



NATIONAL OPEN UNIVERSITY OF NIGERIA

SCHOOL OF SCIENCE AND TECHNOLOGY

COURSE CODE: HEM 706

COURSE TITLE: ALCOHOL, DRUGS AND HIV/AIDS

HEM 706: ALCOHOL, DRUGS AND HIV/AIDS

COURSE DEVELOPMENT

Course Developers: Dr Ayanniyi Alhassan
NOUN, Lagos

Dr Makanjuola Oki
NOUN, Lagos

Course Writers: Dr Ayanniyi Alhassan
NOUN, Lagos

Mrs Y. Idowu
NOUN, Lagos

Dr Makanjuola Oki
NOUN, Lagos

Course Coordinator: Mrs Y. Idowu
NOUN, Lagos

Programme Leader: Dr Makanjuola Oki
NOUN, Lagos



National Open University of Nigeria

Headquarters
National Open University of Nigeria
14/16 Ahmadu Bello Way
Victoria Island
Lagos

Abuja Annex Office
245 Samuel Adesujo Ademulegun Street
Central Business District
Opposite Arewa Suites
Abuja
E-mail: centrainfo@nou.edu.ng
URL: www.nou.edu.ng

© National Open University of Nigeria

First published, 2004

ISBN: 978-058-300-9

Published by Spectrum Books Ltd for National Open University of Nigeria

CONTENTS

<i>Course Guide</i>	<i>iv</i>
MODULE I	
UNIT 1: Alcoholism among Adolescents	1
UNIT 2: Prevalence of Alcoholism in Nigeria and Its Effects	7
UNIT 3: Alcoholism as a Social Concern and Intervention Programmes	15
UNIT 4: Smoking among Adolescents	21
MODULE II	
UNIT 5: Prevalence of Smoking in Nigeria	27
UNIT 6: Intervention Programmes against Smoking	33
UNIT 7: The Concept of Drug	39
UNIT 8: Tackling the Drug Problem	45
UNIT 9: Cultural Perspectives of Drug Administration	51
MODULE III	
UNIT 10: Effects of Major Psychoactive Drugs	57
UNIT 11: The Linkage between Drug Abuse and HIV/AIDS	63
UNIT 12: Psychoactive Drugs among Adolescents	69
UNIT 13: Intervention Programmes against Drug Abuse	75
UNIT 14: Managing the HIV/AIDS Problem	83
UNIT 15: Research Project	90

COURSE GUIDE

Contents

Introduction

What you will learn in this course

- * Course aims
- * Course objectives

Working through this course

- * Course materials
- * Study units
- * Assignment file
- * Presentation schedule

Assessment

- * Tutor-marked assignment (TMA)
- * Final examination and grading
- * Course marking scheme
- * Course overview

How to get the most from this course

- * Tutors and tutorials

Summary

Introduction

HEM 706: Alcohol, Drug and HIV, is a two-credit, first semester course. It is available to all students as part of the course modules of their postgraduate Diploma in HIV Education and Management. It would also be relevant and meaningful as a ‘one-off’ course for anyone who does not intend to obtain a National Open University of Nigeria (NOUN) Diploma qualification, but wants to acquire the knowledge offered in the HIV Education and Management course.

This course will develop your knowledge, skills and awareness needed for healthy human relationships, effective communication, and responsible decision-making behaviour that will protect you and others from alcohol, smoking, drug abuse and HIV, and hence optimize health.

The course consists of units which discuss the meaning of alcohol and factors influencing adolescents to take to drinking, prevalence of alcoholism in Nigeria and its effects, alcoholism as social concern, prevention programmes, meaning of smoking and factors influencing adolescents to take to smoking, extent of prevalence of smoking in Nigeria and the effects of smoking, why people continue smoking, intervention programmes, concept of drug and types of drug, cultural perspective and relevance of drug abuse and HIV/AIDS, link between alcohol, drugs, and STDs, the relevance of that link in the present day context, consequence of drug abuse on the individual, impact of drug abuse on the family and on national development, factors influencing adolescents to take to drugs, and finally drug demand and supply reduction strategies.

This course guide tells you briefly what the course is about, what course materials you will be using and how you can work your way through these materials. It suggests some general guidelines for the amount of time you are likely to spend on each unit of the course in order to complete it successfully. It also gives you some guidance on your tutor-marked assignments. Detailed information on tutor-marked assignment are also made available. There are regular tutorial classes that are linked to the course. You are advised to attend these sessions.

What You Will Learn in This Course

The overall aim of HEM 706: Alcohol, Drugs and HIV Education, is to enable you to learn and understand the meaning of alcohol and factors influencing adolescents to take to drinking, prevalence of alcoholism in Nigeria and its effects, and social concern on alcoholism and prevention programmes. During this course, you will also learn about smoking and factors influencing adolescents to take to smoking, prevalence of smoking in Nigeria and effects of smoking. You will learn why people continue smoking even after knowing the negative health and psychological effects of smoking.

You will also learn what intervention programmes there are to persuade smokers to quit smoking, concept of drug and types of drug. In addition, you will understand cultural perspective and relevance of drug abuse and HIV/AIDS, the link between alcohol, drugs, STDs and its relevance in the present day context. The consequences of drug abuse on the individual, on family and on National development, factors influencing adolescents to take up drugs and drug demand and supply reduction. These blocks of knowledge are relevant in today's world and you will have to understand them and apply the knowledge, You will be given sufficient grounding to achieve this, which should provide you with the necessary basis for further study and a minor research project to highlight the social factors in HIV/AIDS epidemic.

Course Aim

The aims of the course can be summarized as follows: this course aims to give you an understanding of the meaning of alcohol and the factors influencing adolescents to take to drinking, the prevalence of alcoholism in Nigeria and its effects, social concern over alcoholism and prevention programmes. You will also understand the meaning of smoking and factors influencing adolescents to take to smoking and the extent of prevalence and effects of smoking in Nigeria. You will understand why people continue smoking and what intervention programmes may be applied.

You will also understand what we mean by drug and types of drug, cultural perspective and relevance of drug abuse and HIV/AIDS, the link between alcohol, drugs and STDs and their relevance in the present day context, the consequences of drug abuse on the individual, the family, and on national development, the factors influencing adolescents to take up drugs as well as drug demand and supply reduction.

This will be achieved by aiming to:

- explain the meaning of alcohol
- list factors influencing adolescents to take to drinking
- outline the effects of alcoholism in Nigeria
- describe alcoholism prevention programmes
- outline the factors influencing adolescents to take to smoking
- describe the effects of smoking in Nigeria
- explain why people continue smoking
- give you an explanation on smoking intervention programmes
- explain the concept of drug
- outline types of drug
- explain the relevance of drug abuse and HIV/AIDS
- describe the link between alcohol, drugs, STDs and its relevance in the present day context
- explain the consequences of drug abuse on the individual
- describe the impact of drug abuse on family and on national development ‘
- outline factors influencing adolescents to take to drugs

- describe drug demand and supply reduction.

Course Objectives

To achieve the aims set out above, the course sets overall objectives. In addition each unit also has specific objectives. The unit objectives are always included at the beginning of a unit; you should read them before you start working through the unit. You may want to refer to them during your study of the unit to check on your progress. You should always look at the unit objective after completing a unit. In this way, you can be sure that you have done what was required of you by the unit.

Set out below are the objectives of the course as a whole. By meeting these objectives, you should have achieved the aims of the course as a whole.

On successful completion of the course, you should be able to:

- explain the meaning of alcoholism.
- describe the prevalence of alcoholism in Nigeria and its effects,.
- discuss social concern on alcoholism.
- outline the factors influencing adolescents to take to smoking
- explain the effect of smoking
- discuss why people continue smoking after being aware of its negative health effects.
- explain intervention programmes.
- define concept of drug.
- discuss the relevance of drug abuse and HIV/AIDS.
- describe the link between alcohol, drug and STDs in the present day context
- explain the consequence of drug abuse on the individual
- discuss the impact of drug abuse on family and on national development
- outline factors influencing adolescents to take up drugs.
- explain drug demand and supply reduction
- discuss social and economic implications of HIVAIDS epidemic

Working Through This Course

To complete this course, you are required to read the study units, books and other materials provided by the National Open University of Nigeria (NOUN). Each unit contains self-assessment exercises, and at different points in the course, you are required to submit assignments for assessment purposes. At the end of the course, is a final examination. The course should take you about 17 weeks to complete. Listed below are all the components of the course, what you have to do and how you should allocate your time to each unit in order to complete the course successfully and on time.

Course Materials

The major components of the course are:

1. Course Guide
2. Study Units
3. References
4. Presentation Schedule.

Study Unit

The study units in this course are as follows:

- Unit 1: Meaning of alcohol and factors influencing adolescents to take to drinking
- Unit 2: Prevalence of alcoholism in Nigeria and its effects.
- Unit 3: Alcoholism: social concern and prevention programmes
- Unit 4: Meaning of smoking and factors influencing adolescents to take to smoking
- Unit 5: Extent of prevalence of smoking in Nigeria and the effects of smoking
- Unit 6: Why do people continue smoking?
- Unit 7: Intervention programmes
- Unit 8: Concept of drug and types of drug
- Unit 9: Cultural perspectives and relevance of drug abuse and HIV/AIDS
- Unit 10: Link between alcohol, drugs, and STD, and its relevance in our present context.
- Unit 11: Consequences of drug abuse on the individual

- Unit 12: Impact of drug abuse on the family and on national development
- Unit 13: Factors influencing adolescents to take to drugs
- Unit 14: Drug demand and supply reduction
- Unit 15: Minor Research Project

The first two units concentrate on alcoholism and the effects of alcoholism in Nigeria. The next unit examines the social concern about alcoholism and prevention programmes. The next three units concentrate on the prevalence of smoking and the effect of smoking in Nigeria. The next unit examines intervention programmes. The next two units concentrate on drug and the relevance of drug abuse to HIV/AIDS. The next unit examines the link between alcohol, drugs and STD, and its relevance in the present-day context; while the next two units concentrate on drug abuse and its impacts on the individual, the family and national development. The next two units look at the issue of drug demand and supply reduction.

Each study unit consists of some work, and includes introduction, specific objectives, reading materials, conclusion, summary, tutor-marked assignments (TMA) and marking scheme, references, further reading and other resources. The units direct you to work on exercises related to the required readings. In general, these exercises test you on the material you have just covered or require you to apply it in some way and, thereby, help you to gauge your progress and to reinforce your understanding of the material. Together with tutor-marked assignments, these exercises will assist you in achieving the stated learning objectives of the individual units and of the course.

Assignment File

There are fifteen assignments in this course. The fifteen course assignment will cover:

1. Meaning of alcohol and factors influencing adolescents to take to drinking and prevalence of alcoholism in Nigeria and its effects (course guide, unit 1 and 2).
2. Alcoholism: social concern and prevention programmes (unit 3).
3. Meaning of smoking and factors influencing adolescents to take to smoking, extent of prevalence of smoking in Nigeria and its effects, and why people continue smoking (units 4, 5 and 6).
4. Intervention programmes (unit 7)
5. Concept of drug, types of drug, cultural perspectives and relevance of drug abuse to HIV/AIDS (units 8 and 9)

6. Link between in the present day context (unit 10).
7. Consequences of drug abuse on the individual, and impacts of drug abuse on the family, and on national development (units 11 and 12).
8. Factors influencing adolescents to take to drugs, drug demand and supply reduction (units 13 and 14).
9. Minor Research Project to highlight social and economic implications of HIV/AIDS epidemic.

Presentation Schedule

The presentation schedule included in your course materials gives you the important dates for this year for the completion of tutor-marked assignments and attending tutorials. Remember, you are required to submit all your assignment by the due date. You should guard falling behind in your work.

Assessment

There are two aspects to the assessment of the course. First, the tutor-marked assignments and second, a written examination.

In tackling the assignment, you are expected to apply information, knowledge and strategies gathered during the course. The assignments must be submitted to your tutor for formal assessment in accordance with the deadlines stated in the *Presentation Schedule* and the *Assignment File*. The work you submit to your tutor for assessment will count for 50% of your total course work.

At the end of the course, you will need to sit for a final written examination of three hour's duration. This examination will also count for 50% of your total course work.

Tutor-marked Assignment (TMA)

There are eight tutor-marked assignments in this course. You only need to submit five of the eight assignments. You are encouraged, however, to submit all the assignments; in which case, the highest five of the eight marks will be counted. Each assignment counts towards your total course mark. Assignment questions for the units in this course are contained in the assignment file.

You will be able to complete your assignments from the information and materials contained in your reading and study units. However, it is desirable to demonstrate that

you have read and researched more widely than the required minimum. Using other references will give you a broader viewpoint and may provide a deeper understanding of the subject.

When you have completed each assignment, send it together with a TMA (tutor-marked assignment) form, to your tutor. Make sure that each assignment reaches your tutor on or before the deadline given in the presentation schedule and assignment file. If, for any reason, you cannot complete your work on time, contact your tutor before the assignment is due, to discuss the possibility of an extension. Extensions will not be granted after the due date unless there are exceptional circumstances.

Final Examination and Grading

The final examination for HEM 706 will be for three hours and will have a value of 50% of the total course mark. The examination will consist of questions which reflect the types of self-testing, practice exercises and tutor-marked problems you have previously encountered. All areas of the course will be similarly assessed.

Use the time between finishing the last unit and sitting the examination to revise the entire course. You might find it useful to review your self-tests, tutor-marked assignments and comments on them before the examination. The final examination covers information from all parts of the course.

Course Marking Scheme

The following table lays out how actual course marking is broken down.

Table 1: Course Marking Scheme

Assessment	Marks
Assignments	Best 3 assignment marks @ 10% each = 30% of course marks
Final Examination	70% of overall course marks
Total	100% of course marks

Course Overview

The table brings together the units the number of weeks you should take to complete them, and the assignments that follow them.

Table 2: An Overview of the Course

Unit	Title of Work	Assessment (End of Unit)
1.	Course Guide Meaning of alcohol and factors influencing adolescents to take to drinking	
2.	Prevalence of alcoholism in Nigeria and its effects	Assignment 1
3.	Alcoholism: social concern and prevention programmes	Assignment 2
4.	Meaning of smoking and factors influencing adolescents to take to smoking, extent of prevalence of smoking in Nigeria and the effects of smoking, and why people continue smoking	Assignment 3
5.	Intervention programmes	Assignment 4
6.	Concept of drug and types of drug, and cultural perspectives and prevalence of drug abuse and HIV/AIDS	Assignment 5
7.	Link between alcohol, drugs STDS and its relevance in the present-day context	Assignment 6
8.	Consequence of drug abuse on the individual, and impacts of drug abuse on the individual, and on national development.	Assignment 7
9.	Factors influencing adolescents to take up drugs, and drug demand and supply reduction.	Assignment 8
10.	Minor research project to highlight the implications of the HIV/AIDS epidemic.	Assignment 9

How to Get the Most from This Course

In distance learning, the study unit replaces the university lecture. This is one of the great advantages of distance learning: you can read and work through specially designed study materials at your own pace, and at a time and place that suit you best. Think of it as reading the lecture instead of listening to a lecturer. In the same way that a lecturer might set you some reading to do, the study units tell you when to read your other materials. Just as a lecturer might give you an in-class exercise, your study units provide exercises for you to do at appropriate points

Each of the study units follows a common format. The first item is an introduction of the subject matter of the unit and how a particular unit is integrated with the other units and the course as a whole. Next is a set of learning objectives. These objectives let you know what you should be able to do by the time you have completed the unit. You should use these objectives to guide your study. When you have finished a unit you must go back and check whether you have achieved the objective. If you make habit of doing this you will improve significantly your chances of passing the course. The main body of the unit guides you through the required reading from other sources. This will be either from a readings section or some other sources.

Self-tests are interspersed throughout the units, and answers are given at the ends of units. Working through these tests will help you achieve the objectives of the units, and prepare you for the assignment and the examination. You should do each self-test as you come to it in the study unit. There will also be numerous examples given in the study units; work through these when you come to them, too.

The following is a practical strategy for working through the course. If you run into any trouble, telephone your tutor. Remember that your tutor's job is to help you. When you need help, don't hesitate to call and ask your tutor to provide it.

1. Read this Course Guide thoroughly
2. Organize a study schedule. Refer to the 'course overview' for more detail. Note the time you are expected to spend on each unit and how the assignments relate to the units. Important information, e.g. details of your tutorials, and the date of the first day of the semester, is available. You need to gather together all this information in one place, such as your diary or on a wall calendar. Whatever method you choose to use, you should decide on and write in your own dates for working on each unit.
3. Once you have created your own study schedule, do everything you can to stick to it. The major reason that students fail is that they get behind with their course

work. If you get into difficulties with your schedule, please let your tutor know before it is too late to help.

4. Turn to unit 1 and read the introduction and the objectives for the unit.
5. Assemble the study materials. Information about what you need for a unit is given in the table of contents at the beginning of each unit. You will almost always need both the study unit you are working on and one of the materials for further reading on your desk at the same time.
6. Work through the unit. The content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the unit you will be instructed to read sections from other sources. Use the unit to guide your reading.
7. Keep in mind that you will learn a lot by doing all your assignments carefully. They have been designed to help you meet the objectives of the course and, therefore will help you pass the exam. Submit all assignments not later than the due date.
8. Review the objectives for each study unit to confirm that you have achieved them. If you are unsure about any of the objectives, review the study materials or consult your tutor.
9. When you are confident that you have achieved a unit's objectives, you can then start on the next unit. Proceed unit by unit through the course and try to pace your study so that you keep yourself on schedule.
10. When you have submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep to your schedule. When the assignment is returned, pay particular attention to your tutor's comments, both on the tutor-marked assignment form and also on the assignment script itself. Consult your tutor as soon as possible if you have any question or problems.
11. After completing the last unit, review the course and prepare yourself for the final examination. Check that you have achieved the unit's objectives (listed at the beginning of each unit) and the course objectives (*listed in the Course Guide*)

Tutors and Tutorials

There are 17 hours of tutorials provided in support of this course. You will be notified of the dates, times and location of these tutorials, together with the name and phone number of your tutor, as soon as you are allocated a tutorial group.

Your tutor will mark and comment on your assignment, keep a close watch on your progress and on any difficulties you might encounter and provide assistance to you during the course. You must mail your tutor-marked assignments to your tutor well before the due date (at least two working days are required). They will be marked by your tutor and returned to you as soon as possible.

Do not hesitate to contact your tutor by telephone, e-mail, or discussion board if you need help. The following might be circumstances in which you would find help necessary, and you should contact your tutor if:

- you do not understand any part of the study units or the assignment readings
- you have difficulty with the self-tests or exercises
- you have a question or problem with an assignment, with your tutor's comments on an assignment or with the grading of an assignment

You should try your best to attend the tutorials. This is the only chance to have face contact with your tutor and to ask questions which are answered instantly. You can raise any problem encountered in the course of your study. To gain the maximum benefit from course tutorials, prepare a question list before attending them. You will learn a lot from participating actively in discussions.

Summary

HEM 706 intends to introduce the subject of Alcohol, Drugs and HIV/AIDS to you . Upon completing this course, you will be equipped with the basic knowledge of Alcohol, Drugs and HIV/AIDS; and you will be able to answer these kinds of questions:

- What do we mean by alcohol?
- What are the factors influencing adolescents to take to drinking?
- What are the effects of alcoholism in Nigeria?
- What are the prevention programmes on alcoholism?
- How can we describe smoking among adolescents?
- What are the effects of smoking in Nigeria?
- Why do people continue smoking?
- What are the effective intervention programmes on smoking?
- What is drug?

- How can we explain the relevance of drug abuse and HIV/AIDS?
- What is the link between alcohol, drugs and STDs?
- What are the consequences of drug abuse on the individual?
- What are the consequences of drug abuse on the family and on national development?
- What are the factors influencing adolescents to take to drugs?
- How can we explain drug demand and supply reductio

UNIT 1

ALCOHOLISM AMONG ADOLESCENTS

Contents

- 1.1.0 Introduction
- 1.2.0 Objectives
- 1.3.1 Concept of Alcohol
- 1.3.2 Factors Influencing Adolescent to Take to Drinking
- 1.4.0 Conclusion
- 1.5.0 Summary
- 1.6.0 Tutor-marked Assignment
- 1.7.0 References

1.1.0 Introduction

You have just read through the Course Guide. If so, you will have a general understanding of what this unit is about and how it fits into the course as a whole. This unit is a foundation unit in the Diploma in HIV Education and Management programmes, focusing mainly on a numbers of aspects such as *alcoholism*. Let us look at what you should learn in this unit, as specified in the unit objectives below.

1.2.0 Objectives

By the end of this unit, you will be able to:

- Define alcohol
- Identify factors influencing adolescents to take to drinking
- Explain those factors influencing adolescents to take to drinking

1.3.1 Concept of Alcohol

Alcohol is a chemical compound and is the active ingredient in beer, wine, whisky, gin, brandy and so on. Alcohol appears in the blood within five minutes of its being drunk, and disappears in an hour to two hours later (Alhassan, 1991:210).

The writer further states that milk and fatty foods delay the appearance of alcohol in the blood, while water, on the other hand, facilitates its absorption. The blood carries the alcohol to all parts of the body, including the heart, liver, lungs and the brain. The higher the concentration of alcohol in a drink, the higher its concentration in the blood. *Beer*, for example, has up to 4.5 percent alcohol content, *wine* is up to 12.5 percent and spirit up to forty percent.

While alcohol is unquestionably the most widely used drug in Western society, it is certainly one of the most popular drinks in Nigeria. For some adolescents – perhaps as many as a third – alcohol use becomes a habit that cannot be controlled. Alcoholics are people who have learned to depend on alcohol and are unable to control their drinking.

More boys than girls are known to be engaged in alcohol consumption, cigarette smoking and abuse of psychotropic drugs. (Akpala and Bolaji, 1991). The relative ease with which these substances can be obtained often compounds the situation. More than 25 percent of secondary school students, and 35 percent of tertiary institution students have something in common: they have consumed at least one alcoholic drink during the last 30 days. It is quite possible that in some subgroups – such as male athletes – the proportion of drinkers is even higher.

One of the most troubling patterns is the frequency of binge drinking among college students. Binge drinking is defined for men as drinking five or more drinks in one sitting. For women, who tend to weigh less and whose bodies absorb alcohol less efficiently, binge drinking is defined as four drinks in one sitting.

It is important for you to note that even for lighter drinkers and non-drinkers, the level of drinking discussed above and which is usually experienced among their peers keep changing. This affects their college experience. It is also not uncommon for light drinkers to have their studies or their sleep disturbed by drunken students. It is also important for you to note that girls are also involved in this behaviour.

Exercise 1.1

Cast your mind back to your student years in the secondary school or in the college, were you among student drinkers? Was any of your friends involved in drinking? Are you still a drinker? Is he/she still a drinker?

Your active participation in our discussion is commendable. Let us go on now.

Alcoholism refers to the state of addiction to alcohol as well as the change in health that result from excessive drinking. In addition to our earlier description of alcoholics, an alcoholic may be defined as one whose dependence upon alcohol has attained such a degree that it interferes with the one's:

- health
- interpersonal relations
- social position
- economic position

Most alcoholics have masochistic fantasies: inside every male alcoholic is a hero, hammering ineffectually to get out. Occasionally, an alcoholic succeeds not only in athletics, but also in the arts, politics, one of the professions, or in business. However, sooner or later his heroic success dissolves and he sinks into egotism and misery.

At this stage, we need to ask ourselves a relevant question: 'why do adolescents take to drinking alcohol?'

Exercise 1.2

Think about the question we have just asked. Do you think that whatever reason (s) you may give is (are) as relevant among adolescents today as in adolescents some five year ago?

Well done! Now, we need to respond to the question in a way to generate your understanding.

1.3.2 Factors Influencing Adolescents to Take to Drinking

Amongst the most important factors influencing adolescents to take to drinking are the following:

- The adolescent boy/girl wishes to cope with dissatisfaction, frustrations, and failure, by drinking.

- Some develop drinking habits in the context of socialization. If there are occasions when some of the people in a society drink, then that society has a social practice of alcohol use. The occasion may be festive (holidays, birthdays,); ceremonial (wedding toast); social (parties); and so on. If such occasions exist, then it follows that for some people (typically an age limit is set) and the members of the group will have opportunities to learn when and how to drink. What you must note is that adolescents do not fall within the age limit of those who are permitted to drink.
- Some develop drinking habits in the bid to conform with peer group standards.
- Innocent students are coerced into drinking with the false belief that it increases their level of courage towards wooing girls and meeting their girlfriends.
- Alternate states of consciousness are also an integral part of most cultural, social and political functions in the Nigerian culture. The use of alcohol is a prominent feature of many social functions. Have you noticed how often alcohol of different types is used to celebrate Christmas, New Year's eve, marriages, the arrival of a new baby, birthdays, chieftaincy titles and funerals?
- Some adolescents believe it is the 'adult' thing to do.
- Others drink for the same reason that they use drugs: It releases inhibitions and tension and reduces stress (Formme, 1994).

It is now relevant for us to reveal that many British teenagers celebrated the end of their examinations with a drink. Few find their faces plastered across the national press when their evening ends in drunken collapse. One of the teenagers was Evan Blair, son of the Prime Minister, Tony Blair. Evan, 16, was arrested as 'drunk and incapable' when he slumped beside the wall in London's Leicester Square after drinking with friends. He received the standard police reprimand (Newsweek, 2000)

1.3.0 Conclusion

In this unit, you have learnt about adolescent well-being. You should also have learnt the concept of alcohol and what is meant by alcoholism: Alcohol is a chemical compound and is the active ingredient in beer, wine, whisky and so on. Alcoholism refers to the state of addiction to alcohol as well as to the change in health that result from excessive drinking. You should have also learnt factors influencing adolescents to take to drinking.

1.5.0 Summary

- What you have learnt in this unit concerns adolescent welfare.
- You also learnt the definition of *alcohol* and what alcoholism means.
- In addition, you should have learnt factors influencing adolescents to take to drinking and these factors were explained.

1.6.0 Tutor-marked Assignment

1. (a) What do you understand by alcohol?

Describe alcoholism?

(c) State 5 factors influencing adolescents to take to drinking?

1.7.0 REFERENCES

Alhassan, A. B. (1991) "Effects of Drugs on Health and Performance of Athletes" *Journal of Education Media and Technology* Vol. 3, No 1, 205-217

Akpala, J. A. & Bolaji R. O. (1991) *Adolescents and Psychosocial Problems*. Lagos, Nigeria: Longman.

Fromme, K. (1994) "Young Adults" Coping Style As a Predictor of Their Alcohol Use and Response to Daily Events." *Journal of Youth and Adolescence*. 23, 85-97

UNIT 2

PREVALENCE OF ALCOHOLISM IN NIGERIA AND ITS EFFECTS

Contents

- 2.1.0 Introduction
- 2.2.0 Objectives
- 2.3.1 Prevalence of Alcoholism among Youths in Nigeria
- 2.3.2 Effects of Alcoholism
- 2.4.0 Conclusion
- 2.5.0 Summary
- 2.6.0 Tutor-marked Assignment
- 2.7.0 References

2.1.0 Introduction

In Unit 1, we discussed alcoholism among adolescents. You should now be able to define alcohol. You should also be able to identify factors influencing adolescents to take to drinking. In addition, you should be able to explain factors influencing adolescents to take to drinking. It is now time for you to study another interesting, very relevant and most useful unit: Prevalence of Alcoholism in Nigeria and Its Effects. Let us look at what you should learn in this unit, as specified in the unit objectives below.

2.2.0 Objectives

By the end of this unit, you will be able to:

- describe the prevalence of alcoholism among youths in Nigeria
- explain the effects of alcoholism among youths in Nigeria

2.3.1 Prevalence of Alcoholism among Youths in Nigeria

There are occasions when some youths in Nigeria drink. Such occasions may be festive,

for instance, holidays, birthdays, it could be ceremonial, for instance, wedding toasts, professional graduation ceremonies such as tailoring, photography, trading, and so on. In such situations, drinking is part of the regular practices of youths in Nigeria. Note that Nigerian youths take to drinking whenever their darling national team, the Super Eagles, defeats opposing teams, particularly at the international level: such defeats are usually celebrated with drinks of beer, wine, whisky, brandy and so on. This situation is the same in many other countries, developed and developing.

It is important for you to note that one of the most troubling patterns is frequency of ‘binge drinking’ among college students. (I can see you are eager to know what we mean by binge drinking, You should not be kept waiting for too long). ‘Binge drinking’ is defined for men as five or more drinks in one sitting; for women, who tend to weigh less and whose bodies absorb alcohol less efficiently, binge drinking is defined as four drinks in one sitting.

According to a World Health Organization (2001) report obtained by *Reuters*, use of alcohol and illicit drugs by teenagers aged 15-16 has increased sharply in many European countries in the last five years. The European School Survey Project on Alcohol and Other Drugs found that, illicit drugs use rose in almost all the 30 European countries surveyed but fell sharply in Britain and Ireland. Equally worrying was an increase in binge drinking, especially in Denmark and Ireland. Both alcohol and illicit drug use have increased markedly, especially in the Central and Eastern parts of Europe. However, the high prevalence countries are still mainly to be found in the Western parts. More than 30 percent of school children in Britain, Denmark, Ireland, and Poland reported five drinks in a row- three or more times in a month.

Exercise 2.1

(a) How was the birth of the last child in your family celebrated?

(b) How did you celebrate the last *Ileya* festival or your Easter holidays?

Well done. Let us continue our discussion.

More than 75 percent of college students have something in common: They have consumed at least one alcoholic drink during the last 30 days. More than 70 percent say they have had five or more drinks within the past 2 weeks and some 16 percent drink 16 or more drinks per week. High-school students, too, are drinkers: Some 76 percent of high-school seniors report having had an alcoholic drink in the last year, and in some subgroups – such a male athletes – the proportion of drinkers is even higher (Carmody, 1990; Kennedy & Dimick, 1996; National Institute on Alcohol Abuse and Alcoholism [NIAAA], 1990)

The rate at which breweries and beer parlours are proliferating could serve as an index of the amount of patronage given to alcoholism. It is important for you to note that the sale of alcoholic beverage to adolescents is illegal. It is assumed that the adolescent has enough problems in adjusting to his world. This assumption is psychologically and sociologically correct (Alhassan, 1993). In addition, the adolescent has enough problems in growing up into manhood/womanhood without complicating the situation with alcohol, which dulls the senses, distorts judgement, and affects moral choices. Yet in many districts or local governments across the country, drinking is becoming associated in the minds of adolescents with ‘growing – up’, ‘being smart’ or ‘being able to do what one pleases’.

You must also remember that among the teeming youths of Nigeria – in rural areas and urban centers – local drinks such as palm-wine, burukutu, pito, and ogogoro, among others, are very popular. These drinks are used at anytime of the day, all through any given week. This explains the numerous sale points across the country.

Exercise 2.2

From your daily life experiences, mention any three (3) drinks that are popular among the adolescents (youths), and any three drinks that are common among the adults.

I can see that you are participating very well in our discussion. That's very good!
Then, let's go on with our discussion.

2.3.2 Effects of Alcoholism

More boys than girls are known to be engaged in alcohol consumption. The relative ease with which the drinks can be obtained often compounds the situation. Note also that the girls are into drinking – beer, stout, brandy, gin, whisky, and so on. We can therefore say that the use of alcoholic beverage is another threat to adolescent well-being. This is more so because the adolescent boy or girl wishes to cope with dissatisfaction, frustration, and failures by drinking.

The danger is that drunkenness predisposes the youth to other frightful threats to his/her well-being including accidents, violence, promiscuity and even murder. It is important for you to note that alcoholism is an aspect of drug abuse. According to Shenker and Schildkrout, (185:16).

Apart from immediate disorders, cirrhosis of the liver, cerebral, cardiac and other organ degenerations are irreversible long term effects of alcoholism.

Atolagbe (1996) argues that a teenager may be classified as a 'problem drinker' rather than an alcoholic but he hastened to admit that problem drinking is as dangerous as alcoholism. We should now explain other effects of alcoholism in specific ways.

- Although it does have an overall sedative depressant effect (that is, it lowers the activity of the central nervous system), alcohol has a reputation of being the 'party drug'.
- Initially, it does seem to put people in a party mood.
- An increasing number of drinks and rising blood alcohol level makes the sedative effects become obvious.
- With higher doses, the initial, relaxed state is replaced with increasing degrees of cognitive, perceptual, verbal and motor impairment.
- At the highest doses, the depressant effects can make the drinker 'out of control' and incapable of voluntary act.

- If blood levels reach 0.5 percent, there is a risk of coma and even death from respiratory depression (Julien, 1992).
- Remember that alcohol's effect is determined primarily by the amount that reaches the brain. Since the liver breaks down alcohol at the rate of about one ounce per hour, the number of drinks and the speed of consumption are very important.
- Secondary school students, college students and university undergraduate and diploma students have died after drinking extremely high amounts of alcohol in a short period of time, for example, after having learnt of success in final degree exams. Remember the case of the son of Mr. Tony Blair who got drunk when celebrating his success at a recent exam which we discussed in unit 1. I am sure you are familiar with cases of this nature involving adolescents at different levels of the educational system at different times.
- Alcohol makes adolescents feel depressed, cloud their judgement, impair memory and reduce motor skills necessary for riding bicycles, operating machines and driving a car.
- Further evidences of the consequences of alcohol consumption include increasing rate of crimes, absenteeism, truancy, delinquency and hospitalization for mental and physical problems (Ankmony, 1980; Odejide, 1989).
- In addition, there is the danger that drunkenness predisposes the youth to other frightful threats to his well-being, including vehicular accidents, psychological problems such as violence, rape, child sexual abuses, promiscuity and prostitution.
- Beer and spirits are known to affect the inside of the stomach. They irritate the lining of the stomach, producing a condition known as gastritis. It is the infection of the stomach that produces the poor appetite, and uneasiness which are associated with heavy drinking.
- A keen and competent athlete under the influence of alcohol may fall into unconsciousness. His/her overall performance becomes downright uninspiring and disgraceful: hopes are dashed.

Recent surveys, for example, Carmody (1990) and Kennedy & Dimmick (1996), have found that some 50 percent of male college students and 39 percent of female college students say they participated in binge drinking during the previous two weeks. What you should note is that even for lighter drinkers, this high level of drinking among their peers affects their college experience. For instance, two thirds of lighter drinkers reported that

they had had their studies or their sleep disturbed by drunk students. Around a third had been insulted or humiliated by a drunk student, and 25 percent of women said they had been the target of an unwanted sexual advance by a drunk classmate. This finding is consistent with that of Adejumo (1999) who conducted an investigation into drinking behaviour among senior secondary school students in Ibadan metropolis.

2.4.0 Conclusion

In this unit, you have learnt another dimension of adolescents' well-being. You have also learnt about the prevalence of alcoholism among youths in Nigeria. Among the occasions when youths in Nigeria drink are holidays (Christmas and New Year). Birthdays (mother', fathers', aunties' or anyone else in the extended family) and other ceremonies (university or college graduation, chieftaincy, arrival from pilgrimage to the Holy Lands, wedding toasts, and so on). You should have also learnt the effects of alcoholism. The adolescent boy/girl wishes to cope with dissatisfaction, frustrating situations and failures by drinking. The danger is that drunkenness predisposes the youth to other frightful threats to his/her well-being including accidents, violence, promiscuity and even murder.

2.5.0 Summary

- What you have learnt in this unit concern adolescents' well-being.
- You learnt also about the prevalence of alcoholism among youths in Nigeria. You were also exposed to situations in the United Kingdom with regards to patterns of drinking behaviour among adolescent boys and girls.
- In addition, you should have learnt the effects of alcoholism among adolescent boys and girls, in their school, college, university and in the larger society.

2.6.0 Tutor-marked Assignment

1.(a) What is binge drinking?

(b) Explain why you think the sale of alcoholic beverages to adolescent boys and girls is illegal.

(c) Complete this sentence:
Initially, alcohol seems to put people
in _____

(d) Two irreversible long-term effects of alcoholism
are _____ and _____

2.7.0 REFERENCES

Adejumo, K. P. (1990) "Psychosocial problem of alcoholism among secondary school student of Ibadan". Department of Guidance & Counselling. University of Ibadan.

Alhassan, A. B. (1993) "The management of misbehavior in schools". In: *Ife Psychologia. An International Journal. Vol. 7 No. 2, 97-77.*

Ankmony, R. (1980) Attitudes of Tutors and Students towards the Introduction of Drug Education, *Ife Psychologia, Vol. 7, No. 1, 187-200.*

Atolagbe, J. E. (1989) "Aetiology and Treatment of Teenage Problem Drinking" *Nigeria Journal of Applied Psychology. Vol. 1, 257.*

Carmody, T. S. (1990) *Youth Culture and Drug* New York: Longmans.

Julien, R. M. (1992) *A Primer Drug Action* New York: Freeman.

Kennedy, T. A. & Dimick S. T. (1996) "Fears and Worries of Nigerian and American Adolescents: A Cross-Cultural Study", *African Journal of Education Research, Vol. 1, 171-195.*

National Institute of Alcohol Abuse and Alcoholism (1990) Chicago, USA.

Odejide, A. O. (1989) "Drug, Alcohol and Tobacco". International Conference on Drugs at the University of London, U. K.

Shenker, R. and Schildkrout, M. (1985) 'Physical and Emotional Health of Youth'. *Adolescence. 4,2, 61-68*

UNIT 3

ALCOHOLISM AS A SOCIAL CONCERN: INTERVENTION PROGRAMMES

Contents

3.1.0	Introduction
3.2.0	Objectives
3.3.1	Alcoholism As a Social Concern
3.3.2	Intervention Programmes
3.4.0	Conclusion
3.5.0	Summary
3.6.0	Tutor-marked Assignment
3.7.0	References

3.1.0 Introduction

In Unit 2, we discussed prevalence of alcoholism among youths in Nigeria. You should now be able to describe patterns of drinking behaviour among adolescents. In addition, you should be able to explain the effects of alcoholism among the youths in Nigeria. It is now time for you to study another relevant and applicable unit: Alcoholism as a Social Concern. Let us look at what you should learn in this unit, as specified in the unit objectives below.

3.2.0 Objectives

By the end of this unit, you will be able to:

- Explain why alcoholism is a social concern
- Describe intervention programmes for adolescent boys and girls who are alcoholics.

3.3.1 Alcoholism as a Social Concern

The use of alcohol, as well as other kinds of substances, represents a primary threat to health during adolescence, which is usually one of the healthiest periods of life. For some adolescents- perhaps as many as a third – alcohol use becomes a habit that cannot be controlled. In ‘unit 1 , you learnt that alcoholics are people who have learned to depend on alcohol and are unable to control their drinking. You should note also that such people also become increasingly immune to the consequences of drinking, and therefore need to drink larger amounts of liquor in order to bring about the positive effects they crave. Some drink throughout the day, while others go binge in which they consume huge quantities of alcohol (NIAAA, 1990; Adejumo, 1999).

Exercise 3.1

Different communities have varied experiences. Are there people (adults or adolescents or both) you can describe as alcoholics in your neighbourhood?

Is the number of people (adults or adolescents or both) in that category increasing or decreasing?

Are you also an alcoholic? If so, state the reason(s) why you are hooked to alcohol.

*** You deserve commendation for active participation in our discussion.**

We should now look at specific instances in which alcohol generates social concern:

- In addition to the effects of alcohol on the individual user, alcohol also plays a role in our most serious social problems. We know that alcohol is a factor in accidental deaths, family violence and child sexual abuse involving adolescents, adults and older adults in Nigeria and Ghana (Alhassan, 2000 a). Drinking drivers account for a substantial number of deaths on our highways.
- Alcohol is also a leading cause of birth defects. Such defects affect those concerned for life.
- There are many problem drinkers in the society. These are people who get drunk at least once a month. They constitute themselves into a social nuisance and pollute the health of the society.

You can see from our discussion that alcohol abuse is an important social issue. We know that most people would undoubtedly be shocked and outraged by someone publicly ‘shooting up’ a dose of heroine, yet they calmly accept alcohol consumption at major sporting events, parties, business luncheons, and a dinner get-together.

Many parents express relief when they discover that their teenagers are ‘only drinking’. Teenagers constitute one of the groups of the largest of alcohol abusers. Sexually active teenagers are typically alcohol-using teenagers (National Research Council, 1987). By depressing brain centres that control judgements, inhibition and self-awareness, alcohol tends to break down normal restraints. Sexually coercive males commonly exploit this effect by attempting to get their dates under the influence of alcohol. Like most problem drinkers, teenagers usually deny that they have a problem.

Alcohol dependent youths are now being used as tools in the hands of criminals and undesirable elements in the community as thugs and paid assassins. The need to fight this social menace among the general populace, particularly the youths, has become very imperative.

Exercise 3.2

As a keen observer of the activities of adolescent boys and girls, suggest what can be done to discourage drinking of alcohol in your neighbourhood.

Well done. Let us continue our discussion.

3.3.2 Intervention Programmes

Adolescents should be provided with alternatives to alcohol use by introducing them to other activities, such as evening/night basketball programmes. It is in this group of activities that we have tennis programme that not only teaches tennis, but also provides satisfaction, hope, and mentoring to *at-risk* adolescents. It is important for you to note that such programmes emphasize that there are other things for adolescents to do with their time than drinking alcohol.

Governments at national, sub-regional, state, and local government levels must change local policies affecting billboards and posters that carry alcohol advertisements. This has to be so because all teenagers can be influenced by them. A tested strategy to deter adolescents' alcohol use is to ask them to write, produce, and act in their own commercials on the dangers of alcohol abuse. Conference of teenagers by teachers for teenagers on dangers of cardiac and other organ degenerations which are irreversible long-term effects of alcoholism should be promoted and held at least once in any school term.

The French Health Minister, Bernard Kouchner attended a global conference on Youth and Alcohol in Stockholm and stated that:

To avoid young people drinking too much, it is better to offer them another dream, another adventure, another excitement. Otherwise, all you have to offer is employment or unemployment, unpleasant housing, broken families. Offer people happiness. Then we will see. (Quoted in Alhassan 2001:19).

Kouchner also blamed multinational drink companies for targeting young people with aggressive marketing campaigns, particularly in developing countries of Africa, Asia, and Latin America. 'This is life and we need risk – but accepted, chosen risk, not risk imposed by economic groups and advertising by companies,' he succinctly puts it. Note that Kouchner called for European Union Health Ministers to meet more frequently to exchange information and coordinate their response to the dangerous trend (*The Spectator*, 2001:5).

The prevalence of alcoholism is a national issued that needs the combined efforts of the executive and legislative arms of the government plus a more active police and welfare organizations, including religious bodies.

There is need for more precise laws governing consumption. There should also be planned youth programmes to cater for the needs and interests of adolescents, particularly those needing acceptance in the society. The educational system in Nigeria provides for age segregation right from nursery through primary to secondary schools. The consequence is that young persons are the most often isolated and there is very little cross-age interaction between and among children just as there is limited opportunity for adolescents to acquire incidental experience such as transmitting moral-based cultural ideas, information and skills through regular contact with adults. To improve this situation, there should be integrative programmes that bring youths and adults together to ensure continuity of societal energies.

3.4.0 Conclusion

In this unit, you have learnt another aspect of adolescents' well-being. You have also learnt that alcoholism is a social concern: the use of alcohol represents a primary threat to health during adolescence. For many adolescent boys and girls, alcohol use becomes a habit that cannot be controlled. Alcohol is a factor in accidental deaths, family violence and child sexual abuse involving adolescents, adult and older adults in Nigeria. You have also learnt some intervention programmes that could discourage adolescent boys and girls from drinking alcohol.

3.5.0 Summary

- What you have learnt in this unit concerns adolescents' well-being
- You have also learnt that alcoholism is a social concern in Nigeria and Europe. Drinking drivers account for a substantial number of deaths on our highways. Adolescent alcoholics are used as tools in the hands of criminals and as thugs and paid assassin by unscrupulous politicians.
- In addition, you have learnt some intervention programmes designed to provide adolescents with alternatives to alcohol use.

3.6.0 Tutor-marked Assignment

1.(a) Briefly explain why alcoholism is a social concern in Nigeria?

(b) State any four intervention strategies that may be put in place to discourage adolescents' drinking habits?

3.7.0 REFERENCES

Adejumo, K. P. (1999) "Psychosocial problem of alcoholism among secondary school students of Ibadan". Department of Guidance & Counselling, University of Ibadan.

Alhassan, A. B. (2000a) *Child Sexual Abuse in Ghana*. Published by the Publications Unit of the Academic Office, University College of Education, Winneba, Ghana.

Alhassan, A. B. (2001) "Drugs Abuse Among Adolescents in West Africa" (in preparation) Monograph

National Institute of Alcohol Abuse and Alcoholism (1990) Chicago, USA. *The Spectator (2001) Accra Ghana*.

UNIT 4

SMOKING AMONG ADOLESCENTS

Contents

- 4.1.0 Introduction
- 4.2.0 Objectives
- 4.3.1 Smoking
- 4.3.2 Factors Influencing Adolescents to Take to Smoking
- 4.4.0 Conclusion
- 4.5.0 Summary
- 4.6.0 Tutor-marked Assignment
- 4.7.0 References

4.1.0 Introduction

In Units 3, we discussed alcoholism as a social concern. The unit also served to introduce you to other units in the course. You should now be able to explain why alcoholism is social concern among the generality of the people but more particularly among the adolescents.

In addition, you should be able to identify intervention programmes for adolescent boys and girl who are alcoholics. Also, you should be able to explain the intervention programmes so identified. Time is now ripe for you to study a most interesting, relevant and applicable unit: Smoking among Adolescents. Let us take a closer look at what you should learn in this unit as specified in the unit objectives below.

4.2.0 Objectives

By the end of this unit, you will be able to:

- explain why health psychologists are concerned about smoking among adolescents.
- describe the factors influencing adolescents to take to smoking

4.3.1 Smoking

Another major health problem that health psychologists are concerned with is smoking. Most people know that smoking is bad for their health and that the more they smoke cigarette, the more at risk they are. Cigarette smoking is popular among secondary school students. It is the 'in-thing' among college students, and it is fashionable among students in tertiary institutions across the country.

While students in secondary schools and colleges smoke cigarettes in hidden school toilets, those in tertiary institutions smoke cigarettes freely and publicly- outside lecture halls, within Halls of Residence, and in other open places. The number of girls smoking cigarette is steadily increasing, usually in Halls of Residence and at social parties.

It is important for you to note that there are numerous Nigerian adolescent boys and girls outside the school system who are into cigarette smoking in all the six geo-political zones in the country. As Anikwekze (1997) succinctly put it, in parts of Northern Nigeria, many young girls (particularly those outside the school system) smoke freely, and smoking has become an accepted norm of the society. It needs not be overstressed that the adolescent smoker is exposed to health hazards besides the thwarted self-concept associated with smoking as a sign of deprivation.

Exercise 4.1

Look through your minds' eye and state the number of adolescent boys and girls whom you ever saw smoke in the past two years.

1 st year		2 nd year	
(boys)	(girls)	(boys)	(girls)

Which gender showed a marked increase in cigarette smoking?

Let us continue our discussion

You can see that adolescents smoke. As the danger of secondhand smoke become more apparent, many people look down on smokers. Why, then, do adolescents begin to smoke and then maintain the habit? You will find the answer to this question in the next section of our discussion.

4.3.2 Factors Influencing Adolescents to Take to Smoking

- Most adolescents begin to smoke in response to social pressures from peer.
- Once an adolescent begins to smoke, there is also a biological need to continue because of the addictive effects of nicotine.
- Therefore, one way to reduce the number of smokers is to prevent people from taking their first puff (Biglan et al., 1987).
- Innocent students are converted into smokers with the false belief that smoking enhances academic performance.
- Others who are very curious experiment it to verify this fallacy.
- Some youths who idolize musical artistes smoke because their role models (movie stars, athletes) smoke.
- Smoking is still considered sexy and hp by adolescent boys and girls
- Others also smoke to rebel against the control of their parents whose only crime is that they want the best for their children.
- It is also commonplace to use ‘rebel’ smoking to woo girls or just to be applauded for their foolhardiness.
- Others smoke or sniff drugs like marijuana to kill their conscience so as to break into and loot supermarkets at gunpoint, snatch cars from lawful owners, rape their colleagues (female students) or engage in other detestable acts.
- Large tobacco companies allocate fat advertising budgets. Advertisements are designed to persuade and many of such advertising campaigns seems impregnable. Note that such advertisements depict attractive individuals.

Smoking and clever advertisements such as the highly successful ‘Joe Camel’ series, make an effective pitch to young males. In fact, children as young as six years identify Joe Camel as readily as Mickey Mouse (Lipman, 1992; One, 1995).

Diagram

The portrayal of Joe Camel as hip and smooth character has helped to maintain the image of smoking as a ‘cool’ activity.

- Cigarette smoking provides adolescents with immediate short-term reinforcements from their peers.
- Lance Spearman of a popular film magazine was often seen with cigarette in hand and adverts on cigarette are often associated with noble achievers.
- To some adolescents, smoking is a way of demonstrating masculinity, while some others smoke out of curiosity.

4.4.0 Conclusion

In this unit, you have learned another important aspect of adolescents’ well-being. You have also learnt about smoking: most people know that smoking is bad for their health and that the more they smoke cigarette the more at risk they are.

Cigarette smoking is popular among secondary school students, it is the ‘in-thing’ among college students, and it is fashionable among students in tertiary institutions in Nigeria. More boys than girls are into smoking. Many adolescent boys and girls outside the school system are into cigarette smoking.

In addition, you have learnt factors influencing adolescents to take to smoking. Most adolescents begin to smoke in response to social pressures from peers. Once an adolescent begins to smoke, there is also a biological need to continue because of the addictive effects of nicotine which cigarettes contain.

4.5.0 Summary

- What you have learnt in this unit concerns adolescents’ well-being
- You have also learnt much about smoking. As the danger of smoking and secondhand smoke became more apparent, many people look down on smokers.
- Also, you have learnt about the factors influencing adolescents to take to smoking
- Some youths who idolize musical artistes smoke because their role models are smokers. Smoking is still considered sexy and hip by adolescent boys and girls.

4.6.0 Tutor-marked Assignment

1.(a) List one usual place where students in secondary schools and colleges smoke,

and two places where students in tertiary institutions smoke:

- (b) List seven factors that may influence adolescent boys and girls into smoking cigarette.

4.7.0 REFERENCES

Anikweze, C. M. (1997) 'Threat to Adolescent Well-being' In: A. S. Orji & C. M. Anikweze *Adolescent Psychology*. Owerri, Nigeria: Leo Publishers.

Biglan, A. Aray D. & Faller C. (1987) 'Do smoking Prevention Programmes Really Work?' *Journal of Behavioural Medicine*, 10, 2, 159-171.

Lipman S. R. (1992) *Adolescence* New York: Wiley and Sons.

One, T. A. (1995) *Introduction to Educational Psychology*, Ibadan: Spectrum Books.

Congrats! You have now completed the study of all the five units in MODULE I (Course Guide + Units 1 to 4). You are to proceed to MODULE II. The units therein are equally interesting revealing and more practicable. enjoy it!

UNIT 5

PREVALENCE OF SMOKING IN NIGERIA

Contents

5.1	Introduction
5.2	Objectives
5.3	The Allure of Smoking
5.3	Effects of Smoking
5.4	Conclusion
5.5	Summary
5.6	Tutor-marked Assignment
5.7	References

5.1.0 Introduction

In Unit 4, which was the last unit of module I, we discussed smoking among adolescents. You should now be able to describe the smoking behaviour of adolescents. In addition you should be able to list and describe the factors influencing adolescents to take to smoking. It is now time for you to study a very relevant, practical and useful unit in the course: Prevalence of Smoking in Nigeria. It is Unit I in Module II. Let us take a closer look at what you should learn in this unit as specified in the unit objectives below.

5.2.0 Objectives

By the end of this unit, you will be able to:

- explain why people continue smoking
- discuss the effects of smoking on adolescent boys and girls

5.3.1 The Allure of Smoking

Remember that in Unit 4, Module I, we discussed factors influencing adolescents to take to smoking. There are other reasons too why people-adolescents, adults and elderly adults-continue smoking. We shall discuss these now.

Nicotine, the active chemical ingredient of cigarette can produce biological and psychological dependency. Smoking it produces a pleasant emotional state that smokers seeks to maintain (Groves & Rebec, 1990).

Furthermore, exposure to parents and peers who smoke increases the chance that an adolescent will take up the habit (Ono, 1995).

Smoking is sometimes seen as an adolescent rite of passage. Trying a cigarette is looked upon as a sign of growing up.

Although one or two cigarettes do not usually produce a lifetime smoker, it does not take much more. In fact, people who smoke as few as 10 cigarettes early in their lives stand 80 percent chances of becoming habitual smokers (Groves & Rebec, 1990).

Exercise 5.1

If you were a cigarette manufacturer and you found that the number of people using your product was declining, what would you do?

Let us go on with our discussion

We shall now discuss other reasons and situations that encourage people to continue smoking.

- According to Myers (1990), stopping smoking is very difficult. This is so because the same social pressures that help initiate the habit also help maintain it. These social pressures combine with the fact that smoking is now part of everyday behaviour manifested by people-high and lowly – in the society.

- It is important for you to note that the maintenance of smoking behaviours is the result of both positive and negative reinforcement.
- Most smokers tend to associate smoking with pleasant things such as good food, friends, and sex, as well as the ‘high’ that nicotine gives them. So, smoking is positively reinforced by these factors.
- When smokers are deprived of their cigarettes for a few hours, they start to go through an extremely unpleasant physical withdrawal. When they are finally able to smoke, the nicotine reduces these symptoms, and smoking is thereby negatively reinforced (Schalcher, 1991). What does this imply?
- It implies that any intervention programme to help smokers break their habit must therefore combat both the positive and the negative reinforcement obtained from smoking.

Exercise 5.2

Given our discussion so far, would you say cigarette smoking is a good habit? Please, justify your response

That is nice of you. We must go on with our discussion

5.3.2 Effects of Smoking

It is important for you to note that there are three ingredients found in tobacco that are injurious to our health:

- i ***Nicotine*** is that addictive components that deny smokers their right to quit smoking. It is even stronger than heroines according to research reports (Alhassan, 1991).
- ii ***Carbon monoxide*** competes with the red blood cells (RBC) for oxygen in the blood – yes it ‘wins’. But there is a price for this ‘victory’. The brain which needs oxygen becomes dull and less efficient. In addition, the

muscles wear away very fast – all due to insufficient oxygen supply to these vital organs.

- iii **Tar** which resembles the thick black soot from car exhaust, promotes all forms of cancer, high blood pressure and heart diseases in smokers.

Note: You must also note the following:

- Smokers are ten times more at risk to die from cancers than non-smokers.
- The symptoms vary in accordance with the pathology and its location.
- The lesion can be cancer of the mouth, throat, windpipe or, very often, the lungs.
- Smoking can generate cancer of the bladder, cervix of the womb, kidney and some cardiovascular diseases.
- Stroke can be tobacco related.
- Nicotine has been implicated in low birth weight of children born to mothers who use tobacco.
- Nonsmokers who inhale fully burnt cigarettes (that is second hand smoke) over a long time are even more at risk to contract cancer, heart diseases, high blood pressure and other ailments.
- Smoking and HIV/AIDS have been identified as the two leading causes of preventable illnesses and premature deaths worldwide.

5.4.0 Conclusion

In this unit, you have learnt a most important aspect of the adolescents' well-being. You have also learnt the allure of smoking. Nicotine, the active chemical ingredient in tobacco can produce biological and psychological dependency; smoking it produces emotional state that smokers' seeks to maintain.

In addition, you have learnt the effects of smoking. It dulls the brain and renders it less efficient. Cigarette smoking promotes all forms of cancer, high blood pressure and heart diseases, amongst others.

5.5.0 Summary

- What you have learnt in this unit concerns adolescents' well-being.
- You also learnt the allure of smoking. Situations and conditions that tend to sustain the smoking habit were discussed.
- In addition, you have learnt effects of smoking. Nicotine, carbon monoxide, and tar are all injurious to our health. Each stick of cigarette contains all the three ingredients.

UNIT 6

INTERVENTION PROGRAMMES AGAINST SMOKING

Contents

6.1.0	Introduction
6.2.0	Objectives
6.3.1	Intervention Programme
6.3.2	Cognitive Approach
6.3.3	Coping Response Training
6.3.4	Aversion Therapy
6.4.0	Conclusion
6.5.0	Summary
6.6.0	Tutor-marked Assignment
6.7.0	References

6.1.0 Introduction

In *Unit 5*, we discussed the prevalence of smoking in Nigeria. The unit also served to introduce you to other units in the course. You should now be able to explain why people (adolescents, adults and elderly adults) continue to smoke despite knowing the health hazards of the habit. You should also be able to list and discuss the effects of smoking on adolescent boys and girls.

6.2.0 Objectives

By the end of this unit, you will be able to:

- Identify intervention programmes against smoking
- Discuss intervention programmes against smoking

6.3.1 Intervention Programmes

Cigarette smoking cuts across all segments of the population, but one group that is particularly vulnerable is the adolescents. In an effort to create effective intervention programmes against smoking by adolescent boys and girls, there is the urgent need to look at the community in a given location to see how the different parts of it can band together to battle tobacco.

In what seems to be a decisive and far-reaching step, in sharp contrast to past cosmetic action to discourage smoking which kills millions of people every year globally, the House of Representatives has passed a bill banning the advertisement of tobacco on bill boards, electronic and print media. The bill prohibits smoking in public place such as cinema house, stadia, offices, public transport vehicles, elevators, medical establishments, schools, and nursery institutions, Any person found guilty of smoking in these places will be liable to a fine ₦20,000 or five years imprisonment, or both.

In the case of a corporate body found guilty, it will be liable to a fine of ₦500,000, according to the bill. Vendors of tobacco products and advertisers who run afoul of the law will be liable to a fine of ₦20,000. Where the offence is committed by a corporate body or firm, every director, manager, secretary or any other similar officer will be liable, on conviction, to a fine of ₦100,000 or three years imprisonment or both.

There is also the need to battle other problems associated with cigarette smoking. Worldwide several approaches are currently being used to help people quit smoking habits. Let us discuss these approaches in a way to elicit your understanding.

6.3.2 Cognitive Approach

One cognitive approach used to break the smoking habit is covert sensitization. What does this mean? You will soon know this is a form of cognitive classical conditioning. With this technique, smokers are asked to mentally associate smoking with something extremely unpleasant. Let us cite a fitting example.

Image that your favourite brand of cigarette is on table in front of you . Now imagine that a housefly lands on the cigarette and lays her eggs inside the cigarette. The eggs hatch and little maggots begin to crawl around inside each cigarette. You now pick up the cigarette and puts in your mouth. You light up and draw in your first breath with the maggots still inside. The heat of the cigarette force the maggots to crawl into your mouth and down your throat and start to eat at your body from the inside out.

It is important for you to note that if smokers use this imagery every time they feel like having a cigarette, there is a good chance they can combat some of the positive associations of cigarette smoking.

Exercise 6.1

Look closely at the environment in your neighbourhood. Think of any other organisms other than maggots that you may use imaginatively to combat some of the positive associations of cigarette smoking among adolescent boys and girls.

That is nice of you. Let us continue our discussion by looking at another intervention programme

6.3.3 Coping Response Training

This is another approach used in eliminating the positive reinforcement of smoking. Essentially, smokers are helped to identify stimuli or situations that make them feel like smoking so that they can cope with their urges in two ways.

- i Cognitively, and
- ii Behaviourally

What do these mean? You will soon know.

A cognitive response would consist of re-focusing attention on something other than smoking. The person might reappraise the stress-producing problem and decide it is not that bad after all, or the person might keep reminding himself/herself of all the benefits of not smoking.

Behavioural responses might include chewing gum, physical exercise or going for a toothpick after a meal instead of lighting a cigarette. If the person used to smoke cigarette to put off solving problems, he/she could resolve to meet the problem head-on and

consider how to change it. Indeed, another alternative might be to simply avoid situations that bring on the urge to smoke (Marlette, 1990).

Exercise 6.2

There are many situations that may bring on the urge to smoke among adolescents. One is unachieved goal. This may be due to playing truant rather than going to school and staying in there. Such an adolescent may roam around the school toilet, alone or with friends, just to smoke away. Surely, there are other situations. Think about some of these and state them hereunder.

We must go on with our discussion

6.3.4 Aversion Therapy

Aversion therapy is behaviour therapy that pairs an aversive stimulus with a maladaptive behaviour. Note that aversion therapy has been used to help people stop smoking. In this approach, smoking behaviour is paired with some kind of aversive stimulus, such as extremely heavy cigarette smoke. The most widely-used technique is called 'rapid smoking'. The smoker takes a puff every six seconds (10puffs per minute) while concentrating on the negative sensations produced by the rapid smoking.

If the smoker gets sick, so much the better. Rapid smoking, accompanied by long-term support or therapy, has been a highly successful cessation technique (Snedifeld & Baker-Brown, 1990). Note that its success is attributed to two factors:

1. Temporary alleviation of the nicotine withdrawal symptoms, because smokers inhale amounts of nicotine; and
2. Smokers come to associate smoking with highly negative after-effects, such as dizziness, nausea, burning mouth, and accelerated heartbeat.

You must note that a major drawback of rapid smoking therapy is that it can produce a moderate amount of stress on the heart and lungs. Therefore, it should be used only under the supervision of a physician.

The most successful technique must focus on the short-term effects of tobacco use, such as:

- coughing
- bad breath
- dependence on addictive substance
- difficulty in breathing
- negative effects on personal appearance and hygiene.

6.4.0 Conclusion

In this unit, you have learnt a very useful aspect of adolescent' well-being. You have also learnt intervention programmes against smoking by adolescents, adults, and elderly adults in our society. Cognitive Approach, Coping Response Training, and Aversion Therapy are specific techniques discussed. The most successful prevention technique must focus on the short-term effects of tobacco.

6.5.0 Summary

- What you have learnt in this unit, concerns adolescents' well-being
- You also learnt intervention programmes against smoking by adolescents, in particular.
- Specifically, you have learnt cognitive approach, coping response training, and aversion therapy.
- The most useful intervention programme must focus on the short-term effects of cigarette smoking such as coughing, bad breath, and difficulty in breathing, amongst others.

6.6.0 Tutor-marked Assignment

1 (a) Identify 3 basic intervention programmes against smoking that you may recommend to the chairman of your local government.

UNIT 7

THE CONCEPT OF DRUG

Contents

7.1.0	Introduction
7.2.0	Objectives
7.3.1	Drug: Conceptual Clarification
7.3.2	Types of Drugs
7.4.0	Conclusion
7.5.0	Summary
7.6.0	Tutor-marked Assignment
7.7.0	References

7.1.0 Introduction

In *Unit 6*, we discussed intervention programmes against smoking. The unit also served to introduce you to other units in the course. You should now be able to identify the most specific intervention programme against smoking, particularly among adolescents. You should also be able to discuss the intervention programmes against smoking. It is now time for you to study a very interesting, practical and most current unit: The Concept of Drug. Let us take a look at what you should learn in this unit as specified in the unit objectives below.

7.2.0 Objectives

By the end of this unit, you will be able to:

- define the concept of drug
- describe types of drugs.

7.3.1 Drug: Conceptual Clarification

The quest for the definition of a drug is a tortuous one. What is a drug? Does the term drug mean the same to a physician as it does to a pharmacist, a psycho pharmacologist, a social psychologist, or a policeman?

Should we treat substances such as aspirin, cigarettes, coffee or alcohol as drugs? If so, would not such a definition make users of us all? We know that drugs influence individual and group behaviour. We know as well that psychology is the scientific study of animal and human behaviour. Social psychologists are interested in studying drug effects and the causes and implications of drug use. Our first objective, therefore, is to embark on social psychological clarification of what a drug is.

The standard definition of a drug by pharmacologists is: any substance that, *by its chemical nature, alters structure or function in the living organism*. (Nowlis, 1969 quoted in Alhassan, 1991:206).

This definition would, of course, include food, water, and oxygen, as well as anything taken into the body under the label of drug. Note that the man in the street often defines drugs as substances that alleviate suffering or pain or combat illness. But this definition will not satisfy our purpose.

For our purpose, a definition in terms of the effects of drugs does seem as promising as definition in terms of the intention of the user. Remember that although a person may be mistaken about what a drug will do, the use of drug is intelligible only if the user believes that some predictable effects will follow. Thus, the user's intention to alter his physical state or relieve pain would appear to be a criterion of the notion of drug

We have a whole class of substances called tranquilizers – whose intended effect are the relief of physical distress, depression, anxiety or the reduction of other psychological symptoms. Indeed, taking a drink to forget one's problem must be considered an example of drug usage. To understand the concept of drug, we must consider both intention and effects. For example, probably no one who smokes cigarettes intends early death from lung cancer or heart trouble, but these are the apparent effects of heavy cigarette smoking as you studied in 'Unit 5' of this 'Module II'. In a broad sense, all Nigerians are drug users. What then is of interest to social psychology?

A drug is any substance which can be ingested by a person with or without the intent of satisfying a biological need or combating a disease and which has detectable effects on feeling and physiological state.

Example 7.1

Given your understanding of our discussion would you say that everybody in your community is a drug user?

Please, explain your response.

You surely deserve commendation for participating actively in our discussion. Let us go on with the next session.

7.3.2 Types of Drugs

When it come to studying consciousness, drugs that are of special interest to psychologists and sociologists are those that interact with the central nervous system to alter a person’s mood, mode of thinking, and behaviour.

Licit Drugs

These are lawful drugs commonly used to relieve pain and control disease, for example, Paracetamol. There is harm, however, in the use of such drugs if not properly administered.

Narcotic Drugs

Narcotic Drugs are illicit drugs; for example, marijuana, heroin and cocaine, derived from natural plants, that is, Indian hemp the poppy plant and coco leaf.

Psychoactive Drugs

Psychoactive drugs are major types of drug that influence the nervous system in a variety of ways. Such drugs can change perceptions and moods. A classic example is alcohol which has a diffuse effect on neural membranes throughout the entire central nervous system.

However, most psychoactive drugs act in a specific, definitive way: they work by changing the effect of neurotransmitters in the brain.

Three Main Categories of Psychoactive Drugs

- (i) **Depressants** which calm neural activity and slow down body functions. For example:
 - Alcohol
 - Barbiturates and
 - Opiates (morphine and heroine)

- (ii) **Stimulants** which temporarily excite neural activity and arouse body functions. For example:
 - Caffeine
 - Nicotine
 - The powerful amphetamines, and
 - The even more powerful cocaine

- (iii) **Hallucinogens**, which distort perception and evoke sensory images in the absence of sensory input. For example:
 - Mescaline and synthetic
 - L S D
 - Marijuana

It is important for you to note that drugs in all three categories identified above do their work at the synapses of the brain, by stimulating, inhibiting, or mimicking the activity of the brain's chemical messenger, the neurotransmitters (Alhassan, 2001a).

7.4.0 Conclusion

In this unit, you have learnt a most important aspect of adolescents' well-being . You have also learnt the meaning of drug and the concept of drug. A drug is any substance which can be ingested by a person without the intent of satisfying a biological need or combating a disease and which had detectable effects on feelings and physiological state. A major type of drug is psychoactive drug. Three main categories of psychoactive drugs are depressants, stimulants, and hallucinogens.

7.6.0 Tutor-marked Assignment

1(a) State a standard definition of drugs.

(b) How would you explain the concept of drugs?

(c) Briefly distinguish licit drug from other drugs

(d) What are psychoactive drugs?

7.0 REFERENCES

Alhassan, A. B. (1991) "Effects of Drugs on Health and Performance of Athletics" In: *Journal of Educational Media and Technology Vol. 3, No 1, 206-217.*

Alhassan, A. B. (2001b) "Drugs Abuse among Adolescents in West Africa."(Monograph).

UNIT 8

TACKLING THE DRUG PROBLEM

Contents

8.1.0	Introduction
8.2.0	Objectives
8.3.1	Categories of Drug Users
8.3.2	Difficulties in Tackling the Drug Problem
8.4.0	Conclusion
8.5.0	Summary
8.6.0	Tutor-marked Assignment
8.7.0	References

8.1.0 Introduction

In *Unit 7*, we discussed the concept of drug. The unit also served to introduce you to other units in the course. You should now be able to define the term drug. You should also be able to explain the concept of drug. In addition, you should be able to identify the various types of drugs. Also, you should be able to describe specific types of drugs.

It is now time for you to study a most necessary, very useful and very interesting unit. Tackling the Drug Problem. Let us take a look at what you should learn in this unit as specified in the objectives below.

8.2.0 Objectives

By the end of this unit, you will be able to:

- Identify different categories of drug users among adolescents
- Differentiate between drug user and drug abuser
- Explain the difficulties in tackling the drug problem

8.3.1 Categories of Drug Users

Let us start our discussion by asking very relevant questions:

1. *Who is a 'drug user'?*

When a person drinks a cup of coffee, enjoys an alcoholic drink inhales the smoke from a cigarette or joint, or swallows a tranquilizer, he/she is a drug user.

2. *Who is a 'drug abuser'?*

The term 'drug abuse' is generally used to refer to drug taking that causes emotional or physical harm to the individual or other. Thus, the person who uses a tranquilizer or other drugs to such an extent that he/she is unable to function without them may be considered a drug abuser.

3. *What is 'drug addiction'?*

Addiction was initially used to describe heavy and compulsive drug use. In recent times, it has come to be used for almost any type of compulsive activity. Peele (1994), for example, suggests that "people may become addicted to television watching, work, or physical exercise programmes like jogging weight lifting, or aerobics."

Exercise 8.1

Take some two minutes to reflect on your behaviour in the most recent past. Have you ever abused any drug(s), given your understanding of the term?

Please, feel free to list such drug(s)

That's fine. Let us continue our discussion

McKenzie (1991) categorized drug users into four groups identified as taster, clipper head and freak. This categorization is sufficiently meaningful to our discussion.

The Taster is a low-dose intermittent drug user merely for the purpose of feeling that he belongs to a particular group, particularly the peer group in our secondary schools and colleges.

The Clipper is a high-dose intermittent user who imagines that during moody states, drugs could combat anxiety and momentary pain.

The Head is a low-dose compulsive user of drug. For him/her, it has become a way of life to take drugs. Although small quantities are taken, yet there appears to be physical dependence on drugs.

The Freak is a high-dose compulsive drug user. His level of addiction is total. Abuse behaviour is overwhelming since the individual is totally committed to drug habit as a lifestyle. The freak is therefore the most exposed to the danger of drug abuse.

Exercise 8.2

Which of the categories of drug abusers is the most exposed to the danger of drug abuse?

State why this is so.

We must now go on to the next section of our discussion.

8.3.2 Difficulties in Tackling the Drug Problem

With stringent laws in place, coupled with punitive measures such as long jail terms and confiscation of property of drug dealers and barons, drug abuse and illicit trafficking still persist in the Nigerian society and the world at large. One of the important reasons for this state of affairs is the slow pace at which the judiciary metes out justice to suspected drug dealers and barons.

The frustrating aspect of the process is how some suspects are granted bail despite objection from the prosecution that the suspect would abscond especially as it is established that he/she has two/three international passports. When this happens, the law enforcement agencies feel disillusioned at their work. There is therefore the need for government to review the laws on drug abuse and trafficking to be more effective so as to generate the right result.

Another major difficulty in tackling the drug problem across the world is the fact that the dealers operate in syndicates. The dealers study the security system at the various entry points and map out their *modus operandi* to enter outwit the security officials or succeed in roping some of them into their network. Such security personnel either serve as

informants to the dealers thereby releasing vital security information or often meet them at the point of entry or arrange their entry or departure without difficulty.

The unemployment situation in the country means that the likelihood of getting a properly paid job is very limited, hence the profusion of ‘ little temporary jobs’ which only provide irregular work. But the needs generated by the period of inactivity lead to frustration. Some youngsters compensate for this situation by going-in for drug trafficking and/or delinquency.

It is in the above category of migrant youths that we have students from the secondary schools who have to travel to do holiday jobs in order to pay their school fees, which are generally high labourers and ‘in order to perform better’, smoke marijuana to sustain themselves. On their return to school, they introduce smoking to their peers.

8.4.0 Conclusion

In this unit, you have learnt a current and useful aspect of adolescents’ well-being. You have also learnt categories of drug users. In addition, you have also learnt who a drug abuser is, what we mean by drug addiction and who a drug user is. You should also have learnt the specific difficulties in tackling the drug problem, nationally and worldwide.

8.5.0 Summary

- What you have learnt in this unit concerns adolescents’ well-being
- You also learnt the terms drug user, drug abuser, and drug addiction
- In addition, you learnt different categories of drug users.
- Also, you learnt specific difficulties in tackling the drug problem.

8.6.0 Tutor-marked Assignment

1. Explain the following terms

(i) Drug User

(ii) Drug Abuser

(iii) Drug Addiction

2. Distinguish between a taster and a freak in the drug world.

8.7.0 REERENCES

McKenzie, L. (1991) *Drug and Hormones*. New York: Academic Press.

Peele, M. (1994) *Drug and Athletic Performance*. Spring Field: McGraw Hill

UNIT 9

CULTURAL PERSPECTIVE OF DRUG ADMINISTRATION

Contents

9.1.0	Introduction
9.2.0	Objectives
9.3.1	Culture
9.3.2	Drug Administration
9.4.0	Conclusion
9.5.0	Summary
9.6.0	Tutor-marker Assignment
9.7.0	References

9.1.0 Introduction

In Unit 8, we discussed how to tackle the drug problem. The unit also served to introduce you to other units in the course. You should now be able to differentiate between the terms drug user, drug abuser, and drug addiction. You should also be able to identify different categories of drugs users among adolescents. In addition, you should be able to explain the major difficulties in tackling the drug problem.

It is now time for you to study another interesting and relevant unit: Cultural Perspectives of Drug Administration. Interestingly, it is the last of Module II. Let us take a look at what you should learn in this unit as specified in the objectives below.

9.2.0 Objectives

By the end of this unit, you will be able to:

- define culture
- explain drug administration in your cultural context.

9.3.1 Culture

The word ‘culture’ has many meanings to many people. We shall use it in its widest sense to include all human activities, social and physical, which have an historical background. Every large social group has made collective advances in these fields: verbal communication, getting food, protection against the weather, technology and skills, protection against and treatment of disease, family organization, government, religion and the arts. The sum of all these advances – and perhaps others not mentioned – is the culture of the group, be it a tribe or a nation.

In all cultures, adolescence is normally one of the healthiest periods of life until the emergence of HIV/AIDS among homosexuals in the United States of America in 1981. It is important for you to note that the use of drugs, as well as other kinds of substance use and abuse, represents a primary threat to health during adolescence.

Exercise 9.1

Mention three cultural ceremonies/activities during which drugs are administered or used.

Let us go on to the next section of our discussion

9.3.2 Drug Administration

In a broad sense, all Nigerians are drug users and almost all human societies have engaged in the practice of taking drugs for psychiatric, religious, or social reasons. The ways in which drug user differ reside in their reason for use, in the kind of drugs used (pain killers, antibiotics, tranquilizer), in the amount and frequency of use, and in the *legal status* of the drugs – whether or not the drugs are prescribed or obtained illegally.

In the Nigerian traditional society, the use of drugs for self –help and treatment of ailments is normal. This is still acceptable in the contemporary society as evidence by the absence of legislation against self-medication.

However, the use of drugs to induce what Shenker and Schildkout (1985:73) described as “altered states of consciousness (thereby) making the user feel euphoric, acplorific or tension free,” depressed and disoriented is a real threat to adolescent well-being. Note that a major aspect of the adolescents’ life since the past two decades is the so-called ‘drug culture’.

And what with social practice and alcohol use? If there are occasions when some of the people in a society drink, then that society has a social practice of alcohol use. In units 3, Module 1, we identified such occasions as holidays, birthdays, wedding toasts, and social parties. A close examination of other cultures' experience with drugs demonstrates the effects of the form and route of drug administration and setting.

According to Allen (1989), anthropological studies of cocaine indicate that cultural variations in the form and route of drug ingestion, have an enormous impact on the physiological processes of addiction. Let us cite an example to elicit your understanding. Many Peruvians in South America chew a wad of lime-treated coca leaves during their work day and throughout their lifetime. Yet, few ever show signs of addiction. It is to be noted that in cultures where the coca leaves are refined into cocaine, which is then smoked or snorted, a much higher dose of the drug reaches the brain and the nervous system. The physiological response is entirely different in this case, and addiction is common.

According to Manda (1991), the use and effects of cannabis varied according to cultural practice of how coca is smoked out in the field in the context of work. It is thought by its users to make them better workers. In fact, perceptions of cannabis as an energizer were also found in Jamaica, West Indies. Much the same perception of the local brews *Burukutu* and pito as energizers are prevalent among farmers in different communities of Kaduna, Benue and Kogi states while palm wine and *ogogoro* are prevalent among farmers in Kwara state and all the southern states of Nigeria.

It is important to note that these perceptions stand in dramatic contrast to the Western European and North American responses to marijuana, the users of which typically report decreased energy and motivation.

Exercise 9.2

Given the perceptions of the local brews we have discussed, would you suggest that the chairman of your local government makes such brews freely available to farmers?

Please, justify your response.

Note that drug effects (which we shall fully discuss in Unit 1 of Module III), come on much more quickly and powerfully (with a ‘rush’) when drugs are taken through the lungs or intravenously, whereas absorption is delayed and prolonged in the digestive tract. Several routes of administration may be used for a given drug because it is available in different forms (leaf, pill, powder, or liquid).

9.4.0 Conclusion

In this unit, you have learnt an important aspect of adolescents’ well-being. You have also learnt about culture. Culture is the totality of the lifestyle of a people in a given community or society at any period in time: it includes everything from how the ‘arrival’ of a new baby is welcomed to how the dead are buried (Alhassan, 1987:122). In addition, you have also learnt something about drug administration and the different perceptions therein, nationally and internationally.

9.5.0 Summary

- What you have learnt in this unit concerns adolescents’ well-being
- You also learnt about cultures
- In addition, you learnt drug administration in different culture settings
- Culture variations in the form and route of drug ingestion have an enormous impact on the physiological process of addiction.

9.6.0 Tutor-marked Assignment

1(a) What do you understand by culture?

(b) Explain the use and effects of cannabis according to culture expectation

UNIT 10

EFFECTS OF MAJOR PSYCHOACTIVE DRUGS

Contents

10.1.0	Introduction
10.2.0	Objectives
10.3.1	The Psychoactive Drugs
10.3.2	Effects on Users and Society
10.4.0	Conclusion
10.5.0	Summary
10.6.0	Tutor-marked Assignment
10.7.0	References

10.1.0 Introduction

In Unit 9, which was the last unit of Module II, we discussed the cultural perspectives of drug administration. The unit also served to introduce you to other units in this course. You should now be able to define *culture*. You should also be able to explain drug administration in your cultural setting. It is now time for the study of a most interesting, relevant, and useful unit: Effects of Major Psychoactive Drugs. It is *Unit 10* in Module III. Let us take a look at what you should learn in this most current unit as specified in the unit's objectives below.

10.2.0 Objectives

By the end of this unit you will be able to:

- Identify the major psychoactive drugs.
- Explain the effects of major psychoactive drugs on adolescents and the society.

10.3.1 The Psychoactive Drugs

The problem of drug abuse and illicit trafficking was alien to Nigeria until about a decade and half ago. Infact, the very first incident of arrest for drug-related offence in Nigeria was in 1983. It is a known fact that people of different backgrounds, social classes, sexes,

and age ranges indulge in this condemnable acts of drug abuse/illicit trafficking (Obasanjo, 1999) Many deal in psychoactive drugs.

The major psychoactive drugs are:

Depressants (otherwise called sedatives)

- Alcohol
- Barbiturates
- Anti-anxiety drugs (Valium)

Stimulants

- Cocaine
- Amphetamines
- Caffeine
- Nicotine

Narcotics (opiates)

- Morphine
- Heroin
- Codeine

Hallucinogens (psychedelics)

- LSD
- Marijuana

Exercise 10.1

Take a closer look at the major psychoactive drugs identified above. Which of those drugs have you ever taken?

Please, how frequent?

Let us go on with our discussion. It will be very interesting to you to know the effects of those drugs listed in our discussion.

10.3.2 Effects on Users and the Society

For each category of major psychoactive drugs, there are desired effects and undesirable effects. In addition, there are those that generate physical dependence while others generate psychological dependence. Also, some generate different levels of tolerance: these are presented in a tabular form to elicit understanding and comprehension as shown in *Table 10.1* below.

Table 10.1: Effects of the Major Psychoactive Drugs

Category	Desired Effects	Undesirable Effects	Physical Dependence	Psychological Dependence	Tolerance
Depressants	Tension reduction, euphoria, disinhibition, drowsiness.	Anxiety, nausea, disorientation impaired reflexes and motor functioning, loss of consciousness, shallow respiration, convulsions, coma, death	Yes	Yes	Yes
Stimulants	Exhilaration, euphoria, high physical and mental energy, perceptions of power and sociability loss of appetite	Irritability, anxiety, paranoia, hallucinations, psychosis, convulsions, death.	Yes	Yes	Yes
Caffeine	Increased alertness	Insomnia, restlessness, increased pulse rate, sleep disruption, mild delirium, ringing in the ears, rapid heartbeat.	Yes	Yes	Yes
Nicotine	Relaxation, increased alertness, sociability.	Irritability, raised blood pressure, stomach pains, vomiting, dizziness, cancer, heart disease, emphysema, death.	Yes	Yes	Yes
Narcotics (Opiates) Morphine, heroin, codeine	Euphoria, 'rush' of pleasure, pain relief, prevention of withdrawal.	Nausea, vomiting, constipation, painful withdrawal, shallow respiration, convulsion, discomfort coma, death,	Yes	Yes	Yes
Hallucinogens (Psychedelics) LSD (lysergic acid diethyl amide)	Delusions, hallucinations, distorted perceptions and sensations.	Longer and more extreme delusions, hallucinations, and perceptual distortions ('bad trips') psychosis, death.	No	No	Yes
Marijuana	Relaxation, mild euphoria, increased appetite,	Perceptual and sensory distortions, hallucinations, fatigue, lack of motivation, paranoia, possible psychosis.	No	Yes	Yes

Source: Groves & Rebec (1988) and Julien (1992)

Exercise 10.2

Given the desired effects and undesirable effects discussed above, think of how best you can make this knowledge available to people in your immediate neighbourhood for obvious advantage(s)

-

Let us go on with our discussion

The problem of psychoactive drugs constitute a major threat to the survival and effective functioning of human societies. Human lives are lost daily through drug addiction and activities of drug addicts. Significant number of deaths from accident and violent crime have been traced to the activities of persons under the influence of drugs. Drug dependent youths are now being used as tools in the hands of criminals and undesirable elements in the community, especially as thugs and paid assassins.

Drugs, particularly drug abuse, can destroy a healthy body and mind. There is the risk of AIDS and Hepatitis if drugs are injected with unsterilized needles. There could be an overdose, which could cause psychosis, convulsion, coma or death. The family suffers financially – diverting money for food, clothing and school fees to cure a family drug addict and suffer disgrace, considering the addict as bringing the family into disrepute (social stigma).

With respect to the society and the nation, we can say that: drugs are expensive and the addict turns easily to crime to obtain money. The nation’s tax payer actually pays for the upkeep of drug dealers in prison or addicts at the psychiatric hospital (feeding, clothing, and medication). The nation suffers economic losses since and addict is unproductive. Money for development goes for addict’s upkeep. Drug trafficking or producing country

loses international respect. Travellers are searched rigorously and humiliated. Airlines are watched closely.

10.4.0 Conclusion

In this unit, you have learnt a most important aspect of adolescents' well-being. You have also learnt the psychoactive drugs: Depressants (e.g.; alcohol), Stimulants (e.g. cocaine), Narcotics (e.g. heroine), and *Hallucinogens* (e.g.; LSD) In addition, you have learnt the effects of psychoactive drugs on users and society. There are desired effects (e.g. tension reduction, euphoria) and there are undesirable effects (e.g.; anxiety, nausea, disorientation, and psychosis).

10.5.0 Summary

- What you have learnt in this unit concerns adolescents' well-being
- You also learnt the psychoactive drug such as depressants, stimulants and narcotics.
- In addition, you have learnt the effects of psychoactive drug on users and the larger society.

10.6.0 Tutor-marked Assignment

1(a) List four major psychoactive drugs and two example of each

- | | |
|-------------|------------|
| (i) _____ | (ii) _____ |
| (iii) _____ | (iv) _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(b) Discuss the effect of psychoactive drugs on the user and the nation

UNIT 11

THE LINKAGE BETWEEN DRUG ABUSES AND HIV/AIDS

Contents

11.1.0	Introduction
11.2.1	Objectives
11.3.1	Sexually Transmitted Infections
11.3.2	HIV/AIDS
11.3.3	Drug Abuse and Spread of HIV/AIDS
11.4.0	Conclusion
11.5.0	Summary
11.6.0	Tutor-marked Assignment
11.7.0	References

11.1.0 Introduction

In *Unit 10*, we discussed the effects of major psychoactive drugs. The unit also served to introduce you to other units in the course. You should now be able to identify the major psychoactive drugs. You should also be able to list examples of such drugs. In addition, you should be able to explain the effects of major psychoactive drug on adolescents and the larger society.

It is now time for you to study another interesting, most current and topical unit: The Linkage between Drug Abuse and HIV/AIDS. It is the second unit in Module III of your course. Let us look at the unit starting from the objectives as specified below.

11.2.0 Objectives

By the end of this unit, you will be able to:

- Identify sexually transmitted infection
- Explain how drug users are mostly at high risk of infection
- Describe the linkage between drug abuse and HIV/AIDS

11.3.1 Sexually Transmitted Infections

Sexual promiscuity among adolescents can arise as an adjustment towards anxiety generated by conflicts. Many adolescents sacrifice their educational opportunities in return for sexual gratification. Adolescents who do not indulge in sex share in the guilt feeling personality of those who do. Sexual promiscuity predisposes the adolescent to infections of venereal disease. Premarital sex is practiced by both sexes with reckless abandon. The situation has even been worsened, by economic pressure such that many women trade on sex and so constitute healthy carriers of venereal disease. This aspect of threat to adolescents' well-being emanates from the secretive attitude of the youths in handling such infection. The tendency is towards self-medication with severe consequences on the health of the youths.

Venereal diseases, described as infectious diseases, spread from person to person through direct sexual contact. Five common diseases are gonorrhoea, syphilis, chancroid, lymphogranuloma, venereum and granuloma inguinale (Arya, et al. 1998). Others are vulvo vaginitis, pelvic inflammatory diseases (PID) and genital warts. Egunjobi (1998) reports that untreated sexually transmitted infections are known to increase the rate of HIV infection. This effectively leads us to the next section of our discussion. But first, have a go at the following question.

Exercise 11.1

What do you suggest schools and parents should do in an attempt to reduce the level of promiscuity among adolescents?

That's fine of you, Let us go on with our discussion

11.3.2 HIV/AIDS

Alhassan (2001) stated that one of the frightening recent sexual-related diseases is that commonly called AIDS. An HIV-infected person whose immune system is severely compromised and /or who has one or more HIV-related diseases, is defined as having AIDS. The cause of AIDS is believed to be a virus that preferentially destroys certain

white blood cells that are essential for the functioning of the body's immune system. When the immune system is severely depressed, other opportunistic infections develop such as pneumocystic carini pneumonia, a type of cancer known as *kaposi sarcoma and dementia* (Centre for Disease Control, CDE 1986).

Since AIDS was first reported in Nigeria in 1986 (Nwosu, et al., 1995), a number of cases have been diagnosed and HIV seropositive have been on the increase in Nigeria. The menace of this deadly disease has gradually become a reality.

In Nigeria, the prevalence of AIDS is gradually growing as data indicate a slow but steady rise in figures for infected persons as per state from the base year, January, 1986 to September, 1993. In terms of totals for the country, there is an astronomical increase from two cases reported in 1986 to 961 in 1993 (Federal Ministry of Health, 1993).

Dr Nasir Gwarzo, the Coordinator of the National AIDS and Sexually Transmitted Infection Control Programme (NASCP) reveals that new adult AIDS cases in all ages in 1998 was 158, 598 with new cases in children alone accounting for 55, 636 and estimated cases in women reaching 79,299. Deaths estimated to occur by the end of 1998 in paediatrics would be 55,107 with female death and adult death generally reaching 69,641 and 139,282. The estimated number of children under 15 years that would be orphaned by parental death in 1998 would be 183,601 while the cumulative orphans under same age group by the end of 1998 would be 610, 540.

Exercise 11.2

Given our discussion, would you say AIDS is a white man's disease?

State reason(s) for your response

We must go on with our discussion

AIDS is a medical problem. It is a socio-educational problem as majority of those at risk are children and youths in schools and colleges who are expected to benefit maximally from government investment in education. It is in this connection that the danger of

spreading the infection becomes real. These problems have economic, ethical, and moral implications.

A related problem is that many Nigerians are yet to take the obvious threats of AIDS with the seriousness it deserves. For instance, some Nigerians have the erroneous belief that AIDS is a white man's disease. They have refused to accept the fact that AIDS is here in Nigeria. AIDS has killed many Nigerian. Those already infected are sure to die sooner than later because medical science has no cure for AIDS yet.

It is very important for you to note that anybody can have AIDS, though some people are more at high risk of infection. The high-risk groups are as follow:

- (i) People with many sexual partners
- (ii) People having oral sex such as homosexuals
- (iii) People having sex with individuals(s) who have many sex partners such as prostitutes.
- (iv) Infants born to infected mothers
- (v) People receiving blood transfusion such as hemophiliacs
- (vi) People injecting drugs such as intravenous drug users
- (vii) People sharing skin-piercing instruments that might be contaminated: needles, knives, clippers, razors blades and so on.

Symptoms of AIDS

At this juncture, a relevant question arises: what are the major symptoms of AIDS? Persons infected with the HIV virus will initially not know it. However, after several years, they may come down with AIDS or AIDS – related complex. When the symptoms appear, they may look like those of many common illnesses such as fatigue, coughing, fever, diarrhoea, and so on. The symptoms may vary from person to person. AIDS in an adult can be diagnosed by a medical doctor when a person has two or more of the major signs together with at least one of the minor signs. However, majority of the infected patients are totally without symptoms (*Arya, et al. 1998*).

Let us now itemize the major and minor signs of HIV/AIDS

Table 11.1: Major and Minor Signs of HIV/AIDS

Major Signs of AIDS

1. Weight loss greater than 10% of the body weight
2. Persistent fever for more than one month
3. Diarrhoea for longer than one month
4. Persistent severe fatigue

Minor Signs of AIDS

1. Constant cough for more than one month
2. Swollen glands lasting for many months
3. Skin rashes
4. Cold sores all over the body
5. Recurrent herpes infection

Source: Arya et al. (1998).

We shall now go on to the next section of our discussion

11.3.3 Drug Abuse and Spread of HIV/AIDS

The linkage between drug abuse and the spread of HIV/AIDS should not be taken for granted. In fact, the linkage should not even be limited to those who use unsterilized needles *vis-à-vis* drug abuse and HIV/AIDS. The use of drugs, including alcohol, created psychological changes that lead to risky sexual behaviours.

A drug user or an addict becomes so beastly that he does not distinguish between an adult and a child. His reasoning and vision are so distorted that any female, no matter her age, is a woman with whom he could copulate. Such indiscriminate sexual abuse leads to unwanted pregnancies and the contraction of sexually transmitted infections, including HIV/AIDS, depending on the standard of health of both partners (Alhassan, 2001a).

Victims of conflict situations, street children and destitute are also often abused by deviant adults and thus promote the spread of the virus. Truck drivers who use drugs and cross borders, as well as prostitute and school dropouts who use drugs are more at risk of catching HIV/AIDS. The implication of this is that agencies working on drug abuse and HIV/AIDS must be adequately funded to enable them work more closely and speedily to deal with the problem.

11.4.0 Conclusion

In this unit, you have learnt a very important aspect of adolescents' well-being. You have learnt about sexually transmitted infections, including HIV/AIDS. The five most common sexually transmitted infectious diseases (STDs) are gonorrhoea, syphilis, chancroid, lymphogranuloma venereum and granuloma inguinale. In addition, you have learnt the major and minor symptoms of HIV/AIDS. Also, you have learnt the linkage between drug abuse and HIV/AIDS.

11.5.0 Summary

- What you have learnt in this unit concerns adolescents' well-being
- You have also learnt something about sexually transmitted infections, including HIV/AIDS.
- In addition, you have learnt the linkage between drug abuse and HIV/AIDS.

11.6.0 Tutor-marked Assignment

1.(a) When was AIDS first reported in Nigeria?

(b) Though anybody can have AIDS, some group of people are particularly at risk more than others. List such groups.

(c) State two *major symptoms* and two *minor symptoms* of AIDS

11.7.0 REFERENCES

Alhassan, A. B. (2001) 'HIV/AIDS Preventive Education: The Effective Life Saver' (Monograph in Print).

Alhassan, A. B. (2001a) *Child Sexual Abuse in Ghana*. Published by the Publication Unit, Academic Office. University College of Education, Winneba, Ghana

Arya, T., Thomas, F. & Reid, S. (1998) *Sexually Transmitted Disease*. London : Johnson's Pub. Co.

Centre for Disease Control CDC (1986) Atlanta, Georgia, USA.

Egunjobi, G. (1998) "AIDS and the African Woman" *The Guardian*. December 19th P. 17.

Nwosu, S. N. Nwosu, M.C & Anyiwo C. E. (1995) "Herbs Zoster Ophthalmic Associated with HIV Infection. A Report of Two Cases". *Nigerian Medical Journal* 28, 127-29

UNIT 12

PSYCHOACTIVE DRUGS AMONG ADOLESCENTS

Contents

12.1.0	Introduction
12.2.0	Objectives
12.3.1	A Growing Problem among Adolescents
12.3.2	Factors Influencing Adolescents to Take to Psychoactive Drugs
12.4.0	Conclusion
12.5.0	Summary
12.6.0	Tutor-marked Assignment
12.7.0	References

12.1.0 Introduction

In *Unit 11*, we discussed the linkage between drug abuse and HIV/AIDS. The unit also served to introduce you to other units of the course. You should now be able to explain how drug users are mostly at risk of infection. You should also be able to identify sexually transmitted infections. In addition, you should be able to describe the specific linkage between drug abuse and HIV/AIDS.

It is now time for you to study a very interesting, most current and applicable unit: Psychoactive Drugs among Adolescents. It is the third unit in Module III of your course. Let us take a look at what you should learn in this most current unit as specified in the objectives below.

12.2.0 Objectives

By the end of this unit, you will be able to:

- Describe the nature of the problem of psychoactive drugs among adolescents
- Identify the factors influencing adolescents to take psychoactive drugs

- Explain factors influencing adolescents to take psychoactive drugs.

12.3.1 A Growing Problem among Adolescents

The growing problem of psychoactive drugs addiction which has sent many adolescents to psychiatric hospitals across the country is giving the government sleepless nights. Little wonder that the Federal government is poised for a showdown with hard drug users, couriers and barons. According to President Obasanjo, Nigeria is prepared to sign memoranda of understanding with interested countries that are willing and ready to put an end to the menace of drug abuse and illicit trafficking (1999:75).

While convicted persons face the wrath of the law in Nigeria, Nigerians convicted outside the country serve double punishment. They are often sentenced to various years of imprisonment after which they are deported to their country of origin. On arrival in Nigeria, such convicted persons are tried again and sentenced to years of imprisonment, accordingly.

It is important to note that only two sets of people benefited from the social menace called drugs. They are the producers and the distributors. They kill millions of people to make millions of dollars or naira, as the case may be.

You would recall that during the Buhari/Idiagbon regime, three persons were arrested, convicted and executed for trafficking in hard drugs: that is, psychoactive drugs.

To ensure that you understand our discussion here is a classic example of a youth who had taken to psychoactive drug for a long time before his parents made a dramatic and shocking discovery:

Hiyo was the only child of the WAZOBIAS. It took his parents nothing less than eight gruesome years of thorough searching for the fruit of the Womb, after their wedding to meet with success. In fact, the marriage was on the brink of collapse when God answered their prayers as the bundle of joy became the only addition to the family. They consoled themselves with the divine gift and O! Hiyo lacked nothing. He lived his life to the fullest like a child born with a silver spoon in his mouth.

At 18, he was an ND1 student of Business Administration and his parents had started planning big for him take over the family business empire on graduation. Then the unexpected happened.

Mr. WAZOBIA had entered Hiyo's room looking for a biro and some piece of paper when he stumbled on a wrapped piece of paper. Curiosity took control of him and he unwrapped the content only to come face to face with

a powdery substance. Further investigation revealed that the content was cocaine! He screamed, fell to the ground “em....em....em...”

Exercise 12.1

If you find psychoactive drugs in your ward’s bag, what would you do?

Clap for yourself for active participation in our discussion. Let us continue with our discussion

“His mother’s attention will be directed to the shocking discovery and we will wait for the boy’s arrival. We would like to get to the root of the source and in-depth knowledge of psychoactive drugs. Failure to confess, I will threaten to hand him over to the law enforcement agents for appropriate investigation and action. His mother and I will later talk sense into his bloody skull: letting him know that mere possession is criminal, let alone usage. The effects of psychoactive drugs on his health will also be highlight, after which we shall keep a close tab on him. Some privileges will also be withdrawn. We will also assist him with prayer to make him shun social vices in all their ramifications.

At this stage, we need to ask ourselves a very relevant question: Why do adolescents continue to use psychoactive drugs? While we think about this, let us go on.

12.3.2 Factors Influencing Adolescents to Take to Psychoactive Drugs

The adolescent does not invent the idea of drug but learns it from individuals around him. For some adolescent, whose focus is on having fun in the here-and-now, occasional drug use may represent a thrill. But why do some, and not others, become regular drug users?

One psychoactive factor in drug use is the feeling that one’s life is meaningless and directionless as reported in a study of American adolescents by Newcomb and Harlow (1986). This sort of feeling is common among school dropouts, who subsist without job skills, without privilege, without hope (Alhassan, 1992).

The social roots of drug use are equally significant, particularly for teenagers. It is here that the dynamics of peer influence takes the centre stage. Note that peer influence attitudes about drugs, provide and/or established the social context for their use. Thus, if adolescents' friends use drugs, the odds are that they will too. If their friends do not, the temptation may not even arise.

Indeed, the peer factor is so powerful that other predictors of adolescent drug use, such as family strength, school adjustment, and religiosity, seem to operate through their effects on peer associations.

Especially in adolescence, the drug use of well-known role models such as the football genius Diego Maradona (who actually served a prison term for the use of alcohol and cocaine) and the boxing hero, Mike Tyson (who was convicted for drug abuse), makes psychoactive drugs attractive to adolescents.

12.4.0 Conclusion

In this unit, you have learnt a very unique aspect of adolescents' well-being . You have learnt a growing problem among adolescents. Government is willing and ready to put an end to the menace of drug abuse and illicit trafficking in cocaine, heroin, and marijuana, amongst others. You have also learnt how adolescents from comfortable socioeconomic backgrounds take to hyperactive drugs, the shocking and embarrassing discovery of their parents. In addition, you have learnt factors influencing adolescents to take to hyperactive drugs.

12.5.0 Summary

- What you have learnt in this unit concerns adolescents' well-being.
- You also learnt a growing problem among adolescents to be hard drugs such as alcohol,
- In addition, you have learnt specific factors influencing adolescents to take to psychoactive drugs.

12.6.0 Tutor-marked Assignment

1. Complete the sentence:

The two groups of people that benefit from drug abuse are

(i) _____

2. State four factors influencing adolescents to take to psychoactive drugs

12.7.0 REFERENCES

Alhassan, A. B. (1992) *Absenteeism and Truancy: Cross Cultural Perspectives*. Leo-Tina Pub. Co.Ltd

Newcomb, M.D. & Hallow, S. (1986) ‘Substance use and abuse among children and teenagers’ *American Psychologist*, 44, 242-248

Obasanjo, O. (1999) ‘Keynote Address by the President, Federal Republic of Nigeria on the occasion of the United Nations International Day against Drug Abuse and Illicit Trafficking. Abuja: Saturday, 26th June.

UNIT 13

INTERVENTION PROGRAMMES AGAINST DRUG ABUSE

Contents

- 13.1.0 Introduction
- 13.2.0 Objectives
- 13.3.1 Solution to the Drug Menace
- 13.3.2 The Role of Parents
- 13.3.3 The Role of Teacher
- 13.3.4 The Role of Voluntary Organizations
- 13.4.0 Conclusion
- 13.5.0 Summary
- 13.6.0 Tutor-marked Assignment
- 13.7.0 References

13.1.0 Introduction

In *Unit 12*, we discussed psychoactive drugs among adolescents. The unit also served to introduce you to other units in the course. You should now be able to describe the nature of the problem of psychoactive drugs among adolescents. You should be able to identify the factors influencing adolescents to take to psychoactive drugs. In addition, you should be able to explain the factors influencing adolescents to take psychoactive drugs.

With what we have learnt so far, what can we do? What are the roles we can play? This is the topic in this unit: Intervention Programmes against Drug Abuse. It is the fourth unit in Module III of your course. Let us take a look at what you should learn in this most applicable unit as specified in the objectives below.

13.2.0 Objectives

By the end of this unit, you will be able to:

- explain solutions to the drug problem
- describe the role of parents in solving the drug problem
- discuss the role of teachers in finding solutions to the drug problem
- identify what voluntary organizations can do in solving the drug problem

13.3.1 Solution to the Drug Problem

In line with various United Nations resolutions on global drug control, the Federal Government of Nigeria set up the National Drug Law Enforcement Agency (NDLEA) to coordinate all activities relating to control of supply and reduction in the demand for narcotic drugs and psychotropic substances. It is significant to note that Nigeria was the third country to ratify the 1988 United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances. In fact, Nigeria is a party to all United Nations conventions on drug control and has put in place the relevant administrative structure to facilitate their implementation. In the same vein, Nigeria has promulgated decrees and passed laws that ensure that forfeiture of movable and immovable assets of persons convicted of illicit trafficking in narcotic drugs and psychotropic substances. By this Act, the Nigeria government has ensured that drug traffickers receive a penalty commensurate with their crime.

The National Drug Law Enforcement Agency has succeeded in controlling the aspect of drug supply as recorded in the reduction in number of people being arrested for drugs trafficking. In addition in the area of demand reduction, the agency has put in place several programmes for creation of awareness on the dangers associated with drug abuse. Governments' joint effort has yielded tremendous results: as evidenced in Nigeria's certification, by the United States of America, as a drug-free Nation (Obasanjo, 1999:75).

Given the above, it is important for Nigeria to achieve a balance between the control of demand and illicit supply. Toward this, there is the persistent need to strengthen existing prevention structures on the ground. President Obasanjo therefore directed all states and local governments to give adequate financial and material support to the States and Local Governments' Drug Abuse Control Committees (DACC) in their domains to enable them perform their functions effectively.

Exercise 13.1

13.3.3 The Role of Teachers

The Federal Ministry of Education, a major stakeholder in education, is very much involved in the battle against psychosocial problems among youths adolescents: absenteeism, truancy, and delinquency, drug abuse, teenage pregnancy and so on.

Teachers should do well to put an end to drug abuse in all schools. In this connection, the Federal Ministry of Education is engaged in the introduction of drug prevention' education in all schools as well as the formation of Drug Free Clubs (DFCs) to raise awareness in the youth in all the schools, as some of them abuse drugs as a result of ignorance and group pressure.

Teachers should be more dedicated to their profession by conduction their duties effectively, thereby making the school a real home for the students. This will generate good academic performance and a positive attitude of students towards education in order not to alienate student from the school.

One effective way of combating drug abuse is to let students dramatize the effects of drug abuse and to come out with their own commercial advertisements on drug abuse and drug trafficking.

Exercise 13.2

Given our discussion so far, do you think drug education is better promoted in single sex schools or in co-educational schools?

Please, give reason(s) for your response

Thumbs up your active participation in our discussion. Now let's go

13.3.4 The Role of Voluntary Organizations

Both public authorities and voluntary organizations must be involved. Every citizen should feel personally and professionally concerned.

International organizations such as the World Health Organization (WHO), the International Police (INTERPOL), and so on, should move in to help combat the menace of drugs by the production of written and audiovisual teaching materials reflecting the specific nature of the situation in Nigeria.

Individuals, companies, and other organizations should make voluntary contributions in kind and cash towards the effort at creating a drug-free society.

The United Nations, which is in the forefront of the drug war, through the UNDCP, has again done it by choosing music as the theme of 1999 United Nations Anti-Drugs Day. It is well-known fact that, youths erroneously associate music-making with drug usage. Note that several popular musicians have died of drug use; but music-making should not be necessarily associated with drug usage. According to the *World Book Encyclopedia* (1999: 1749)

Music is sound arranged into pleasing or interesting pattern..... People use music to express feelings and ideas.

All the musicians of Nigeria should therefore use music to express our collective rejection of drug abuse and the drug traffic culture.

13.4.0 Conclusion

In this unit, you have learnt a most topical and applicable aspect of adolescents' well-being. You have learnt solutions to the drug menace. Government set up the National Drug Law Enforcement Agency (NDLEA) to coordinate all activities relating to control of supply and reduction in the demand for narcotic and psychotropic substances. Nigeria has also promulgated legislations that ensure the forfeiture of movable and immovable assets of persons convicted of illicit trafficking in narcotic and psychotropic substances.

You have also learnt the role of parents, teachers and voluntary organizations in the battle against drug abuse.

13.5.0 Summary

- What you have learnt in this unit concerns adolescents' well-being

- You also learnt intervention programmes against drug abuse. Government’s role in this regard is very crucial, and significant strides have been recorded.
- In addition, you have learnt the roles of parents, teachers, and voluntary organizations in the war against drug abuse.

13.6.0 Tutor-marked Assignment

1(a) State three important actions of the Federal Government of Nigeria that convinces you of her seriousness in the war against drug abuse.

(b) Mention two (2) things that parents must do to assist in solving the drug abuse problem.

- (c) State two things teachers must do to assist in finding solutions to the drug abuse problem

13.7.0 REFERENCES

Obasanjo, O. (1999) “Keynote Address by the President, Federal Republic of Nigeria, on the occasion of the United Nations International Day Against Drug Abuse and Illicit Trafficking” Abuja: Saturday, 26th June.

World Book Encyclopedia (1999) New York: McGraw Hill

UNIT 14

MANAGING THE HIV/AIDS PROBLEM

Contents

14.1.0	Introduction
14.2.0	Objectives
14.3.1	Counselling the HIV/AIDS Patients
14.3.2	What Education Can Do
14.4.0	Conclusion
14.5.0	Summary
14.6.0	Tutor-marked Assignment
14.7.0	References

14.1.0 Introduction

In *Unit 13*, we discussed intervention programmes against drug abuse. The unit also served to introduce you to the last unit in the course. You should now be able to offer possible solution to the drug problem. You should also be able to describe the role of parents in solving the hard drug problem. In addition, you should be able to discuss the role of teachers in finding solutions to the hard drug problem. Also, you should be able to identify what voluntary organizations can do in solving the hard drug problem.

It is now time for you to study the most important, practical and most useful unit: Managing the HIV/AIDS Problem. It is the last in Module III of your course. Let us take a look at the objectives of this most useful unit as specified below.

14.2.0 Objectives

By the end of this unit, you will be able to

- identify recurring themes in the counseling sessions.

- list the roles of the HIV/AIDS counselor.
- explain the role of the school system in managing the HIV/AIDS problem.

14.3.1 Counselling the HIV/AIDS Patients

Remember our discussions in Unit 11 of this module which centered on HIV/AIDS. A relevant question for us all is: “What is it to counsel?” What to counsel concerns the specific areas that will often confront HIV/AIDS counselors when dealing with HIV/AIDS patients. According to Cohen and Weisman (1986), the sequel of an AIDS diagnosis can involve themes of :

- Alienation
- Expendability
- Thought of suicide
- Further motivated severe illness
- Terminality
- Depression and
- Frequent lengthy hospitalization.

It is important for you to note that AIDS counseling is not solely helping clients do deal with the implications of their diagnosis, but is also involves giving information about medical tests, reduction of risk from infection in high risk groups, and strategies for keeping well for patients who are seropositive. However, Bor *et al* (1991) maintain that there can never be a single way to counseling and there is no monopoly over how HIV/AIDS counseling can be best provided.

Thus, whatever method or approach is adopted in counseling AIDS patients, an AIDS counselor will find ways of exploring the following recurring themes in the counseling sessions:

1. **Secrecy:** As a result of the associated social stigma, counseling may include discussion on who should, or should not, be informed about the diagnosis.
2. **Complexity:** Since HIV/AIDS infection is complex from biomedical and social points of view, counseling will focus both professional and non-professional subsystem- wife, parents, friends.
3. **Relationship and Interaction:** Because of fears of contact by people around, AIDS creates relationship problems. Counselling sessions should focus on the causes, as well as the ways the epidemic can be contacted.

4. ***Uncertainty:*** Client will seek reassurance, certainty and predictability in the sessions as regards their problem.

In addition to the above, Bor et al (1991) identified the following essential roles of HIV/AIDS counselor. The writer of this course strongly recommends these roles to serve as veritable guides to AIDS counselors in Nigeria, Africa and indeed elsewhere. They are summarized below.

- (a) To create a reality with the client which fits with the client's current world-view and which will sustain him/her through periods of change which lie ahead.
- (b) To elicit all of the problems as the client sees them, and to decide in which relationship areas he/she needs to work first: that is, to assign priorities to problems in terms of the resolution of the problems.
- (c) To determine whether any part of the caring subsystem has defined a problem and to have a conversation about the problem.
- (d) To discuss the problem in usable language and together with the client create a reality of what the problem is.
- (e) To retain a degree of neutrality in relation to the decisions which clients make throughout the counseling process.
- (f) To help the patient to continue to grow and develop and to have some perspective about the future.
- (g) To place the responsibility for problem solving with those who define the problems
- (h) To help the client not to become stuck around problems and to help psychologically vulnerable persons to cope with additional stresses and thereby possibly prevent the development of major psychological problems.
- (i) To view AIDS at the centre to other problems such as relationship problems.
- (j) To examine the difficulties that arise from the client's apparent isolation resulting from a fear of social stigma and transmitting HIV, coupled with the desire to enter into new relationships and to be more involved with his/her family.
- (k) To help the client to find meaning or new understanding of what it is to have AIDS.
- (l) To normalize the views, feelings and experiences of the victim.

It is important for you to note that the above can be handled in an individualized counselling session while group counseling can also serve as an avenue for communicating them.

Exercise 14.1

How many HIV/AIDS patients are in the biggest hospital in your state or the state you are currently residing?

Is the figure likely to be on the rise?

What can we do to reduce the problem of HIV/AIDS in your state?

That is quite good of you! Now, let us continue our discussion

14.3.2 What Education Can Do

Combating the HIV/AIDS scourge has become a major preoccupation of the Nigeria Government. The reason for this is quite obvious: the disease, which is currently ravaging the country, has caused the death of countless parents, guardians, adolescents, children, and loved ones. The number of orphans is increasing.

Education must therefore be directed to everyone; but more to adolescents approaching sexual maturity. They must be taught about AIDS in the context of teaching Family Life Education (which we discussed under the course *HEM 601: Basics of Family Education*) be that at school, in the home, via the mass media, in the church or the mosque.

Programmes of AIDS prevention are particularly easy to set up in schools, where, of course, pupils can be compelled to attend lessons; or lectures dealing with the subject.

The AIDS prevention programmes that the school system will offer should be exposed to pupils of 10-15 years. It will not be surprising if some members of this age group are already sexually active.

AIDS education should also be broached in primary schools, in the context of education on health, hygiene, and environmental matters. Once the pupils are more aware, further information should be provided on a continuous basis, but ensuring that an association between sex and danger is not created in children's minds.

In all situations, prevention should be linked to exposure to risks. Messages should be conveyed in such a way that they are not likely to be misunderstood because the children receiving them are too young.

Educationists should adopt a sensitive and serious attitude; listen to what pupils say and show no surprise or shock, irrespective of the questions asked.

Preventing HIV infections among adolescents is an excellent strategy for solving the AIDS pandemic. This is because the United Nations projection estimates (2000) reveal that over 50 percent of the population of sub-Saharan Africa is under 24 years old, and more than 4,500 young people in Africa are infected with HIV each day.

Exercise 14.2

Most parents are reluctant to discuss sexuality with their children. Many discourage children from asking questions that relate to sexuality. In an era of HIV/AIDS, do you think parents/guardians would respond to a call to the town hall to discuss the problems of HIV/AIDS in the local language(s)?

14.4.0 Conclusion

In this unit, you have learnt a most practical and useful aspect of adolescents' well-being. You have learnt recurring themes in the counseling sessions: secrecy, complexity, relationship and interaction, and uncertainty. You have also learnt the roles of the HIV/AIDS counselor. In addition, you have also learnt the role of the school system in managing the HIV/AIDS problem.

14.5.0 Summary

- What you have learnt in this unit concerns adolescents' well-being
- You have also learnt the recurring themes in the counseling sessions
- In addition, you have learnt the roles of the HIV/AIDS counselor in managing the HIV/AIDS problem.
- Also, you have learnt the role of the school system in managing the HIV/AIDS problem.

14.6.0 Tutor-marked Assignment

1.(a) List the themes in the HIV/AIDS counseling sessions.

(b) Mention any five roles of the HIV/AIDS counselor

(c) Why has combating the HIV/AIDS problem become a major preoccupation of the government?

(d) Why is the school so crucial in the war against HIV/AIDS

14.7.0 REFERENCES

Bor, R., Miller, R., Scher, I. & Salt, H. (1991) "The Practice of Counselling HIV/AIDS Clients" *British Journal of Guidance & Counselling* 19, 2, 129-137.

Cohen, S. A. & Weisaman, G. T. (1986) *HIV Infection: An Approach for Family Physicians*. San Francisco, USA.

Hearty Cheers! You have now completed your study of all units in Module III. By this development, you should have also completed the study of all units in Modules I, II, III. This brings you to the end of the first half of the course, HEM 706

Congratulations!

UNIT 15

RESEARCH PROJECT

Contents

- 15.1.0 Introduction
- 15.2.0 Objectives
 - 15.2.1 Topics
 - 15.2.2 Proposals on Alcohol, Drugs and HIV/AIDS
 - 15.2.3 Putting Your Idea into a Project Format
- 15.3.0 Developing a Project Outline
 - 15.3.1 Goals and Objectives
 - 15.3.2 Plan of Action, Project Design/Methodology
 - 15.3.3 Budget and Personnel Requirements
 - 15.3.4 Title
- 15.4.0 Elements of a Full Proposal
 - 15.4.1 Narrative
 - 15.4.2 Time Line
 - 15.4.3 Abstract
 - 15.4.4 Appendices
 - 15.4.5 Table of Contents
- 15.5.0 Activities
 - 15.5.1 References
 - 15.5.2 Sample Questionnaire

15.1.0 Introduction

In all the previous units, you learnt about alcoholism, illicit drug abuse and the prevalence of smoking in Nigeria; Intervention programmes against misuse of these drugs and the linkage between drug abuse and HIV/AIDS have been fully described. Also, the management of HIV/AIDS epidemic should be well understood by now.

We shall now take up a project to test our understanding of all we have learnt in the previous units.

The project forms part of the 2 credit units' course, HEM 706. It will be a term paper on case studies. Questionnaires will be developed and administered in order to bring to the forefront, the social effects of alcohol and drugs on HIV/AIDS prevalence in our local communities.

15.2.0 Objectives

By the end of this unit you will be able to:

- (a) appreciate that alcohol and drugs misuse are social problems.
- (b) appreciate the effects of drugs on HIV/AIDS
- (c) encourage students to gain insight into the problems of HIV/AIDS and its associated stigma;
- (d) highlight what needs to be done to intervene successfully in the social problems of HIV/AIDS

15.2.1 Topics

1. The role of alcohol and illicit drugs on the spread of HIV/AIDS epidemic
2. Alcohol, drinking behaviour and environment in the prevention, treatment and control of HIV/AIDS
3. An investigation of the social and environmental factors that contribute to HIV infection.
4. Determinants of prevalence of HIV/AIDS and abuse of drugs
5. Secondary school students, drug abuse and HIV/AIDS.

15.2.2 Proposals on HIV/AIDS

The student is expected to choose anyone of the topics listed in section 15.2.1. Although slight modifications of the topics are allowed but you may require the approval of the Dean, School of Science and Technology through your Course Coordinator

As a guide to writing up your research project findings, carefully go through the steps enumerated in the foregoing sections.

15.2.3 Putting Your Idea into a Project Format

No matter how good your ideas or noble your intentions, you must translate them into a specific set of activities.

To conduct basic research, the test of moving from an idea to a practical work plan is the same. You must define the problem(s) or need(s) you wish to address, then you formulate the goals and objectives of your response to that problem(s) and then you decide what specific action(s) have to be undertaken to fulfill those goals and objectives.

An excellent way to start is to develop a concise outline containing each of the elements discussed below. An outline allows you to organize your thoughts into a coherent action plan and will help you formulate your arguments to persuade your target audience of your proposed projects value. Work on each section until you have established a strong, logical connection between the activities you propose to undertake and the resolution of the problem you have defined. Try to look at the Research from the community's perspective. Why would some support this activity? Who might benefit from it? What might the project accomplish? Finally, you also can share the outline with colleagues who can provide valuable feedback and guidance.

15.3.0 Developing a Project Outline

Statement of Need or Problem to be addressed:

What really needs to be done? What significant need(s) are you trying to meet? What services need to be delivered to whom, or what gaps exist in the knowledge base of your field? Thinking critically about these questions will allow you to “carve out” a workspace for yourself by defining the problem you want to address. Remember the problem must be both significant and manageable. Potential readers must be convinced not only that a problem is important enough to deserve attention but also that some impact on the problem is possible and that, you are the person who can make that happen.

15.3.1 Goals and Objectives

Set an overall goals for your project by delineating what you actually intend to accomplish. Think about what impact you want to make on the problem/what caused the problem or what factors contribute to it and how could these factors contribute to it and how could these factors be modified to alleviate the problem? What specific measurable changes could be made? Your answer will allow you to develop a set of project objectives i.e. a statement of specific outcomes that could be measured to determine actual accomplishment.

15.3.2 Plan of Action, Project Design, or Methodology

What specific activities would enable you to meet the objectives you have set? How can they be conducted? How realistic is your plan of action for a research proposal, you must select an appropriate methodology and then establish a clear rationale for its adoption. For a service or demonstration project, you must think about the number and types of people who would be served and who would provide the specific service components. You must ensure the validity and reliability of your findings as well as the significance of the study.

15.3.3 Budget and Personnel Requirements

For many researchers, especially those writing a research proposal for the first time, estimating a project's budget and personnel needs can be daunting.

However, limit your research to your area of domicile to cut cost. In any case, the following questions need to be answered.

- How many people with what types of qualifications are needed to carry out the project?
- What space, equipment, and travel resources are required?
- How much time is necessary to complete each of the project activities?

Once these questions have been answered, you should be able to generate a fairly accurate estimate of the project's financial requirements.

15.3.4 Title

Some titles have been suggested; please feel free to choose from the list.

- Choose a simple title that explains to the extent possible, what you plan to do.

Avoid cute or catchy titles or fancy acronyms. If your Coordinator finds your title silly, it may prejudice them against looking further to see what your project is all about.

After you have thought out each of these elements, review your entire plan for logic and consistency. Now, it should be relatively easy to write a brief, two or three page outline to use in discussions with your Coordinator or academic colleagues. The outline can also serve as the basis of the full proposal.

To summarize, the outline should include the following:

- Title of the proposed project
- Statement of need or problem to be addressed
- Overall goals and objectives.
- Plan of action, project design or methodology
- Budget and personnel requirements

15.4.0 Elements of a Full Proposal

The proposal format or presentation will depend on the schools requirement. Whenever the school provides guidelines or directions, follow them explicitly.

All proposals should contain elements, which are outlined below.

15.4.1 Narrative

The main body of the proposal should be a narrative laying out exactly what you plan to do and why and how you propose to do it. The narrative should include all the elements in your outline, with supporting information and elaboration. Generally, you begin with a statement of the need or problem you will address. It is important that you make no unsupported assumptions. For service projects, you should document the need through a needs assessment. For research projects, you should provide a clear rationale as to why the work in your particular area is likely to be fruitful. Next, state the overall goals and specific objectives of the project, making sure there is a clear, logical connection between the problem you have defined and the response you are proposing.

Finally, describe your plan of action or methodology, providing sufficient detail for the reader to judge whether your project can be run both efficiently and effectively. The narrative should demonstrate that you have carefully thought through all aspects of the project.

It must convince reviewer of the significance of the problem, the appropriateness of your proposed response, and your ability to conduct the planned activities. Be sure its logic, is cognate, its organization strong, and its writing convincing and concise.

15.4.2 Time Line

To help the reviewer understand what you plan to do, include a well developed timeline for project activities. A realistic, careful timeline demonstrates to the reviewer your thorough organization and planning. It also shows that you have thought through your projects long-term needs and goals.

15.4.3 Abstract

Prepare a brief proposal abstract, keeping in mind that readers often rely on it heavily. Be sure to cover all the proposal's key element within the stipulated length limitations. Although in the final document the abstract will appear first, it is best to write it last after you have completed the main sections of the proposal

15.4.4 Appendices

If allowed, place in the section for appendices any materials that add important data but would prevent a smooth reading of the narrative, such as charts, graphs, tables, illustrations and letters of recommendation. These are always important to give the reviewer a sense of your credibility as a program director.

You also may want to include endorsements from institutional officials, preferably the Chief Executive Officer, curricula vitae of key project personnel also should be included here but bear in mind that the sponsor is interested only in relevant work and experience not entire career histories.

15.4.5 Table of Contents

Always include a table of content as a service to your readers. Like the project time-line, this document serves a dual purpose, it aids the reviewer in quickly locating the various elements of your proposal (this can be specially valuable when proposal sections are sent to reviewer out of sequence) and it reinforces the reviewer's impression of you as an organized and capable student/researcher.

15.5.0 Activities

Now the tasks before you are:

- (i) Choose a topic
- (ii) You wish to seek funds from government, non-governmental bodies and private establishments to sponsor your research. Hence you will write a proposal using the tips discussed in section 15.4. This should take you 5 days working at least 2 hours everyday.
- (iii) Beyond section (ii) above, you are to conduct a research on your chosen topic by:
 - (a) Preparing a questionnaire which must include specific and direct questions on HIV/AIDS e.g Have you submitted yourself for HIV/AIDS tests? Etc. knowledge of HIV/AIDS, Awareness on HIV/AIDS epidemic, Alcohol and drugs consumption pattern; where and what time of the day are these consumed? In a night club or brothel? Family background including Economic activities of parents. Gender? Occupation? Area of domicile? Do you smoke? What's the brand? How many sticks? Are you working? Do you drink? What brand? How many bottles a day? A week? A month? Etc.

You can spend some time on the Internet to aid in the preparation of questionnaire which should not take more than 5 days, working at 2 hours each day.

- (b) Administer the questionnaire to 100 youths in your area of domicile. At a work rate of 2 hours per day, the administration of the questionnaire should consume about 5 days.

- (iv) Analyse your research findings and do a write up. Submit a copy of your bound write up (proposal and actual research) to your Study Centre Manager who will arrange to send them to the School of Science and Technology at the National Open University of Nigeria, Headquarters, Lagos. This section may be completed in two/three weeks, studying for 2 hours everyday.

The write up should include: Abstract, Introduction, a precise Literature Review, Methodology, Results, Analyses, Discussion and Conclusions. In formatting, use font size 12; double line spacing; and Time New Roman Font.

Any proposed intervention programme? Suggestions for future studies should be included.

15.5.1 References

The student must have carried out a dissertation/project in his or her graduating year at the last University attended. Hence, references are not

news to us. However, references are a list of materials consulted while preparing a write-up. They are properly listed at the end of the write up. These references may include journals, books, theses, periodicals, etc. A typical example of how references are listed in a science and technology journal is

1. OKI, M, Indian Journal of Chem., 27A (1988) 387-390. i.e The surname of the author comes first, followed by his initials. The name of the journal comes next with a comma followed by the volume and number. The year of publication in brackets follows while the pages of the title consulted come last.

If it is a book, it should appear in this format: surname and initials, title of book, name of publishers in brackets followed by the year of publication. i.e. Adelabu. M. Corrosion (Interscience publishers, Lagos, Nigeria.) 1st Edition 1990.

The list of references must be included in both the proposal and the research findings.

15.5.2 Questionnaire

A typical questionnaire is set out below. Please feel free to add more relevant questions which will add meaningfully to the output of the research.

Instruction: Please put a tick (✓) as appropriate in the spaces provided.

1. Name_____ (optional)_____
2. Age_____ Sex: M_____ ; F_____
3. Town or village of Residence_____
4. School_____
5. Parents' Occupation_____
6. Will you say you are very comfortable _____
Or uncomfortable _____ with parents income,
status and what they can provide for you? _____ (Yes/No)
7. Do you live in a duplex _____ rooming estate _____ flat? _____ etc.
8. Have you heard about HIV/AIDS? Yes _____ No _____
9. Do you know the difference between HIV and AIDS? Yes _____ NO _____

10. Have you ever seen an AIDS patients? Yes _____ No _____
11. Is he or she your relation? Yes _____ No _____
12. Do you know that someone living with HIV can live a fruitful life? Yes ___ No ___
13. Have you ever heard about antiretroviral drugs? Yes _____ No _____
14. Do you have an idea about their cost? Yes _____ No _____
15. Can someone who received HIV contaminated blood develop AIDS? Yes ___ No ___
16. Do you know or have you heard that an unborn baby may contract HIV from its mother? Yes _____ No _____
17. Do you know that HIV/AIDS can be contacted by sharing barbing, ear nose, etc piercing instruments? Yes _____ No _____
18. Have you ever heard about STDs, Sexually Transmitted Diseases? Yes _____ No ___
19. Is HIV an STD? Yes _____ No _____
20. Do you have boyfriends/girlfriends? Yes _____ No _____
21. If yes, how many? _____
22. How close are you? _____
23. Have you ever had sexual intercourse? Yes _____ No _____
24. How often? _____
25. How many times have you changed your sexual partners? _____
26. Do you drink alcoholic beverages? Yes _____ No _____
27. Where? In a night club _____ Hotel _____ or road side beer parlours? _____
28. What time of the day do you prefer to drink alcoholic beverages? _____
29. Do you feel sexually aroused after a drink of your favourite beverage? Yes _____ No _____
30. If you do have sex after a drink, do you feel fulfilled? Yes _____ No _____
31. What motivates you to have a drink? Sexual drive? _____
32. Does your sexual partner(s) drink alcoholic beverage as well? Yes _____ No _____
33. If you have sex without a drink, do you still feel fulfilled? Yes _____ No _____
34. Have you received gratification after having sex? Yes _____ No _____

35. Do you ask for it Yes _____ No _____
36. Smoking is dangerous to your health. Is that true? Yes _____ No _____
37. Do you smoke cigarettes or any other thing? Yes _____ No _____
38. What motivate you to smoke? _____
39. How many sticks of cigarettes or wraps do you smoke in a day? _____
40. Do you fee high or low after a smoke? _____
41. Do your sexual partners smoke as well? Yes _____ No _____
42. Have you heard of performance enhancing drugs? Yes _____ No _____
43. Have you tried any in the past? Yes _____ No _____
44. How is your sexual habit after taking any drug? _____
45. Do you know that people who inject drugs may find it difficult to access health services and resources that might help them protect themselves from HIV infection? Yes _____ No _____
46. Do you know that people who inject drugs also spread HIV infection through sexual intercourse with partners and spouses? Yes _____ No _____
47. Would you encourage injection drug users to stop using and injecting drugs? Yes _____ No _____
48. Would you encourage injection drug users not to share equipment, if they continue to use and inject drugs? Yes _____ No _____
49. Would you encourage injection drug users to disinfect equipment to reduce transmission, if they share equipment? Yes _____ No _____
50. Have you ever submitted yourself for HIV tests? Yes _____ No _____
51. Was it positive _____ or negative? _____
52. Is HIV/AIDS preventable?

