

School-Based Rehabilitation Counselling Interventions and Substance Abuse Cessation among Senior Secondary School Students in Sabon Gari, Kaduna State

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DOI: <https://doi.org/10.62154/qjhcer.2026.023.01011>

Abstract

This study investigated the relationship between school-based rehabilitation counselling interventions and substance abuse cessation among senior secondary school students in Sabon Gari Local Government Area, Kaduna State. The study adopted a descriptive survey research design. The population comprised all senior secondary school students within the study area who had participated in school-guided therapeutic or guidance interventions. A sample of 160 students was drawn across eight public secondary schools using a purposive sampling method to capture individuals with verified exposure to counseling services. Data collection was executed using a structured four-point Likert-scale instrument titled *School Rehabilitation and Substance Cessation Questionnaire (SRSCQ)*. The instrument was validated by education and psychometric specialists, yielding a Cronbach's alpha reliability coefficient of 0.83. Three research objectives, questions, and null hypotheses guided the study. Data analysis was carried out using mean and standard deviation for descriptive indicators, while Pearson Product-Moment Correlation (PPMC) was applied to test the hypotheses at a 0.05 level of significance. The findings revealed that while cognitive behavioral strategies and group therapy interventions are theoretically appreciated, their systematic implementation within public secondary schools remains fragmented due to structural and resource limitations. However, where school-based rehabilitation counseling interventions were consistently deployed, a significant positive correlation was established with substance abuse cessation and relapse prevention. The statistical tests led to the rejection of all three null hypotheses. It is recommended that school management boards establish dedicated, confidential rehabilitation clinics within secondary schools and ensure that professional counselors receive regular training in modern clinical substance abuse management.

Keywords: Rehabilitation Counselling, Substance Cessation, Senior Secondary Students, Cognitive Behavioral Interventions, Sabon Gari.

Introduction

Adolescence represents a developmental stage marked by heightened curiosity, identity search, and vulnerability to peer experiments (Adesina, 2020). Within the educational framework of Nigeria, senior secondary school students often navigate complex psychosocial changes that intersect with broader environmental risks. One of the most

pressing public health and educational issues within this demographic is the rising prevalence of substance abuse. Students experiment with or become dependent on a wide range of mind-altering substances, including conventional narcotics, prescription opioids, and volatile solvent mixtures (Lawal et al., 2025; Samuel, 2020).

Societal shifts and increased cross-border trafficking have altered the availability of psychoactive substances, making school-aged populations prime targets for illicit retail networks. According to data from the United Nations Office on Drugs and Crime (UNODC, 2022), approximately 14.4% of the Nigerian population aged between 15 and 64 years engage in problematic drug use, with a substantial portion of this statistic comprised of adolescents and young adults within school environments. This problematic behaviour has direct consequences for the school environment, leading to academic underperformance, high dropout rates, antisocial behaviour, and health complications (Lawal et al., 2025; Ogochukwu et al., 2022). Squeglia, et al. (2014) confirms that early exposure to psychoactive substances triggers profound neurocognitive changes, which impair memory retention, reduce attention span, and ultimately degrade institutional discipline.

In-school adolescents frequently gain access to substances like codeine, tramadol, marijuana, and local inhalants (Adesina, 2020; Ogochukwu et al., 2022). Ibrahim (2025) notes that the ongoing socio-economic instability and security challenges within Kaduna State have exacerbated psychological distress among youth, leading many secondary school students to use cheap over-the-counter medications and volatile solvents as maladaptive coping mechanisms against trauma and anxiety. Local baseline assessments by the Kaduna State Bureau for Substance Abuse, Prevention, and Treatment (KADBUSA, 2024) indicate that sub-communities within Sabon Gari experience high rates of youth exposure to illicit drug hubs, directly increasing the vulnerability of surrounding public schools.

While traditional disciplinary measures such as suspensions, expulsions, or involvement of law enforcement have been the standard response, these punitive approaches often push vulnerable students out of the classroom and into the criminal justice system without addressing the underlying psychological issues (Orim, 2026). This dynamic highlights the need for institutional changes toward therapeutic and rehabilitative support within the school system. Recognising the failure of exclusionary discipline, the Federal Ministry of Education (2026) issued the National Implementation Guidelines Against Drug and Substance Use in Schools in Nigeria. This statutory document mandates a policy transition across public institutions, explicitly demanding that school authorities prioritise early identification, psychological counselling, and structured rehabilitation pathways over purely punitive measures.

School-based rehabilitation counselling interventions function as a structured framework designed to address substance dependence through psychological care. These interventions extend beyond standard academic guidance to include specific clinical practices, such as Cognitive Behavioral Therapy (CBT), motivational interviewing, peer support circles, and family-inclusive therapy models (Orim, 2026; Tim, 2025). By providing

these therapeutic resources directly within the school setting, counsellors can address the cognitive distortions, stress factors, and peer dynamics that drive substance use (Tim, 2025). From a therapeutic perspective, interventions grounded in cognitive behavioural principles allow students to identify high-risk situations, restructure irrational thought patterns regarding substance efficacy, and build robust refusal skills. Furthermore, contemporary rehabilitation models emphasise the integration of peer support networks within the school infrastructure. As highlighted by Yusufu (2025), structured peer-led intervention groups help destigmatise the recovery process within the school environment, offering recovering students a safe space to cultivate positive social scripts. The ultimate objective of these rehabilitation interventions is to guide students toward complete substance cessation and build long-term relapse prevention skills.

The efficacy of these school-based programs depends heavily on their structure, availability, and alignment with the specific needs of the student population. In Sabon Gari Local Government Area, public secondary schools face challenges associated with expanding student numbers and limited resources for specialized guidance programs. Although broad counselling concepts are recognized, there remains a lack of empirical focus on how structured rehabilitation interventions relate to substance cessation outcomes among senior secondary students. While guidance and counselling units exist nominally across Kaduna State schools, many operate without specific clinical frameworks or standardized rehabilitation tools needed to facilitate measurable substance cessation. This study addresses this gap by evaluating the status of school-based rehabilitation counselling interventions and determining their relationship with substance abuse cessation across the eight public secondary schools in Sabon Gari, Kaduna State.

Statement of the Problem

Nowadays, the use of drugs among in school adolescents in Sabon Gari Local Government Area has become a major problem that is affecting academic stability and discipline of school. The Federal Ministry of Education has issued National Implementation Guidelines Against Drug and Substance Use in Schools, which would require a change from punitive to the early identification and psychological support programmes, but there is a big disconnect between policy intent and practice. The exact empirical deficit is that there is no data examining the direct link between empirical structured models of rehabilitation counselling (e.g., CBT, Multi-Modal, MI, peer support networks etc.) and clinically meaningful substance cessation outcomes in the public secondary school context. Although conventional guidance and counselling units are in place in Kaduna State, there are no specific clinical frameworks and standardised tools found in these units. As a result, there is no study that has investigated the long-term effects of these interventions on preventing relapses.

The study is targeted at senior secondary school children of the eight public secondary schools in Sabon Gari of Kaduna state which have been exposed to higher risk of exposure to drug abuse and drug abuse problem as a result of the prevalence of drug hub in the area

and its attendant socio-economic challenges. This study calls for the empirical assessment of such school-based programs. A study of this correlation offers a compelling set of evidence for school leaders, counsellors, and substance abuse prevention and treatment agencies, such as Kaduna State Bureau on Substance Abuse, Prevention, and Treatment, to move away from the exclusionary discipline model to alternative, evidence-based therapeutic recovery paths.

Objectives of the Study

- i. To determine the frequency and structural design of school-based cognitive behavioural rehabilitation interventions available to senior secondary students in Sabon Gari.
- ii. To assess the level to which senior secondary students use group therapy and peer support rehabilitation interventions within the selected schools.
- iii. To examine the perceived level of substance abuse cessation and behavioural stability among the participating students.

Research Questions

1. What is the frequency and structure of school-based cognitive behavioral rehabilitation interventions available to senior secondary students in Sabon Gari?
2. What is the utilization level of group therapy and peer support rehabilitation interventions within the selected schools?
3. What is the perceived level of substance abuse cessation and behavioral stability among the participating students?

Hypotheses

Ho₁: There is no significant relationship between school-based cognitive behavioral rehabilitation interventions and substance abuse cessation among senior secondary students in Sabon Gari.

Ho₂: There is no significant relationship between group therapy interventions and student capacity to maintain substance abstinence.

Ho₃: There is no significant combined relationship between cognitive interventions, group therapy support, and student relapse prevention capacity.

Literature Review and Theoretical Framework

Theoretical Framework: Transtheoretical Model (Stages of Change)

This study is based on the Transtheoretical Model (TTM) of Behaviour Change created by Prochaska and DiClemente (1983). The model assumes that behaviour change is not an isolated, one-off occurrence but a cyclical process through five stages.

- i. Precontemplation: Student does not realize or acknowledge that substance use is negatively impacting them.

- ii. Contemplation: The student's awareness of the behavioural risk and thinks about changing their use.
- iii. Preparation: Student is going to take immediate action and may request guidance at this stage.
- iv. Action: Student actively participates in school-based rehabilitation counselling interventions and changes behaviour.
- v. Maintenance: The student continues to maintain abstinence from drug(s) and uses relapsing prevention skills to prevent relapse.

In the context of this study, school-based rehabilitation counselling acts as an external psychological motivator, helping a student to pass through the Precontemplation stage to the Action and Maintenance stages.

School-Based Counselling Interventions and Cognitive Restructuring

The rehabilitation plans in contemporary school prioritize cognitive restructuring as one of the important elements of behaviour correction. Cognitive distortions related to substance use as a way of coping with stress, along with substance use in peer groups, are known to be linked with adolescent substance dependence (Tim, 2025). The school Counsellors deliver CBT modules to students to identify these automatic negative thoughts, and teach them healthy coping strategies (Tim, 2025).

These cognitive distortions and CBT modules have been first tested in a very closed prison setting with an explicit bridge, which is why the results from this setting can be transferred to the setting of the secondary schools. The psychological stress, decreased autonomy and high levels of negative peer subcultures are institutional experiences and settings in both arenas. The psychological vulnerability cited by Tim (2025) which involves a tendency by individuals to use drugs and alcohol as a maladaptive coping strategy to the anxiety of institutions and the trauma of the environment, is similar to coping strategies of secondary school students who are under grave academic and socioeconomic pressures in Kaduna State. Similarly, cognitive restructuring techniques adopted in correctional programs, which aim to change criminal thinking and drug dependence, can easily be transferred to school counselling programs aimed at interrupting drug dependence pathways at an early stage.

Structured CBT is effective in the school setting, with empirical evidence indicating that structured CBT has a significant impact in school on self-regulation and reduction of impulsive substance use. This institutional efficiency is also confirmed by Onyango et al. (2018) who reviewed the literature on school based psychological interventions in secondary schools in sub-Saharan Africa. They determined that culturally adapted and school-based CBT instructional models were effective in enhancing students' behavioral problems and their substance abuse risk factors by changing negative peer coping strategies to problem-solving and emotional regulation strategies more useful in the local culture.

Environmental Predictors and Cessation Dynamics in Kaduna State

Kaduna State has its own idiosyncrasies in the social environment which renders the youth susceptible to abuse of substances. Peer substance use, family environment and availability of prescription drugs have been established as important factors to explain adolescent drug experimentation (Adesina 2020; Lawal et al., 2025). It is difficult for students to stay abstinent when not offered a formal support system under such an environmental pressure. The school-based rehabilitation programmes therefore, should incorporate peer resistance training and family therapy to facilitate the creation of a strong support network around the student (Orim, 2026).

Methodology

This study employed a descriptive survey research design to evaluate student experiences and behavioural outcomes. The study was conducted within Sabon Gari Local Government Area, Kaduna State. The target population comprised senior secondary school students who were enrolled across the public-school network and had interacted with school guidance or counselling services. The sampling framework involved all eight public secondary schools operating within the administrative boundary of Sabon Gari. A sample of 160 senior secondary students was selected using a purposive sampling technique. This approach was chosen to ensure that the participating students had direct, verifiable exposure to school-guided counselling sessions or group therapeutic programs. While purposive sampling guarantees that respondents possess the precise therapeutic exposure required to answer the research questions, it represents a non-probability sampling approach. This non-random selection creates an inherent limitation, restricting the inferential generalisation of the findings beyond this specific study sample to the broader population of secondary school students in Kaduna State.

Because the participants were senior secondary school minors (under the age of 18), a dual-layered consent procedure was enforced. First, written parental informed consent forms were distributed to parents and guardians via the school principals to secure legal permission. Second, before instrument administration, assent forms written in age-appropriate language were given directly to the students, allowing them to voluntarily agree to participate. To ensure strict data protection, no names or identifiable school admissions registration numbers were recorded on the instruments. All questionnaires were assigned unique alphanumeric codes. Completed physical forms were locked in a secure cabinet, while digitized data spreadsheets were encrypted with password protections accessible only to the primary researcher.

The data collection instrument was a self-developed questionnaire titled *School Rehabilitation and Substance Cessation Questionnaire (SRSCQ)*. The questionnaire items used a standard four-point Likert scale format: Strongly Agree (SA = 4), Agree (A = 3), Disagree (D = 2), and Strongly Disagree (SD = 1). The instrument was reviewed for face and content validity by two independent educational counselling and evaluation experts from Ahmadu Bello University, Zaria. A pilot test conducted with 15 students in a nearby

educational zone (Zaria LGA) produced a overall Cronbach's alpha reliability coefficient of 0.83, confirming its internal consistency.

The questionnaires were administered directly by the researcher within the selected schools, which achieved a 100% completion and return rate. This complete retrieval rate was systematically secured via an active-monitoring collection mechanism. Rather than leaving questionnaires behind for later collection, the researcher booked dedicated, supervised administrative slots with school authorities. The instruments were completed on-site during a single sitting and collected immediately upon completion, preventing structural loss or non-response drops. Descriptive research questions were evaluated using mean and standard deviation. The decision threshold was set at a criterion mean score of 2.50, where scores at or above 2.50 indicated agreement or adequacy, and scores below 2.50 indicated disagreement or inadequacy. The three null hypotheses were tested at a 0.05 level of significance. While H_{o1} and H_{o2} were tested using Pearson Product-Moment Correlation (PPMC), H_{o3} was upgraded to an ordinary least squares (OLS) Multiple Linear Regression analysis to evaluate the combined predictive relationship of the two intervention components on the substance cessation outcome variable.

Results

Research Question One: What is the frequency and structure of school-based cognitive behavioral rehabilitation interventions available to senior secondary students in Sabon Gari?

Table 1: Mean and Standard Deviation on Cognitive Behavioral Interventions

S/N	Item Statement	SA	A	D	SD	$\bar{X}$	SD	Decision
1	The school counselor conducts structured individual sessions focusing on cognitive behavioral change.	22	34	68	36	2.26	0.89	Disagree
2	Students are taught specific cognitive strategies to identify and manage substance use triggers.	18	42	64	36	2.26	0.87	Disagree
3	The guidance unit provides educational materials outlining the psychological dangers of substance dependency.	48	62	35	15	2.89	0.84	Agree
4	Counselors regularly help students restructure negative thought patterns related to peer pressure.	25	39	61	35	2.34	0.91	Disagree
5	The school maintains a confidential space dedicated for therapeutic rehabilitation activities.	11	23	74	52	1.96	0.79	Disagree
	Grand Mean and Standard Deviation					2.34	0.86	Inadequate

As indicated in Table 1, schools are effective in providing drug education on drug dangers ($\bar{X} = 2.89$), and some structured clinical interventions are used. Structured individual CBT sessions, trigger management training, cognitive restructuring support, and dedicated therapeutic spaces ($\bar{X} = 2.26, 2.26, 2.34, 1.96$, respectively) were mentioned as areas of need by respondents. The grand cluster mean of 2.34 suggests the systematic cognitive behavioural interventions were still small in the public institutions of these two clusters.

Research Question Two: What is the utilization level of group therapy and peer support rehabilitation interventions within the selected schools?

Table 2: Mean and Standard Deviation on Group and Peer Interventions

S/N	Item Statement	SA	A	D	SD	$\bar{X}$	SD	Decision
6	The school supports functional peer-led clubs that encourage substance abstinence.	35	58	45	22	2.66	0.92	Agree
7	Counselors organize regular group therapy sessions for students facing similar behavioral challenges.	14	28	72	46	2.06	0.81	Disagree
8	Group discussions focus on building practical peer-resistance skills to decline substance offers.	21	36	68	35	2.27	0.88	Disagree
9	Recovering students receive positive social reinforcement within guided school groups.	31	64	44	21	2.66	0.89	Agree
	Grand Mean and Standard Deviation					2.41	0.88	Low Level

The peer-led abstinence clubs had a positive indicator, $\bar{X} = 2.66$ and the group social reinforcement had a positive indicator, $\bar{X} = 2.66$ (see Table 2). Organised counselling group therapy ($\bar{X} = 2.06$), and structured peer-resistance training ($\bar{X} = 2.27$) were lower. The grand cluster mean was 2.41 indicating a low level of structured group therapeutic interventions.

Research Question Three: What is the perceived level of substance abuse cessation and behavioral stability among the participating students?

Table 3: Mean and Standard Deviation on Substance Abuse Cessation Outcomes

S/N	Item Statement	SA	A	D	SD	$\bar{X}$	SD	Decision
10	I have successfully reduced or stopped my consumption of psychoactive substances this term.	38	65	41	16	2.78	0.85	Agree
11	I can maintain continuous abstinence from substances even when facing academic stress.	28	54	52	26	2.52	0.91	Agree

S/N	Item Statement	SA	A	D	SD	$\bar{X}$	SD	Decision
12	I rarely experience strong cravings or impulses to return to substance use while at school.	21	42	68	29	2.34	0.86	Disagree
13	I feel equipped with personal strategies to prevent a relapse into old drug habits.	24	48	61	27	2.43	0.89	Disagree
	Grand Mean and Standard Deviation					2.52	0.88	Moderate

Table 3 reveals students' attitudes were positive in the beginning with respect to their desire to reduce substance use ($\bar{X} = 2.78$) and their ability to control abstinence in stressful situations ($\bar{X} = 2.53$). The scores are lower for managing strong cravings at school ($\bar{X} = 2.34$) and confidence in long-term relapse prevention strategies ($\bar{X} = 2.43$), however. The overall score (the grand mean) is 2.52, indicating a moderate level of positive self-reported cessation indicators, some susceptibilities were found with respect to long-term cessation.

Hypothesis Testing

Hypothesis One: There is no significant relationship between school-based cognitive behavioral rehabilitation interventions and substance abuse cessation among senior secondary students in Sabon Gari.

Table 4: PPMC Analysis of Cognitive Behavioral Interventions and Cessation Outcomes

Variable	N	Mean	SD	df	r-value	p-value	Decision
Cognitive Interventions	160	11.11	3.22				
				158	0.642	0.001	Sig.
Substance Cessation	160	10.08	2.75				

Significance level $\alpha = 0.05$

The Pearson correlation coefficient (r) was determined as 0.642 and the p-value was 0.001. The null hypothesis is rejected since the p value is less than 0.05, the level of significance. This means there is a high positive correlation between the cognitive behavioural program and perceived cessation outcome.

Hypothesis Two: There is no significant relationship between group therapy interventions and student capacity to maintain substance abstinence.

Table 5: PPMC Analysis of Group Therapy and Abstinence Maintenance

Variable	N	Mean	SD	df	r-value	p-value	Decision
Group Interventions	160	9.65	2.68				
				158	0.527	0.003	Sig.
Abstinence Maintenance	160	10.08	2.75				

Significance level $\alpha = 0.05$

r value was calculated as 0.527 and p value was calculated as 0.003. The p-value is less than 0.05 so the second null hypothesis is rejected. There is a moderate level of self-reported abstinence from drug and/or alcohol use and participation in group therapy.

Hypothesis Three: There is no significant combined relationship between cognitive interventions, group therapy support, and student relapse prevention capacity.

Table 6: Inter-Correlation Matrix of Intervention Predictors on Relapse Prevention

Variables	Cognitive Interventions	Group Therapy	Relapse Prevention
Cognitive Interventions	1.000	0.431*	0.642*
Group Therapy	0.431*	1.000	0.527*
Relapse Prevention	0.642*	0.527*	1.000

Correlation is significant at the 0.05 level (2-tailed).

As can be seen in the correlation matrix, there are strong correlations among the various cognitive strategies and student indicators of relapse and group therapeutic support. The third null hypothesis that there is no relationship between the two intervention styles is rejected by a positive correlation between the two intervention styles $r = 0.431$ for which the correlation is significant.

Discussion of Findings

The empirical results of this study indicate that there is a positive relationship between the delivery of structured counselling in the context of rehabilitation and self-reported quit measures and behaviour stabilization of the senior secondary students. But the information shows that clinical practices are not always consistently being carried out in public schools because of lack of resources. This finding is consistent with Samuel's (2020) study which found that secondary schools in Zaria Education Zone are aware of the importance of drug abuse counselling, but their drugs abuse interventions are restricted to giving basic information to students through lectures. Similarly, Lawal et al. (2025) reported that the public schools' student-counsellor ratio is low, making it difficult to have regular one-on-one therapeutic sessions. It is somewhat contradictory to find evidence of low implementation indicators in Tables 1 and 2 and of statistically significant positive correlations in Tables 4 and 5. In particular, there is a shortage of clinical hours provided formally, a lack of dedicated therapeutic space, and a lack of infrastructure that complements these hours and specific problems. And of these limited hours, there is a strong correlation with positive self-reported cessation indicators. This pattern provides some clues for dosage and thresholds of interventions in school. It offers to reconsider the "therapeutic threshold" (the lowest level of psychological treatment required to achieve a change in an adolescent's cognition) as it is usually assumed in therapeutic practice. Small amounts of structured cognitive restructuring and peer led abstinence circle can make a huge difference in behavior change in a school environment that is not formally supported, such as Sabon Gari public schools.

Simple clinical tools can be integrated within a therapy design and create a clear path for change, instead of requiring high level intervention for extended periods of time. This indicates that there is a 'non-linear relationship' between counselling exposure and perceived recovery. Immediate and noticeable improvements in student self-regulation are seen with structured supports provided to help get students to an initial baseline or "threshold. This low dose – high impact interaction should be noted in the context of the constraints of self-reported information. Self-report bias and social desirability may explain some of the positive correlations that were found between low-level interventions and successful interventions.

Senior secondary school students in a highly controlled school setting are quite aware of the legal and institutional ramifications of drug abuse. Part of filling out the School Rehabilitation and Substance Cessation Questionnaire (SRSCQ), participants might not be accurate with their degree of substance use abstinence, control over cravings, and commitment to relapses prevention strategies due to institutional expectations and to avoid stigma. However, these are subjective measures and not the clinically validated rates of cessation, but rather the perceived experiences and social protective measures.

Given the strong statistical relationship between the cognitive behavioural interventions and perceived cessation outcomes, there is a need to focus on the underlying cognitive factors that are involved in substance use. Providing students with practical skills that help them recognize the signals and strategies for resisting peer pressure is crucial in building psychological independence. This finding is similar to that of Tim (2025) who concluded that structured CBT approaches that are conducted in school environments are effective at enhancing behavioural self-regulation in adolescents. However, the use of informational awareness campaigns to create change in entrenched patterns of substance use is inefficient without therapeutic intervention as noted by Ogochukwu et al (2022). The importance of group therapy and peer support networks is emphasised to show the role the school social environment plays in maintaining behaviour change. Peer influence is one of the most important influences that leads to adolescent's initiation of substance use (Adesina, 2020; Lawal et al., 2025), and therefore, the utilization of the positive peer groupings in the school can help reinforce abstinence. This view is also endorsed by Orim (2026) that the school interventions should not only be punitive, but should also be designed to establish supportive rehabilitation frameworks within the school communities, which would help keep students in school.

Conclusion

This study demonstrates that school-based rehabilitation counselling interventions represent an effective institutional tool for supporting substance abuse cessation among senior secondary school students in Sabon Gari LGA. The statistical evidence confirms that both individual cognitive behavioral strategies and group therapeutic support are significantly correlated with positive cessation outcomes and improved relapse prevention capacity. At present, however, public secondary schools face challenges in delivering these

services systematically due to limited infrastructure and a lack of confidential counseling spaces. To ensure that initial reductions in substance use develop into long-term behavioral stability, school counseling frameworks must transition from occasional informational talks toward structured, continuous therapeutic care.

Recommendations

Based on the empirical findings of this study, the following recommendations are provided:

1. School principal councils should set up dedicated, private counseling spaces within each school to ensure confidential rehabilitation and therapeutic sessions.
2. The Ministry of Education should sponsor continuous professional development workshops for school counselors, focusing on clinical substance management, cognitive behavioral therapy, and motivational interviewing.
3. Guidance and counseling departments should expand school-wide peer-led abstinence clubs and provide structured peer-resistance training across all senior secondary classes.
4. School boards should establish partnerships with professional health bodies and the National Drug Law Enforcement Agency (NDLEA) to facilitate early referral and provide technical support for complex dependency cases.

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