

Substance Abuse and Educational Achievement of Secondary School Students: Implications for the Family

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Abstract: This paper tried to review substance abuse as it affects the educational prospects of secondary school students involved as well as the role of the family in aiding/controlling the scourge of substance abuse among youths in our society. The paper identified those substances students usually abused to include: Indian hemp (marijuana), tramadol, cocaine, morphine, heroin, tobacco, ephedrine, volume five, Chinese capsules, kola nuts, coffee, Viagra and alcohol. The review noted that substance abuse had been linked to the rising cases of promiscuity, rape, maladjustment, school dropout, examination misconducts and health hazards among students today. The educational implications of substance abuse by students were also examined. Finally, the review explores and appraises interventions aimed at using the family to control substance abuse among young people. These include direct prevention early identification and timely treatment which could be facilitated through developing positive family functioning, improved parent-child relationships and expanding/increasing family resilience to substance abuse.

Keywords: Family, substance abuse, aid and control, secondary school students, educational implications

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I. INTRODUCTION

Conventionally, a family could be seen as a group consisting of father and mother and their children living together as a unit. Webster dictionary defined family as a basic social unit comprising of parents and their children dwelling together or not. No matter the way family could be viewed, what is common is that the people who call it family are making it clear that the members of the family are essential to the person requesting them his/her family. In the context of this paper, a family is a group of people who cohabit for the mutual benefit of the members. The family as a social unit plays a vital role in the upbringing of the young ones. It is on this backdrop that this paper sought to examine the role of the family in the control of substance (drugs) abuse among youth with the view to establishing the implications of substance abuse on the education of the youths.

Drugs have been interpreted individually by various people. A drug is any material which when taken into the living organism may alter one or more of its functions. The World Health Organisation (WHO) in Njeri & Ngesu (2014) defines a drug as any material other than those required for preservation of normal health. In medicine, a drug refers to any material with the potential to prevent or cure disease. Therefore, drug abuse relates to the non-medical use of the drug. In other words, the medication can be considered violation if it is deliberately used to induce physiological or psychological effects or both for a purpose other than therapeutic ones. Ajayi & Ekundaya (2010) in Abudu-Raheem (2013) described drug abuse as over-dependence and misuse of one particular drug with or without a medical diagnosis from qualified health practitioners. They identified the drugs that are commonly abused as Indian hemp (marijuana), tramadol, cocaine, morphine, heroin, tobacco, ephedrine, valium five and Chinese capsules, kola nuts, coffee, aspirin and alcohol.

The problem of drug abuse has expanded unabatedly during the last two decades from a relative confinement of those trafficking in the drug from Nigeria to overseas market for economic purpose. To a widespread misuse of drugs in the Nigeria urban areas, society, the tertiary institution of learning, secondary school and is threatening these days menacingly to engulf primary school as well.

The government is concerned and has put up a structure to combat crime. School counsellors, psychologist, social workers, medical worker have had their fair share in offering proactive and remedial services to stem the menace. It appears the problem persists. The influence of drug abuse on students is capable of demobilising them and preventing them from consciously controlling themselves. Once a person is

intellectually disbanded and socially derailed, the situation becomes hazardous, and the person can rush into a crisis. Research abounds in evidence that drugs can devastate learning (Njeri & Ngesu, 2014).

Drug phenomenon is as old as a human civilisation since from creation; people have used mind-affecting drugs to change their moods and states of consciousness, studies have noted that early Greeks used opium, a narcotic (from a Greek word meaning "to be numb") for a variety of medical purpose. From the writing of Hippocrates, who is recognised as the father of medicine, one can find several references to the use of opium for several purposes and its recommendation for medical reasons in particulars. By the twelfth century, people throughout the Middle East were using the substance, both as a medicine and as a source of pleasure (Bolvin, Briffin & Gilchrist, 2013).

Drug experimentation and dependency in the past few years appear to have spread at all level of our society. Drug abuse is so extensive that everyone is exposed to it, youth and adult alike. One does not have to be a physician or even very observant to realise that the use of the psychoactive drug is commonplace in Nigerian life. Drugs are an integral part of our social and economic order as food and water.

The influence of substance abuse among students has become a menace to our society that most of these drug pusher and abuser end up as criminal, school dropout, being disrespectful to the constituted authority or die as a result of an overdose of these substances.

An average person may become boisterous or obnoxious, even violent – under the influence of drugs, e.g. marijuana has been linked to a "motivational syndrome" in which students lose interest in their education, friends and lives (Egbochukwu, 2000).

Abuser exhibits any of these signs, which are linked to unhealthy lifestyle. Viz: neglect of appearance, secretive behaviour, frequently being absent from or late to school, mood swing, weight loss, money or financial problems, anxiety and nervousness, impulsive behaviour, troubled relationship and denial that problem does not exist (Vicky & Fries, 1996).

Our society now provides an environment where the substance is available despite legal age prohibiting, where most peers are drugging or are perceived to be drinking and where the drug is available at many social events.

This portends avenues of the high risk of engaging in the abusive use of drugs on behaviour with nearly 90% of all the youths using the drug. Many investigations have tried to identify the risk factor and cause of such conduct for example; task factor has explored the role of gender, family history of substance and influence of peer group (Wortzman & Wechsler, 2000).

Describing adolescence, Njeri & Ngesu (2014), observed that adolescence is a period of the storm, stress, change, growth and transitional stage in life. This is further characterised by striving for identity, for resolution of anxiety-provoking confusion; for a fuller, more comprehensive, and more satisfying understanding of self and one's role with others. This description succinctly applies to the secondary school age and beyond. In the same vein, Denga (2004) has described today's youths as individuals in a state of profound ambivalence and confusion, irresolution and doubt, of turmoil and change. Many are confused enough to look for a solution from drugs. Today's youth who are afflicted by fear, anxiety, uncertainty, joblessness, and poverty, vulnerability to disease, rejection and hopelessness, are looking for an escape avenue. The escaped value of these drugs to them lies in the false promise of a world where there is limitless freedom from nagging responsibilities of life. A fantasy world where fragile youth are protected from all anxieties, a world where there is a no way to get hurt or harassed by adult laws, regulation and threat of punishment. The adolescent also believed that the drug world offers protection from loneliness and increase pleasure.

The most rapid and efficient vehicle for transmitting the use of the drug is the peer group. Since young people are inclined towards grouping identity, their use of drugs is reinforced by the peer group with its group identity. The effect of these drugs which students abuse is that they do not know the harmful consequences that follow it. But it will be mentioned for example that the effect of nicotine is dangerous to health that is why the government of various countries throughout the world restricted the production, advertisement and sales of the product, but did not seem to deter the addicts.

Overview of substance abuse among students

Material use and abuse continue to be significant public health problems that contribute significantly to morbidity and mortality rates throughout Nigeria and globally. For several decades, substantial research efforts have been undertaken to understand the epidemiology and etiology of substance use and abuse. From person to person, there is a high variability in patterns of substance use and abuse. Some individuals face life-long struggles with addiction, while others go through life without experimenting with any substances. However, from a population perspective, the epidemiologic patterns are consistent and predictable because the predominance of alcohol, tobacco, and other drug use increases quickly from early to late adolescence, peaks during the transition to young adulthood, and declines most of the time toward late adulthood. Furthermore, there is accumulating evidence showing that the initiation of substance use early in life contributes to higher

levels of use and abuse later in life. Early onset is also associated with a host of then adverse health, social, and behavioural outcomes including physical and mental health problems, violent and aggressive behaviour, and adjustment issues in the school, workplace and family (Newcomb & Locke, 2005). A study carried by Johnston, O'Malley, & Bachman, (2009) among high school seniors found that the 30-day prevalence rate for cigarette smoking was 22% and the lifetime rate was 47%. The annual and lifetime prevalence rates for alcohol use among high school seniors were 67% and 73%, respectively. About 37% of high school seniors reported having used one or more illicit drugs over the past year and 48% report having done so during their lifetime. The annual and lifetime prevalence rates among high school seniors were 32% and 42%, respectively, for marijuana use; 5% and 9%, respectively, for hallucinogen use; and 8% and 12%, respectively, for amphetamine use. Amphetamine is a group of stimulating drugs used to relieve mild depression associated with grief, senility, menopause and convalescence and to keep the patient awake with narcolepsy or when attacked by deep sleep. Again, amphetamines can result in delirium, hallucination, aggression etc. Chronic use may lead to nervousness, headache, dizziness, confusion, palpitation and high blood pressure (Mgboro, 2004). He also noted that the effects of nicotine, when taken for a long time, will increase heart rate and blood pressure, impaired performance on a test that requires diligence.

Hallucinogenic (psychedelic) drugs have become the most abused of the entire mind-affecting substance which the users prefer to call "mind-expanding drugs" because of the feelings of omniscience and omnipotence which the drugs tend to produce in the users. In reality, these drugs tend to destroy the mind when they are over-used. Marijuana (Cannabis) is concocted from dried leaves and flowering tops of the hemp plant, which grows wild in many areas of the world. Marijuana has been the most illegal, commercially-marketed and pervasively abused substance world over (Barasa, 2013). Other dangerous drugs that were abused during historical times include barbiturates (with critical hypnotic qualities).

Every growing child and adolescent naturally needs positive emotional attachment to his or her parent. The absence of these could infuse a sense of frustration in the child. For a frustrated adolescent, drug abuse may become a way out (Njeri & Ngesu, 2014). When faced with stressful and frustrating condition individual plan to deal with the situation, drug abuse has posed significant challenges to families, schools and the society at large. This is because drug abuse affects individual's behaviour development in various ways. A lot are reaping the consequence of decision they made when they were quite young with drugs. Adamson, Onifade and Ogunwale in Abdu-Rasheem (2013) lamented that the trend of drug abuse among adolescents is rapidly increasing with more abuse getting involved earlier in life. This early abuse of the drug has been associated with more severe addiction, delinquency, criminality and other behavioural problems in the society today. It is on this backdrop that this paper sought to find out the role of the family in the control of substance abuse among youths and their educational prospects.

Family involvement in abuse of substances by the adolescents early in life

For some time researchers and practitioners have designated a crucial role to the family in the development or prevention of all delinquent behaviours. Quality of parenting has been found to communicate with such variables as mental well-being, life stress, and social support in predicting general anti-social behaviour, as well as substance use and misuse. Many interventions have been based on the idea that the family plays an integral role in socialising the youths to conform to the necessities including opportunities of the social environment. It is thought that if inappropriate socialisation occurs within the family, a range of delinquent behaviours may develop, and studies have found that early antisocial behaviour is a strong predictor of later substance misuse (Yoshikawa in Velleman, Templeton & Coppello, 2005).

As reviewed below, there have been many findings of statistically significant associations linking drug and alcohol use and appropriate relational means within the family. As with all correlation results, causal relationships cannot be inferred from these. Questions remain, for example, as to whether the conflict with parents increases the likelihood that a young person will misuse drugs, conversely whether those who do use substances have other behaviours, which result in higher levels of conflict in the family. Particular temperament characteristics may encourage some young people to spend more time with their family and may, at the same time, promote the avoidance of behaviours such as drug or alcohol use.

Nevertheless, there are many findings, which demonstrate the importance of the family on child upbringing. Wood et al. (2004), Clark (2004), Olsson et al. (2003), Repetti et al. (2002) Ary et al. (1993) and Forney et al. (1989) have all shown the backbone of parental control (via both conduct and characters) on youths concerning substance use. Some social determinants that influence early development within the family, such as a chaotic home environment, ineffective parenting, and absence of mutual attachment, have been shown to be potential indicators of risk to substance abuse among youths. The dominant social predictor of both drug and alcohol use by youths has been shown to be their use by parents and friends. Gym 1981 in Velleman et al. (2005) observed that parent use of a specific substance is the most potent influence on adolescent's initiation into the use of that material. They argued that there are seven areas in which the family context could influence the

child's substance use behaviour. They include family relations versus structure, family cohesion, family communication, parental modeling of behaviour, family management, parental supervision and parent/ peer influences.

Students' Academic Achievement and Substance Abuse

Poor academic achievement has been associated with substance using behaviour in adolescents and high school students who are much more likely to misuse material than other categories of people. Substance use by students has hampered education and management in Nigerian secondary schools. The Daily Times (2004) reported that in Nigeria, one in every three secondary school students drinks alcohol. Another 8.3% smoke cigarettes while around one in all ten (9.1%) champ Mira. About 3% smoke bhang and use hard drugs like heroin, cocaine, mandrax and tranquillisers. In Nigeria, a statement by NAFDAC (2008) affirmed that alcohol is also the most generally abused drug with about 61% of the population involving in its use. The same report indicated that 40.9% of students were abusing alcohol in Nairobi Province and 26.3% in Central Province. According to Perkinson (2002), noted that substance like alcohol is a central nervous system depressant and dulls the brain make learning a difficult task. When students abuse alcohol, their reasoning becomes impaired and education becomes of less priority in their life. It is evident from the ongoing that substance abuse affects the brain, resulting in a significant decline in its functions which invariably affect academic activities of the addict.

Substance abuse can affect a student's concentration and thus the interest in school and extracurricular activities. This leads to increased absenteeism and drops outs. Most psychoactive drugs influence the decision-making process of students, their creative thinking and the development of necessary life and social skills. Medications also interfere with students' awareness of their unique potential and thus their interest in their career development (Attah, Baba, & Audu, 2016). This gradually leads them to social, emotional and physical problems such as feelings of guilt, despair and helplessness which predispose the student anti-social behaviours that may eventually lead to dropping out of the school. Against this backdrop, I can state unequivocally that substance abuse influence students' academic achievement adversely.

Interventions aimed at using the family to prevent substance use and misuse amongst young people

It is evident that higher levels of parental education are positively related to parental support, higher self-esteem, perceived control, and inversely associated with a range of adverse life-events. Lower socioeconomic status, often coupled with lower levels of education, has been associated with higher drug use by parents vis-à-vis their children (Will, McNamara & Vaccaro, 1995).

There is a variation of effective family-based prevention approaches for adolescent substance abuse. Some focus solely on providing parents with the skills needed to keep their children away from drugs. These programs, offered to parents without children present, teach specific parenting skills such as ways to nurture, bond, and communicate with children; how to help children develop pro-social skills and social resistance skills; training on rule-setting and techniques for monitoring activities; and ways to help children reduce aggressive or antisocial behaviours. The second type of family-based prevention focuses on teaching family skills with parents and children together. These programs aim to improve family functioning, communication skills, and provide training to help families discuss and develop family policies on substance abuse, along with teaching parents how to effectively enforce these rules (Lochman & Van Den Steenhoven, 2002). Family-based prevention programs typically emphasise parenting skills training and improving family functioning, communication, and family rules regarding substance abuse. Interventions that focus on both parenting skills and family bonding appear to be the most effective in reducing or preventing substance use. However, a significant limitation of family-based prevention lies in the difficulty of getting parents to participate, particularly the parents of teens most at risk for drug abuse.

Drugs prevention has been traditionally sub-categorised into primary (direct prevention), secondary (early identification) and tertiary prevention (timely treatment).

More recently, three new kinds of intervention have been identified as universal (whole population approaches), particular (targeted at recognised high-risk groups) and showed (early intervention with at-risk groups on initial evidence of problems but who have not sought help). Stockwell et al. (2004) claim that universal prevention strategies are needed for late adolescent alcohol, tobacco and cannabis use and more targeted strategy for approaching harm associated to old age drug use, daily cannabis use and illegal drug use.

Prevention, harm mitigation and harm minimisation were central principles and actions on the control of substance/ drug abuse strategy, which requires the full involvement of families and communities to help in this area. Unfortunately, the National Drug Laws Enforcement Agency (NDLEA) in Nigeria ignored the family dimension in its proposed plans and actions.

Cuijpers (2003) cited in Nwankwegu (2016) in his review of 30 years of drugs prevention activity identified five key areas: school-based prevention programs, working with parents, working with professionals

who work with drug users, working more holistically by linking schools, parents and the broader community, and mass media campaigns. Cuijpers' review suggests that family-based drug prevention programs are a promising new area of drug prevention than the control measures being adopted by the agencies in charge of drug administration. Because prevention is better than cure, given the evidence that integrated prevention strategies are more efficient than single ones, such programs as this using family-centred integration into school-based drugs prevention are essential.

Protective factors and resilience

Bry et al. (1998) identified five protective family factors – parent-child relationship, positive discipline, monitoring and supervision, family advocacy and information and help-seeking for child's benefit. Furthermore, they observed that parental care in encouraging children to develop dreams, goals and purpose in life is one of the most significant, if not the most important, protective factor in deterring drug abuse. Increasing family flexibility to prevent/reduce substance use among high-risk youths aged 12 – 14 years was the aim of the Creating Lasting Relationships community demonstration project. Two key findings from this work were that family resilience can be strengthened and that this can be a specific judge for the use (including initiation) of alcohol and drugs by the young people. Resilience factors were: knowledge and dogmas about substance use, communication, family management, bonding, parental modeling and family seeking of help.

In summary, there is a shortage of methodologically very reliable research in this area, but the research that has been carried does suggest strongly that the family can have a central role in preventing substance use and later abuse amongst young people. There are many ways whereby the family can have this effect, including developing positive family functioning, improved parent-child bonds, and promoting and increasing family resilience. Some of the best research to date suggests that programmes which include both parents and children, and both independently and together, may work best to prevent students' substance abuse instead of waiting to treat the addict.

II. CONCLUSION

There is considerable proof that family factors are essential in increasing risk and also in protecting young people about their taking up to substances use/abuse, and education of those young people on the problems associated with substance use and or abuse. There is also some evidence that family involvement in prevention programmes may lead to reduced levels of substance use and misuse among youths who constitute the secondary school students. This will go a long way in guaranteeing their academic advancement and success in life.

The first set of conclusions relates to what we now know about the significance of the family. It is evident that the family and the arrangements and means within it are necessary. These methods can serve to increase the risks that young people will misuse substances (and become interested in other activities, harmful to themselves and society). Alternatively, these processes can serve to increase young people's resilience, against the lure of substance misuse and engagement in other potentially harmful behaviours.

It is therefore noteworthy at this juncture to state that those prevention programmes/education need to harness the family in ways which encourage it. With the understanding that such strengthening of family means and arrangements will assist to increase the likelihood of preventing the material use or misuse and (if necessary) of successfully intervening with family members who have already developed such problems. It is likely that such family strengthening programmes will work by having both a specific effect on material use and misuse and also a more general one of building levels of resilience to many adversities within all family members. Non-governmental organisations need to be partnered in this direction to assist families that are already in a mess through various support services. The idea that employing families will act both preventatively and as an active mediation is also corroborated by studies from the area of treatment for substance misuse problems, which show the importance of social support and social networks.

It is also essential that different arms of governmental agencies such as the drug law enforcement public enlightenment programmes and pet projects of her Excellencies the wife of the president and first ladies of state governors in Nigeria should be directed towards this direction.

There is also an underlying judgment here about 'resilience' and the overall shift within the social and medical sciences away from a centre solely on risk, towards an equal consideration of more positive elements. More recently there has been a growth of interest in 'positive psychology', which is more concerned with health and well-being, and the positive perspective of life's problems: thinking about families regarding what they do well, strengthening families, and the emphasis on resilience.

From the available literature, it is sure those prevention programmes that do not include the family are much less likely to succeed. Although this paper has reviewed a considerable number of studies, there is still a shortage of high quality methodologically severe studies of interventions and prevention programs. In particular, there is a need for more case and longitudinal studies. It also seems apparent that, although family factors are

vital, a comprehensive prevention policy must incorporate components that have universal applicability to young people before-mentioned, as substance pricing, marketing and availability through legal control and legislation. This will go a long distance in decreasing educational costs and enhance students' educational achievement.

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