



Students of Tertiary Institutions' Awareness of Psychosocial Problems Associated with Substance use Disorders; Implication for Psychosocial Support and Counselling

Egbeola Collins*, Adefokun Shulammitte Idowu and Edebor Florence

Consultant Psychiatrist, Federal Medical Centre, Lokoja, Nigeria

*Corresponding author: Egbeola Collins, Consultant Psychiatrist, Federal Medical Centre, Lokoja, Nigeria, Tel: +2347069034787; E-mail: egbeolacollins@mail.com

Abstract

The study adopted quasi experimental research design; the target population for the study was students of tertiary institutions (university); students who were reportedly placed on counselling probation for at least six weeks, at the Counselling Unit of Federal University Lokoja, (for various level of involvement in drug use, substance addiction/ over dependent in alcohol use) constituted the samples for the study. The researchers employed purposive sampling technique, a non-probability sampling technique, due to the nature of the population for the study (students with histories of involvements in drug use, substance abuse and over dependent in alcohol use), to select purposive sample for this study. The researchers distributed self-developed questionnaire after a careful validation of face and content validity by professional counselling psychologist from federal university Lokoja, of and rest re-test reliability, " r "=0.84, to students identified with involvements in drug use, substance abuse and over dependent in alcohol use at the point of their reporting for counselling at the unit. The same set of questionnaire forms were re-administered to the subjects after the expiration of their counselling probation at the counselling unit. In-line with ethical consideration, respondents' consents was sought by asking them to fill and sign consent form, respondents were also informed of the confidentiality of the result of the findings, and its use for research purpose only. Twenty-eight (28) respondents participated in the study. The researchers personally administered the questionnaire to the respondents. For data analysis appropriate statistical tools such as independent t-test was employed in testing the hypotheses formulated for the study. Findings from the study shows that counselling improved awareness of participants on psychosocial problems associated with substance use disorders, its negative impact on academics as well as need for counselling to care for those having problems,. Recommendations were made on the need for making referral of individuals with involvements in drug use, substance abuse and over dependent in alcohol use for professional counselling services as well as referring those receiving psychiatric treatment for involvement in drug use, substance abuse and over dependent in alcohol use for professional counselling services.

Keywords: Counselling; Counselling-probation; Drug use; Substance abuse; Over dependent in alcohol use; Mental health; Academic achievement

Introduction

Substance abuse, also known as drug abuse, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder. Widely differing definitions of drug abuse are used in public health, medical and criminal justice contexts. In some cases criminal or anti-social behaviour occurs when the person is under the influence of a drug, and long term personality changes in individuals may occur resulting into possible physical, social, and psychological harm, use of some drugs may also lead to criminal penalties, or psychosocial disorder, Ksir, and Charles [1]. The term psychosocial refers to the psychological and social factors that influence mental health. It also implies a very close relationship between psychological and social factors. Psychological comprises of emotions and cognitive development the capacity to learn, perceive, and remember. Social issues are concerned with the capacity to form relationships with other people and to learn and follow culturally appropriate social codes. Social influences such as peer pressure, superior coping styles, task-related self-efficacy, internal locus of control, a high sense of self-worth, empathy, capacity to plan, and a sense of humor, parental support, cultural and religious background, socioeconomic status, and interpersonal relationships all help to shape personality and influence psychological makeup, it is important to note that psychosocial factors such as stress, hostility, depression, hopelessness, and job control influence to a large extent physical health, as reported by Macleod and Davey [2]. Psychosocial support is the provision of psychological and social resources to a person by a supporter intended for the benefit of the receiver's ability to cope with problems faced, as a term; psychosocial has been used to qualify concepts such as health, factors, issues, behaviors, and support among others, Pallassana [3].

Psychosocial health is defined as a state of mental, emotional, social, and spiritual well-being a psychosocial intervention for an older adult client with a mental disorder might include psychotherapy and a referral to a psychiatrist while also addressing the caregiver's needs in an effort to reduce stress for the entire family system as a method of improving the client's quality of life, Cummings and Kropf [4].

The thinking portion of psychosocial health is known as mental health. Psychosocial supports helps individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims. Psychosocial health encompasses the mental, emotional, social, and spiritual dimensions of what it means to be healthy. Psychosocial health is the result of complex interaction between a person's history and his or her thoughts about and interpretations of the past and what the past means to the present. Components of psychosocial health, according Steve and Nicola [5] encompass ability to:

Feel good about them

Feel comfortable with other people

Control tension and anxiety

Are able to meet the demands of life

Curb hate and guilt

Maintain a positive outlook

Value diversity

Appreciate and respect nature

Enrich the lives of others.

Individuals involve with substance abuse and drug addictions are sometimes faced with different kinds of mental illnesses that could range from being mild to severe. Common ones include depression, anxiety, affective disorders, and psychotic disorders and or psychosocial problems among others. Different approaches have gone into managing mental illnesses depending on type and severity such as psychosocial support which is the provision of psychological and social resources to a person by a supporter intended for the benefit of the receiver's ability to cope with problems faced, drugs, special talk therapy, social interventions and other physical therapies aimed at control or cure with a view to ameliorating associated sufferings in those affected and their families, according to Da Silva -Cardoso and Chronister, [6]. This is important because left untreated, mild cases may worsen overtime with resultant affectation of ability to fulfill roles at school, work and family. Job losses, reduced employment prospects, reduced marital suitability; greater demand and use of healthcare funds, impoverishment, ostracism and stigmatization, suicide or homicide are recognized consequences.

Significance of the study

Substance abuse/drug addiction is commonly associated with numerous undesirable short and long term consequences. The individual not only suffer from physical and psychological problems but also experiences impaired ability to interact with family, peers and society. The present study aims to assess students of tertiary institutions' awareness of psychosocial problems associated with substance use as well as the awareness of the impact of psychosocial counselling intervention in assisting individual's victim's recovery. Substance use poses significant impact on individual's psychological and social wellbeing. Individuals with history of substance use disorder, such as injecting drugs, as well as those that got involved or initiated early in life, or using substances many times in a day and using both licit and illicit substances had more psychosocial problems, according to Anju, Chandrakala, Sital and Amrit [7].

To help such individuals cope in life, counselling services in form of psycho-treatment have been applied for decades. Substance use disorders are commonly associated with variety of problems, according to Pham-Kanter, [8] these problems can be in any area of the individual's functioning: physical, psychological, social, academic or occupational. They can lead to physical and psychological dependence, in which case the individual continues taking the drug despite adverse consequences. Besides profound impairment and loss of physical health, people with alcohol and drug use disorders may suffer severely from psychosocial problems, interpersonal problems, loss of employment, difficulty in participating in education, high rates of psychological impairment and reduced quality of life. It is often said that knowledge is power, given the fact that studies show that youth engaged mostly drug abuse, investigating their level of awareness about psychosocial problems associated with drug use disorder will be quite

revealing and would be expected to modify their behavior with a view to promoting better mental health.

Purpose of the study

The purpose of the present study is to assess students of tertiary institutions' awareness of psychosocial problems associated with substance abuse and addiction. Investigate the students' awareness of decline in academic performance among individual with involvement in substance abuse and drug addiction. Investigate students' awareness on the impact of psychosocial counselling on substance use disorder management.

Research questions

What is the level of students of tertiary institutions' awareness of psychosocial problems associated with substance abuse and addiction? Are students of ' tertiary institutions' aware of decline in academic performance among individual with involvement in substance abuse and drug addiction? To what extent do male and female students' of tertiary institution aware of impact of psychosocial counselling on substance use disorder management?

Hypotheses

Hypothesis one (1H0): There is no significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of psychosocial problems associate with substance abuse and addiction. Hypothesis Two (2H0): There is no significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of decline in academic performance among individual with involvement in substance abuse and drug addiction. Hypothesis Three (3H0): There is no significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of psychosocial counselling on substance use disorder management.

Significance of the study

It is often said that knowledge is power. Given that studies have reported that drug use disorders are prominent among youths, investigating their knowledge and awareness of associated psychosocial problems will most likely throw more light on what could be of importance in prevention as well as behavioral modification with a view to promoting better mental health.

The Use of Psychoactive Substances

The use and abuse of psychoactive substances, in the form of alcohol and other drugs are common human behavior the vast majority of adults include some form of substance use in their lifestyle, irrespective of age, creed or color. Throughout human history, psychoactive substances have been commonly used for a variety of purposes, from medicines to important components of rituals and ceremonies according to Vetulani, [9].

- The consumption of alcohol dates back at least 8000 years;
- Tobacco has been used for thousands of years;
- Opium use was evident in Mesopotamia at least 7000 years ago;

- Cannabis has been known by many names in many languages over the course of human history;

- Hallucinogenic mushrooms are referred to in ancient Hindu texts and there is archaeological evidence dating back to at least 7500 BC of the use of a hallucinogen derived from cactus.

Variations in the amount and type of substances that different individuals and groups consume at different times have also been observed. Their use can have a major negative impact on the wellbeing of individuals, families and communities, and is a growing concern among students of tertiary institutions. There are diverse views regarding what constitutes appropriate responses to harmful substance use at all levels: individual, family, community, national and international. The media, cultural and religious practices, workplaces, families and friends, as well as the legal and health care systems, are all part of the spectrum of influences creating our beliefs and actions associated with substance use.

Globally, UNODC estimates that between 155 and 250 million people, or 3.5% to 5.7% of the population aged 15-64, had used illicit substances at least once in the previous year. Cannabis users comprise the largest number of illicit drug users (129-190 million people). Amphetamine-type stimulants are the second most commonly used illicit drugs, followed by opiates and cocaine. However, in terms of harm associated with use, opiates would be ranked at the top.

A comprehensive understanding of the extent of the drug use problem requires a review of several indicators the magnitude of drug use measured by prevalence (lifetime, annual, past 30 days) in the general population, the potential of problem drug use as measured by drug use among young people, and costs and consequences of drug use measured by treatment demand, drug-related morbidity and mortality. To understand the dynamics of drug use in a country or region, it is important to look at the overall drug situation rather than merely the trends for individual drugs. This information helps to discern the extent to which market dynamics (availability, purity and price) have temporarily influenced the use, compared to results of long-term efforts such as comprehensive prevention programmes and other interventions to address the drug use situation, Woodward [10]. Substance use and drug addiction experiences can only be fully understood by recognizing the contributions of the drug itself, the individual who takes the substance, and the context in which the substance is taken.

The social, cultural and even historical contexts in which a substance is taken can significantly affect both the drug experience and consequences of use for any one person or group of people. "Substance use is fundamentally a social act as we obtain, consume, and construct the experience of using alcohol or other drugs in relation to others, Cummings, and Kropf [4]. Discussion on substance abuse and drug addiction should not focus solely on substances and individual users, but must also consider valuable information and knowledge regarding the context in which substances are used, Cummings, and Kropf, [4].

The effects of substance abuse

Alcohol and other drugs are psychoactive substances with the capacity to alter mood, cognition and behaviour. They can be categorized into three main groups, depending on the dominant effect the substance has on the central nervous system: depressant, stimulant or hallucinogen, according to, Steve and Nicola [5]. Depressants slow down the activity of the central nervous system and are associated with feelings of relaxation, slower reflexes, and reduced pain and anxiety.

Depressants include: alcohol; volatile substances (e.g., glue, aerosols, solvents and petrol); minor tranquilizers (e.g., benzodiazepines such as Valium and Serapax); and the opiates (e.g., heroin, methadone, morphine and codeine). Stimulants speed up the activity of the central nervous system and are associated with increased feelings of energy, confidence and wellbeing, and also possibly confused thinking and paranoia. Stimulants include nicotine, caffeine, amphetamines and cocaine. Hallucinogens alter perceptions of sensory experiences, time and sense of self. Hallucinogens include: LSD; mescaline; psilocybin ("magic mushrooms"); and the dissociative anesthetics (e.g., PCP and ketamine).

Other substances, such as MDMA "ecstasy", could have mixed effect such as being a stimulant and hallucinogen. The active ingredient in cannabis products is delta-9-tetrahydrocannabinol (THC), which increases the heart rate but also relaxes the mind and reduces pain, and can produce hallucinations if taken in large amounts. Effects of many psychoactive substances vary when taken in combination, according to Lynskey and Hall [11]: types of drug interactions include:

- Addition – substances combine to produce an intensified response that is the sum total of their two effects (e.g., alcohol and antihistamines).

- Synergism/potentiation – substances combine to produce an effect that is greater than the addition effect of the two drugs (e.g., alcohol and diazepam).

- Antagonism – substances combine to lessen the effect of one of the drugs (e.g., heroin and Narcan).

And the antagonist Narcan can reverse the effect of an opiate overdose). Drug-related harm can arise from the way in which it is administered into the body. In particular, a proportion of illicit drugs are injected, increasing the risk of blood-borne viruses such as hepatitis B, C and HIV through sharing of injecting equipment. Risk can also arise from the injection of drugs that are intended to be taken orally, such as prescription benzodiazepines (e.g. Valium, Temazepam), due to vein damage caused by other non-psychoactive ingredients in the substance. It is also important to keep in mind that drug-related harm can extend to how the person obtains the drug (e.g., engaging in criminal activity in order to afford a drug) and their behavior while under the influence of the drug (e.g. drink-driving, engaging in unsafe sex or increased risk of violence toward oneself or others).

Jadad, and Grady, Citing WHO [12] defined health as "a state of complete physical, social and mental well-being and not merely absence of sickness or infirmity". In essence, absence of sickness and diseases does not necessarily translate to being in health. It is a state of being well physically, socially and mentally. While most can easily relate to physical health, awareness of what constitutes social and mental health among the populace appears to be low, Jeffrey [13]. It has to be realized that interpersonal and healthy environmental statuses are germane in health. Furthermore, there is established that physical, social and mental health interrelate symbiotically: a healthy body needs a healthy mind in a healthy environment. Psychoactive substances have been linked to induced mental health conditions like mood disorders such as depression, anxiety and psychosis alike. Depression is a common condition among young scholars. It is a condition characterized by reduced motivation, concentration, interest and desire to attend class or complete school work among others. Studies have reported depression to be associated with poor school grades and higher likelihood of not being able to complete school, Lynskey and Hall [11]. It has been observed that a little amount of

anxiety is needed to facilitate performance of activities. Such level of adaptive anxiety motivates students to prepare for test and exams. It motivates seeking knowledge and exploring options.

Psychosocial disorder has a way of impairing on adjustments it, affects future prospects of sufferers, and this often related to level of academic attainment, drop-outs and inability to complete education ultimately culminate in disadvantaged socioeconomic statuses. Students with psychosocial or mental disturbances are ten times likely to be absent from school for various vague physical complaints. Others may be in areas of social integration, behavioral regulation, attention and concentration in class. Youths in and out of structured school environment engage in abuse of various psychoactive substances. These are substances that have ability to affect feeling, thinking and behavior could be natural and synthetic in nature, Lynskey and Hall [11], examples are cannabis, otherwise called Indian hemp, cocaine, heroin, alcohol, tobacco and sleeping pills, just to mention a few.

The family is affected when the mental health of in the young members of the family is in danger. Dejection, disappointment, frustration and anger are likely reaction that could be seen in guardians. These feeling go to engender self-pity, sense of defeat, helplessness, or other maladjustments such as use of substances to counter emotional difficulties among students from such homes. It is therefore important to understand the role or expectation, reinforcement as necessary tool to promote excellence. Expectations would have to be matched with individual uniqueness and different academic prowess. Parents would have to support dreams of their wards and not force their own expectations of having doctors, lawyers and so on in 'the family'.

Counselling in the context of psychosocial problems related to substance abuse and addiction

Psychosocial supports for individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event is vital. It can help change people into active survivors rather than passive victims. Any substance abuse problems whether for drugs or alcohol, if left untreated, can turn into full-blown addiction and can have devastating consequences. When a counselor steps in, it is crucial that he understands how to effectively treat his patients using various substance abuse counseling techniques such as behavioral treatment and/or medication. Behavioral treatment is a common and effective substance abuse counseling strategy. It is aimed at challenging a patient to modify his attitudes about substance abuse, and regaining control over addiction. It is also about learning to make healthier life choices, and not just in relation to substance abuse. Counselling techniques for substance abuse are about bringing a patient out of denial and teaching him/her to take responsibility for his problems and his/her actions throughout treatment. Other essential counseling techniques involve preparing the patient for what he/she will face once he/she embraces a sober lifestyle. This means teaching him/her to take back control of his life, preparing him for the new

challenges he/she will encounter, and encouraging him/her to get outside help and support to supplement counseling. Substance abuse counselors have been taught and trained that not all substance abuse counseling techniques have equal (efficacy). Different patients with different addictions do not always (benefit) the same (way) to any given counseling method, in essence, clients care has to be individualized. Peterson [14] reported that most individuals with dual diagnosis (in terms of mental health and substance use disorder at the same time), either received treatment only for one of their disorders or they did not receive any treatment all, and that since the 1980s, there has been a push towards integrating mental health and addiction treatment [15]. In this method, both conditions are considered primary and both are treated simultaneously by the same care-provider. Certain medications or medical practices may be safely implemented along with other substance abuse counseling techniques. Approved medications can be used to ease withdrawal during the initial treatment stages, and they may be prescribed throughout treatment to help with drug or substance abuse and to restore brain functions that have been affected by severe use. While there is support for either psychotherapy or pharmacotherapy in the management of substance use disorder clients, best results are obtained when both are combined [16].

Methodology

Quasi experimental research design was adopted for this study. The target population consisted of students of a tertiary institution, Federal University Lokoja, who were referred for various levels of involvement with both licit and illicit psychoactive substances for probation counselling lasting minimum of three weeks at the counselling unit. Purposive sampling, a non-probability technique was used. The instrument was a self-designed questionnaire which was found to have content and face validity of sufficient power. Test-retest reliability value of $r=0.84$ was achieved during validation by professional counselling psychologist from the counselling unit of the university. The instruments were administered by the researchers at baseline and three weeks post counselling exposure. This was done only after written informed consents were obtained from participants. Their confidentiality was assured and was told they could withdraw participation at any time while the study lasted [17].

Results

This section provides information on results of data analysis from respondents' responses to questionnaire distributed to generate data for the study.

Hypothesis one (H0): There is no significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of psychosocial problems associate with substance abuse and addiction [18].

Variable	Treatment	N	Mean ()	Std.dev	Std.dev. error	t-cal	t-crit	df	Sig(p)
Awareness of psychosocial problem among individuals the with	Pre-Probation Response Questionnaire	28	1.571	0.539	.0952	16.500	1.96	27	0.000
	Post-Probation Response Questionnaire	28	1.357	0.4879	.0922	14.717			0.000

substance abuse and addiction									
-------------------------------	--	--	--	--	--	--	--	--	--

Table 1: Independent t- test statistics on students' of tertiary institution' mean score on level of awareness of psychosocial problems associated with substance abuse and addiction. Calculated $p < 0.05$, calculated $t > 1.96$ at $df 27$.

Results on table 1 using independent t-test statistics showed that significant difference exist in the mean score of respondents on pre-probation response to items on questionnaire and respondents on post-probation response questionnaire. Reason is that the calculated p value of 0.000 is lower than the 0.05 level of significance while the calculated t values of 16.500 and 14.717 are higher than the 1.96 critical t- values at DF 27. The calculated mean scores on pre-probation response to questionnaire were 1.571 and 1.357 by students in pre-probation and students in post-probation counselling sessions; this finding implies that respondents perceived that there exist significant relationship between involvement in substance abuse and drug addiction on academic achievement of students. Therefore, the null hypothesis one which states that "There is no significant difference in

the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of psychosocial problems associate with substance abuse and addiction" hereby rejected. This implies that students of tertiary institutions' are awareness of psychosocial problems associated with substance abuse and addiction [19].

Hypothesis Two (2H0): There is no significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of decline in academic performance among individual with involvement in substance abuse and drug addiction.

Variable	Treatment	N	Mean ()	Std.dev	Std.dev. error	t-cal	t-crit	Sig(p)
Relationship between involvement in substance abuse and drug addiction on academic achievement of students	Pre-Probation Response Questionnaire	28	1.5000	0.50918	.09623	15.588	1.963	0.000
	Post-Probation Response Questionnaire	28	1.2857	0.46004	.08694	14.789		

Table 2: Independent sample t- test statistics on significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of decline in academic performance among individual with involvement in substance abuse and drug addiction. Calculated $p < 0.05$, calculated $t > 1.96$ at $df 27$

Results on table 2 using independent sample t-test statistics showed that significant difference exist between the mean score of respondents on level of awareness of decline in academic performance among individual with involvement in substance abuse and drug addiction.

Reason is that the calculated p value of 0.000 is lower than the 0.05 level of significance while the calculated t value of 15.58 and 14.78 on pre-probation response to questionnaire post-probation counselling sessions are higher than the 1.96 critical t values at $df 27$ [20]. The calculated mean scores on pre-probation/post-probation response to questionnaire were 0.509 and 0.460 by students; this finding implies that respondents perceived that there exist significant relationship between involvement in substance abuse and drug addiction on academic achievement of students.

Therefore, the null hypothesis two which states that there is no significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of decline in academic performance among individual with involvement in substance abuse and drug addiction is hereby rejected. This shows that counselling services/having counselling sessions with students during probation helps in students' perception of relationship between involvement in substance abuse and drug addiction on decline academic achievement of students.

Hypothesis Three (3H0): There is no significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of psychosocial counselling on substance use disorder management.

Variable	Treatment	N	Mean ()	Std.dev	Std.dev. error	t-cal	t-crit	Sig(p)
Perception on the need for psychosocial counselling in the context of substance abuse and drug addiction among students	Pre-Probation Response Questionnaire	28	1.6429	.48795	.09221	17.816	1.96	

	Post-Probation Response Questionnaire	to	28	1.7857	.41786	.07897	22.613		
--	---------------------------------------	----	----	--------	--------	--------	--------	--	--

Table 3: Independent sample t- test statistics on students' of tertiary institution perception on the need for psychosocial counselling on substance abuse and drug addiction disorder management among students. Calculated $p < 0.05$, calculated $t > 1.96$ at $df 27$.

Results on table 6 using independent sample t-test statistics showed that significant difference exist in the mean scores of respondents on students 'perception on the need for psychosocial counselling in the context of drug addiction and substance abuse disorder management among students. Reason is that the calculated p value of 0.000 is lower than the 0.05 level of significance while the calculated t value of 17.81 and 22.61 are higher than the 1.96 critical t value at $df 27$. The calculated mean scores on pre-probation response to questionnaire were 1.642 and 1.785 by students in pre-probation and students in post-probation counselling sessions; this finding implies that respondents perceived that there exists significant relationship on students' perception on the need for psychosocial counselling in the context of substance abuse and drug addiction among students. Therefore, the null hypothesis three which states that there is no significant difference in the mean scores of respondents on students 'perception on the need for psychosocial counselling in the context of substance abuse and drug addiction among students is hereby rejected [21]. This implication of this finding is that students who were respondents in this study have positive perception on the need for psychosocial counselling in the context of substance abuse and drug addiction among students.

Findings from the study

Summary of findings from the study is provided below. The calculated mean scores on pre-probation response to questionnaire were 1.571 and 1.357 by students in pre-probation and students in post-probation counselling sessions; this finding implies that respondents perceived that there exist significant relationship between involvement in substance abuse and drug addiction on academic achievement of students.

The calculated t value of 15.58 and 14.78 on pre-probation response to questionnaire post-probation counselling sessions are higher than the 1.96 critical t values at $df 27$. The calculated mean scores on pre-probation/post-probation response to questionnaire were 0.509 and 0.460 by students; finding implies that respondents perceived that there exist significant relationship between involvement in substance abuse and drug addiction on academic achievement of students. Therefore, the null hypothesis two which states that there is no significant difference in the pre-probation counselling and post-probation counselling mean score on students' of tertiary institution level of awareness of decline in academic performance among individual with involvement in substance abuse and drug addiction is hereby rejected. The calculated mean scores on pre-probation response to questionnaire were 1.642 and 1.785 by students in pre-probation and students in post-probation counselling sessions; this finding implies that respondents perceived that there exists significant relationship on students' perception on the need for psychosocial counselling in the context of substance abuse and drug addiction among students.

Conclusion

On the basis of findings from this study, the following conclusions are drawn. Those students of tertiary institutions' are awareness of

psychosocial problems associated with substance abuse and addiction. That counselling services/having counselling sessions with students during probation helps in students' perception of relationship between involvement in substance abuse and drug addiction on decline academic achievement of students that students who were respondents in this study have positive perception on the need for psychosocial counselling in the context of substance abuse and drug addiction among students.

Recommendation

Based on the findings from this study, the researchers recommend the following. Interventions have been broadly classified as school-based or community-based. It has been recognized that most academic concerns of students stemming from mental health concerns can be adequately handled by school-based services such as counselling. These have been directed largely at addressing problems of school adjustment, attendance, drop-out, physical and sexual abuse, substance use, relationship difficulties, emotional upset, delinquency and violence. It is recommended that counselling on substance use be promoted amongst those with problems of substance use disorders to increase their awareness of psychosocial problems associated with the habit and to enable them make right, informed choices. It is recommended that parents/guardians to seek for appropriate referral of their children/ward to professional counselling psychologists for behavior modification in the context of drug abuse and substance addiction so as to bring about desired behavior modification among victims of drug abuse and substance addiction. It is also recommended that seeking psychological support for victims of drug abuse and substance addiction is vital. Parents/guardians should seek for appropriate referral for certain medication which may be combined with counselling techniques/ intervention in some cases.

References

1. Ksir O, Charles R (2002) *Drugs, society, and human behavior* (9th edtn), Boston: McGraw-Hill, USA.
2. Macleod J, Davey SG (2003) Psychosocial factors and public health: a suitable case for treatment? *J Epidemiol Community Health* 57: 565-570.
3. Pallassana RB (2000) *Social work practice with immigrants and refugees*. Columbia University Press, New York City, United States of America.
4. Cummings SM, Kropf NP (2013) *Handbook of psychosocial interventions with older adults: evidence-based approaches*, Taylor and Francis, USA.
5. Steve T, Nicola M (2017) *Psychosocial assessment in mental health*. SAGE Publications.
6. Cardoso EDS, Chronister JA (2009) *Understanding Psychosocial Adjustment to Chronic Illness and Disability: A Handbook for Evidence-Based Practitioners in Rehabilitation*. Springer Publishing Company.

7. Anju P, Chandrakala S, Sital G, Amrit P (2016) Psychosocial problems among individuals with substance use disorders in drug rehabilitation centers, Nepal. *Nepal Journal of Subst Abuse Treat Prev Policy* 11: 28.
8. Pham-Kanter G (2001) Substance abuse and dependence. *The Gale Encyclopedia of Medicine*. (2nd edtn), Farmington Hills, MI: Gale Group
9. Vetulani J (2001) Drug addiction. Part I. Psychoactive substances in the past and present. *Pol J Pharmacology* 53: 201-214.
10. Woodward K (2015) *Psychosocial Studies: An Introduction*, New York, NY: Routledge, USA.
11. Lynskey M, Hall W (2000) The Effects of Adolescent Cannabis Use on Educational Attainment: A Review. *Addiction* 95: 1621-1630.
12. Jadad AR, Grady OL (2008) Citing WHO (1946) How should health be defined? "How should health be defined?". *BMJ* 337: 2900.
13. Jeffrey LC (2012) Research on the relationship between mental health and academic achievement. *National Association of School Psychologists*.
14. Peterson AL (2013) Integrating mental health and addictions services to improve client outcomes. *Issues in Mental Health Nursing* 34: 752-756.
15. Jennings J, Pearson JG, Harris M (2000) Implementing and maintaining school-based mental health services in a large urban school district. *Journal of School Health* 70: 201-205.
16. Malecki CK, Elliot SN (2002) Children's social behaviors as predictors of academic achievements: A longitudinal analysis. *School of Psychology Quarterly* 17: 1-23.
17. Sadock B, Sadock J (2003) *Kaplan and Sadock's Synopsis of Psychiatry*. Lippincott Williams and Wilkins 1290-1292.
18. United Nations Office on Drugs and Crime (2013) *World Drug Report*. Vienna: United Nations Office on Drugs and Crime.
19. UNODC (2013) *Understanding substance use among street children (PDF)*. Retrieved 30 January 2014.
20. World Health Organization (2004) *The global burden of disease: 2004 update.*: World Health Organization, Geneva, Switzerland.
21. World Health Organization (2010) *Global strategy to reduce the harmful use of alcohol*. World Health Organization, Geneva, Switzerland.