

**THE INFLUENCE OF DRUG ABUSE TEACHING ON BIOLOGY
STUDENTS PERCEPTION IN OREDO LOCAL GOVERNMENT AREA
OF EDO STATE**

BY

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UNIVERSITY OF BENIN

BENN CITY

JULY, 2021

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**A RESEARCH PROJECT WRITTEN IN THE DEPARTMENT OF
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CERTIFICATION

We the undersigned, certify that this research work was carried out by **Aisosa SYLVESTER** with Matriculation Number **EDU1602329** in the Department of Curriculum and Instructional Technology, Faculty of Education, University of Benin, Benin City, Nigeria in partial fulfillment of the award of B.Sc. (Ed) in Biology.

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DEDICATION

This work is dedicated to GOD Almighty who made it possible for me to complete this programme successfully and to my wonderful parents. You are the best. Also my brothers, uncles, aunty, sisters and friends who supported me through my struggle and pursuit for academic excellence.

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ABSTRACT

The study was carried to investigate the influence of drug abuse teaching on biology students perception in Oredo Local Government Area of Edo State. Two (2) research questions and one (1) hypothesis were raised to guide the study.

The method adopted by the researcher is the descriptive survey research design. A review of related literature was carried out. A total of one hundred students in public secondary school in Oredo Local Government Area constituted the population study sample. The instrument used for gathering data from the selected sample was a questionnaire. The reliability of the instrument was established at 0.71 using Cronbach statistics. The data collected were analyzed using descriptive statistics in form of percentages, mean and t-test.

The study revealed that, the teaching of drug abuse in the classroom by Biology and publicity of drug abuse and its effects in news and social media have influence on students perception toward drug abuse. The influence of drug abuse teaching on students' perception has significant difference base on gender. It was recommended that; there is a need to formally incorporate drug teaching and counseling into the academic curriculum of primary and junior secondary schools since drug abuse as a topic in Biology is taught in secondary school II (SSS II). Government should establish special rehabilitation centres specifically for students who are substance abusers so as to help them continue with their education while undergoing rehabilitation.

CHAPTER ONE

INTRODUCTION

Background of the Study

The health and social costs associated with alcohol and other drug use are considerable and fall most heavily on young people. School drug education offers the potential to prevent problems by equipping young people with the knowledge and skills to make responsible decisions about alcohol and other drug use, and it has near universal reach in developed countries where the great majority of young people attend secondary school. However, historical approaches to school drug education have not been particularly successful at reducing drug abuse (Midford, 2010). This then poses the question as to whether effectiveness should be measured by abstinence or reduced use, or whether harm reduction is a more realistic and useful measure. Harm reduction programs offer greater promise of achieving worthwhile benefit because they have the flexibility to select strategies on the basis of evidence of effect. Within this model abstinence or reduced use strategies may be chosen if there is evidence that they reduce harm, but they are not goals in their own right (Vogl Teesson, Andrews, Bird, Steadman and Dillon, 2009).

The abuse of drugs among youths has become a major national problem in Nigeria. The Youths who are expected to be leaders of tomorrow have been rendered useless to themselves and the societies in which they live, due to the impact of drug on them, thus, contributing to the increase in the number of psychiatric patients, street boys, school dropouts and delinquents. Drug abuse is a rapidly growing global problem (Abudu, 2008). The problem of drug abuse poses a significant threat to the social, health, economic fabrics of the families, society and the entire nations (Giade, 2012). Almost every country in the world is affected from one or more drug being abused by its citizens. The increase of drug abuse globally has brought problems such as increase in violence and crimes and diseases such as HIV/AIDS, collapse of the veins and collapse in the social structure (Oshodi, Aina, & Onajole, 2010).

Horrible youthful activities are widespread in Nigeria to the extent that they have been giving a lot of concern to the society, government and other stakeholders in Nigeria. In secondary schools, the activities of secret cults are known to have been source of threat to lives and property. (Oshodi, Aina & Onajole, 2010). The impact of drug abuse among Nigerian students has been a feature of

a morally bankrupt, corrupt and wasted generation and loss of our societal values and ideals. The situation now appears to be such that no one can argue ignorance of what is happening (Abudu, 2008). One cannot sit and pretend that she/he has not seen the menace of drug abuse among adolescents (Hamisu, Ahmad & Lim, 2014). According to Giade, (2011), any nation used by drug barons as transit route has the potentials of becoming a drugs consumer's country. Drug abuse threatens the security of every nation, tearing apart the societies, spawning crime, spreading diseases such as AIDS, and killing youths and the future of the country.

School represents a significant component of life for all children. It is a place where they spend a large amount of their time during a critical period of social, psychological, and physical development. Moreover, because success in school is so important to success in adult roles, school experiences are a key factor in students; current and future quality of life (Williams, 2003).

The teaching of drug abuse by Biology teachers focuses on providing young people with information about the dangers of drugs and teaching assertiveness strategies for resisting peer pressure. In this study therefore, the researcher seeks

to ascertain the influence of drug abuse teaching on the perception of Biology students of Oredo Local Government Area of Edo State.

Statement of Problem

Biology teacher teaches drug abuse as one of the topics in Biology school curriculum. This serves as one of the major mean through which students are taught drug education in a formal way. Despite this teaching of drug by Biology teachers, students are noticed with the purchase, handling and consumption of medicated, hard and psychoactive drugs without the prescription from a medical personnel. In this study therefore, the researcher sought to investigate whether the Biology teacher's teaching of drug abuse has any influence on the perception of senior secondary school students in Oredo local government area.

Research Question

This study addressed the following questions:

1. What is the influence of drug abuse teaching on students' perception.
2. Is the influence of drug abuse teaching on students' perception based on gender?

Hypothesis

One null hypothesis was formulated to guide the study:

Ho: The influence of drug abuse teaching on students' perception has no significant difference on gender.

Purpose of the Study

The purpose of this research is to assess the influence of drug abuse on teaching students perception in Oredo local government area of Edo state. The study seeks to:

1. investigate the influence of drug abuse teaching on students' perception.
2. find out the influence of drug abuse teaching on students' perception based on gender.

Significance of the Study

The study will be significant in a number of ways. It will be useful to the students in schools, by effectively teaching the students on the most prevalent procedures of curbing drug abuse in schools, factors that influence drug abuse among youths. The study will also educate students on the risks involved in drug abuse.

The study will enlighten Biology teachers on the effectiveness of their drug abuse lesson. It will also enlighten them and other teachers on how to present and teach any lesson content that is related to drug abuse in the way to reduce the widespread of illicit drug use among youths.

The government at all levels will see the relevance of teaching drug abuse in secondary school in order to impact on them the knowledge that are required in curbing the spread among students.

The result of study will enlighten the parents and families, as it will enable parents to educate their children about the risks of illicit drug use. The parents on the other hand will be enlightened on the prevalence of drug use and abuse in the families.

Scope and Delimitation of the Study

This study focused on the influence of drug abuse teaching on students' perception in Oredo Local Government Area of Edo. The study was delimited to all public senior secondary school students in Oredo Local Government Area of Edo State.

CHAPTER TWO

LITERATURE REVIEW

The review of related literature was carried out under the following sub-headings:

- Concept of drug abuse
- Classification of drugs
- Drugs abused in Nigeria
- Drug education in schools
- The role of the school biology teacher in teaching drug abuse
- Gender and drug abuse

CONCEPT OF DRUG ABUSE

A drug is defined as any natural or artificial substance, other than food that by its chemical or physical nature alters structures or functions in the living organization (Dorwick and Maline, 2007). 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. It could also be viewed as the use of a drug to the extent that it interferes with the health and social

function of an individual. World Book Encyclopedia (2004) defined drug abuse as the non-medical use of a drug that interferes with a healthy and productive life. Manbe (2008) defined drug abuse as the excessive, maladaptive or addictive use of drugs for non-medical purpose. It is also defined according to their use; in pharmacology, as a chemical substance used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being. Psychoactive drugs are chemical substances that affect the function of the nervous system, altering perception, mood or consciousness. Recreational drugs are drugs that are not used for medicinal purposes, but are instead used for pleasure. Drug is defined as any substance, which is used for treatment or prevention of a disease in man and animals. Drug alters the body functions either positively or otherwise depending on the body composition of the user, the type of drug used, the amount used and whether used singly or with other drugs at the same time (Fawa, 2003). Odejide (2000) warned that drug abusers who exhibit symptoms of stress, anxiety, depression, behaviour changes, fatigue and loss or increase in appetite should be treated by medical experts and counsellors to save them from deadly diseases. These include alcohol, nicotine and caffeine, as well as other substances such as opiates and amphetamines.

Drugs are also used as food supplements like vitamin and we necessarily benefit from drugs in terms of ill health, though prescribed by doctors, on the arbitrary overdependence or misuse of one particular drug with or without a prior medical diagnosis from qualified health practitioners. It can also be viewed as the unlawful overdose in the use of drug(s). (Elizabeth, & Martin, 2007). On the contrary, drugs are harmful and fatal if they are used wrongly. Substances and drug abuse are used by individuals interchangeably, but medications refer to narcotics administered by the doctor, whereas abuse of substances can include chemicals other than drugs, such as gasoline, glue, among others. The drug was deemed abused if it was purposely used for a reason other than medicinal purposes to cause physiological or psychological effects. Farhadinasab, Bashirian, & Mahjoub, (2008) noted that drug addiction in adolescence often begins with smoking and alcohol consumption. Drug abuse among students, however, may be due to contact between peer groups, availability, and the substance's existence. Cultural, parental behaviour, legislation and policies that limit access to drugs are some of the environmental factors that lead to substance addiction.

DRUGS ABUSED IN NIGERIA

Psychoactive substances may be referred to as chemical substances that have the ability to affect the mood, behavior, perception or mental functioning of a person when consumed, inhaled or injected into the body. These substances could trigger changes in the emotional state, functioning of the body or actions of an individual. By altering chemical or physiological processes in the brain, these psychoactive drugs often exert their effects (Berger, 2008 and Okogbenin, 2008). These substances are known as either illegal (illegal) substances such as cannabis, cocaine and heroin, for example, or legal (legal) substances such as alcohol, kola nuts, or coffee. Alcohol, tobacco, cannabis, khat, oipod, sedative-hyponotics, inhalants / solvents, fuel, glue and paint thinners are the most widely abused drugs and substances. The following forms of drug abuse by all age groups in Kenya are, according to Enose (2014), alcohol, tobacco, miraa (Khat), glue, bhang (Marijuana), and even hard drugs such as heroin and cocaine.

The most common substances/drug abuse in Nigeria are marijuana, amphetamines, mandrax, proplus, barbiturates, and codeine, according to Kalunta (2000), which have harmful effects on youth, immediate society, and

Nigeria as a whole. In particular, amphetamines are illegally smuggled into Africa (Ebie, 2011) and are widely used among adolescents, especially students. Students use stimulants to remain awake during intensive reading, workers use them to combat fatigue, according to Adelekan, Abiodun, Oni and Ogunremi (2004), while farmers often use them in Northern Nigeria to fight fatigue and suppress appetite during farming. Likewise, Uchendu and Ukonu (2016) found that tobacco, alcohol, cannabis, cocaine, stimulants, hallucinogens, volatile solvents, tranquilizers, sedatives, morphine, heroin and other opiates are the drugs used.

The National Drug Law Enforcement Agency (NDLEA, 2011) collected drugs use and abuse data from schools, records of patients admitted at mental health institutions for drug problems and interview of persons arrested for drug offences. The result showed that youths constitute the high risk group for drug abuse. Friends and school mates account for about 90% of the source of influence of the use and abuse of various psychoactive substances. In Nigeria, alcohol and cigarette are legal substances but, the two have been discovered to cause physical damage to human bodies. It has been reported that smoking

tobacco causes 90.0% of lung cancer, 30.0% of all cancers, and 80.0% of other chronic lung diseases (Wibberley and Price 2016). Apart from these health implications, according to Dishion, Andrews and Crosby (2017), alcohol and cigarette are said to be “gateway drugs” to other more potent psychoactive drugs like marijuana, heroin and cocaine.

CLASSIFICATION OF DRUGS

According to their physiological effects, seven drug groups are categorized. Most psychoactive medicines, however, fall into one of the general groups below. These include stimulants, opioids, cannabis, depressants, analgesics, and sedatives, drugs that enhance performance, hallucinogens, and inhalants. Below is the common name they are named, the route of administration and the potential effects. In Nigeria, the most common types of abused drugs according to NAFDAC (Fareo, 2012; Obiechina and Isiguzo, 2016).

1. Stimulants

Increasing the operation of the central nervous system (CNS) with elevated heart rate, blood pressure and brain function is the main application of

stimulants. The customers feel uplifted and less stressed. Caffeine, cocaine, nicotine, and amphetamine are all examples of stimulants.

a) **Caffeine:** It is a tasteless drug present in coffee, tea, chocolate, several soft drinks and different classes of over-the-counter products (National Centre on Addiction and Substance Abuse, 2004). Moderate consumption is relatively harmless to the health of individuals. However, evidence of withdrawal and physical dependency is shown by chronic users.

(b) **Cocaine:** This is a stimulant that is really powerful. Cocaine creates a sense of excitement, enhances confidence and the desire to work. The use of cocaine is on the rise among students as it is seen as confirming one's big boy status (Pike, 2011).

(c) **Amphetamines:** They are used to increase movement, elevate mood, generate a range of well-being and suppress appetite. It enhances mental and physical performance (Gupta & Gupta, 2007). Large doses can, however, result in anxiety, anxious feelings, and physical tension.

(d) **Nicotine:** This is a toxic alkaloid that is extracted from tobacco plants. It is responsible for frequent smokers' reliance on cigarettes. (Elizabeth & Martin,

2007). In tar, cigars, cigarettes, tobacco, and typical snuff, there is nicotine. There is a calming effect of a small dose of nicotine on the autonomic nervous system. It is often abused by high school students (Thomas, Carl & Jacqueline, 2015).

2. Narcotics

These are among the medications that create powerful dependency, used medically to alleviate pain and induce sleep. Plants such as cocaine, morphine, codeine and heroin are extracted from drugs. They are highly addictive and can be inhaled, ingested (snorted), or smoked (Gate Way Foundation, 2013).

(a) **Heroin:** It is a morphine-derived white crystalline strength, but with a short-term period of action. From 1990 to 1998, heroin was very common among young adults in the United States, according to the Drug Abuse and Mental Health Service (2005). It's fast acting. This modifies the brain chemistry that interferes with the decision-making capacity of a person.

(b) **Opium:** A milky material extracted from the poppy's unripe seed pods. It has an analgesic effect and can induce sleepiness (Gupta & Gupta, 2007). Opium abusers are typically youth and professionals in the health care sector.

(c) **Morphine:** It's embedded in poppy heads, too. It is a strong analgesic medicine which is primarily used to alleviate extreme and chronic pain. Individuals, however, establish both tolerance and dependency. Morphine is often abused by health care workers and teenagers (SAMHSA, 2005). Injected drugs can lead to vein collapse and blood vessel infection.

(d) **Codeine:** It is an analgesic derived from opium poppy and morphine, but less potent and less toxic as a pain killer and sedative. It has been a favourite for many substance addicts due to the use of codeine in cough syrups. At large and small pharmacy shops, they can easily be purchased over the counter (Encomium, 2013). Codeine is commonly manipulated by high school and higher school students who mix or use the syrup with a soft drink to soak garri.

(e) **Tramadol:** This is a painkiller for arthritis patients that is often used for mild to extreme pain. It is, however, a narcotic drug, meaning that if they use it for a long time, users could be at risk of addiction. It works by blocking the synapse of pain flowing between the nerves and the brain, rendering the user "high" (Duff, 2007).

(3) Cannabis

This is a substance manufactured from cannabis sativa (Indian hemp plant), also known as pot, weed, hashish and bhang. It has no medicinal benefit and it is illegal for non-medical use. Cannabis, generally referred to as marijuana, is one of the substances commonly abused by teenagers in Nigeria. Marijuana was brought by soldiers returning from World War II to Nigeria (Odejide, 2009).

(4) Depressants

These are agents which decrease the normal operation of any system or function of the body. They are also known as sedatives that slow down the activity of the CNS. In abusers, this induces tolerance as well as heavy psychological and physical dependency. Alcohol, barbiturates, tranquilizers, and rohypnol are medicines.

(a) **Alcohols:** These are important depressors of the central nervous system. In the brain and spinal cord, the main depressant effects of alcohol arise. Owing to the way most consumers feel after drinking a serving or two of their favorite drink, many people think of alcohol as a stimulant. At that moment, the capacity of alcohols to release personal inhibitions and provide temporal relief from

stress is attributed to any temporal sensations of enthusiasm, boldness or relief (Kinney, 2006).

(b) **Barbiturates:** These are drugs which depress the central nervous system's operation. Tolerance will be created by daily use of the drug. A high dose allows a long period of time for the patient to wear off. To alleviate anxiety, barbiturates are more common among females (Johnston, O'malley & Bachman, 2002).

(c) **Tranquilizers:** These are mild depressants designed to relieve anxiety, discomfort and calm people who have stress management issues. Diazepam (valium) and chlodiazepoxide are such medications (Librium). People can quickly become addicted to it and experience significant symptoms of withdrawal that can be life-threatening (Adegoke, 2003).

(d) **Rohypnol:** The drug is produced in South America, Mexico, Europe and Asia and smuggled into Nigeria illegally. Due to its quick action and long-term influence, it is frequently abused by Nigerian youths. On the lane, it is known as 'Roofies.' It is stronger and triggers a drunk, sleepy feeling that can last up to

eight hours, longer than most tranquilizers. Rohypnol is classified as a date rape drug that teenagers add to their girls' drinks (Encomium, 2013).

(5) Hallucinogens

This is one of the oldest hallucination-capable medicines used by mankind. They are referred to as psychedelics, dissociative or delusional vision (mind) (Nichols, 2004). In the form of delusion, hallucination and vision, Psychedelic brings about apparent cerebral excitation. Dissociative in anesthetic doses induces analgesia, amnesia and catalepsy, thereby disassociating him from his surroundings. As the name suggests, delirants cause a state of delirium in the patient, marked by intense confusion and inability to regulate the behavior of one (Dyck, 2005). In medicine, faith, and customs around the world, they are used for ceremonies, healing, and syncretistic movement rituals.

(a) Lysergic acid diethylamide (LSD): It is a potent hallucinogen that is formed as a liquid to be swallowed in crystalline form and then combined or diluted. After intake, the effect is felt within 20-30 minutes. The consumer can experience drastic changes in mood changes, distortions in time and space, including impulsive behavior (National Survey on Drug use and Health, 2010).

Visual hallucination, impaired depth and time perception can be encountered by the user with distorted perception of object size and form, gestures, colour, sound, touch and body image.

(6) Inhalants

These are breathable chemical vapors or gases that produce psychoactive effects when abused or misused (National Inhalant Prevention Coalition (NIPC), 2012). They include volatile organic solvents, fuel, gases, nitrites and anesthetic gases (chloroform, nitrous oxide and ether), commercial solvents like gasoline, kerosene, glue, and typewriter correction fluid among others. The abusers inhale the toxic chemical products which result to low blood pressure, dizziness, loss of hearing, damage to the lung and heart.

(a) **Solvents:** Industrial or household solvent products such as paint, thinners, liquid spray lubricants for dry cleaning, diesel, kerosene, nail polish or remover, furniture and wax polish may be used (NIPC, 2012).

(b) **Gasses and propellants:** There are household or industrial items, including butane lighters, propane, sprays for hair and deodorant, sprays for room deodorizers, sprays for refrigerants, ether, chloroform, and halothane.

(7) Aphrodisiacs

These are substances that arouse sexual desire or increase the capacity of a person to participate in sexual activity (Greenberg, Bruess & Haffner, 2003). It is also known as libido boosters and is generally referred to as 'manpower in the streets,' qurantaashi 'in the country's northern region, and 'aleko' in Nigeria's southwest. The agents improve the efficiency of the sexual desire and contribute to greater sexual satisfaction.

DRUG EDUCATION IN SCHOOLS

Traditional approaches to drug education are frequently described as focusing on demand reduction and having abstinence as their primary goal. Dietze (2009) explains how the philosophy that supports these traditional approaches views drug use as uncontrolled rather than part of normal development. Adolescent development occurs in well-recognized stages: Curiosity, experimentation, and definition of personal boundaries are acknowledged aspects of psychosocial development. Drug education programs that recognize and acknowledge the stages of adolescent development are far more likely to be effective (Spear and Kulbock, 2014).

The types of drug education programs that emanate from the abstinence philosophy are those that work from a deficit model, which assumes that individuals who lack something in their lives will be more likely to use drugs. Approaches to drug education from this perspective generally rely on the provision of information. Students are given in-depth information about substances, usually associated with moralistic overtones that stress the negative aspects of drug use. This information is based on the assumption that students will not use drugs if they are told of the dreadful consequences (Hamilton, Cross, Resnicow, and Hall, 2015). Because this approach of instilling fear has not been successful, it has subsequently been re-placed with a morally neutral informational approach that is based on scientific facts, including discussion of the costs and benefits of drug usage. The premise of this alternative approach is the belief that, given the facts, a person would make responsible decisions about drug use (Bonomo and Bowes, 2011).

Other programs have advocated a life skills approach. This is based on the belief that those who use drugs do so in part because they lack self-awareness and the necessary skills to avoid them. Individual personal characteristics, such

as low self-esteem and lack of social skills, have been identified as contributing to initiating drug usage (Ballard, Dawson and Kennedy, 2012). These types of programs concentrate on providing individuals with the values and skills seen as necessary to avoid drug use. The life-skills approach uses "cognitive, affective, and behavioral components that aimed to influence self-esteem, assertion, decision making, and communication skills" (Ballard, Dawson and Kennedy, 2012).

The social influence model incorporates resistance training and is founded on the belief that students who learn specific skills for dealing with social pressures to use drugs will be more able to resist these pressures. This approach is similar to life-skills programs; however, resistance training focuses specifically on drugs rather than on the general promotion of self-esteem. The training strategies to "just say no" include role modeling and rehearsals with constructive feed-back during training. This approach is aimed at increasing students' ability to resist social pressures to use drugs and is the cornerstone of the social influence model. This model is used most extensively in the United States, where zero tolerance or abstinence is mandated by Federal guidelines.

However, several researchers have demonstrated that the social influence approach has shown a less than positive result in drug (Hansen and McNeal, 2009).

Statistics indicating increasing youth drug use and earlier age of onset are cited by many proponents of a harm-minimization approach to drug education in several countries. The need for a different approach to drug education in schools is obvious to many (Bonomo and Bowes, 2011). Harm minimization is seen as such an alternative. Unfortunately, harm minimization is often linked to decriminalization of illicit substances and heroin injecting rooms, primarily due to the media attention on such issues. Much of the public does not fully understand that harm-minimization strategies for young people need to be different from those designed for drug using adults. A harm-minimization approach is cognizant of the stages of adolescent development and the social context in which young people exist. Therefore, use of this approach in drug education results in a program that is formulated to be appropriate to the life stage and development of students (Zickler, 2003).

It is also important to recognize that abstinence is one strategy used within the harm-minimization approach rather than, as some believe, being excluded. As Bonomo and Bowes (2011) explain, "complete abstinence is the most desirable outcome but drug use without addiction is more practical and achievable". By applying a harm-minimization approach to drug education, schools would focus education on those substances that most students are likely to try, as well as those that cause the most harm to the individual and society (e.g., tobacco, alcohol, and cannabis). Other drug use would only need to be considered in particular contexts or with some subgroups-Drug education programs should demonstrate an understanding of the characteristics of the individual, the social context, the drug, and the interrelationship of these factors; they should also acknowledge the developmental, socioeconomic, and lifestyle differences relevant to the level of drug use by students. Hansen and McNeal (2009) conclude, "It is now widely accepted that programs produce their effects by changing risk or protective factors that account for drug use.

THE ROLE OF THE SCHOOL BIOLOGY TEACHER IN TEACHING DRUG ABUSE

Drug education in secondary schools usually occurs in classroom as a subject area, health education as a subject is not consistently available to students in all schools. Some schools offer it to specific levels, often only for one term topic or during two teaching periods in Biology. This lack of consistency not only reflects the minimal value given to the health curriculum but also prevents a sequential presentation of material that allows students to explore and consolidate their understanding of relevant issues including substance use, sexual health, and other health-related decision-making issues in a developmentally appropriate manner. To ensure a comprehensive understanding of these significant lifestyle topics, repeated teaching is required through the various stages of development experienced during adolescence.

In the context of assisting schools to develop best practice in drug education and effective health promotion, the secondary school Biology teacher has a unique opportunity to expedite the implementation of drug education in schools in line with research findings. Hansen and McNeal (2009) identified a range of issues that affect the practice of drug teaching in schools; of significance, there is little

evidence that widely published research findings have resulted in any change to teaching practice. The content and approach of drug education that students were receiving did not reflect what research identified as best practice. They concluded that teachers generally showed a lack of understanding about the concepts that underpin existing drug-prevention approaches.

The promotion of a better understanding of a drug abuse approach to drug education within secondary schools and to the wider school community falls well within the province of the secondary school teacher. Some in the community view drug abuse minimization as an alternative to abstinence; therefore, there is concern that adopting this approach may be construed as condoning or even encouraging drug use among students (Ballard, Dawson and Kennedy, 2012). The secondary school Biology teacher is ideally suited to facilitating a better understanding of the drug abuse minimization concept within the school community by involving students, parents, other teachers, and administrative staff. Other factors, such as poor teacher knowledge of drug education and discomfort with teaching the subject, have also played a part in limiting more widespread and effective adoption of drug abuse reduction in

schools (Fritz and Carroll, 2019). In these situations, drug education tends to be undertaken by agencies external to the school or is ignored altogether. The secondary school Biology teacher are increasingly being identified as individuals with expert knowledge about health-related topics within the school environment and are being utilized in providing drug education. They also have a role in increasing the teachers' knowledge and confidence in teaching this content (Poulin and Elliot, 2017).

Health promotion is a core business of the school teacher. Therefore, lobbying within schools to increase the time allocation for health classes and to implement a sequential program acknowledging the different stages of adolescent development is appropriate. Facilitating awareness of research trends and knowledge acquisition of new programs or approaches to delivering material for teaching staff is also a fitting role for the Biology teacher. This may occur by passing on information about current research findings, professional development opportunities, and identifying relevant resources. Through education and advocacy, the secondary school Biology teacher can facilitate a better understanding of drug abuse minimization as it applies to students,

particularly in relation to drug education within the school and the community as a whole (McBride, Farrington, Midford, Meuleners and Phillips, 2014).

GENDER AND DRUG ABUSE

The notion of meaningful differences between men and women in many aspects of substance use disorders is a topic that has received increasing attention over the past decade. Before this recent era of investigation, substance use was considered to be primarily a male problem, and many of the studies of both alcoholism and drug abuse were conducted with a predominance of male subjects. The recent focus on substance use disorders in women has brought attention to important gender differences in the biology of substances of abuse, epidemiology of substance-use disorders, etiologic considerations, and psychiatric comorbidity. All of these differences have important treatment implications (Kathleen and Carrie, 2009).

The consumption of alcohol, legal and illegal drugs in the secondary school population is growing and became a source of worry in many countries. The passage from high school to college is commonly marked by an increment in

frequency of opportunities for peer interaction and in importance of the role of peer norms (Kauffman, Silver and Poulin, 2017). Direct (or active) peer influences explicitly focus on getting a person to drink. Also, peers, through their own actions, may provide information about which behaviors are accepted and admired, which is considered appropriate in a given social context, and therefore what behaviors are likely to lead to social acceptance and reinforcement. Each of these indirect influences set the stage for anticipated social reinforcement (Borsari and Carey, 2011).

Lewis and Neighbors (2014) demonstrated that men overestimated the drinking of their male peers and that women overestimated the drinking of their female peers. This finding was important for two reasons. First, it demonstrated that normative perceptions are not confounded by gender differences in drinking. Second, it provides empirical evidence supporting the use of gender-specific normative references for prevention interventions based on social norms. Reasons for the gender differences in the abuse of legal and illegal drugs are due to many factors. Women frequently report legal and illegal drug use as a coping mechanism to deal with problems, whereas men display more positive

attitudes towards illicit drug use (Kauffman, Silver, and Poulin, 2017). For example, the nature of the relationship between the individual and his/her social environment may be particularly relevant to the phenomenon of college drinking, as the college years are typically a time of increased alcohol consumption as well as increased social interaction. A critical step in prevention and treatment programming is the detection of trends of use throughout time, allowing one to choose which future actions should be taken. This subject is particularly important when the target population is students, given the possible quick change of habits and the adoption of new behaviors that this group usually displays (Kahler, Read, Wood and Palfai, 2013).

The identification of gender differences may provide useful information for the development of educational interventions to reduce substance use (Suls and Green, 2003). In recent decades specialized literature emphasized the importance of studying gender differences regarding legal and illegal drugs consumption, in order to allow more efficacious preventive strategies and treatment for men and women (Holdcraft and Iacomo, 2014). It is possible that these differences reflect the distinct sociocultural roles for each gender. In

addition, the clinical literature suggests that women differ from men in their subjective and physiological responses during the consumption of certain drugs. Pre-clinical studies suggest a role of the sexual hormones in these gender differences in substance use (Roth, Cosgrove and Carrol, 2014). Epidemiological studies show that drug use among women and their vulnerability to the consumption of specific substances have been associated with severe individual and social consequences. Transversal epidemiological data are especially useful in order to establish prevalence and to identify risk factors for specific illnesses or behaviors. The pattern of drug use and its associated factors can be identified by means of this method, which, if repeated periodically, may provide data about how the variables investigated behave throughout time, and is able to identify trends. Several epidemiological studies about substance use have focused on gender differences (Carlini, Galduroz, Noto, and Nappo, 2012). The first household survey about substance use in Brazil showed that the age range in which the largest percentages of alcohol dependence occur is 18-24 years, with approximately 3 men to each woman. However in the range of 12-17 years, the gender ratio is very similar. This study indicated that Brazilian women consume more benzodiazepines, stimulants,

orexigens, codeine, and barbiturates than men (Roth, Cosgrove and Carrol, 2014). Further, it was estimated that 6.6% of the population is alcohol dependent. Two years later, the same population was surveyed again and the prevalence of alcohol dependence significantly increased to 11.2% (17.1% for males and 5.7% for females). The percentage of people who had already received treatment for alcohol use reached 4.0% of the total (5.6% for males and 2.5% for females) (Galduroz and Caetano, 2014). Another study involving high-school students (12-17 years) from 1987 to 1997 showed that although males used more drugs than females, the gender comparison showed a significant increase in the consumption of drugs among women (Galduroz, Noto, Nappo and Carlini, 2014). Among university students of the Universidade de São Paulo (USP) significant differences are found in the consumption of legal and illegal substances between genders. Among students of the Universidade Estadual de São Paulo (UNESP), the prevalence of drug use is higher among men for all drugs, except for analgesics and amphetamines, which are more consumed by women (Kerr-Correa, Andrade, Bassit, Boccuto, 2009).

Cotto, Davis, Gayathri, Elcano, Staton and Weiss (2010). Studied gender differences in rates of substance abuse and dependence among drug users. Focusing on 2 age groups (*youths*, aged 12–17 years, and *young adults*, aged 18–25 years) and several commonly abused substances (alcohol, marijuana, and nonmedical prescription medication use). They discovered that the overall rates of substance use were significantly higher for males than for females ($P < 0.01$ for all substances except sedatives and tranquilizers); however, patterns of use, abuse, or dependence among users differed by age group and drug. Interestingly, patterns for youths differed from the overall population and from young adults. Girls exceeded boys in their use of alcohol ($P < 0.01$) and their nonmedical use of psychotherapeutics (i.e., prescription-type pain relievers, stimulants, tranquilizers, sedatives) ($P < 0.01$); among users, girls were significantly more likely to be dependent on the latter ($P < 0.01$). Boys reported significantly greater use and abuse of and dependence on marijuana ($P < 0.01$). In the young adults, the proportion of female users reporting dependence on cocaine or psychotherapeutics was significantly higher than for male users ($P < 0.01$), who nonetheless reported significantly greater use of these drugs ($P < 0.01$). Among users, males generally exceeded females in meeting abuse criteria ($P < 0.01$ for

marijuana among 12- to 17-year-olds and for alcohol, marijuana, and psychotherapeutics among 18- to 25-year-olds), with some exceptions mainly in the youngest cohort. In this national population sample of youths and young adults, their findings suggest that gender, age, and substance of abuse may all play a role in the observed patterns of drug use, abuse, and dependence. Understanding the reasons for these differences and continuing to evaluate these patterns over time could help in the development of targeted and more effective prevention and treatment interventions.

CHAPTER THREE

METHODOLOGY

This chapter is concerned with the method and technique that was used in carrying out this study. The method of study for this research was discussed under the following sub-headings:

- Research Design
- Population of the Study
- Sample and Sampling Techniques
- Instrument of the study
- Validity of Instrument
- Reliability of the study
- Administration of the Instruments
- Method of Data Analysis

Research Design

The study adopts the survey research design. It involves collecting and analyzing data from only few people considered to be representative of the entire population.

Population of the Study

The population of study comprises of fourteen thousand eight hundred and twelve (14,812) students in the fourteen (14) public senior secondary schools in Oredo Local Government Area of Edo- State.

Sample and Sampling Technique

In view of the large population of senior secondary schools in Oredo Local Government Area of Edo State, a total of one hundred (100) students was randomly selected one (1) mixed public secondary schools through a Simple Random Sampling Technique. The sample procedure is represented in the Table .1.

Table 1: List of school sampled for the study

No	Names of Schools.	No of Students
	Ihogbe College Senior Secondary School	100
	TOTAL	100

Instrument of the Study

The instrument used for this research is the questionnaire titled: " Questionnaire on The Influence of Drug Abuse Teaching on Students Perception In Oredo Local Government Area of Edo State (QIDATSP)" This instrument consists of two sections. Section 'A' and 'B'. Section A was designed to elicit information on the personal data of the respondents (demography). Section B contained statements designed for acquiring information concerning the research questions. A four point scoring scale drawn along the modified likert summated rating scale for measurement will be adopted.

Validity of Instrument

The research instrument was given to the project supervisor and two other experts from the department of Curriculum and Instructional Technology, who assessed and ensured that only relevant information are contained in the research instrument.

Reliability of the Instrument

The instrument was administered to twenty students from outside the sample group but from within the population. The data generated were analysed using Cronbach Alpha, and a reliability coefficient of 0.71 was obtained.

Method of Data Collection

The questionnaire was administered personally by the researcher to each respondent in the sampled schools. The researcher ensured that the questionnaire was collected immediately so as to ensure a high rate of return and to guide the respondents when filling the questionnaire.

Method of Data Analysis

The data collected were analyzed using frequency counts, percentages and mean and t-test statistics. The cut-off-point is 2.5 (for acceptance is $X \geq 2.5$) was used in analyzing the data.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

In this chapter, results obtained after data analysis were presented and the findings discussed.

Research question 1:

What is the influence of drug abuse teaching on students' perception.

Below, is a table on the influence of drug abuse teaching on students perception

Table 2: Influence of drug abuse teaching on students perception

S/N	ITEM STATEMENT	AGREE (%)	DISAGREE (%)	MEAN
1.	I learnt drug abuse from my biology teacher	66 %	34 %	2.74
2.	I learnt about drug abuse from home	39 %	61 %	2.09
3.	I learnt about drug abuse from my friends	33 %	67 %	1.86
4.	I learnt about drug abuse from environment (neighbours)	41 %	49 %	2.11
5.	I learnt about drug abuse from the media (television, radio, facebook and whatsapp)	69 %	31 %	3.00
6.	Because of my knowledge of drug abuse I only take drugs prescribed by a Doctor / pharmacist	97 %	3 %	3.72
7.	Because of my knowledge of drug abuse I do not associate with friends or people that abuse drugs	67 %	33 %	2.90
8.	Because of my knowledge of drug abuse I educate people on how not to abuse drugs	81 %	19 %	3.46
9.	Because of my knowledge of drug abuse I do not smoke	95 %	5 %	3.68
10.	Because of my knowledge of drug abuse I do not take alcohol	64 %	36 %	3.02
	TOTAL	652 (62.2%)	338 (33.8)	2.86

Table 2 item 1 revealed that 66% respondents with mean value of 1.86 agree that they learn drug abuse from my biology teacher while 34% respondents disagreed. Item 2 revealed that 39% of respondents with mean value of 2.74 agreed that they learn about drug abuse from home while 61% respondents disagreed. Item 3 revealed that 33% of the respondent with mean value of 1.86 agreed that they learn about drug abuse from my friends while 67% respondents disagreed. Item 4 revealed that 41% respondents with mean value of 2.11 agreed that they learn about drug abuse from environment (neighbours) while 49% of the respondents disagreed. Item 5 revealed that 69% respondents with mean value of 3.00 agreed that they learnt about drug abuse from the media (television, radio, facebook and whatsapp) while 31% of the respondents disagreed. Item 6 revealed that 97% of the respondents with mean value of 3.72 agreed that because of their knowledge of drug abuse they only take drugs prescribed by a Doctor / pharmacist while 3% of the respondents disagreed.

Item 7 revealed that 67% of the respondents with mean value of 2.90 agreed that because of their knowledge of drug abuse they do not associate with friends or people that abuse drugs Item 8 revealed that 81% of the respondents with mean

value of 3.46 agreed that because of my knowledge of drug abuse I educate people on how not to abuse drugs while 19% of the respondents disagreed. Item 9 revealed that 95% of the respondents with mean value of 3.68 agreed that because of my knowledge of drug abuse I do not smoke while 5% of the respondents disagreed. Item 10 revealed that 64% of the respondents with mean value of 3.02 agreed that because of my knowledge of drug abuse I do not take alcohol while 36% of the respondents disagreed.

In summary of Table 2 in the following items respondents gave positive responses which are; items 1, 5, 6, 7, 8, 9 and 10 while respondents gave negative responses in following items which are; item 2, 3 and 4. The study revealed that 62.2% of the respondents with mean value of 2.86 agreed that the teaching of drug abuse have influence on students perception toward drug abuse.

HYPOTHESIS

Ho 1: The influence of drug abuse teaching on students' perception has no significant difference on gender.

Table 3: Influence of drug abuse teaching on students perception based on gender.

SEX	N	Item	Mean	Std Dev.	Df	Cal – t	Crit – t
Male	40	1 - 10	2.77	0.97	95		
						0.26	0.03
female	60		2.67	0.93			

($\alpha= 0.05$)

Table 3 shows a value of cal- t of 0.26 and p-value of 0.03. testing at an alpha value of 0.05, the p – value is lesser than the alpha level, so the null hypothesis which states that “the influence of drug abuse teaching on students’ perception has no significant difference on gender” is rejected.

Discussion of Findings

The first finding revealed that the teaching of drug abuse in the classroom by Biology and publicity of drug abuse and its effects in news and social medias have influence on students perception toward drug abuse. Students do engage in all thinks of discussion and interaction with friends and neighbours, the study revealed that interaction with friends and neighbours do not influence students towards the learning of drug abuse.

This findings is in line with Fritz and Carroll (2019) who stated that secondary school Biology teacher is ideally suited to facilitating a better understanding of the drug abuse minimization concept within the school community by involving students, parents, other teachers, and administrative staff. Also Poulin and Elliot (2017) explained that secondary school Biology teacher are increasingly being identified as individuals with expert knowledge about health-related topics within the school environment and are being utilized in providing drug education. They also have a role in increasing the teachers' knowledge and confidence in teaching this content

The second finding revealed that the influence of drug abuse teaching on students' perception has significant difference based on gender. The rate of drug handling and consumption are different among gender in this study male abuses drug more frequently than the female. This is similar with the findings of similar with Roth, Cosgrove and Carrol (2014) who suggests that women differ from men in their subjective and physiological responses during the consumption of certain drugs. Galduroz and Caetano (2014) also mentioned that the percentage of people who had already received treatment for alcohol

use reached 4.0% of the total (5.6% for males and 2.5% for females). Also, Cotto, Davis, Gayathri, Elcano, Staton and Weiss (2010). Studied gender differences in rates of substance abuse and dependence among drug users. Focusing on 2 age groups (*youths*, aged 12–17 years, and *young adults*, aged 18–25 years) and several commonly abused substances (alcohol, marijuana, and nonmedical prescription medication use). They discovered that the overall rates of substance use were significantly higher for males than for females ($P < 0.01$ for all substances except sedatives and tranquilizers); however, patterns of use, abuse, or dependence among users differed by age group and drug.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The study was carried out to assess the influence of drug abuse teaching on biology students perception in Oredo local government area of Edo state. Four (4) research questions were raised for the study. The design of the study is descriptive survey design while the population comprised of public senior secondary science students in Egor Local Government Area of Edo state.

The study was carried out to assess the influence of drug abuse teaching on biology students perception in Oredo local government area of Edo state. Two (2) research questions and one hypothesis were raised for the study. The design of the study is descriptive survey design while the population comprised of public senior secondary science students in Oredo Local Government Area of Edo state.

The sample size for the study was 100 respondents from public senior secondary schools in Oredo Local Government Area, while the researchers' self-developed questionnaire formed the instrument for data collection which

was titled, “The Influence of Drug Abuse Teaching on Biology Students Perception in Oredo Local Government Area of Edo State.” The instrument was validated by two experts. The reliability of the student’s questionnaire was established at 0.71 using Cronbach Alpha method. The data collected was analyzed using frequency count, percentage and mean.

Based on the data collected and analyzed, the findings revealed that:

- The teaching of drug abuse in the classroom by Biology and publicity of drug abuse and its effects in news and social media have influence on students perception toward drug abuse.
- The influence of drug abuse teaching on students’ perception has significant difference base on gender.

Conclusion

Drug abuse is becoming a public health problem among secondary school students in Nigeria. Health educators, families, schools, civil society, religious organizations and the community should be concerned and worried that more students in our secondary schools are fast joining the drug train, drinking and

smoking away their future for the pleasure of getting high, which pose a threat to the health and safety of the adolescents. Preventing these unwholesome situation can be achieved through, school teaching and intervention strategy, advocacy and awareness of the adverse effect of drugs and alcohol addiction to the adolescent health and life.

Recommendations

- The findings from this study indicate the need to formally incorporate drug teaching and counseling into the academic curriculum of primary and junior secondary schools since drug abuse as a topic in Biology is taught in secondary school II (SSS II) so that many of the students will be aware of the dangers of drug abuse before commencing senior secondary education.
- The existing evidence suggests that drug education programs have the potential to contribute to reductions in harmful youth drug use. In order to realize their potential, activities need to be based on appropriate curriculum, be well resourced and integrated within a wider set of ongoing intervention activities.

- The government should establish special rehabilitation centres specifically for students who are substance abusers so as to help them continue with their education while undergoing rehabilitation.
- Teachers should familiarize themselves with their students so they are able to discover any anti-social behaviour and provide immediate solutions to it. Guidance counselors should give necessary counseling to the drug abusers, as well as to their parents or guardians.

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QUESTIONNAIRE

DEPARTMENT OF CURRICULUM AND INSTRUCTIONAL TECHNOLOGY, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY.

Dear respondent,

This questionnaire is designed to gather information about “The Influence of Drug Abuse Teaching on Students Perception In Oredo Local Government Area of Edo State”. You are requested to please complete the questionnaire as honestly as possible. All information provided shall be treated in utmost confidentiality.

Yours sincerely,

Thanks

Aisosa SYLVESTER

Researcher

INSTRUCTION: Tick [] as appropriate for each of the question below.

SECTION A: demographic data:

1 Name _____ of _____ school:
(Optional)_____

2 Class _____

3 Sex: male [] female []

SECTION B

Please read through this section and tick () for your sincere and appropriate answer where applicable. Strongly Agreed (SA), Agreed (A), Disagreed (D), Strongly Disagreed (SD).

S/N	Item Statement	SA	A	D	SD
1.	I learnt drug abuse from my biology teacher				
2.	I learnt about drug abuse from home				
3.	I learnt about drug abuse from my friends				
4.	I learnt about drug abuse from environment (neighbours)				
5.	I learnt about drug abuse from the media (television, radio, facebook and whatsapp)				
6.	Because of my knowledge of drug abuse I only take drugs prescribed by a Doctor / pharmacist				
7.	Because of my knowledge of drug abuse I do not associate with friends or people that abuse drugs				
8.	Because of my knowledge of drug abuse I educate people on how not to abuse drugs				
9.	Because of my knowledge of drug abuse I do not smoke				
10	Because of my knowledge of drug abuse I do not take alcohol				

```

RELIABILITY
/VARIABLES=VAR00001 VAR00002 VAR00003 VAR00004 VAR00005 VAR00006 VAR00007
VAR00008 VAR00009 VAR00010
/SCALE('AISOSA SYLVESTER') ALL
/MODEL=ALPHA.

```

Reliability

[DataSet0]

Scale: AISOSA SYLVESTER

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded ^a	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.713	10