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Extent of Depressant Drug Abuse among Secondary School Students in Ebonyi State, Nigeria

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ABSTRACT: This descriptive survey was conducted in order to determine the extent of depressant drug abuse among secondary school students in Ebonyi State, Nigeria. A random sample of 680 students completed the questionnaire designed for the study. Out of this number 672, representing about 98.8% return rate, were used for data analysis. Means and standards deviations were used to describe the extent of depressant drugs abuse among the students. Mean statistic was used to answer the research questions and t-test statistic and ANOVA were used in testing the null hypotheses postulated for the study at 0.05 level of significance. The results of the study showed that the secondary school students abuse depressant drugs in a very low extent as their cluster mean is (1.66). Gender and age have no significant influence while class of study had a significant difference at .05 level of significance on the extent of depressants drug abuse among the students. The study supports the need for the inclusion of drug education in both the primary and secondary schools curricular, along with lectures, rallies, seminars and film shows to correct this ugly situation among the Nigerian adolescents, and to uncover the adverse effects of drug abuse.

KEYWORDS: Drug Abuse, Depressant, Students, Ebonyi State.

I. INTRODUCTION

Drugs have been used in all societies at least since records began. People have used different kinds of drugs to change the way they feel, think or see the world. Different societies and cultures throughout history have experimented widely with different drugs, often with religious or ceremonial significance having been attached to their use. For instance, people use alcohol and other drugs to welcome visitors, celebrate special events like birthdays and weddings and some use sedative-hypnotic substances like Benzodiazepines tranquilizers and barbiturates for treatment of anxiety, sleep disorders, seizures and for anesthesia during major surgery. [1]

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.[2]. Haladu [3] explained the term drug abuse as excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns. Manbe [4] defined drug abuse as the excessive, maladaptive or addictive use of drugs for non-medical purpose. Abdulahi [5] viewed drug abuse as the use of drugs to the extent that interferes with the health and social function of an individual. Drug abuse has been a part of human history for a long time. The concern now is the incidence, extent, prevalence, potency and diversity of designer drugs, the health effects of long term use/abuse “[6], [7]”. In view of WHO and Leary’s assertion, the extent of depressant drug abuse among secondary school students was the major concern of the present study. The desire to achieve altered states of mind by using a wide variety of different substances seems to be almost universal. Hence many of this altered state of mind substances like sedative-hypnotic

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drugs commonly called depressants have legitimate uses. For instance, Benzodiazepines or tranquilizers are a good treatment for anxiety and are also useful in sleep disorders. Barbiturates are used to treat seizures and for anesthesia during major surgery. [1].

However, amidst all physiological benefits associated with legitimate use of these drugs, it has regrettably contributed to serious side effect when it is abused. Depressants are a class of drugs that are often prescribed to reduce the symptoms of conditions such as anxiety. However, these drugs are addictive and can be abused not minding its side effects. “[8],[9]”. Karen [10] further maintained that depressants have both benefits and serious side effects. Depressants are substances that depress the activities of the central nervous system. Such substances are referred to as sedatives-hypnotic, downers, anti-anxiety, minor tranquilizers, hypnotics, and anxiolytics medications. [11], [1], [12]. The effects of depressants when used in small amounts can be relaxing and easing anxiety. However, in larger amounts, depressants can have an intoxicating effect, including “slurred speech, impaired judgment and loss of motor coordination, or depresses the activity of the brain . And if taken in very large doses, depressants can lead to physical dependency, coma and death. [9].

Central nervous system depressants are primarily used as medicines that suppress, inhibit or decrease brain activity. The main classes of CNS depressants are sedatives, hypnotics, opioids, neuroleptics, methaqualone, GHB (gamma-hydroxybutyric acid), barbiturates (Amytal, Nembutal, Seconal, phenobarbital) and benzodiazepines or tranquilizers (sleeping pills, Ativan, Halcion, Librium, Valium, Xanax, Rohypnol). Other drugs in this group include chloral hydrate (which when mixed with alcohol was once known as "knockout drops" or a "Mickey Finn"), glutethimide (Doriden), methaqualone (Quaalude, Sopor, "ludes") and meprobamate (Equanil, Miltown and other brand names). [1], [13], [14]. HMS [1] further posited that although alcohol is also a depressant, alcohol is so common that health experts classify alcohol-related problems separately.

Depressants drugs were grouped into four categories: Benzodiazepines tranquilizers (Sleeping pills, Librium, valium); Heroin (igbana, smack, horse); Barbiturate (secobarbital, Phenobarbital, “red devils”); Alcohol (beer, palm wine, burukutu, kai kai,ogogoro, gin, whisky). [1], [13],[14], [15], [16]. The present study was anchored on the following depressant drugs as grouped above to determine the extent of abuse among secondary school students in Ebonyi State, Nigeria.

Evidences “[17], [18], [19], [20]” abound in Nigeria and other parts of the globe [21], with regard to drug abuse generally but such are lacking in Ebonyi State, Nigeria. According to Larson and Simonis [22], the incidence and extent of drug abuse often occurs among secondary school students. Okozia and Aluede [23], submitted that drug abuse among adolescence can be determined using secondary schools students. Eneh and Stanly [24], asserted that the extent of drug abuse among secondary school students is indeed high. Since adolescents who are mainly secondary school students share the same characteristics, common sense could show that students in secondary schools in Ebonyi State could be abusing depressants drugs. More so, the socio-cultural activities existing in the state such as masquerade cult, new yam festival, traditional dances, and other festivals when ongoing, predisposes them to be more vulnerable to excessive drug use and abuse especially alcohol and other depressant drugs. The extent of this abuse is not yet established hence the thrust of the present study.

In this study, extent refers to the degree or limit in which secondary school students in Ebonyi State abuse depressants drugs. The life time abuse and current abuse of depressants drugs was used to measure the extent of drug abuse among secondary school students in Ebonyi State. Lifetime use of a substance was defined as ever use of any of the listed substances in a lifetime, while current use was defined as the use of any of the substances in the last 12 months with continuing use within the last 30 days preceding the study. [25], [26]. This method was adopted by the present researcher to elicit information on the extent of depressants abuse among secondary school students. Secondary school children are between the ages of 10 to 19 years. [27]. The present study therefore, considered secondary school students as students presently receiving post primary education. These included all students at the age of 10 years to 19years who are in the junior or senior secondary school classes in Ebonyi State.

This study examined some socio-demographic factors associated with the extent of drug abuse among secondary school students. These variables include: age, gender and class of study. The Studies conducted by Ezedum [28] Linderberg, Boggess, and Williams [29]; Borowsky, Ireland and Resnick [30] NACADA [31], [32], WHO [33], Springer, Selwyn, and Kelder [34] and Rongkavilit, Naar-King, Chuenyam, Wang, Wright, and Phanuphak [35],

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indicated that this aforementioned demographic characteristics are predictors of adolescent extent of drug abuse among secondary school students. Hence this study adopted it to ascertain the extent of depressants abuse among secondary school students in Ebonyi State.

Theories of Drug Abuse

Theories of drug abuse indicate that some people truly depend on certain drugs for their survival due to a number of factors. The major emphasis of the theories is that people have their individual reasons for depending on one type of the drug or the other. Such reasons are explained by the personality theory of drug abuse, learning theory of drug abuse, biological theory of drug abuse and socio-cultural theories. [36]. Personality theories of drug abuse emphasize that there are certain traits or characteristics in the individuals that abuse drugs. Such personality characteristics, 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. [36]. Individuals with these personality characteristics find it difficult to abstain from drug abuse. Learning theory of drug abuse maintains that abuse of drugs occurs as a result of learning. The learning could be by means of conditioning, instrumental learning or social learning. [37]. Biological theory of drug abuse maintains that drug abuse is determined by the individuals biological or genetic factors which make them vulnerable to drug addiction. Socio-cultural theory of drug abuse maintains that abuse is determined by socio-cultural values of the people. For instance, while certain cultures permit the consumption of alcohol and other drugs during socio-cultural activities other cultures do not. Among the Urhobo, Ijaw, Ibibio, Edo, Igbo, Yoruba and Itsekiri, and Abakaliki, alcohol (i.e., palm wine, Oogoro) is used in cultural activities.

Abakaliki, Ebonyi State, For instance, the socio-cultural activities existing in the state such as traditional wrestling (Mgba Ekka), traditional dances (Edege Igbudu Ekka & Ode Ogboji), new yam festival (okeaku), and other festival includes (Eke Okpoto", "Aji Ogboji", "Udenyi Nkomoro", "Iri-ngangbo", "Onwa Eke Ezza", "Ogbodo i.e. Masquerade cult", Hunting & Swimming), when ongoing predisposes adolescents especially those in secondary schools to be more vulnerable to excessive illicit drug abuse. The above scenarios were the reason for the present study on the extent of depressant drug abuse among secondary school student in Ebony State. It then becomes obvious that the disorder (drug abuse) is an acquired one. The acquisition then is dependent on a host of personal inclinations, socio-cultural factors, and environmental factors, a situation explained suggestively by Bandura [37], social cognitive theory (i.e., the triadic reciprocity involving behaviour, environment and the person).

II. METHOD OF THE STUDY

Research Design

In order to achieve the objectives of the present study, the descriptive survey research design was employed. Descriptive survey research design is a design that consist of those studies in which data are collected from a small sample of a large population to enable the researcher describe in a systematic manner and interpret the characteristics about things that are exist [38]. The study collected data from a small sample of a large population of the students. This data was interpreted in a systematic manner based on the characteristics of the extents of depressants abuse among the secondary school students.

Area of the Study

The location of this study was Ebonyi State, Nigeria. The people of the area are agrarian; they produce mainly cassava, yam, rice, potatoes and cocoyam. The main economic activities of the people are agriculture and trading.

Population for the Study

The population for this study consisted of the entire students in the 10 state governments owned secondary schools in Ebonyi State.

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Sample and Sampling Technique

The sample for this study consisted of 674 secondary school students in the State owned secondary Schools in Ebonyi State. This represented 10 per cent of the total population. This is in line with Nwana's [39] rule of the thumb which stated that, when a population is a few thousand, five to ten per cent of the population will be deemed appropriate to determine the sample size. The procedure for sample selection involved multi-stages. In the first stage, five (5) secondary schools were selected from the 10 secondary schools in Ebonyi State, using simple random sampling technique of balloting without replacement. The second stage involved the use of disproportionate sampling techniques to draw 134 secondary school students from each of the five secondary schools selected. The third stage involved the use of systematic sampling technique to obtain the required number of students from each of the classes in the sampled schools, where every tenth student from the admission register were selected for the study.

Instrument for Data Collection

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

Validity of the instrument.

The face and content validity of the EDAQ was established through the verdict of five experts from the Department of Health and physical Education, University of Nigeria, Nsukka. The experts were given drafted copies of the EDAQ accompanied with specific purpose, research questions and hypotheses. The expert's constructive criticisms, assessment of language, grammar and coverage of items viz-a-viz the specific purposes of the study as well as supervisors comment were utilized to modify the instrument for data collection.

Reliability of the instrument.

The reliability of the EDAQ was established using split half method. Split-half method, is the method of assessing the reliability of an instrument by dividing items into two equivalent parts and correlating the scores in one part with scores in the other. These two scores are then correlated for reliability [40]. In order to achieve the purpose of this study, twenty copies of questionnaire was administered to (20) secondary school students from another school who are not included in the study but who have the same characteristics with the study population. The questionnaire was collected back on the spot and assigned "even" and "odd" numbers. The responses were compared for degree of internal consistency, using Cronbach Alpha formular [41]. It is used in determining the reliability coefficient of a test when the test items are non-dichotomous hence was used for the present study. The reliability correlation co-efficient of the EDAQ was 0.629 and therefore was considered reliable enough for the present study. This was in consonance with Olaitan, Ali, Ejoh, and Sowande's [42], assertion that in reliability test, if the reliability co-efficient index of an instrument is .60 and above, the instrument should be deemed reliable to be used in a study.

Data Collection: Permission was granted from the Principal of each secondary school participating in the study prior to data collection. A consent note with the explanation for the research purpose, method of response and assurance of anonymity was attached to each copy of the EDAQ. Six Hundred and Seventy Four (674) copies of EDAQ were administered on the students during a break period and were collected immediately after completion.

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

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of 5, 4, 3, 2, 1 respectively. The following criterion was used to answer the research questions 4.50-5.00=very great extent (VGE); 3.50-4.49=great extent (GE); 2.50-3.49= low extent (LE); 1.50 – 2.49 = very low extent (VLE); 1.0-1.49= Not at all (NA). The data was analyzed on an item-by-item basis to indicate the mean responses of various categories of respondents such as males, females, age, and class of study for the purpose of description and for answering the research questions. The results were illustrated using tables.

Results

Research question one.

What is the extent of depressant abuse among secondary school students in Ebonyi State? Data answering this question are contained in Table 1.

Mean ratings of the extent of depressant abuse among secondary school students in Ebonyi State? (N= 672)

Depressant drugs

| | \bar{x} | SD | Dec. |
|--|-------------|--------------|------------|
| A. Tranquillizers (Sleeping pills valium) | 1.64 | 1.221 | VLE |
| B. Heroine (igbana, smack, horse) | 1.34 | .890 | NA |
| C. Barbiturate (secobarbital, Phenobarbital, "red devils") | 1.33 | .900 | NA |
| D. Alcohol (beer, palm wine, burukutu, kai kai,ogogoro, gin, whisky) | 2.32 | 1.397 | VLE |
| Clusters mean | 1.66 | 1.102 | VLE |

Data in Table 1 shows a cluster mean score of 1.66 which indicates that secondary school students do abuse depressants drugs to a very low extent. Specifically, the Table shows that "Tranquillizers" ($\bar{x} = 1.64$) and "Alcohol" ($\bar{x} = 2.32$), are abused by the students in a very low extent as their mean scores fall within 1.50-2.49. Furthermore, "Heroine (igbana, smack, horse)" ($\bar{x} = 1.34$) and "Barbiturate (secobarbital, Phenobarbital, "red devils")" ($\bar{x} = 1.33$) had mean scores which falls within 1.0 – 1.49, this implies that secondary school students did not abuse these depressants drugs at all. The standard deviation values which ranged from .890 to 1.397 shows that there is much variation in the extent of depressant abuse among secondary school students in Ebonyi State.

Research question two.

What is the extent of depressants abuse among the students based on gender?

Mean ratings of the extent of depressant abuse among the students based on gender (N = 672)

| Depressant drugs | Male (N=381) | | Female (N=291) | |
|--|--------------|---------------|----------------|--------------|
| | \bar{x} | SD | \bar{x} | SD |
| A. Tranquillizers (sleeping pills like valium) | 1.65 | 1.266 | 1.63 | 1.163 |
| B. Heroine (Igbana, smack, horse) | 1.44 | .992 | 1.22 | .719 |
| C. Barbiturate (secobarbital, Phenobarbital, red devils) | 1.41 | 1.032 | 1.22 | .676 |
| D. Alcohol (beer, palm wine, kai kai, gin, whisky) | 2.30 | 1.428 | 2.34 | 1.359 |
| Cluster Mean | 1.70 | 1.1795 | 1.60 | 0.979 |

Data in Table 2 above reveals a cluster mean score of 1.70 for males and 1.60 for females indicating that male students abuse depressant drugs to some extent than female students although both sexes abuse depressants in a very low extent. Specifically, the Table indicates that male and female students abuse "Tranquillizers" (sleeping pills like valium) (male $\bar{x} = 1.65 >$ female $\bar{x} = 1.63$), "Alcohol" (beer, palm wine, burukutu, kai kai, ogogoro, gin, whisky) (female $\bar{x} = 2.34 >$ male $\bar{x} = 2.30$) in a very low extent. However, the Table further shows that "Heroine" (igbana, smarck, horse) (males $\bar{x} = 1.44 >$ females $\bar{x} = 1.22$), and "Barbiturate" (secobarbital, Phenobarbital, "red devil") (males $\bar{x} = 1.44 >$ $\bar{x} = 1.22$), are not abused at all by the students. The standard deviation values which ranged from .992 to 1.428 for male and .676 to 1.359 for female shows that there is much variation in the extent of depressant abuse among the students based on their gender.

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Research question three.

What is the extent of depressants abuse among the students based on age?

Mean ratings of the extent of depressant abuse among the students based on age (N = 672)

| Depressant drugs | 10-13yrs (n=196) | | 14-16yrs (n =271) | | 17-19yrs (n = 205) | |
|--|------------------|--------------|-------------------|--------------|--------------------|--------------|
| | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD |
| A. Tranquillizers (sleeping pills like valium) | 1.60 | 1.188 | 1.54 | 1.147 | 1.81 | 1.331 |
| B. Heroine (Igbana, smack, horse) | 1.39 | 0.994 | 1.31 | 0.866 | 1.33 | .815 |
| C. Barbiturate (Phenobarbital, “red devils”) | 1.29 | 0.853 | 1.36 | 0.995 | 1.34 | .869 |
| D. Alcohol (beer, palm wine, gin, whisky) | 2.50 | 1.345 | 2.24 | 1.384 | 2.25 | 1.453 |
| Cluster Mean | 1.70 | 1.095 | 1.61 | 1.098 | 1.68 | 1.117 |

Data in Table 3 reveals a cluster mean score of 1.70 for 10-13years, 1.61 for 14-16years, and 1.68 for 17-19 years which indicates that secondary school students within the age bracket of 10-13years and 17-19 years do abuse depressant drugs slightly than those within the age bracket of 14-16 years. However, all the students in all the age brackets specified abuse depressant drugs in a very low extent. Specifically, all the students in different age groups abuse “Tranquillizers” (sleeping pills like valium) (\bar{x} = 1.60 for 10-13years, \bar{x} = 1.54 for 14-16years, \bar{x} = 1.81 for 17-19yrs), and “Alcohol” (beer, palm wine, burukutu, kaikai, ogogoro, gin, whisky) (\bar{x} = 2.24 for 14-16 yrs, \bar{x} = 2.25 for 17-19years) in a very low extent except the students between the ages of 10 -13 who abuse alcohol in a low extent. The Table also shows that the students do not abuse “Heroine” (igbana, smack, horse) (\bar{x} = 1.39 for 10-13years, \bar{x} = 1.31 for 14-16years, \bar{x} = 1.33 for 17-19years), and “Barbiturate” (secobarbital, Phenobarbital, “red devil”) (\bar{x} = 1.29 for 10-13years, \bar{x} = 1.36 for 14-16years, \bar{x} = 1.34 for 17-19years) at all. The standard deviation values which ranges from .853 to 1.345 for 10-13years, .866 to 1.384 for 14-16years, and .815 to 1.453 for 17-19years shows that there is much variation in the extent of depressants abuse among the students based on age.

Research Question four.

What is the extent of depressant abuse among the students based on class of study? Data answering this question are contained in Table 4.

Mean ratings of the extent of depressant abuse among the students based on class of study.

| Depressant drugs | JSS1 (n=111) | | JSS2 (n=113) | | JSS3(n=106) | | SS1(n=113) | | SS2(n=100) | | SS3 |
|--|--------------|--------------|--------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-----|
| | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | |
| A. Tranquillizers (sleeping pills etc) | 1.55 | 1.241 | 1.75 | 1.379 | 1.57 | 1.147 | 1.67 | 1.213 | 1.42 | .890 | |
| B. Heroine (Igbana, smack, horse etc) | 1.41 | .928 | 1.62 | 1.234 | 1.29 | .792 | 1.42 | .979 | 1.07 | .355 | |
| C. Barbiturate (Phenobarbital, etc) | 1.56 | 1.101 | 1.45 | 1.149 | 1.17 | .543 | 1.38 | .979 | 1.20 | .636 | |
| D. Alcohol (beer, palm wine, etc) | 2.17 | 1.127 | 2.44 | 1.482 | 2.69 | 1.456 | 2.19 | 1.449 | 2.05 | 1.366 | |
| Cluster Mean | 1.67 | 1.099 | 1.82 | 1.311 | 1.68 | 0.984 | 1.67 | 0.910 | 1.44 | 0.812 | |
| | 1.66 | 1.054 | | | | | | | | | |

Data in Table 4 indicates a cluster mean score of 1.67, 1.82, 1.68, 1.67, 1.44 and 1.66 for JSS1, JSS2, JSS3, SS1, SS2, and SS3 students respectively. This implies that, all the students in different category of classes listed above have abused depressant drugs to a very low extent except students in SS2 (\bar{x} = 1.44) who do not abuse depressant drugs at all as their cluster mean score fall within 1.00-1.49. Specifically, the Table indicates that the students in all the classes abuse “Tranquillizers” (sleeping pills like valium) (\bar{x} = 1.55 for JS1, \bar{x} = 1.75 for JS2, \bar{x} = 1.57 for JS3, \bar{x} = 1.67 for SS1, \bar{x} = 1.42 for SS2 and \bar{x} = 1.82 for SS3,) in a very low extent. All the other students do not abuse “Heroine” (igbana, smack, horse) at all (\bar{x} = 1.41 for JSS1, \bar{x} = 1.29 for JSS3, \bar{x} = 1.42 for SS1, \bar{x} = 1.07 for SS2, \bar{x} = 1.23 for SS3)

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except those in JSS 2 ($\bar{x} = 1.62$) who abuse it in a very low extent. The Table also indicates that all the other students do not abuse "Barbiturate" (secobarbital, Phenobarbital, red devils) at all except those in JSS 1 who abuse it in a very low extent ($\bar{x} = 1.56$ for JSS1, $\bar{x} = 1.45$ for JSS2, $\bar{x} = 1.17$ for JSS3, $\bar{x} = 1.38$ for SS1, $\bar{x} = 1.20$ for SS2, $\bar{x} = 1.22$ for SS3). The Table further shows that all the other students abuse "Alcohol" (beer, palm wine, burukutu, kai kai, ogogoro, gin, whisky) in a very low extent (JSS 1 $\bar{x} = 2.17$, JSS 2 $\bar{x} = 2.44$, JSS 3 $\bar{x} = 2.69$, SS 1 $\bar{x} = 2.19$, SS 2 $\bar{x} = 2.05$, SS 3 $\bar{x} = 2.36$) in a very low extent except those in JSS 3 ($\bar{x} = 2.36$) who abuse these depressant drugs in low extent.

The standard deviation values which ranges from .928 to 1.241 for junior secondary one, 1.149 to 1.482 for Junior secondary two and .979 to 1.449 for senior secondary one shows that there is no variation in the extent of depressant abuse among the students based on their class of study. The Table further shows that, the standard deviation values which ranged from .543 to 1.456 for junior secondary school three, .355 to 1.366 for Junior secondary two and .793 to 1.408 for senior secondary three shows that there is much variation in the extent of depressant abuse among secondary school students based on their class of study.

Hypothesis one.

Extent of depressant abuse among the students is not dependent on gender. Data testing this hypothesis are contained in Table 5.

Summary of t-Test analysis testing the differences in the extent of depressants abuse among secondary school students is not dependent on gender.

| DepressantAbused | Male (n= 381) | | Female (n= 291) | | t-cal | d.f | P-value | Decision |
|------------------|---------------|-----------------|-----------------|-----------------|-------|-----|---------|----------|
| | \bar{x}_1 | SD ₁ | \bar{x}_2 | SD ₂ | | | | |
| Depressant drugs | 6.80 | 3.336 | 6.41 | 2.537 | 1.664 | 670 | .097 | NS |

Key: NS- Not Significant and S-Significant.

Data in Table 5 above shows the t-calculated values and their corresponding P-values (t-cal =1.664; P =.097 > .05). This means that, the p-value of .097 is greater than .05 level of significance. Therefore, the null hypothesis that the extent of depressants abuse among the students is not dependent on gender is accepted. In other words, there is no significant difference on the extent of drug abuse among the students based on gender.

Hypothesis two.

Extent of depressants abuse among the students is not dependent on age. Data testing the hypothesis are contained in Table 6

Summary of one-way Analysis of Variance (ANOVA) testing the hypothesis of extent of depressants abuse among the students is not dependent on age.

| Depressant Abused | Sum Between Groups | Squares Within Groups | df | Mean Between Groups | Squares Within Groups | F | P-value |
|-------------------|--------------------|-----------------------|----|---------------------|-----------------------|------|---------|
| Depressant drugs | 14.875 | 6105.071 | 2 | 7.437 | 9.126 | .815 | .443 |

* = Significant at .05 level

Data in Table 6 above shows that the calculated F- values and their corresponding P-values (F-value = .815, P-value = .443 > 0.05). This means that p-value of .443 is greater than .05 level of significance. Therefore, the null hypothesis that the extent of depressants abuse among the students is not dependent on age is accepted. This means that age does not statistically determine the extent of depressants abuse among the students.

Hypothesis three.

There is no significant difference in the extent of depressants abuse among the students with regard to their class of study. Data testing this hypothesis are contained in Table 7.

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Summary of one-way Analysis of Variance (ANOVA) testing the hypothesis of No significant difference in the extent of drug abuse among the students with regard to their class of study.

| Depressants Abused | Sum Between Groups | Squares Within Groups | df | Mean Between Groups | Squares Within Groups | F | P-value |
|--------------------|--------------------|-----------------------|----|---------------------|-----------------------|-------|---------|
| Depressant drugs | 126.061 | 5993.886 | 5 | 25.212 | 9.000 | 2.801 | .016 |

Table 7 shows the calculated F- values and their corresponding P-values (F= 2.801; P=.016 < .05). In other words, the p-value of .016 is less than .05 level of significance. Therefore, the null hypothesis that there is no significant difference on the extent of depressants abuse among the students with regard to their class of study is rejected. This means that there is significant difference in the extent of depressants abuse among the students with regard to their class of study.

III. DISCUSSION OF FINDINGS

Extent of depressant abuse among secondary school students

Result in Table 1 reveals that secondary school students do abuse depressants drugs (1.66) in a very low extent. This finding is, however, surprising and not expected. This is because secondary school students are vulnerable to drug abuse due to some socio-cultural activities in the area such as traditional wrestling (Mgba Ekka), traditional dances (Edege Igbudu & Ode Ogboji), new yam festival (okeaku), and other festival includes (Eke Okpoto", "Aji Ogboji", "Udenyi Nkomoro", "Iri-ngangbo Ezza", "Onwa Eke Ezza", "Ogbodo i.e. Masquerade cult", Hunting & Swimming), which when ongoing predisposes adolescents especially those in secondary schools to be more vulnerable to excessive illicit drug abuse. However, this finding is in consonance with that of Larson and Simonis [22], who maintained that the extent of drug abuse often occurs among secondary school students and of course it contradict the view expressed by Eneh and Stanly [24], that the extent of drug abuse among secondary school students is high.

Result in Table 2 reveals a cluster mean score of 1.70 for males and 1.60 for females, indicating that both male and female students do abuse depressant drugs in a very low extent. This finding was anticipated and consequently not a surprise. This is because male and female students are exposed to the socio-cultural activities existing in the area which when ongoing predisposes them to be more vulnerable to excessive illicit drug abuse. This finding is in consonance with that of Mandi [43], who reported that minor sex differences exist in the onset of alcohol use with males beginning to use alcohol slightly earlier than females but these differences were not statistically significant. This finding can also be attributed to those of Onohwosafe, Egene and Blinkhorn [44], who reported that there was no significant difference between boys (315; 60%) and girls (324, 59%) as regards to their extent of drug abuse among secondary school children in Delta Central Senatorial District in Delta State, Nigeria. This finding is also in consonant with that of Nwana [39], who reported that both male and female youth drink alcohol because of their strong desire to be loved..

Data in Table 3 reveals that the age of the students had no influence on the extent of depressant drug abuse (10-13years 1.70, 14-16years 1.61 and 17-19 years 1.68). Although all these students of different age groups abuse depressant drugs in a very low extent. This finding was not expected and thus astonishing because those whose ages fall within 10-13years are younger than their counterparts whose ages are between 14-19years. So ages of students on depressant drug abuse are expected to vary greatly. However, this finding is in consonance with that of Mtomga [45], who reported that there were no statistically significant differences between boys and girls in their alcohol consumption as regards to their age. It is also in line with the study by Williams [46], who observes that there is no significant difference between boys and girls in their alcohol consumption like the age of commencement of alcohol consumption. It was expected that there should be significant difference in the extent of depressant drug abuse among the age groups because studies have shown that age of adolescents predisposes them to perpetration of risky behaviours including drug abuse. In other words, as adolescent advances in age, the tendency to perpetrate risky behaviours, which are detrimental to his or her health, becomes profound., hence there is significant difference in alcohol consumption among the various age grades. The finding disagrees with that of Sussan and Bradshaw [47], who reported that both boys and girls were

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more likely to abuse alcohol, tranquilizer, heroine, barbiturate to a great extent at the ages of 14 years and above than those below the ages of 12 years.

Results in Table 4 indicate that students had a cluster mean score of 1.67, 1.82, 1.68, 1.67, 1.44 and 1.66 for JSS1, JSS2, JSS3, SS1, SS2, and SS3 respectively. This implies that, all the students in different category of classes listed above have abused depressant drugs in a very low extent except students in SS2 ($\bar{x} = 1.44$) who do not abuse depressant drugs at all as their cluster mean score fall within 1.00-1.49. This finding was not anticipated and consequently a surprise. This is because if there should be any decline among the class of study it should be those within JSS class. However, this differences in the class of study could be attributed to the study by Escobedo, et al., [48], who reported that among junior and senior secondary school students aged 9 to 19years, alcohol consumption and other drug abuse initiation occurred approximately at age 9, increased rapidly with successive age after age 11, peaked at 14 to 16years, and declined substantially after 19years. This finding disagrees with those done by Onohwosafe, Egene and Blinkhorn [44], on extent of depressants abuse among two cohorts of students: those in senior secondary school (SSS) classes and those in junior secondary school (JSS) classes. Their result shows that there were no significant differences in reported drug abuse, being 51 per cent and 49 per cent respectively. It also contradicts that of Erroseman [49], who reported that there is no significant difference between the junior and senior student with respect to their drinking behavior. That both junior and senior student can influence drug abuse.

IV. CONCLUSIONS

Based on the findings of the study, the following conclusions were attained.

1. The secondary school students do abuse depressants drugs in a very low extent.
2. The extent of depressants abuse among the students is not dependent on gender.
3. The extent of depressants abuse among the students is not dependent on age.
4. There is significant difference in the extent of depressants abuse among the students with regard to their class of study.

V. RECOMMENDATIONS

Based on the findings and conclusions, the following recommendations were made.

1. The Ministry of Education (Federal and State) must as a matter of urgency add to their curricular – DRUG EDUCATION for both the primary and secondary schools levels as this will help expose the danger inherent in drug abuse to the students at that early stage. These will be achieved through organization of lectures, rallies, seminars and film shows for the students on the adverse effects of drug abuse.
2. It is also important to emphasize the fact that many of our young people come from different backgrounds and that drug use is determined by both the existence of risk factors (e.g. availability of drugs, stress, peer pressure, media advertisements and lack of family and school role models). Protective factors that make people less likely to abuse drugs must be strictly followed. These include: attachments with the family, peers and institutions, skills and performance capabilities that help people succeed in life, and availability of resources that help people meet their emotional and physical needs. Given the acknowledged dangers inherent in drug abuse and considering the fact that adolescents of today will constitute the productive sector of the nation's future economy, sustainable solutions must be proffered to eradicate or minimize this threat to adolescent health and society at large.

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