	2.28	1.311	2.73	1.585
Cluster Mean	1.77	1.206	1.91	1.228	1.82	0.986	1.84	1.183	1.60	0.982	1.87	1.147

Data in table 4 reveals that the secondary school students had the following cluster mean (1.77, 1.91, 1.82, 1.84, 1.60, and 1.87 for JSS1, JSS2, JSS3, SS1, SS2 and SS3 respectively). This implies that generally, the students in all the classes' abuse stimulant drugs to a very low extent. Specifically, the table shows that students in JSS1 ($\bar{x} = 1.58$), JSS 2 ($\bar{x} = 1.52$), SS 1 ($\bar{x} = 1.58$) and SS 3 ($\bar{x} = 1.63$) abuse "cigarette" in very low extent, while those in JSS 3 ($\bar{x} = 1.42$), and those in SS 2 ($\bar{x} = 1.19$) do not abuse it at all. The data also indicates that the students in different class levels (JSS 2 $\bar{x} = 1.34$, JSS 3 $\bar{x} = 1.14$, SS1 1.42, SS2 1.09 and SS3 $\bar{x} = 1.27$) do not abuse "crack" (rock, hard, iron, cavy, base) at all except those in JSS 1 ($\bar{x} = 1.59$) who abuse it in a very low extent. For item "amphetamine", all the students in the different class levels (JSS1 $\bar{x} = 1.45$, JSS 3 $\bar{x} = 1.20$, SS 1 $\bar{x} = 1.45$, SS 2 $\bar{x} = 1.13$ and SS3 $\bar{x} = 1.43$) do not abuse it all except those in JSS2 ($\bar{x} = 1.65$) who abuse it in a very low extent. The students in all the classes abuse tobacco in a very low extent (JSS1 $\bar{x} = 1.69$, JSS 2 $\bar{x} = 1.62$ JSS 3 $\bar{x} = 1.54$, SS 1 $\bar{x} = 1.70$ and SS3 $\bar{x} = 1.55$) except SS 2 (1.28) students who do not abuse it at all. The students in all the classes abuse "caffeine" in a very low extent (JSS1 $\bar{x} = 1.58$, JSS 2 $\bar{x} = 1.75$ JSS 3 $\bar{x} = 1.72$, SS 1 $\bar{x} = 1.96$ and SS3 $\bar{x} = 1.74$) except SS 2 (1.32) students who do not abuse it at all. Specifically all the students do abuse "coffee" (JSS1 $\bar{x} = 1.65$, JSS2 $\bar{x} = 2.07$, JSS3 $\bar{x} = 1.97$, SS1 $\bar{x} = 2.12$, SS2 $\bar{x} = 1.85$, SS3 $\bar{x} = 2.33$) in a very low extent. The following category of students abuse Kola nut (JSS1 $\bar{x} = 2.40$, SS1 $\bar{x} = 2.22$, SS2 $\bar{x} = 2.43$ and SS3 $\bar{x} = 2.29$) in a very low extent except those in JSS 2 $\bar{x} = 2.52$ and JSS3 $\bar{x} = 2.62$ who abuse it a low extent. Students within the following class of study do abuse "bitter cola" (JSS1 $\bar{x} = 2.29$, JSS3 $\bar{x} = 2.25$, SS1 $\bar{x} = 2.04$, SS2 $\bar{x} = 2.26$ and SS3 $\bar{x} = 2.37$) in a very low extent while JSS2 ($\bar{x} = 2.64$) abuse this drug in a low

extent. The table further indicates that student do not abuse “cocaine” (JSS1 \bar{x} = 1.31, JSS2 \bar{x} = 1.33, JSS3 \bar{x} = 1.14, SS1 \bar{x} = 1.46, SS2 \bar{x} = 1.16 and SS3 \bar{x} = 1.33) at all. Finally, the Table shows that the students within the following categories abuse Lipton (JSS1 \bar{x} =2.08, SS1 \bar{x} = 2.43, SS2 \bar{x} = 2.28) in a very low extent, while those in (JSS2 \bar{x} = 2.73, JSS 3 \bar{x} = 3.20 and SS3 \bar{x} = 2.73) abuses this drug in a low extent. The standard deviation values which range from .1860 to 1.485 for junior secondary one, .940 to 1.627 for Junior secondary two, .446 to 1.570 for Junior secondary three, .952 to 1.690 for senior secondary one, .506 to 1.416 for senior secondary two and .798 to 1.585 for senior secondary three shows that there is much variation in the extent of stimulant abuse among the students based on class of study.

Hypothesis one.

There is no significant difference in extent of stimulant abuse among male and female secondary school students. Data testing this hypothesis are contained in

Table 5: Summary of t-Test analysis testing the differences in the extent of drug abuse among male and female secondary school students

Abused	Male (n= 381)		Female (n= 291)		t-cal	d.f	P-value	Decision
	\bar{x}_1	SD ₁	\bar{x}_2	SD ₂				
drugs	18.48	6.995	17.52	5.982	1.880	670	.061	NS

Key: NS- Not Significant and S-Significant.

Data in Table 5 above shows the t-calculated values and their corresponding P-values (t-cal =1.880; P = .061 > .05). In other words the p-value of .061 is greater than .05 level of significance. This means that there is no significant difference in extent of stimulant abuse among male and female students.

Hypothesis two.

There is no significant effect of age on extent of drugs abuse among students
Extent of stimulants abuse among students is not dependent on age. Data testing the hypothesis are contained hereunder in Table 6

Summary of one-way Analysis of Variance (ANOVA) showing the effect of age on extent of drug abuse

Drug Abused	Sum Between Groups	Squares Within Groups	df	Mean Between Groups	Squares Within Groups	F	P-value
drugs	20.441	29102.058	2	10.220	43.501	.235	.791

* = Significant at .05 level

Data in Table 6 above shows that the calculated F- values and their corresponding P-values (F- value =.235, P-value = .791 > .05) were greater than .05 level of significant. Hence the null hypothesis that the extent of stimulants abuse among the students is not dependent on age is accepted. This means that age does not statistically determine the extent of stimulants abuse among the students.

Hypothesis three.

There is no significant effect of class of study on extent of stimulants abuse among the students.

Table 7: Summary of one-way Analysis of Variance (ANOVA) showing the effect of class of study on the extent of stimulants abuse among the students.

Drug Abused	Sum Between Groups	Squares Within Groups	df	Mean Between Groups	Squares Within Groups	F	P-value
drugs	645.889	28476.609	5	129.178	42.758	3.021	.010

Table 7, specifically, shows the calculated F- values and their corresponding P-values (F= 3.021; P=.010 < .05) which were less than .05 level of significance. Therefore, the null hypothesis that there is no significant difference on the extent of stimulants abuse among the students with regard to their class of study is rejected. This means that there was a significant difference in the extent of stimulants abuse among the students with regard to their class of study.

Discussion

Result in table 1 reveals that secondary school students do abuse depressants drugs (1.81) in a very low extent. This finding is, however, surprising and not expected. This is because secondary school students are vulnerable to these drugs (cigarette, tobacco, cocaine, cola nut, bitter cola, Lipton) due to its ready availability and some socio-cultural activities in the area such as traditional wrestling (*Mgba Ekka*), traditional dances (*Edege Igbudu and Ode Ogboji*), new yam festival (*okeaku*), and other festival includes (Eke Okpoto”, “Aji Ogboji”, “Udenyi Nkomoro”, “Iri-ngangbo Ezza”, “Onwa Eke Ezza”, “Ogbodo i.e. Masquerade cult”, Hunting and Swimming), which while ongoing predisposes

adolescents especially those in secondary schools to be more vulnerable to excessive stimulants abuse. However, this finding is in consonance with those of Okozia and Aluede (2009) who reported that the extent of drug abuse can be determined among secondary schools students, and that students abuse drugs in a very low extent and of course it contradicts the finding of Eneh and Stanly (2004) that the extent of drug abuse among secondary school students is high.

Data in table 2 shows that male students had a mean score ($\bar{x} = 1.85$) higher than that of female students ($\bar{x} = 1.75$) which indicates that they abuse drugs slightly higher than their female counterparts though both students do abuse drugs in a very low extent. This finding was anticipated and thus not a surprise because it agrees with the finding of Lambo (1984) who reported that more male students than female students smoke or abuse drugs in a very low extent. It is also in consonance with that of Idowu (2004) who reported that more male students than females smoke cigarette or abuse other drugs. Although it was not expected that both abuse the drugs in a very low extent hence students, due to socio-cultural activities existing in the area exposed to excessive legal use of stimulant drugs like cigarette, tobacco, caffeine, coffee, kola nut, bitter kola, Lipton. And it was not as if that there is any source of information or drug education on the consequences of drug abuse in the area.

Data in table 3 reveals that students had cluster mean scores of 1.78, 1.81 and 1.83 for students between 10-13years, 14-16 years, and 17-19 years respectively. By implication, all the students in different age groups do abuse stimulant drugs in a very low extent. This finding was not expected and was therefore surprising. This is because those who are in the age bracket of 10-13years are younger than their counterparts whose ages are between 14-19years. So ages of students on stimulant drug abuse are expected to vary greatly. This finding is in consonance with a study by SAMHSA (2003) who reported that among youth aged 10 to 19 years, however, girls (12.5%) were as likely as boys (11.9%) to smoke or abuse other drugs in the past month. It further reported that there was no change in cigarette use or other stimulant drugs abuse among boys and girls aged 10 to 19 between 2002 and 2003. The result also contradicts those of Escobedo *et al* (1990) whose in their investigations found that among all secondary school students, smoking initiation occurred approximately at age 9, increased rapidly with successive age after age 11, peaked at 17 to 19, and declined substantially after 19.

Data in table 4 show that students had the following cluster mean scores (1.77, 1.91, 1.82, 1.84, 1.60, and 1.87 for JSS1, JSS2, JSS3, SS1, SS2 and SS3 respectively). This implies that generally, the students in all the classes' abuse drugs to a very low extent. This finding was expected and thus not a surprise. This is because students in different categories of classes are vulnerable to the drugs due to the influence of peers, accessibility to different types of drugs (cigarette, tobacco, cocaine, kola nut, bitter kola, Lipton) and existence of socio-

cultural activities in the area. The finding is in line with those of Eneh and Stanley (2004) who reported that secondary school adolescents in all the class of study use kola nut, bitter kola, and coffee and other stimulant drugs to keep awake during reading especially during the examination periods.

Data in table 5 indicate that the extent of drug abuse among the students is not dependent on gender as the overall p-value of 0.151 is greater than .05 level of significance. This means that there was no significant difference in the extent of drug abuse among the students based on gender. This finding was considered interesting but not astonishing. For example, evidence abound in literature that both male and female secondary school students abuse drugs alike. This finding is in consonance with those of Nwana (1990) who reported that both male and female youth drink alcohol because of their strong desire to be loved. He further added that there are no significant differences between the male and female youths with regard to their drug abuse.

Result in table 6 reveals that the extent of drug abuse among the students is not dependent on age since the overall p-value of 0.411 is greater than .05 level of significance.

This means that there was no significant difference in the extent of drug abuse among the students based on age. This finding is in consonance with a study by SAMHSA (2003) who reported that among youth aged 10 to 19 years, however, girls (12.5%) were as likely as boys (11.9%) to smoke or abuse other drugs in the past month. It further reported that there was no change in cigarette use or other drugs abuse among boys and girls aged 10 to 19 between 2002 and 2003. The finding is also in consonance with that of Mtomga (2009) who reported that there were no statistically significant differences in drug abusers with regard to their age. It is also in line with the study by Williams (1997) who observes that there is no significant difference between boys and girls in their alcohol consumption like the age of commencement of alcohol consumption.

The finding in table reveals that there was significant difference in the extent of drug abuse among the students with regard to their class of study hence the overall p-value of 0.012 is less than .05 level of significance. The finding is in consonance with those of Onohwosafe, Egene and Blinkhorn (2008) who reported that differences in drug abuse were seen among the JSS classes and SSS classes in central Delta State, Nigeria.

Conclusion

This study observed that secondary school students are abusing drugs in a very low extent. However, the extent of stimulants abuse among the students is not dependent on sex and age, and there is significant difference in the extent of abuse among the students with regard to their class of study. Based on these findings, it can be concluded that:

1. Information about drug abuse and its consequences to the health should be disseminated to the secondary school adolescents who mostly affected. These can be done by the school principals or administrators on the assembly ground and social gathering. While posters and handouts on the same topic can be distributed during lectures organized for the purpose.
2. The Ministry of Education (Federal and State) must as a matter of urgency add to their curricular – Drug education for both primary and secondary schools, along with lectures, rallies, seminars and film shows for the Nigerian adolescents on the adverse effects of drug abuse.
3. Regular meetings between parents and teachers PTA should be encouraged. This will make it possible for the school administration to update parents on school efforts and activities to address drug abuse and other discipline issues.
4. National Drug Law Enforcement Agency (NDLEA) must also intensify their anti drug campaigns in order to have a drug-free society with a special focus on the secondary school students.

The following limitation was encountered in the course of the study:

1. Accessibility to the students was a difficult task because they felt that their responses could trigger the action of security operatives, hence not willing to divulge information about themselves and thus, an obvious limitation of the study

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