

Drugs And Substance Awareness: Gender Difference in Place, Media and Age at the Time of Awareness in Secondary School Students in Enugu State.

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ABSTRACT

Drug and substance abuse has been the concern of parents, school authorities and the society. This study set out to investigate the age at which young people become aware of drugs, the media through which the information is got and the most popular places of drug information and tried to find out if gender differences exist in these.

The survey design was used. The study area is Enugu State of Nigeria. Population of the study is the secondary school students of the state. Through the processes of stratification and multi-stage random sampling, a sample of 195 female and 205 male (N=395) was used.

A researcher-made questionnaire was validated and used for data collection. Data was analyzed using percentages and t-test to answer 4 research questions and test one null hypothesis. The findings showed among others that, Teacher, television and mother were the commonest media while the home and the school were the commonest places. Average age and time of drug awareness was 11.32 years. Significant gender differences existed in some of these. Implications of these findings were discussed and recommendations made. Guidance counselors need to assist and empower parents, teachers and television programmers to get the correct information to kids without exciting their curiosity.

1.1 INTRODUCTION

Drug abuse is an increasing problem in our affluent societies and carries great social and economic costs through its impacts on crime and health. Official policy in the Western world for the past 50 years has been to treat addicts as criminals and to punish them, but this has manifestly failed to prevent the increase in drug abuse. The campaigns to educate people about the dangers of drugs, tobacco and alcohol had nothing other than relatively minor effects. In Nigeria also, attempts to educate people on the dangers of drug by the National Drug Law Enforcement Agency (NDLEA) and the mass media have not had the desired effect.

Drug in everyday usage, is any substance taken to cure illness .It ranges from commercially produced tablets or liquids to leaves and weeds gathered and used by people who know their efficacy. Drugs can also be taken (as reported by people) to relax or sleep, to maintain good health (the multivitamins) or to enhance performance especially in sports and even in everyday work in the office or farm.

The National Drugs Law Enforcement Agency (NDLEA) (1988) defined drugs as natural synthetic chemical substances which affect the body and its processes as well as behavior and feelings. Drugs according to Ray and Ksir (2004), is any substance, natural or artificial other than food that by its chemical nature, alters structure or function in the living organism.

Drugs are classified based on their effects and uses. The New Mexico State University, department of health and human services/substance abuse and mental health services administration (2008), listed drugs under socially legal or illegal. The socially legal ones include alcohol, prescribed drugs, those that can be bought over the counter to treat cough, cold or to sleep and diet. The socially illegal ones include stimulants such as cocaine, hallucinogens like magic mushrooms, opiates represented by heroin and marijuana or 'pot' as it is called by users.

From internet Health Information Resources, drugs are also classified based on their categories and effects. They include: Hallucinogens such as LSD and PCP which are drugs that dramatically affect perception, emotions and mental processes. They equally distort the senses and can cause hallucinations. Hallucinogens are sometimes called "psychedelic drugs". Opioid Analgesics - codeine, morphine among others, are highly addictive pain killing drugs that may also produce an extreme sense of well- being. Alcohol like beer and rum, affects the central nervous system in similar ways to other depressant drugs producing relaxation and decreased

inhibition at lower doses. When taken at a higher dose, it is intoxicating, impairs judgment and coordination and at very high dose, results in coma and death.

Other drugs include inhalants such as glue, paint and gasoline, barbiturates, stimulants and cannabis. They are all depressants and have various effects on human functioning ranging from feelings of euphoria, light headedness, acceleration and vivid fantasies, severe intoxication, slows down breathing, brain damage, to asphyxiation and death. Drugs enhance man's good health but when it becomes a habit to the extent of affecting human functioning, it becomes drug abuse. The word substance can refer to a drug of abuse, a medication or toxin. Poly substance abuse /dependence mean that a person abuses or depends on more than one substance with one usually being the person's favorite drug of choice. It also includes illegal drugs, over-the-counter drugs and prescription drugs (Cole 2006).

Drug abuse was previously applied only to such hard drugs as heroine, where there are obvious signs of tolerance and physical dependence in regular users, and a painful or even life-threatening physical withdrawal syndrome when drug use is stopped. Psychiatrists now use the term "*substance dependence*" to include both psychological dependence (where there may be no obvious withdrawal syndrome or tolerance) and physical dependence. Drug abuse according to Ray and Ksir (2004) is the use of a substance in a manner or quantity that it causes problem or greatly increases the problems occurring. Such problems can be antisocial behaviors such as violence and rape as a result of too much alcoholic or narcotic intake. It can also manifest psychologically in form of hallucination and mental disorder. The physical manifestation may be defects caused by accidents, engagement in crimes and violence especially by youths.

The healthy development of adolescents is thwarted by the invasion of drugs and substances into homes, schools and social environment. Besides, impoverished conditions in many families, offer limited or no access to basic needs and prevent access to adequate health care and social services, education, employment opportunities, housing and nutrition. Youths may also be exposed to violence, abuse, bullying, harassment and neglect in their homes, schools and communities. Hence, they turn to drugs

From the Help Guide, (Belmonte 2008), drug abuse involves repeated and excessive use of prescribed drugs. Drug abuse and addiction results when these drugs stimulate the brain's neurotransmitter '*Dopamine*' and produces euphoria. Heightened euphoria causes the brain to want the feeling back again and again. Addiction is the state of yielding to a drug or practice or to something that is habit forming as narcotics to such an extent that its cessation causes severe trauma.

Teenagers are the most vulnerable to drug abuse for several reasons which include the fact that contemporary adolescence is filled with stress and problems. Some of these problems according to psychologists include need for love and acceptance, self identity and peer influence. Peer influence is very prominent because teenagers are adept conformists and will always do things that they think will make them look "cool" and belong. Availability of drugs, family history of substance abuse, low self-esteem, lack of parental involvement/supervision, are other factors that predispose teenagers to drug abuse. Supporting the psychologists' views, Caputo, Weiler and Anderson (1996) stated that some youths opt for a lifestyle within which substance use goes hand in hand with alienation, rebellion and search for freedom and friendship. Evans and Bosworth (1997), confirmed that drug use and abuse is always mentioned in relation to young people and the source of motivation includes the desire to take risks, demonstrate autonomy or independence, and develop values distinct from parental and societal authority. It also signals entry into peer group, seeking novel and exciting experiences and satisfying curiosity. In his own report, Paglia (1998) stated that youths use drugs and substances as consumer items along with clothes and music to establish an identity image for themselves. A Newsbull survey by Crist (2008) in Florida reporting that drug use have reduced among Floridian youths, equally confirmed that the youths are the most vulnerable group in drug use.

Drugs commonly abused in the society according to Belmonte (2008) include marijuana and Stimulants such as cocaine and Ritalin, opioids – heroine; and cannabinoids represented by marijuana and hashish among others. People who use and abuse drugs can be identified by possession of drug equipment such as pipes or rolling papers (used in smoking drugs like cocaine, Indian hemp among others). Sometimes, peculiar plants, butts, seeds or leaves are found in ashtrays, pockets or dustbins. To cover odor of drugs in their rooms or compound, scents such as incense and perfumes are used. Drug related magazines, slogans on clothes and posters are other materials that can be found in their possession. Behaviorally, the users are usually irritable, angry and hostile when issues on drugs are discussed. Sometimes; they have music which glorifies drugs such as rock and rap among others (These behavioral attributes may account for youth violence in schools and the society at large). They are dishonest, may also make unusual requests for money without reasonable explanations for the need, and steal money and objects in or outside the home to sell to support a drug habit.

Generally, drug abuse and addiction have devastating impacts on society costing billions of naira each year in taking care of mental and Aids patients (especially for providing free retroviral treatment). Heroin use alone is responsible for the epidemic number of cases of HIV/AIDS (especially among those who share needles to inject the drugs), hepatitis and drug addicted infants born each year (Belmonte 2008). Drug abuse is also responsible for decreased job productivity and attendance, increased health care costs, an escalation of domestic violence and violent crimes. The question is, where, at what age and from whom do youths, who are the most vulnerable group, become aware of drugs?

The ages at which youths and teens encounter drugs differ and may be environment dependent. A Newsbull survey by Crist (2008), reported that children who are in the middle and high school are among the alcohol and binge drinkers and are initiated at an early age (12-14 years). In an article “talking to kids about drugs and alcohol”, (Berkeley Parents Network 2007) a parent stated that she knew that her children’s friends have started experimenting with drugs, when they started asking certain questions at age 14 or 15. Lisa in the same article said that she encountered marijuana in 5th grade (about 8-9yrs) while her sister encountered at the 7th grade (about 11-12years). She thought she would not go into drugs but she started smoking a year later.

On the issue of sources of drugs and substance information for youths and teen, parents, friends and schools are veritable sources. This is confirmed by reports from the article “talking to Kids about Drugs and Alcohol: Should I disclose my past drug use to kids?” Parents reported that they talk to their children about drugs. They however differ on whether to tell the kids about their own past drug usage. While some reported being honest and telling their kids, others used people they knew as examples to their children. Their aim generally was to prevent the children from getting hooked on drugs. The school equally serves as a source of drug information. While a younger respondent in the article mentioned earlier, reported that she had drug education and learning about ‘pot’ in the science class, another young respondent was told in college as a freshman.

From literature, psychologists feel that youths get into drug as a result of peer pressure. This implies that peers are sources of drug information. A parent cited earlier on, reported that she knew her kids friends have started experimenting drugs when they started asking certain questions (which may be drug based).

In another report, another young respondent said she knew about drugs because she grew up with kids whose parents smoked ‘pot.’ In effect, family history of drug use, makes children aware of drugs.

1.1 Statement of the problem:

Drug awareness is a reality among youths and the devastating effects are obvious all over the society with many youths incarcerated on drug related crimes and violence. It is therefore necessary to find out at what age they begin to know about drugs, from what sources and through which media. Hopefully, this will help target interventions more accurately.

1.2 Research Questions

The study was guided by four research questions and one null hypothesis.

1. What are the commonest media through which secondary school students receive information about drugs/substances?
2. Do female students differ from males in the media through which they receive drug and substance information?
3. What are the most popular places where students receive information about drug and substances?
4. Do male and female students differ in the place they receive drug information?

1.3 Null hypothesis;

Female students do not differ significantly from male students in the age at which they receive drug and substance information.

2. METHODOLOGY

The descriptive survey design was chosen for this study as only a good representation of the population will be studied to enable the researchers make generalizations about the population.

The area of study is Enugu state of Nigeria- one of the South Eastern states of Nigeria. The population of the study is all the secondary school students in Enugu state.

A sample of 396 (206 males and 190 females) was used in the study. Through multi-stage random sampling, 2 out of 6 education zones of the state were selected. In each zone, the schools were stratified into 3 – boys, girls, and co -educational schools to ensure a good representation of both sexes in the sample. Subsequently, 2 boys, 2 girls and one co-educational school were randomly selected from each list in each zone. i.e. 5 schools from each of the two zones. In each school, from the school attendance register, 40 students were randomly selected. Only SS2 students were used in the study.

The instrument for data collection is a questionnaire titled “Drug Information Pattern Questionnaire” designed by the researchers. It consists of 2 sections – A and B. Section A dealt with personal data of respondents while B elicited information on media (person or thing through which the respondent learnt about drugs/substance), their age at the time they got the information, and the place where such information was received. The items and options on the questionnaire were principally from literature and personal experiences of the researchers. The questionnaire was very simply worded and respondents just had to write their age and the time they got the information and tick options applied to them. The instrument was face validated by two peers of the researchers, one in Guidance and Counseling and the other in educational measurement. The test - re-test reliability of the instrument is .09 indicating that the test is consistently testing what it set out to test over time.

The instrument was administered to and collected from respondents by the researchers. No time requirements were tagged to its completion.

A total of 400 questionnaires were distributed but due to incomplete information, 4 could not be processed. Hence, the sample size of 396

To answer the four research questions, frequency counts and percentages were used while t-test was used to test the null hypothesis at 0.25 probability levels.

3. FINDINGS

3.1 Research question one: What are the commonest media through which secondary school students receive information about drug/substance?

The result show that the most common media among the young people are Teacher (31.1%), Television (18.2%), Mother (10.6%), Father (10.6%), magazine (8.3%), Radio (4.5%) (table 1;Media of Information on Drugs/Substance)

Family members- (Aunt, sister, brother, uncle) and friends are less popular media with 1.5% to 3.0%

Table1: Media of information on drugs/substances.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Teacher	123	30.3	31.1	31.1
	TV	72	17.7	18.2	49.2
	Mother	42	10.3	10.6	59.8
	Father	42	10.3	10.6	70.5
	Magazine	33	8.1	8.3	78.8
	Radio	19	4.7	4.8	83.6
	Film	17	4.2	4.3	87.9
	Friend	12	3.0	3.0	90.9
	Uncle	11	2.7	2.8	93.7
	Brother	19	2.5	2.5	96.2
	Sister	9	2.2	2.3	98.5
	Aunt	6	2.5	2.5	100.0
	Total	396	97.5	100.0	
			5		
			100.0		

3.2 Research Question Two; Do female students differ from males in the media through which they receive drug/substance information.

Table 2: Media of information on drugs/substance – sex cross tabulation

Information on drugs/substance abuse		Sex		Total
		Male	Female	
Mother	count	29	13	42
	% within sex	14.1%	6.8%	10.6%
Father	count	25	17	42
	% within sex	12.1%	8.9%	10.6%
Sister	count	2	7	9
	% within sex	1.0 %	3.7%	2.3%
Brother	count	6	4	10
	% within sex	2.9%	2.1%	2.5%
Uncle	count	4	7	11
	% within sex	1.9%	3.7%	2.8%
Aunt	count	1	5	6
	% within sex	.5%	2.6%	1.5%
Teacher	count	68	55	123
	% within sex	33.0%	28.9%	31.1%
Friend	count	4	8	12
	% within sex	1.9%	4.2%	3.0%
Radio	count	7	12	19
	% within sex	3.4%	6.3%	4.8%
Magazine	count	12	21	33
	% within sex	5.8%	11.1%	8.3%
TV	count	37	35	72
	% within sex	18.0%	18.4%	18.2%
Film	count	11	6	17
	% within sex	5.3%	3.2%	4.3%
Total	count	206	190	396
	% within sex	100.0%	100.0%	100.0%

The greatest difference in the media through which males and females receive drug information were observed in mother, magazines and teachers (differences 7.3%, 5.3% and 4.1% respectively). More males heard about it from their mothers and teachers than females while more females than the males read about it in the magazine. The least differences in media for boys and girls were observed in TV (.4%), brothers (.8%), friends (1.3%).

3.3 Research question three: What are the most popular places where secondary school students receive information about drugs and substances?

Of the four places investigated, the home ranked highest (55.1%) then school (38.4%), followed by friend's home (4.33%) and/or parties (2.3%). Table 3; this shows that most of the information was gotten principally at home or at school.

Table 3: Place of information on drugs/substance

Places of awareness (Drugs)		Sex		Total
		Male	Female	
Home	count	122	96	218
	% within sex	59.2%	50.5%	55.1%
School	count	76	76	152
	% within sex	36.9%	40.0%	38.4%
Friend's house	count	6	11	17
	% within sex	2.9%	5.8%	4.3%
Party	count	2	7	9
	% within sex	1.0%	3.7%	2.3%
Total	count	206	190	396
	% within sex	100.0%	100.0%	100.0%

3.4 Research Questions Four:

Do female and male students differ in the place they receive drug information?

Table 3: Place of information in drugs/substances, shows that while 59.2% males received information first at home, only 50.5% of females did. More females (40.0%) received the information first from school than the males (36.9%). More males got informed at home than females. More females had to get the information first from school.

3.5 Hypothesis one: Female students do not differ significantly from male students in the age at which they receive drug/substance abuse information.

The average age at which the students became aware of drugs was 11.32 with 10.92 for males and 11.75 for females.

Table 4: t– Test for significant difference in ages of male and females at the time of awareness.

	Sex	N	Mean	Std. deviation	Std. error mean	T-test for equality of means			
						t	df	Sig. (2-tailed)	Mean difference
Age	Male	203	13.90	2.383	.167	-1.558	389	.120	-.41
	Female	188	14.30	2.775	.202	-1.549	369.916	.122	-.41
Age at the time of awareness(HIV/AIDS)	Male	206	9.76	2.631	.183	-3.063	399	.002	-.79
	Female	195	10.55	2.504	.179	-3.067	398.988	.002	-.79
Age at the time of awareness (Drugs)	Male	205	10.92	2.333	.163	-3.290	393	.001	-.83
	Female	190	11.75	2.651	.192	-3.275	377.553	.001	-.83

t – Test for significant difference in ages of male and females at the time of awareness reveals that this difference is significant. Boys knew about drugs earlier than girls.

4

DISCUSSION

Drugs and substance use and abuse is a reality, among youths and have been a source of concern to parents, school authorities and even the society. This study set out to investigate the age at which these youths become aware of drugs, the media through which this information is got, and the most popular places of drug information. The study also investigated the relationship of gender on the media, age, and places of drug information. On the media of receiving drug information, the results showed that, the teacher, television, mother and father are the most veritable sources. This result corresponds with the Beckerly Parents Network (2007) report, where parents agreed that they talk to their children about drugs. While some use their past drug use experiences, others use the experiences of people they know as examples to their children on drug use and its effects. In the same report, a young respondent reported hearing about drugs from the science teacher. Thus, corroborating the fact that teachers are sources of drug information. The fact that friends are not popular sources of information is surprising considering the fact that a young respondent in the Beckerly Parents Network knew about drug abuse because she grew up with kids whose parents use drugs and who must have recounted their experiences. It may be that parents or teachers tend to inform the children about drugs to prevent them from getting wrong information from their friends.

The home and school are very popular places for drug information from the results of this study. This is corroborated by the report from literature that parents talk to their children about drugs. Besides, homes where parents use drugs enhance drug awareness both to their kids and people who grew up with their kids. The school, being another vital instrument of socialization, provides drug information to students as was reported by respondents of Beckerly Parents Network and corroborated by the current study.

On gender differences in media and places of receiving drug information, the result showed that more males received drug information from home and more females received from school. This may be due to the fact that the parents are more afraid of their male children engaging in drugs than the females. Hence, the drug information from home focuses mainly on males. It could also be that males do more television viewing than females at home. The females hearing about drugs from school may be as a result of lectures in science classes

or talks by school counselors. These reports find credence in the responses of the young respondents of the Beckerly Parents Network (2007). While one was told as a freshman, the other was from the science teacher.

A test of the hypothesis on the gender difference at the age of drug awareness showed that males know about drugs earlier than females. This result is expected because of the concern parents have over their male children getting into drug abuse. Besides, the males seem more outgoing from personal experience than females. So, they are more likely to come into contact with drug information than the females.

5 CONCLUSION AND RECOMMENDATION

Drug information is available to youths mainly through their parents and schools at an early age. While males get information more from mothers, females get more from the school. In effect, the two most important agents of socialization for youths are sources of drug information. In as much as they may have given the information to prevent drug use and abuse, they have not achieved much. From the reports, one of the younger respondents who thought she will not do drugs started using it a year later may be out of curiosity due to the method of information presentation. It is therefore recommended that the drug use campaigns should focus more on the parents and schools in the following ways:

Family discussion programs in the mass media should be utilized to enlighten young people more on the ways of giving drug information without glorifying drugs. In the schools, regular drug talks should be mounted by school counselors (where they are available) and the principals in conjunction with medical personnel. This should be started as early as JSS1 that is when the children are about 10 years of age before they get the wrong information from the wrong people. Excursions to Psychiatric hospitals, drug rehabilitation homes and prisons, should equally form a part of the drug information campaign.

The community developer has roles to play towards drug information. He has role to play towards the addicts, families and to the community in general. This could be done through seminars in schools; organizing programs outside school setting, sensitizing them on: how drugs are abused, side effects/dangers of drug abuse violence, insanity etc, how to avoid/curb drug abuse, ways of helping addicts out of their problem.

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