

School Drug Control Programme

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Abstract

Drug use or abuse is a public health issue bedeviling not only the school system but the general populace in contemporary times. The problem is being handled by different governmental and non-governmental agencies in both the national and international spheres. The measures used to curtail the problem appears not to be yielding many results as the problem continues and is even taking more sophisticated dimensions. The paper was therefore advanced as a proposal to first examine some of the prevailing factors possibly influencing drug use or abuse. An understanding of the factors will be a leverage to avoid the behaviour of drug use or abuse using the School Drug Control Programme. School individuals who have not experimented with drugs, at high-risk of drug use or abuse, casual users, and habitual users (addicts) are possible beneficiaries of the programme. The programme was presented in five detailed areas with recommendations following.

Keywords: control, drug abuse, drug use, programme, school

Introduction

Drug abuse is a major public health challenge and it involves the continuous excessive use of a drug by an individual irrespective of acceptable societal norm. Drugs are chemical compounds that have the ability to alter the biological, physiological and behavioural patterns of the human body in positive and negative forms. In the present context, drugs and substances are used synonymously. Individuals take drugs for various reasons including social, physical/physiological, emotional, and psychological. Irrespective of the reason for which drugs are consumed, the commonly abused and harmful ones are those of psychoactive nature. Most psychoactive substances are known to modify the mood or behaviour of the human body. Youths especially students in both secondary and tertiary institutions are often major abusers of psychoactive substances.

In Nigeria secondary and tertiary institutions, drug abuse is still paramount among students. Out of 139 cases of Narcotic drug abusers, over 76 of them were students of secondary school (Udofia, 2014). Udofia maintained that many parents however are concerned about the increasing number of elementary and junior secondary school students who smoke “crack” cocaine, unusual-looking tobacco cigarettes and pre-teens who inhale “whippits” of nitrous oxide to get high on their way to school. Evidence indicated that students in secondary and tertiary institutions have used and abused alcohol in high rate especially from childhood and early adolescence (Awoyinfa, 2012). Nyki (2015) observed that Nigerian men, as well as students, are cannabis abusers. Adeyemo, Ohaeri, Okpala and Ogodo (2016) noted that 43.9% of University of Benin students had taken drugs other than for medical purpose. The foregoing are indications

that the number of primary, secondary and tertiary institution students who have used and abused psychoactive substances from 2012 till 2016 is alarming. More worrisome are some school administrators or school personnel who also use and abuse recreational substances. Under the influence of psychoactive drugs, this group of people is less likely to make a positive impact on the educational fulfillment, and moral values of learners placed under their care. The above indications show that more emphasis seem to be laid on school learners and drug abuse at different levels of educational pursuits with less attention on the personnel that play the role of in-loco-parentis for the learners while they are in school.

School personnel are often role models who possess certain attributes that can influence school children and in-school youths positively or negatively. In positive ways learners are able to imbibe worthwhile values, knowledge, skills and habits from their teachers and other school administrators that will impact their career both now and in the future. Negatively school personnel who are drug dependent or addicted, could influence learners to initiate harmful drug use. Under such circumstances, learners often drop out of school as a result of cigarette smoking, and the drinking of alcoholic beverages hence their career goals would be thwarted.

The majority of the individuals who use recreational drugs have the belief that they will be able to regulate the use of the drugs but little did they know that the excessive use or misuse of the drugs increase their risk of developing a dependence. Drug dependence is a physical or psychological condition in which a person requires more doses of a drug in order to avoid the experience of withdrawal symptoms which could follow the cessation of the usage of the drug. Drug dependence can culminate into addiction. Drug addiction is a chronic relapsing brain disease characterized by compulsive seeking and use of drugs despite its harmful consequences (Halgin & Whitebourne, 2003). Symptoms of drug addiction vary between individuals and range from physical to psychological. There are numerous physical symptoms of psychoactive drug use or abuse including racing heartbeat, fast breathing, increased body temperature, slurred speech, shakiness, and poor coordination. A wide range of psychological signs and symptoms are more likely to accompany abusers of psychoactive substances including changes in behaviour, social relationships and personality of the abuser.

A case for the programme

A number of programmes are put in place to address the harmful practice of the abuse of psychoactive drugs at both national and international levels. National Drug Control Master Plan of Nigeria and other developed countries, the National Drug Law Enforcement Agency (NDLEA), and National Agency for Food and Drugs Administration and Control (NAFDAC) are some of such programmes. These programmes have been launched in order to curtail the cultivation, sale, processing, usage and trafficking of illicit drugs in the countries. The major approaches adopted in the programmes were law enforcement, prosecution and incarceration of offenders in the communities. Such efforts have yielded little or no success in these regards as the number of offenders still continues to increase in public settings. Furthermore, the social cost of curtailing illegal

and legal drug use or abuse in terms of enforcing the policy on drug control, prosecution, incarceration, treatments, lost productivity and traffic fatalities is alarming. Hence, experts in substance abuse management and policy makers advanced a strategy of '*catching them young*'. This implied that it will be a more useful effort to advance prevention to reach children at their educational developmental stage. Consequently, a number of preventive and promotive ideas such as school-based education for drug abuse prevention in the United Nations, substance abuse prevention, drug education approaches in primary schools in Melbourne, and the Nigerian Basic Science and Technology Curriculum which infused elements of drug education, use of medicines and effects of drug abuse for Primaries 5 and 6 in its Health Education sub-theme were initiated and are being implemented. Failure to recognize that drug education for pupils should begin as early as childhood (that is, Primary 1) is one of the pitfalls of the Nigerian Basic Science and Technology Curriculum.

Beside the programmes instituted to regulate illicit drug use and the infused drug prevention elements of the Basic Science and Technology Curriculum in the Nigerian context, little is known about a comprehensive drug control programme that can address the pervasive and complex nature of alcohol, tobacco and other psychoactive drugs among learners and school administrators at the primary, secondary and tertiary levels of Nigerian educational systems. Hence, it becomes expedient to advance a detailed School Drug Control Programme proposed to school individuals who have not experimented with drugs, at high-risk of drug use or abuse, casual users, and habitual users (addicts). Prior to the proposed programme, an outlook of factors which are most likely to facilitate drug use or abuse among school individuals was also examined under a theoretical overview. This will acquaint the beneficiaries of this programme with the possible conditions prompting drug use or abuse.

What factors facilitate drug abuse?

Self-efficacy is one factor that can facilitate drug use. Self-efficacy means that individuals have the potential or ability to control their behaviours. Sometimes, it is possible to regulate behaviour if the individual has high self-efficacy, and at other times, practically impossible if he/she has low self-efficacy. Several factors including low self-efficacy could precipitate high-risk substance use and abuse especially among school individuals. In terms of high-risk substance use and abuse, Torrecillas, Cobo, Delgado and Ulces, (2015) indicated that self-efficacy has an inverse relationship with the amount of substance intake and direct with chronic use.

Other factors of the SCT which can influence the abuse of drug include reciprocal determinism, behavioural capability, observational learning, reinforcements, and expectations. In reciprocal determinism, a drug abuser is influenced in a dual manner by his environment and drug abuse. In behavioural capabilities the drug abuser's knowledge and skills could influence the social setting he lives. Through observational learning, the drug abuser could learn other techniques of drug abuser such as injecting or swallowing wraps of addictive substances by observing and imitating his friends. By the concept of positive or negative reinforcement drug abuse can be sustained or limited

by adding to expected outcome or removing an unpleasant condition. The term expectation is synonymous to expectancy. According to Patel and Fromme (2014) expectancy in substance use and abuse is an anticipated cognition that provides information about behavioural activation or avoidance in addiction to other substance-seeking behaviours.

A clear understanding of the dynamics of the factors facilitating drug abuse are needed in order to be able to conceive the School Drug Control Programme as a way of avoiding or quitting the behaviour. In health promotion and disease prevention, the School Drug Control Programme becomes a veritable tool to understand the complex and multi-facet factors that can precipitate drug abuse and avoid their harmful effects especially of alcohol, cocaine, marijuana and other mood-altering drugs. Details of the programme are addressed in the following order:

- Meaning and relevance of School Drug Control Programme
- Goal of School Drug Control Programme
- Objectives of School Drug Control Programme
- Characteristic features of School Drug Control Programme

Meaning and Relevance of School Drug Control Programme

A School Drug Control Programme is an educational and health programme consisting of effective strategies to reduce the incidence or severity of psychoactive drug abuse and discourage the initial use of psychoactive drug among school learners and other members of the school community. Strategies such as formal and informal learning experiences, and procedures can contribute to realizing the broader educational and health goals of achieving career success in a healthy body, safe, healthful, and supportive school and community environments devoid of psychoactive drug use and abuse. As such the strategy can be used to address the psychosocial problem of psychoactive drug abuse in the following ways: (1) providing components that prepare young learners to function as healthy and productive adults; (2) promoting learners' physical, social, emotional, and mental developments; (3) improving education outputs and behaviours in terms of achievements, class grades, attendance, and number of students that complete a school programme; (4) reducing the number of school individuals who have the potential of attempting harmful drug use and abuse; (5) reducing the number of school individuals who are casual users of psychoactive drugs; (5) reducing the incidence of risky health practices associated with substance use and abuse such as unprotected sexual coition, and needle piercing occasioning HIV infection; (6) strengthening pupils' and students' family and school bond through involvement in drug-focused home drills and extracurricular school activities; (7) promoting positive personal and social behaviours that reduces the rate of drop out of school by learners; and (8) assisting school personnel who are regular users of psychoactive drugs to reduce the frequency of or quit drug abuse.

The School Drug Control Programme is basically relevant in terms of certain principles which are needed as minimum standards for an effective drug programme. For example, the Alcohol and Drug Foundation (2020) listed four principles which are required

to qualify a drug education of best practice including: (1) appropriately timed (2) delivered by teachers (3) learner-based interactive skills, and (4) precisely crucial for existence. These are minimum standards. The School Drug Control Programme meets these and more conditions to qualify it as a drug programme of best practice.

Goal of School Drug Control Programme

The aim of the School Drug Control Programme is to effectively reduce the incidence or severity of psychoactive drug abuse and discourage the initial use of psychoactive drug among school learners and other members of the school community.

Objectives of School Drug Control Programme

The School Drug Control Programme will be able to: (1) prevent/delay the initiation of psychoactive substance use; (2) identify the problem of drug abuse for early intervention; (3) reduce the incidence of psychoactive drug abuse; (4) ameliorate the severe cases of substance abuse; (5) assess best strategies at the local, state, national and international levels for curbing both illicit and licit drug abuse; (6) protect school learners from the potential risks of other closely linked habits of substance abuse such as irregular school attendance, lateness to school, drop outs, poor school achievements, unintended pregnancy, and delinquency; (7) protect other school personnel from potential truancy, lost productivity, and auto crashes as result of drug abuse; (8) promote abstinence from drug and alcoholic beverage intake; (9) offer health counselling for illicit and licit drug use and abuse; and (10) encourage community-based education and prevention of psychoactive drug abuse.

Characteristics of School Drug Control Programme

The effective School Drug Control programme possesses distinct features that identify it as meeting set goal and objectives. Important considerations include:

Needs assessment and targeting

Groups of people that are most vulnerable to psychoactive drug abuse in specific age range, their gender and cultural orientation are characteristic of the effective School Drug Control Programme. The drug control programme of a school must try to identify 'who' will benefit from it and then identifies the 'needs' of that target group. The issue of drug abuse is complex and often a mirage and hence trying to identify who should enjoy the benefits that the programme offers is sometimes difficult to ascertain. One important factor that strongly contributes to individual beneficiaries of the School Drug Control programme is 'attitude'. In individual attitude, it becomes difficult to predict occurrence of behaviours, in this case, the problem behaviour of psychoactive drug use or misuse as people are multifaceted and hence controlled by both internal and external etiology of health practices. Based on this reason, it is sometimes difficult to advance a target group for a drug control programme. However, four relative target groups could involve school

individuals who (1) have not experimented with drugs, (2) at high-risk of substance use and abuse, (3) casual users, and (4) habitual users (addicts).

School individuals who have not experimented with drugs are most targeted for preventive and protective measures. The rationale is to inhibit or delay the initiation of drug use and abuse now and into the future. Hence, functional drug control skill becomes a relevant component in this regard (*see details in subsequent sections*).

For school individuals who at high-risk of substance use and abuse questions of concern that might emanate are: who are most at risk of substance use and abuse? Are males more vulnerable to substance abuse than females? Is drug abuse prevalent in their community? Therefore, the risk factors that contribute to the prediction of illicit drug and alcohol abuse include parental and peer influence, early experimentation with psychoactive drug, poor school achievements, premature school dropout, disruptive or abusive family pattern, illicit drug cultivation, and poor parental control. Children, teens and school personnel who are exposed to two or more of these risk factors have a greater propensity to abuse substances when compared with their counterparts of similar age group. This is why evidence has documented that approximately sixty percent teenagers experiment with drug sometimes become serious substance abusers (Mazer, 2016).

Children, teenagers and other younger adults among school personnel may be targeted as casual users of mood-changing drugs. Majority of them have many competing influences. Many are generally inquisitive and majority of them learn best by doing. In the process, they want to satisfy their sexual pleasure most probably under the influence of drug addiction. Furthermore, the inquisitiveness to initiate drug use, make inappropriate sexual decision choices, and establish unhealthful sexual intimacy with the opposite sex is high. They are less likely to seek information on drug and sexuality education as many do not know what they are and where to obtain such information. Their parents/guardians may not be literate enough or too busy with daily chores than to provide the needed information on drug and sexuality education for their children or wards.

Older adults among school personnel may be targeted as habitual users (addicts) of recreational drugs. They also experience diverse influences which equally warrant similar psychosocial challenges that do not deviate sharply from those experienced by their younger counterparts. Many of them want to feel good, belong to a group and in the process, they indulge in binge drinking. Overtime, an addiction and/or dependence large distracts their job functions or even get involved in car crashes. Many have also developed drug dependence for sedatives.

This is where the drug programme of the school must play a pivotal role in trying to identifying such needs and then providing measures to manage them. Discovering individual needs and targeting the population group concerned are two sides of the same coin. This is because the identification of individual needs complements the targeted population for which a drug programme is designed. However, the dilemma of targeting is that school learners and personnel who are identified as having problem of harmful drug use or abuse may be labeled and stigmatized as substance abusers if a high degree of confidentiality is not maintained.

Supportive measure

The effective School Drug Control Programme must be characterized by appropriate supportive system. The support a school learner receives from parents/guardians, friends, teachers, and school administrators contributes in no small measure to health-enhancing practices. Parental involvements in drug abuse resistance involve assisting their children/wards in their follow-up activity by combining anti-drug campaign with other home activities; and actively participating in take-home drug prevention-drills. The implication of the supportive measure is that a worthwhile relationship is built between the child, the parents, and the teachers. A child that is connected to school by way of having fun activities in sports, games and debates on drug use and abuse cessation will be more likely to attend school regularly, develop high need for success, adjust to stress-demanding contexts, perform well at school and delay the onset or cease the abuse of substances.

For other school personnel who are at high risk of substance use, casual or habitual users a support system is encouraged by the School Drug Control Programme. The programme is to collaborate the efforts of close relatives and friends of the personnel. The idea is to inculcate avoidance harmful drug habit in the personnel that contributes to enjoying the possible highest level of health.

Programme approaches

The School Drug Control programme, to a large degree, must be able to regulate the initiation of drugs, and/or manage drug abuse through multiple interventions. In case where there are many health challenges and diverse messages confronting pupils, students and other members of the school community from friends, teachers, family members and the social media, deciding on the most appropriate message to adopt in order to surmount the problems sometimes becomes an issue. In the School Drug Control Programme the following five approaches, which are not mutually exclusive, are crucial to be adopted by members of the school community: (1) preventive (2) protective (3) referral and (4) treatment/rehabilitation approaches.

Preventive step towards avoidance of unhealthful illicit and licit drug which should commence in childhood and linger on till adulthood must involve the home, schools, and communities. Through school-home-community active participation and collaboration prevention of psychoactive drug abuse would largely be guaranteed. Preventive efforts focus on informing individuals about the harmful effects of drug use and abuse; teaching personal skills such as assertiveness, communication and drug-abstinence strategies; reinforcing skills and normative drug education; offering community-based substance abuse education and policies prohibiting alcohol and other drug cultivation and advertising. Office of Justice Programs (2000) noted that effective strategies include prevention education; mentoring and other supervised activities for after-school hours; special interventions for high-risk youths; strengthening families; and empowering communities. Strategies of prevention according to the Office of Justice Programs are meant to target three groups of students: the universal (general population), selective

(those who are at risk) and indicated (those already exhibiting signs of problem behaviour).

The protective approach of the programme helps school children and teenagers to avoid damage to their physical, social, emotional and psychological integrity through substance use and misuse. Efforts in this direction entail that the beneficiaries are given life-skill training in choosing peers, problem-solving situation, abstinence from substance use, assessment of social media messages, relaxation to reduce stress and anxiety and form positive self-esteem, engagement in school, religious and other social activities where psychoactive drugs are not used. School individuals who are able to adopt the protective and preventive approaches will be able more likely to withstand the pressure associated with the abuse of drugs especially in childhood and adolescence.

The programme should refer students and other school personnel with drug problem behaviour that could not be handled to appropriate treatment and rehabilitation centres for follow-up professional health counseling, medical, social, and emotional care. Included in the approaches that can assist in treatment and rehabilitation centres are medications, after-care contract, reinforcement of expected goals, after-school programme, mentoring, remedial work for learning disabilities, and behaviour therapies. In addition to these approaches, school personnel can also be assisted in on-going training and retraining during booster sessions to help themselves and students.

Programme components

A programme, according to Cambridge Dictionary (2022), is a plan of activities to be performed. An effective School Drug Control Programme has basic elements that can be delivered to the target audience in six to ten consecutive sessions with at least three to five booster sessions in an academic year of the school programme. The following are the six crucial elements: (1) Selective Drug Identification; (2) Drug Classification (3) Psychoactive Drug Effect-package (4) Barriers to Avoid Drug Utilization (5) Functional Drug Control Skill (6) Normative Drug Education

Selective Drug Identification

The School Drug Control programme must actively involve school learners to prepare a list of different drugs that are consumed by people in the community. Based on the list, the operators of the programme (that is, teachers and school administrators) guide the pupils or students into the idea of selective identification of drugs by emphasizing what the drugs are and where they can be found in the locality. Drugs not included in the list are also introduced to the students.

Drug Classification

Audience is closely carried along in categorizing the drugs by purpose of usage into medical, socio-cultural and non-medical substances. The purpose of drug use is not mutually exclusive. An individual may commence using drugs for medical or socio-cultural reasons and as a result of misuse an abuse can be induced. This can form a basis for non-medical dependence on or addiction to the specific drug. Drugs used for medical

reasons are mainly physical or physiological relief from aches, pains, or infectious diseases and these consist of analgesics, or antibiotics. Drugs that are used for socio-cultural reasons in traditional, social or religious groups are majorly rooted in prevailing cultural background of the people and consist of kolanut, tea, caffeine, tobacco, alcoholic beverages and local gin. For non-medical purpose, the drugs are neither used for medical nor socio-cultural basis but are mainly mind-altering. Most often, people take the drugs because they want to feel good or belong to sect. Some of these include cannabis/marijuana, cocaine, street opioids (heroin, opium) and prescription opioids, Barbiturates, prescription stimulants (Amphetamines and Methylphenidate), methamphetamine, inhalants, prescription sedatives, hallucinogens, morphine, ephedrine, Madras, androgenic anabolic steroids, and Glue.

Psychoactive Drug Effect-package

A psychoactive drug effect-package is a teaching-learning package where the audience is taken through a session of the consequences of psychoactive and licit drug use and abuse. The package consists of the acute and chronic effects of the specific drug as well as effects when used in combination with alcohol; withdrawal symptoms; population groups that are affected by the abuse of the specific drug; and a treatment plan consisting of medications and/or behaviour modification approaches. The package is to be presented in another article.

Barriers to Avoid Drug Utilization

Barriers that can hinder children, teens, young and older adults from avoiding drinking, smoking and the use or abuse of other substances are majorly internal and external. Internally, individual attitude has a major role to play in delaying the initiation of substance use, experimenting with substance and continuing in it or attempting to quit the use of substances, despite relapse. This individual psychological disposition can also warrant an external pressure to drink, smoke or use other drugs that are easily available and accessible within or outside the school community. This entails that a cultural setting where illicit and licit drugs is readily cultivated, sold or even used to prepare meal will hardly encourage the avoidance of psychoactive drug use and abuse.

Functional Drug Control Skill

To be able to identify psychoactive drugs, recognize and withstand the barriers to avoid drug use, the School Drug Control Programme must deliver well-developed personal and social skills to audience. These skills have earlier been dealt with as preventive and protective approaches of the programme. What is novel here, therefore, is that the skill must be functional or practicable. A functional drug control skill is a practical skill which is demonstrable by the members of the audience in actual drug control activity session. Examples include assertiveness, communication, drug-abstinence and reinforcing skills.

Normative Drug Education

Programme content must teach members of the school audience that even while certain drugs are illicit and others are legalized, the use of alcohol, tobacco and other drugs by majority of people does not make it a standard to be adopted by all. The education must also incorporate broad-based health education content. The content of primary school drug education programme should involve resilience, well-being, hygiene, nutrition, bullying, conflict resolution and emotional intelligence (Godfrey, Toumbourou, Rowland, Hemphill & Munro, 2002). Therefore, the normative drug education must be able to achieve stated objectives and must bring about worthwhile change in healthful habits of participants. The normative drug education must also be prone to evaluation in order to discover areas of strengths and weaknesses upon which modifications can be built.

Programme management

The School Drug Control Programme can be managed through effective coordination and oversight by competent personnel. Programme can be effectively coordinated in either a centralized or decentralized fashion. At the decentralized level, programme interdisciplinary advisory committee must coordinate the programme in a specific school. Members include teachers, pediatricians, mental health professionals, school health professionals, school administrators, rehabilitation and treatment personnel, and community agencies. At the centralised level, programme coordinating council must oversee the implementation of the programme by collecting feedback on the programme at specific intervals of time. Therefore, the State Ministries of Education, and Health, and State universal Basic Education Board must constitute members for the oversight of the programme. The programme coordinating council must also fund the implementation of the components of the programme.

Members of the coordinating committee must play crucial and differing roles that are mutually inclusive of the roles of other members of the committee. The major function of members of this group is to implement the components of the School Drug Control Programme. Other responsibilities of the programme interdisciplinary advisory committee are to: (1) serve as resource persons to promote awareness of health-enhancing functional drug control skill; (2) identify personal, academic, social, mental health or medical problems of school learners and other school personnel who have a greater risk of developing drug abuse or have problem behaviours of drug dependence and addiction; (3) develop and use measurement tools such as screening tool, questionnaire, observation schedule and interview guide that can reliably identify individuals' bio data and behavioural attributes within the school that have or have not attempted drug use, or those that are regular abusers of substances; (4) maintain confidentiality of pupils, school teens and school personnel while promoting prevention of use or abuse, and protection of individual well-being; (5) promptly refer drug problem behaviours to counselling, treatment or rehabilitation centres depending on the specific need of the individual; (6) collaborate and support community efforts in coordinating treatment and rehabilitation of referred cases of drug dependence and addiction; (7) furnish the programme coordinating council with progress report and points of challenges in the implementation of the

programme; (8) inform and educate community members on the dangers of illicit and licit drug messaging; (9) build awareness of substance abuse prevention and health promotion programmes in communities; and (10) promote awareness on services of mental, treatment and rehabilitation procedures that are readily available in the community.

Responsibilities of the programme coordinating council are to: (1) receive advise from the programme interdisciplinary committee on areas of progress and concerns; (2) furnish the managers of the School Drug Control Programme with global contemporary challenges of alcohol, tobacco and other drug use and abuse and suggest strategies to handle them within and outside the school community; (3) provide facilities and equipment to handle drug addiction and dependence at the treatment or rehabilitation centres; (4) furnish schools with the needed personnel to address the issue of substance abuse; and (5) encourage on-going staff development for the programme.

Programme planning

School Drug Control Programme is characterized by a process of systematic planning. Members of the programme management committees and other stakeholders must strive toward achieving success and improvements by working cooperatively to systematically: (1) define the onset of problem behaviours associated with substance abuse; (2) establish realistic goals and programme objectives to address the problems in order of priority; (3) establish an action plan which indicates modalities (with tools and materials) to achieve the goals and objectives; (4) implement the plan of action; (5) evaluate the outcomes of the implementation; and (6) use results to proffer recommendations for subsequent problem behaviour solution.

Monitoring and Evaluation of the School Drug Control Programme

The implementation of the School Drug Control Programme must be intertwined with adequate monitoring and evaluation (M&E). Parameters of interest include checking progress and stability of operation; appropriate decision-making; ensuring accountability and transparency of personnel; assuring that execution is in line with stated objectives and programme components; discovering areas of problems and making efforts to resolve them.

Evaluation is simply taking decision on the extent to which immediate (proximal) and long-term (distal) changes have occurred in the planned objectives of programme as well as other actual indicators observed. It is essential that programme implementers constantly collect, analyse, publish and disseminate information on the number of learners and school personnel identified as casual users, habitual users or at high risk of psychoactive drug use or abuse; costs for delivering the various components of the programme; numbers of learners and school personnel who voluntarily surrendered for health counselling and follow-up; poor attendance and retention of learners owing to recreational drug use or abuse; lost productivity, absences and traffic crashes due to

substance use and abuse; personnel sensitization and training of stakeholders; and enhanced health status of beneficiaries of the programme. Process evaluation essentially answers 'how' and 'why' programme objectives may have been effective or not. Questions such as the following could emanate: how adequately was the School Drug Control Programme implemented? How often has it been reviewed? How well has it been modified? Was the programme embraced by the school children, and personnel? If not, why?

Appropriate M&E forms are designed for collecting, analyzing and disseminating relevant information on programme effectiveness. This entails that M&E plan have the following components: data collection, data analysis, systematic reporting of data analysis, programme indicator development, guidelines, data collection tools, systematic impact evaluation, and baseline report and situation analysis (World Bank Human Development Network, 2011), which are able to meet programme actual and planned indicators.

Conclusion

The school is saddled with all round development especially the physical, mental and social well-being of students with school personnel that are equally likewise stable in those regards. the school cannot achieve this goal is members of the school are unable to understand the many complex and multi-facet factors which can induce drug use and abuse. The SCT was therefore used to make these factors (that is, reciprocal determinism, behavioural capability, expectation, self-efficacy,) clearer through brief description of some experiences which the school community might have been exposed to. It is on the basis of this that school members will understanding the reasons why the School Drug Control Programme is paramount to drug avoidance behaviour.

Recommendations

The following recommendation is therefore made that the school community should organize a Drug Control Club where: (1) pupils, students and other school personnel will be exposed to the factors influencing drug use and abuse, and (2) The School Drug Control Programme will be exposed to all members of the school in terms of its characteristic features.

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