COUNSELLING AS A TOOL FOR CREATING AWARENESS ON THE CONSEQUENCES OF SUBSTANCE ABUSE AMONG UNIVERSITY OF JOS STUDENTS

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Abstract

Most Nigerian adolescents and youth in the universities, especially University of Jos are face with drug and substance abuse. Substance abuse has been described as pathological pattern or excessive use and intake of substances even though it may be causing physical damage and mental side effects. This study considered counselling as a tool for creating awareness on the consequence of substance abuse among University of Jos students. Descriptive survey research design was used for this study. The population consisted all drug and substance abuse students of University of Jos students. Simple random technique was used to select a sample size of 342 respondents. The study was guided by five research questions and one hypothesis tested at 0.05 level of significance. A structured questionnaire designed by the researchers on students'

substance abuse was used. The instrument was subjected to face validation by two, experts from research, Measurement and Evaluation, and Guidance and Counselling Units in the Department of Educational Foundations of University of Jos. Cronbach Alpha reliability coefficient of the instrument gave an index of 0.78. The data collected were statistically analysed using mean, standard deviation and percentages. The findings revealed that counselling therapies of behavioural, cognitive-behavioural motivational interviewing, and dialectical behaviour therapy can be used to create awareness on the consequences of substances abuse among University of Jos students. Recommendations made include parents and guardians acting as role models to their children and wards. There should be adequate counselling services in substance abuse at the university counselling centres. It was further recommended that the government should make general public against the negative consequences of substance abuse.
Keywords: Counselling, substance abuse, drug abuse, drug dependence, stimulant, inhalants.

Introduction

Substance abuse is also known as drug abuse or psychoactive substance abuse or illicit drug use. These terms are often used interchangeably. Substance abuse is a problem that is causing serious concern to many educational stakeholders, such as principals, teachers, medical personnels, religious leaders, parents, counsellors, psychologists, and government all over the world. It is a national and global sensitive challenge that needs urgent attention due to the alarming rate of involvement of the youth, who are the supposed leaders of tomorrow. Substance abuse is also referred to the as pathological pattern or excessive use and intake of substances even though it may be causing physical damage, jeopardizing safety or impairing social relationships and occupational function. The use of substances could be beneficial or harmful depending on the mode of use. The alarming evidence in the prevalence of substance abuse, the effects and consequences among Nigerian students has called for concern and challenge to all helping professions.

Since the history of man, herbs and plants have been used to treat and control diseases and sicknesses. Abdullahi (2011) described substance abuse as the problematic use of alcohol, tobacco or illicit and/or prescription drugs. Most Nigerian students combined drugs and substances that were originally not meant for human consumptions. The term drug refers to substance that could bring about change in the biological function through its chemical action. Substance abuse encompasses medical, social, cultural and other variables. According to Schmelleger (2002) people accept the use of some substances under certain circumstances, even not beneficial through connection to social and individual situations. Abdullahi (2005) looks at the term substance as a broad name that is not restricted to oral therapy (that's injection, capsules or tablets) but includes marijuana, alcohol as well as traditional alcoholic drinks like ogogoro, burukutu, pito and pammi. Substance abuse is further described as excessive use of psychoactive drugs such as alcohol, pain medications or illegal drugs which can lead to physical, social or emotional harm. Substance abuse is also considered to be a patterned use of

a drug in which the user consumes the substance in large quantities or with methods which are harmful to themselves or others and is a form of substance-reled disorder (American Psychiatric Association, 2013).

The world Health Organization (2017) Lexicon of Alcohol and Drug Terms defines substance abuse as a maladaptive pattern of use indicated by continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused exacerbated by the use or/by recurrent use in situation in which it is physically hazardous. Sambo (2008) believes that chronic use of substance can cause serious and sometimes irreversible damage to adolescent's physical and psychological development.

A drug refers to a substance that could bring about a change in the biological function through its chemical actions (Okoye, 2001). While Balogun (2006) posits that a drug is considered as a substance that modifies perceptions, cognition, mood, behaviour and general body functions. Nnachi (2007) asserts that a drug can be considered as chemical modifiers of the living tissues that could bring about psychological and behavioural changes. NAFDAC as citied by Haladu (2003) explained the term drug abuse as excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns. Drug abuse could therefore be viewed as the excessive, maladaptive or addictive use of drugs for non-medical purpose (Manbe, 2008). This is the interference of the health and social function of an individual (Abdullahi, 2009). Drug abuse simply means the intake of overdose of a particular drug.

It is not surprising that many young persons will wish to try certain drugs in order to determine the effects for themselves. Drug Scope Organization (2013) reported that many young people live in environment which suffers from multiple deprivation with high unemployment, good quality housing and where the surrounding infrastructure of local services is fractured, and poor resourced. In such communities, some young people use drugs specifically to ease the trauma and pain of unsatisfactory relationship and physical and emotional abuse arising from such environment. According to National survey on drug abuse and health (2010), Hundreds of thousands of today's college students are abusing prescription drugs than was the case in the early 1990, and the number of students using marijuana daily has doubled because they are curious and want to experiment with different experience. From literature reviewed, it was gathered that students of higher institutions abuse drugs to improve academic performance, but rather leads to low performance. The students abuse psychostimulants like methylphenidate, dexamphetamine, and medatine because they believed that they would enhance focus, increased memory and concentration.

Elaturoti and Babarinde (2006) noted that alcohol is most widely used among young people, especially the university students. Adaudu (2007) supported the above view by admitting that students, as a subset of the youth population consume large quantities of alcohol, tobacco and other substances. Boles and Miotto (2007) posit that premarital sexual practices and drug abuse

constitute major social ills that have been age-long problems in schools, especially Nigerian educational system. Ghodse (2008) confirms that drug abuse has been identified as a serious constraint to effective teaching and learning processes in the Nigerian educational system. Drug abuse as defined by Ajala (2006) is the wrong use of inappropriate use of chemical substances that are capable of changing functions of cells in the body. Many researchers, such as Ghodse (2008) have defined substance/drug abuse as over-dependence and misuse of one particular drug with or without a prior medical diagnosis from qualified health practitioners. A drug is a substance (other than food) which when taken alters the state and functions of the body (UNODC, 2011), but when use excessively becomes an abuse. According to the National Institute of Drug Abuse (2018) drug abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress.

Substance abuse poses a significant threat to the health, social and economic fabric of families, communities and nations. The extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users (WHO, 2002). In an initial estimate of factors responsible for the global burden of disease, tobacco, alcohol and illicit drugs contributed together 12.4% of all deaths worldwide in the year 2000 (WHO, 2002). Substance abuse is a universal phenomenon that cuts across socio-economic, cultural, religious and ethnic boundaries and despite the efforts of the various tiers of government to stem its tide in Nigeria, there has been a consistent rapid rise in the number of cases especially among university students. This has resulted in an increase in the number of cases of cultism, violent disorders, as well as mental disorder among Nigerian youth (Oshikoya, 2006). The abuse of alcohol and illicit and prescription drugs continues to be a major health problem internationally. The United Nations office on Drugs and Crime (UNODC) reports that approximately 5% of the world's population used an illicit drug in 2010 and 27 million people can be classified as problem drug users. Fareo (2012) reported that students tend to see the drug user as one who is tough, bold and strong. Students use drugs for various reasons, such as to achieve social acceptance.

In Nigeria, the most common types of abused drugs according to NAFDAC as cited by Haladu (2003) and NAFDAC (2018) are categorized as follows:

1. **Stimulants**: These are substances that directly act and stimulate the central nervous system. Users at the initial stage experience pleasant effects, such as energy increase. The major source of these comes from caffeine substance and tramadol
2. **Hallucinogens**: These are drugs that alter the sensory processing unit in the brain. Thus, producing distorted perception, feeling of anxiety and euphoria, sadness and inner joy, they normally come from marijuana, LSD and so many others.
3. **Narcotics**: These drugs relieve pains, induce sleeping and they are addictive. They are found in heroin, codeine, and opioid.
4. **Sedatives**: These drugs are among the most widely used and abused. This is largely due to the belief that they relieve stress and anxiety, and some of them induce sleep, ease tensions, cause

relaxation or help users to forget their problems. They are sourced from valium, alcohol, promotazine, and chloroform.

5. **Miscellaneous**: This is a group of volatile solvents or inhalants that provide euphoria, emotional and perpetual distortion of thought to the user. The main sources are glues, spot removers, tube repairs, perfumes, chemicals and many others.
6. **Tranquilizers**: They are believed to produce calmness without bringing drowsiness, they are chiefly derived from Librium, Valium and others.

The abuse of drugs in Nigerian universities, especially university of Jos is caused by many factors as outlined by Haladu (2003)

i. **Experimental curiosity**: Curiosity to experiment the unknown facts about drugs thus motivates adolescents into drug use. The first experience in drug abuse produces a state of arousal such as happiness and pleasure which in turn motivate them to continue.
ii. **Peer group influence:** Peer pressure plays a major role in influencing many adolescents into drug abuse. This is because peer pressure is a fact of teenage and youth life. As they try to depend less on parents, they show more dependency on their friends. In Nigeria, as other parts of the world, one may not enjoy the company of others unless he conforms to their norms.
iii. **Lack of parental supervision:** Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass examinations or perform better in their studies. These phenomena initialize and increases drug abuse
iv. **Personality problems due to socio-economic conditions**: Adolescents/youths with personality problems arising from social conditions have been found to abuse drugs. The social and economic status of most Nigerians is below average. Poverty is widespread, broken homes and unemployment is on the increase, therefore the youths roam the streets looking for employment or resort to begging. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed actin to promote job creation by private and community entrepreneurs. Frustration arising from these problems lead to recourse in drug abuse for temporarily removing the tension and problems arising from it.
v. **The need for energy to work for long hours**: The increasing economic deterioration that leads to poverty and disempowerment of the people has driven many parents to send their children out in search of a means of earning something for contribution to family income. These children engage in hawking, bus conducting, head loading, scavenging, and serving in food canteens are prone to drug taking so as to gain more energy to work for long hours.
vi. **Availability of the drugs**: In many countries, drugs have dropped in prices as supplies have increased.
vii. **The need to prevent the occurrence of withdrawal symptoms:** If a drug is stopped, the user experiences what is termed withdrawal symptoms. Pain, anxiety, excessive sweating and shaking characterize such symptoms. The inability of the drug user to tolerate the symptoms motivates him to continue (Schmitz, 2016).

According to NAFDAC (2020) there are many factors causing the abuse of substances in Nigeria, these include love for money by drug peddlers, disobedience to the laws of the country, proliferation of the market with individuals who sell medicines, lack of control of prescriptions in the healthcare facilities and lack of control of dispensing among dispensers. Other reasons are: smuggling substances of abuse through the nation's porous seaports and land borders, corruption and compromises at the point of entries, diversion of legitimate exports to illicit use, weakness in inspections and weak penalties for the sellers and traffickers. NAFDAC (2020) went further to list the social factors that have resulted in the abuse of substances as, decline of family value systems, parents not playing their roles properly, children and youth therefore not receiving proper guidance, peer pressure, social media influence, poverty and unemployment. The most common substances abuse in Nigeria are marijuana, amphetamines, mandrax, proplus, barbiturates and codeine that have negative effects on these youths, immediate family and community, and Nigeria at large (Kalunta, 2000). Youth from rich homes abuse substances like heroin and cocaine, while others abuse substances like Indian hemp, which is frequently produced in Nigeria and other substances like Methamphetamine and tablet with codeine capable of intoxicating are mostly found in schools (Staff, 2012). The most commonly abused drugs in the country by under-graduates are Indian hemp, tramadol and codeine according to NAFDAC (2020).

The effects of substance abuse depend on the type of drug or substance being used or abused, and one's health history. The exact effects of substance abused vary among individuals and the type of drug, dosage and delivery methods (Schmitz, 2016). According to experts from Mayo clinic as cited in the National Institute on Drug Abuse (2020), negative consequences of teen drug abuse might include:

i. **Drug dependence:** Teens/youths who misuse drugs are at increased risk of serious drug use later in life.
ii. **Poor judgment:** Teenage/youth drug use is associated with poor judgment in social and personal interactions
iii. **Sexual activity:** Drug use is associated with high-risk sexual activity, unsafe sex and unplanned pregnancy.
iv. **Mental health disorders**: Drug use can complicate or increase the risk of mental health disorders, such as depression and anxiety.
v. **Changes in school performance**: Substance use can result in a decline in academic performance.

Health effects of drugs use can result in drug addiction, serious impairment, illness and death. Health risks of commonly used drugs according to those experts from Mayo clinic include the following:

i. **Cocaine**: Risk of heart attack, stroke and seizures.
ii. **Ecstasy**: Risk of liver failure and heart failure.
iii. **Inhalants**: Risk of damage to heart, lungs, liver and kidneys from long-term use.

iv. **Marijuana**: Risk of impairment in memory, learning, problem solving and concentration; risk of psychosis- such as schizophrenia, hallucination or paranoia – later in life associated with early and frequent use.
v. **Methamphetamine:** Risk of psychotic behaviours from long-term use or high doses.
vi. **Opioids**: Risk of respiratory distress or death from overdose (NIDA, 2019).
vii. **Electronic cigarettes (vaping):** Exposure to harmful substances similar to exposure from cigarette smoking; risk of nicotine dependence.

The National Institute on Drug Abuse (2020) further categorized the effects of substance abuse into two groups of short-term and long-term effects.

Short-term effects: This is the effect resulting from using a drug, even in moderation or according to a medical prescription. For example, consuming several bottles of alcohol can lead to mild intoxication. A person may feel relaxed, uninhibited, or sleepy. Consumption of cigarettes and other tobacco products produces nicotine which raises blood pressure and increases alertness. Opioids can also cause drowsiness, shallow breathing and constipation. Misusing a prescription medication can cause changes in appetite, sleeplessness or insomnia, increased heart rate, loss of coordination and changes in cognitive ability. People with substance use disorder can experience an inability to cease using a drug, relationship problems, poor academic performance, difficulty to maintaining personal hygiene.

Long-term effects: This is the type which has numerous physical and mental side effects. Chronic drug use can alter a person's brain structure and function resulting in long-term psychological effects, such as depression, anxiety, panic disorders, increased aggression, paranoia and hallucinations. Long-term drug use can also affect a person's memory, learning and concentration. The long-term physical effects of drug use vary depending on the type of drug and the duration of use (NIDA, 2017). However, experts have linked chronic drugs use with the following health conditions like cardiovascular disease, respiratory problems, kidney damage, and liver disease. According to Abdullahi (2005), substance abuse leads to high crime rate, fuels crisis, political thuggery, religious intolerance, raping, domestic violence, suicide, etc in the society.

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

(i) Alcohol-related problems include:

a. Physical problems, such as liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, and neurological disorder.
b. Mental retardation for the fetus in the womb, growth, deficiency, delayed motor development.
c. Craniofacial abnormalities, limbs abnormalities and cardiac deficits.
d. Psychiatric, example pathological drunkenness, suicidal behaviour.

e. Socially-broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases.

ii. Tobacco: causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the fetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack.

iii. Stimulants: lethargy, irritability, exaggerated self-confidence, damage nose linings, sleeplessness, and psychiatric complications.

iv. Inhalants: causes anemia, damage kidney, and stomach bleeding.

v. Narcotics: causes poor perception, constipation, cough, suppression, vomiting, drowsiness and sleep, unconsciousness and death.

Prevention of substance abuse can start at home. Parents and guardians can talk to their wards and explain the consequences of substance abuse. Talking to children and young adults at home can create a strong foundation for awareness of substance abuse. Parents and guardians should help these adolescents to understand when to deny something that can hurt them. By doing this, the parents can establish consistency in communication along with guidance that can be followed for years (NIDA, 2020). There are government agencies, community leaders, hospital personnel, and school personnel that attempt to teach children and adolescents about living a drug-free life. Educating teens on the effects of substance abuse is important. There are presently various educational programs in place, such as universal, selective, and indicated programs. These programs teach social, personal drug resistance techniques, interventions for teens who may be more at risk, and geared toward teens showing problematic behaviour respectively (NIDA, 2020). Adequate counselling services should also be provided in schools to take care of academic, emotional and other personal problems of the students. The government can make use of the mass media to sensitize and enlighten the public against drug and substance abuse (NIDA, 2010).

This paper is anchored on the following theories:

Personality theories of drug abuse: The main emphasis of the theories are that there are certain traits or characteristics in the individuals that abuse drugs. Such personality characteristics according to Eze and Omeje (1999) are inability to delay gratification, low tolerance for frustration, poor impulse control, and high emotional dependence on other people, poor coping ability and low self-esteem. Individuals with these personality characteristics find it difficult to abstain from drug/substance abuse.

Learning theory of drug abuse: This maintains that dependence or abuse of drugs occurs as a result of learning. The learning could be any means of conditioning, instrumental learning or social learning.

Biological theory of drug abuse: The theory maintains that drug abuse is determined by the individual's biological or genetic factors which make them vulnerable to drug/substance addiction.

Socio-cultural theories of drug dependence: The theories maintain that abuse is determined by socio-cultural values of the people. Some cultures in Nigeria permit the consumption of alcohol and marijuana, while others do not. For example, among the Urhobo, Ijaw, Ibibio, Edo, Igbo, Yoruba, and Itesekiri, alcohol like ogogoro is used in cultural activities, while in northern Nigeria alcohol is forbidden due to sharia law. However, the sharia law does not forbid cigarette consumption and thus nicotine dependence. It should be noted, however that no theory fully explains the etiology of drug/substance abuse due to individual differences

Common counselling techniques for substance abuse these include cognitive behavioural therapy, Motivational interviewing and Dialectical behavioural therapy. Others include eye movement desensitization and reprocessing contingency management and motivational incentives, community reinforcement, family counselling and therapies, to mention but a few.

Behavioural Therapies: The terms "behaviour therapy", "behaviour modification" and "applied behaviour analysis" was often used interchangeably inspite of their historical distinctions. Behavioural therapy is behaviour modification carried out on abnormal behaviour, generally in a clinical setting. Behaviour therapy is based on the principles and procedures of the scientific method. It is an action-oriented approach. Beavioural therapies help patients understand the causes of high-risk behaviour and develop tools for avoiding or coping with high-risk situations. (Jorm, Allen, Morgan, & Purcell, 2013).

Cognitive Behavioural Therapy: CBT focuses on learning to reduce problematic behaviour associated with substance abuse. A key theme in CBT is anticipating risky situations and applying coping strategies, such as avoidance or self-control to prevent relapse. CBT is one of the most popular therapies in addiction medicine. Counsellors use it to treat a variety of addictions. CBT can effectively treat addiction to alcohol, marijuana, cocaine, methamphetamine and nicotine. During CBT, patients learn to recognize and modify risky behaviour by using a variety of skills. (Eyberg, Nelson, Boggs, 2008; & Hafmann & Smits, 2008).

Dialectical Behaviour Therapy: DBT is effective for patients who struggle to regulate emotions and have thoughts of self-harm or suicide. The therapy emphasizes an acceptance of uncomfortable thoughts, feelings or behaviours to allow patients to overcome them. DBT has been proved to treat several disorders that co-occur with addiction, including mood disorders, personality disorders, eating disorders and self-destructive behaviour.

The Matrix Model: The Matrix Model gives individuals in recovery from stimulant addiction a framework for maintaining abstinence. It's primarily used in patients recovering from methamphetamine or cocaine addiction. Therapy using the matrix model involves a variety of evidence-based therapies that promote relapse prevention and encourage family therapy education and support-group participation. (Davis, & Lambie, 2005).

Eye Movement Desensitization and Reprocessing: This therapy alleviates distress associated with traumatic memories and symptoms of post-traumatic stress disorder, which commonly cause or worsen substance use disorders. EMDR therapy helps the patient reprocess the memory of a traumatic event so it is less painful. The patient performs external eye movements

while thinking of the traumatic event. The process teaches the brain to associate the memory with less upsetting feelings so it can heal. (Shapiro, & Solomon, 2010).

Motivational Therapies: These therapies are the second-most-common therapies used by drug rehabilitation facilities. The therapies help patients find internal motivation to begin or continue treatment. They often provide incentives for maintain sobriety and are used in combination with behavioural therapies. (Petry, Weinstock, Morasco, & Ledgerwood, 2009).

Motivational Enhancement Therapy: This type of theory is a specific type of motivational interviewing for substance abuse. It reduces patients' doubts or uncertainties about engaging in treatment or stopping drug use. The goal is to encourage change as opposed to teaching patients how to change. Multiple studies have shown that motivational enhancement therapy is effective in patients addicted to alcohol, marijuana and nicotine. (Oluwole, & Olanrewaju, 2016).

Other therapies include: Contingency Management and Motivational Incentives, Community Reinforcement Approach, Family Counselling and Therapies, Family behaviour therapy and many others.

In the light of the above situation, the present study deemed it fit examine the counselling techniques for creating awareness on the consequences of substance abuse among University of Jos students. To this end, the following objectives were raised:

Objectives of the study

The following are the objectives of the study: To

1. Determine the causes of substance abuse among University of Jos students.
2. Identify the most common types of abused substances by University of Jos students.
3. Establish the effects of substances abuse on University of Jos students.
4. Discover the prevention measures of substance abuse among University of Jos students.
5. Find out the counselling techniques for creating awareness on the consequences of substance abuse among University of Jos students.

Research Questions

The following research questions were answered in the course of the study:

1. What are the causes of substance abuse among University of Jos students.
2. What are the most common types of abused substances among University of Jos?
3. What are the possible effects of substance abuse among University of Jos students?
4. What are the prevention measures for substance abuse among University of Jos students?
5. What are the counselling techniques for creating awareness on the consequences of substance abuse among University of Jos students?

Hypothesis

Ho1: There is no significant difference in the means ratings of male and female respondents on the counselling techniques for creating awareness on the consequences of substance abuses among University of Jos students.

Methodology

This study adopted descriptive survey research design. It investigated the counselling techniques for creating awareness on the consequences of substance abuse among University of Jos students. This design was deemed appropriate for the study because its focus was to investigate a phenomenon that is in existence, upon which the researchers have no influence. Kothari and Gaurau (2016) assert that the main purpose of descriptive research is to describe the state of affairs as it presently exist and that the researcher has no control over the variables; he can only report what is happening. The target population of this study comprised all University of Jos students who abuse substances. The sample size for the study is 342 respondents.

An instrument titled "Counselling as a tool for Creating Awareness on the Consequences of Substance Abuse Questionnaire (CCACSA)" was developed by the researchers. It contains two sections of "A and B'. Section 'A' contains demographic variables, while section 'B' comprises of items to elicit respondents' views on how they perceived and feel towards substance abuse. The respondents were required to respond to the items of the CCACSA on a four point scale of Strongly Agree 'SA", Agree "A", Disagree "D", and Strongly Disagree "SD". Section 'B' consists of positively worded items to be responded to. The responses modes for the questionnaire were Strongly Agree (4 points), Agree (3 points), Disagree (2 points), and Strongly Disagree (1 point). In determining the level of agreement toward any given behaviour as constituting substance abuse, the criterion mean of 2.5 was used to make decisions (any behaviour with mean below 2.5 will be termed not accepted by the respondent as constituting substance abuse, while and with a mean above 2.5 shows it is accept as substance abuse). Criterion mean = 2.50.

The content validity of the items were verified by two experts in Guidance and Counselling, and Research, Measurement and Evaluation Units, all in the Department of Educational Foundations, University of Jos. The reliability of the instrument was analysis applying Cronbach alpha, using SPSS versions 22 and the reliability coefficient of the instrument was 0.78. For the purpose of answering the research questions, descriptive statistics of mean, standard deviation, frequency counts and percentages were used, while t-test for independent samples was used to test the null hypothesis at 0.05 level of significance.

Presentation of Results

Research Question One: What are the causes of substance abuse among University of Jos students?

S/No	Causes of substance abuse	N	Mean	Std	Frequency (%)
1	Experimental curiosity	342	2.97	.98032	258(75.4%)
2	Peer group influence	342	2.99	.89637	266(77.8%)
3	Lack of parental supervision	342	3.52	.79728	259(75.5%)

4	Personality problems due to socio-economy conditions	342	2.99	.89637	266(75.5%)
5	The need for energy to work for long hours	342	3.01	.94106	267(78.1%)
6	Availability of the drugs	342	2.68	1.21319	216(63.1%)
7	The need to prevent the occurrence of withdrawal symptoms	342	3.90	0.08	296(88.3%)
8	Social media influence	342	3.80	0.4	294(86%)
9	Decline of family value system	342	3.15	.82960	289(84.5%)
10	Love for money by drug peddlers	342	3.15	.82960	289(84.5%)
11	Weakness in inspections	342	2.97	.98032	258(75.4%)
12	Diversion of legitimate exports to illicit use	342	2.68	1.21319	216(63.1%)

Table 1 presents the means scores and standard deviation of the responses of University of Jos students on the causes of substance abuses among them. All the 12 items have their respective mean scores above the cut-off point of 2.50. Their standard deviation range from 0.1 to 0.4, indicating closeness in opinion. Thus, the respondent generally agreed that all the items are among the causes of substance abuse among University of Jos students. Their pooled mean is equally above the cut-off mean of 2.50, while their pooled standard deviation is 0.06.

Research Question Two: What are the most common types of abused substances among University of Jos students?

Table 2: Most common types of abused substances among University of Jos students.

S/No	Abused substances (types)	Percentages (0/0) of responses			
		No.	**Agree**	**Disagree**	**No Respect**
1	Stimulants eg. Tramadol	342	280(81.8%)	57(16.7%)	5(1.5%)
2	Hallucinogens eg. Marijuana	342	259(75.7%)	79(23.1%)	4(1.2%)
3	Narcotics e.g codeine	342	255(74.5%)	80(23.4%)	7(2%)
4	Sedatives eg valium	342	294 (86%)	44(12.9%)	4(1.2%)
5	Miscellaneous eg. Glues	342	254(74.3%)	85(24.9%)	3(.9%)
6	Tranquilizers e.g Librium	342	238(69.8%)	104(30.4%)	0(0%)
7	Inhalants eg. Petroleum	342	239(69.6%)	103(30.1%)	0(0%)
8	Stagnant gutter residue	342	240(70.1%)	102(29.8%)	1(.3%)
9	Human feaces	342	229(67%)	92(26.9%)	21(6.1%)
10	Smoking of weeds eg wee-wee	342	295(86.3%)	44(12.9%)	4(1.2%)

Table 2 reveals that 86.3% of the respondents believe that the most common abused substance among University of Jos students. 86% of these respondents are of the opinion that sedatives,

especially alcohol is another possible common abused substance. Also, 81.8% believe that other abused substances are stimulants, especially tramadol. Others include hallucinogens, example marijuana with 75.7%, narcotics, especially codeine with 74.5%, and glues (miscellaneous) with 74.3% respectively. 70.1% are of the opinion that stagnant gutter residue, transquilizers with 69.8%, and inhalants inform of petroleum 69.6%, while human feaces with 67% are all highly abused among University of Jos students.

Research Question Three: What are the possible effects of substance abuse among University of Jos students?

Table 3: Possible effects of substance abuses among University of Jos Students

S/N	Items	N	Percentage or Responses		
			Agree	Disagree	No response
1	Drug dependence	342	295(86.3%)	44(12.9%)	4(1.2%)
2	Poor judgment	342	255(74.5%)	80(23.4%)	7(2%)
3	Sexual activity	342	238(69.8%)	184(30.4%)	0(0%)
4	Mental health disorders	342	259(75.7%)	79(23.1%)	4(1.2%)
5	Changes in school performance	342	294(86%)	44(12.9%)	4(1.2%)
6	Health effects	342	290(84.8%)	52(15.2%)	0(0%)
7	Truancy	342	280(81.8%)	57(16.7%)	5(1.5%)
8	Decreases ability to concentrate	342	284(83.1%)	58(16.9%)	0(0%)
9	Poor self-control	342	254(74.3%)	85(24.9%)	3(.9%)
10	High level of conflict	342	240(70.1%)	102(29.8%)	1(.3%)

Table 3 indicates possible effects of abused substances among University of Jos students. The results show that out of the 10 possible effects of substance abuse, majority of the respondents rated all highly. Items 1,5,6,8,7,4,2,9 and 10 are rated between 86.3% and 70.1% respectively, items 3 was rated 69.8%.

Research Question Four: What are the prevention measures for substance abuse among University of Jos students?

Table 4: Prevention measures for substance abuse among University of Jos students.

S/N	Items	N	Percentages		
			Agree	Disagree	No Response
1	Awareness creation on the dangers of substance abuse	342	294(86%)	44(12.9%)	4(1.2%)
2	Parents and gaudiness should help these adolescents to understand when to deny something that can hurt them	342	295(86.3%)	44(12.9%)	4(1.2%)

3	Government should place ban on over the counter; sales of these substances	342	290(84.8%)	52(15.2%)	0(0%)
4	There should be strict monitoring of pharmaceutical stores	342	284(83.1%)	58(16.9%)	0(0%)
5	Educating adolescents on ling a drug-free life is important	342	238(69.8%)	104(30.4%)	0(0%)
6	Early detection programmes in schools should be instituted	342	280(81.8%)	57(16.7%)	5(1.5%)
7	Adequate counselling services should also be provided in schools	342	295(86.3%)	44(12.9%)	4(1.2%)
8	The government should make use of the mass media to sensitize the public	342	259(75.7%)	79(23.1%)	4(1.2%)
9	There should be strict penalty on offenders	342	294(86%)	44(12.9%)	4(1.2%)
10	Schools should establish family education on substance abuse	342	255(74.5%)	44(12.9%)	4(1.2%)
11	Ways of resisting peer pressure should be discussed	342	254(74.3%)	80(23.4%)	7(2%)
12	Keep track of prescription drugs	342	239(69.8%)	102(29.8%)	1(.3%)

Table 4 shows that 86.3% of the respondents believe that when parents and guardians help the adolescents to understand when to deny something that, can hurt them and adequate provision of counselling services (86.3%) can help prevent substance abuse. Likewise 86% of the respondents are of the opinion that awareness creation on the dangers of substance abuse and placing of strict penalty on offenders (86%) with help. 84.8% of the respondents believe that when government places ban on 'over the counter' sales of substances, it can help in the prevention. While 83.1% believe in strict monitoring pharmaceutical shops/stores, 81.8% are of the opinion that early detection programmes in schools will further help in the prevention of substance abuse among the students. Other prevention measures include making use of the mass media for public enlightenment about substance abuse (75.7%), establishment of family education (74.5%), and ways of resisting peer pressure (74.4%) respectively. However, 69.8% of the students believe that educating the adolescents on living a drug-free life, and keeping track of prescription drugs (69.8%) will also help in the prevention of substance abuse.

Research Question Five: What are the counselling techniques for creating awareness on the consequences of substance abuse among University of Jos students?

Table 5: Responses on counselling techniques for creating awareness on the consequences of substance abuse among University of Jos students.

S/N	Items	Male N= 220		Female N=122		
		X_1	SD	X_2	SD	Decision
1	Behavioural therapies	3.90	0.10	1.60	0.02	Agree
2	Cognitive behavioural therapy	3.70	0.04	3.90	0.02	Agree
3	Dialectical behavior therapy	3.90	0.10	3.80	0.04	Agree
4	The matrix model	3.80	0.03	3.70	0.01	Agree
5	Eye movement desensitization and reprocessing	3.70	0.04	3.90	0.02	Agree
6	Motivational therapies	3.80	0.03	3.70	0.010	Agree
7	Motivational enhancement therapy	3.90	0.10	3.70	0.20	Agree
8	Contingency management and motivational incentives	3.40	0.04	3.00	0.06	Agree
9	Community reinforcement approach	3.01	0.01	2.08	0.02	Agree
10	Family counselling and therapies	3.90	0.10	3.80	0.04	Agree
11	Family behavior therapy	3.80	0.03	3.70	0.01	Agree
12	Solution-focused brief therapy	2.10	0.10	1.40	0.01	Disagree

Table 5 reveals the mean scores and standard deviation of male and female respondents on counselling techniques for creating awareness on the consequences of substance abuse among University of Jos students. All the items except item 12 have mean scores above the cut-off point of 2.50. Their standard deviation range counselling techniques listed in table 5 are among the counselling techniques that could create awareness on the consequences of substances abuses among University of Jos students as rated by the respondents in this study.

Hypothesis

Ho1: There is no significant difference in the mean ratings of male and female respondents on the counselling techniques for creating awareness on the consequences of substance abuses among University of Jos students.

Table 6: t-test Analysis on mean Ratings of Male and Female Respondents on the Counselling Techniques for Creating Awareness on the Consequences of Substance Abuse Among University of Jos Students.

Gender	N	Mean	SD	DF	t-Cal	T-crit
Male	220	3.9	0.08			
				341	-92.59	1.96
Female	122	3.3	0.04			

Table 6 present that t-test for independent sample assuming equal variances. The result from the test shows t-cal of -92.59 is less than t-crit off 1.96 at 0.05 level of significance and 341 degree of freedom. Hence, the null hypothesis of no significant is greater than 0.05 level of significant. It is therefore conducted that there is no significant difference in the mean ratings of male and female students on the counselling techniques for creating awareness of the consequences of substance abuse among University of Jos students.

Discussion of the Findings

The main aim of this study was to investigate counselling as a tool for creating awareness on the consequences of substance abuse among University of Jos students. The findings are organized and discussed according to research questions and one hypothesis postulated to guide the study. The results of the study indicated that causes of substance abuse to include the need to prevent the occurrence of withdrawal symptoms, social media influence, lack of parental supervision, decline of family value system, the need for energy to work for hours, love for money by drug peddler, peer group influence, experimental curiosity, personality problems due to socio-economic conditions and weak in inspections. This is in accordance with the research carried out by Haladu (2003) who gave the aforementioned reasons as the causes of substance abuse. Another study by NAFDAC (2020) identified love for more by drug peddlers, decline of family value system, social media influence, and peer pressure as factors causing the abuses of substances in Nigeria.

The result of this study also showed most common types of abused substances among University of Jos students, such as smoking of weeds, sedatives and stimulants. Other include hallucinogens, narcotics, miscellaneous, and tranquilizers. This finding agrees with the studies by Haladu (2003) and NAFDAC (2018) who categorized all of the substances abused by the students as shown above.

The findings of this study further indicated the possible effects of substance abuses among University of Jos students, such as drug dependence changes in school performance, health effects, decrease ability to concentrate, and truancy. The findings confirm the assertion by Mayo clinic as cited in the National Institute on Drug Abuse (2020) who outlined negative consequences of teen drug abuse as drug dependence, poor judgment, sexual activity, mental health disorders, and changes in school performance. The study is also in agreement with that of Abdullahi (2009), and Abdullahi (2005) who found out that substance abuse leads to high crime rate, fuels crisis, rappings, suicide, and the likes.

The result of this study also revealed prevention measures for substance abuse among University of Jos students, which include provision of adequate counselling services, parental guide, awareness creation, and strict penalty on offenders, among others. This finding corresponds with Mba (2008) and NIDA (2020) who opined parental guidance, adequate cousnelling services, and educating teens on the effects of substance abuses.

It was however agreed by the students that government should place ban on 'over the counter's sales of these substances, and strict monitoring of pharmaceutical shops.

Furthermore, the findings this study showed counselling techniques for creating awareness on the consequences of substance abuse among University of Jos students to include behavioural therapies, dialectal behaviour therapy, motivational enhancement therapy, and family counselling; others are the matrix model, motivational therapies, family behavior therapy, and cognitive behavioural therapy. The findings are in consonance with Oluwole and Olanrewaju (2016)', effectiveness of motivational enhancement therapy in enhancing mathematicians learning gains among school going adolescents in Oyo state, Nigeria. The results are also in agreement with that of Eyberg, Nelson, and Boggs (2008) who opined cognitive behavioural therapy for the treatment of children and adolescents' behaviour problems.

The result of the hypothesis of no significant difference was accepted. The result shows that there was no significant difference in the mean ratings of male and female respondents on the counselling techniques for creating abuse among University of Jos students. This in essence shows that being a male and female does not have direct influence on substance abuse and counselling needs. This supports Halaolu (2003)'s, and Mba (2008)'s assertions which welcome counselling strategies for the management and rehabilitation of drug addicts in Nigeria.

Conclusion

Substance abuse is the excessive use of psychoactive drugs, such as prescription medicines, alcohol or illegal drugs. Substance abuse can lead to physical, social or emotional harm. These substances when overused can cause people to change the way they feel, think or act. Consuming illegal drugs is always considered misuse. An individual's relationship with legal substances becomes misuse when one overuse them, ingest them for a purpose outside their original intent, or when one consumes them in high volume or develops a dependency on the substance. Students may use illicit substances because of peer pressure or to the need to belong, or to cope with distressing mental and emotional conditions. The effects of substance abuse can last a lifetime. Such conditions include depression and anxiety, broken relationships, declining health, trauma or feeling isolated. Preventive measures include family influence, educational tools, and community prevention programmes. Also, role of healthcare providers in prevention.

Recommendations

The following recommendations were made:

1. There is an urgent need for the government, agencies, schools and communities to create awareness on the negative effects and consequences of substance abuse in Nigerian universities.

2. This can be done through the establishment of family education on drugs, where parents and guardians can explain the dangers of substance abuse. Every community should have a counselling centre.
3. Establishment of counselling centres for drug/substance control by the government with qualified health counsellors will help drug addicts to withdraw from substance consumption.
4. National Drug Law Enforcement Agency (NDLEA) should intensify their campaigns on anti-drug in order to have a drug free society.
5. Also, government and other relevant authorities should lunch out campaigns against drug/substance abuse as well as dependence.
6. An effective study time table of study habits that make adequate provision for rest will enhance good study habit without necessary resorting to the use of substances to keep students artificially awake should be drawn by students.
7. Substance/drug awareness units to be set up in all universities, especially University of Jos. Establishment of substance awareness units will help solve students' socio-psychological problems.
8. Parents and guardians should be role models to these students in the area of substance abuse or usage.

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