DRUG EDUCATION AND MANAGEMENT OF PSYCHOACTIVE SUBSTANCE USE AMONG INTRA-CITY COMMERCIAL DRIVERS IN IBADAN METROPOLIS, OYO STATE, NIGERIA

BY

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CERTIFICATION

I certify that this research was carried out under my supervision by Omoohu Zainab Kamalideen AMAO in the Department of Human Kinetics and Health Education, Faculty of Education, University of Ibadan, Ibadan Nigeria.

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DEDICATION

This thesis is dedicated to Almighty Allah, the custodian of all knowledge, the sustenance of the world, who is always there for those who care to feel His presence.

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ABSTRACT

High prevalence of Psychoactive Substance (PS) abuse among intra-city commercial drivers have grave social and health consequences on individua1ls, families and the society at large. The trend has been of major concern to government and other stakeholders. Previous studies have focused largely on prevalence, causative factors, prevention, consequences and rehabilitation using survey method with little emphasis on attitudinal transformation using educational intervention. Therefore, this study was designed to determine the effects of Drug Education (DE) on the management (knowledge, attitude and Abuse) of PS among intra-city commercial drivers in Ibadan metropolis, Oyo State, Nigeria. The moderating effects of educational level and age were also examined.

Social Cognitive Theory provided the framework, while the pretest-posttest control group quasi-experimental design using 2x3x4 factorial matrix was adopted. Two (Ibadan North East and Ibadan North West) out of the five Local Government Areas (LGAs) in Ibadan metropolis were randomly selected, and assigned to DE (Ibadan North East - Aremo) and control (Ibadan North West - Idikan) groups. One hundred Intra-city commercial drivers who are registered with the National Union of Road Transport Workers (NURTW) and volunteered to participate in the study were selected based on equal allocation from the two NURTW branches: Aremo (50) and Idikan (50), respectively. The experimental group were screened using drug abuse screening test scale (DASTS). Treatment lasted eight weeks. Instrument used were instructional guides, PS Knowledge (r=0.87), Attitude to PS (r=0.82) and Abuse of Psychoactive Substances (APS) (r=0.84) scales. Data were analysed using descriptive statistics and Analysis of Covariance at 0.05 level of significance.

Participants were male (100.0%) aged 47.4±8.8 years out of which 50% had evidence of substance abuse; their educational levels were: no formal education (9.0%), primary school certificate (61.0%) and senior secondary school certificate (30.0%). There were significant main effects of treatment on PS knowledge ($F_{(1;80)}$=10.40; partial η^2=0.12), attitude to PS ($F_{(1;80)}$=5.54; partial η^2=0.07) and APS ($F_{(1;80)}$=5.82; partial η^2=0.07). Participants in the DE obtained higher post - mean score in PS knowledge (20.73) than those in the control (15.95) group. The participants exposed to DE had better attitude towards psychoactive substances (28.98) than those in the control (21.53) group. Participants in the DE had higher post - mean score (21.53) than control (17.17) group. There was a significant main effect of educational level on knowledge of PS ($F_{(2;80)}$=5.73; partial η^2=0.13). The participants with primary school certificate had highest post mean score (23.21), followed by senior secondary school certificate with post means score (23.14) and no formal education with post mean score (19.62) respectively. There was no significant main effect of age on knowledge, attitude and APS. The two-way interaction effects were not significant. There was no significant three-way interaction effect on knowledge, attitude and APS.

Drug education enhanced intra-city commercial drivers' knowledge, foster positive attitude towards the psychoactive substances and also enhanced the participants' decision to stop abuse of psychoactive substances. Drug education programme should be organised regularly for commercial drivers across all different ages and level of education especially for those with low level of education.

Keywords: Drug education, Psychoactive substances, Intra-city commercial drivers

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CHAPTER ONE

INTRODUCTION

Background to the Study

Psychoactive substance abuse has become a global public health problem affecting almost every country and age groups irrespective of educational background. Psychoactive substances are generally referred to as drugs or products that have the capabilities to alter individual's mental ability, processes, or mood at any particular time. These substances range from over-the-counter drugs that we consume on daily basis such as alcohol and caffeine, to hard illegal drugs like heroin and cocaine. Oshodi, Aina and Onajole (2010) stated that, psychoactive substance abuse is a leading cause of preventable death, illness and injury in the world. The increase in the abuse of psychoactive substance globally has been associated with violence, crime, contraction of Hepatitis B, HIV infection as well as development of certain diseases like cancer and heart attack. Available document on road accidents revealed that 18% of the fatally injured drivers tested positive to psychoactive drugs; and also, about 4.2% of USA population drive under the influence of these hard drugs (National Highway Traffic Safety Administration [NHISA], 2009).

In Nigeria, indiscriminate consumption of cannabis and other illicit drugs were found to be rampant among youths in Benin City, Lagos, Abuja and Onitsha (Abudu, 2008; Oshodi, Aina and Onajole, 2010). It had been reported that the abuse of psychoactive drugs is on the increase in the society, with the attendant negative consequences on the nation's human resources. Romeri, Baker and Griffiths (2007) asserted that the abuse of various psychoactive substances within organizational structure constitutes a major occupational health hazard with the society. Similarly, it was established in a study that long distance commercial drivers in Ibadan, Oyo State frequently abuse alcohol (77.5%), tobacco (60.5%), cannabis (52.5%) and inhalants (8.1%) (Lasebikan and Baiyewu, 2009). The prevalence rate of road accidents among the respondents in the

study was 26.8% and drivers suffering from alcohol use disorder contributed significantly to these mishaps, (Lasebikan and Baiyewu 2009). It was also observed that substance abuse among commercial drivers is on the increase globally, particularly in Nigeria.

Psychoactive substances are commonly used by different individuals for various reasons. Such reasons include curiosity, availability and social pressures. Psychoactive substances like tobacco, marijuana, cocaine, ecstasy, valium and heroin are among the commonly abused drugs, which have attracted both local and international concerns. A worker who always performs his/her work duties under the influence of drugs will definitely be prone to accidents. Overall, alcohol and cannabis are the most psychoactive substances that are commonly abused among different categories of drivers. Gadegbeku, Amoros and Lauman (2011) reported that cannabis and alcohol are responsible for a significant number of fatal car crashes, when compared to amphetamine, cocaine and opiates. Tanker drivers in Lagos have been found to use psychoactive substances such as alcohol, tobacco, caffeine, amphetamine and sedatives (Makanjuola, Aina and Onigbogi, 2014). Abikoye (2012) established that liquor utilization is very high among drivers in Ibadan. It was revealed in the same study that private drivers are also involved in the consumption of these unwholesome substances.

Most commonly abused psychoactive substances among commercial drivers are cigarettes, locally brewed drinks (ogogoro), kolanut, cannabis, herbal-alcohol mixture, inhalants and alcohol (Okpataku 2013). Lasebikan and Baiyewu (2009), observed that in Nigeria, in spite of the increasing rate of liquor and medications use among business drivers, relevant law enforcement agents have been found wanting in enforcing laws against driving affected by cerebrum modifying substances. The severity of road traffic accident depends on speed of the vehicle and alertness of the driver, although vehicles voyaging slower than normal speed are additionally at an expanded danger of streetcar crashes.

Psychoactive substance use is a strong factor that is usually associated with over speeding, breaking of traffic laws and automobile accidents. Bun (2012) affirmed that the increased rate of road accidents on the highways is usually a function of drivers' related factors. Notable among these factors are: driver's disposition, auditory and visual alertness, ability to make right decision and the speed at which a driver moves

on the highways. Drug and alcohol use while driving contributes significantly to the increasing rate of road traffic accidents, road traffic injuries and deaths across the world. Other contributing factors include speeding, travelling too fast for prevailing conditions or speeding beyond the speed limit.

The health problems resulting from substance abuse could include neurological disorder, liver damage, peptic ulcer, tuberculosis, hypertension among other physical health-related challenges. The problems could also include social issues like marital crisis, increasing rate of criminal activities and sexual assault among people in the community. It could likewise prompt incitement of heart and narrowing of veins, hypertension, cerebral pain, loss of craving and queasiness. Besides, it could exasperate or cause sinusitis, bronchitis, malignant growth, strokes, heart assault and in the end lead to death. Almost 61 per cent of lung sicknesses, especially, tuberculosis related passings are owing to smoking (World Health Organization [WHO], 2011; Mba, 2008). Alcohol and other alcohol-related materials contributes about 25% to the all-out illustrative intensity of sexual-unsafe practices among teenagers and this exposes a lot of them to the danger of contracting Human Immune Virus/Acquired Immune Disease Syndrome (HIV/AIDS) and other sexually transmitted diseases (STDs) (Olley, 2008). Some commercial vehicle drivers and commercial motorcycle riders often smoke cannabis, drinks alcohol and alcohol based herbal mixtures before embarking on journey to energize themselves. Unfortunately, they get the reverse feeling as this practice usually leads to impaired mental function such that the ability of the user to make accurate judgment when driving vehicle is affected (Abikoye, 2012).

The use of psychoactive drugs is an important cause of immorality, ill-health and mortality among the general populace. The increased rate of hard drug consumption among commercial drivers, who by the idea of their activity are consistently out and about, shows the weakness of the government institutions that are charged with the responsibility of enforcing the laws that forbid this act. In other words, the advertisement and sales of different kinds of medicines are not properly controlled in Nigeria, thereby resulting into misinformation and misconceptions that can aggravate self-medication within the society (Okeke et al 2006 and Abodurin 2009). Psychoactive drugs can influence human's behaviours in terms of change in physical, mental and emotional attributes. To worsen this situation, inadequate health facilities,

hunger and illiteracy are increasingly making access to effective medical intervention to be limited. Also, there are widespread activities of unqualified individuals, rendering unconventional medical services to the people, and this has been entrenched in the nation's medical service delivery (Afolabi, 2008).

The effect of psychoactive substance abuse on the health of an individual is important to the health educators because of the health risks and consequences that are involved. Odeh (2012) reported that it is a common knowledge that an average commercial driver in Nigeria drives on frequent indulgence in alcohol and substances labeled as drugs. This is a major reason behind the high rate of roads accidents, violence and other fatal events across the country. Lasebikan and Ayinde (2013) affirmed the complexity in the relationship that exists between alcohol consumption and the harmful effects it has on the consumers. The harmful influence of alcohol consumption could be aggravated by restricted access to wellbeing administrations and wellbeing instruction among the people in the community. Inadequate information about wellbeing instruction, close association with female brewers and commercial sex workers could encourage dangerous practices, for example, perilous sex and consumption of hard drugs. In the same vein, failure or inability of law enforcement agents to practically ensure that laws prohibiting sale and consumption of alcoholic substances and hard drugs within motor parks are enforced could promote substance use and abuse among this category of drivers. Concerning the general wellbeing approach, the objective of mediation is hurt decrease regardless of whether these business drivers are of the sentiment that psychoactive substances help them work harder. In this manner, more health education program is required in creating powerful intervention that will address the issue of hard drugs consumption.

In most cases, many people in the society tend to consider a psychoactive drug user as one who is tough, bold and strong. This seems to encourage drug use among the younger generation in the community. Drummer et al (2004) affirmed that many young people in the society use psychoactive substances as a result of pressure from peers, elders or family members. Inferiority complex could also be a reason why some students use drugs to achieve social acceptance. Nigerians under the influence of indian hemp shed all inhibitions and produce behaviour that is inconsistent with their societal discipline. It was further established that the increasing incidence of substance abuse among adults is a contributory factor in the ugly incidences of rape. In the same

vein, drug abuse by adults in the society has become one of the most distressing health related challenges in Nigeria and other parts of the world. Several adults experience mental health problem, either temporarily or for a long period of time. Some become insane, maladjusted to school situations or work and eventually drop out of school or lose job (National Drug Law Enforcement Agency [NDLEA], 2007). These phenomena influence the activities of the commercial drivers who are involved in the transportation system.

Commercial drivers are people in the community who convene passengers from one place to another at a fee; this makes it difficult for them to leave their various motor parks to seek medical help when situation demands. They are usually observed to be consuming drugs at will to treat themselves or to improve their energy from unauthorized drugs dealers. In most cases, the drivers are observed to not know right medicine to use when they are sick and the side effects. Under this circumstance, patent medicine dealers remain the main source of medication to these commercial drivers, since they are usually closer to the grassroots.

Although the present executive of NURTW in Oyo State, has been trying to get rid of locally made gin (paraga) and other psychoactive substances sellers from the parks, but some still involve themselves in the consumption. In the chairman's address, we understand the reckless driving of their members, which most times is due to the influence of the use of hard substances thus, they sent away those selling the substances and warned them about the implications of consuming psychoactive substances however, we have not achieved hundred percent success. In view of the above statement, the union needs more than just warning and sending the sellers away. They need intervention to give them informed knowledge on psychoactive substances in order to make a positive attitudinal change (The Nation, 2011).

Studies conducted on the rate at which drivers consume drugs are based on assumptions that the utilization of psychoactive substances advanced not long after the beginning of driving as an occupation, especially among commercial drivers. Therefore, it implies that the driving employment could be immediate factor for the utilization of drugs among drivers in the society. In this case, the onset use of psychoactive materials in relation to driving is an important parameter to properly understand some of the motivations that could stimulate drug use behaviour and

consumption of illicit substances among different categories of drivers in the society. Also, the level of formal education of long distance drivers' and their knowledge about the health implications of drugged-driving are strategic in the process of designing, implementing and evaluating the impact of drug use control and prevention intervention (Okpataku, 2015). The age of commencement of substance can determine the severity of the consequences of the abuse in life. The use of psychoactive substance could commence as early as possible in some culture because it is used during festive period. Olubayo-Fatiregun (2003) posited that drug consumption is a part of human culture and that the pattern of drug abuse commences early as age ten and above which eventually is the beginning of adolescence, drugs used at this age could be dangerous and detrimental to their health.

Knowledge is associated with understanding gained through experience. Udoh (2006) opined that knowledge deals with facts, information, skill and understanding an individual acquires through experience or education. It was further stated that knowledge needs to be incorporated in ways that influence personal attitudes and behaviour towards better quality of life, because low level of formal education have negative effect on knowledge about substance use among commercial drivers. Knowledge is therefore, an important aspect of life that should not be neglected considering its influence on attitude and behaviour. Thus, acquisition of knowledge of psychoactive substance abuse and its effect on the body is necessary for commercial drivers so as to mitigate the act of engaging in abuse of various substances as well as fostering right attitude to life among such drivers. This in turn, will reduce incidences of violence and particularly, occurrence of accidents in the society.

Attitude could be described as a neural and mental condition, organised through exposure, extending a kind of dynamic effect on individual's response to all objects and situations with which it is related. It is concerned with a person's tendency to respond to immediate environment including human, in particular, positive or negative ways. Such tendency has its basis in cultural, social and personal experiences (Aschberg and Sjoblom 2009). Attitude of an individual towards existence depend on the level of education and the usage of knowledge acquired to encourage a positive attitude to life. Health and illness behaviour, individual's readiness, predisposition to respond positively or negatively to situation, object, thing or person has its bases in cultural, social and personal experience. Drug education is therefore necessary for

intra-city commercial drivers for the purpose of having right or positive attitude towards the abuse of psychoactive substances thereby reducing the menace that comes with the use of the substances.

It had been observed that when an individual's base his/her attitudes on defective information, it usually results into prejudices. There are still many prejudices towards people suffering from substance abuse in the society (Aschberg and Sjoblom 2009). In other words, many have wrong impression about the behaviours or attitude of people suffering from hard drugs consumption. Consuming drugs or substances indiscriminately is an abuse. Several people experience psychological problem issue, either briefly or for an extensive stretch of time. Some become crazy, maladjusted to work circumstances and in the end loose employment (Dennis-Atwi, 2003).

Educational level is a strong factor that can influence knowledge, attitude and behaviour of individuals on abuse of psychoactive substances. Dara (2018) expressed that educational level of an individual goes a long way in dictating the type of life they live, the people whom they associate with and involvement in issues that can be detrimental to their personality, like the abuse of psychoactive substances. An educated individual may be selective on the type of psychoactive substance to take, which may cause less harm to his health, while the individual who are less educated or had no formal education could be influenced by peer pressure to get involved in the abuse of psychoactive substances. It was further revealed that, people with low literacy level are most common substantial smokers, consumers and the most physically inert. It was likewise detailed that practically 50% of the individuals experiencing medication misuse never went to class or just finished elementary stage of schooling (Dara 2018).

Age has been ascertained as a demographic factor that influences abuse of psychoactive substances. The study of Okpataku (2016) established that age is one of the socio-demographic factors that influence abuse of psychoactive substances. The influence of socio-demographic parameters on substance abuse varies from one community to the other or in a country to the other; but the effect of age on substances consumption is predominant in Nigeria. In some part of the world, the use of alcohol during festive period exposed the younger generation to it. In some cases, the upcoming commercial drivers at the park indiscriminately imitate the elder drivers in the act of consuming psychoactive substances without considering the side effects. In

some instance, some substances may be more commonly preferred by drivers based on education or age group. Therefore, drug prevention programme could be designed to address specific drugs considered to be of choice rather than the non-specific approach as commonly practiced.

Education is an act of imparting or acquiring knowledge, and being able to make a reasonable judgment to better one's intellectual for a meaningful existence. Education is a process of imparting knowledge and skills from teachers to students at different levels of education. It is also a field of study that deals withthe management, strategies and issues of instruction. It is the information, expertise and understanding that an individual gets from visiting school, be it formal or informal. Health education is an overall knowledge given to an individual to be able to make an informed change in his/her health decision. WHO (2016) characterized wellbeing training as the learning background intended to support individual and different networks to improve wellbeing, subsequently expanding information and affecting their frame of mind. Satisfactory instruction is essential to take care of the issue of maltreatment of psychoactive substance among commercial drivers.

Drug education is sometimes used interchangeably with terms like harm minimization, damage limitation and casualty reduction. At one end, the processes of drug education may be considered as having a harm reduction orientation. At the other end, drug education interventions can be viewed as failed processes, especially if the prevention goals of stopping the consumption of hard drugs among the people had not been achieved. Stopping the consumption of hard drugs is not necessarily the major goal that underpins a harm reduction strategy and this is what mostly differentiates it from other educational interventions. In this study, the intervention will be directed at giving the participants an informed knowledge on the health consequences and the risks to self, the family and society. Such as the injury that can lead to amputation of limbs, violence crime; and health issues like kidney problem, liver cirrhosis and cancer.

Drug education can simply be referred to as the planned provision and dissemination of appropriate information, resources and relevant skills to live a positive life in a society where the consumption of hard drugs has become widespread among different categories of people, for both medical and non-medical purposes. Effective drug education must offer an alternative to the escape that seems will emanate from

substance abuse (Narconon, 2016). The uniting force in all drug education is to prevent harm through educational programmes.

In literature, the focus has been directed primarily at negative impacts of hard drug on individual's well-being, which range from drink driving to other violent activities in the community. In the longer term, these negative impacts could result into serious health issues like liver damage, lung cancer, contracting of Hepatitis, HIV or AIDS through intravenous medication use (Orlandi, 1996; Botvin, 1990). Social rejection is additionally referred to as one of the hurtful impacts of association in medications. In this manner, hurts identified with the utilization of psychoactive substances could run from physical, mental, social and lawful issues. Medication training might be said to speak to an endeavour to avert individuals encountering drug-related damages, through instructive undertakings. However, the focus of this study was to use drug education to give an informed knowledge and encourage change of attitude towards abuse of psychoactive substances among commercial drivers in Ibadan Metropolis, Oyo State, Nigeria.

Oyo State is one of the Yoruba speaking states in Southwestern part of Nigeria with the state capital in Ibadan. The state covers a landmass of twenty-seven thousand two hundred and forty-seven (27,247) square kilometers. It bounded with Kwara State in the north, Ogun in the south, to the west are partly Ogun and Republic of Benin as well as Osun State to the east. According to the 2006 population census, the projected population stands at six million, three hundred and ninety-one thousand, seven hundred and twenty-five (6,391, 725). Although Oyo State is mostly dominated by Yoruba ethnic group, it accommodates other ethnic groups from other parts of the country as well as people from other countries. These may be due to the political history, friendliness and availability of mineral resources in the state. The occupation of the indigenes of the state is agriculture and the city are also known for their high commercial, social, cultural, religious and academic activities which attract people from other parts. Ibadan Metropolis consists of five Local Government Areas; these are Ibadan North, Ibadan North-West, Ibadan North East, Ibadan South-West and Ibadan South-East.

Considering the menace that substance abuse constitutes to individuals, family and the society at large, particularly among the commercial drivers, intervention then becomes compelling. It is on this basis that the study examined the effects of drug education on management (knowledge, attitude and abuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis,

Statement of the Problem

The warning by World Health Organsation in 2008 that, global annual road deaths could increase from1.3 million to 2.4 million by the year 2030 has necessitated the need to find urgent solution to substance use related accident, particularly among the commercial drivers in developing countries. The necessity is evident considering the physical, social and economic burden that accidents can pose on individuals, families and society at large.

Abuse of psychoactive substance among commercial drivers has been ascertained as a major cause of road traffic accidents in Nigeria. According to Lasebikan and Baiyewu (2009),road accidents were reported to have a considerable prevalence rate among those who have alcohol use disorder. In addition, they established that, most road accidents involving long distance commercial drivers in Ibadan were associated with psychoactive substance use. In the same vein, Abikoye (2012) found out that, road accidents have a prevalence of (26.8%) among those drivers who have alcohol use disorder.

A preliminary investigation by the researcher about commercial drivers' psychoactive substance abuse in Oyo State, Nigeria, showed that commercial drivers are involved in the abuse of diverse psychoactive substances under the pretense of solving health problems. Among most recent accidents that occurred due to excessive intake of psychoactive substances was the accident that claimed the life of young journalist in Ibadan Oyo State, which occurred on December 31st, 2017. It was reported that the driver who drove the vehicle that killed the vibrant journalist was drunk (Nigerian Tribune, 2018).The prevalence of accidents could be reduced if there is reduction in the use of psychoactive substances by the drivers. In view of the above, there is the need for drug education to enhance people's knowledge, encourage attitudinal change and stop or reduce the abuse of psychoactive substances.

Previous studies focused on prevalence as well as knowledge and attitude towards the use of psychoactive substances among students and long distance commercial drivers (Amao and Odelola, 2018;Oshodi, Aina and Onajola, 2010; Moronkola and Akinterinwa, 2003); This study, examined the effect of drug education on management (knowledge, attitudeandabuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis, Oyo State, Nigeria.

Objectives of the Study

This study focused on the following main and specific objectives:

Main Objective

The study was to examine the effect of drug education on management (knowledge, attitudeandabuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis.

Specific Objectives of the Study

The following specific objectives were to:

1. Determine the main effect of drug education (treatment) and management (knowledge, attitude and abuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis.

2. Discover the main effects of age on management (knowledge, attitude andabuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis.

3. Find the main effects of educational level on management (knowledge, attitude and abuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis.

4. Establish the interaction effect of treatment and age on management (knowledge, attitude andabuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis.

5. Determine the interaction effect of treatment and educational background on management (knowledge, attitude andabuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis.

6. Ascertain the two-way interaction effect of age and educational background on management (knowledge, attitude andabuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis.

7. Examine the 3-way interaction effect of treatment, age and educational background on management (knowledge, attitude andabuse) of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis.

8. Examine the source of differences (if any) in the effect of the experimental and control groups.

Research Questions

The following research questions were answered;

1. Do intra-city commercial drivers in Ibadan metropolis, Oyo State, Nigeria have the knowledge of effect of psychoactive substance?

2. What is the attitude of intra-city commercial driversin Ibadan metropolis, Oyo State, Nigeria towards effect of psychoactive substance?

3. What is the prevalence of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis, Oyo State Nigeria?

Hypotheses

The following hypotheses were tested:

1. There is no significant main effect of drug education (treatment) on:
    a. Knowledge
    b. Attitude
    c. Abuseof psychoactive substance among intra-city commercial drivers in Ibadan Metropolis.
2. There is no significant main effect of age on:
    a. Knowledge g
    b. Attitude
    c. Abuseof psychoactive substance among intra-city commercial drivers in Ibadan Metropolis.

3. There is no significant main effect of educational level on:
    a. Knowledge
    b. Attitude
    c. Abuseof psychoactive substance among intra-city commercial drivers in Ibadan Metropolis.
4. There is no significant interaction effect of treatment and age on:
    a. Knowledge
    b. Attitude
    c. Abuseof psychoactive substance among intra-city commercial drivers in Ibadan Metropolis.
5. There is no significant interaction effect of treatment and educational level on:
    a. Knowledge
    b. Attitude
    c. Abuseof psychoactive substance among intra-city commercial drivers in Ibadan Metropolis.
6. There is no significant interaction effect of age and educational level on:
    a. Knowledge
    b. Attitude
    c. Abuseof psychoactive substance among intra-city commercial drivers in Ibadan Metropolis.
7. There is no significant 3-way interaction effect of treatment, age and educational level on:
    a. Knowledge
    b. Attitude
    c. Abuse of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis.

Delimitation of the Study

The study was delimited to the following:

1. Pre-test-post-test control group quasi-experimental research design using 2x4x3 factorial matrix.
2. All Intra-city commercial drivers in Oyo State, Nigeria as population.
3. One hundred (100) intra-city commercial drivers in Ibadan Metropolis as participants.

4. One experimental and a control group.
5. Multistage sampling procedure: simple random sampling technique of fish bowl without replacement and purposive sampling technique.
6. Dependent variables of knowledge, attitude and abuse of psychoactive substance.
7. Independent variable of drug education.
8. Moderating variables of age and educational level.
9. Drug education package for the treatment group and personal hygiene for the control group.
10. Descriptive statistics of frequency counts, percentages and charts to analyze demographic attributes of the participants and research questions, while parametric statistics of Analysis of Covariance (ANCOVA) was used to test the hypotheses. Post hoc analysis was conducted to determine the source of difference between the treatment and control group.
11. Ten (10) trained research assistants participated.

Limitation of the Study

The following limitations were encountered in the course of the study:

The study was not able to cover all the motor parks in the LGAs, Oyo State, but there was adequate representation and the summary of the study was aired in the electronic and print media during the data collection. Also, insincerity in the filling of the questionnaire was observed. This was perceived to be associated with the sensitivity of the study; however, effort was made to assure the participants on the confidentiality of the study.

Significance of the Study

The study was significant in the following ways:

The outcome of the study established and confirmed the prevalence rate of substance abuse among intra-city commercial drivers in Ibadan Metropolis, Oyo State Nigeria.

It also provided empirical evidence on the effectiveness of drug education on management (knowledge, attitude andabuse) of psychoactive substances among intra-commercial drivers.

The findings of this study established empirically, the level of knowledge about abuse of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis. The study revealed the effectiveness of drug education in improving the knowledge, attitude and practice towards abuse of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis.

The findings of this study also revealed that commercial drivers need adequate knowledge of safety in the use of drugs, right attitude and practice to safeguards their health / life and that of the populace. The participants of this intervention programme would use the knowledge gained to influence other members positively.

The study would be of benefit to the consumers to have informed knowledge of the harms inherent in the abuse of psychoactive substances.

It is also hoped that the findings may be a veritable tool in the hands of health educators and those in control of influx of drugs to counsel the communities on the indiscriminate use of drugs and to let them know that substance abuse is dangerous to human health.

The outcome of this study would give the government the green light on how to tackle the problem of drug abuse among commercial drivers generally. Similarly, the outcome of the study would help the government and other stakeholders in formulating new policies about drug education and intervention strategies.

The outcome of this study would be used for planning, review and development of information materials to enhance the knowledge of the populace, particularly the commercial drivers on effects of psychoactive substance abuse.

The findings of this study have also added to the existing body of knowledge on how to handle the psychoactive substances abuse among commercial drivers. It would also serve as a springboard for further studies.

OperationalDefinition of Terms

The following terms were defined operationally:

Psychoactive Substances: These are any substances natural or chemical that changes individual's mood, behaviour and psychological state of the mind when consumed. Drugs such as sedatives, narcotics, tranquilizers and stimulants

Knowledge: Knowledge is the information, facts, skills and understanding an individual gained through experience. These could be done in an informal or formal educational centre.

Attitude: Attitude is a mind-set towards issues in life. It could be positive or negative.

Substance Abuse: This is the harmful or hazardous use of psychoactive substances which cause adverse effect to the individual and the society.

Psychoactive Substance abuse: This refers to the indiscriminate use of substances that can lead to social, physical and physiological changes and lead to impaired judgment.

Intra-City Commercial Driver: They are registered professional drivers who convene passengers from one part of the city to another for an agreed price to earn their daily living.

Drug Education: Is an intervention programme to enlighten intra-city commercial drivers in Ibadan Metropolis on the danger in the abuse of psychoactive substance.

Hard Drugs: These are drugs that lead to addiction and cause damages to the organs.

CHAPTER TWO

REVIEW OF LITERATURE

Thefollowing applicable literature were reviewed and examinedunder the following sub-headings:

1. **Conceptual framework for the Study**
2. **Theoretical framework for the Study**

   Social Cognitive Theory
3. **Theoretical Review**

   a. Concept of Drug Education

   b. Psychoactive Substance

   c. Meaning and types of psychoactive substance

   d. Overview and Concept of Psychoactive Substance Abuse

   i. Prevalence of psychoactive substance abuse

   ii. Psychoactive substance abuse among drivers in Nigeria

   iii. Factors Influencing drug abuse among drivers in Nigeria

   iv. Psychoactive substance abuse and road accidents

   e. Effects of psychoactive substances abuse on human beings

      i. Physical effect

      ii. Emotional/Psychological effect

      iii. Social effect

   f.Overview of Frequently Abused Substances

   i. Alcohol

   ii. Cigarette

   iii. Marijuana

   iv. Cocaine

v. Alcohol based herbal mixture
vi. Amphetamines
vii. Morphine
viii. Kola nut
ix. Coffee

4. Empirical Review

a. Drug education and knowledge of psychoactive substance
b. Drug education and attitude towards psychoactive substance abuse
c. Drug education and psychoactive substance abuse
d. Age and knowledge, attitude and abuse of psychoactive substance
e. Educational background and knowledge, attitude and abuse of psychoactive substance

5. Appraisal of Reviewed Literature

Conceptual Framework for the study

CONCEPTUAL MODEL FOR THE STUDY

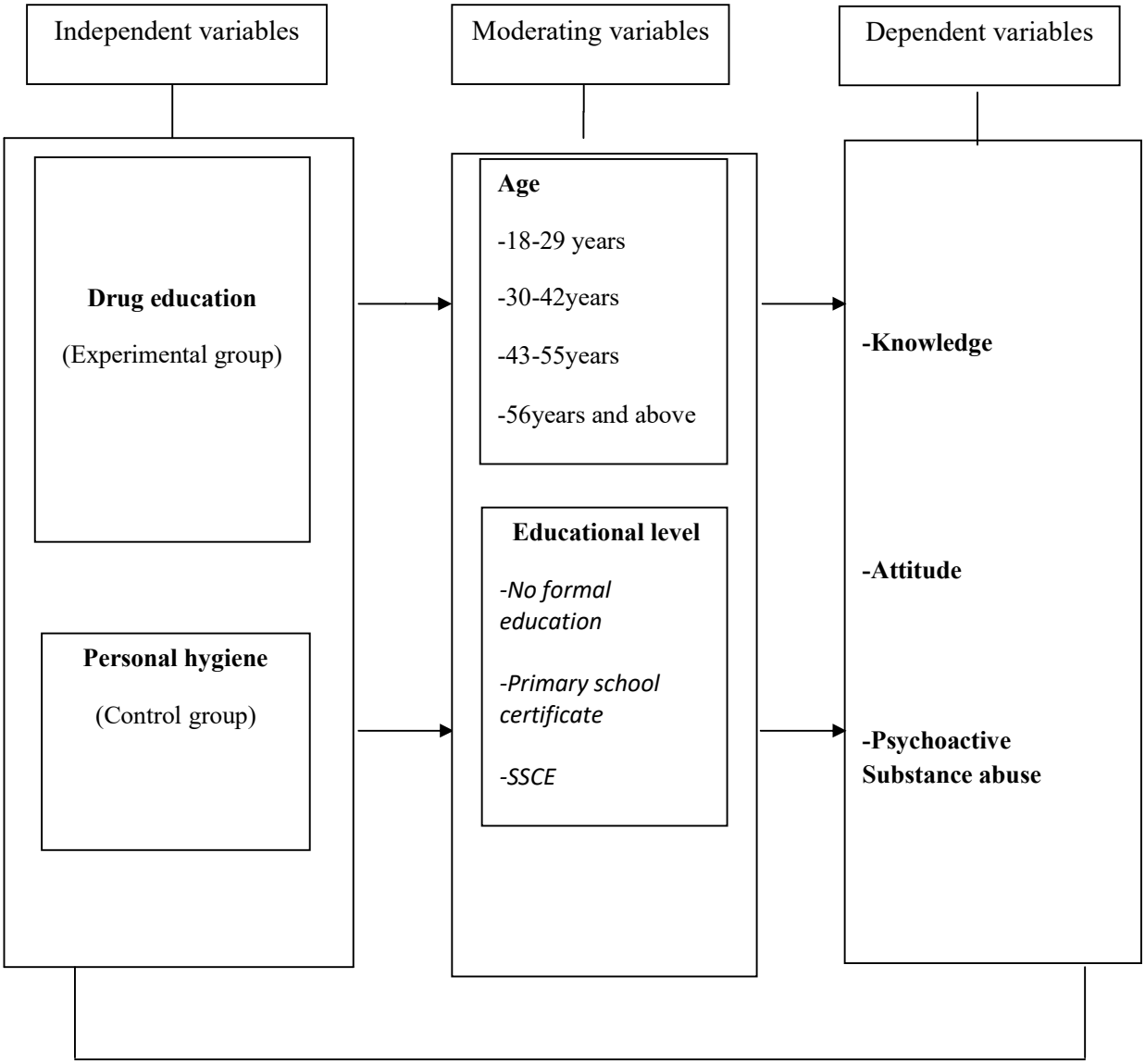

Fig. 2.1: **Conceptual framework for the study.**

Source: **Self-developed for the study.**

The conceptual framework gives a description of interaction of the independent variables with dependent variables. The independent variable is drug education, while dependent variables are knowledge, attitude towards psychoactive substance abuse and abuse of psychoactive substance. The independent variable is in a rectangular shaped box on the left side; the moderating variables are in the middle, while the box for dependent variables is on the right hand side. The arrow that links each of the independent variables with dependent variable shows the relationship between them. The moderating variables are age and educational level. It was conceptualized in this study that drug education will bring about improvement in knowledge and encourage positive attitude towards the use of psychoactive substances among intra-city commercial drivers in Ibadan metropolis Oyo state Nigeria. It was also conceptualized that age and educational level may act as moderating effect on drug education on the knowledge, attitude and abuse of psychoactive substances among intra-city commercial drivers

2.2 Theoretical Framework for the Study

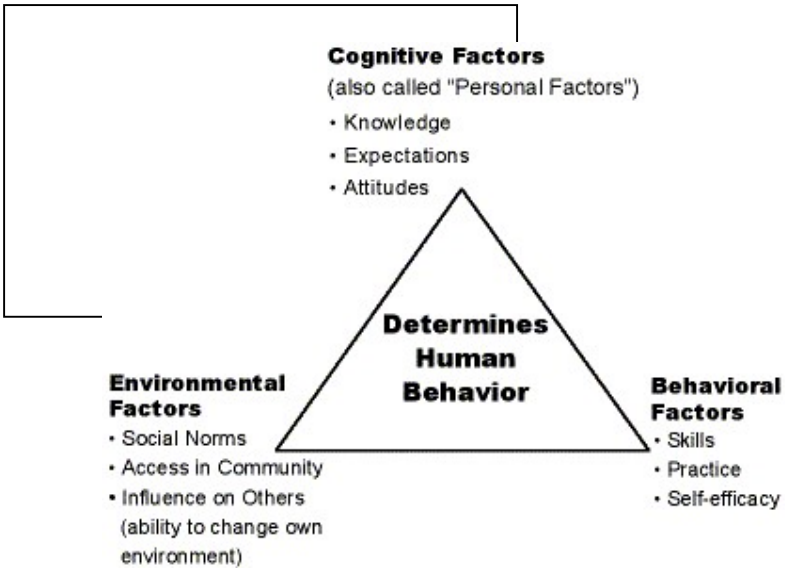

Figure 2.2: Theoretical framework adopted in this Study (Social Cognitive Theory)

Source: Albert Bandura Model 1977

Social Cognitive Theory (SCT) is a theory of psychological behaviour modification developed by Albert Bandura in 1977. This is a theory that focuses on the type of learning which happens in a social context and what individuals achieve through observation. In other words, SCT is based on some fundamental principles and suppositions about human learning and conduct. One of these presumptions is triadic correspondence which shows that individual, conduct and ecological elements impact each other in a bi-directional, equal way. This depends on the way that a person's useful capacity depends to a great extent on the constant communication between psychological, social and logical components. Basically, SCT placed that learning is moulded by variables inside the earth, for example, fortifications experienced by people and others as well as learners' own thought, self-belief and their interpretation of what is learnt.

A second assumption of SCT according to Cooper (2013) citing Bandura is that individuals have capacity to impact their own conduct and the earth in an intentional and objective coordinated ways. Here, the argument is that individuals can exercise substantial influence over outcomes of their decisions and the environment in general, through forethought, self-reflection and self-regulatory process. Another assumption, on which this learning theory is based, is that learning take place without changed in behaviour of individuals on the spot or put what is learnt in practice. This is based on the realization that in addition to the acquisition of new behaviours, learning also incorporates new knowledge, acquisition of cognitive skills, concepts, values and other cognitive constructs and learners need adequate motivation to demonstrate what they have been taught in the classroom or training center.

Denler, Wolters and Benzon (2009) highlighted five of the core concepts within SCT. These are; observational learning/modeling, outcome expectation, perceived self-efficacy, goal setting and self-regulation. With regards to observational learning, The SCT posits that people learn by watching the behaviour of others in the environment and the consequence of such behaviour is also described as experience in the imagination through the feelings or actions of another person. Within the SCT, modeling can include live demonstration of skills or behaviour by a teacher or other learners. SCT believes that observational learning of behaviour or skill is a function of attention, retention, production and motivation.

With regards to outcome expectations, it is posited in SCT that individuals' belief about consequences of behaviour often shapes the decision such individual make about the behaviour. When the outcomes expected are valued, the frequency of the behaviour is increased whereas behaviour which are unfavorable or negative behaviourare done away with. Perceived self-efficacy is another concept within SCT. Denler et'al (2009) defined self-efficacy as a belief of an individual about whether he/she can successfully execute a particular task. According to SCT, learners with more noteworthy self-adequacy are increasingly positive about their capacities to be effective when contrasted with their companions with low self-viability. Self-viability is seen in SCT as a result of a person's own past exhibition, the perception and verbal influence of others in the earth just as a person's on-going physiological state.

Objective setting is an idea inside SCT which reflects intellectual portrayals of foreseen or favored conduct. Referring to Bandura, Denler et' al (2009) expressed that objectives embody the organization see inside SCT that individuals learn as well as use thinking ahead to imagine the future, distinguish wanted results and produce strategies. Objectives are set dependent on the result the student anticipate from participating in a specific conduct and the certainty the person in question has in finishing the conduct effectively.

Self-guideline, as indicated by Denler et' al (2009), is another noticeable idea inside SCT that represents the fundamental presumption in regards to organization and the impact of individual factors on conduct and condition. Self-guideline is subject to different procedures inside SCT, including objective setting and self-adequacy. It is set in SCT that except if students have objectives and feel effectual about contacting them, they may not actuate the procedures required for self-guideline.

Application of Social Cognitive Theory to the study

This study intend to carry out drug education intervention programme on knowledge, attitude and abuse of psychoactive substances among intra-city commercial drivers in Ibadan metropolis, Oyo State, Nigeria with the point of expanding their insight on psychoactive substance and encourage attitudinal change towards abuse of psychoactive substance. Based on the SCT that individual learn through modeling, the researcher and research assistance served as models to teach the participants ways of ensuring cessation of abuse of psychoactive substance base on drug education

intervention. During the intervention, the models emphasized the consequences of substance abuse to individual, family and the societies. The importance of quitting or reduction in the abuse of drug was also included. They created the knowledge of the perceived cost in the participants, thus, producing attitude that encourages drug free life. During this study, the participants were taught the extent of damages in term of health (perceived severity) that the abuse of psychoactive substances could cause like accident that lead to amputation of the limbs, damages to body organs and so on.

The interaction between the societies or the communities and individual behaviour which the theory talks about shows the appropriateness of social cognitive theory for this study. The commercial drivers are always in the companying of younger generation, the young ones learn fast from adult since they are seen as role model. The importance of theory cannot be over emphasized. With regards to goal setting, the models helped the participants to develop an action plan towards beneficial way of life and channel the resources used for substances on important issues in their life. This is expected to result in self-regulation that is incumbent of the social cognitive theory. In the course of the intervention, the participants were made to assess themselves based on the planned goals to see the extent of progress.

Theoretical review

a. Concept of drug education

Medication instruction is a well-arranged arrangement of data, assets, mediation, and abilities that are applicable on the planet where psychoactive substances are used for various purposes. The medical use is understandable but the abuse has become a global problem which to be tackled headlong by the education through education. Literature had shown that there have been no consensual meanings of drug education as many of the definitions and terms used to describe this concept have elements of political orientation and social belief, (Freeman, 2012; Burgess, 2007). Drug prevention has become a general term, used to describe series of interventions to curtail the use of hard drugs in different strata of the society. In other words, drug prevention incorporates strategies that are designed to control the supply of these unwholesome drugs, putting necessary interventions in place to discourage use among general populace and restore moral rectitude by promoting drug free lifestyles. In some cases, the term ‘prevention’ is often adopted by those working in education, enforcement and

treatment, to describe series of educational activities designed to address drug consumption behaviours, knowledge and attitude of individuals in the society (Burgess, 2007).

In the context of this research, efforts were geared towards determining the association between education and drug prevention, while excluding the connection between prevention and other areas. Although drug prevention and drug education are usually interchangeably used in literature to mean the same thing, Burgess (2007) believes that the two concepts are different in some respects, since education is apparently not always similar to prevention. In other words, the focus of educational programmes is not necessarily to prevent the occurrence of events in the society or human behaviours. Burgess (2007) asserts that some educators intend to present the target realities about medications and medications used in a fair manner, giving people unlimited opportunity to pick their very own strategy based on this data. He depicts this as the 'unadulterated' form of the decisions model since instructors, who propose this model, guarantee that the decision made is outside their ability to control.

Also, Burgess (2007) challenges the assumptions in pure choice model that human behavior is generally determined by knowledge and that the delivery of facts can be an objective process. In the selection of facts, the concept of value plays a strategic role and therefore, Burgess (2007) believes that educators also their values, in spite of the fact that they try to keep neutral position in the delivery of information. It is also important to clarify issues that relate to use and misuse of drugs as the two concepts usually indicate value judgment in relation to drug consumption in the society. The term ‘use’ usually indicates the prevention of use all kinds of drugs, which are neither desired nor intended and in some cases, it could mean the use of drugs in more acceptable terms and principles. Misuse, on the other hand, usually indicates a situation where drugs are taken for pleasure or intoxication purposes, rather than for ‘legitimate’ medical reasons.

Another important term in drug education is harm reduction, which tends to be rarely used by people with strong moral bias against the use of hard drugs. The lack of consensual understanding of all these terms makes it extremely difficult to come up with a generally acceptable definition of drug education among scholars. However the purpose of this study was to generally describe the concept of drug education and

highlight the principal approaches that could be adopted in the area of drug education. Davies and Coggans (2011) affirm that one main focus of every drug education programme is to use the instrumentality of education to prevent people from harming themselves when they consume hard drugs. But there is a need to determine what constitutes harm or what could be said to be harmful level of consumption of psychoactive substances. In literature, drug-related harms include diverse negative consequences of drug consumption on the user, the family, the entire community.

Traditional approaches have focused mainly on harmful effects of drug use on individual, which could range from drink driving to other violent behaviours among people in the society. In the longer term, the harmful could degenerate to more serious health concerns like, liver damage, lung cancer, contracting Hepatitis, HIV or AIDS through intravenous drug use and consumption of alcoholic substances, (Orlandi, 2006; Botvin 2015). In the same vein, another deteriorating effect of hard drugs is social exclusion. Generally, the harmful effects of drug abuse range from psychological, physical, social, legal and emotional issues that could influence behaviours of different categories of people in the society. Thus, drug education specifically indicates an attempt by stakeholders to prevent people from experiencing drug-related harms, through different educational programmes. In general terms, many of the drug education interventions are designed to prevent experimentation and use of hard drugs by different categories of people in the society. Promotion of abstinence remains the focus of primary prevention strategies to avoid drug-related harms and set the youth on the right path to add to financial improvement of the nation.

Abstinence had been identified as a viable strategy, considered as the ideal approach in tackling the problems of drug use at different levels. It is believed that promotion of total abstinence could go a long way in reducing or preventing the hazardous effect of hard drug, especially among the youngsters in the society. However, this is not easily achievable when considering some socially worthy substances like liquor and tobacco. In the case of alcohol consumption, total abstinence is specifically not a realistic approach and therefore, the emphasis has turned to the process of delaying the onset of first use among consumers. This is due to the fact that evidences abound that early onset of use correlates positively with later development and pattern of use of hard drugs among the consumers, (Kandel, 2010).

It had been argued that if the stakeholders in drug administration and control intend to minimize problems associated with drug abuse and misuse, then, there is a strong need to place emphasis on approaches that would delay drug experimentation and use among youngsters in the society. In other words, young people in the community should not be prematurely exposed to the use of hard drugs. In the traditional approach to drug control, the focus is usually on youngsters who mostly experiment with psychoactive substances and researchers tend to adopt a secondary prevention strategy in this situation (Botvin 2015). This strategy focused on procedure that could persuade users to stop the habit of hard drug consumption and to return to a drug free lifestyle. In this study the intervention will be to give the users informed knowledge on the health consequences and the risks to self, the family and society. The informed knowledge shall lead to informed attitude and adopting meaningful life style that is free of abuse of psychoactive substance.

Components of drug education

In general terms, literature has shown that it is difficult to describe what constitutes drug education across different societies in the world. Since drug education comprises a continuum of aims, target groups and settings, scholars view the concept from different perspectives and in variety of contexts. However, there are key approaches and categories of drug education, which could provide insights into the concepts. In an audit of school-based substance misuse counteractive action programs, Hansen (2012) recognized 12 building square hypothetical ideas utilized by scientists in describing drug education. The components include:

1. Data;
2. Basic leadership;
3. Vow;
4. Qualities Clarification;
5. Objective Setting;
6. Stress Management;
7. Confidence;
8. Obstruction Skills Training;
9. Fundamental abilities Training;
10. Norm Setting;

11. Companion Assistance;
12. Choices.

A combination of these components could be found in a particular drug education programme. When a programme comprises similar combinations of elements or building blocks, it is considered to have adopted a similar approach to drug education. Using this classification, Hansen (2012) assigned programmes to one of these five unmistakable methodologies; Information/Values explanation; Affective Education; Social Influence; Comprehensive; and Alternatives.

Botvin (2015) believes that the affective education approaches which usually include decision-making process, effective communication skills and assertiveness share the same component with the far-reaching fitness upgrade medication misuse counteractive action program like his very own Life Skills Training (LST) mediation. He, in any case, calls attention to that these expansive projects depend on a more extensive progressively complete arrangement of etiologic determinants of medication use and utilize demonstrated aptitudes preparing systems and tending to issues of medication use explicitly just as advancing nonexclusive fundamental abilities. Likewise, the subjective/data-based methodology, which considers the individual as an objective chief guided by a craving to keep away from dangers or wellbeing harm, would appear to have a solid presence of mind esteem. For this situation, the essential supposition that will be that medication misuse occurs due to inadequate information about negative effects of hard drugs on the consumers, now and in the future. Thus, the process of equipping people with necessary information to bring about normalcy is therefore strategic to ensure sustainable drug prevention in the society. When people have sufficient data about the outcomes of medication use, it could result in negative mentalities towards medications and medication use and thusly decline the probability of medication experimentation. This is known as the Knowledge, Attitude and Behaviour (KAB) model.

In the KAB Model, knowledge about negative effect of hard drug consumption which is represented by (K) influences attitudes to drug use among people (A) and attitudes affect human behaviour (B) (Jones 1993). In other words, the model reflects the nexus among people's knowledge about the implications of drug use, their attitude to the consumption of psychoactive substances and change in human behavioural values as regards the use of hard drugs in the society. Basically, the information approach in

KAB model empahsises the need to equip individuals in the community with balanced scientific information about the negative consequences of drug use, the legal issues that guide the use of drugs and the general effects on the users, families and the entire society. This involves different programmes that would explain the names of the medications, strategies for use and the suggestions on the physical and mental prosperity of the individuals in the general public. A few intercessions may likewise fuse components of the situational approach created by (Dorn, 2007) which endeavors to address understudies' cliché ideas about the medication offer circumstance in the network. Kandel (2010) detailed that most non-clients who had never been offered a medication had a stereotyped thought of what the offer circumstance may include. The situational way to deal with medication use includes arrangement of sufficient data to prepare youngsters with fact about the sources of drugs being consumed by the people in the society.

Evidences abound that the knowledge approach has also been employed to minimize harm effects of drug consumption, as the world is witnessing the increasing numbers of youngsters, who are involved in drug abuse or misuse, Hibell et. al., 2011). In the same vein, Blum (2006) recognises the capability of knowledge approach to prevent the consumption of illicit substances or involve in risky lifestyles that could be detrimental to the realization of their future goals and could also create a violent-prone society, (Blum, 2006 cited in Calapai, 2008). The experiment aims at meeting need of different group of users in the society, for credible and realistic information about the composition, administration and methods of using drugs. Also, it focuses on the effect of drug abuse on the society and implications on personal health and safety of individuals. The basic intention is to positively alter human behaviours to involve in activities that pose no threat to their well-being.

Generally, it also aims at reducing the level of harmful effect of drugs, even if they decide to consume any type of psychoactive substances. The content of such interventions involve information about method of drug use, the risks associated with the consumption of such illicit materials and the ability to identify and access the proper channel to seek medical help, in case of emergency. A number of programmes in the UK and other developed countries of the world had been designed to produce and disseminate authentic information to young people in the society about the composition and method of drug use as well as the consequences of these products on

the well-being of youngsters. This provides a veritable platform for these young people to make informed decisions on the issues of drug consumption in their immediate communities. Also, since these illicit drugs could have side effects on different vital organs in the body system, this knowledge approach would equip young people with relevant information on the available channel to seek medical help either to stop the habit or mitigate the effects on their well-being. So, adequate education remains one of the viable strategies to prevent and reduce incidences of drug-related crimes in different communities across the globe. Therefore, this study was carried out to develop an informative package that could assist the intra city drivers with information on the effect of psychoactive substance and make them see reasons why they need to live a drug free life.

Orlandi (2006) examines a wide range of human activities, which could be incorporated in such approaches and these include sport, musical events, artistic design, recreational and educational programmes to volunteering and other community-based services. The interventions might not even directly focus on that which relate to drugs consumption, but instead emphasise on promoting good quality of life among different categories of people in the community. The programmes could lay emphasis on how people could improve the quality of their lives by participating in different community-based activities that are not directly related to drug use and prevention. However, it is expected that the skills and competences deployed in these community-based services could equip individuals with requisite knowledge to understand the implications of drug use and therefore make appropriate decisions on the issues at any point. In other words, even if these community-based services are not mainly designed to reduce or prevent drug consumption, the programmes could have indirect impact on the decision of individuals to involve in drug-related activities. Thus, promoting volunteering activities could eventually lead to more understanding of the composition and method of using different kinds of drugs. This could in turn lead to understanding the implications of involving in drug-related activities and seek medical attention appropriately in case the need arises.

b. Meaning and types of psychoactive substances

Psychoactive substance is any element or material, which could be chemical or natural apart from foods, that individual takes to alter feelings, behaviour, or the psychological

condition of the mind. In Nigeria, the most common types of abused substances include alcohol, marijuana, cigarette cocaine, heroin and a host of other related substances and they are categorized below:-

1. Stimulants: These involve all kinds of substances that could act directly on the central nervous system and thereby stimulate human activities. At the initial stage of consuming these stimulants, user could experience pleasant effects including energy increase for more productivity. The major sources of stimulants are from caffeine substance, kolanut and other products.

2. Hallucinogens: These are categories of drugs that have the capabilities to modify or adjust effective functioning of the sensory processing component in the human brain system. After consumption, these products usually trigger imprecise perception, increased level of apprehensiveness and creating a state of euphoria among the users. The major source of hallucinogen is from marijuana and other hard drugs.

3. Narcotics: These drugs serve as major relieve for different kinds of pains in human body system. These drugs usually induce sleep and people can easily become addictive to the substances. The main sources of narcotics are from heroin, codeine and opium.

4. Sedatives: These substances are among the most commonly used and abused among different categories of people in the society. The reason for the widespread use could be due to the fact that the drugs serve as relief from stress and anxiety.

5. Miscellaneous: It involves volatile substances or stimulants that trigger a state of euphoria, emotional imbalance and continuous distortion of flow of ideas after consumption.

6. Tranquilizers: These substances usually stimulate calmness without resulting to sleepiness. The major sources of these products are mainly from Librium, Valium and other drugs.

Substance abuse remains a serious public health issue across the world as people of different categories and classes in the society continually involve in drug-related activities (UNODC, 2015). The consumption and abuse of drugs by young people have become one of the most disturbing health challenges in Nigeria and other parts of the globe (NDLEA; 2007). Young people who are involved in drug-related activities

usually come down with mental health problem as some become insane and exhibit violent activities. A report by NDLEAC (2007) considered substance abuse as excessive and continuous consumption of a particular drug with little or no regard to the medically accepted principles in drug administration and control. It also involved the continuous consumption of a certain drug to the degree that it distorts the well-being and social function of the user within the society.

Substance abuse could be referred to as the habit of involving in non-medical use of a drug that negatively impact on the well-being and productivity of the user. In other words, drug misuse or abuse is the habit of not following the laid down medical principles in the administration and consumption of drugs, which could eventually result to health-related challenges among different categories of users in the society. This could in turn lead to low level of productivity and job loss in the nation's economy. In the words of Manbe (2008) drug misuse can be defined as the habit of involving and encouraging excessive consumption and addictive use of drugs for non-medical reasons and without medical prescription. Abdulahi (2009) considers drug abuse as the process of consuming substance to the level that it distorts and negatively impacts the user's health conditions and social relationship.

c. Overview and concept of psychoactive substance abuse

i. prevalence of psychoactive substance abuse

The prevalence of substance abuse is a general problem all over the world. Studies have shown in various countries of high prevalence of substance abusers and resultant in fatal automobile crashes or health related issues.The World Health Organization (WHO) estimates that about 1.2 million people per year are killed in road traffic accidents, and the number of injured victims is approximately 50 million yearly. The report also revealed that low-income and middle-income countries across the globe are usually at the receiving end with over 90 % of road traffic deaths. In all these, the major cause of deaths has been found to be alcohol with 33–69 % of lethally harmed drivers and 8–29 % of non-lethally harmed drivers. The national expressway traffic security organization in the United States of America (USA) reported in an examination among lethally harmed drivers that 18% tried constructive for psychoactive substances, and that 4.2% of individuals in USA drive affected by psychoactive substances NHISA (2009). Liquor and cannabis are the most common

psychoactive substances recognized among debilitated drivers. Gadegbeku, Amoros and Lauman (2011) revealed the impact of liquor and cannabis on lethal vehicle crashes obligation were huge contrast with amphetamine, cocaine and sedatives. Guruji and Dankiashiya 2016 referred to Drummer et al 2013 that commonness of 26.7% psychoactive substance use was recorded among lethally harmed drivers. The substances utilize included liquor (8.6%), cannabis (13.5%), sedatives (4.9%), stimulant (4.1%), and benzodiazepines (4.1%).

Some individuals could consider drug user as one who is tough, bold and confident. Many youngsters involve in drugs consumption due to pressure and influence from friends, siblings and other elders within the community. Some students who usually feel inferior have been discovered to involve in drugs use to achieve social acceptance and become relevant within the society. Nigerians who continually consume Indian hemp could go any length to access the substance and exhibit immoral behaviours that are not consistent with the societal values and norms.

ii. Psychoactive substance abuse among drivers in Nigeria

The use of substances starts from very early age of an individual because of the cultural belief. Alcohol is served during festive period and naming ceremonies. It has been observed that commercial drivers indulgence in diverse substances in the name of drug to solve health problems. A study revealed that in Ibadan, Oyo State, Southwest Nigeria, issues related with psychoactive substance use among long distance commercial drivers are given as pursues; commonness of liquor use as 77.5%, tobacco (60.5%) cannabis (52.5%) and inhalants (8.1%). Street mishaps were accounted for to be the most well-known issues among the respondents with a commonness of 26.8% and were the commonest among those respondents who have liquor use disorder (Lasebikan and Baiyewu 2009). It was also observed that substance abuse among commercial drivers is on the increase globally, particularly in Nigeria.

iii. Factors influencing psychoactive substances among drivers in Nigeria

Friend Group Influence: Peer weight assumes a noteworthy job in impacting numerous teenagers into substance misuse. This is on the grounds that friend weight is a reality of young and youth life. As they attempt to depend less on guardians, they show more

reliance on their companions. In Nigeria, as in different parts of the world, one may not friendliness of others except if he fits in with their standards.

Experimental Curiosity: This is an attempt by the young people in the society to find out the hidden facts about the negative effects of drug use. In the first encounter with drug use, individuals could be motivated to continue the consumption due to increased state of happiness and pleasure that go along with any form of hard substances.

Personality issues due to socio-economic conditions: Young people who are confronting personality issues occasioned by socio-economic situations have been found to involve in drug-related activities. The widespread poverty in the society, high unemployment rate and marital crisis on the increase are on the increase across different societies in the world. These situations could trigger violent activities like frustration, depression, deviant behaviours and many other social vices in the society.

The Need for Energy to Work for Long Hours: The expanding financial crumbling that prompts neediness and debilitation of the individuals has driven numerous guardians to send their youngsters out looking for a method for gaining something for commitment to family salary. They take part in selling, transport leading, head stacking, rummaging, serving in nourishment containers and so on and are inclined to medication taking in order to acquire vitality to work for extended periods of time.

Accessibility of the Drugs: In numerous nations, drugs have dropped in costs as provisions have expanded, the local brewers are found in most of the motor parks and the environments

iv. Psychoactive substance abuse and accidents

The abuse of psychoactive substances and accidents cannot be over emphasis, because the effects of any of the types of substances will create a wrong judgment when driving which will lead to auto crashes. Driving under the influence of psychoactive substances which mostly act on the individuals brain will impaired the drivers' immediate sense of judgment, attention and reaction time which in turn lead to accidents in most cases. Oridota, Ashindoitiang,Olatona, Olajide, Akanmu and Soriyan 2013 opined that driving affected by any medication that follows up on the mind could impede one's engine aptitudes, response time, judgment, observation, perception consideration, parity, coordination and different resources for safe driving. It was also

noted that 1.3 million people are killed yearly in auto crashes globally and about 20-50 million are injured. The leading cause of death of an individual aged between 15- 29 years. By 2020, motor vehicles crashes are expected to become third most serious threat to human health worldwide (CDC2011 in Oridota et al 2013).

The importance of commercial drivers in the transport system cannot be over emphasis, but their involvement in the abuse of psychoactive substances has become a huge fear for the passengers, fellow road users and the societies in general, because of the danger the use of psychoactive substances post to their lives. In a study by Oridota et al 2013 showed that 44.9% accidents occurred among almost half of the respondents and accidents was associated with alcohol consumption.

d. Effects of substance abuse on human beings

i. Physical Effects of Substance Abuse

In addition to the many mental-related problems that could be associated with drug abuse, there are also some health challenges that could affect the physical well-being of the drug addict. According to the National Institute on Drug abuse (NIDA) (2016), these physical health issues are:

The kidneys: The continuous use of hard drugs could result to damage on human kidney in the long term. This is the more reason why kidney failure is common among long-time users of hard drugs like cocaine, heroin among others.

The liver: It has been observed that habitual consumption of alcohol could result to liver disease and heart failure.

The heart: Cocaine addicts and stimulant clients arrangement harm to their heart whenever they utilize the medication. The most well-known conditions among addicts are coronary illness and heart disappointment.

The lungs: Any individual who smokes the drug to which they are addicted is putting their lungs in jeopardy. Smoking crack cocaine or crystal meth damages the lungs with a ferocity that rivals long-term nicotine habits. Regular marijuana use also causes damage to the lungs and excessive consumption of alcohol.

ii. Emotional/Psychological Effects of Substance Abuse

Substance abuse or misuse could negatively impact the emotional and psychological state of the user at any point in time. A person who involves in drug addiction for a long period of time could eventually experience series of psychological challenges like frustration and depression, occasioned by the dependence on substances to function effectively in the society, (Afolabi, 2008; Shankar, Partha and Shenoy, 2002).

Among the most common long-term Emotional/psychological effects of Substance Abuse are:

Depression: When an individual develops a strong habit for hard drugs, it will require large amounts of the substance to reach the euphoria stage. Thus, inability to achieve this state could result to depression.

Paranoia: This effect is usually noticeable among people who are addicted to cocaine or marijuana. This is a feeling of suspicion, occasioned by the fact that law enforcement agents and organized groups in the society would be on the trail of drug users all the time. With the increase intensity by the law enforcement agents to get rid of the menace of drug use in the society, drug addicts become increasingly paranoid and display violent behaviours. These could negatively influence individual's level of productivity and functionality in the society.

Anxiety: In an attempt to get the next dose of the hard drug, the addict might become unsettled and anxious. Reports from family and friend indicate that drug addict becomes restless and finds it extremely difficult to sit down quietly, while looking for ways to get the next dose.

iii. Social Effects of Substance Abuse

Substance Abuse has a far reaching effect on the social life like family structure, the types of friends, employers to work with, healthcare professionals and functionality of the society in general. Shankar, Partha and Shenoy, (2002) argue that if individuals are addicted to psychoactive materials like nicotine, tobacco, alcohol and other unwholesome drugs, it could have negative impact on different aspects of their social life in the following ways:

Marriage/relationships: The negative influence of hard drugs on the marital lives of individuals has assumed dangerous trend over the years. It should be noted that a situation in which a partner in marriage institution is addicted to hard drugs of any type could cause untold hardship on the well-being, welfare and emotion of the other partner. Addiction to these unwholesome substances could inadvertently change the personality of an individual from easy going type to someone that involves in extreme behaviours like violent outbursts, secrecy, mood swings and so on, (Odejide, 2009; Odejide, 2006). This situation is usually difficult for their partner to handle, especially and if there are children involved in the whole scenario. It is both upsetting and mistaking for kids to see one parent (or even the two guardians) display indications of illicit drug use anytime.

The victim of drug addiction might constantly experience financial difficulties which could result to inability to meet up with financial obligations of his immediate family. This could result to frustration and irrational behaviour, which sometimes degenerates to marital crisis. In some instances, the addict could become aggressive in an attempt to get more drugs. If the addict craves for a particular hard substance like alcohol or tobacco but unable to satisfy the urge, it may result to increased violent behaviours against people in the immediate environment. In the case of commercial drivers, many of them drive anxiously to get to the destination where he could get the drugs and in the process result to auto-crash. It should be noted that many of these addicts are naturally non-violent and sometimes law abiding citizens, but the crave for hard drugs at a point in time makes them to exhibit irrational behaviours to satisfy their urge by all means. Therefore, these group of people become extremely selfish, self-centered and show no concern to the well-being of other individuals in the society.

The urge to consume these drugs becomes the main priority of the drug addicts. This results into huge loss of human resources that could have contributed to the growth and development of the entire society (Ojo and Sapkora, 2007). When these drug addicts find it difficult to provide for the needs of their immediate family, it opens up a crack in the family structure. The distress places the pressure on the other half in the relationship and in most cases, wife or husband is left to cope with the responsibility of catering for the children and sustain the family structure. In some instances, the other family members usually decide to work together and exclude the drug addict. This contributes to the menace of drug use in the society.

Home/family: Substance abuse could also impact negatively on the home and family setting. Apart from the effect of drug abuse on the general society, there are specific negative impacts of drug addiction on the family structure. The irrational behavior of drug addict usually puts the entire family in shame and many of the family members could feel embarrassed and reluctant to associate with such deviant. This exerts a huge strain on the family structure and the kind of cohesion that is necessary for decision-making process in the family could degenerate over time. The family could also go to the extent of isolating the drug addict, with a view to compelling this individual to return to a drug free lifestyle.

Employment: The employment sector of the economy is also at the receiving end of drug addiction in the society. Employers of labour are usually affected if any of the employees in their payrolls develops and exhibits signs of addiction to hard drugs. This behavior could change the personality of the employee from a smart and efficient worker to one who is inefficient, irresponsible, unhygienic and looks unkempt in most cases. Overall, this could result to low productivity and reduce the income of the company. The ripple effects of drug addiction on the family structure cannot be over-emphasised as the drug addict could lose his job due to low productivity and erratic behaviours. The loss of job of the breadwinner could exert a strain on the family structure and eventually result into divorce or broken home.

The type of job an individual does could also contribute to the rate of drug addiction in the society. Some people are susceptible to drug use due to the nature of their job or the kind of people they work within the organization. An employee could be saddle with the responsibility of entertaining the clients and lodging them in hotels for business transactions and other operations. This could indirectly expose such person to drug use in the long run. Also, organisations require employees to work cooperatively to improve productivity and maximize profits. In this wise, if many of the people in the group involve in illicit drug use, an employee who is not a user of these hard drugs could be forced or persuaded to join them in the act. Thus peer pressure could inadvertently introduce an individual to drug use in the long term.

Health and wellbeing: Drug addiction mostly has visible effect on physical health of the individuals who are involved in it. Psychoactive substances like alcohol and caffeine are less injurious to human health when taken with moderation but they could

aggravate human health when individuals become regularly addicted to these materials. A couple of cigarettes in a day can also be harmful. A light smoker might not consider the act as injurious to the health but studies had shown that nicotine in cigarettes is an amazing stimulant and that causes harm right on time from the beginning. Medications, for example, heroin, cocaine, amphetamines, poppers, joy are hazardous in any sum and ought to stay away from (Ojo and Sapkora, 2007). There is nothing of the sort as a sheltered, moderate measure of rocks or heroin.

The negative impact of drug abuse on the well-being of individual cannot be over-emphasised. Drug addiction could assume a dangerous dimension that could result into suicide, overdose and physical damage. This could in turn lead to untimely death of the users. Other negative impacts of hard drug consumption include an increase in the rate of sexually transmitted diseases especially among the youngsters, unwanted teenage pregnancies and birth defects as a result of the mother's unrestricted consumption of illicit substances. This act depletes the valuable human resources within the country and could exert a strain on the government expenditure in the health sector of the economy. In other words, consumption of psychoactive substances affects individual performance in the society as well as the economy of the entire country.

Personality: It should be mentioned that the effects of drug abuse on individual is all-encompassing and could negatively impact the personality of the user. The consumption of psychoactive substances could alter the psychological, emotional and mental stability of the users. The extent of drug addiction on personality and behavioural value of individuals depends largely on effects, the type and amount of the illicit drugs; psychological make-up of the users prior to the addiction and socio-economic lifestyle of the addict. It should be noted that the effects of hard drugs on mental health vary across different categories of psychoactive substances. For instance, heroin is much more stronger than nicotine and could have serious impact on the functionality of brain structure. Since individuals are made up of diverse psychological traits, the kind of effects these hard drugs would have on the users vary across different categories of people in the society.

Financial issues: The consequences of drug addiction are all-encompassing as family, peers and general community would be affected in one way or the other. Government is also at the receiving end as would be need to spend more on security outfits to

combat crimes across the community. There would also be a need to put in place, well-equipped rehabilitation centers to cater for the drug addict and return them to drug free lifestyles. This constitutes a strain on the resources of the state and could affect the growth and development of the entire society. There is also the problem of loss of revenue as drug addicts could eventually become jobless reduce the tax base of the government.

Law and order: Drug addicts are usually involved in violent activities and irrational behaviours, which could disrupt peaceful coexistence among people in the community. The users of these illicit substances could involve in any illegal activities like fraud, stealing, cultism, ritualism, and cybercrime to ensure that they have unrestricted access and capability to purchase hard drugs. The urge to consume these hard drugs could push them to raise resources by all means, to purchase these psychoactive materials. These activities could result into breakdown of law and order in the society. Government, law enforcement agents and the entire society are always at the receiving end of drug addiction. It is usually difficult for law enforcement agents to maintain law and order in an environment that is populated by drug addicts. Another crucial point is the cost implication of providing for adequate security in such volatile regions. The nation's hard earned resources that could have been used to provide necessary infrastructure would be directed at equipping security agents with weapons to combat crimes and criminal tendencies in the society. This puts a strain on the expenditure of the government at all levels.

Police and other security agents also have to deal with these excesses that resulted from the consumption of liquor and other psychoactive substances among individuals in the society. Reports have it that majority of criminal activities perpetrated in the UK are mostly drug-related. In an attempt to have a continuous supply of the hard drugs, young people in the society could involve in criminal activities like burglary, muggings, and other forms of robberies. In other words, there seems to be a nexus between rate of drug addiction and the level of criminality in the society. Crimes and criminal tendencies assume dangerous dimension in an environment there is a concentration of drug addicts, especially among the young people. Therefore, the onus lies on governments across all levels to direct efforts at providing people with necessary information and education that would reduce the rate of drug addiction in the society. In an attempt to solve these myriad of problems, this study was carried to

examine the impact of drug education on knowledge, attitude and abuse of psychoactive substances among intra-city commercial drivers in Ibadan metropolis, Nigeria.

e. Overview of frequently abused substances

i. Alcohol: Different categories of drugs are continuously being abused, especially by young people in the society. One of the most common of these substances is alcohol. The existence of alcohol could be date back to human primitive stages and its utilization crosswise over various socio-social settings stretches out past the last ten thousand years. In Africa and other parts of world, the consumption of alcohol is usually considered as a normal habit, especially when it is taken with outright moderation. If the user of the substance is not intoxicated, the person has not committed any abnormality in African context. Fermented alcoholic substances like wine, beer and spirit are consumed in traditional settings and some are still being used in this modern world for various reasons and purposes. In Africa traditional setting, there are also indigenous alcoholic drinks like *palm wine and burukutu* are usually consumed for pleasure purposes immediately after brewing or tapping to ensure that the freshness and originality of the materials are still intact (Odejide, 2009; Odejide, 2006). It should be mentioned that alcoholic substances have been consumed for many years across different settings and the pattern and purpose of consumption vary substantially from one society to another. For instance, some communities allow excessive consumption of these products, while other societies emphasise moderate use (Willis, 2002).

Prior to the advent of colonialism, consumption of alcoholic drinks was originally acceptable as an integral part of wedding, naming and cultural celebrations among people of different traditional settings across Nigeria, (Obot, 2010). Alcohol was usually part of people's lives in indigenous Nigerian communities, with the exception of some regions where the use of this substance is forbidden by religious beliefs. People across eastern and western parts of the country traditionally use alcohol to facilitate socio-cultural engagements before British invasion. One unique feature in the use of alcohol during this period was that different regions were associated with particular locally fermented beverages, which cut across ethnic groups in the country. For instance in the northern part of Nigeria, *pito* and *burukutu* were commonly

fermented beverages, usually consumed by different categories of people for pleasure or social engagements.

Palm wine tapped from the palm tree was the predominant alcoholic beverage consumed more in the southern part of the country, (Obot, 2010). This substance could be found in wedding, naming or any cultural celebrations in the southern part of Nigeria. Thus, it was and still an acceptable local drink that could be found in every part of this region. Also, native gins like *ogogoro, kai-kai*, or *Sapelewater*, which are made from fermented palm-wine, were predominant indigenous beverages found in Niger-Delta region of Nigeria. The region comprises states like Delta, Edo and Rivers among others. The region is located along south-south part of Nigeria. People across different categories involve in the production and consumption of these local gins throughout the region, (Demehin, 2014; Korieh, 2013). This implies that the traditional Nigerian communities allowed the consumption of these alcoholic drinks for personal and social engagements among the people. The types of alcoholic drinks and pattern of consumption also varied along different geographical regions of the country.

In this traditional society, alcohol played strategic roles in religious and communities' engagements, as it served as a medium for social cohesion across different settings. As a result of this role, alcoholic drinks had become an important part of ceremonial functions across different ethnic groups in the country. In this era, alcohol was an integral part ofa wedding cost to be paid so as to perfect relationships in numerous towns. In practically all formal capacities including social commitment, chieftaincy enthronements,child commitments and even memorial services, liquor use featured prominently and consumed by different categories of people in the society, (Oshodin, 2009). In many instances, alcohol played major role in promoting social cohesion as people across age categories and social status usually consumed locally brewed products together in groups. This mostly engendered interaction, collaboration and teamwork among people in the society.

It also encouraged sharing of opinions and cross-fertilisation of ideas among different categories of people in the society. According to Korieh (2013), it was not only used for ceremonial and social engagements, alcohol was also a viable revenue source for Western Traders during the colonial era. It was additionally utilized by conventional rulers and network older folks to apply control over their subjects over different

cultural issues (Bowdich, referred to in Willis, 2002). During this colonization period, the invasion of western societies and living styles led to the infiltration of alcoholic beverages from western countries into the Nigerian alcohol markets. The products became readily available to all categories of people in the society.

In the recent time, the pattern of consumption, quantity and reason alcohol use are increasingly changing, especially among the youngsters in the society, (Chikere and Mayowa, 2011). The reasons for alcohol use in the modern society are significantly different from what elders used the substance to achieve in the traditional African setting. This change of pattern has brought about an expanded liquor-related issue in the cutting edge society. It is assessed that liquor-related issues in this time surpass those damages identifying with tobacco utilization, as liquor abuse can bring about the death of the consumers and often increase the rate disability among youngsters due to injuries from road accidents (Jernigan, 2012). On the global scale, patterns of alcohol consumption differ among different countries of the world and even within ethnic groups in a particular society.

According to Bennett (1998), the disparities in drinking patterns across different communities of the world could be as a result of the types of beverage consumed by the people, occasions for which the products are used for, the morally accepted drinking levels at a point in time and subcategories of the population for whom drinking is considered acceptable according to social standards and values. The WHO (2014) reported that the preference of alcohol beverage consumption in a particular area is partly a function of what is available in such region of the world. For instance in many African and European countries of the world, people of different categories prefer to consume beer and beer-related products. In the wine producing countries of Europe, people prefer taking wine for different purposes and spirits are favored in numerous Eastern Europe nations and Asia locale of the world. The arrack, a customary drink as a rule refined by aging molasses, crude dark colored sugar, palm wine, rice or palm sugar is frequently devoured among individuals of Bangalore area in India. These people also consume palm wine produced from palm trees and imported alcoholic beverage like whiskey and brandy.

However, with the increasing rate of globalization and growth in international trade across different regions of the world, the pattern of alcohol use can no longer be

premised on the type of products produced in a particular region of the world. International trade has encouraged the influx of foreign alcoholic beverages into a particular country. This is well encapsulated in the words of Greenfacts (2006) who asserts that the constant importation of alcoholic products which are not produced by a particular country or region has dramatically changed the pattern of alcohol use across the globe and preferences to consume a product cannot depend on the type of alcoholic beverages produced in that area. Consumers are rapidly changing their preferences to consume alcohol-related products on the basis of foreign beverages being imported into the country or a particular region of the world. Nevertheless, traditional home made beverages still enjoy high patronage, especially among poorer populations groups in many developing countries, due to the fact that they are usually less expensive than the foreign products. In specific terms, high level of poverty, coupled with low standard of living necessitates the need for people in the developing countries of the world to stick to the consumption of locally made alcoholic beverages. In most cases, foreign drinks remain the exclusive preserve of the rich in the society.

Nigerians consume various types of locally distilled alcoholic beverages. These include beer, wine and spirit categories. The locally distilled products comprise palm wine, *burukutu, pito, ogogoro* among others. These local beverages are produced across different geographical regions of the country. Obot (2010) asserts that prior to the invasion of western culture and factories into the country, the consumption of alcohol-related products was basically limited to products distilled from palm trees and food grains like maize, sorghum and millet. He further remarked that even with the popularity of beer across different strata of the society, locally produced alcoholic beverages are still widely consumed in both rural and urban areas of the country. For instance, in Ibadan metropolis of south-west Nigeria, palm wine and beer are still commonly consumed among different categories of people (Oshodi, 2009). Generally, throughout the country, local gin usually distilled from raffia palm wine is popular among different subgroups of the population. This implies that even with the increasing rate of globalization and international trade, many people still stick to the locally distilled alcoholic beverages for different purposes.

It should be mentioned that there has been stringent regulation onconsumption of alcohol by traditional beliefs, religion, natural limitations and societal norms. However, the expansion of global alcohol market and increasing international trade

across the globe had made local and foreign alcoholic beverage products readily available and easily accessible to people in every region of the world. This revolution affects the developing countries as well, as many people now have unrestricted access to the variety of alcoholic beverages at any time. This has made monitoring and regulation of alcohol use to become herculean task for the government and law enforcement agents in the developing countries. Nowadays, many big multinational brewers are increasing their share of the global market by encouraging young people and women to consume alcohol (Abderhalden, 2007). These groups of people are basically not allowed to consume alcoholic substances in the African traditional settings. It should also be noted that young people and women constitute a significant percentage of the total population in the developing countries of the world. Thus, multinational brewers attract huge number of buyers in the developing countries across the globe.

The increasing rate of alcohol consumption in many developing countries where health system is substandard remains a source of concern for stakeholders in drug administration and control. The increasing rate of alcohol use would place more burdens on the health sectors of the country. With the limited resources at their disposal, countries in the developing world like Nigeria would find it extremely difficult to these ever-increasing challenges of providing health services to people, who might be affected by the abuse of alcoholic drinks. The coolness of some region made them consideredalcohol as a way out of the problems, but the socio-economic and health problems generated by alcohol use are severe additional burdens to the less privilege people and the government at all levels. Paradoxically, the government in most developing countries, often ignored the social and fiscal implications of alcohol consumption on the people, because of the revenues and taxes generated from alcohol to augment the national budget every year. (WHO 2014).

In the traditional Nigerian setting, alcohol consumption was gender and as well as age based. This product was usually consumed mainly by adult males in social celebrations and there were stringent customs and norms that regulated production and consumption of locally made alcoholic beverages across different local communities in the country. In a few communities, youngsters could be allowed to drink alcoholic substances, but this can only be done in the presence of adults and elders who monitored the pattern and quantity of product to be consumed at a point in time (Obot,

2010). This was not peculiar to the Nigerian local settings as elders in Ghana had the responsibility of ensuring that young people in the society are adequately monitored to consume alcoholic substances with moderation (Akyeampong, 2006).

The consumption of alcohol was not a daily affair, as it was restricted for use during special social and religious engagements like religious rituals, wedding and naming ceremonies, kingship enthronements among other festivities that occurred at the appointed times. During these celebrations, young people were not permitted to excessively consume alcohol, as traditional wine cups were usually served based on age and title hierarchies among the invited guests (Umunna, 1967). The younger members of the community would serve the elders to drink alcohol before taking their turns and since the product was not commercially produced, it implied that little proportion of the substance would be left for the youngsters to take, (Oshodin, 2009). This was an effective strategy in ensuring that young people in the society did not overdose on alcohol.

During this period, liquor was ordinarily devoured following generation, or a couple of hours after creation since a portion of these neighborhood refreshments filled in as a major aspect of sustenance in certain networks and were also produced in small quantity due to no means of preservation. In this era, alcohol trade only occurred on a small scale across different local communities in the country (Willis, 2002). This system was on ground during the colonial period and even beyond. This led to the establishment of the Nigerian Brewery Limited now known as Nigerian Breweries in 1946 (Jernigan and Obot, 2006). In 1962, Guinness brewery was establish to join the Nigerian alcohol market and began production of variety of alcoholic products (Obot and Ibanga, 2012).

The unprecedented growth of alcohol industries during this time was partly a function of the economic boom witnessed in the early 2010s and sophisticated marketing strategy adopted by the brewers. This significantly improved the preference for brew and wine as attractive materialistic trifles among the upper and working classes in the society. Along the line, consumption of locally distilled alcoholic beverages witnessed drastic reduction among the people (Demehin, 2014). Then, people gradually changed their preferences for products distilled by modern brewers across the country. This revolution marked a new phase in alcohol use within the country. This sector became

comparatively resilient, when Nigerian economy entered recession in the 2010s. It had been observed that the sector was able to withstand the economic crisis because the major brewers had already raised a group of loyal followers from youngsters and women and this ensured that their products became household names across the country. Also, adequate government regulatory policy was not in place during that period. This enabled brewers to adopt self-regulation approach and in the long run gave room for different patterns of alcohol consumption to evolve among different categories of people in the society.

In recent time, there have been dramatic changes in the patterns of alcohol consumption across age groups and status in the society. This was brought about by the growth and development of the socio-political and economic structures of the people within the country. Alcohol use is no longer basically dictated by custom and norms as we had in the traditional setting. The product is now being used beyond social engagements and celebrations only, (Demehin, 2014). The patterns of alcohol consumption and reasons for taking the substance are increasingly changing, particularly among youngsters in the society. In the modern society, young people are now taking alcohol use to another level, by organising *alcohol contest* in bars, restaurants, drinking joints and nightclubs that are located across the country. Boys usually participate in this contest and the winner is selected based on two criteria i.e. the ability to drink a large quantity of alcohol without being intoxicated and the ability to drink faster than the opponent. The winner in this competition is usually rewarded with cash and other prizes, which in most cases are provided by the marketers of the products.Marketers use this strategy to introduce new products to the consumers and also expand their customer base.

Across different Nigerian societies, the rate of alcoholic has gone astronomical and unregulated that even some parents directly expose their young children to this menace by sending them to buy alcoholic beverages from local stores and retailers in the neighbourhood. Reports have it that some of these parents even consume the products in the presence of the children (Oshodin, 2015). This increases the rate of substance use within the community, as findings from studies had indicated that parents, siblings and elders in the neighbourhood directly or indirectly exert pressure on young people in the society to consume alcohol and other illicit drugs from the onset, (Mares et al., 2011; Mares et al, 2012). It had been observed that parental disapproval to children use

of alcohol correlates significantly to the reduction in youngsters' consumption of this substance, Wood et al (2014).

Apparently, the recent trend of alcohol use among youngsters is on the increase, with Nigeria ranking among thirty countries with highest per capita consumption of alcohol consumption on the global indices (World Health Organisation, 2014). This report corroborates the findings from Gureje et al. (2007) that heavy episodic drinking habit is still rampant among different categories of people in Nigeria and alcohol remains the most commonly consumed substance among Nigerians, especially young people. Another new development in alcohol use within the society is increasing number of females involving in this act in different parts of Nigeria, (Adelekan, 1989). With the increasing clamour for feminism and influence of globalization on every sector of human life, female folks have begun to challenge the cultural and societal constraints that had prevented them from having unrestricted access to alcohol use. It should be noted that the traditional African setting hardly allowed women to drink alcohol (Obot, 2010).

In addition, women were not economically sufficient to purchase this product at will. In the contemporary world, a significant number of women are now educated and skillful, which had enabled them to be economically independent. Therefore, many of them now have the financial capability to purchase and consume any type of alcoholic beverages. However, it should be mentioned that recent findings had indicated that this trend has negative consequences on women health status in the country (Room and Selin, 2005).

The consumption of alcoholic drinks in Nigeria has also taken a new dimensionas drinking examples of individuals are developing. Now and again, some mixed beverages are presently connected with class materialistic trifles or an indication of acknowledgement of subgroups of people in the society. For example, the elites in the society are in the habit of displaying various jugs of remote wine in their private bars as indications of luxuriousness or wealth. In some instances, locally produced beverages are not allowed in some social gatherings because they are considered unfit for the class of people attending such occasion. In some communities in Nigeria, presentation of bridal price is not complete without cartons of beers and hot drinks to the elders. There is also a mixture of hot drinks called *ogogoro* with herbs or root of

trees and this is usually sold as medications to cure pile and other ailments. In different parts of the country, this product is made easily available by vendors in motor parks and this makes commercial drivers to be highly susceptible to psychoactive substance use (Kehinde and Olusegun, 2012; Oluwadiya, 2010). It has also been found out that some parents use these local mixtures for their young children to cure different ailments and this act contributes immensely to the early exposure to alcohol consumption among the youngsters (Dumbili, 2013).

The harmful effects of alcohol consumption on the socio-economic development of the countries across the world cannot be over-emphasised. The effects range from social, economic, health, psychological and emotional consequences of the individuals and the society in general, (Klingemann and Gmel 2011). In Ghana for instance, consumption of the locally made gins has been discovered to have direct relationship with increase in communal clashes. This has also resulted into daily increase in violent clashes in most Nigerian higher institutions (Rotimi, 2005). In many tertiary institutions in Nigeria, the involvement of students in cultism and cult-related activities has been on the increase over the years, as youths carry out this dastardly act on their rival groups within and outside the school settings. It had been observed that these immoral acts are usually aggravated by the unrestricted use of alcohol among Nigerian students, as drinking joints could easily be found within the school premises. There is also increasing violence in many communities that could be linked to unrestricted use alcohol (Obot, 2006). In the last few years, many incidences of wife battery and marital violence had been recorded due to alcohol consumption (Brisibe, 2012).

Though it had been reported that moderate consumption of alcohol could promote effective control of coronary heart disease, any form of abuse could led to heart-related disorder, especially among the older people in the community. Excessive consumption of alcohol could also result to the damage of vital organs like liver and kidney. This could pose serious health burden on the addict as Nigeria has no adequate health facilities to carry out major operations like kidney or liver transplant. The main problem stakeholders in drug administration and control usually have to contend with is how to determine what constitutes moderate consumption in the society. The issue becomes worsen in a country like Nigeria where there is no definition of a standard drink, no indication of the volume of alcohol to be taken on labels and where alcoholic drinks are produces and served in different sizes of bottles, calabashes, cans and other

portable containers, (Anderson and Baumberg, 2006). Therefore, the abuse or misuse of alcohol among different categories of people in the community remains a serious issue in health delivery system.

It had been reported that any level of abuse of alcoholic substance by pregnant women has negative consequences on the unborn child resulting to foetal alcohol syndrome (Jones and Smith, 2013). It could also result to malformation of the foetus brain, leading to fundamental birth defects, (Jones et al, 2014). In this part of the world, the habit is increasingly growing due to no visible effort from the stakeholders to deter or prevent pregnant women from alcohol use. The growing rate of alcohol consumption among women is an indication that the country may continue to witness increasing number of birth defects among different categories of women folks. In fact some cultures contribute greatly to this problem among the women.

Another negative result of the changing patterns of alcohol consumption among the people is road traffic accidents as a result of drunk-driving and this trend has led to continued loss of lives yearly on Nigerian roads. It appears the issue might be on the increase because of the absence of government arrangement to check accessibility, use and abuse of alcoholic drinks in the country. The sale of ogogoro at the motor parks is still largely unregulated as different categories of commercial drivers have unrestricted access to this product and other illicit drugs.

ii. Cigarette

Apart from the use alcoholic substance which is on the increase, tobacco is another drug that is enjoying widespread consumption among people in the society. Reports have it that smoking is responsible for more than 400,000 deaths per year in the United State of America, about 100,000 deaths in the United Kingdom and almost 5 million deaths across the world (Herman and Sofuoglu, 2010). Smoking remains an established risk factor that could be responsible for the development of cardiovascular illnesses, chronic obstructive pulmonary disease, different kinds of cancer, as well as major disabling conditions, like dementia, blindness, deafness, stroke and other health challenges. Therefore, smoking represents a foremost public health concern across the world and it is estimated that continuous use of this substance may shorten life expectancy by 7 to 10 years.

iii. Marijuana

This psychoactive material is the most frequently abused substance in the world, as its use cut across different categories of people. It had been observed that prolonged use of marijuana might aggravate mental health issues, including organ diseases like lung and heart complications. Prolonged use of marijuana can lead to addiction among the users. Studies have shown that continuous use of marijuana could result to increased absences and declining productivity in workplaces. It could also increase work-related accidents, which results to the growing number of workers' compensation claims in many organisations across the world. These inconsistences and low productivity can eventually lead to a marijuana user losing his or her job and adds to the challenge of unemployment ravaging many countries of the world. It can also affect socio-cognitive abilities of an individual, which result to serious health problems like memory loss, slowed reaction times, anxiety and panic, as well as social and interpersonal challenges (Dennis-Antwis, 2003).

It had been reported that any level of abuse of alcoholic substance by pregnant women has negative consequences on the unborn child resulting to foetal alcohol syndrome (Jones and Smith, 2013). It could also result to malformation of the foetus brain, leading to fundamental birth defects, (Jones et al, 2014). In this part of the world, the habit is increasingly growing due to no visible effort from the stakeholders to deter or prevent pregnant women from alcohol use. The growing rate of alcohol consumption among women is an indication that the country may continue to witness increasing number of birth defects among different categories of women folks. In fact some cultures contribute greatly to this problem among the women. For instance, the Ubulu people of Delta State encourage pregnant women and nursing mothers to consume palm wine as a means of improving the production of breast milk. Though the content of palm wine is low in alcohol, reports have it that excessive use of this substance may contribute to birth defects among pregnant women (Gureje et al., 2007). Therefore, the negative effects of alcohol use on pregnant women and unborn children need to be given utmost priority by stakeholders in drug administration and control in the country.

iv. Cocaine

There are many other powerful hard drugs than alcohol and tobacco, which could negatively impact the health of the users. One of these illicit drugs is cocaine, which is also known as coke or blow. This substance is a risky stimulant that can be found in both powdered and split shake structure crosswise over various locales of the world. The fine structure of cocaine is utilized by grunting it or condensing the powder and infusing it into the circulation system. Rocks then again are typically taken by warming the stone in a pipe and breathing in the smoke through the nostrils. The method of consumption would determine how the user becomes 'high' along the line. In most cases, it is believed that genetic make-up, environmental issues, biological and psychological condition are some of the factors that could trigger the development of cocaine addiction among users. These factors had been well examined by scholars as strategic factors that could determine the rate of cocaine addiction among different categories of people in the society. (National Institute on Drug Abuse 2016).

v. Alcohol based herbal mixture

In different parts of the world, the consumption of herbal mixture continues to grow across different categories of people as many individuals now resort to these items for the treatment of different wellbeing challenges (WHO, 2014). Over the past decade, the health system has witnessed a tremendous increase in the level of acceptance of natural therapies across different countries of the world. These herbal mixtures are now freely available in drug shops, food stores and general supermarkets. Reports have shown that close to 80% of the entire world population, representing about four billion people, that are living across different developing countries of the world rely on herbal product as a main source of healthcare system. Also, traditional medical practitioners are strategic partners in the healthcare delivery system in those communities (Mukherjee, 2012; Bodeker et al., 2015).

The use of local herbal mixture in addressing health related issues is not restricted to the developing and under- developed nations of the world. The advanced nations of the world are increasingly incorporating herbal mixture to their healthcare delivery system. It had observed that the consumption of herbal medicinal products has become part of the health system delivery in some developed countries of the world as complementary and alternative medicines (CAMs) now at the threshold of becoming part of the UK

health system furthermore, the remainder of Europe, just as North America and Australia are rapidly adopting approach to deliver health services to the general populace (Advisory group on the Use of Complementary, and Alternative Medicine by the American Public, Board on Health Promotion, and Disease Prevention, Institute of Medicine, 2015; Anquez-Traxler, 2011).

Although traditionally, the UK has a rooted history in the use herbal medicines to address health issues (Nissen, 2010), the adoption of this health delivery approach is likewise settled in some other European nations (Calapai, 2008). In these developednations, the most significant justification for adopting herbal therapy is the belief that this approach promotes healthier living among different categories of people. Therefore, herbal medicines are often considered by people as balanced and moderate approach to access health services and individuals spend huge amount of money on these products. This partly explains why the sales of herbal mixture are booming across the world and this represents a substantial proportion of the global drug market (Roberts and Tyler, 2007; Blumenthal et al., 2008; WHO, 2012a; Kong et al., 2013; Pal and Shukla, 2013; WHO, 2015a; Bandaranayake, 2006).

As the global use of herbal medicinal mixtures continues to grow rapidly with the introduction of improved products into the market, public health practitioners have raised serious issues concerning the safety of these products for human consumption. Even with the promising potentials of these herbal products, many of them remain untested and their use cannot be adequately monitored by the health experts. In this wise, the knowledge of their potential adverse effects on human are usually restricted and ID of the most secure and best treatments just as the advancement of their levelheaded use become increasingly difficult to determine (WHO, 2012b). It is also believed that the absence of suitable quality controls and inadequate labeling further compromised the safety level of most herbal products in the society (Raynor et al., 2011).

Therefore, it has become imperative to provide healthcare professionals and the general populace with required knowledge and skills to promote adequate understanding of the implications of the consumption of these herbal products and also make sure that all medicines are safe for the users' medical need. The products also need to be of quality standard and conform to international best practices. In this

review, discussion is usually limited to issues that have to do with toxicity and major safety concerns that result from the use of herbal medicinal products.

Essentially, herbal mixture contains elements from plants or raw plant extracts, which mostly contain constituents that operate work together cooperatively. In the recent time, there has been a reappearance of public interest in the consumption herbal medicine and this could be due to some factors which include (i) claims from different quarters on the efficacy of plant medicines to address various health challenges, (ii) increasing preference of users for natural therapies, (iii) wrong belief or perception that these medicinal herbal mixtures are more effective than medically manufactured drugs, (iv) displeasure with the results from orthodox pharmaceutical drugs and the belief that herbal products could produce better result than medically manufactured drugs, (v) the problem with high cost of modern medicines, (vi) science and technology has dramatically improved the quality, effectiveness, and safety of herbal products across the globe and (vii) lastly, the increasing rate of self-medication among people in the society (Bandaranayake, 2006).

vi. Amphetamines

Amphetamine, as a psychoactive substance, exists in several types and can be taken in form of smoking, snorting or inhaling, injecting and also be orally ingested. The preferred mode of use varies across geographical regions of the world. According to CEWG data, smoking is currently the most common way of taking the drug. It has been discovered that injecting or smoking amphetamine absorbs the substance very quickly into the bloodstream and brain. This usually results into an immediate, intense “rush” and magnifies the potentials of drug’s addiction, with severe health consequences on the emotional and psychological condition of the user. The surge, or "blaze," endure just a couple of minutes and is portrayed as amazingly pleasurable. It had been observed that the process of snorting usually produces a euphoria that does not last long, but not an intense rush. Likewise with numerous stimulants, Amphetamine is frequently manhandled in hollow and slope manner like a brain waves because of the fast acting process and short duration. (National Institute on Drug Abuse 2016). Due to the fact that the effect of amphetamine usually disappears almost immediately after consumption, drug addict would try to maintain the euphoria state by consuming more of the drug at a time.

vii Morphine

Morphine is another substance that is usually abused by different categories of people in the society. It is a pain reliever of the opiate type. It works on the central nervous system (CNS) to reduce the feeling of pain and can be used for all kinds of pains in the body system. Morphine can be administered orally, the user could inject into muscle or under the skin. This illicit substance can also be consumed intravenously, into the space around the spinal cord in some cases. Medical experts affirmed that the major side effects of this drug incorporate a diminished respiratory exertion and low circulatory strain. It had been observed that there is a high tendency of addiction and abuse of this drug among different categories of people in the society. In the event that the portion is diminished after long haul use, withdrawal may happen. In this case, the common side effects might include vomiting, constipation and drowsiness. It is usually advisable that precautionary measures be taken when used during pregnancy or breast feeding, as this drug could affect the unborn child.

Records have shown that between 1803 and 1805, this psychoactive substance was first isolated by Friedrich Serturner and it is generally considered as the first attempt by an individual to isolate an active ingredient from a plant. In 1827, commercial marketing of this drug commenced by Merck and from there, it spread to other parts of the world. Also, between 1853–1855, morphine witnessed a widespread use due to the innovation of the hypodermic syringe. Sertürner initially named the substance morphium after the Greek divine force of dreams and furthermore morpheus for its propensity to trigger rest after use. Isolation from poppy straw of the opium poppy is mainly the primary source of morphine and in 2013, an expected 523,000 kilograms of this substance was created across different continents of the world (National Institute on Drug Abuse 2016). From this total production, approximately 45,000 kilograms were used purposely for pain relief and this represented significant increase in the last twenty years. Most of this use occurred in the developed countries of the world. About 70% of morphine is utilized to make different narcotics, for example, hydromorphone, oxycodone and heroin. It is a Schedule II tranquilize in the United States, Class An in the United Kingdom, and Schedule I in Canada. It is on the WHO Model List of Essential Medicines, the most significant prescriptions required in a fundamental wellbeing framework.(WHO2003).

viii. Kolanut: Kolanut is a nut found in kola tree (cola acuminata and cola nitida) mostly found in the West Africa. Kolanut has a bitter taste aand contain a lot of caffeine, but this does not matter to those who consume them. It is also an important of any ceremony in the Africa. The effect of large quantities of caffeine in kolanuts makes it dangerous for individuals who indulge in the consumption. Although the side effects of kola is parallel to the effects of a comparable dose of caffeine. Lacks of knowledge of the side effect prompt the commercial drivers to consume kola at larger dose. Caffeine causes incitement of the focal sensory system , make the consumer awake and energetic, increases acid content of the stomach leading to stomach ulcer increasing blood pressure, restlessness, jittering and shaking, headache, anxiety, dizziness and abnormal heart rate. Excessive caffeine in the blood stream can cause health problems and more dangerous when combined with alcohol. These trick the consumer into thinking of less impaired than he/she is actually were and can lead to alcohol poisoning and drunk driving which could lead to fatal auto crashes (Osborne, 2017).

ix. Coffee: Coffee contains largest amount of caffeine, about 95mg of caffeine can be found in a moderate cup of coffee. The amount varies between different types of coffee, it ranges from 95mg to 500mg, although coffee could be useful to the body, but too much caffeine in the body can lead to adverse effects, such as anxiety, restlessness, isominia, heart palpitations. Others side effects include digestive issues, muscle breakdown, addiction, fatigue and urgency (Bjarnadottir, 2017).

Empirical Review

a. Drug Education and knowledge of Psychoactive Substance

Scholars had carried out reviews on the effectiveness of drug education intervention on the knowledge of the damages caused by psychoactive substances in the society.In a review of drug education programmes focusing young people aged 8-25 years (White and Pitts 2008).The report revealed that almost half of the drug education efforts concentrated on cannabis, a quarter focused on cocaine and cannabis while another quarter did not specify the target drugs among the psychoactive substances. The major behavioural outcome measured in the study was self-reported cannabis use and heterogeneity tests were conducted to assess variability. In comparison with the total set, a study isolated a subset of 20 methodologically stronger studies and the two sets

were examined separately. At the end of the study, out of the 55 school-based drug education programmes that analyzed the effect of the intercessions on consumption of drug, 27% of the study had a significant positive impact students' drug use behaviour. Also, 56% of the methodologically stronger studies that were carried out had impact on drug behaviour of students.

The reports from meta-analysis indicated that effects of the interventions were commonly little size and from that point declined over some undefined time frame. Following a one year development experiment of the drug education intervention, the effect of the weighted mean was 0.037, and the mean size was 0.018 at two-year follow-up study. This implies that the effects of the drug interventions in schools are not enduring and could be declining in the long run. Therefore, there could be a need to engage individuals in the society beyond the school settings. In other to put these numbers along in proper perspectives, White and Pitts pointed that 0.037 mean effect indicated that students' participation in drug education interventions organized by schools accounts for less than one per cent (0.14%) of the variance in drug use. It was also discovered that about 3.7% of youngsters who were prone to drugs use mainly delayed the early use of these psychoactive substances as a result of the awareness and exposure derived from school drug education programme.

Interventions like knowledge acquisition, resistance skills, peer support and life skills have been found to be effective in reducing the level of drug use, especially among youngsters. Methodologically, programmes like Fundamental abilities Training (Botvin et al 2010, 2015. Here's Looking at You 2010 with a network segment (Stevens et al 2006), and emphatics preparing (Horan and Williams 2012) have been observed to be essentially powerful in guaranteeing that individuals lessen the pace of utilization of psychoactive substances in the general public. two refusal aptitudes programs (Schinke et al 2008 and Shope et al 2006), and regularizing instruction (Hansen and Graham 2011) were observed additionally observed to be compelling in the shorter-term.

In a similar vein, another meta-examination utilizing successful sizes uncovered that by and large the mediations delivered the most grounded effect on information, trailed by conduct, and afterwards dispositions. On the basis of drug type, the analysis of behavioural effect indicated that the intervention resulted to a strongest effects on

tobacco, this was zclosely followed by 'all drugs', alcohol and soft drugs, in that order of significance. Peer-mediated interventions had the strongest overall effects out of the five categories of activities that were used in the study. Specifically, when the effects on students' behaviour to drug use were examined in the regression analysis, programmes that involved interaction among the peer were intensely more effective than other drug education interventions (Tobler and Stratton, 2007).

In measuring the effects of interventions on drug use behaviour, it was found that programmes that engender active interaction among young people were effective and were classified as interactive activities, while those interventions that did not promote group involvement were classified as non-interactive activities (Horan and Williams, 2012). The initial two intuitive classifications appear to identify with what was characterized as Peer Programs in the 2006 audit. The outcome found that the intelligent exercises utilized in the examination had more grounded by and large impact sizes than the non-intuitive intercessions. Examination of the astounding subset found that the Interactive Comprehensive Life Skills and Interactive Others had somewhat higher impact sizes than Interactive Social Influences programs; each of the three intuitive kinds of the program had higher impact sizes than the three Non-intelligent sorts (Knowledge Only, Affective Only, Knowledge and Affective).

At the point when impacts were investigated depending on the sorts of medication use, the impact of Interactive mediations gave off an impression of being like tobacco, liquor and cannabis, while the Non-intelligent projects were not successful with these substances. Also, on the basis of delivery agents like (teacher, peer, health professional or others) each of the activities were similarly effective in the Interactive programmes. The level of efficacy between longer more intense activities and shorter less intense interventions showed no significant difference, although it was observed that the former was slightly more effective than the latter. The implication is that interactive activities showed high level of effectiveness in the area of changing students' knowledge, attitudes and skill, while non-interactive interventions appeared to have significant influence on the knowledge only.

b. Drug Education and Attitude towards Psychoactive Substance Abuse

Literature has shown that there exists a nexus, between drug education programmes and attitude towards the use of psychoactive substances among people in the society.

Effective drug education has a way of impacting on the disposition of consumers of hard drugs across different categories. The more reason this study focused on the capability of drug education intervention to influence attitude of commercial drivers to the consumption of psychoactive substances in their workplaces. Lister-Sharp et al (2009) reviewed 32 studies on the efficacy of drug education interventions in schools. This study mainly included programmes that targeted the whole school population and excluding other vulnerable groups in the larger society. From the total reviews, nine analyzed substance use intercessions: two secured all substance use mediations, three of the reviews considered alcohol intervention activities only, two concentrated on drugs only, while one review focused on tobacco use. Generally, the reviews that were captured considered 146 essential assessment contemplates which announced 125 distinct mediations. In particular, sixty-three medication training projects incorporated into exercise fundamentally inspected transient impact on liquor conduct utilization of the members. Of these, 25 revealed momentary gainful effects, 30 detailed no effect, and seven a negative impact (Botvin et al, 2015).

Murray et al (2009) found that intervention that focused on alcohol use counting peer-drove mediations showed up increasingly compelling in the overall programme. Alcohol interventions used in the study, which included stress management, resistance skills and norm setting were considered to be generally effective than programmes that adopted other strategies. The study also concluded that including guardians seemed to expand the effect of the intervention on attitude towards drug use. In another research, fifty-two programmes covered in a review examined smoking outcomes among the people. Twenty-one programmes had a positive short-term influence on smoking habits of the participants, while four drug education interventions were partially effective. Thirteen of these programmes had no impact, two had possibly destructive impacts on the smokers. Three studies tested longer-term effects of the intervention on drug use. It was discovered that the intervention was still very effective between six months and two years after the implementation of the programmes. In conlusion, drug education activities that involved the participation of students and their peers at the delivery stage seemed, by all accounts, to be more viable than those without companion usage (Flay et al, 2009).

The divergent opinions in the assessments of the effectiveness of these drug education programmes made Lister-Sharp, Chapman, Stewart-Brown and Sowden (2009) to

consider many of the studies as having unclear influence on the drug use behaviours of the participants. In the views of Lister-Sharp et al (2009), between one-third and two-thirds of studies revealed that there was a positive short-term effect of the intervention on smoking behavior of the participants. The reviews indicated that cannabis and tobacco consumption were likely to be influenced in positive ways than the use of alcohol. In other words, the drug education programme recorded positive impacts on tobacco and cannabis consumption among the students than it did on the use of alcohol.

It was also discovered that the rate of efficacy of the drug education programme in the longer-term seemed to be the same as what was recorded in the short-term report. This implies that the intervention had positive influence on cannabis and tobacco use than it had on alcohol consumption, both in the long-term and short-term effects. The scholars concluded that the reviews demonstrate the likely influence of drug education programme on the initiation of substance use, but the intervention cannot be considered to be a successful activity due to its inability to cater for every case and every category of people in the society. For instance, peer involvement, norm setting programmes and resistance skills were likely to be more effective on the drug use behavior of the participants, but this cannot be generalized for every case (Horan and Williams, 2012).

In another study, Tobler and Stratton (2007) examined 120 school-based drug education programmes. Out of these interventions, 36% focused on tobacco use, 23% targeted consumption of alcohol, and 41% were generic in focus. In the overall analysis, the programmes had significant influence on the consumption of the prohibited drugs but substances like tobacco, alcohol and cannabis were not included in the study. Programmes that were interactive in nature recorded high level of successful than non-intuitive exercises for result from all medication use, particularly when the investigation concentrated predominantly on 56 top notch mediations. Generally speaking, intuitive exercises had somewhat higher impacts on liquor utilization, trailed by unlawful medications like cannabis and tobacco. It was additionally found that exercises that were not intelligent recorded marginally higher effects on tobacco use than on some other hard medications. Therefore, the review reported that drug education activities could likely be more effective at changing the habit of illicit hard drugs consumption, excluding cannabis.

In conclusion, three reviews out of the total four that set comparison in outcomes for different psychoactive substances revealed that drug education interventions are more effective at positively impacting the use of tobacco than consumption of any other drugs in the market, Lister-Sharp et al (2009). in the same vein, after proper examination of two of the reviews that were documented, it was discovered that adoption of drug education interventions in changing drug use behaviour record more impact on alcohol consumption than on the use of other illicit drugs. There are divergent opinions on the reasons why drug education appears to be less successful at reducing the level of substance use in the society, although the approach had been proven to be highly effective at influencing tobacco use. This might not be unconnected with the fact that the message used to convey drug education programmes tends to be presented with clarity of purpose and less ambiguity for proper understanding of tobacco-related content than for other drugs like alcohol and cannabis. It is possible that decades of research in tobacco use behavior has provided people with appropriate knowledge about smoking habit acquisition and change, which could have resulted to informed decision being taken by the smokers and major stakeholders in drug administration and control (Rundall and Bruvold 1998).

However, many of the reviews did not clearly show the factors that were responsible for the positive outcome in the use of alcohol after the interventions. In other words, a significant number of these reviews failed to properly explain whether the desired effect of drug education intervention on the consumption of alcohol was arrived at due to total abstinence from alcohol use or safe level of consumption among the users. Apparently, the report might be due to the fact that the seeming less success of alcohol programmes reflects their concentration on abstinence as the main objectives, or the inability of reviewers to properly consider harm reduction as well as prevalence outcomes of the participants' bahaviours, (McBride et al 2010). In order to address this kind of challenge, a comprehensive meta-analysis that would analyse both harm reduction and prevention outcomes separately could be required. This would make the findings from the reviews to be more acceptable and generalisable. It would also provide a veritable platform for stakeholders properly monitor the use of this drug among different categories of people in the society.

c. Drug education and psychoactive substance abuse

In literature, meta-analysis based on effect sizes revealed that drug education interventions focusing on high risk and vulnerable young people in the society were more effective than programmes targeting the entire school populations. Also, it has been discovered that interventions that were targeted at middle school students appeared to be marginally more powerful than projects that focused on more youthful or more seasoned age gatherings in the school system (Horan and Williams, 2012). It was suggested by the authors that the discrepancies in the period follow-up exercise may have confounded this result, as drug education activities that are targeted at youngsters tend enjoy longer follow-up period, which give room for effects to wear off over time. Regression analysis carried out to examine the confounding effect of this follow-up period suggested that the length of follow-up period had significant impact on the effect size of any drug education intervention.

Horan and Williams (2012) also found that analysis based on duration of programme revealed no correlation between length of the intervention and effect on students' psychoactive substance abuse. In the same vein, there exists no significant relationship between the agents of delivery like tutors, peers, police, health professionals and classroom teachers and the impact of drug education programme on the use psychoactive drugs by students. In another study, Wilson et al (2011) examined the effect of school-based interventions focusing on display of criminal behaviours, violent activities and school-disaffection on the use of hard drugs among students. 200 and nineteen examinations giving an account of 165 projects were inspected in the investigation. Almost seventy five percent of the projects focused on an all inclusive understudy populace, while the rest focused on high-hazard populaces.

In another drug education intervention, the activities were classified as environmentally-focused; which included study hall the board, class re-association or school discipline, or separately engaged that comprised social cognitive behavioural, level of competence, mentoring programmes and counseling activities. After the experiment, the analysis showed the effect sizes for those examinations which gave adequate data, in four classes: criminal conduct, liquor and other medication use, dropout and non-participation and other social issues (Sonam et al., 2011). As a rule, the impact size of medication instruction mediation on medication use conduct was

marginally positive however little, with a high level of inconstancy crosswise over investigations.

Foxcroft and DeCarlo (2014) examine different approaches that had been used in the past for drug education programmes and decided not tomake any determinations about the general benefits of by and large approaches adopted by different authors. However, they believe it is probably reasonable to conclude that the primary prevention of alcohol misuse for youngsters does not usually support the principles of evidence-based approach. They also emphasise the need to adopt a family-based approach as a promising programme to promote effective drug education intervention in a particular society. In the same vein, Schinke et al (2008), affirm the potentials of culturally-focused school and community intervention to change drug use behaviour among Native American young people. Thomas (2014) examined 76 randomized controlled preliminaries of school-based smoking avoidance interventions to alter the smoking habits of the young people in the school. On the basis of methodological quality adopted for the research, the studies were classified into three groups. The first group is termed 'better quality' where the selected studies had negligible determination, execution, steady loss and recognition predisposition. Another group is categorized as medium quality class, which had some deficiencies in design structure that could affect validity of conclusions and recommendations. Since these studies are heterogeneous in nature, Thomas believed that quantitative synthesis of data (metaanalysis) cannot be said to be proper, and rather reports brings about a story efficient audit organized by the sort of program, with focus on smoking prevalence among the youth. In the information-only category, which is the third group, one out of four medium quality studies reported a significant impact of drug education programme on tobacco use and behaviour, while three studies recorded no effect.

In the social influences group, seven better quality studies reported no significant effect on smoking behavior, while eight out of fifteen recorded an effect. Within the same group, seven medium quality studies reported no effect on tobacco use and behavior among the participants, while thirteen medium quality studies revealed that there was a significant effect. In a particular classification, social competence and social influence groups were combined and all eleven medium quality studies and the only better quality study revealed an effect on smoking behavior and use. Generally, the review carried out by Thomas provided strong evidence to show that school-based

drug education programmes can be effective in reducing widespread smoking habits among people in the society.

d. Age, knowledge, attitude and psychoactive substances abuse

Reports from literature had shown that there exist a nexus between some factors and the utilization of psychoactive substances among individuals of a particular community. Studies had revealed that variables like age, knowledge and attitude have significant influence on psychoactive substances use among different categories of people in the society. A combination of the users' age, knowledge about drug education programmes and attitude could influence, to some extent, the consumption of hard and illicit drugs by the youngsters and other categories of people. Sowden, Arblasterand Stead (2014)examined 17 drug education programmes that were based on community interventions for preventing smoking among youngsters. These interventions were selected based on some methodological quality criteria. In simpler terms, community interventions are systematically coordinated, widespread programmes in a geographical location, which discourage the habit of smoking among the people. Fifteen out of the 17 drug education programmes incorporated school-based component to prevent smoking; however, there were different school components involved in the programme. Self-reported smoking and objectively measured smoking behaviour, which was achieved through saliva testing of the participants, were the outcome measures of interest in the experiment. The participants in the study consist of youngsters up to the age of 25 years. Both randomized and non-randomized controlled preliminaries were incorporated. The heterogeneous idea of the members and strategies made a meta-examination to be unseemly for the investigation. The school components had positive effect on the smoking habits of the youth.

Comparing the effectiveness of community drug education programmes over a specific period of time, 12 studies were examined to determine the impact of the intervention in reducing tobacco use among youngsters in the community. After the review, two studies found a significant and sustained reduction in smoking habit of the people and in the long-term effect, the intervention significantly reduced tobacco consumption among youth, especially at 15-year follow-up study, (Perry et al 1980, Vartiainen et al 2008). Another study reported that, in a situation where the school-based component was conveyed in a concentrated 12-week work out, there was a huge lessening in

smoking propensity for the young, yet no decrease was found in the long haul, particularly at the 3-year follow-up period (Piper et al 2010). Likewise, nine examinations announced no impacts of network put together mediation with respect to smoking propensities for the young. Four investigations looked at the adequacy of a network intercession including a school-based segment with the school-based segment alone. One of the investigations detailed that the network intercession had huge impact than the school-as it were type of activity. On the other hand, three studies found no evidence to support the fact that community-based exercise performed better than the school-only type (Biglan 2010).

A study carried out by Kaufman (2014) did a comparison between community-based with school component programme and community-based intervention without school component programme. The two programmes focused on reduction in the level of smoking among, but no noteworthy contrast was seen between the two gatherings. One examination thought about a media-based and school segment program (Project STAR) with a media-based intercession as it were. The media and school part exercise significantly affected smoking conduct of youngsters, particularly at one-year line up contrasted and the media just mediation (Pentz et al 2009). All in all, the creators propose there is a scope of constrained help for the viability of network mediations in avoiding the propensity for smoking among youngsters.

In a correlation study by Gottfredson (2007) the impact of individual-change and ecological procedures were analyzed on youth misconduct and wrongdoing avoidance in the network. 77 of 149 audits likewise estimated the impact of individual-change and natural procedures on liquor utilization, tobacco and other hard medications use. In this survey, methodologies that were considered as useful methodology were those strategies for which in any event two distinct examinations had announced beneficial outcomes on medication use conduct. The functional techniques likewise included individual projects which explained and imparted conduct standards, stressed social competency abilities and uncover defenseless youngsters in the general public to social alteration and basic reasoning aptitudes. Likewise, Lister-Sharp et al (2009) inspected medicate instruction intercessions dependent on wellbeing advancing schools approach. This methodology was partitioned into three spaces to gauge the impact of medication instruction practice on tobacco use. The spaces incorporate; school ethos and condition, educational plan, and connections with family and network. One

investigation uncovered that there was a huge positive impact of wellbeing advancing schools approach on the smoking propensity for more seasoned immature young men in the general public. At the end of the day, the school ethos contributes altogether to the decrease in tobacco use conduct among more established juvenile young men. The different idea of mediation and assessment approach in this audit made it basically difficult to make sensible determinations about the viability of the medication instruction intercession.

Cuijpers also explored 21 studies which equally looked at program qualities at the implementation level. The characteristics that were considered involved; studies that related drug education intervention with and without booster sessions, and four studies formed this category ; studies that compared intervention led by peers versus adults and twelve studies were captured in this category. Lastly, studies that related school-based programmes with or without community intervention components were also examined and this comprised five studies. At the end of the review, the impact of booster sessions on the effectiveness of intervention remained unclear whether booster sessions increased or decreased the effectiveness of the programme. However, peer-led programmes recorded a somewhat more compelling effect than grown-up drove programs for the time being, yet no significant difference was found after one year follow-up. The third domain that involved a combination of community-based components and school programmes significantly improved the effectiveness of school programmes.

McBride (2010), conducted a larger review of some studies, which included examination of previous reviews published between 2007-2011. In this review, the main aim was to identify programme characteristics that are related to effectiveness, thus, only interventions which reported some level of impact on behavioural change among people were incorporated. Four out of the entire investigations analyzed aversion of liquor utilization while one examination concentrated on tobacco use. McBride recognizes a few suggestions that were produced using the 5 essential examinations, in spite of the fact that she gave no sign on the quality of the proof for every one of the proposals. She recommends that regularizing training is a vital component of the social impacts approach, more than opposition aptitudes. In any case, the creator recommends that obstruction abilities may be viable inside a damage minimization method instead of avoidance setting. In other words, the resistance skills

might not be appropriate for drug prevention programme but could be a viable strategy in minimising the harms that are associated with the consumption of alcohol in the society.

In the subsequent analysis of better quality studies in the review, Cuijpers (2012) affirmed that activities that are related to social support and the best effect on conduct, social standards and formative projects significantly affected medication use conduct. The survey was dissected further to decide if program direction just can be utilized to clarify the fluctuation between impact sizes, or whether different factors may clarify the distinctions. Different factors inspected included evaluation level, number of sessions, and when the investigation was directed. Toward the part of the bargain, grade level was the main segment that appeared to be identified with impact size, with mediations conveyed to higher evaluation levels understudies will in general have bigger impact estimates on medication use conduct.

e. Educational level and knowledge, attitude and psychoactive substance abuse

A combination of different factors could influence the use of psychoactive substances among people of a particular community. In order to proffer effective solutions to the issues of illicit drugs consumption in the society, it is imperative for major stakeholders in drug control and administration to consider likely factors that could trigger increase in drug use, especially among the youths. Literature had revealed that educational level, knowledge and attitude could go along in determining the level of psychoactive substance abuse or misuse across different categories of people in the society. In the review of school-based medication use counteractive action projects distributed somewhere in the range of 2010 and 2010, Hansen (2012) endeavored to inspect the substance of medication training mediation and results of 45 examines. Hansen likewise evaluated the factual intensity of all examinations under survey to decide the definite decrease in predominance of medication use which the investigation would require so as to accomplish a 80% possibility of distinguishing a distinction. Around half of the whole investigations were accounted for to have lacking measurable capacity to distinguish relative decreases in the utilization of psychoactive substance. In other words, many studies that were covered under the review were not statistically powerful enough to detect changes in drug use behavior after the intervention.

In another research, substance use anticipation projects coordinated towards school and undergrads were contemplated by Werch and Owen (2002) to look at program components related with negative impacts of unlawful medication utilization on the understudies. Medication instruction programs which announced increment in substance use among understudies, or mirrored an unwanted conduct change in substance use, were incorporated into the survey. This process resulted in selection of 17 studies for the review. More negative effect programmes were found to have focused on alcohol-related substances while none of the interventions targeted tobacco use or smoking habit of the participants. Social influences programmes accounted for the greatest number of negative effects, this was followed by interventions that were based on "knowledge/attitudes/values". It was discovered that increase in alcohol use among the participants was the main negative effect that was reported after the programme. Generic programmes seemed to improve negative effects on alcohol consumption than activities that mainly focused just on liquor use. The creators, along these lines, propose that embracing various substance counteractive action mediation might be more destructive than programme that was directed on single drug.

Foxcroft and DeCarlo (2014) identify 56 studies that met the criteria of methodological quality which examined drug use programmes that were organised to prevent abuse of alcoholic drinks among youngsters in the society. Participants who were less than 25 years or at most 25 years old were considered as young people to take part in the study. Because of the heterogeneous idea of the examinations that were selected for the review, the authors believe that qualitative analysis of overall effect might not be appropriate and therefore opted for a narrative systematic review structured by the period of follow-up which could range from one to three years. It had been observed that out of the studies that measured short-term effects, 15 studies found some positive effects on consumption of alcohol among young people, 24 found no significant effects while four studies indicated that there was a significant negative effect on alcohol use. In other words, the four studies found that the intervention resulted to increase in alcohol consumption among young people in the society. In essence, many of the studies reported mixture of positive and non-significant effect, while some indicated a non-significant influence and negative outcome.

In the general investigation, it was uncovered that liquor abuse counteractive action program can work in decreasing the pace of liquor utilization among youngsters in the

general public albeit a few examinations revealed blended outcomes on this ability. Thomas' audit additionally indicates a few sorts of aversion program being more successful than others in controlling or diminishing medication use among various classes of individuals in the network. In spite of the fact that there were confirmations to demonstrate that data no one but methodology could be viable in diminishing medication use, proof from a considerable lot of the projects announced opposite perspectives, showing that the report could be powerless. Thomas, from that point, makes traditionalist inferences from the discoveries of the examinations. Despite the fact that he accepted that there are a few confirmations to show that school programs that join social impacts models can change tobacco use among the individuals temporarily, Thomas additionally contends that results from these investigations should be set in examination with discoveries of the Hutchinson Prevention Project which did not report any supported impact of a social impacts intercession program on smoking conduct.

It ought to be referenced that satisfactory learning about the destructive impact of medication misuse and its suggestion on the individual's well-being is essential in reducing the prevalence of the act among people in a particular community. Surprisingly, it had been observed that even some medical students in medical schools do involve in the act, as they lack adequate knowledge of drug abuse and the implication it has on their well-being, (Sharif et. al. 2012). If this habit could be thriving among medical students who are supposed to be in the best position to understand drug use and its implication, then, the least should be expected about knowledge of drug misuse among the general populace. This implies that a huge knowledge deficiency exists amongst the people in the society on the issue of drug misuse and its implication. Frokaer et al., (2011) affirm that developing countries with high level of illiteracy and decayed infrastructures are usually at the risk of experiencing rampant abuse of drug as many people would not have adequate knowledge on the negative impacts of medication abuse and the suggestion on the individual and the whole society. In this way, the lack of learning on medication education could be worse than what is obtainable in developed countries. Thus, the stakeholders who are saddled with the responsibility of enlightening the people about the negative consequences of this habit need to do more, to ensure that different

categories of people in the society receive adequate knowledge that would positively alter their sense of judgment on the issue of drug use.

It is expected that adequate knowledge of psychoactive substance and its implications on the addict would make people in the society to be cautious of the consequences of self-medication, (Aishwaryalakshmi et al., 2012). Therefore, individuals in the society may likely disregard other potent factors that could encourage drug misuse,for example, the separation to the wellbeing focus, simple availability of the meds because of a paranoid fear of building up the unsafe impacts and different ramifications like opposition and entanglement of their conditions/diseases thus wrong utilization of prescriptions or postponement in looking for medical clinic intercession. Thus, they will patronise health clinics whenever the need arises for examination, diagnosis and receiving proper treatment.

The increasing rate of drug misuse requires serious attention from stakeholders in the area of drug administration and control, because drugs contain variety of chemicals and other elements which could be both beneficial and harmful to general health condition of human beings (Omolase, et al., 2007). The harmful effects of drugs abuse could range from; formation of dangerous drug interactions, extreme antagonistic medication responses, for example, anaphylactic stun, drug intoxication to the liver, to kidneys damage and other health challenges. This could negatively affect the general well-being of individuals and effective functioning of different structures of the society. Some common drugs can become dangerous substances to the body system, if they are abused by the users. For example, over the counter (OTC) drug like paracetamol could be processed or metabolised by the liver and when it is misused can result to liver failure or malfunctioning. This is known as liver toxicity.

Reports have it that paracetamol intake remains the most common cause of acute liver failure in USA and UK in the recent time, (Sonam et al., 2011). The negative consequences of drug misuse become more pronounced on people in extreme ages and physiological conditions like pregnant women and nursing mothers. In many settings across different communities, people begin self-medication on individuals without considering the age or psychological state. For example, the dosage of drug to be administered on children depends largely on their weight; but drug abuse sets in when children's age and weight are not considered in the process of drug administration. As

a result of this, over dose or under dose could lead to complications like drug intoxication and resistance as a result of the inappropriate process of medication (WHO, 1998).

In the case of women in pregnancy, self-medication or drug abuse may result to complications like unwanted abortion, fetal congenital malformation, preterm labour or still birth. Hence, there is a need to take adequate measures before taking any medications as some of these drugs are not appropriate for pregnant women or nursing mothers in the society (Marek and Antle, 2011). If pregnant women involve in the act of self-medication without knowledge of its implications, the result could be disastrous on the expectant mother and unborn child. The other danger of drug abuse is concealing of illnesses and other health challenges. Drug misuse can hide serious health conditions like tuberculosis, hypertension, diabetes, HIV and AIDS and different types of cancer, which could have been well managed if presented to the medical professional at the appropriate time, (Afolabi, 2012). Despite the negative consequences of drug abuse, many people are still indulging in the practice. This could be because of lack of knowledge of drug abuse and its overwhelming results. In this way, surveying the individuals' learning, frame of mind and maltreatment of medication is very basic as it will direct in the detailing techniques to be utilized in tending to the high commonness of medication maltreatment in most creating nations.

The use of medications or any drugs without prescription by the professionals has remained serious concern for stakeholders in drug administration and control in the country. Involving in this act could expose people to the danger of taking inappropriate drugs for a particular ailment, use inappropriate doses of the recommended drugs which may result harmful effects or resistance that could complicate their health conditions over the time. In other words, people who involve in self-medication or consume illicit hard drugs without experts' advice tend to compromise their health conditions as these drugs contain elements that could be dangerous to human health, if taken inappropriately. For instance, some patients created visual impairment because of medication maltreatment of eye prescription, (Kagashe and Msela, 2012). The ramifications of medication misuse still remains a test as the resultant impacts are typically destroying on the user and the general society. Nevertheless, despite all the harmful effect of drug abuse on human health and well-being, its prevalence is still on the increase in the society.

Cuijpers et al (2012) carried out a meta-analysis of 12 studies over the time, all the studies targeted school-based drug prevention programme which involved comparison between peer-delivery and adult-delivery strategies. The studies examined the use of tobacco, alcohol or cannabis. A further meta-analysis which focused on the use of tobacco was also carried out to determine the influence of the programme on each of the substances. After the analysis, it was observed that interventions that involved peer-delivery were more effective at immediate post-test or for the time being, however not in the long haul follow-up, when considering all the three substances i.e. tobacco, liquor and cannabis. In a review carried out by Elliott et al (2012) on young people up to 16 years of age, it was discovered that there were evidences on the adequacy of treatment and care mediations focusing on medication use among this gathering of individuals. Seven surveys and 11 essential investigations were chosen to see that effect of intercessions in a scope of settings including schools. Just school-put together mediation that engaged with respect to how to decrease medication use among youngsters previously utilizing medications were incorporated into the survey.

Gottfredson and Wilson (2013) detailed discoveries from 130 audits that depended on 94 school-based medication use aversion programs for liquor and other medication use. The program avoided tobacco use. The mediations were broke down dependent on whether they were conveyed to the whole school populace or vulnerable group among the students. Other criteria included the age of young people that were incorporated into the programme; intervention delivery agents; and lastly, duration to execute the programme. After the experiment, the sizes of the effects on drug use were computed on the basis of the difference between intervention and comparison groups. Where studies investigated multiple intervention-comparison group contrasts, these were also included in the meta-analysis, and it resulted to 136 contrasts. For example, the consumption of commonly used over the counter drugs for treatment in children is also being highly practiced in spite of no tangible evidence of efficacy of the substances and the likely implications on the youngsters. Therefore, a significant number of people are unaware of the fact that drug misuse makes up a high percentage of poisoning admissions in children of five years and below, (Allotey and Elisha, 2013). Drug abuse continues to pose serious threat and potential life threatening implications as studies have reported convulsions, reduced consciousness level, rapid heart rate, even death as a result of inappropriate use of drugs (U.S FDA, 2008). The abuse of

drug abuse has resulted in people delaying in seeking for hospital intervention, thereby complicating their illnesses as drug abuse may treat the symptoms not the underlying disease (Yousef, et al., 2008).

It had been observed that drug abuse could trigger several socio-economic problems like poverty, consumption of drug without adequate knowledge of the implications, pressure on the existing health facilities, depletion of the country's human resources among other critical issues, (Gupta, Bobhate, and Shrivastava, 2011). As observed from different studies, there is high prevalence of lack of knowledge of drug abuse and its implications. For instance, in India, the prevalence of lack of knowledge of drug abuse and its implications was found to be 93.5% (Balamurugani and Ganesh, 2011), 75% amongst pregnant women in U.S (Marek and Antle, 2011), 79% in Netherlands (Fishman et al, 2011).

These problems associated with drug misuse affect the well-being of individuals and functionality of the entire society. Surprisingly, reports have indicated an unprecedented knowledge gap in drug abuse and its implications in the developed countries of the world, in spite of high level of literacy and improved infrastructural facilities. It had been discovered that different categories of people in these developed countries still, engage in abuse of over the counter drugs and other illicit substances, (Hsiao et al., 2006). In the words of Aoyama, Koyama and Hibino (2012), the developed countries of the world are supposed to be well-informed on the issue of drug abuse and self-medication, with the level of civilization and literacy. Ironically, findings showed that many people in these regions of the world did not possess adequate knowledge of drug misuse and its implications on the citizens and the general populace.

The issue of drug misuse is assuming a worldwide phenomenon and it has continued concern to public health experts and other stakeholders in the area of drug administration and control. On the global analysis, it had been observed that the prevalence of drug abuse is still on the increase. However, the abuse of these substances varies from region to region, since factors that could propel the practice are also diverse in nature. For instance, the prevalence of drug abuse in Greece is about 77.9% (Skliros, Merkouris and Sotiropoulos 2010), while it is almost 98% in Palestine (Sawalha, 2008). Balamurugani and Ganesh (2011) affirm that 71% of India

population is involved in this practice, while the prevalence rate is 76% in Pakistan (Zafar, et al., 2008). Though the practice of drug misuse is generally high across the globe, the cases in developing countries and Africa in particular, are alarmingly growing and have reached a crisis level that requires urgent practical steps from government and other major stakeholders. In these developing countries of the world, people are increasingly involved in self-medication without adequate knowledge on the harmful effects on the body systems and vital organs (Tillement and Delaveau, 2007).

Reports have it that a significant number of people do not patronise physicians before taken any drug. Instead, they consume different kinds of drugs like pain relievers and antibiotics without doctor's prescription. Therefore, it had been revealed that in Nigeria 99.4% of the entire population in the country involves in drug abuse and self-medication for different purposes, (Arikpo and Eja, 2009). The above report is in line with the findings from Afolabi (2008) that the prevalence rate of drug abuse amongst market women in a sub-urban community in Lagos state, Nigeria was 95% while the prevalence rate in Sudan was 73.9%, (Abdelmoneim, Eltayeb, and Matowe, 2005). It was reported that Malawi had 56%, while Kenya had 53.5% rate of drug abuse (Misati, 2012; Novignon et al., 2011).

It is generally allowed to use some over the counter drugs the primary level of health care system. However, people are not limiting the level of self-medication to these over-the-counter drugs (OTC), they easily consume more regulated drugs like antibiotics which are generally considered as prescription only drugs. In this wise, many people become susceptible to the risk of developing drug resistance in the long term, (WHO, 1998). Thus, antibiotics and other types of medicines which are supposed to be prescribed-only drugs are easily accessible to everyone as most pharmaceutical shops are selling drugs without prescription. Coupled by people's lack of awareness, this means that there is poor knowledge of drug abuse as a primary health care concept, its potential deleterious effects and other implications; hence people are self-medicating without any precautionary measures (Zafar et al., 2008).

Though WHO acknowledges and recommends drug abuse in primary health care, there is need for one to be cautious and responsible when self-medicating; hence requires a certain level of knowledge and health orientation regarding drug abuse. Studies have

reported that OTC drugs have been even associated with adverse health reactions and fatalities (Sawalha, 2007). Despite its effectiveness in primary health care if appropriately utilized, drug abuse has resulted into inappropriate drug use such as misdiagnosis on the illness, taking either high or low doses, lesser or longer period of taking the medicines not as recommended (Ali, Ibrahim, and Palaian, 2010).

These practices have resulted into irrational drug use resulting into increased side effects, drug interactions, and delayed in seeking health facility care or advice; hence complicating the patient's condition (Novignon et. al. 2011). Apart from the above implications, the consequence of incorrect diagnosis and incorrect dosage as a result of drug abuse is the growing resistance to drugs. Thus, antimicrobial resistance is currently a problem worldwide, more especially in developing countries where people are accessing antibiotics without a prescription. Though the problem of the antibiotic resistance is a worldwide problem, it is more common in developing countries where there is easy access of medicines without a prescription (Verma, Mohan, and Pandey, 2010).

f. Appraisal of Reviewed Literature

The review of literature in this study focused on concept of abuse of psychoactive substance, meaning of psychoactive substance, prevalence, physical, emotional and social effect of psychoactive substance on human beings. There are also documented studies on the factors influencing drug use among commercial drivers, overview on the frequently abused psychoactive substance.

Empirical studies on drug education intervention programme, knowledge, attitude and substance abuse among different groups at different time were documented. There is various documented literature that commercial drivers are involved in abuse of some psychoactive substance. The consequence of substance abuse were also documented which include impaired memory, accidents, mental disorder, liver cirrhosis, kidney problem, violence, divorce and job lost among others. There are also documented evidences in literature that some of the people who abused psychoactive substance do not have adequate knowledge about the consequences. Drug education was documented in literature to have been used in intervention programmes to solve substance abuse in various groups of people and considerable successes were recorded.

CHAPTER THREE

METHODOLOGY

This chapter presented the methodology adopted for the study.The study determined the effect of drug education on management (knowledge, attitude and abuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis Oyo State, Nigeria. In order to achieve the aforementioned, the following methods and procedures were adopted:

1. Research Design
2. Population of the Study
3. Sample and Sampling Techniques
4. Research Instrument
5. Validity of the Instrument
6. Reliability of the Instrument
7. Field Testing of the Instrument
8. Ethical Consideration
9. Procedure for Data Collection
10. Procedure for Data Analysis

Research Design

The research design adopted for this study was pretest-posttest control group quasi-experimental non-equivalent research design using 2x4x3 factorial matrix. The design was adopted based on the fact that the participants for the study were randomly assigned to treatment and control group in their respective local government areas. This availed the researcher the opportunity to compare the participants in the control and the experimental group. The researcher was able to note the difference in their measured outcome as a result of the intervention given.

The choice of the factorial matrix that was used in this study was based on the fact that the study involved the use of independent variables at two levels; the treatment and the control group. The drug education intervention has two levels (one experimental and one control group). The moderating variable of age (18-29 years, 30-42 years, 43-55 years and 56 years and above was used at four levels, whilelevel of educational (no formal education, Primary School Leaving Certificate and SSCE) were used at three levels.

Research design is schematically illustrated as follows:

Y_1 X_1 Y_3……Experimental

Y_2 X Y_4…….Control

Y_1, Y_2…… Represent pretest for experimental and control groups respectively.

Y_3, Y_4 …… Represent posttest for experimental and control groups respectively.

X_1…… Represents drug education for treatment group.

X …… This represents control group, health talk on personal hygiene.

Table 3.1: 2x4x3 Factorial Matrix Showing the Treatment by Age by Educational level of the Participants

Treatment Groups	18-29 years			30-42years			43-55years			56 and above			Total Number of Participants
	16			11			39			34			
	NFE	PSLC	SSCE	NFE	PSLC	SSCE	NFE	PSLC	SSCE	NFE	PSLC	SSCE	
Drug Education	1	12	9	1	7	2	1	4	4	2	5	2	50 (50%)
Control	1	9	6	1	11	4	1	6	2	1	7	1	50 (50%)

KEY: NFE= No Formal Education; PSLC= Primary School Leaving Certificate; SSCE= Senior Secondary Certificate of Education.

The participants were grouped into two groups, namely, experimental and control group. Pretest and posttest were conducted for the two groups. The experimental group was exposed to Drug Education training, while the control group was exposed to health talk on personal hygiene. Both lasted for eight weeks and at ninth week post-test were administered.

Population of the Study

The population for this study comprised all intra-city commercial drivers in Ibadan Metropolis. The participants were drawn from three hundred and eighty-five registered drivers in the study areas.

Sample and Sampling Technique

The sample size for this study consisted of one hundred (100) intra-city commercial drivers which comprised of both mini buses and taxi cabs in Ibadan Metropolis. Ibadan Metropolis consists of five Local Government Areas, namely: Ibadan South East, Ibadan South West, Ibadan North, Ibadan North East and Ibadan North West. A multistage sampling procedure was used to select the participants. The procedure included simple random and purposive sampling technique. The simple random technique was to give the participants equal opportunity in the selection. Purposive sampling technique was used to select the actual participants, based on the researcher's explorative study showed that the participants are violence prone and reckless in the way they drive. More so, previous studies focused on other sets of drivers and various level of students.The sampling techniques are explained as follow:

Stage one: At this stage,simple random sampling technique (fish bowl with replacement) was used to select two local government areas out of the five Local Government Areas in Metropolis. The two selected Local Government Areas for the study were Ibadan North East and Ibadan North West with their meeting halls in Aremo and Idikan respectively.

Stage two: Purposive sampling technique was used to select the actual participants, based on the researcher's explorative study.

Stage three: Simple random sampling technique was used to assign the LGAs into experimental and control groups. Although those in the experimental group screened using drug test screening scale and those whose score were above average were used as the participant in the experimental group.

Table 3.2: Sample Size for the Study

Ibadan North West Local Government Area, Intra-city Commercial Drivers (experimental Group)

Serial no	Name of Units	Number of Registered Members	Volunteers
1.	Eleyele – Ogunpa	13	
2.	Eleyele- Dugbe	10	
3.	Dugbe –Ojoo	25	
4.	Dugbe –Apata	25	
5.	Beere –Ogunpa	6	
6.	Olomi –Apata	5	
7.	Ogunpa –Gate	7	
8.	Ojoo –Okepade	4	
9.	Ayeye- itamerin – Ojoo	8	
10.	Oritaaperin- Ogunpa	4	
11.	Bovas –Ogunpa	6	
12.	Eleyele – Sango	30	
13.	Eleyele – Apete	9	
14.	Eleyele - Challenge	10	
15.	Eleyele –Dugbe	10	
16.	Eleyele –Aleshiloye	9	
17.	Eleyele – Mokola	5	
18.	Queen cinema-Bodija	11	
19.	Okepade- Okeitunu	7	
Total		**204**	

Source: Oyo State NURTW Secretariat

Table 3.3: Ibadan North East Local Government Area Intra-city commercial Drivers (Control Group)

Serial no	Name of unit	Number of registered members	Volunteers
1.	Gate	10	3
2.	Base unit Iwo road	10	3
3.	Adegbaye- Iwo road	10	3
4.	Base 1 Iwo road	10	3
5.	Beere	10	3
6.	Oremeji	5	1
7.	Sawmil	5	1
8.	Sanyo	5	1
9.	Sango	5	1
10.	Mokola	5	1
11.	Base 3 Iwo road	5	1
12.	Yidi Gate	10	3
13.	Guinness Iwo road	5	1
14.	Gate –Monotan	18	5
15.	Beere	18	5
16.	Gate –Ojurin	7	2
17.	Gate ogunpa	9	3
18.	Gate –Alakia	2	1
19.	Iwo road –Monatan	18	5
20.	Sango	10	3
21.	Iwo road –Dugbe	4	1
Total		181	50

Source: Oyo State NURTW Secretariat

Inclusion and Exclusion Criteria

This study engaged one hundred (100) participants who were registered members of National Union of Road Transport Workers (NURTW) Oyo State Chapter. Intra-city mini buses and taxis cabs commercial drivers in selected LGAs that were attending membership meetings. Only registered intra city commercial drivers were included, while those who are not registered were excluded. Only the participants who signed the consent form were used for the study. In addition,drug abuse screening test was administered on the participants and those who scored average points and above (50points) in the test were selected for the experimental group.

Research Instruments

The following research instruments were used for the study:

1. **Self-developed Manual on Substance Abuse:**

The manual was used as a training guide for the experimental group. The Manual guide was validated by the researcher's supervisor and other experts were engaged in its review in line with the variables that were examined.

2. Self- developed Questionnaire:

In order to determine the effects of drug education on management (knowledge, attitude and abuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis, Nigeria. A self-developed questionnaire of four (4) sub-sets was developed. Same was validated by researcher's supervisor and lecturers in Department of Human Kinetics and Health Education, as well as other lecturers in the Faculty of Education, University of Ibadan.

These are explained as follows:

Knowledge, Attitude and Psychoactive Substance Abuse Questionnaire (KAPSAQ)

The questionnaire consists of demographic characteristics, Knowledge of Psychoactive Substance Abuse Scale (KPSAS), Attitude towards Abuse of Psychoactive Substance Scale (ATAPS) and Abuse of Psychoactive Substance Scale (APSS). The instrument was divided into four sections, namely; sections A, B, C and D.

Section A covered demographic characteristics of the participants, while sections B, C and D were used to elicit information in line with the tested variables in the hypotheses. The items in the questionnaire were developed based on review of concepts and empirical studies on abuse of psychoactive substances among various subjects. The items of the questionnaire were developed based on the initial exploratory discussions with the entire NURTW members in Oyo State Chapter.

Validity of the Instrument

The validity of an instrument is defined as the ability or the appropriateness of the test instrument in measuring what it is purported to measure. To ensure the validity of this research instrument, copies of questionnaire and training manual were reviewed by researcher's supervisor, scholars in the Department of Human Kinetics and Health Education, University of Ibadan as well as other experts from within and outside the Department. All the comments and suggestions were studied carefully and used to review the items in the instruments for face and content validity.

The items were subjected to exploratory analysis which was used for the extraction of factor loading and relevant estimates with knowledge, attitude and abuse of psychoactive substances. Varimax rotation was performed to see similarities or differences in the factor structure; and elimination of items that are similar or having the same meaning were restructured or removed. Items that meet the 0.6 retention criterion were retained. Measures of sampling adequacy Kaiser-Meyer-Olkin (KMO) value for each scale were recorded accordingly. This indicated that the sample size was adequate for the conduct of factor analysis and that the items shared some common variance.

Reliability of the Instrument

Reliability is the consistency of instrument in measuring what it is designed to measure. Thomas, Nelson and Silverman (2015) confirmed reliability as an integral part of validity which constitutes the basic attributes in research procedures. Nworgu (2006) affirmed that reliability is the degree of consistency between two sets of scores or observations obtained with the same instrument. To ascertain the reliability, the validated instrument was administered on fifty (50) intra-city commercial drivers in Lagelu Local Government Area who were not part of the participants, but who shared

similar characteristics with the actual participants. The result obtained was subjected to cronbach alpha to establish the reliability.

In the development of the research instruments, sixty one (61) items were generated based on the exploratory survey discussion after which the questionnaire was presented to professional Health Educators and an expert in psychometrics. The items were later reduced to fifty-three (53). This implied that the instrument was validated through expert review. This in turn helped to remove ambiguities and item construction problems. This instrument was then subjected to exploratory factor analysis. A Kaiser-Meyer-Olkin (KMO) of 0.60, 0.65 and 0.64 were obtained forKnowledge of Psychoactive Substance Abuse Scale, (KPSAS), Attitude towards Psychoactive Substance Abuse (ATPSAS) and Psychoactive Substance Abuse Scale (PSAS) respectively; which met up with the benchmark of 0.60. This implies that the sample size of each of the scales was adequate for the conduct of factor analysis. The test of sphericity of each of the scales was statistically significant which support the factorability of the correlation matrix as the p-value stands at 0.000.

The sections of the questionnaire are explained thus:

Section A: This was used to obtain information on socio-demographic characteristics of the respondents. Two items were generated and were responded to by the participants during the pre-testing of the instrument. The items were age and educational qualification.

Section B: Knowledge of Psychoactive Substance Abuse Scale (KPSAS)

Knowledge of PsychoactiveSubstance Abuse Scale (KPSAS) was used to elicit information from respondents on meaning of substances abuse, effect of substances on health of the affected persons as well as other concepts associated with substance Abuse. This instrument contains eleven items that tested the respondents' level of knowledge of psychoactive substances. The data generated were then subjected to factor analysis, with 0.60 as criterion for retention of items. The result of the analysis showed that nine (9) items met 0.60 criterion, thus the items were retained; the three (3) items that had 0.4 and 0.5 were adjusted, while an item that was less than 0.3 was restructured. Each response was scored on a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) with

allotment of points in the following order; SA = 4, A=3, D=2, SD =1. A cronbach alpha method was used to test the internal consistency of KPSAS and it yielded a reliability of 0.87.

Section C: Attitude towards Abuse of Psychoactive Substance Scale (ATAPS)

This scale was used to obtain information from respondents on their attitude towards substance abuse. Ten (10) items were generated and reacted to by the respondents during the pre-testing of the instrument. The data generated were then subjected to factor analysis, with 0.60 as criterion for retention of items. The result of the analysis showed that seven (7) items met 0.60 criterions, hence the items were retained; the three (3) that had 0.4 and 0.5 were adjusted. Each response was scored on a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) with allotment of points in the following order; SA = 4, A=3, D=2, SD =1. A cronbach alpha method was used to test the internal consistency of ATAPS and it yielded a reliability of 0.82.

Section D: Abuse of Psychoactive Substance Scale (APSS)

Abuse of Psychoactive Substance Scale (APSS) was used to obtain information from respondents on substance abuse. Ten (10) items were generated and reacted to by the respondents during the pre-testing of the instrument. The data generated were then subjected to factor analysis, with 0.60 as criterion for retention of items. The result of the analysis showed that five (5) items met 0.60 criterions, hence the items were retained; the four (4) items that had 0.3, 0.4 and 0.5 were adjusted, while an item that was less than 0.3 was restructured. Each response was scored on a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) with allotment of points in the following order; SA=4, A=3, D=2, SD =1. A cronbach alpha method was used to test the internal consistency of PSAS and it yielded a reliability of 0.84.

In totality, thirty-three (33) items were generated in the questionnaire (KAPSAQ); including items on socio-demographic characteristics of the participants (2 items) and the three scales (33 items) were finally used in the study. A cronbach alpha method was also used to test the internal consistency of drug abuse and the three scales

(KPSAS, ATAPS and APSS) which yielded a reliability of 0.87. The questionnaire met Nunnally (1998) criterion of 0.70, which is expected for psychometric measures.

Field-Testing of the Instrument

The field-testing of an instrument essential before the actual study is carried out to find out whether the instrument is reliable, accurate and meaningful. The instrument field testing was carried out on fifty (50) intra-city commercial drivers in Lagelu Local Government Area who were not part of the study; but possessed similar attributes with the target population. The field-testing provided additional knowledge to the quality of the research. It also helped the researcher to familiarize with the study terrain, and familiar with the procedures and probable constraints which could be met in the real study. The process provided the researcher necessary information which helped to improve the quality of the instrument and also ascertain the average time that would be required to answer each questionnaire.

Ethical Consideration

The researcher presented the required information to the Social Sciences and Humanities Research Ethics Committee (SSHEC), University of Ibadan, Ibadan, Nigeria. The information includes copies of research proposal; informed consent form, researcher's curriculum vitae, evidence of certified training in research ethics and information on the participants. Inclusive was a letter of introduction from the Head, Department of Human Kinetics and Health Education, University of Ibadan, Ibadan, Nigeria. The proposal was reviewed by the committee; necessary corrections were made by the researcher. In view of this, approval was given with reference number UI/SSHEC/2017/0004. The ethical was therefore obtained from the chairman, Social Sciences and Humanities Research Ethics Committee (SSHEC) University of Ibadan, Ibadan, Nigeria; in conjunction with Collaborative Institutional Training Initiative (CITI PROGRAM).

During the period of field work, the researcher ensured that ethical consideration was followed by ensuring that, the informed consent forms were signed by the participants before participating in the study. The privacy of the participants was protected by ensuring that their responses were treated with utmost confidentiality. The safety of the participants was protected by ensuring that the participants were not exposed to undue

stress and hardship. The researcher also ensured that the participants were not put under any personal risk or harm.

Customized T shirts were also given to the participants for identification and incentives. Refreshments were also served at the end of each session. To the glory of God, the field work did not record any accident or bad occurrence. The field work went smoothly without any hinge. At the final day of the programme, the Chairman of National Union of Road Transport Workers (NURTW) Oyo state chapter was at the occasion and gave his word of advice to the participants. The summary of the programme was aired in both electronics and print media for the benefits of those who were not opportune to take part in the programme and general public alike. The copies of the approval and training in research ethics is attached in appendix.

Procedure for Data Collection

A letter of introduction was collected from the Head of Department of Human Kinetics and Health Education, University of Ibadan, Ibadan; which was presented to the Chairman of National Union of Road Transports Workers (NURTW) at the union's headquarters in Olomi, Ibadan, Oyo State. This was done to seek for permission to carry out the study in the state. The chairman granted the approval to carry out the research and letter of introduction was given to the researcher to be presented to the chairmen of the study areas. The copies of the letter are attached in appendix. The purpose and benefits of the study was explained to the participants. The inclusion and exclusion criteria, the intervention programmes and method of administration of the tests was also explained.

The Researcher and the participants agreed on the convenient time for contact periods and suitable day of the weeks for the period of the study. Rules were set by the researcher and the participants and it was kept by all throughout the period of the intervention. The research assistants were trained and educated on the study purpose and the roles they are supposed to perform in order to assist in carrying out the research. The date for the commencement of the training programme, the venue and the responsibility of each of the research assistants were well defined. The names and addresses of the participants were registered with traceable addresses and phone numbers. The participants in both experimental and control group were to answer to their names at every sitting for the period of the intervention to attest to their presence

at the venue. The researcher and research assistants attended to both experimental and control group at different time of the day: experimental groups were attended to in the morning while the control groups were in the afternoon of the same day (Thursday) of the week at different locations.

Pretest was administered on the participants in both experimental and control groups on the day at their different training locations and collected by the researcher as well as research assistants who also helped those who cannot read to fill the questionnaire. The eight (8) week intervention training programme then commenced at the union's meeting halls within the study locations. The activities lasted for twohours weekly, and lasted for eight weeks at each of the locations.

The study was conducted in three (3) phases; phase one (I) was baseline survey of intra-city commercial drivers, part two (II) was the intervention aspect, this includes drug education, health talk, teaching, demonstration and various step of discussions, phase three (iii) was the post intervention assessment, only interested and volunteers who were screened to have used drugs or have contact with those who abuse drugs were used for the experimental group in the study. Familiarization meeting was scheduled for discussion with the intra-city commercial drivers on the issue of the programme, what is before them, their meeting days, the aims and purposes of the training. Fifty (50) intra-city commercial drivers were selected for experimental group, while fifty (50) participants were used for control group. The experimental group was exposed to a treatment for a period of eight (8) weeks on drug education package treatment, while placebo treatment of health talk on personal hygiene was given to the control group. There was no attrition and no participants' mortality.

The experimental group was exposed to treatment activities for a period of eight (8) weeks on Drug Education at the participants' meeting hall in Aremo in Ibadan North East Local Government Area, while the control group was given a placebo treatment on personal hygiene at their meeting hall in Idikan Ibadan North West Local Government Area. Each session lasted two hours. Pre-treatment observations were made from the experimental group and control group in form of pre-test. At the end of the eight (8) week intervention programme, post treatment observation on knowledge, attitude and abuse of psychoactive substance was observed on all the participants. The difference between the scores of the two groups in the pre and post-tests scores of the

experimental group was compared to determine whether the treatment has any impact on the previous or entry knowledge of intra-city commercial drivers on abuse of psychoactive substance and likelihood of informed attitude to healthy life style.

Consent Form

The participants signed informed consent forms that gave the detailed explanation of the study and benefits in the local language. This served as a contract agreement to confirm the willingness to participate in the study, understand their roles in the programmes and assurance of confidentiality.

Treatment Procedure for Experimental Group

The group was taken through drug education. The intervention was an eight weeks long programme. The summary is as follows:

Week 1 **Session one**

Topic: General Orientation and Administration of Pre-test Instrument.

Objectives: At the end of this session, the participants were able to:-

1. State the purpose of the meeting.
2. Explain the procedures to follow by trainers and participants.
3. Administer the pre-test instrument on the participants.

Activity:

Step 1: The researcher welcomed the participants and the participants were asked to introduce themselves to facilitate familiarization among them and the research team.

Step 2: The researcher stated and explained in clear terms the purpose, objective and the benefits of the training. The number of contacts (days and duration), time and number of hours/minutes for each contact, venue for the interaction and relevant information were discussed with the participants.

Step 3: The participants were informed of what is expected of them, such as punctuality, regular attendance and cooperation during discussions.

Step 4: The researcher administered the pre-test instrument to the participants with the help of the trained research assistants and collected them on the spot. They were checked for correct filling and complete return of the instruments was ensured.

Week 2 **Session Two**

Topic: Psychoactive Substance, Meaning and Classifications

Objectives: At the end of this session, the participants were able to;

1. Explain psychoactive substance
2. State the prevalence of the substance abuse.

Activity:

Step 1: The session commenced with an over-view of the previous session and the participants were also welcomed.

Step 2: The researcher introduced and explained the topic for the week.

Step 3: The researcher allowed the questions from the participants and the answers were given. The researcher asked questions to evaluate the topic taught and the corrections were provided where necessary.

Closing remarks:

1. The participants were commended for given their time and attention.
2. They were reminded of the time for the next session and the venue
3. The researcher appreciated the participants

Week 3 **Session Three**

Topic: Factors Influencing Drug Abuse.

Objective: At the end of the session, the participants were able to:-

1. State two or more factors that influence drug abuse.
2. Identify ways to reduce or stop the use of drugs.

Activity:

Step 1: The researcher welcomed the participants.

Step 2: The topic for the week introduced and explained by the researcher.

Step 3: The researcher allowed questions from the participants and the answers were given, the researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants commended for their time and cooperation by the researcher.

2. The researcher reminded the participants of the time and venue of the next session.

3. The researcher appreciated the participants**.**

Week 4 **Session Four**

Topic: Self-medication- meaning and consequences

Objective: - At the end of the session, the participants were able to:

1. Explain self-medication

2. List two consequences of the substance abuse.

Activity:

Step 1: The researcher welcomed the participants.

Step 2: The topic for the week was introduced and explained by the researcher

Step 3: The researcher asked the participants the extent of their understanding of the topic. The researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants were commended for their time and cooperation.

2. The participants were reminded of time and venue for the next session.

3. The researcher appreciated the participants.

Week 5 **Session Five**

Topic: Hazards of psychoactive substance abuse.

Objective: At the end of the session the participants should be able to list:-

1. Emotional/psychological/ physical effects.

2. Social effects.

Activity:

Step 1: The researcher welcomed the participants.

Step 2: The topic for the week was introduced and explained by the researcher.

Step 3: The researcher allowed questions from the participants and the answers were given, the researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants were commended for their time and cooperation by the researcher.

2. The researcher reminded the participants of the time and venue of the next session. The researcher appreciated the participants

Week 6 **Session Six**

Topic: Psychoactive substance in the causation of violence crimes and motor accidents

Objective: At the end of the session the participants were able to:

Establish the link between road accident and abuse of psychoactive substance.

Activity:

Step 1: The researcher welcomed the participants

Step 2: The topic for the week was introduced and explained by the researcher

Step 3: The researcher allowed questions from the participants and the answers were given, the researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants were commended
2. The participants were reminded of time and venue for the next session.
3. The researcher appreciated the participants.

Week 7 **Session Seven**

Topic: Ways to stop/minimize abuse of psychoactive substance

Objective: At the end of the session, the participants were able to:

1. List two or more of the commonly abused substances
2. Explain the effects of these psychoactive substances

Activity:

Step 1: -The session commenced with the over-view of the previous session.

Step2: -The researcher introduced and explained the new topic for the week.

Step3: -The researcher allowed questions from the participants and the answers were given, the researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants were commended.
2. The participants were reminded of time and venue for the next session
3. The researcher appreciated the participants

Week 8 **Session Eight**

Topic: Review of previous sessions and administration of post-test instrument

Objective: at the end of the session the participants should be able to:

1. Summarize what they had learnt from the whole training program.
2. Express willingness to adapt healthy behaviour and promotion.
3. Show readiness to transfer the knowledge gained to others whom are not opportune to participate.

Activity:

Step 1: The researcher welcomed the participants

Step 2: Questions were asked on all the topics taught to know how the participants have internalized the training.

Step 3: A post-test instrument was administered on the participants, which were collected on the spot.

Closing remarks:

1. The participants were commended.
2. The researcher appreciated the participants.
3. Certificate of participation was given to the participants.
4. The programme was brought to an end.

Procedure for Data Analysis

Completed copies of the questionnaire of pre-test and post-test were collected, coded and analyzed using descriptive statistics of frequency counts and percentages as well as bar chart to describe the demographic characteristic of the participants. Also, descriptive statistics of frequency counts, percentages, mean and standard deviation were used to answered research questions, while inferential statistics of Analysis of Covariance (ANCOVA) was used to test all the hypotheses at 0.05 alpha level.

CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

This chapter focuses on results of the analyses and discussion of findings. The results as well as discussion of findings are presented on socio-demographic characteristics of the participants, research questions and hypotheses. These are therefore stated as follows:

Socio-Demographic Characteristics of the Participants:

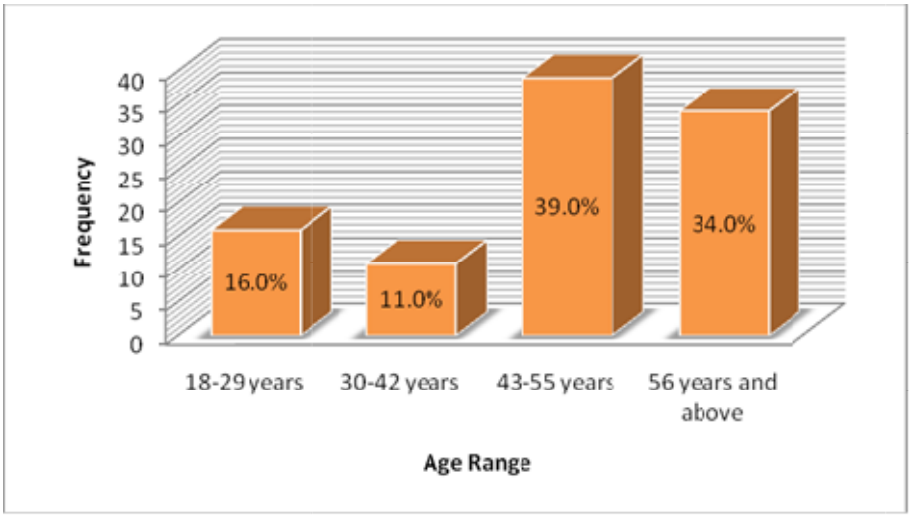

Figure 4.1: Bar chart illustrating age range of the participants

Fig. 4.1 showed that 16 (16.0%) participants were in the age range of 18-29 years, 11 (11.0%) were between 30-42 years, 39 (39.0%) were in the age range of 43-55 years, while 34 (34.0%) participants were over 56 years. This means that most of the participants were in the age range of 43-55 years.

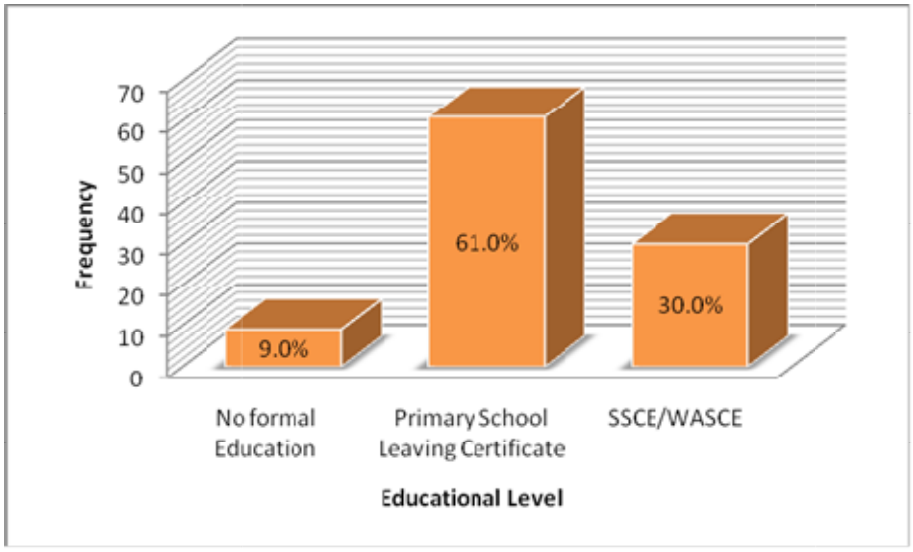

Figure 4.2: Bar chart illustrating educational level of the participants

Fig. 4.2 showed that 9 (9.0%) participants had no formal education, 61 (61.0%) obtained Primary School Leaving Certificate, while 30 (30.0%) possesed SSCE/WASCE. This showed that most of the respondents had Primary School Leaving Certificate.

Research Questions

The following research questions were answered:

Research Question 1: Do intra-city commercial drivers have the knowledge of effects of psychoactive substances?

Table 4.1: Distribution of participants'knowledge of effect of psychoactive substances

S/n	Statement	Response					
		SA	A	D	SD	Mean	SD
1.	Psychoactive substances (hard drugs) include alcohol, tobacco, indian hemp, cocaine and heroin	20 20.0%	13 13.0%	19 19.0%	48 48.0%	2.05	1.19
2.	All psychoactive substances (hard drugs) can alter my mood.	9 9.0%	20 20.0%	32 32.0%	39 39.0%	1.99	0.98
3.	Psychoactive substances (hard drugs) are any chemical other than foods, which are consumed to enhance mood or behaviour.	3 3.0%	19 19.0%	41 41.0%	37 37.0%	1.88	0.82
4.	Chemical substance that causes depression is in psychoactive substance.	9 9.0%	18 18.0%	39 39.0%	34 34.0%	2.02	0.94
5.	Cocaine is a type of psychoactive substance which its effect can result in depression.	12 12.0%	17 17.0%	41 41.0%	30 30.0%	2.11	0.97
6.	Effect of heroin consumption can results in depression.	4 4.0%	14 14.0%	31 31.0%	51 51.0%	1.71	0.86
7.	Effect of psychoactive substances can cause liver problem like cirrhosis.	9 9.0%	10 10.0%	44 44.0%	37 37.0%	1.91	0.91
8.	Abuse of psychoactive substances can results in violent reaction	18 18.0%	10 10.0%	43 43.0%	29 29.0%	2.17	1.05
9.	Abuse of psychoactive substances could result in mental illness.	5 5.0%	13 13.0%	33 33.0%	49 49.0%	1.74	0.87
10.	Psychoactive substances can cause accident which could lead to loss of body part and even death.	13 13.0%	22 22.0%	38 38.0%	27 27.0%	2.21	0.99
11.	Psychoactive substances abuse could make victims lose job.	13 13.0%	12 12.0%	42 42.0%	33 33.0%	2.05	0.99
						Weighted Mean= 1.99 Criterion= 2.5	

Table 4.1 showed that 33 (33.0%) participants agreed that psychoactive substances include alcohol, tobacco, Indian hemp, cocaine and heroin, while 67 (67.0%) disagreed. In addition, 29 (29.0%) participants agreed that all psychoactive substances can alter their mood, while 71 (71.0%) disagreed. Besides, 22 (22.0%) participants agreed that psychoactive substances are any chemical other than foods, which are consumed to enhance mood or behaviour, while 78 (78.0%) disagreed. Moreover, 27 (27.0%) participants agreed that chemical substances that causes depression is in psychoactive substances, while 73 (73.0%) disagreed. Furthermore, 29 (29.0%) participants agreed that cocaine is a type of psychoactive substance which its effect can results in depression, 71 (71.0%) disagreed. Also, 18 (18.0%) participants agreed that effect of heroin consumption can results in depression, while 82 (82.0%) disagreed.

The table further revealed that 19 (19.0%) participants agreed that effect of psychoactive substances can cause liver problem like liver cirrhosis, while 81 (81.0%) disagreed. In addition, 28 (28.0%) participants agreed that abuse of psychoactive substances can results in violent reaction, 72 (72.0%) disagreed. Besides, 18 (18.0%) participants agreed that abuse of psychoactive substances could result in mental illness, while 82 (82.0%) disagreed. Besides, 75 (75.0%) participants agreed that psychoactive substances can cause accident which could lead to loss of body part and even death, while 25 (25.0%) participants disagreed. Also, 25 (25.0%) participants agreed that psychoactive substances abuse could make victims lose job, 75 (75.0%) disagreed. In totality, the table shows that the obtained weighted mean value of 1.99 was less than the criterion of 2.50; hence, it could be inferred that intra-city commercial drivers did not have knowledge of effects of psychoactive substances.

Research Question 2: What is the attitude of intra-city commercial drivers in Ibadan Metropolis towards the effects of psychoactive substances?

Table 4.2: Distribution of participants'attitude towards the effect of psychoactive substances

S/n	Statement	Response					
		SA	A	D	SD	Mean	SD
1	I cannot do without the use of psychoactive substances.	16 16.0%	35 35.0%	26 26.0%	23 23.0%	2.56	1.02
2	No driver can drive well without the use of tobacco.	33 33.0%	34 34.0%	16 16.0%	17 17.0%	2.17	1.07
3	I cannot drive well if I did not use any form of psychoactive substance.	8 8.0%	4 4.0%	38 38.0%	50 50.0%	3.30	0.88
4	Even if I consume alcohol, I will still drive well.	26 26.0%	30 30.0%	25 25.0%	19 19.0%	2.37	1.07
5	I feel like having blurred vision anytime I have not consumed alcohol.	12 12.0%	22 22.0%	33 33.0%	33 33.0%	2.87	1.01
6	I do not see excessive use of alcohol as anything bad for some drivers.	33 33.0%	38 38.0%	12 12.0%	17 17.0%	2.13	1.06
7	No amount of alcohol can affect my driving.	29 29.0%	29 29.0%	23 23.0%	19 19.0%	2.32	1.09
8	I support advocacy on drunk and drive.	39 39.0%	50 50.0%	7 7.0%	4 4.0%	1.76	0.75
9	I have been smoking for years, so, no amount of alcohol can affect my driving.	22 22.0%	32 32.0%	27 27.0%	19 19.0%	2.43	1.04
10	It is impossible for me to drive intra-city cab without using drug.	19 19.0%	28 28.0%	39 39.0%	14 14.0%	2.48	0.96
						Weighted Mean= 2.44 Criterion= 2.5	

Table 4.2 revealed that 51 (51.0%) participants agreed that they cannot do without the use of psychoactive substances, while 49 (49.0%) disagreed. In addition, 67 (67.0%) participants agreed that tobacco smoking keeps them awake while driving long distances, while 33 (33.0%) disagreed. Furthermore, 6 (6.0%) participants agreed that they have to smoke about ten wraps of Indian hemp before they feel any change in mood, while 94 disagreed. Besides,56 (56.0%) participants agreed that even if they consume alcohol, they will still drive well, while 44 (44.0%) disagreed. Also, 34 (34.0%) participants agreed that they feel like having blurred vision anytime they have not consumed alcohol, 66 (66.0%) disagreed.

Table 4.2 further showed that 71 (71.0%) participants agreed that they do not see excessive use of alcohol as anything bad for some drivers, while 29 (29.0%) disagreed. In addition, 58 (58.0%) agreed that no amount of alcohol can affect their driving, while 42 (42.0%) disagreed. In the same vein, 54 (54.0%) participants agreed that they support advocacy on drunk and drive, while 46 (46.0%) disagreed. Furthermore, 54 (54.0%) agreed that they have been smoking for years and no amount of alcohol can affect their driving, while 46 (46.0%) disagreed. Also, 47 (47.0%) participants agreed that it is possible for them to drive intra-city cab without using drug, while 53 (53.0%) disagreed. In totality, the table shows that the obtained weighted mean value of 2.44 was less than the criterion of 2.50; hence, it could be inferred that intra-city commercial drivers in Ibadan Metropolis had negative attitude towards the effects of psychoactive substances.

Research Question 3: What is the prevalence of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis, Oyo State, Nigeria?

Table 4.3: Distribution of participants on prevalence of psychoactive substance abuse

S/N	STATEMENT	RESPONSE					
		SA	**A**	**D**	**SD**	**Mean**	**SD**
1	I take hot drink before driving	6 6.0%	50 50.0%	25 25.0%	19 19.0%	2.43	0.87
2	I smoke only cigarette before driving.	24 24.0%	38 38.0%	11 11.0%	27 27.0%	2.59	1.13
3	I take ''paraga'' and ''opa-eyin'' before I drive.	19 19.0%	29 29.0%	22 22.0%	30 30.0%	2.37	1.11
4	I only drink alcohol when I need to energize myself on the wheel.	24 24.0%	37 37.0%	21 21.0%	18 18.0%	2.67	1.04
5	I take any available substance that will make me high.	13 13.0%	40 40.0%	24 24.0%	23 23.0%	2.43	0.99
6	I take alcoholic herbal mixture	24 24.0%	41 41.0%	18 18.0%	17 17.0%	2.72	1.02
7	My frequency of drug use is increasing	23 23.0%	38 38.0%	23 23.0%	16 16.0%	2.68	1.00
8	I enjoy tobacco in any form before driving	21 21.0%	33 33.0%	26 26.0%	20 20.0%	2.55	1.04
9	I smoke marijuana while driving	22 22.0%	14 14.0%	39 37.0%	25 25.0%	2.56	1.09
10	I must take ethanol (ogogoro) before driving	28 28.0%	32 32.0%	9 9.0%	21 21.0%	2.57	1.20
						Weighted Mean=2.56 Criterion=2.50	

Table 4.3 showed that 56 (56.0%) participants agreed that they often take hot drink before driving, while 44 (44.0%) disagreed. Furthermore, 62 (62.0%) participants agreed that they often smoke cigarette only before driving, while 38 (38.0%) did not. Besides, 48 (48.0%) participants agreed that they often take 'paraga' and 'opa eyin', while 52 (52.0%) did not.Moreover, 61 (61.0%) participants agreed that they often drink alcohol only when they need to energize themselves on the wheel, while 39 (39.0%) did not. Also, 53 (53.0%) participants agreed that they often take any available substance that will make them high, while 47 (47.0%) did not. It was further shown that 65 (65.0%) participants agreed that they often take alcoholic herbal mixture, while 35 (35.0%) disagreed. In addition, 61 (61.0%) participants responded that, there was increase in frequent use of drug, while 39 (39.0%) did not. Besides, 54 (54.0%) participants agreed that they often enjoy tobacco in any form before driving, while 46 (46.0%) disagreed. Besides, 36 (36.0%) participants agreed that they often smoke marijuana while driving, 64 (64.0%) disagreed Also, 60 (60.0%) participants reacted that they must often take ethanol (ogogoro) before driving, while 40 (40.0%) disagreed.In totality, the table showed that the obtained mean value of 2.56 was greater than the criterion of 2.50. It could therefore, be inferred that, there was a high prevalence of psychoactive substances abuse among intra-city commercial drivers in Ibadan Metropolis, Oyo State Nigeria.

Hypotheses

The following hypotheses were tested in the study:

Hypothesis 1(a): There is no significant main effect of treatment on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4: Summary of result showing the pre-post effects of treatment, age and educational level on management (knowledge, attitude and abuse) of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis

Source	Dependent Variable	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	Posttest Knowledge	1105.498	19	58.184	4.027	.000	.489
	Posttest Attitude	1832.447	19	96.445	1.690	.055	.286
	Posttest Subs. Abuse	784.705	19	41.300	1.192	.285	.221
Intercept	Posttest Knowledge	171.359	1	171.359	11.860	.001	.129
	Posttest Attitude	365.698	1	365.698	6.408	.013	.074
	Posttest Subs. Abuse	33.875	1	333.875	9.639	.003	.108
Pretest Knowledge	Posttest Knowledge	.476	1	.467	.033	.856	.000
	Posttest Attitude	18.011	1	18.011	.316	.576	.004
	Posttest Subs. Abuse	42.368	1	42.368	1.223	.272	.015
Pretest Attitude	Posttest Knowledge	17.313	1	17.313	1.198	.277	.015
	Posttest Attitude	228.627	1	228.627	4.006	.049	.048
	Posttest Subs. Abuse	6.356	1	6.356	.184	.670	.002
Pretest Abuse	Posttest Knowledge	84.784	1	84.784	5.868	.018	.068
	Posttest Attitude	223.564	1	223.564	3.917	.051	.047
	Posttest Subs. Abuse	28.669	1	28.669	.828	.366	.010
Treatment	Posttest Knowledge	150.272	1	150.272	10.400	.002	.115
	Posttest Attitude	316.273	1	316.273	5.542	.021	.065
	Posttest Subs. Abuse	201.660	1	201.660	5.822	.018	.068
Age	Posttest Knowledge	35.798	3	11.933	.826	.483	.030
	Posttest Attitude	17.105	3	5.702	.100	.960	.004
	Posttest Subs. Abuse	32.148	3	10.716	.309	.819	.011
Educational Level	Posttest Knowledge	165.607	2	82.803	5.731	.005	.125
	Posttest Attitude	159.129	2	79.564	1.394	.254	.034
	Posttest Subs. Abuse	191.118	2	95.559	2.759	.069	.065
Treatment*Age	Posttest Knowledge	36.141	3	12.047	.834	.479	.030
	Posttest Attitude	24.117	3	8.039	.141	.935	.005
	Posttest Subs. Abuse	35.663	3	11.888	.343	.794	.013
Treatment*Educ. Level	Posttest Knowledge	1.393	1	1.393	.096	.757	.001
	Posttest Attitude	69.860	1	69.860	1.224	.272	.015
	Posttest Subs. Abuse	.364	1	.364	.010	.919	.000
Age*Educational Level	Posttest Knowledge	130.539	4	32.635	2.259	.070	.101
	Posttest Attitude	219.453	4	54.863	.961	.433	.046
	Posttest Subs. Abuse	40.967	4	10.242	.296	.880	.015
Treatment* Age *Educational Level	Posttest Knowledge	2.481	2	1.240	.086	.918	.002
	Posttest Attitude	50.934	2	25.467	.446	.642	.011
	Posttest Subs. Abuse	6.204	2	3.102	.090	.914	.002
Error	Posttest Knowledge	1155.892	80	14.449			
	Posttest Attitude	4565.663	80	57.071			
	Posttest Subs. Abuse	2770.935	80	34.637			
Total	Posttest Knowledge	37643.000	100				
	Posttest Attitude	74885.000	100				
	Posttest Subs. Abuse	47908.000	100				
Corrected Total	Posttest Knowledge	2261.390	99				
	Posttest Attitude	6398.110	99				
	Posttest Subs. Abuse	3555.640	99				

As shown in table 4.4, there was a significant main effect of treatment on knowledge of psychoactive substances abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(1,80)}$= 10.400, p<0.05, partial η^2=0.115); hence, the null hypothesis was rejected. This implied that the treatment contributed significantly to the variation in participants' scores on knowledge of psychoactive substances abuse among intra-city commercial drivers in Ibadan Metropolis. The partial eta square value of 0.115 showed that the treatment had a contribution of 11.5% to participants' knowledge of psychoactive substances abuse.

Table 4.4a: Estimated marginal means of participants' knowledge of psychoactive substances abuse by treatment

Dependent Variable	Treatment Groups	Mean	Std. Error	95% confidence Interval	
				Lower Bound	Upper Bound
Knowledge	Experimental	20.733	0.698	19.343	22.123
	Control	15.946	0.822	14.311	17.582

Table 4.4a showed that participants exposed to Drug Education (treatment group) had higher posttest mean score ($\overline{x}$ =20.733) on knowledge of psychoactive substance abuse than the participants in the control group with posttest mean score of 15.946. This means that participants that were exposed to Drug Education (treatment group) performed better than those in the control group. It implied that Drug Education was an effective programme that could increase knowledge on psychoactive substances abuse.

Hypothesis 1(b): There is no significant main effect of treatment on attitude towardspsychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 showed that there was a significant main effect of treatment on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(1,80)}$= 5.542, p<0.05, partial η^2=0.065); hence, the hypothesis was rejected. This implied that the treatment contributed significantly to the variation in participants' scores on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. The partial eta square value of 0.065 showed that the treatment had a contribution of about 6.5% to participants' attitude towards psychoactive substance abuse.

Table 4.4b: Estimated marginal means of participants' attitude towards psychoactive substance abuse by treatment

Dependent Variable	Treatment Groups	Mean	Std. Error	95% confidence Interval	
				Lower Bound	Upper Bound
Attitude	Experimental	28.975	1.388	26.213	31.373
	Control	21.526	1.633	18.275	24.776

Table 4.4b showed that participants exposed to Drug Education (treatment group) had higher posttest mean score ($\bar{x}$ =28.975) on attitude towards abuse of psychoactivesubstancethan the participants in the control group with posttest mean score of 21.526. This means that participants exposed to Drug Education (treatment group) performed better than those in the control group. It implied that Drug Education was an effective programme that could increase attitude towards substance abuse.

Hypothesis 1(c): There is no significant main effect of treatment ofabuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis.

As shown in table 4.4, there was a significant main effect of treatment on abuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis ($F_{(1,80)}$= 5.822, p<0.05, partial η^2=0.068); hence, the hypothesis was rejected. This implied that the treatment contributed significantly to the variation in participants' scores on psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. The partial eta square value of 0.068 showed that the treatment had a contribution of about 6.8% to participants' abuse of psychoactive substance.

Table 4.4c: Estimated marginal means of participants' abuse of psychoactive substance by treatment

Dependent Variable	Treatment Groups	Mean	Std. Error	95% confidence Interval	
				Lower Bound	Upper Bound
Psychoactive Substance Abuse	Experimental	21.526	1.633	18.275	24.776
	Control	17.186	1.272	14.654	19.718

Table 4.4c showed that participants exposed to Drug Education (treatment group) had higher posttest mean score ($\bar{x}$ =21.526) on abuse of psychoactive substance than the participants in the control group with posttest mean score of 17.186. This means that participants exposed to Drug Education (treatment group) performed better than those in the control group. It implied that Drug Education was an effective programme that could bring about positive change in abuse of psychoactive substance.

Hypothesis 2(a): There is no significant main effect of age on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant main effect of age on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(3,80)}$=.826, p>0.05, partial η^2=0.030); hence, the hypothesis was accepted. This implied that age had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. The partial eta square value of 0.030 showed that age had a contribution of about 3.0% to participants' knowledge of psychoactive substance abuse.

Table 4.5a: Estimated marginal means of participants' knowledge of psychoactive substance abuse by age

Dependent Variable	Age	Mean	Std. Error	95% confidence Interval	
				Lower Bound	Upper Bound
Knowledge	18 -29 years	19.195	.943	17.391	21.071
	30-42 years	17.293	1.345	14.617	19.969
	43-55 years	17.770	1.069	15.643	19.897
	56 years and above	17.449	.741	15.974	18.924

Table 4.5a showed that participants in the age range 18-29 years had highest posttest mean score ($\bar{x}$ =19.195) on knowledge of psychoactive substance abuse, followed by those between the age range 43-55 years with posttest mean score of 17.770; and those that are over 56 years with posttest mean score of 17.449, while the participants who are between 30-42 years had the least posttest mean score ($\bar{x}$ =17.293). This implied that participants in the age range of 18-29 years had better knowledge of psychoactive substance abuse than other age groups.

Hypothesis 2(b): There is no significant main effect of age on abuse of psychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 showed that there was no significant main effect of age on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(3,80)}$=.1000, p>0.05, partial η^2=0.004); hence, the hypothesis was accepted. This implied that age had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. The partial eta square value of 0.004 showed that age had a contribution of about 0.4% to participants' attitude towards psychoactive substance abuse.

Table 4.5b: Estimated marginal means of participants' attitude towards psychoactive substance abuse by age

Dependent Variable	Age	Mean	Std. Error	95% confidence Interval	
				Lower Bound	Upper Bound
Attitude	18 -29 years	26.093	1.873	22.365	29.821
	30-42 years	21.286	2.673	15.967	26.604
	43-55 years	24.306	2.124	20.079	25.533
	56 years and above	26.759	1.473	23.828	26.690

Table 4.5b showed that participants that are over 56 years of age had highest posttest mean score ($\bar{x}$ =26.759) on attitude towards substance abuse, followed by those between the age range of 18 -29 years with posttest mean score of 26.093; and those in the age range of 43-55 years with posttest mean score of 24.306, while the participants who are between 30-42 years had the least posttest mean score ($\bar{x}$ =21.286). This implied that participants that are over 56 years of age had better attitude towards psychoactive substance abuse than other groups.

Hypothesis 2(c): There is no significant main effect of age onabuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis.

As shown in table 4.4, there was no significant main effect of age on practice towards abuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis ($F_{(3,80)}$=.309, p>0.05, partial η^2=0.011); hence, the hypothesis was accepted. This implied that age had no significant contribution to the variation in participants' scores on abuse of psychoactive substance. The partial eta square value of 0.011 showed that age had a contribution of about 1.1% to participants' abuse of psychoactive substance.

Table 4.5c: Estimated marginal means of participants' practice towards abuse of psychoactive substance by age

Dependent Variable	Age	Mean	Std. Error	95% confidence Interval	
				Lower Bound	Upper Bound
Substance Abuse	18 -29 years	20.597	1.459	17.693	23.502
	30-42 years	18.416	2.082	14.273	22.560
	43-55 years	17.967	1.655	14.674	21.260
	56 years and above	22.040	1.147	19.757	24.323

Table 4.5c showed that participants that are over 56 years had highest posttest mean score ($\overline{x}$ =22.040) on practice towards abuse of psychoactive substance, followed by those that are 18 -29 years of age with posttest mean score of 20.597; and those that are between 30-42 years with posttest mean score of 18.416, while the participants who are between 43-55 years had the least posttest mean score ($\overline{x}$ =17.967). This implied that participants that are over 56 years had better conduct towards psychoactive substance abuse than other groups.

Hypothesis 3(a): There is no significant main effect of educational level on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 Showed that there was a significant main effect of educational level on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(2,80)}$=5.731, p<0.05, partial η^2=0.125); hence, the hypothesis was rejected. This implied that educational level had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. The partial eta square value of 0.125 showed that educational level had a contribution of about 12.5% to participants' knowledge of psychoactive substance abuse.

Table 4.6a: Estimated marginal means of participants' knowledge of psychoactive substance abuse by educational level

Dependent Variable	Educational Level	Mean	Std. Error	95% confidence Interval	
				Lower Bound	Upper Bound
Knowledge	No formal education	13.428	2.806	7.844	19.012
	Primary School Leav. Cert.	16.736	.760	15.244	18.248
	SSCE/WASCE	20.073	.582	18.915	21.231

Table 4.6a showed that participants that obtained SSCE/WASCE had highest posttest mean score ($\bar{x}$ =20.073) on knowledge of psychoactive substance abuse, followed by those that possessed Primary School Leaving Certificate with posttest mean score of 16.736; while the participants with no formal education had the least posttest mean score ($\bar{x}$ =13.428). This implied that participants that obtained SSCE/WASCE had better knowledge of psychoactive substance abuse than other educational groups.

Hypothesis 3(b): There is no significant main effect of educational level on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant main effect of educational level on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(2,80)}$= 1.394, p>0.05, partial η^2=0.034); hence, the hypothesis was accepted. This implied that educational level had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. The partial eta square value of 0.034 showed that educational level had a contribution of about 3.4% to participants' attitude towards psychoactive substance abuse.

Table 4.6b: Estimated marginal means of participants' attitude towards psychoactive substance abuse by educational level

Dependent Variable	**Educational Level**	**Mean**	**Std. Error**	**95% confidence Interval**	
				Lower Bound	Upper Bound
Attitude	No formal education	13.888	5.577	2.790	24.986
	Primary School Leav. Cert.	25.992	1.510	22.988	28.996
	SSCE/WASCE	26.045	1.156	23.743	28.346

Table 4.6b showed that participants that obtained SSCE/WASCE had highest posttest mean score ($\bar{x}$ =26.045) on attitude towards psychoactive substance abuse, followed by those that possessed Primary School Leaving Certificate with posttest mean score of 25.992; while the participants with No formal education had the least posttest mean score ($\bar{x}$ =13.888). This implies that participants that obtained SSCE/WASCE had better attitude towards psychoactive substance abuse than other educational groups.

Hypothesis 3(c): There is no significant main effect of educational level on abuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis.

As shown in table 4.4, there was no significant main effect of educational level on psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(2,80)}$= 2.759, p>0.05, η^2=0.065); hence, the hypothesis was accepted. This implies that educational level had no significant contribution to the variation in participants' scores on abuse of psychoactive substance. The eta square value of 0.065 showed that educational level had a contribution of about 6.5% to participants' abuse of psychoactive substance.

Table 4.6c: Estimated marginal means of participants' abuse of psychoactive substance by educational level

Dependent Variable	Educational Level	Mean	Std. Error	95% confidence Interval	
				Lower Bound	Upper Bound
Psychoactive Substance Abuse	No formal education	8.779	4.344	.133	17.425
	Primary School Leav. Cert.	21.047	.901	19.254	22.840
	SSCE/WASCE	21.159	1.176	18.819	23.500

Table 4.6c showed that participants that obtained SSCE/WASCE had highest posttest mean score ($\bar{x}$ =21.159) on attitude towards psychoactive substance abuse, followed by those that possessed Primary School Leaving Certificate with posttest mean score of 21.047; while the participants with No formal education had the least posttest mean score ($\bar{x}$ =8.779). This implied that participants that obtained SSCE/WASCE had better disposition to psychoactive substance abuse than other educational groups.

Hypothesis 4(a): There is no significant interaction effect of treatment and age on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant main effect of treatment and age on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(3,80)}$=0.834, p>0.05, partial η^2=0.030); hence, the hypothesis was accepted. This implies that interaction effect of treatment and age had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. The partial eta square value of 0.030 showed that interaction effect of treatment and age had a combined contribution of about 3.0% to participants' knowledge of psychoactive substance abuse.

Table 4.7a: Estimated marginal means of participants' knowledge of psychoactive substance abuse by treatment and age

Dependent Variable	Treatment Groups	Age	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Knowledge	Experimental	18 -29 years	21.951	1.143	19.676	24.227
		30-42 years	22.185	1.662	18.878	25.493
		43-55 years	20.953	1.467	18.034	23.872
		56 years and above	18.569	1.109	16.361	20.776
	Control	18 -29 years	16.439	1.534	13.386	19.491
		30-42 years	15.662	1.726	12.227	19.097
		43-55 years	15.648	1.542	12.579	18.717
		56 years and above	16.329	1.039	14.262	18.397

Table 4.7a showed that participants in the treatment group that are in the age range of 30-42 years had the highest posttest mean score ($\overline{x}$ =22.185) in knowledge of psychoactive substance abuse, than participants that are in the age range of 18 -29 years with a mean score of 21.951, those in the age range of 43-55 years with a mean score of 20.953; and the participants that were 56 years and above with a mean score of 18.569. This showed that participants in treatment group that are between 30-42 years had the best performance in knowledge of psychoactive substance abuse than the participants in the age range of 18 -29, 43-55 and those over 56 years respectively.

In the control group, the participants that are 18-29 years had the highest posttest mean score ($\overline{x}$ =16.439) in knowledge of psychoactive substance abuse than participants that are over 56 years with a mean score of 16.329, those in the age range 30-42 years with a mean score of 15.662 and the participants with 43-55 years with a mean score of 15.648. This showed that participants in the control group who are 18-29 years had the best performance in knowledge of psychoactive substance abuse than the participants in who are over 56 years, those in the age range of 30-42 and those between 43-55 years. The overall comparison showed that participants that are 30-42 years in treatment group had the highest mean, followed by participants that are between 18-29 years in the same group. This means that participants that are 30-42 years in the treatment group had better performance in knowledge of substance abuse over their counterparts in the same group and those in control group.

Hypothesis 4(b): There is no significant interaction effect of treatment and age on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 Showed that there was no significant main effect of treatment and age on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(3,80)}$=0.141, p>0.05, partial η^2=0.005); hence, the hypothesis was accepted. This implied that interaction effect of treatment and age had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. The partial eta square value of 0.005 showed that interaction effect of treatment and age had a combined contribution of about 0.5% to participants' attitude towards psychoactive substance abuse.

Table 4.7b: Estimated marginal means of participants' attitude towards psychoactive substance abuse by treatment and age

Dependent Variable	Treatment Groups	Age	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Attitude	Experimental	18 -29 years	29.370	2.273	24.848	33.892
		30-42 years	27.995	3.303	21.381	34.529
		43-55 years	28.230	2.915	22.429	34.031
		56 years and above	29.834	2.205	25.447	34.222
	Control	18 -29 years	22.816	3.049	16.749	28.883
		30-42 years	19.062	3.430	12.236	25.889
		43-55 years	21.690	3.065	15.591	27.789
		56 years and above	23.684	2.065	19.575	27.793

Table 4.7b shows that participants in the treatment group that are over 56 years had the highest posttest mean score ($\overline{x}$ =29.834) in knowledge of substance abuse, than participants that are 18-29 years with a mean score of 29.370, those in the age range of 43-55 years with a mean score of 28.230; and the participants in age range of 30-42 years with a mean score of 27.995. This showed that participants in treatment group that are over 56 years had the best performance in attitude towards psychoactive substance abuse than the participants in the age range of 18-29, those in the age range of 43-55 and 30-42 years respectively.

In the control group, the participants that are over 56 years had the highest posttest mean score ($\overline{x}$ =23.684) in attitude towards substance abuse, than participants that are 18 -29 years with a mean score of 22.816 and those in the age range of 43-55 years with a mean score of 21.690; and participants between 30-42 years with a mean score of 19.062. The overall comparison showed that participants that are over 56 years in treatment group had the highest mean, followed by participants that are between 18-29 years in the same group. This means that participants that are over 56 years in treatment group had better performance in attitude towards psychoactive substance abuse over their counterparts and the participants in control group.

Hypothesis 4(c): There is no significant interaction effect of treatment and age onabuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 Showed that there was no significant main effect of treatment and age on practice towards abuse of psychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis ($F_{(2,80)}$=0.343, p>0.05, partial η^2=0.013); hence, the hypothesis was accepted. This implied that interaction effect of treatment and age had no significant contribution to the variation in participants' scores on abuse of psychoactive substance. The partial eta square value of 0.013 showed that interaction effect of treatment and age had a combined contribution of about 1.3% to participants' abuse of psychoactive substance.

Table 4.7c: Estimated marginal means of participants' towards abuse of psychoactive substance by treatment and age

Dependent Variable	Treatment Groups	Age	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Substance Abuse	Experimental	18 -29 years	23.673	1.770	20.150	27.196
		30-42 years	23.370	2.573	18.249	28.492
		43-55 years	22.478	2.271	17.958	26.997
		56 years and above	23.258	1.718	19.840	26.676
	Control	18 -29 years	17.552	2.375	12.795	22.248
		30-42 years	16.765	2.672	11.447	22.083
		43-55 years	14.960	2.388	10.208	19.711
		56 years and above	20.821	1.609	17.620	24.023

Table 4.7c shows that participants in the treatment group that are between 18 -29 years had the highest posttest mean score ($\bar{x}$ =23.673) in psychoactive substance abuse, than participants that are in the age range of 30-42 years with the mean score of 23.370, those that are over 56 years with a mean score of 23.258; and those participants between 43-55 years with a mean score of 22.478. This showed that participants in treatment group that are 18 -29 years had the best performance in disposition to psychoactive substance abuse than the participants in the age range of 30-42 years, those over 56 years and participants between 43-55 years respectively.

In the control group, the participants that are over 56 years had the highest posttest mean score ($\bar{x}$ =20.821) in psychoactive substance abuse, than the participants in the age group of 18 -29 years and those in the age range of group of 30-42 years with a mean score of 16.765; and the participants between 43-55 years with a mean score of 14.960. The overall comparison showed that participants that are 18-29 years in treatment group had the highest mean, followed by participants that are in the age range of 30-42 years in the same group. This means that participants that are 18-29 years had better performance in their disposition towards psychoactive substance abuse over their counterparts and the participants in control group.

Hypothesis 5(a): There is no significant interaction effect of treatment and educational level on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant main effect of treatment and educational level on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(1,80)}$=0.096, p>0.05, partial η^2=0.001); hence, the hypothesis was accepted. This implies that interaction effect of treatment and educational level had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. The partial eta square value of 0.001 showed that interaction effect of treatment and educational level had a combined contribution of 0.1% to participants' knowledge of psychoactive substance abuse.

Table 4.8a: Estimated marginal means of participants' knowledge of psychoactive substance abuse by treatment and educational level

Dependent Variable	Treatment Groups	Educational level	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Knowledge	Experimental	No formal education	18.237	.992	16.264	20.211
		Primary School Leav. Cert.	19.165	1.247	16.684	21.646
		SSCE/WASCE	21.909	.741	20.434	23.384
	Control	No formal education	9.870	2.582	4.732	15.007
		Primary School Leav. Cert.	13.428	2.806	7.844	19.012
		SSCE/WASCE	14.914	.961	13.002	16.827

Table 4.8a showed that participants in the treatment group that obtained SSCE/WASCE had the highest posttest mean score ($\overline{x}$ =21.909) in knowledge of psychoactive substance abuse, than participants that had Primary School Leaving Certificate with a mean score of 19.165 and those that had no formal education with a mean score of 18.237. This showed that participants in treatment group who obtained SSCE/WASCE had the best performance in knowledge of psychoactive substance abuse than the participants that Primary School Leaving Certificate and those with no formal education respectively.

In the control group, the participants that obtained SSCE/WASCE had the highest posttest mean score ($\overline{x}$ =14.914) in knowledge of psychoactive substance abuse, than participants that obtained Primary School Leaving Certificate with a mean score of 13.428 and those that had no formal education with a mean score of 9.870. The overall comparison shows that participants in treatment group that obtained SSCE/WASCE had the best performance in knowledge of psychoactive substance abuse, followed by participants that possessed Primary School Leaving Certificate in the same group. This means that participants that obtained SSCE/WASCE had better performance in knowledge of psychoactive substance abuse over their counterparts and the participants in control group.

Hypothesis 5(b): There is no significant interaction effect of treatment and educational level on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant main effect of treatment and educational level on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(1,80)}$=1.224, p>0.05, partial η^2=0.015); hence, the hypothesis was accepted. This implies that interaction effect of treatment and educational level had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. The partial eta square value of 0.015 showed that interaction effect of treatment and educational level had a combined contribution of about 1.5% to participants' attitude towards psychoactive substance abuse.

Table 4.8b: Estimated marginal means of participants' attitude towards psychoactive substance abuse by treatment and educational level

Dependent Variable	Treatment Groups	Educational level	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Attitude	Experimental	No formal education	24.559	1.971	20.637	28.481
		Primary School Leav. Cert.	27.531	1.473	24.599	30.462
		SSCE/WASCE	30.901	2.478	25.970	35.831
	Control	No formal education	10.864	.876	9.121	12.607
		Primary School Leav. Cert.	13.888	5.577	2.790	24.986
		SSCE/WASCE	22.311	1.910	18.510	26.112

Table 4.8b shows that participants in the treatment group that obtained SSCE/WASCE had the highest posttest mean score ($\bar{x}$ =30.901) in attitude towards psychoactive substance abuse, than participants that had Primary School Leaving Certificate with a mean score of 27.531, and those that had no formal education with a mean score of 24.559. This shows that participants in treatment group that obtained SSCE/WASCE had the best performance in attitude towards psychoactive substance abuse than the participants that obtained Primary School Leaving Certificate and no formal education respectively.

In the control group, the participants that obtained SSCE/WASCE had the highest posttest mean score ($\bar{x}$ =22.311) in attitude towards psychoactive substance abuse, than participants that had Primary School Leaving Certificate with a mean score of 13.888 and those that had no formal education with a mean score of 10.864. The overall comparison shows that participants in treatment group that obtained SSCE/WASCE had the best performance in attitude towards psychoactive substance abuse, followed by participants that possessed Primary School Leaving Certificate in the same group. This means that participants that obtained SSCE/WASCE had the better performance in attitude towards psychoactive substance abuse over their counterparts and the participants in control group.

Hypothesis 5(c): There is no significant interaction effect of treatment and educational level onabuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant main effect of treatment and educational level on practice towards abuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis ($F_{(1,80)}$=.010, p>0.05, partial η^2=0.000); hence, the hypothesis was accepted. This implied that interaction effect of treatment and educational level had no significant contribution to the variation in participants' scores on abuse of psychoactive substance. The partial eta square value of 0.000 showed that interaction effect of treatment and educational level had a combined contribution of about 0.0% to participants' abuse of psychoactive substance.

Table 4.8c: Estimated marginal means of participants' abuse of psychoactive substance by treatment and educational level

Dependent Variable	Treatment Groups	Educational level	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Drug Abuse	Experimental	No formal education	19.620	1.488	16.659	22.582
		Primary School Leav. Cert.	23.211	1.930	19.370	27.052
		SSCE/WASCE	23.139	1.148	20.855	25.423
	Control	No formal education	8.779	4.344	.133	17.425
		Primary School Leav. Cert.	10.414	.421	9.576	11.251
		SSCE/WASCE	18.955	1.535	15.900	22.011

Table 4.8c shows that participants in the treatment group that obtained Primary School Leaving Certificate had the highest posttest mean score ($\overline{x}$ =23.211) in psychoactive abuse of substance, than participants that had SSCE/WASCE with a mean score of 23.139 and those that had no formal education with a mean score of 19.620. This shows that participants in treatment group that obtained Primary School Leaving Certificate had the best performance in psychoactive abuse of substance than the participants that had SSCE/WASCE and those that had no formal education respectively.

In the control group, the participants that had SSCE/WASCE with a mean score of 18.955 had better performance in psychoactive abuse of substance than participants that had Primary School Leaving Certificate with a mean score of 10.414 and those that had no formal education with a mean score of 8.779. The overall comparison shows that participants in treatment group that obtained Primary School Leaving Certificate had the best performance in psychoactive abuse of substance, followed by participants that possessed SSCE/WASCE in the same group. This means that participants that obtained Primary School Leaving Certificate had better performance in psychoactive abuse of substance over their counterparts and the participants in control group.

Hypothesis 6(a): There is no significant interaction effect of age and educational level on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant interaction effect of age and educational level on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(4,80)}$=2.259, p>0.05, partial η^2=0.101); hence, the hypothesis was accepted. This implies that interaction effect of age and educational level had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. The partial eta square value of 0.101 showed that interaction effect of age and educational level had a combined contribution of 10.1% to participants' knowledge of psychoactive substance abuse.

Table 4.9a: Estimated marginal means of participants' knowledge of psychoactive substance abuse by age and educational level

Dependent Variable	Age	Educational level	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Knowledge	18 -29 years	No formal education	8.329	.418	7.497	9.161
		Primary School Leav. Cert.	17.393	1.135	15.135	19.651
		SSCE/WASCE	20.997	1.510	17.993	24.001
	30-42 years	No formal education	13.240	3.837	5.604	20.877
		Primary School Leav. Cert.	13.278	2.690	7.924	18.633
		SSCE/WASCE	21.326	1.376	18.587	24.065
	43-55 years	No formal education	13.616	3.953	5.749	21.484
		Primary School Leav. Cert.	19.470	1.550	16.385	22.554
		SSCE/WASCE	18.147	.873	16.410	19.883
	56 years and above	No formal education	15.074	1.279	12.529	17.620
		Primary School Leav. Cert.	19.824	.755	18.322	21.326
		SSCE/WASCE	10.104	1.486	7.146	13.061

Table 4.9a showed that participants who were in the age range of 18-29 years and obtained SSCE/WASCE with a mean score of 20.997 had higher mean score than the participants in the same age range but possessed Primary School Leaving Certificate with a mean score of 17.393 and those that had no formal education with mean score of 8.329. This means that participants in the age range of 18-29 years and obtained SSCE/WASCE had better performance in knowledge of psychoactive substance abuse than those in the same age range with Primary School Leaving Certificate and no formal education respectively. Table 4.9a further reveals that participants who were in the age range of 30-42 years and possessed SSCE/WASCE with a mean score of 21.326 had higher mean score than the participants in the same age range but obtained Primary School Leaving Certificate with a mean score of 13.278 and those that had no formal education with mean score of 13.240. This means that participants in the age range of 30-42 years and obtained SSCE/WASCE had better performance in knowledge of psychoactive substance abuse than those in the same age range with Primary School Leaving Certificate and no formal education respectively.

In the same vein, participants who were in the age range of 43-55 years and obtained Primary School Leaving Certificate with a mean score of 19.470 had higher mean score than the participants in the same age range but obtained SSCE/WASCE with a mean score of 18.147; and those that had no formal education with mean score of 13.616. This means that participants in the age range of 43-55 years and obtained Primary School Leaving Certificate had better performance in knowledge of psychoactive substance abuse than those in the same age range with SSCE/WASCE and no formal education respectively. The table also reveals that, the participants who were over 56 years and obtained Primary School Leaving Certificate with a mean score of 19.824 had higher mean score than the participants in the same age range but obtained no formal education and those in the same age with SSCE/WASCE with mean score of 10.104. This means that participants that were over 56 years and obtained Primary School Leaving Certificate had better performance in knowledge of psychoactive substance abuse than participants in the same age range but had no formal education and those with SSCE/WASCE respectively.

Hypothesis 6(b): There is no significant interaction effect of age and educational level on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant interaction effect of age and educational level on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(4,80)}$=.961, p>0.05, partial η^2=0.046); hence, the hypothesis was accepted. This implies that interaction effect of age and educational level had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. The partial eta square value of 0.046 showed that interaction effect of age and educational level had a combined contribution of about 4.6% to participants' attitude towards psychoactive substance abuse.

Table 4.9b: Estimated marginal means of participants' attitude towards psychoactive substance abuse by age and educational level

Dependent Variable	Age	Educational level	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Attitude	18 -29 years	No formal education	9.450	1.858	5.753	13.147
		Primary School Leav. Cert.	28.393	2.255	23.906	32.881
		SSCE/WASCE	23.792	3.000	17.822	29.763
	30-42 years	No formal education	11.856	7.626	3.321	27.033
		Primary School Leav. Cert.	26.911	2.736	21.467	32.355
		SSCE/WASCE	19.465	5.347	8.824	30.106
	43-55 years	No formal education	15.919	7.857	.283	31.556
		Primary School Leav. Cert.	27.830	3.081	21.699	33.961
		SSCE/WASCE	24.975	1.734	21.523	28.426
	56 years and above	No formal education	25.017	2.542	19.958	30.075
		Primary School Leav. Cert.	28.502	15.000	21.523	28.426
		SSCE/WASCE	10.003	2.616	4.798	15.208

Table 4.9b showed that the participants in the age range of 18-29 years who possessed Primary School Leaving Certificate had higher mean score ($\bar{x}$ =28.393) than the participants in the same age group, but obtained SSCE/WASCE with a mean score of 23.792; and those that had no formal education with a mean score of 9.450. This means that the participants in the age range of 18-29 years with Primary School Leaving Certificate performed better in attitude towards psychoactive substance than those in the same age group with SSCE/WASCE those in the same age group with no formal education respectively. The table also reveals that the participants in the age range of 30-42 years that obtained Primary School Leaving Certificate had higher mean score ($\bar{x}$ =26.911) than the participants in the same age group but obtained SSCE/WASCE with a mean score of 19.465; and those that had no formal education with a mean score of 11.856. This means that the participants in the age range of 30-42 years with Primary School Leaving Certificate performed better in attitude towards psychoactive substance than those in the age group with SSCE/WASCE and those in same group with no formal education respectively.

Table 4.9b further showed that the participants in the age range of 43-55 years that obtained Primary School Leaving Certificate had higher mean score ($\bar{x}$ =27.830) than the participants in the same age group but obtained SSCE/WASCE with a mean score of 24.975; and those that had no formal education with a mean score of 15.919. This means that the participants in age range of 43-55 years with Primary School Leaving Certificate performed better in attitude towards psychoactive substance than those in the same age group with SSCE/WASCE and those in the same age group with no formal education respectively. It shows that the participants that were over 56 years and obtained Primary School Leaving Certificate had the highest mean score ($\bar{x}$ =28.502) than the participants in the same age range but obtained had no formal education with a mean score of 25.017; and those participants Primary School Leaving Certificate with a mean score of 9.785; participants in the same age group with SSCE/WASCE mean score of 10.003.This shows that the participants that were over 56 years with Primary School Leaving Certificate had a better performance in attitude towards abuse of psychoactive substances than those in the same age group with no formal education; and those participants with SSCE/WASCE.

Hypothesis 6(c): There is no significant interaction effect of age and educational level onabuse of psychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 Showed that there was no significant interaction effect of age and educational level on practice towards abuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis ($F_{(4,80)}$=.296, p>0.05, partial η^2=0.015); hence, the hypothesis was accepted. This implied that interaction effect of age and educational level had no significant contribution to the variation in participants' scores on abuse of psychoactive substance. The partial eta square value of 0.015 showed that interaction effect of age and educational level had a combined contribution of about 1.5% to participants' abuse of substance.

Table 4.9c: Estimated marginal means of participants'abuse of psychoactive substance by age and educational level

Dependent Variable	Age	Educational level	Mean	Std. Error	95% confidence Interval	
					Lower Bound	Upper Bound
Substance Abuse	18 -29 years	No formal education	9.074	.401	8.276	9.873
		Primary School Leav. Cert.	20.749	1.757	17.253	24.245
		SSCE/WASCE	20.446	2.337	15.795	25.098
	30-42 years	No formal education	9.171	5.941	2.653	20.994
		Primary School Leav. Cert.	21.650	2.131	17.409	25.891
		SSCE/WASCE	21.195	4.166	12.905	29.485
	43-55 years	No formal education	8.388	6.121	3.794	20.569
		Primary School Leav. Cert.	21.488	2.400	16.712	26.264
		SSCE/WASCE	19.235	1.351	16.546	21.924
	56 years and above	No formal education	21.223	1.980	17.282	25.164
		Primary School Leav. Cert.	22.857	1.169	20.531	25.182
		SSCE/WASCE	10.194	.994	8.216	12.173

Table 4.9c shows that the participants in the age range of 18-29 years who possessed Primary School Leaving Certificate had a higher mean score (20.749) over the participants in the same age range but had SSCE/WASCE with a mean score of 20.446; and those that possessed no formal education with a mean score of 9.074. This means that participants in the age range of 18-29 with Primary School Leaving Certificate over the participants in the same age group but had SSCE/WASCE and no formal education respectively. The table further shows that the participants in the age range of 30-42 years that obtained Primary School Leaving Certificate had the highest mean score ($\bar{x}$ =21.650) over the participants in the age range of 30-42 years but obtained SSCE/WASCE with a mean score of 21.195; and those in the age range of 30-42 years and had no formal education with a mean score of 9.171. This means that the participants in the age range of 30-42 years with Primary School Leaving Certificate performed better in psychoactive substance abuse than those in the same age group with SSCE/WASCE and no formal education respectively.

The table also showed that the participants in the age range of 43-55 years that obtained Primary School Leaving Certificate had the highest mean score ($\bar{x}$ =21.488) over the participants in the age range of 43-55 years but obtained SSCE/WASCE with a mean score of 19.235; those in the age range 43-55 years that obtained no formal education with a mean score of 8.388. This means that the participants in the age range of 43-55 years with Primary School Leaving Certificate had a better performance in psychoactive substances abuse than those in the same age group with SSCE/WASCE and no formal education respectively. Table 4.9c showed that the participants in the over 56 years that obtained Primary School Leaving Certificate had the highest mean score ($\bar{x}$ =22.857) over the participants over 56 years but obtained no formal education with a mean score of 21.223; those over 56 years that obtained SSCE/WASCE with a mean score of 10.194. This means that the participants over 56 years with Primary School Leaving Certificate had better performance in psychoactive substances abuse than those in the same age group with no formal education and SSCE/WASCE respectively.

Hypothesis 7(a): There is no significant interaction effect of treatment, age and educational level on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant interaction effect of treatment, age and educational level on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(2,80)}$=0.086, p>0.05, partial η^2=0.002); hence, the hypothesis was accepted. This implies that interaction effect of treatment, age and educational level had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. The partial eta square value of 0.002 showed that interaction effect of treatment, age and educational level had a combined contribution of 0.2% to participants' knowledge of psychoactive substance abuse.

Table 4.10a: Estimated marginal means of participants' knowledge of psychoactive substance abuse by treatment, age and educational level

Dependent Variable	Treatment	Age	Educational Qualification	Mean	Std. Error	95% confidence interval	
						Lower Bound	Upper Bound
Knowledge	Experimental	18 -29 years	No formal education	18.371	1.183	16.017	20.274
			Primary School Leav. Cert.	20.310	1.811	16.706	23.914
			SSCE/WASCE	23.592	1.427	20.752	26.432
		30 -42years	No formal education	18.401	2.699	13.030	23.773
			Primary School Leav. Cert.	22.185	1.662	18.878	25.493
			SSCE/WASCE	17.616	1.524	14.582	20.649
		43-55 years	No formal education	15.711	1.362	13.001	18.422
			Primary School Leav. Cert.	21.324	2.710	15.930	26.717
			SSCE/WASCE	20.582	1.107	18.378	22.786
		56 years and above	No formal education	14.476	1.454	11.582	17.369
			Primary School Leav. Cert.	21.277	1.132	19.025	23.530
			SSCE/WASCE	20.467	2.201	16.086	24.847
	Control	18 -29 years	No formal education	8.959	1.311	6.350	11.569
			Primary School Leav. Cert.	9.541	1.014	7.522	11.559
			SSCE/WASCE	13.240	3.837	5.604	20.887
		30 -42years	No formal education	8.329	.418	7.497	9.161
			Primary School Leav. Cert.	9.773	.973	7.836	11.709
			SSCE/WASCE	13.278	2.690	7.924	18.633
		43-55 years	No formal education	7.986	.852	6.291	9.681
			Primary School Leav. Cert.	9.929	.590	8.754	11.104
			SSCE/WASCE	13.616	3.953	5.749	21.484
		56 years and above	No formal education	8.959	1.311	6.350	11.569
			Primary School Leav. Cert.	14.288	1.703	10.900	17.677
			SSCE/WASCE	9.173	.716	7.748	10.598

Table 4.10a shows that participants in the treatment group who were in the age range of 18-29 years and obtained SSCE/WASCE had a higher mean score ($\bar{x}$ =23.592) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 20.310; and those that had no formal education with a mean score of 18.371. This means that the participants in the age range of 18-29 years and obtained SSCE/WASCE had a better performance in knowledge of psychoactive substance abuse, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively. In addition, the table shows that participants in the treatment group who were between 30-42years and possessed Primary School Leaving Certificate had a higher mean score of ($\bar{x}$ =22.185) than participants in the same group but had no formal education with a mean score of 18.401; and those that had SSCE/WASCE with a mean score of 17.616. This means that the participants in the age range of 30-42years and obtained Primary School Leaving Certificate had a better performance in knowledge of psychoactive substance abuse, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively.

Table 4.10a showed that participants in the treatment group who were in the age range of 43-55 years and obtained Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =21.324) than participants in the same age group but had SSCE/WASCE with a mean score of 20.582; and those that had no formal education with a mean score of 15.711.This means that the participants in the age range of 43-55 years and obtained Primary School Leaving Certificate had a better performance in knowledge of psychoactive substance abuse, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively. The table also reveals that participants in the treatment group who were above 56 years and obtained Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =21.277) than participants in the same age group but had SSCE/WASCE with a mean score of 20.467; and those that had no formal education with a mean score of 14.476.This means that participants that were over 56 years and obtained Primary School Leaving Certificate had a better performance in knowledge of psychoactive substance abuse, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively.

In the control group, the participants between 18-29 years and obtained SSCE/WASCE had higher mean score ($\bar{x}$ =13.240) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 9.541; and those that had no formal education with a mean score of 8.959. This means that the participants between18-29 years and obtained SSCE/WASCE had a better performance in knowledge of psychoactive substance abuse, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively. Besides, the participants in the control group who were in the age range of 30-42years and obtained SSCE/WASCE had a higher mean score ($\bar{x}$ =13.278) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 9.773; and those that had no formal education with a mean score of 8.329. This means that the participants between 30-42years and obtained SSCE/WASCE had a better performance in knowledge of psychoactive substance abuse, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively.

The table also revealed that participants between 43-55 years and obtained SSCE/WASCE had higher mean score ($\bar{x}$ =13.616) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 9.929; and those that had no formal education with a mean score of 7.986. This means that the participants in the age range of 43-55 years and obtained SSCE/WASCE had a better performance in knowledge of psychoactive substance abuse, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively. The table also reveals that participants who are over 56 years and obtained Primary School Leaving Certificate with had higher mean score ($\bar{x}$ =14.288) than participants in the same age group but had SSCE/WASCE with a mean score of 9.173; and those that had no formal education with a mean score of 8.959. This means that the participants that were over 56 years and obtained Primary School Leaving Certificate had a better performance in knowledge of psychoactive substance abuse, than participants in the same age group with SSCE/WASCE; and those that had no formal education had respectively.

The overall comparison showed that participants in the treatment group who were between 18-29 years with SSCE had the highest mean, followed by participants that were in the age range of 30-42years Primary School Leaving Certificate. This means

that participants who between 18-29 years with SSCE had better performance in knowledge of psychoactive substance abuse than their counterparts with different age grade and diverse educational qualifications in both treatment and control group.

Hypothesis 7(b): There is no significant interaction effect of treatment, age and educational level on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant interaction effect of treatment, age and educational level on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis ($F_{(2,80)}$=0.446, p>0.05, partial η^2=0.011); hence, the hypothesis was accepted. This implied that interaction effect of treatment, age and educational level had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. The partial eta square value of 0.011 showed that interaction effect of treatment, age and educational level had a combined contribution of 1.1% to participants' attitude towards psychoactive substance abuse.

Table 4.10b: Estimated marginal means of participants' attitude towards psychoactive substance abuse by treatment, age and educational level

Dependent Variable	Treatment	Age	Educational Qualification	Mean	Std. Error	95% confidence interval	
						Lower Bound	Upper Bound
Attitude	Experimental	18 -29 years	No formal education	24.579	2.836	18.935	41.324
			Primary School Leav. Cert.	26.150	2.350	21.472	30.827
			SSCE/WASCE	34.161	3.599	26.998	41.324
		30 -42years	No formal education	23.215	2.707	17.828	28.603
			Primary School Leav. Cert.	27.955	3.303	21.381	34.529
			SSCE/WASCE	25.934	3.029	19.906	31.963
		43-55 years	No formal education	23.006	5.364	12.330	33.682
			Primary School Leav. Cert.	29.726	5.386	19.007	40.445
			SSCE/WASCE	26.734	2.201	22.354	31.114
		56 years and above	No formal education	25.866	4.375	17.160	34.573
			Primary School Leav. Cert.	30.854	2.250	26.376	35.331
			SSCE/WASCE	28.815	3.800	21.252	36.377
	Control	18 -29 years	No formal education	8.039	.560	6.925	9.153
			Primary School Leav. Cert.	11.856	7.626	3.321	27.033
			SSCE/WASCE	22.626	2.890	16.876	28.376
		30 -42years	No formal education	8.180	.795	6.597	9.762
			Primary School Leav. Cert.	19.465	5.347	8.824	3.016
			SSCE/WASCE	11.701	1.487	8.741	1.4661
		43-55 years	No formal education	9.732	.761	8.217	11.246
			Primary School Leav. Cert.	10.457	.802	8.861	12.052
			SSCE/WASCE	15.919	7.857	.283	31.556
		56 years and above	No formal education	8.304	2.092	4.140	12.468
			Primary School Leav. Cert.	21.290	3.384	14.485	27.953
			SSCE/WASCE	10.313	2.758	4.825	15.801

Table 4.10b showed that participants in the treatment group who were in the age range of 18-29 years and obtained SSCE/WASCE had a higher mean score ($\bar{x}$ =34.161) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 26.150; and those that had no formal education with a mean score of 24.579.This means that the participants in the age range of 18-29 years and obtained SSCE/WASCE had a better performance in attitude towards psychoactive substance abuse, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively. In addition, the table shows that participants in the treatment group who were between 30-42 years and possessed Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =27.955) than participants in the same group but had SSCE/WASCE with a mean score of 25.934; and those that had no formal education with a mean score of 23.215. This means that the participants in the age range of 30-42years and obtained Primary School Leaving Certificate had a better performance in attitude towards psychoactive substance abuse, than participants in the same age group with no formal education; and those that had SSCE/WASCE respectively.

Table 4.10b showed that participants in the treatment group who were in the age range of 43-55 years and obtained Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =29.726) than participants in the same age group but had SSCE/WASCE with a mean score of 26.734; and those that had no formal education with a mean score of 23.006. This means that the participants in the age range of 43-55 years and obtained Primary School Leaving Certificate had a better performance in attitude towards psychoactive substance abuse, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively. The table also revealed that participants in the treatment group who were above 56 years and obtained Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =30.854) than participants in the same age group but had SSCE/WASCE with a mean score of 28.815; and those that had no formal education with a mean score of 25.866. This means that participants that were over 56 years and obtained Primary School Leaving Certificate had a better performance in attitude towards psychoactive substance abuse, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively.

In the control group, the participants between 18-29 years and obtained SSCE/WASCE had higher mean score ($\bar{x}$ =22.626) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 11.856; and those that had no formal education with a mean score of 8.039. This means that the participants between 18-29 years and obtained SSCE/WASCE had a better performance in attitude towards psychoactive substance abuse, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively. Besides, the participants in the control group who were in the age range of 30-42years and obtained Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =19.465) than participants in the same age group but had SSCE/WASCE with a mean score of 11.701; and those that had no formal education with a mean score of 8.180. This means that the participants between 30-42years and obtained Primary School Leaving Certificate had a better performance in attitude towards psychoactive substance abuse, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively.

The table also revealed that participants between 43-55 years and had SSCE/WASCE had higher mean score ($\bar{x}$ =15.919) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 10.457; and those that had no formal education with a mean score of 9.732. This means that the participants in the age range of 43-55 years and obtained SSCE/WASCE had a better performance in attitude towards psychoactive substance abuse, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively. The table also revealed that participants who are over 56 years and obtained Primary School Leaving Certificate had higher mean score ($\bar{x}$ =21.290) than participants in the same age group but had SSCE/WASCE with a mean score of 10.313; and those that had no formal education with a mean score of 8.304. This means that the participants that were over 56 years and obtained Primary School Leaving Certificate had a better performance in attitude towards psychoactive substance abuse, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively.

The overall comparison shows that participants in the treatment group who were between 18 -29 years with SSCE had the highest mean, followed by participants that were in the age range of over 56 years with Primary School Leaving Certificate. This

means that participants who between 18 -29 years with SSCE had better performance in attitude towards psychoactive substance abuse than their counterparts with different age range and diverse educational qualifications in both treatment and control group.

Hypothesis 7(c): There is no significant interaction effect of treatment, age and educational level onabuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis.

Table 4.4 revealed that there was no significant interaction effect of treatment, age and educational level on practice towards abuse ofpsychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis ($F_{(1,80)}$=0.090, p>0.05, partial η^2=0.002); hence, the hypothesis was accepted. This implied that interaction effect of treatment, age and educational level had no significant contribution to the variation in participants' scores on abuse of psychoactive substance. The partial eta square value of 0.002 showed that interaction effect of treatment, age and educational level had a combined contribution of about 0.2% to participants' abuse of psychoactive substance.

Table 4.10c: Estimated marginal means of participants' abuse of psychoactive substance by treatment, age and educational level

Dependent Variable	Treatment	Age	Educational Qualification	Mean	Std. Error	95% confidence interval	
						Lower Bound	Upper Bound
Substance Abuse	Experimental	18 -29 years	No formal education	19.930	3.408	13.148	26.713
			Primary School Leav. Cert.	23.243	2.804	17.663	28.823
			SSCE/WASCE	24.104	2.209	19.707	28.500
		30 -42years	No formal education	19.828	2.636	14.582	25.074
			Primary School Leav. Cert.	23.370	2.573	18.249	28.492
			SSCE/WASCE	21.195	4.166	12.905	29.485
		43-55 years	No formal education	19.204	2.360	14.507	23.900
			Primary School Leav. Cert.	23.773	4.196	15.422	32.123
			SSCE/WASCE	21.183	1.715	17.770	24.595
		56 years and above	No formal education	22.618	2.960	16.726	28.509
			Primary School Leav. Cert.	23.899	1.753	20.411	27.387
			SSCE/WASCE	21.815	1.831	18.171	25.458
	Control	18 -29 years	No formal education	8.978	.491	8.002	9.955
			Primary School Leav. Cert.	18.254	2.251	13.774	22.734
			SSCE/WASCE	10.169	.547	9.080	11.258
		30 -42years	No formal education	9.171	5.941	2.653	20.994
			Primary School Leav. Cert.	16.789	4.179	8.472	25.106
			SSCE/WASCE	10.104	1.486	7.146	13.061
		43-55 years	No formal education	8.855	.548	7.764	9.946
			Primary School Leav. Cert.	17.288	2.109	13.090	21.485
			SSCE/WASCE	9.977	1.072	7.844	12.109
		56 years and above	No formal education	8.388	6.121	3.794	20.569
			Primary School Leav. Cert.	9.403	.578	8.254	10.553
			SSCE/WASCE	9.791	1.339	7.127	12.455

Table 4.10c shows that participants in the treatment group who were in the age range of 18-29 years and obtained SSCE/WASCE had a higher mean score ($\bar{x}$ =24.104) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 23.243; and those that had no formal education with a mean score of 19.930.This means that the participants in the age range of 18-29 years and obtained SSCE/WASCE had a better performance in abuse of psychoactive substance, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively. In addition, the table shows that participants in the treatment group who were between 30-42years and possessed Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =23.370) than participants in the same group but had SSCE/WASCE with a mean score of 21.195; and those that had no formal education with a mean score of 19.828. This means that the participants in the age range of 30-42years and obtained Primary School Leaving Certificate had a better performance in abuse of psychoactive substance, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively.

Table 4.10c showed that participants in the treatment group who were in the age range of 43-55 years and obtained Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =23.773) than participants in the same age group but had SSCE/WASCE with a mean score of 21.183; and those that had no formal education with a mean score of 19.204. This means that the participants in the age range of 43-55 years and obtained Primary School Leaving Certificate had a better performance in abuse of psychoactive substance, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively. The table also reveals that participants in the treatment group who were above 56 years and obtained Primary School Leaving Certificate had a higher mean score ($\bar{x}$ =23.899) than participants in the same age group but had no formal education with a mean score of 22.618; and those that had SSCE/WASCE with a mean score of 21.815.This means that participants that were over 56 years and obtained Primary School Leaving Certificate had a better performance in abuse of psychoactive substance, than participants in the same age group with no formal education; and those that had SSCE/WASCE respectively.

In the control group, the participants between 18-29 years and obtained Primary School Leaving Certificate had higher mean score ($\bar{x}$ =18.254) than participants in the same

age group but had SSCE/WASCE with a mean score of 10.169; and those that had no formal education with a mean score of 8.978. This means that the participants between18-29 years and obtained Primary School Leaving Certificate had a better performance in abuse of psychoactive substance, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively. Besides, the participants in the control group who were in the age range of 30-42years and obtained Primary School Leaving Certificate had a higher mean score of ($\overline{x}$ =16.789) than participants in the same age group but had SSCE/WASCE with a mean score of 10.104; and those that had no formal education with a mean score of 9.171. This means that the participants between 30-42years who obtained Primary School Leaving Certificate had a better performance in abuse of psychoactive substance, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively.

The table also revealed that participants between 43-55 years and obtained Primary School Leaving Certificate had higher mean score ($\overline{x}$ =17.288) than participants in the same age group but had SSCE/WASCE with a mean score of 9.977; and those that had no formal education with a mean score of 8.855. This means that the participants in the age range of 43-55 years who obtained Primary School Leaving Certificate had a better performance in abuse of psychoactive substance, than participants in the same age group with SSCE/WASCE; and those that had no formal education respectively. The table also reveals that participants who were over 56 years and obtained SSCE/WASCE had a higher mean score ($\overline{x}$ =9.791) than participants in the same age group but had Primary School Leaving Certificate with a mean score of 9.403; and those that had no formal education with a mean score of 8.388. This means that the participants that were over 56 years and obtained SSCE/WASCE had a better performance in abuse of psychoactive substance, than participants in the same age group with Primary School Leaving Certificate; and those that had no formal education respectively.

The overall comparison showed that participants in the treatment group who were between 18 -29 years with SSCE had the highest mean, followed by participants that were in the age range of over 56 years with Primary School Leaving Certificate. This means that participants who between 18 -29 years with SSCE had the better performance in attitude towards psychoactive substance abuse than their counterparts with different age range and diverse educational qualifications in both treatment and control group.

Summary of findings

Ho1a: Treatment had significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. Participants exposed to drug education had higher posttest mean score than those in the control group. Furthermore, 11.5% of the total variance in participants' knowledge contributed to the influence of treatment.

Ho1b: Treatment had significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. Participants exposed to drug education had higher posttest mean score than those in the control group. Furthermore, 6.5% of the total variance in participants' attitude contributed to the influence of treatment.

Ho1c: Treatment had significant effect on psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. Participants exposed to drug education had higher posttest mean score than those in the control group. Furthermore, 6.8% of the total variance in participants' abuse of psychoactive substance contributed to the influence of treatment.

Ho 2a: Age had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 3.0% of the total variance in participants' knowledge contributed to the influence of age.

Ho2b: Age had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 0.4% of the total variance in participants' attitude contributed to the influence of age.

Ho2c: Age had no significant effect on practice towards abuse of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis. However, 1.1% of the total variance in participants' abuse of psychoactive substance contributed to the influence of age.

Ho 3a: Educational level had significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. In addition, 12.5% of the total variance in participants' knowledge contributed to the influence of educational level.

Ho3b: Educational level had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 3.4% of the total variance in participants' attitude contributed to the influence of educational level.

Ho3c: Educational level had no significant effect on practice towards abuse of psychoactive substanceamong intra-city commercial drivers in Ibadan Metropolis. However, 6.5% of the total variance in participants' abuse of psychoactive substance contributed to the influence of educational level.

Ho4a: The interaction effect of treatment and age had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 3.0% of the total variance in participants' knowledge contributed to the influence of treatment and age.

Ho4b: The interaction effect of treatment and age had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 0.5% of the total variance in participants' attitude contributed to the influence of treatment and age.

Ho4c: The interaction effect of treatment and age had significant effect on psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 1.3% of the total variance in participants'abuse of psychoactive substance contributed to the influence of treatment and age.

Ho5a: The interaction effect of treatment and educational level had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 0.1% of the total variance in participants' knowledge contributed to the influence of treatment and educational level.

Ho5b: The interaction effect of treatment and educational level had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 1.5% of the total variance in participants' attitude contributed to the influence of treatment and educational level.

Ho5c: The interaction effect of treatment and educational level had significant effect on abuse of psychoactive substance among intra-city commercial drivers in Ibadan

Metropolis. Zero percent (0%) of the total variance in participants' abuse of psychoactive substance contributed to the influence of treatment and educational level.

Ho6a: The interaction effect of age and educational level had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 10.1% of the total variance in participants' knowledge contributed to the influence of age and educational level.

Ho6b: The interaction effect of age and educational level had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 4.6% of the total variance in participants' attitude contributed to the influence of age and educational level.

Ho6c: The interaction effect of age and educational level had significant effect on practice towards abuse of psychoactive substance amongintra-city commercial drivers in Ibadan Metropolis. However, 1.5% of the total variance in participants' abuse of psychoactive substance contributed to the influence of age and educational level.

Ho7a: The interaction effect of treatment, age and educational level had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 0.2% of the total variance in participants' knowledge contributed to the combined effect of treatment, age and educational level.

Ho7b: The interaction effect of treatment, age and educational level had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, 1.1% of the total variance in participants' attitude contributed to the combined effect of treatment, age and educational level.

Ho7c: The interaction effect of treatment, age and educational level had significant effect on practice towards abuse of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis. However, 0.2% of the total variance in participants'abuse of psychoactive substance contributed to the combined effect of treatment, age and educational level.

Discussion of Findings

This study examined the effect of drug education on knowledge, attitude and abuse of psychoactive substances among intra-city commercial drivers in Ibadan Metropolis, Oyo State, Nigeria. The study also provided the details of socio-demographic characteristics of intra-city commercial drivers in Ibadan Metropolis that participated in this study. The majority of the participants in this study were between the ages of 30-42years and they are all male.

The finding of research question one of the study revealed that initially intra-city commercial drivers in Ibadan Metropolis did not have knowledge of effects of psychoactive substance before treatment. This means that, the participants did not have adequate knowledge about meaning, types and effects of psychoactive substance. This may be attributed to the nature of their job, educational background or ignorance. This outcome is in agreement with Lasebikan and Ayinde (2012) in the study, titled; Rapid Situation Assessments of Alcohol and Substance use Among Commercial Vehicle Drivers in Nigeria which revealed that drivers have limited knowledge of the harmful consequences of the use of various substances.

On the other hand, the outcome of this study is in contrast to the findings of Makanjuola, Aina and Onigbogbo (2014) in the study titled; Alcohol and other Psychoactive Substance use among Tanker Drivers in Lagos, Nigeria; which revealed that the tanker drivers in Lagos had knowledge about the types of psychoactive substances that are available. In the same study, it was further established that the tanker drivers were aware of the consequences of its use or abuse. In spite of their awareness, it was reported that drug use among drivers constitute a problem, thus it contributed to increase in psychoactive substances abuse.

It was also found out in research question two that, intra-city commercial drivers in Ibadan Metropolis initially had negative attitude towards the effects of psychoactive substances. This means that the attitude of Intra-city commercial drivers in Ibadan Metropolis towards the effects of psychoactive substances were not encouraging before the participants in the treatment group were subjected to treatment. The result of the research question three showed that high prevalence of psychoactive substance abuse was established among intra-city commercial drivers in Ibadan Metropolis, Oyo State Nigeria. The outcome of this present study is in line with Gadegbeku, Amoros

and Lauman (2011) that alcohol and cannabis are the most prevalent psychoactive substances detected among impaired drivers. The outcome of the study is also in line with the finding of Okafor, Udofia and Onyuku (2016) on the study titled; pattern of psychoactive substances use among long distance commercial drivers in Calabar, Nigeria; which reported that drivers and motor park touts consume various psychoactive substances especially in the morning before the commencement of day's activities and after the arrival from a journey.

The finding on the main effect of treatment on knowledge revealed that, the treatment had significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. It implies that the drug education that was used as treatment for the experimental group was significantly effective on knowledge of psychoactive substance abuse. This means that, exposure of the treatment group through drug education brought about difference in knowledge of psychoactive substance abuse between the treatment and control groups. The difference was justified through a further finding which revealed participants that were exposed to drug education had a highest posttest mean score than those in the control group. Also, the contributory effect size of a relative percentage had impact on the participants' knowledge of psychoactive substance abuse. The outcome of this study on knowledge of psychoactive substance abuse corroborates the finding of Makanjuola, Aina and Onigbogi (2014), that tanker drivers in Lagos, Nigeria had relatively high level of information and knowledge concerning the presence, availability and use of alcohol, tobacco, caffeine and cannabis.

The outcome of main effect of treatment on attitude further revealed that treatment had significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This shows that the drug education which served as a treatment for the experimental group was significantly effective on attitude towards psychoactive substance abuse. This means that, exposure of the treatment group through drug education led to difference in attitude towards psychoactive substance abuse between the treatment and control groups. The finding further showed that participants that were exposed to drug education had the higher posttest mean score than those in the control group. Also, the contributory effect size of a considerable percentage had impact on the participants' attitude towards psychoactive substance abuse. The outcome of this study on attitude towards psychoactive substance

abuse corroborates the finding of Awesu (2014) in the work titled effects of safety education on commercial motorcyclists' knowledge of and attitude to road traffic accidents; that there was a significant effect of treatment on the participants' attitude to road traffic accidents.

The finding of main effect of treatment on attitude was also in consonance with the outcome of Ramanchandran and Dharmanligan (2007), in the work titled; Health education: a new approach, that since attitude is a constituent of individual self-picture, change in attitude is possible if there is opportunities to know and understand the benefits and the consequences of the change in attitude and the resultant behaviour are readily available. A study by Gopnik (2005) titled; How to learn, in Awesu (2014), postulated that motivation for engaging in positive attitude and recommended behaviours has traditionally been considered as an important determinant of an individual's ability to initiate good attitude and maintain a healthy lifestyle for generation to emulate.

The finding on the main effect of treatment on abuse of psychoactive substance, established that the treatment had significant effect on practice towards abuse of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis. This implied that the drug education that was used as treatment for the experimental group was significantly effective on psychoactive substance abuse. This means that, exposure of the treatment group through drug education brought about difference in score of psychoactive substance abuse between the treatment and control groups. The difference was justified through a further finding which revealed that participants who were exposed to drug education had the higher posttest mean score than those in the control group. Also, the contributory effect size of a relative percentage had impact on the participants' outcome on psychoactive substance abuse. The outcome of this study on psychoactive substance abuse is in consonance with the finding of Makanjuola, Aina and Onigbogi (2014) that, there was prevalence of psychoactive substance abuse among tanker drivers in Lagos, Nigeria. The study further established that alcohol and tobacco were the most prevalent psychoactive substances.

The finding on main effect of age showed that age had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This implied that, there was no significant variation in knowledge

of psychoactive substance abuse among intra-city commercial drivers in spite of their age differences. It means that age had no significant effect on difference in the knowledge of psychoactive substance abuse among the participants. However, participants between 18-29 years had better knowledge of psychoactive substance abuse than other age groups. The better knowledge abuse of psychoactive substance by participants between 18-29 years might be as a result of the fact that those that constitute the group are likely to be younger and perhaps more exposed than other groups. On the other hand, the age group (56 years and above) that had the least score may be attributed to the fact that they are advanced in age than any other age groups; which may serve as a limitation in terms of knowledge acquisition and exposure. The outcome of this study on practice towards abuse of psychoactive substance is in line with the finding of Lasebikan and Ayinde (2012) that commercial vehicle drivers in Nigeria have limited knowledge of the harmful consequences of the use of various substances.

The finding on main effect of age also showed that age had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. However, an insignificant percentage of the total variance in participants' attitude contributed to the influence of age. It means that age had no significant effect on difference in the attitude towards psychoactive substance abuse among the participants. However, the participants that were over 56 years of age had better attitude towards psychoactive substance abuse than other age groups. The improved attitude towards psychoactive substance abuse of participants over 56 years of age might be as a result of the fact that those that constitute the group are perhaps more matured than other groups. However, the low attitude of the participants (18 -29 years) with the lowest mean score may be attributed to their youthful exuberant of such age group compare with other groups.

The outcome of this study on attitude towards psychoactive substance abuse corroborates the finding of Avevian and Khasholian (2014), in the study titled; impact of a peer-led educational program on knowledge and attitude about prevention of substance abuse which established that, the interactive of the programme has significant effect on the participants' knowledge and attitude towards abuse of drugs. They therefore concluded that the programme was successful in increasing knowledge and rendering a positive attitude about prevention of substance abuse.

The finding on main effect of age further showed that age had no significant effect on abuse of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis. However, an insignificant percentage of the total variance in participants' abuse of psychoactive substance contributed to the influence of age. It means that age had no significant effect on difference in the performance about psychoactive substance abuse among the participants.Conversely, the participants that were over 56 years of age had better performance towards abuse of psychoactive substance than other groups. The better performance about psychoactive substance abuse of participants over 56 years of age might be as a result of the fact that those that constitute the group are perhaps more matured than other groups. On the other hand, the performance of the group that had low performance might be attributed to the fact that they had negative disposition towards discouragement of abuse of psychoactive substance. The finding of this study on main effect of age on psychoactive substance abuse is in consonance with the finding of Adegoke, Olasupo and Ayeni (2014) that age did not exert significant influence on in-school male adolescents' substance abuse in Ibadan Metropolis.

The finding on main effect of educational level showed that educational level had significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This implies that, there was a significant variation in knowledge of psychoactive substance abuse among intra-city commercial drivers in spite of their educational differences. This means that educational level had significant effect on difference in the knowledge of psychoactive substance abuse among the participants. In addition, participants that obtained SSCE/WASCE had better knowledge of psychoactive substance abuse than other educational groups. The better knowledge of psychoactive substance abuse of participants who obtained SSCE/WASCE might be as a result of the fact that those that constitute the group are perhaps more educated than other groups.The outcome of this study on psychoactive substance abuse is in line with the finding of Lateef and Ibrahim (2016) that social factors, like learning through peer influence and accessibility to drugs were determinants of drug abuse among in-school adolescents in Ido Local Government Area of Oyo State, Nigeria.

The finding on main effect of educational level also showed that educational level had no significant effect on attitude towards psychoactive substance abuse among intra-city

commercial drivers in Ibadan Metropolis. However, a certain percentage of the total variance in participants' attitude contributed to the influence of educational level. It means that educational level had no significant effect on difference in the attitude towards psychoactive substance abuse among the participants. However, the participants that possessed SSCE/WASCE had a better attitude towards psychoactive substance abuse than other age groups. The better attitude towards psychoactive substance abuse of participants who possessed SSCE/WASCE might be as a result of the fact that those that constitute the group are perhaps more educated and exposed than other educational groups. The discouraging attitude of participants with no formal education may however be attributed to their educational status. The outcome of this study on attitude towards psychoactive substance abuse corroborates the assertion of Udoh (2006) that, health and illness behaviour, individual's readiness, predisposition or tendency to respond in a positive or negative to situation, object, thing or person has its bases in cultural, social and personal experience.

The finding on main effect of educational level further showed that educational level had no significant effect on practice towards abuse of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis. However, an insignificant percentage of the total variance in participants'abuse of psychoactive substance contributed to the influence of educational level. It means that educational level had no significant effect on difference in the performance about psychoactive substance abuse among the participants. Conversely, the participants that obtained SSCE/WASCE had better performance towards abuse of psychoactive substance than other groups. The better performance about psychoactive substance abuse of participants who possessed SSCE/WASCE might be as a result of the fact that those that constitute the group are perhaps more educated and exposed than other educational groups. The outcome of this study on psychoactive substance abuse is in contrast to the finding of Abikoye (2012) in a study titled, psycho-spatial predictors of alcohol use among motor drivers; that there were hazardous levels of alcohol consumption among drivers in Ibadan.

The finding on interaction effect of treatment and age had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This implied that interaction effect of treatment and age had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. It means that the relationship between drug education

and age had no significant effect on difference in the knowledge of psychoactive substance abuse among the participants. However, participants in the treatment group that were between 30-42 years in the treatment group had the best performance in knowledge of psychoactive substance abuse over their counterparts and the participants in control group. The outcome of this study on interaction effect of treatment and age on knowledge of psychoactive substance abuse corroborates the finding of Awesu (2014) in the study titled; effects of safety education on commercial motorcyclists' knowledge of and attitude to road traffic accidents, it was established that there was no significant interaction effect of treatment and age. The outcome of this study might be attributed to the negative preconceived notion of some elderly participants about abuse of psychoactive substances; which may be at variance with what they were taught by the researcher.

The outcome on interaction effect of treatment and age had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This implied that interaction effect of treatment and age had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. It means that the relationship between drug education and age had no significant effect on difference in attitude towards psychoactive substance abuse among the participants. However, participants in the treatment group who were over 56 years had better performance in attitude towardsabuse ofpsychoactive substance over their counterparts and the participants in control group.This might be attributed to the fact that they are more matured than other age groups. On the other hand, least performance of the participants who were between 30-42 years might be attributed to the fact that their level of maturity was not up to that of those that were over 56 years.The outcome of this study on interaction effect of treatment and age on attitude towards psychoactive substance abuse corroborates the finding of Mullen, Jackson, Langley and Norton (2002) which was a case- control study. It was established in the study that injury prevention research control postulated that age may not necessarily be protective against injuries, but experience that an individual has acquired can be protective.

The outcome on interaction effect of treatment and age had no significant effect on performance about psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This implied that interaction effect of treatment and age had no

significant contribution to the variation in participants' scores on performance about psychoactive substance abuse. It means that the relationship between drug education and age had no significant effect on difference in performance about psychoactive substance abuse among the participants. However, participants in the treatment group that were between 18-29 years had the best performance inpractice towards abuse ofpsychoactive substance over their counterparts and the participants in control group. The best performance of participants between 18-29 years may be attributed to the fact that the age group is much younger and exposed; which eventually served as advantage over other age groups. The outcome of this study on interaction effect of treatment and age on psychoactive substance abuse corroborates the finding of Adegoke, Olasupo and Ayeni (2014) in the study titled, prevalence and pattern of male adolescents substance abuse; claimed that alcohol is the most prevalent substance of abuse followed by cigarette smoking and that 11.5% of the boys have taken one form of psychoactive substance by age ten. It was also found that age, socio-economic status and parents' educational level did not exert significant influence on in-school male adolescents' substance abuse even though this study did not research into socio-demographic status.

The finding on interaction effect of treatment and educational level had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This implied that interaction effect of treatment and educational level had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. It means that the relationship between drug education and educational level had no significant effect on difference in the knowledge ofabuse ofpsychoactive substance among the participants. However, participants in the treatment group who obtained SSCE/WASCE in the treatment group had the best performance in knowledge ofabuse ofpsychoactive substance over their counterparts and the participants in control group. The best performance on the knowledge of abuse ofpsychoactive substance of participants who possessed SSCE/WASCE might be as a result of being educated than other participants in the treatment group and their exposure to drug education at the expense of other participants in the control group. On the other hand, the least performance of the participants who had no formal education may be attributed to the fact that they had limited exposure as far as academic is concerned.The outcome of this study on

interaction effect of treatment and educational level on knowledge of psychoactive substance abuse is in agreement with the finding of Okpataku (2015) that low level of formal education had negative effect on knowledge about substance use among drivers.

The outcome on interaction effect of treatment and educational level had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This implied that interaction effect of treatment and educational level had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. It means that the relationship between drug education and educational level had no significant effect on difference in attitude towards psychoactive substance abuse among the participants. However, participants in the treatment group that obtained SSCE/WASCE had the best performance in attitude towards abuse of psychoactive substance over their counterparts and the participants in control group. The best performance on the knowledge ofabuse ofpsychoactive substance of participants who possessed SSCE/WASCE might be as a result of being educated than other participants in the treatment group and their exposure to drug education at the expense of other participants in the control group. The outcome of this study on interaction effect of treatment and educational level on attitude towards psychoactive substance abuse corroborates the finding of Awesu (2014) that, there was no significant interaction effect of treatment and educational attainment on participants' attitude to road traffic accidents.

The finding on interaction effect of treatment and educational level had no significant effect on performance about psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This shows that interaction effect of treatment and educational level had no significant contribution to the variation in participants' scores on performance about abuse ofpsychoactive substance. It means that the relationship between drug education and educational level had no significant effect on difference in performance about psychoactive substance abuse among the participants. However, participants in the treatment group that obtained Primary School Leaving Certificate in the treatment group had the best performance in practice towards abuse of psychoactive substance over their counterparts and the participants in control group. The performance of the best group may be attributed to the fact that

such participants are relatively educated.The outcome of this study on interaction effect of treatment and educational level on practicetowards abuse of psychoactive substance is in contrast to the finding of Abikoye (2012) that an average commercial driver in Nigeria drives high on frequent indulgence in alcohol and substances.

The outcome on interaction effect of age and educational level had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This shows that interaction effect of age and educational level had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. It means that the connection between age and educational level had no significant effect on difference in the knowledge of psychoactive substance abuse among the participants. However, participants between 30-42 years who obtained SSCE/WASCE had the better performance in knowledge of abuse of psychoactive substance over other participants with diverse age groups and educational levels. The better performance on the knowledge of psychoactive substance abuse of participants in the age range of 30-42 years who possessed SSCE/WASCE might be as a result of being matured relatively and educated than other participants with different age and diverse educational levels. On the other hand, the low performance of participants in the treatment group who were between 18-29 years with no formal education may be attributed to the fact they were young and hand no formal education. The outcome of this study on interaction effect of age and educational level on knowledge ofabuse of psychoactive substance support the finding of Okpataku (2016) in the study titled, socio-demographic as correlates of substance use among long distance commercial vehicle drivers; that there was no significant association found between the socio-demographic factors of age, marital status, highest level of education attained, religious affiliation and use of psychoactive substance.

The finding on interaction effect of age and educational level had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. This showed that interaction effect of age and educational level had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. It means that the relationship between age and educational level had no significant effect on difference in attitude towards psychoactive substance abuse among the participants. However, participants between 18-29 years who possessed Primary School Leaving Certificate had the better

performance in attitude towards abuse ofpsychoactive substance over other participants with diverse age groups and educational levels. The best performance on the attitude towardsabuse of psychoactive substance of participants in the age range of 18-29 years who had Primary School Leaving Certificate might be as a result of being exposed relatively and educated than other participants with different age group and diverse educational levels. Notwithstanding, the low performance of participants in the treatment group who were between 18-29 years with no formal education may be attributed to the fact they were young and hand no formal education.The outcome of this study on interaction effect of age and educational level on attitude towards psychoactive substance abuse corroborates the finding of Awesu (2014) that, there was no significant interaction of age and educational attainment on the participants' knowledge of and attitude towards road traffic accidents. It was further explained that attitude and values are interrelated, and values provide direction for attitude which in turn predisposes an individual to a particular activity. Thus, an individual's value affects all thought and behaviour patterns in part by generating attitude in the manner that moves from broad mental set to a narrow one.

The outcome on interaction effect of age and educational level had no significant effect on abuse of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis. This implied that interaction effect of age and educational level had no significant contribution to the variation in participants' scores on performance about psychoactive substance abuse. It means that the relationship between age and educational level had no significant effect on difference in performance about psychoactive substance abuse among the participants. However, participants over 56 years who possessed Primary School Leaving Certificate had the better performance in abuse of psychoactive substance over other participants with diverse age groups and educational levels. The best performances on abuse of psychoactive substance are participants over 56 years who had Primary School Leaving Certificate might be as a result of being matured and educated relatively. However, the low performance of participants in the treatment group who were between 18-29 years with no formal education may be attributed to the fact they were young and hand no formal education.

The outcome on interaction effect of treatment, age and educational level had no significant effect on knowledge of psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. It implied that interaction effect of treatment,

age and educational level had no significant contribution to the variation in participants' scores on knowledge of psychoactive substance abuse. It means that the connection among treatment, age and educational level had no significant effect on difference in the knowledge of psychoactive substance abuse among the participants. However, participants in the treatment group between 18-29 years who obtained SSCE/WASCE had the best performance in knowledge of abuse ofpsychoactive substance over other participants with diverse age groups and educational levels in both treatment and control group respectively. The best performance on the knowledge of abuse ofpsychoactive substance of participants in the age range of 18-29 years who possessed SSCE/WASCE might be as a result of being exposed relatively and educated than other participants with different age groups and diverse educational levels. On the other hand, the low performance of participants in the treatment group who were between 18-29 years with no formal education may be attributed to the fact they had limited exposure as far as academics is concerned.

The outcome on interaction effect of treatment, age and educational level had no significant effect on attitude towards psychoactive substance abuse among intra-city commercial drivers in Ibadan Metropolis. It implied that interaction effect of treatment, age and educational level had no significant contribution to the variation in participants' scores on attitude towards psychoactive substance abuse. It means that the relationship among treatment, age and educational level had no significant effect on difference in the attitude towards psychoactive substance abuse among the participants. However, participants in the treatment group between 18-29 years who obtained SSCE/WASCE had the better performance in attitude towards abuse of psychoactive substance over other participants with diverse age groups and educational levels in both treatment and control group respectively. On the other hand, the low performance of participants in the treatment group who were between 43-55 years with no formal education may be attributed to the fact that they are relatively older and had limited exposure as far as academics is concerned.

The performance on the knowledge abuse of psychoactive substance of participants in the age range of 18-29 years who possessed SSCE/WASCE might be as a result of being exposed relatively and educated than other participants with different age groups and diverse educational levels. The outcome of this study on interaction effect of treatment, age and educational level on knowledge of psychoactive substance abuse is

similar to the finding of Okpataku (2016) that, there was no significant association between the socio-demographic factors of age, marital status, highest level of education attainment religious affiliation and the use of psychoactive substance. This is however at variance with Awesu (2014) whose study on motorcycle riders revealed a significant effect of treatment, age and educational attainment on the participants' knowledge of road traffic accidents.

The finding on interaction effect of treatment, age and educational level had no significant effect on practice towards abuse of psychoactive substance among intra-city commercial drivers in Ibadan Metropolis. This implied that interaction effect of treatment, age and educational level had no significant contribution to the variation in participants' scores on abuse ofpsychoactive substance. It means that the relationship among treatment, age and educational level had no significant effect on difference in the performance about psychoactive substance abuse among the participants. However, participants in the treatment group between 18-29 years who obtained SSCE/WASCE had the better performance in practice towards abuse of psychoactive substance over other participants with diverse age groups and educational levels in both treatment and control group respectively. The performance about the practice towards abuse of psychoactive substance of participants in the age range of 18-29 years who possessed SSCE/WASCE might be as a result of being exposed relatively and educated than other participants with different age groups and diverse educational levels. On the other hand, the low performance of participants in the treatment group who were between 43-55 years with no formal education may be attributed to the fact they are relatively older and had limited exposure as far as academics is concerned.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary, conclusion and recommendations which were drawn based on the result of the findings. The contributions to knowledge as well as suggestions for further studies were made based on the identified limitations in this study.

Summary

The study investigated the effect of drug education on management (knowledge, attitude and practice towards abuse) of psychoactive substances among inter-city commercial drivers in Ibadan metropolis, Oyo State Nigeria. The study was carried out using pretest-posttest control group quasi experimental non-equivalent research design using 2x4x3 factorial matrix. One hundred participants were selected as sample for the study using multi-stage sampling procedures that involved purposive, simple random and volunteerism. The participants were placed in two exciting groups with reference to the local government where they operate for experimental and control group respectively. Participants in treatment group were exposed to eight weeks training using the manual developed by the researcher. Data were collected before and after the intervention programme using self-developed, but validated questionnaire. Data were analyzed using both descriptive and inferential statistics. The descriptive statistics used were frequency count, simple percentage, mean and standard deviation, while analysis of Covariance was the inferential statistics used to determine the main as well as the interaction effects of the independent, dependent and moderating variables.

The study provided answers to three research questions, while seven hypotheses were tested with each having three sub variables, making a total of twenty one variables. Four of the variables were rejected, while the remaining seventeen were not rejected. The results of the study showed that drug education was effective on knowledge, attitude and abuse of psychoactive substance, but educational level and age had no significant effect on knowledge and attitude.

Conclusion

Based on the findings of this study, it was concluded that drug education was effective on knowledge, attitude and practice towards abuse of psychoactive substances. Age had no significant effect on knowledge, attitude and practice towards abuse of psychoactive substances. Conclusion was also made that educational level had significant effect on knowledge; but not on attitude and practice towards abuse of psychoactive substances. The interaction effect of treatment and age; as well as treatment and educational level were not significant on knowledge, attitude and practice towardsabuse of psychoactive substances. It was further concluded that interaction effect of age and educational level was not significant on knowledge, attitude and practice towardsabuse of psychoactive substances. It was concluded that interaction effect of treatment, age and educational level was not significant on knowledge, attitude and practice towardsabuse of psychoactive substances.

Recommendations

Based on the findings of this study and the conclusion drawn thereof, the following recommendations were made:

1. Useful drug education programme should be developed and used by school and community health educators as well as other relevant stakeholders to educate intra-city commercial drivers; and perhaps the general public on effect of psychoactive substance on the body systems. This is necessary so as to ensure that knowledge, attitude and habit of the drivers and the general public are improved in relation to psychoactive substance abuse.

2. Conscious effort should be made by school and community health educators to ensure that drug education programme is organised in a way that educational level of the participants is taken into consideration. This is necessary in order to ensure that different educational groups are adequately taken into consideration in the process of conducting the intervention programme.

3. Since, the adverse health effects of consumption of psychoactive substance are redeemable; efforts to address the factors through awareness campaign, drug education programme, policy, enforcement of laws and research will contribute in encouraging healthy attitude towards abuse of psychoactive substances.

4. Oyo State Ministry of Health in collaboration with drug law enforcement agents (NDLEA) and other relevant agencies should intensify efforts on the implementation of law in the state, particularly on abuse of psychoactive substances. This is necessary so as to checkmate the increasing rate of psychoactive substance abuse in the Ibadan Metropolis and Oyo State in general.

5. Multidisciplinary and interdisciplinary research, which would inform the development of intervention strategies, is also needed. Both basic and applied research is necessary, as well as interdisciplinary collaboration to develop interactive models on human behaviour, health and illness.
6. Oyo State Ministry of Health in collaboration with drug law enforcement agents should ensure that, adequate provision of health facilities that will take care of counselling and treatment of drug related issues; particularly for intra-city commercial drivers. This is to ensure that, counseling and treatment of drug related problems are made accessible and affordable for the drivers.

Contributions to Knowledge

1. The study is effective in facilitating intra-city commercial drivers' knowledge of health consequences of abuse of psychoactive substances.

2. The study identified that drug education is an effective health programme in facilitating informed attitude towards psychoactive substance abuse among intra-city commercial drivers.

3. It was confirmed that educational level was a potent factor in facilitatingintra-city commercial drivers' knowledge of health consequences of psychoactive substances abuse.

4. The study identified that the combination of educational level and age had little or no effect on knowledge, attitude and psychoactive substance abuse among intra-city commercial drivers.

5. The study established that the combine interaction of treatment, educational level and age had inconsequential effect on knowledge, attitude and psychoactive substance abuse among intra-city commercial drivers.

Suggestions for Further Study

Based on the findings and limitations of the study, the following suggestions are made

1. The study should be replicated in the remaining Local Government Areas that are not included in this study.
2. The study should be replicated among other sets of commercial drivers in the state.
3. The study should also be replicated using longitudinal design

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APPENDIX I

QUESTIONNAIRE ON EFFECTS OF DRUG EDUCATION ON KNOWLEDGE, ATTITUDE AND SUBSTANCE ABUSE AMONG INTRA-CITY COMMERCIAL DRIVERS IN IBADAN METROPOLIS, OYO STATE, NIGERIA

Dear participant,

This questionnaire is designed to elicit information on effects of Drug Education on Knowledge, Attitude and Psychoactive Substance Abuse among Intra-City Commercial Drivers in Ibadan Metropolis, Oyo State, Nigeria. You are implored to please respond to the questions with sincerity and honesty. Your responses will be used for research purpose only and high level of confidentiality is guaranteed.

Thanking you in anticipation.

Yours faithfully,

AMAO, O.Z.K (Researcher)

SECTION A

DEMOGRAPHIC DATA

INSTRUCTION: Please fill in the gap below as applicable to you.

1. Age:18years-29 years ( ) 30years-42years ( ) 43years-55years ( ) 56 years and above ( )
2. Educational Level: No formal education ( ) Primary School Leaving Certificate ( )
3. SSCE/WASCE ( ) Higher Qualification ( )

SECTION B

KNOWLEDGE OF PSYCHOACTIVE SUBSTANCE ABUSE SCALE (KPSAS)

INSTRUCTION: Please tick (√) in the appropriate column as the questions is applicable to you**:**

S/n	Statement	SA	A	D	SD
1.	Psychoactive substances (hard drugs) include alcohol, tobacco, indian hemp, cocaine and heroin				
2.	All psychoactive substances (hard drugs) can alter my mood.				
3.	Psychoactive substances (hard drugs) are any chemical other than foods, which are consumed to enhance mood or behaviour.				
4.	Chemical substance that causes depression is in psychoactive substance.				
5.	Cocaine is a type of psychoactive substance which its effect can result in depression.				
6.	Effect of heroin consumption can results in depression.				
7.	Effect of psychoactive substances can cause liver problem like cirrhosis.				
8.	Abuse of psychoactive substances can results in violent reaction				
9.	Abuse of psychoactive substances could result in mental illness.				
10.	Psychoactive substances can cause accident which could lead to loss of body part and even death.				
11.	Psychoactive substances abuse could make victims lose job.				

SECTION C

ATTITUDE TOWARDS ABUSE OF SUBSTANCE SCALE (ATAPS)

INSTRUCTION: Please tick (√) in the appropriate column as the questions is applicable to you.

Strongly agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD)

S/n	Statement	SA	A	D	SD
1.	I cannot do without the use of psychoactive substances.				
2.	Tobacco smoking keeps me awake while driving long distances.				
3.	Am fond of taking various forms of psychoactive substances produced from dried leaves to enhance my driving ability.				
4.	Even if I consume alcohol, I will still drive well.				
5.	I feel like having blurred vision anytime I have not consumed alcohol.				
6.	I do not see excessive use of alcohol as anything bad for some drivers.				
7.	No amount of alcohol can affect my driving.				
8.	I support advocacy on drunk and drive.				
9.	I have been smoking for years, so, no amount of alcohol can affect my driving.				
10.	It is impossible for me to drive intra-city cab without using drug.				

SECTION D

ABUSE OF PSYCHOACTIVE SUBSTANCE SCALE (APSS)

INSTRUCTION: Please tick (√) in the appropriate column as the questions is applicable to you.

Strongly agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD)

S/n	Statement	SA	A	D	SD
1.	I take hot drink before driving				
2.	I smoke only cigarette before driving.				
3.	I take ‘’paraga’’ and ‘’opa-eyin’’ before I drive.				
4.	I only drink alcohol when I need to energize myself on the wheel.				
5.	I take any available substance that will make me high.				
6.	I take alcoholic herbal mixture				
7.	My frequency of drug use is increasing				
8.	I enjoy tobacco in any form before driving				
9.	I smoke marijuana while driving				
10.	I must take ethanol (ogogoro) before driving				

APPENDIX II

INFORMED CONSENT FORM FOR THE PARTICIPANTS

Training Objectives:

The objectives of participating in the programme are presented below, to improvement in quality of health using theory based drug education:

1. Improve knowledge of psychoactive substance.

2. Understand consequences of psychoactive substance.

3. Reducing the auto crash, violence, divorces and various health issues due to abuse of psychoactive substance.

NOTE: Please be informed that there are no expected risks in the research since it will not involve physical exertion and there will be no cost to the participants throughout the research study.

I, _____ (please write full names) voluntarily give my consent to serve as a participant in the study titled:

EFFECT OF DRUG EDUCATION ON KNOWLEDGE, ATTITUDE AND ABUSE OF PSYCHOACTIVE SUBSTANCE AMONG INTRA-CITY COMMERCIAL DRIVERS IN IBADAN METROPOLLIS OYO STATE, NIGERIA

Being conducted by Amao Omoohu Zainab Kamalideen of the University of Ibadan, Department of Human Kinetics And Health Education, Faculty of Education. I certify that the benefits of the study have been explained to me by the researcher and that my participation in the study is voluntary. I have also been informed that I am free to discontinue at any point in time. I have been assured of utmost confidentiality of any information I supply and that I am aware that the researcher supervisor will be privy to all data collected during the study and no name will be used in the publication or reports from the study. I therefore consent freely to participate.

ÌFIKÚN KẸTA

ÌWÉ ÌGBÀ ÌLỌ́HÙNSÍ FÚN ÀWỌN AKỌ́PA

Èrọ̀gbà Ìkọ́ṣẹ́

Èrọ̀gbà fún kíkópa nínú ètò/iṣẹ́ yìí ni a tò sí, ìsàlẹ̀ yìí:

(i) láti mú àtúnse bá ipò ìlera nípa lílo ìmọ̀ nípa ẹ̀kọ́ òògùn.

(ii) láti mú àtúnṣe bá ìmọ̀ lórí lílo òògùn amárasiṣẹ́kíṣẹ́.

(2) Láti ní òye lórí ohun tí ó lè gbèyìn lílo òògùn amárasiṣẹ́kíṣẹ́

(3) láti mú àdíinkù bá ìjàmbá ọkọ̀, jàgídígàgan, ìkọ̀sílẹ̀, onírúurú, ohun tó jẹ mọ́ ìlera àti ikú látàrí ìlòkulò òògùn.

Àkíyèsí: Mọ fẹ̀, kí ẹ mọ̀ pé, kò sí ẹwu kankan, lọ́jọ́ iwájú látàrí dídáhùn ìbéèrè nínú iṣẹ́ ìwádìí yìí níwọ̀n, ìgbàtí ó jẹ́ pé èyìn gànán, kò níí kópa nípa fifi ara ṣe ohunkóhun, ẹ kò sì ní i ná owó kankan títí tí iṣẹ́ ìwádìí yìí yóò fi parí.

Èmi_____ (Ẹkọ orúkọ yín ní kíkún) fínnúfíndọ̀ fa ara mi sílẹ̀ láti jẹ́ ọ̀kan lára akópa nínú iṣẹ́ ìwádìí èyí tí àkolé rẹ̀ lọ báyìí:

Ipa tí ẹ̀kọ́ òògún ní lórí ìmọ̀ ìhùnwàsí àti ìlòkulò òògùn láààrìn àwọn awakọ̀ ọkọ̀ ìgbọ̀ro tí ó wà ní àárin gbùngbùn ilẹ̀ Ìbàdàn, Ìpínlẹ̀ Ọ̀yọ́-Orílẹ̀-Èdè Nàìjíríà.

Èyí tí Àmàó, Omoohu Zainab Kamalideen ti ilé ẹ̀kọ́ gíga Fásitì Ìbàdàn, ẹ̀ka.

Ṣe alákóso rẹ̀. Mọ jẹ̀rìí pé olùwádìí ti ṣe àlàyé àwọn ànfààní, iṣẹ́ náà fún mi, àtipé kíkópa mi nínú iṣẹ́ náà, jẹ́ èyí ti mọ fínnúfíndọ̀ ṣe. Olùwádìí tún fi tó mi létí pé, mó ni ànfààní láti sọ pé n kò kópa níinú iṣẹ́ ìwádìí náà mọ́ nígbàkúùgbà. Wọn ti fi dá mi lójú pé àsírí ìdáhùn sí ìbéèrè tí mọ bá pèsè bò àti pé ọ̀gá olùwádìí náà kòní mọ̀ sí gbogbo ìdáhùn tí wọ́n ṣe àkójọpọ̀ rẹ̀, àti pé wọn kò ní lo orúkọ ẹnikẹ́ni fún àtẹ̀jáde tàbí ìjábọ̀ iṣẹ́ náà fún ìdí èyí, mọ gbà láti jẹ́ akópa.

APPENDIX III

INFORMED CONSENT FORM FOR THE PARTICIPANTS

Training Objectives:

The objectives of participating in the programme are presented below, to improve in quality of health using theory based drug education:

1. Improve knowledge of psychoactive substance abuse.

2. Understand consequences of psychoactive substance abuse.

3. Reducing the auto crash, violence, divorces and various health issues due to abuse of psychoactive substances.

NOTE: Please be informed that there are no expected risks in the research since it will not involve physical exertion and there will be no cost to the participants throughout the research study.

I, _____ (please write full names) voluntarily give my consent to serve as a participant in the study titled:

EFFECTS OF DRUG EDUCATION ON KNOWLEDGE, ATTITUDE AND ABUSE OF PSYCHOACTIVE SUBSTANCES AMONG INTRA-CITY COMMERCIAL DRIVERS IN IBADAN METROPOLLIS OYO STATE, NIGERIA

Being conducted by Amao Omoohu Zainab Kamalideen, of the Department of Human Kinetics and Health Education, Faculty of Education; University of Ibadan, Ibadan, Nigeria. I certify that the benefits of the study have been explained to me by the researcher and that my participation in the study is voluntary. I have also been informed that I am free to discontinue at any point in time. I have been assured of utmost confidentiality of any information I supply and that I am aware that the researcher's supervisor will be privy to all data collected during the study and no name will be used in the publication or reports from the study. I therefore consent freely to participate in the study.

APPENDIX IV

DRUG EDUCATION TRAINING MANUAL

Week 1

Session one

Topic: General Orientation and Administration of Pre-Test Instrument.

Objective of this session:

1. To state the purpose of the meeting.
2. To explain the procedures to follow by trainers and participant.
3. To administer the pre-test instrument on the participants.

Activity:

Step 1: The researcher welcomed the participants and the participants were asked to introduce themselves to facilitate familiarization among them and the research team.

Step 2: The researcher stated and explained in clear terms the purpose, objective and the benefits of the training. The number of contacts (days and duration), time and number of hours/minutes for each contact, venue for the interaction and relevant information were discussed with the participant.

Step 3: The participants were informed of what is expected of them, such as punctuality, regular attendance and cooperation during discussions.

Step 4: The researcher administered the pre-test instrument to the participants with the help of the trained research assistants and was collected on the spot. They were checked for correct filling and ensure complete return of the instruments.

Week 2 Session Two

Topic: Substance Abuse (concept/definition and prevalence)

Objectives: At the of this session the participant should be able to explain

1. Explain substance abuse.
2. State the prevalence of the substance abuse.

Activity:

Step 1: The session commenced with an over-view of the previous session and the participants were also welcomed.

Step 2: The researcher introduced and explained the topic for the week.

Concept/definition

Substance abuse is any substance, natural or chemical other than foods, which are taken to change mood, behaviour, feelings and or the psychological state of the mind of an individual.

Substance abuse involves deliberately use of drugs for non-medical purposes as well as the arbitrary use without authorized prescription. This can be in form of drugs or chemical.

Prevalence of substance abuse

The prevalence of substance abuse is a general problem all over the world. It has been established that there is high prevalence of substance abusers and resultant in fatal automobile crashes or health related issues in various countries. In the United States of America (USA), 4.2% of people drive under the influence of psychoactive substances.

In Nigeria, increase in the consumption of illicit drugs among adults contributes significantly to the rapid rate of violent behaviours all over the country. Young people in the society continually involve in drug use, especially through pressure from friends and elders in the community. It had been observed that the most commonly used illicit drugs among impaired drivers are alcohol and cannabis. Within Ibadan metropolis, it had been established that the consumption of hard drugs is quite rampant among long distance commercial drivers. This widespread use of illicit drugs shows that consumption of alcohol is 77.5%, tobacco is 60.5%, cannabis is 52.5%, while inhalants are 8.1%. Also, among the respondents with alcohol use disorder, road accidents were reported to be very high at 26.8% prevalence rate.

Step 3: The researcher allowed the questions from the participants and the answers were given.

The researcher asked questions to evaluate the topic taught and the corrections were provided where necessary.

Closing remarks:

1. The participants were commended for given their time and attention.
2. They were reminded of the time for the next session and the venue.

Week 3 Session three

Topic: Effects of Substance Abuse on Human (Generally).

Objectives: At the end of the session the participants were able to:

1. Identify effects of substance abuse.
1. Physical effects.
2. Emotional/psychological effects.
3. Social effects.

Activity:

Step 1: The session commenced with an over-view of the previous session, and the participants were welcomed.

Step 2: The researcher introduced and explained the topic for the week.

Physical effects

The physical effects of drug abuse include:

i. Kidney damage: When individual continually involves in drug abuse, it could have negative consequence on proper functioning of the kidney. This could result to kidney failure and other kidney-related disorder.

ii. Liver failure: Unrestricted use of alcoholic substances could result to liver failure among different categories of people in the society. Also, continuous use of hard substances like Vicodin and OxyContin could lead to liver disorder.

iii. Heart problem: Heart-related disorders are prevalent among people who continually abuse cocaine and other stimulant.

iv. Lungs problems: Smoking cracks damages the lungs. Regular marijuana use and excessive consumption of alcohol also causes damage to the lungs.

Emotional / psychological effects

Emotional/psychological effects of Substance Abuse are:

i. Depression: Depression is a major emotional consequence that could result from the use of hard drugs among people in the society. When an addict is not able to get to the

desired state of euphoria (high), depression would set in and this could be disastrous on the well-being of the individual and the entire community.

ii. Paranoia: Individuals with a cocaine addiction or marijuana addiction often report a feeling of paranoia over the course of their dependence. Over time, drug addicts tend to get more and more paranoid.

iii. Anxiety: A drug addict will desire to continuously get the supply of hard drug and this makes the person to be unsettled or anxious at all time. This most time leads to violence in any form and there could be lost of innocent life.

Social effects

Social effects of Substance Abuse are:

i. Marriage/relationships: It is very easy for a drug addict to constantly involve in violent outbursts, secrecy and other forms of bad behaviours against people within the community.

ii. Home/family: Addiction can lead to broken home or family problems.

iii. Unemployment: An employee with drug addiction could change from a smart and efficient worker to an inefficient and unproductive one. This could lead to loss of job in the long term.

-The researcher allowed questions from the participants and the answers were given, the researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants were commended for their time and cooperation by the researcher.
3. The researcher reminded the participants of the time and venue of the next session.

3. The researcher appreciated the participants

Week 4 Session Four

Topic: Factors Influencing Substance Abuse.

Objective: At the end of the session the participants were able to:-

1. State two or more factors that influence drug abuse.
2. Identify ways to reduce or stop the use of drugs.

Activity:

Step 1: The researcher welcomed the participants.

Step 2: The topic for the week was introduced and explained by the researcher.

Factors Influencing Substance Abuse

Factors influencing substance abuse include;

i. Peer Pressure: Many youngsters in the society involve in drug abuse due to negative influence of friends and colleagues. Naturally, young people involve in the act, with a view to ensuring that they belong to a particular class in the society.

ii.Experimental Curiosity: Many young people involve in drug abuse to find out the hidden fact about the substance. After this experiment, they find it extremely difficult to back out of the system.

iii.Personality Problems due to socio-economic conditions: Poor economic conditions could lead to personality issues like frustration and depression, which could result to drug abuse among the people.

iv.The need for energy to work for long hours: The need for some people to engage in strenuous actives makes them to engage the act of abusing substances like Indian hemp, cocaine and so on.

v.Availability of the Drugs: In many countries, drugs have dropped in prices as supplies have increased.

Step 3: The researcher allowed questions from the participants and the answers were given, the researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1.The participants were commended for their time and cooperation by the researcher.
2.The researcher reminded the participants of the time and venue of the next session.
3.The researcher appreciated the participants

Week 5 Session Five

Topic: Frequently abused substance.

Objective: At the end of the session, the participants were able to:

1. List two or more of the commonly abused substances
2. Explain the effects of these drugs

Activity:

Step 1: -The session commenced with the over-view of the previous session.

Step2: -The researcher introduced and explained the new topic for the week.

Commonly abused substances

i. Alcohol: The rapid rate of alcohol use in less developed countries with limited health facilities is of great concern to stake holders in drug administration and control across the globe. Poor people in the developing countries would not be able to get access to proper health service, in case of emergencies that could result from drug abuse at any time.

ii. Cocaine: Cocaine is a dangerous stimulant that occurred in powdered and rock form. Cocaine that is found in powdered form is used by snorting or injecting the liquefied form. Crack form of this psychoactive substance is usually consumed through heating the rock in a pipe and inhaling the smoke from it. The consumption of this illicit drug could lead to the breakdown of nervous system and eventually terminate the production of dopamine in the system.

iii. Herbal mixture: The use of herbal mixtures is on the increase across the globe as many people resort to these products to treat various health problems. Report has it that approximately four billion people (representing 80% of the world's population) living in the developing countries consume herbal mixtures to treat different ailments.

iv. Amphetamines: This drug exists in many forms that can be smoked, snorted or injected into the body system. Amphetamine is usually abused in a "binge and crash"

pattern among people in the society. It should be noted that the euphoria of amphetamine usually disappears shortly after consumption and to maintain the 'high' state, users continue to take more of the drug at a time.

v. Morphine: Morphine is a pain medication works directly on the user's central nervous system (CNS) to immediately reduce the feeling of pain. It works for all types of pains in the body system. This drug has a high tendency for addiction among the users. Generlly documented side effects include health issues like drowsiness, vomiting, and constipation.

vi. Marijuana: This refers to the dried leaves, flowers, stems and seeds from hemp plant called cannabis sativa. Marijuana has both short and long term effect on the brain. In short term, it changes mood, impair memory, body movement, while it affect brain development in the long run.

Step3: -The researcher allowed questions from the participants and the answers were given. The researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants were commended for their time and cooperation.
2. The participants were reminded of time and venue for the next session
3. The researcher appreciated the participants and snacks (refreshment) were served to end the session

Week 6 Session Six

Topic: Types/groups of substance abuse

Objective: At the end of the session the participants were able to:

1. Mention the two types/groups of the substances abused
2. Explain the effects of each types/groups

Activity:

Step 1: The researcher welcomed the participants

Step 2: The topic for the week was introduced and explained by the researcher

Types of substance abuse

The most common types of abused drugs are categorized as follows:-

i. Stimulants: These include all drugs that directly work the central nervous system and stimulate human activities. Caffeine-related substances are the major sources of stimulants and these products are increasingly being consumed by different categories of people in the society, especially with the aim of improving energy and become more productive. This has serious effects on different organs of the body system.

ii. Hallucinogens': These substances affect sensory processing unit in human brain. This results to distorted perception, feeling of anxiety and euphoria and sadness. The drugs are usually from marijuana, LSD and other psychoactive materials.

iii. Narcotics: These are addictive drugs that relieve pain and induce sleep in human system.

iv. Sedatives: These drugs enjoy widespread use and abuse by people within the community. This is due to the erroneous impression that the drugs could serve as sources of relief from stress and anxiety.

vi. Tranquilizers: They are believed to produce calmness without bringing drowsiness, they are chiefly derived from Librium, Valium and so on.

Step 3: The researcher allowed questions from the participants and the answers were given. The researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants were commended for their time and cooperation.
2. The participants were reminded of time and venue for the next session.
3. The researcher appreciated the participants

Week 7 Session Seven

Topic: Health consequences of the substance abuse

Objective: - At the end of the session the participants were able to:

1. List two consequences of the substance abuse.
2. Explain various ways that substance abuse can affect a persons' life.
3. Link between drugs/substance abuse and other vices, like violence, unsafe sexual activities and road auto crashes.

Activity:

Step1: The researcher welcomed the participants.

Step2: The topic for the week was introduced and explained by the researcher

Health consequences of substance abuse

i. Allergy

ii. Drug resistance

iii. Mental disorder

iv. Disease (For instance, cardiovascular disease)

v. Death

Step3: The researcher also asked questions to evaluate the topic taught and corrections were provided where necessary.

Closing remarks:

1. The participants commended for their time and cooperation.
2. The participants were reminded of time and venue for the next session.
3. The researcher appreciated the participants

Week 8 Session Eight

Topic: Review of previous sessions and administration of post-test instrument

Objective: at the end of the session the participants should be able to:

1. Summarize what they had learnt from the whole training program.
2. Express willingness to adapt healthy behaviour and promotion.
3. Show readiness to transfer the knowledge gained to others whom are not opportune to participate.

Activity:

Step 1: The researcher welcomed the participants

Step 2: Questions were asked on all the topics taught to know how the participant has internalized the training.

Step 3: Post-test instruments were administered on the participants, which were collected on the spot with the help of trained research assistants.

Closing remarks:

1. The participants were commended for their time and cooperation.
2. The researcher appreciated the participants.
3. Certificates of participation were presented to the participants.
4. The participants were dismissed.

APPENDIX V

PERSONAL HYGIENE TRAINING MANUAL

The placebo treatment is expected to last eight weeks. The summary of the treatment package is as follows:

Week one:

Session one

Topic: General orientation and administration of pre-test instrument.

Objectives of the session are as follows:

1. To state the purpose of the meeting
2. To explain the procedures to be followed by the trainers and the participants.
3. To administer the pre-test instrument on the participants.

Activity

Step 1: The researcher welcomed the participants. The participants were asked to introduce themselves to ensure familiarization among them and the research team.

Step 2: The researcher stated and explained clearly the purpose, objectives and benefits of the training. Days, duration, time and hours for each contact, venue and any other relevant information were discussed with the participants.

Step 3: The participants were given the pre-test instrument to fill. Supervision was done by the researcher and research assistants. The completed instruments were collected on the spot by research team.

Week two:

Session two

Topic: Personal hygiene (PH) (definition / concept)

Objectives: At the end of the session, the participants were able to:

1. Define personal hygiene beyond just cleaning of the body.
2. Explain the concept of personal hygiene.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The researcher introduced the topic and explained to the participants.

Definition /concept

Personal hygiene is the principle of ensuring cleanliness and grooming of the external body parts. The ability to maintain a high degree of personal hygiene improves self-esteem and confidence of an individual and also reduces the possibilities of developing imperfections. Personal hygiene covers washing, oral care, hair care, nail care, wound care, cleansing of personal utensils and prevention of infections.

Step 3: The researcher asked questions to evaluate the topic taught. Allowed the participants to ask question where they are not cleared and necessary corrections were done.

Closing Remark:

1. The researcher commended the participants for their time and co-operation.
2. The participants were reminded of the time and venue for the next meeting.
3. The researcher appreciated the participants and served them some snacks to end the session.

Week 3:

Session Three

Topic: Importance of personal hygiene.

Objectives: At the end of this session the participants were able to:

1. Explain the importance of personal hygiene.
2. List two reasons why personal hygiene is important.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The participants asked questions on the previous topic.

Step 3: The researcher introduced the topic and explained to the participants.

Importance of personal hygiene

The following are the importance of good personal hygiene:

Maintaining personal hygiene is necessary for many reasons; personal, social, health, psychological or simply as a way of life. The act of keeping a good standard of hygiene helps to prevent the development and spread of infections, illnesses and bad odours.

i. Body Image

Body image influences self-esteem, confidence and motivation. Those who already have low self esteem and especially those with depression often neglect personal hygiene which perpetuates the problem of poor body image.

ii. Health Reasons

Poor hygiene can lead to poor health. If you have cut yourself, the wound should be cleaned and dressed suitably, this can help reduced the risk of infection and pain.

iii. Psychological Issues

When an individual maintains good personal hygiene and well presented in the public, it increases the self-esteem and confidence level of the person.

Step 4: The participants will ask question to evaluate the topic taught and make necessary corrections.

Closing Remarks:

1. The researcher commended the participants for their time and co-operation.
2. The participants are reminded of time and venue for the next meeting.
3. The researcher appreciated the participants.

Week 4:

Session Four

Topic: What are the acceptable and poor personal hygiene practices?

Objectives: At the end of this session, the participants were able to:

1. List three or more acceptable PH practices.
2. Identify two or more poor PH practices.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The participants asked questions on previous topic taught.

Step 3: The researcher introduced the topic and explained to the participants.

What are the acceptable and poor personal hygiene practices

Acceptable personal hygiene practices include the following:

i. Bathing regularly

ii. Brushing of teeth regularly

iii. Keeping hair clean and tidy

iv. Wearing of clean cloths

v. Keeping nails clean

Poor Personal Hygiene

This is the negative attitude to the principles of personal hygiene and it has undesirable consequences on the individual who is involved in the act. Poor personal hygiene increases tendencies of being infected with diseases.

Social Embarrassment

Naturally, individual with poor hygiene finds it difficult to freely interact with other people in the society. People avoid associating with an individual who looks untidy and unkempt and this contributes to psychological and emotional challenges on the person.

Step 4: The participants were asked questions to evaluate the topic taught and make necessary corrections.

Closing remarks

1. The researcher commended the participants for their time and co-operation
2. The participants are reminded of time and venue for next meeting.
4. The researcher appreciated the participants.

Week 5:

Session five

Topic: Components of personal hygiene (daily bath, oral care, hand washing, care of the hair and care of the feet).

Objectives: At the end of the session, the participants were able to:

1. Mention three or more components of PH

2. Explain three or more components of PH

Activity

Step 1: The researcher welcomed the participants.

Step 2: The researcher asked questions on previous topic taught to evaluate the participants understanding.

Step 3: The researcher introduced and explained the topic to the participants.

Components of personal hygiene

Good oral hygiene is the best way to ensure that teeth remain strong and healthy. Teeth cleaning on a regular basis is one of the primary ways to maintain teeth" health and appearance. By following a few simple rules, people can help avoid both tooth decay and tooth loss. Proper teeth cleaning involve brushing the teeth at least twice a day. Others include daily bath, hand washing, care of the hair and care of the feet.

Step 4: The researcher ask questions to evaluate the topic taught and make necessary corrections.

Closing Remarks:

1. The researcher commended the participants for their time and cooperation.
2. The researcher reminded the participants of time and venue for the next meeting.
3. The researcher appreciated the participants.

Week 6:

Session six

Topic: Factors affecting maintenances of personal hygiene (ignorance, water, time and poverty)

Objectives: At the end of the session, participants were able to:

1. Mention three factors affecting maintenance of PH.
2. Proffer effective solutions.

Activity:

Step 1: The researcher welcomed the participants

Step 2: The researcher reviewed the previous topic

Step 3: The researcher introduced the topic and explained to the participants

Step 4: The researcher asked questions to evaluate the topic taught and make necessary corrections.

Closing Remarks

1. The researcher commended the participants for their time and co-operation.

2. The researcher reminded the participants of the time and venue of the next meeting.

3. The researcher appreciated the participants.

Week 7:

Session seven

Topic: Prevention of diseases through personal hygiene.

Objectives: At the end of the session, the participants were able to:

1. Mention two or more diseases preventable through personal hygiene.
2. Give ways in which diseases can be prevented.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The researcher asked questions on previous topic.

Step 3: The researcher introduced the topic and explained to the participants.

Factors affecting maintenances of personal hygiene

i. Physical factor: In some instances, individuals in the society really understand the importance of keeping good hygiene but cannot practice such due to the challenges posed by their physical make-up. Amputees, for instance, who need assistance from other members of the family or other caregivers to properly perform basic principles of hygiene like bathing, brushing, cutting nails and so on. Drivers who are always in a haste to transport passengers to their destination may not have enough time to keep good hygiene.

ii. Psychological factor: Themental state and psychological challenges can hinder individuals' motivation to keep good hygiene at all times. People who are undergoing depression and frustration would find it difficult to maintain principles of hygiene in their personal lives.

Step 4: The participants were asked questions to evaluate the topic taught and make necessary correction.

Closing Remarks

1. The researcher commended the participants for their time and co-operation.
2. The researcher reminded the participants of time and venue of the next meeting.
3. The researcher appreciated the participants.

Week 8:

Session eight

Topic: Revision of previous sessions and administration post- test instrument.

Objectives: At the end of the session the participants were able to:

1. Summarize what they had learnt from the training programme.
2. Express willingness to use what they have learnt in their day to day activities.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The researcher reviewed all the sessions done by asking questions and allowing the contribution from the participants.

Step 3: The researcher encouraged the participants to set goals in achieving healthy personal hygiene to prevent the spread of diseases to themselves and the communities.

Step 4: The researcher encouraged the participants to fill the post-test instruments. The researcher and the research assistants supervised and collect the filled instrument on the spot.

Closing Remarks

1. The researcher commended the participants for their time and co-operation.
2. The researcher encouraged the participants to make use of what they have learnt in the course of the programme.

Activity:

Step 1: The researcher welcomed the participants.

Step 2: Questions were asked on all the topics taught to know how the participants have internalized the training.

Step 3: Post-test instruments were administered on the participants, which were collected on the spot with the help of trained research assistants.

Closing remarks:

1. The participants were commended for their time and cooperation.
2. The researcher appreciated the participants.
3. Certificates of participation were given to the participants.
4. The programme was brought to an end.g7

TRAINING PROGRAMME FOR THE PARTICIPANTS IN EXPERIMENTAL GROUP

Weeks/Time	Objectives	Topic/Content	Method/Activities	Audience	Remarks
Week 1 1 hr	At the end of session, the participants should be able to: state the goal of the programme. -Fill the questionnaire	- Introduction of the programme - Administration of pre-test	Questionnaires for the pre-test will be administer	The participants	The participants should show enthusiasm for the training.
Week 2 1 hr	At the end of the session, the participants should be able to: - Explain psychoactive substances - Identify various types of psychoactive substances	- Detail explanation of what psychoactive substances is all about. - Name some of them.	Topic will be delivered with discussion method and questions will be accommodated, answered and points will be stressed and clarified.	The participants	The participants should be able to explain what psychoactive substances are
Week 3 1 hr	Objective: At the end of the session the participants should be able to: - State two or more factors influencing drug abuse - Identify ways to reduce or stop the abuse.	Give detail explanations of Factors influencing drug abuse	Lesson will be delivered using lecture discussion: - Participants will be allowed to ask questions at any level do not understand. - Questions asked will be clarified. - Question will be asked by researcher and correct answer will be praised.	The participants	Recognize, Effects of psychoactive substances

Weeks/Time	Objectives	Topic/Content	Method/Activities	Audience	Remarks
Week 4 1 hr	Objective: at the end of the session, the participants should be able to: State two or more factors that influence abuse of psychoactive substances.	Factors Influencing Psychoactive Abuse	The lesson will be delivered using lecture discussion method. The participants will be allowed to ask questions and clarification will be profiled	The participants	The participants should be able to highlight factors influences abuse of psychoactive substance.
Week 5 1 hr	At the end of the session the participants should be able to: - List two or more of the commonly abused substance - Explain the effects of these substance	Identify and give detail explanation some of the commonly used psychoactive substances. Ways to stop/minimize abuse of psychoactive substance	Lecture on discussion method will be used to deliver the lesson. The participants will be allowed to ask questions and clarification will be given.	The participants	- Explain the effects of these substance
Week 6 1 hr	At the end of the session the participants should be able to: Establish the link between road accident and abuse of psychoactive substance.	Psychoactive substances in the causation of violence crimes and motor accidents.	Lecture discussion method will be used to deliver the lesson. The participants will be allowed to ask questions and clarification will be given.	Lecture note	Participants should show evidence of understanding of the topic.

Weeks/Time	Objectives	Topic/Content	Method/Activities	Audience	Remarks
Week 7 1 hr	At the end of the session, the participants should be able to: - Establish the link between road accident and abuse of psychoactive substance. Move to week 6	Ways to stop/minimize abuse of psychoactive substances	Lecture discussion method will be used to deliver the lesson. The participants will be allowed to ask questions and clarification will be given.	The participant	Participants should be able to apply the lesson in actual situation
Week 8 1 hr	Revision: At the end of this session, the participants should be able to: Complete and submit the post test.	Post-test	Participants will be allowed to fill the questionnaire for the post-test. General questions will be allowed and answers will be profiled.	The participant	Participants should be able to complete the questionnaire and submit.

Treatment Procedure for participants in control group (personal hygiene) (PH)

The placebo treatment is expected to last eight weeks. The summary of the treatment package is as follows:

Week one:

Session one

Topic: General orientation and administration of pre –test instrument.

Objectives of the session are as follows:

1. To state the purpose of the meeting
2. To explain the procedures to be follow by the trainers and the participants.
3. To administer the pre-test instrument on the participants.

Activity

Step 1: The researcher welcomed the participants. The participants were asked to introduce themselves to ensure familiarization among them and the research team.

Step 2: The researcher stated and explained clearly the purpose, objectives and benefits of the training. Days, duration, time and hours for each contact, venue and any other relevant information were discussed with the participants.

Step 3: The participants were given the pre-test instrument to fill. Supervision was done by the researcher and research assistants. The completed instruments were collected on the spot by research team.

Week two:

Session two

Topic: Personal hygiene (PH) (definition, concept and types)

Objectives: At the end of the session, the participants were able to:

1. Define personal hygiene beyond just cleaning of the body.

2. Explain the concept of personal hygiene.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The researcher introduced the topic and explained to the participants.

Step 3: The researcher ask questions to evaluate the topic taught. Allows the participants to ask question were they are not clear and necessary corrections were done.

Closing Remark:

1. The researcher commended the participants for their time and co-operation.
2. The participants were reminded of the time and venue for the next meeting.
3. The researcher appreciated the participants.

Week 3:

Session Three

Topic: Importance of personal hygiene.

Objectives: At the end of this session the participants were able to:

1. Explain the importance of personal hygiene.
2. List two reasons why personal hygiene is important.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The participants were asked questions on the previous topic.

Step 3: The researcher introduced the topic and explained to the participants.

Step 4: The participants were asked questions to evaluate the topic taught and make necessary corrections.

Closing Remarks:

1. The researcher commended the participants for their time and co-operation.
2. The participants are reminded of time and venue for the next meeting.
3. The researcher appreciated the participants.

Week 4:

Session Four

Topic: What are the acceptable and poor personal hygiene practices?

Objectives: At the end of this session, the participants were able to:

1. List three or more acceptable PH practices.
2. Identify two or more poor PH practices.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The participants asked questions on previous topic taught.

Step 3: The researcher introduced the topic and explain to the participants.

Step 4: The participants asked questions to evaluate the topic taught and make necessary corrections.

Closing remarks

1. The researcher commended the participants for their time and co-operation
2. The participants are reminded of time and venue for next meeting.
3. The researcher appreciated the participants.

Week 5:

Session five

Topic: Components of personal hygiene (daily bath, oral care, hand washing, care of the hair and care of the feet).

Objectives: At the end of the session, the participants were able to:

1. Mention three or more components of PH
2. Explain three or more components of PH

Activity

Step 1: The researcher welcomed the participants.

Step 2: The researcher asked questions on previous topic taught to evaluate the participants understanding.

Step 3: The researcher introduced and explained the topic to the participants.

Step 4: The researcher asked questions to evaluate the topic taught and make necessary corrections.

Closing Remarks:

1. The researcher commends the participants for their time and cooperation.
2. The researcher reminded the participants of time and venue for the next meeting.
3. The researcher appreciated the participants.

Week 6:

Session six

Topic: Factors affecting maintenances of personal hygiene (ignorance, water, time and poverty)

Objectives: At the end of the session, participants were able to:

1. Mention three factors affecting maintenance of PH.

2. Profile effective solutions.

Activity:

Step 1: The researcher welcomed the participants

Step 2: The researcher reviewed the previous topic

Step 3: The researcher introduced the topic and explained to the participants

Step 4: The researcher asked questions to evaluate the topic taught and make necessary corrections.

Closing Remarks

1. The researcher commended the participants for their time and co-operation.

2. The researcher reminded the participants of the time and venue of the next meeting.

3. The researcher appreciated the participants.

Week 7:

Session seven

Topic: Prevention of diseases through personal hygiene.

Objectives: At the end of the session, the participants were able to:

1. Mention two or more diseases preventable through personal hygiene.

2. Give ways in which diseases could be prevented.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The researcher asked questions on previous topic.

Step 3: The researcher introduced the topic and explained to the participants.

Step 4: The participants are asked questions to evaluate the topic taught and make necessary corrections.

Closing Remarks

1.The researcher commended the participants for their time and co-operation.

2. The researcher reminded the participants of time and venue of the next meeting.

3. The researcher appreciated the participants.

Week 8:

Session eight

Topic: Revision of previous sessions and administration post- test instrument.

Objectives: At the end of the session the participants were able to:

1. Summarize what they had learnt from the training programme.

2. Express willingness to use what they have learnt in their day to day activities.

Activity

Step 1: The researcher welcomed the participants.

Step 2: The researcher reviewed all the sessions done by asking questions and allowing the contributions from the participants.

Step 3: The researcher encouraged the participants to set goals in achieving healthy personal hygiene to prevent the spread of diseases to themselves and the communities.

Step 4: The researcher encouraged the participants to fill the post-test instruments. The researcher and the research assistants supervise and collect the filled instrument on the spot.

Closing Remarks

1. The researcher commended the participants for their time and co-operation.

2. The researcher encouraged the participants to make use of what they have learnt in the course of the programme.

The researcher appreciated the participants.

APPENDIX VI

The Drug Abuse Screening Test Scale (DASTS)

The following questions concern information about commercial drivers' involvement with drugs. Drug abuse refers to the use of prescribed, herbal alcohol mixture or "over-the-counter" drugs in excess of the directions, and any non-medical use of drugs.

INSTRUCTION: Please tick (√) in the appropriate column as the questions is applicable to you.

Strongly agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD)

S/N	ITEMS	SA	A	D	SD
1.	Using drugs other than those required for medical reasons is dangerous to health				
2.	As an active commercial driver, I abuse prescription drugs often				
3.	In most cases, I abuse more than one drug at a time				
4.	I rarely get through the week without using hard drugs				
5.	In the course of driving, I abuse drugs on a continuous basis				
6.	I always try to limit my drugs use to certain situation				
7.	I sometimes experience "blackouts" or "flashbacks" as a result of drug use				
8.	I sometime feel bad about my involvement in drug abuse				
9.	My spouse always complains about my involvement in Drugs				
10.	Drug abuse had created problems between my spouse and I				
11.	My family member sometimes sought help for problems related to my drug use				
12.	I have lost few of my commercial driver friends due to drug use				
13.	I had sometimes neglected family or missed work because of the use of drugs				
14.	As a professional commercial driver, I had been in trouble at work because of drug abuse				
15.	I had lost a jobs because of drug abuse				
16.	I had gotten into fights when under the influence of drugs				
17.	I had been arrested because of unusual behaviour while under the influence of drugs				
18.	I had been arrested while driving under the influence of drugs				
19.	I have engaged in illegal activities in order to obtain drug				
20.	I have experienced withdrawal symptoms as a result of heavy drug intake				
21.	I had medical problems as a result of drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)				

22.	I have used different therapeutic approaches to solve my drug related challenges				
23.	I have been in hospital for medical problems related to drug use				
24.	I had been involved in a treatment program specifically related to drug use				
25.	I was ones been treated as an outpatient for problems related to drug abuse				

Adapted from Substance Abuse Screening Instrument. Retrieved on July 5th, 2019 from https://www.uspreventiveservicestaskforce

APPENDIX VII

A cross session of participants during field work

Picture showing the researcher explaining the questionnaire to the participants

The researcher's supervisor addressing the participants at the end of the program

The researcher, research assistants, the supervisor Dr Odelola, Dr Famuyiwa a Lecturer in the Department of Human Kinetics and Health Education, NURTW Chairman and the participants

A participant address of welcome during the arrival of the chairman

The late chairman of NURTW Oyo State chapter, Chief TaofikAyorinde (fele) addressing the participants during the final ceremony of the training

Group photograph of the participants and the researcher after the training session