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Knowledge Level And Attitude Of School Going Male Adolescents Towards Drug Use And Abuse  
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KNOWLEDGE LEVEL AND ATTITUDE OF SCHOOL GOING MALE ADOLESCENTS TOWARDS DRUG USE AND ABUSE

BY

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Abstract
The study sought to find out the knowledge level and attitude of school going male adolescents towards drug use and abuse. The sample for the study consists of 300 students with age range of 14-19 years. Three research questions and two hypotheses were formulated to guide the conduct of the study. T-test of independent samples, frequency counts and percentages were used to analyze the data. Oral interview with the subjects indicate that they use drugs like marijuana because it gives them sensation and it increases the likelihood of risk-taking behaviours. Cigarettes and alcohol constitutes the most abused drugs. Peer pressure/influence, media and advertising were found to contribute to adolescents’ use of drug because they portray drugs as socially acceptable. It was also observed that school going adolescents use drugs because their friends uses them and because of curiosity: that is they want to see how it feels. The result of hypothesis one indicates that school going adolescents have knowledge of drug use and abuse though the “older” adolescents showed more knowledge of drug use and abuse. Hypothesis 1 was rejected. Hypothesis 2 was accepted. The result shows that school going adolescents have negative attitude to the use of drugs regardless of religious affiliation. Statement such as drugs may lead to death; drug is bad for good health; drugs ruin lives... were disagreed to by the subjects. At the end of the study, recommendations were proffered because realistically, it is difficult to completely eradicate drug use and its abuse among youths especially school going male adolescents in Nigeria.

Key Words: Adolescents, knowledge and attitude, drug use and abuse

Introduction
An adolescent is a person between childhood and maturity, the word was derived from the Latin verb adolescere meaning “to grow up” or “to grow into maturity”. According to Oladele (1994), adolescence refers to the transitory period the individual inevitably passes through in his growth from childhood to adulthood or maturity i.e. “the period of metamorphosis when an adult is created out of a child”. Adolescence is one of the most fascinating and complex transition in an individual’s lifespan: a time of accelerated growth and change second only to infancy, a time of expanding horizons, self discovery and emerging independence and a time of metamorphosis from childhood to adulthood (Adegoke, 2004 p.21). Adekeye (2005) posits that adolescence as a developmental stage of life is normally characterized by experimentation, risk-taking, sexual exploration, drug use and consequently drug abuse.

Adolescence period is a time of exploration, and a time when relationships are contracted. Friends of peer pressure influences adolescents in the ways they think and act. Peer pressure as described by Atwater (1988) is the influences and pressures adolescents feel from their peers. Peer pressure and influences is not debatable at the adolescent stage because they look up to their peers for direction, approval and support. Steinberg (1996) notes that peers are necessary and inevitable and that peer pressure can be positive such as discontinuing the use of drugs or reducing risk activities especially sexual activities. They attach great importance to peer opinions, attitudes, ideas and standards. During this stage, most adolescents come in contact with drugs especially alcohol, nicotine (cigarette), and marijuana which has different street names like ‘igbo’, ‘gbana’, ‘grass’ e.t.c. Some of these drugs are used and later abused. Because of risk-taking behaviour and a feeling of indestructibility, Adekeye (2005) noted that adolescents are highly susceptible to drug use and abuse. Thus, this stage is a very precarious one for adolescents. School going adolescents especially are good at imitating adults; they imitate authority figures (principals, teachers...); likewise parents, neighbours, and other significant...
ones. Adolescents who are exposed to or who observe adults who drinks and smokes may want to experiment to see how it feels. This may signal the beginning of drug use and subsequently drug abuse, if intervention is not quickly provided. A major factor in the use of drugs by adolescents is concerned with sensation seeking and risk-taking tendencies (Mandell & Perry, 1995). These tendencies are part of the normal developmental process for adolescents. Adolescents are in the stage of their lives where they experiment and look for new experiences. They want to try things out for themselves rather than relying on information provided by others. This set them up to be vulnerable to the temptation to experiment with alcohol and other drugs especially psychoactive drugs.

Santrock (2005) posits that since the beginning of history, humans have searched for substances that would sustain and protect them and also act on the nervous system to produce pleasurable sensations. Individuals are attracted to drugs because drugs help them to adapt to an ever-changing environment. Hence, drugs are believed to provide pleasure because they give inner peace and satisfaction, relaxes the muscles and heightens sensation. This goes to show that man has been with drugs from time immemorial but the issue is that immature souls such as school-going male adolescent now experiment with drugs without knowing which drug to take, when to take it, how to take it, and for what reasons. This is a sign of great danger because as Adekeye (2005) puts it, youths are the future of this country and anything that will constitute a threat to the survival of this group of people should be seen as a loss to the nation as a whole. Santrock (2005) corroborated this claim when he asserted that:

... understanding the meaning of adolescents is important because they are the future of any society. He continued that... a key task of adolescence is preparation for adulthood and that the future of any culture hinges on how effective this preparation is.

As concerned individuals, should we sit down and watch this young generation become ineffectual? As noted by many experts, adolescent period is characterized by problems (Adegoke, 2003); a transitory period (Oladele, 1994); a period of storm and stress (Hall) and series of abnormalities (Freud). One of these problems is drug use and abuse. A drug refers to any substance used as a medicine or as an ingredient in a medicine that kills or inactivates germs or affects any body function or structure. It can also be seen as any substance that modifies biological, psychological, or social behaviour. Such modification can enhance, inhibit, or distort the functioning of the body. Drug abuse refers to any illegal use of drug or use of illegal drug or use of a legal drug when it is detrimental to one’s physical, emotional, social, intellectual, spiritual or occupational health. An example in our everyday life is drinking alcohol in excessive quantities. This involves the use of such substances as paint thinner, glue... which are inhaled and can alter mood, perception or motor activity. The use of drug and its abuse have attracted the attention of the media, religious organizations, government and non-governmental organizations; they are increasingly concerned about the use of drugs by minors and adolescent because of its obvious detrimental effects on the society. Drug use among school-going adolescents are most rampant in Nigeria today, especially in urban areas like Lagos, Ibadan, Ilorin, Benin, Port Harcourt and Abuja.

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, phenic and paracetamol are used for pain relief. Drugs like lyrium, 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 behaviour 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 this misinforms academic performance will result when there is a continued and sustained episodes of lateness to school or outright absence from school.

Bearing in mind that drug use and abuse is universal, and that it has being with us all this while, it will sound very ridiculous if the adult population leaves this menace to go on. It has being rightly observed that anything that will constitute a threat to the survival of this group of people will be seen as a loss to the nation as a whole. Adolescents are searching for identity (Erickson, 1968) and some do this search by the use of drugs. Gerstein & Green (1993) noted that because of adolescents’ innate curiosity in their thirst for new experience, they are particularly susceptible to drug use. Nigerian adolescents are of a substantial
Research Questions
1. What/who influences school going male adolescents into drug use?
2. Why do adolescents use drug?
3. What types of drugs are frequently abused by school going male adolescents?

Hypotheses
Ho 1. There is no significant difference in the knowledge level of the drug use and abuse between 'younger' school going adolescents and 'older' school going adolescents.

Ho 2. There is no significant difference in the attitude towards drug use and abuse by school going adolescents on the basis of religion.

Research Design
This study employs a survey design using the exploratory method of investigation.

Population and Sample
The population for the study consists of all school going male adolescents in Ado-Odo Ota L.G.A. The sample for the study was however limited to 300 male students selected from ten secondary schools. Stratified and simple random sampling techniques were employed to cater for such variables as type of school, age, and religion.

Research Instrument
In carrying out this study, the investigator used a questionnaire titled "knowledge and attitude towards Drug use and Abuse (KAMADQ), a 26 item instrument developed by the researcher. Part 1 contains demographic data, Part 2 deals with items on knowledge of drugs, drug use and drug abuse while Part 3 dealt with 'respondents' attitude towards illicit drug abuse. A checklist was designed to elicit information from participants based on the research question.

Psychometric Properties of the KAMADQ
The questionnaire has content validity but was further subjected to convergent validity with the KAP scale to determine its suitability for the study. The instrument was first administered to 50 respondents comprising school-going male adolescents in Ado Odo /Ota Local Government Area of Ogun state. After three weeks, the instrument was re-administered to the same group (though some who were present at the first administration were missing, others of the same status were used). The pilot study reports a split-half reliability co-efficient of 0.81 and alpha coefficient of 0.79. After the main study was conducted, a Spearman Brown reliability co-efficient of 0.89 was obtained. The researcher considered the instrument adequate for testing purposes.

Procedure for Data Administration and Collection
The researcher personally visited the selected schools in Ado-Odo Ota L.G.A. Some teachers were on hand to help with the administration and collection of completed questionnaires. No questionnaire form was missing.

Data Analysis
The data were analyzed using the t-test of independent samples, frequency counts and percentages.

<table>
<thead>
<tr>
<th>Medium of Influence</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Influence</td>
<td>241</td>
<td>80</td>
</tr>
<tr>
<td>Adult Model</td>
<td>121</td>
<td>40</td>
</tr>
<tr>
<td>Media and Advertisement</td>
<td>220</td>
<td>73</td>
</tr>
<tr>
<td>Availability of drugs</td>
<td>132</td>
<td>44</td>
</tr>
<tr>
<td>Parental Influence</td>
<td>61</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 1 shows at a glance that peer influences was very high as regards drug use represented by 80% or 241, while 220 or 73% of the participants indicated that they were influenced by media and advertisement. Other factors are availability of drugs (44%); adult model (40%), and lastly, 61 or 20% of the adolescents indicated that they were influenced by their parents.
Table 2: Reasons for Drug Use**

<table>
<thead>
<tr>
<th>Reasons for Drug Use</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because friends do it</td>
<td>321</td>
</tr>
<tr>
<td>Because drugs are offered</td>
<td>81</td>
</tr>
<tr>
<td>Curiosity (to see how it feels)</td>
<td>188</td>
</tr>
<tr>
<td>Ignorance</td>
<td>37</td>
</tr>
<tr>
<td>To get away from worries</td>
<td>69</td>
</tr>
<tr>
<td>Inability to cope with life</td>
<td>58</td>
</tr>
</tbody>
</table>

Table 2 indicates reasons why adolescents use drugs. Majority of adolescents (231 or 77%) take drugs because their friends take it. 63% indicated that they take drugs out of curiosity, while 81 participants take drugs because they were offered. Other reasons are using drugs to get away from worries (23%), to help cope with life (19%), while 12% of participants indicates that they take drugs due to ignorance.

Table 3: Frequency counts and percentage on Types of Drugs frequently Abused by school going male adolescents**

<table>
<thead>
<tr>
<th>Most Abused Drugs</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>92</td>
<td>31</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>268</td>
<td>89</td>
</tr>
<tr>
<td>Alcohol</td>
<td>208</td>
<td>69</td>
</tr>
<tr>
<td>Sedatives (Valium)</td>
<td>83</td>
<td>28</td>
</tr>
<tr>
<td>Stimulant Pills (Amphetamines)</td>
<td>197</td>
<td>66</td>
</tr>
</tbody>
</table>

Table 3 shows the types of drugs most abused by school adolescents. Cigarettes constituted the most abused drug (268 or 89%), followed by alcohol represented by 208 or 69% of participants. Other drugs that are include stimulant pills (66%); marijuana (31%), and sedatives (28%).

**: Responses are more than 300 due to multiple responses

Hypothesis Testing
The data were analyzed using the t-test of independent samples.

Hypothesis 1:
Table 4: Means, standard deviation and t-values of respondents based on Age

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-16 yrs</td>
<td>104</td>
<td>26.06</td>
<td>1.59</td>
<td>298</td>
<td>2.01</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>17-19 yrs</td>
<td>190</td>
<td>25.81</td>
<td>1.60</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB: = P < 0.05

Table 4 shows a calculated t-value of 2.01 with P < 0.05. Based on this result, it was concluded that there is a statistically significant difference in the knowledge level of drug use and abuse on the basis of age, hypothesis 1 was sustained.

Hypothesis 2:
Table 5: Means, standard deviation and t-values of respondents based on Religion

<table>
<thead>
<tr>
<th>Religion</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>112</td>
<td>38.96</td>
<td>6.68</td>
<td>2.98</td>
<td>1.47</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>Islam</td>
<td>188</td>
<td>37.22</td>
<td>5.35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB: = P < 0.05
Table 5 shows a calculated t-value of 1.47 with P<0.05. Based on this result, it was considered that there was significant difference in the attitude school going male adolescents towards drug use and abuse. On the basis of religious affiliation hypothesis 2 was accepted.

Discussion
The main focus of this study was to investigate the knowledge level of drug use and abuse by school going male adolescent and also their attitude towards it. This study shows that most school going adolescents are influenced into taking drugs. Adolescents are introduced to drugs through different means (parents, adults and friends) and for different purposes. During adolescence, the amount of influence that parents and peers have varies. Mauss (1990) note that parents, through their own use of alcohol and drugs, have more influence during pre-adolescence while McBroom (1994) reports that adolescent who do not do drugs or drink alcohol tend to come from families who are less likely to use drugs and alcohol. Peer group pressure was found to be the easiest way school going male adolescents get hooked to drugs. Drahela, Gebelt & McRee (2006) reports that peer associations are important determinants of adolescent smoking behaviour. Most adolescent succumb to pressure to use drugs from their friends, school mates, sport mates, neighbours at home e.t.c. and on taking these drugs, there may be a temporary relief from stress occasioned by parental scolding, there might also be a kind of good feelings and this leads the adolescent to trying the drug again and again. If this trend continues, then a time will come when a certain quantity X of a drug will no longer give enough “feelings” and hence the need to increase the quantity to X2. If this goes on, then the adolescent invariably turns an addict. This feeling is consistent with that of Alexander (2001) and Gebelt & McRee (2003). They observed that the risk of current smoking by young school boys was linked with peer networks in which at least half of the members smoked, one or two best friends smoked which invariably led to smoking being common in school. Concerning alcohol, Dupre, Gold, Miller & Rospenda (1995) found that 55% of young people in their study were first given alcohol or other drugs by a friend. Diezman and others (1992) sees the peer group as especially important in adolescent alcohol abuse.

According to their research, peer influence in alcohol cannot be qualified. Peers figure prominently in adolescents’ lives and in some cases take on responsibilities that are otherwise assumed by parents. Brown (2003) sees peer influence as a phenomenon peculiar to the adolescent stage because young people have the developmental tendency of wanting to associate with members of their age group.

Apart from peers influencing adolescent into drug use and abuse, other factors as derived from the study includes adult model (40%). Adolescent sent on errand to purchase drugs, especially cigarette and alcohol may be stimulated and out of curiosity may want to try the drugs. Media and advertisement (73%) is another factor, advertisement influences adolescents largely. Popular actors/actress in films who are admired by adolescent indulge in drugs and this make it appealing to the young ones who are easily fantasized. Cigarette and alcohol for instance, are linked with success, bravery, accomplishment, fame and adulthood. Many school-going adolescents have problems that adult scarcely notice. Some of these problems are emotional and when adolescents cannot confide in anyone, they take to drugs to find solace or for momentary relief from their psychological conflicts. Other factors are availability of drugs (44%), rebellion against set norms and the desire to become an adult.

The second finding of this study centres on reasons why adolescents engaged in drug use and abuse and as the data confirms, majority (77%) of the participants indicated that they use drug because their friends do drugs. This can be linked to peer pressure as discussed in the first finding. Also, some of the participants indicated that they use drug to see how it feels (63%). So much has been written and said about drugs that many people are tempted to experiment with them out of curiosity (United Nations & Drug Abuse Control, 1992). The taste, and its effects on the CNS, greatly influences whether the individual continues taking drugs or not. The younger the age at which an individual first tries drugs, the more apt he or she is to try them again. Other reason why school going adolescent engage in drug use includes being offered the drugs (27%), ignorance (12%), not being able to cope with life (19%) and getting away from worries (23%).

The type of drug frequently abused by school going adolescent is nicotine as exemplified by smoking (89%). Majority of the participants confessed that they smoke almost every other day. Two or three boys may come together to share a stick of cigarette. Some of the adverts positively acknowledge that smoking is a health hazard. A look at some of these adverts attest to this fact: “smoking is dangerous to health”, “smokers are liable to die young”, “Cigarette smoking is dangerous to health” among others. Interaction with participants revealed that smoking, drinking, and taking drugs reduces tensions. This agrees with Santrock (2005) who reported that smoking and drinking relieves frustration, tension, boredom and fatigue, and in some cases help adolescent to escape the harsh realities of their world. Apart from smoking, alcohol constitutes another major drug that is widely used and abused. Sixty-nine percent of participants confessed to taking alcohol without restraints. Drinking gives birth to other social vices like cultism, rape, arson, exam malpractice, bullying, excessive talking which may lead to ‘ship’ of
tongues, cheating, and school absenteeism due to hangovers, insubordination, and general lack of respect. Ehrudjakpor (2001) predicts an increase in alcoholism rate along with increased urbanization and acculturation. Ehrudjakpor went further to assert that as the rate of alcohol use increases, so does its abuse and social and medical effect.

The first hypothesis was accepted. It shows that there is a significant difference in the knowledge level of school going adolescent on the basis of age. Most adolescent between the ages of 14-16 can be seen as those are just getting exposed to the realities of being an adolescent. Adolescents of this age group are mostly in junior school 3 and senior school 1, they have little knowledge of drug use and abuse though they use drugs especially prescribed drugs which some later abuses. Prescription drug abuse usually begins by genuinely needing the drug that has been prescribed for medical reasons, but somewhere along the line; it progressively turns to regular use that leads to abusing the drug in an attempt to satisfy emotional and psychological needs. Akinola (1995) reported of a 14-year-old boy who took mandrax as aid for examination and alcohol everyday. She went further to report another 13 year old boy who takes sleeping tablet like valium5 and Librium when he thought it is necessary and alcohol many times in a month. Is this not frightening? For the older adolescent (17-19 yrs) they are grown up and they have very good knowledge of drug use and abuse partly because of their interaction with the adult population around them and more exposure in terms of books, magazines, discussion group and the mass media.

This goes to show that if intervention is given at the early adolescent stage, there is hope that the incidence of drug use and abuse will drastically reduce, as this study has shown, younger adolescent have knowledge as compared to older adolescents of drug use and abuse. During interaction with the participants, it was discovered that they know about the risks of smoking but this knowledge has had little impact in reducing their smoking and drinking behaviours. This study agrees with the postulation of Gerstein & Green, (1993) as cited by Papalia, Olds & Feldman (2001) that alcohol, marijuana and tobacco are the three drugs most popular with adolescents. They called these drugs 'gateway drugs' because their use often leads to the use of more addictive substance such as cocaine and heroin. Young people who smoke or drink often associate with peers who introduce them to harder drugs as they grow older (Papalia, Olds & Feldman, 2001).

Another finding of this study was on the attitude of school going adolescent toward drug use and abuse on the basis of religion. Nigeria is a very religious country and about 97% of its citizens practice the two main religions Christianity and Islam. The study shows that there is no significant difference in attitude of school going male adolescent toward drug use and abuse on the basis of religion. Participants were either Christians or Muslims; there were no African traditional religious practitioners. The study found that adolescent who considered religion to be very important in their lives and who frequently attended religious service take less drugs when compared to the less religious ones. Some of the participants confess that when they listen to sermon on smoking, drinking, fornication, etc., it makes them sober and they often reflect, but that within thirty-six hours, they are back to their vomit. This goes to show that more attention and programmes should be organized for the youths apart from Friday Jumat service and the Sunday Church service. The adolescent at this stage needs parental, religious and social support. Both Christian and Muslim participants agreed on the following: that the effects of drug might be unpleasant; do not want to become addicted to drugs; that drugs is bad for their health; that it might lead to accident; that it might ruin their lives; that it may lead to death and that it may hurt family and friends among others. This goes to show that school going male adolescent possess good attitude to drug use and abuse, but the irony lies in the fact that despite their appreciable attitude to drug use, they still engaged in unstrained drug use.

**Recommendations**

The following recommendations are drawn from the study:

1. There is need to consider within the National Drug Law Enforcement Agency (NDLEA) the establishment of a special unit to deal with drug issues in schools.
2. Adolescents are often cajoled into believing that drugs can turn them to a superman. Hence, there should be campaign to create awareness among adolescents that it is a myth that drugs have "superman" qualities.
3. Government should design a special programme that will put children off the streets because they are highly susceptible and sensitive to drugs.
4. There should be better regulations in the advertising world. Media have to consider their roles in advertising so that their consumers will be protected.
5. Parent should endeavour to seek counseling early enough. Once there is sign of abnormality from the child, intervention should be sought immediately.
6. Counsellors are encouraged to help train parents on needed skills such as life skills and parenting skills as some parents are very intolerant of their children and or excessively negligent.
7. Basic information on drug use and abuse and how to eradicate it has to be incorporated into school...
syllabus with the corporation of the Federal Ministry of Education.

Conclusion
Surely, no one can deny that drug abuse is a serious moral problem in our society. Most adolescents become drug users at some point in their development, though use of drug may be limited to alcohol, caffeine and cigarettes or extended to marijuana, cocaine and other hard drugs. Many forces have been seen to influence people, especially young adolescents, to begin drug use, like modern music, movies, adverts, T.V programme which all glorify illegal drugs such as marijuana. This day, marijuana is openly sold at motor garages, at concerts and at times they are displayed on clothes as design—all these sends a message to the adolescents that drug is socially acceptable. Hence, to guard our young generation, basic information on drug abuse must be disseminated to all irrespective of educational status, religious affiliations and age.
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