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COGNITIVE BEHAVIOUR THERAPY AND SUBSTANCE USE BEHAVIOUR MANAGEMENT AMONG SECONDARY SCHOOL STUDENTS IN DELTA STATE, NIGERIA

Cletus Uzuazoraro, JOHN-EKABA[1] & Oladayo Aveez, IBITOYE[2]
[1&2]*Department of Educational Foundation and Counselling, Achievers University, Owo, Ondo State, Nigeria.*
[1]*john-ekaba.cu@achievers.edu.ng/cletkab7@gmail.com*
[2]*ibitoye.oa@achievers.edu.ng; ibitoyeoladayo87@gmail.com*

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ABSTRACT
The study investigated the effectiveness of cognitive behaviour therapy in managing substance use behaviour among secondary school students undergoing rehabilitation in Oleh, Delta State, Nigeria. True experimental research with pretest, post-test, control group design was adopted. It consisted of two groups (Cognitive Behaviour Therapy-Experimental and Control Groups-placebo). All groups were subjected to pre-test and post-test. The pre-test scores were used as baseline upon which post-test scores was compared after treatment. The target population consists of 19 students diagnosed with substance addiction through medical evaluation and pre-test results and referred to Substance Abuse Rehabilitation Centre, Central Hospital, Oleh, Delta State. The research instrument is titled Substance Use Behaviour Questionnaire (SUBQ) adapted from Leeds Dependence Questionnaire (LDQ) developed by Raistrick et al (1994) and Severity of Dependence Scale (SDS) developed by Gossop et al (1995). It was validated through test experts' scrutiny and factor analysis. Cronbach Alpha Statistics was employed for reliability testing and an alpha (α) reliability index of 0.89 was obtained. Mean and standard deviation, independent sample t-test was used to test hypotheses one (1), Paired Sample t-test statistics was used to test hypotheses two (2) and ANCOVA was used to test hypotheses three (3) at 0.05 level of significance. Result indicated that Cognitive Behaviour Therapy was effective in the management of substance use behaviour among secondary school students ($t(9) = 25.30$, $d = 8.00$, $p < .001$). As a result, it was recommended that Counsellors should be proactive in the identification of substance use behaviour among secondary school students at the point of resumption through screening. Counsellors should use techniques of Cognitive Behaviour therapy for the management of substance use behaviour among students.

Keywords: Substance Use, Cognitive Behaviour Therapy, Students, Substance Use Behaviour

Introduction

Issues of substance abuse and addiction among Nigerian adolescents are increasing alarming. Substance use behaviour is a multifaceted problem that involves behavioural, physical, psychological and mental health issues. Because it can negatively affect students' academic engagement, interpersonal relationships, emotional adjustment and future development. Substance abuse behaviour remains a major health concern following its devastating consequences to the users and the economy. The rate of reportage of the increase in substance use behaviour and addiction has assumed a worrisome dimension which calls for drastic action in order to restore the overall well-being of the individual and societal glory as well as the glory of educational institutions in Nigeria. Adolescents diagnosed with substance use problems may require structured psychological interventions that address the thoughts, emotions and behaviours associated with problematic substance use. Within the school setting, early intervention is particularly important because secondary school students are at a developmental stage during which behavioural patterns and coping mechanisms are still being established.

Substance Use Disorder (SUD), is a chronic, relapsing condition characterized by compulsive substance seeking behaviour, continued use despite harmful consequences, and long-lasting changes in the brain. It is considered both a physical and psychological dependence on substances, where the individual's ability to control their substance use is significantly impaired. This implies that the individual has no control over his/her appetite towards the use of substance. It is a complete dependence on the use of psychoactive substances. The American Psychiatric Association (2013) categorises substance addiction as a mental disorder, where the criteria for SUD include patterns of use that interfere with daily life, relationships, and personal health. At its core, it is a disease that affects the brain's reward system, altering how the brain processes pleasure, motivation, and self-control. Dopamine, a neurotransmitter linked to pleasure, is often implicated in this process, as addictive substances can trigger abnormally high levels of dopamine release, reinforcing the behaviour and driving compulsive use (Abazie et al., 2022).

Statistics show a rising trend in substance abuse behaviour around the globe with approximately 284 million people engaging in substance abuse (UNODC, 2024). UNODC reported that over 35 million people were diagnosed and majority of these people are in the age group of 15 - 64 years. A report by National Bureau of Statistics (2018) revealed that the prevalence of substance use in Nigeria is estimated at 14.4 or 14.3 million people, who engage in psychoactive substance use such as heroin, cannabis, cocaine and non-medical use of prescription opioids. However, cannabis was the most commonly used substance followed by opioids, mainly the non-medical use of prescription opioids and cough syrup. Jatau et al. (2021) reported a prevalence of 20–40% and 20.9% of substance abuse among students and youths, respectively. Statistics revealed that one in every three secondary school students in Nigeria consumes alcohol (Omale, 2024). The above figures are frightening and raises serious concern that require urgent attention to curb the situation. So many approaches have been suggested and used for the management of substance use behaviour, however, this study is focused on the use of Cognitive Behaviour Therapy (CBT) for the management of students diagnosed as addictive substance users.

Cognitive Behaviour Therapy (CBT), as outlined by Aaron Beck in the 1960s, is a collaborative, structured, skill-building time-limited treatment approach that involves several stages and the use of specific techniques to modify thoughts and behaviours of individuals with psychosocial behaviour disorders. It is a merger of the tenets of cognitive therapy and behaviourism therapies. Cognitive therapy as developed by Ellis and Becks, stressed the importance of thoughts/feelings on behaviours, while, Behaviourism, as developed by Skinner,

Pavlov, and Watson, is rooted on the idea that behaviours can be learned, measured, modelled, and changed. Cognitive Behaviour Therapy is based on the concept that cognition plays an important role in behaviour change. CBT is based on certain fundamentals ideas that: (a) cognition facilitates the association between activating stressors and the responses to those stressors; (b) with proper training, it is possible to monitor cognitions; and (c) gradual and systematic changes to cognition can bring about therapeutic outcomes.

CBT is structured around the identification and modification of maladaptive thoughts, beliefs and behavioural patterns The main goal of this therapy is not only problem solving, but also equipping substance users with behaviour skills on how they can confront new problems. According to cognitive behaviour theorists, people have the capacity to be rational or irrational, erroneous or realistic in their thinking (Ekechukwu, 2018 as cited in John-Ekaba, 2024). CBT contemplates that people suffering from psychological behaviours can potentially learn better ways of coping which can result in the creation of positive change in their lives (Liese & Aaron, 2022). The rationale for using CBT in substance use behaviour treatment includes the fact that it is a short-term, comparatively brief approach that is suited for most clinical programmes.

Many studies have demonstrated that CBT is effective in the treatment of different psychological disorders like depression, suicidal ideation, substance dependence among others because it enhances the functioning and quality of life, as such, it is believed that CBT might be effectively in the management of substance use behaviour among students diagnosed as substance use addicts. Auwalu et al (2024) examined the effect of CBT intervention on client with substance abuse disorder at NDLEA rehabilitation Camp Bauchi state command, Nigeria. True experimental pre-test posttest control group design was adopted. A sample of 20 clients in the rehabilitation camp were selected, two different instruments were used to illicit information from respondents after validation from experts in test and measurement. Test and retest reliability of the instrument was conducted in Gombe State rehabilitation center. Descriptive statistics was used to answer two research questions while ANCOVA was used to test the hypotheses at 0.5 level of significance. Result showed that cognitive behavioural therapy on substance addicts' psychological adjustment was effective in reducing substance abuse disorder among clients in Bauchi State rehabilitation center.

Gharaibeh et al, (2022) investigated the effectiveness of the cognitive-behavioural therapy programme in reducing the risk of relapse for recovering addicts in Arjan. The study applied the quasi-experimental approach, where the study sample consisted of (10) individuals addicted to the substance (Ceptagon and Synthetic cannabinoids). They were divided into two equal groups, an experimental group consisting of five (5) substance addicts, and a control group consisting of five (5) substance addicts. The criteria for evaluating the factors of addict's relapse were applied to them, in addition to the treatment programme. The study found the effectiveness of the CBT programme in reducing the risk of relapse for the recovering addicts (effect size=0.68, Z=2.805, p=0.005<0.05). Bador and Kerekes (2020) studied the effectiveness of an integrated intensive cognitive behavioural therapy (CBT) group treatment for people with substance-related syndrome in outpatient care. The study population consisted of 35 outpatients (18 male, 17 female) at a clinic in Western Sweden. The patients completed a four-month period of intensive group therapy and participated in the data collection at admission and discharge. The data were collected using Beck Depression and Anxiety Inventories, Rosenberg Self-Esteem Scale, Hopelessness Scale, and Trait Hope Scale. The analysis showed significant effects for treatment (p=0.001, Eta^2 = 0.77, power =0.99), which means that this study provided clinical evidence of the positive effects of integrated intensive CBT in outpatient care of people with substance-related syndrome.

Therefore, interventions for the prevention of substance use behaviour to forestall its impact on health, governance, and security, requires an effective psychological therapeutic approach, hence, this research is targeted at the use of cognitive behaviour therapy in the management of substance use behaviour among students diagnosed as substance use addicts in Delta State.

Statement of the Problem

Substance use behaviour and addiction, has assumed a worrisome dimension that needs urgent attention. Umukoro et al., (2021) assessed the awareness and attitude towards substance abuse among students from selected secondary schools in Delta State and found a prevalence rate of substance abuse to be 19.4%. However, on a daily basis, new cases are being recorded. In addition, the researchers also observed that most secondary school students indulge in substance use on regular basis, either before coming to classes or during school hours, which motivates them to engage in truancy, disrespect to constituted authority, bullying behaviour among others. This is a scary picture of the menace of substance use behaviour.

Substance use behaviour can lead to significant physical, psychological and social problems. Substance use behaviour affects the way neurons send, receive and process signals via neurotransmitters. It may also increase the risk of death of the victims from other diseases and injury processes. It might lead to different psychological challenges like hallucinations, psychosis, personality disorders, criminal intentions, suicidal ideation, depression, and withdrawal among others. It might also lead to physical problems like school dropout, involvement in gangsterism, stealing, armed robbery, cultism, poor academic performance among others. Substance use behaviour among secondary schools' students might pose serious challenges to effective teaching and learning in secondary schools in Delta State.

In Delta state, there is a consistent outcry from both the public and private individuals and institutions such as preachers, health professionals, teachers, regulatory agencies and parents on the growing burden of substance use behaviour and addiction. To curb the plethora of consequences and discourage the use of psychoactive substances, the need for intervention is germane, hence, the researchers proposed the use of cognitive behaviour therapy on the management of substance use behaviour among students diagnosed of substance use addiction in Delta State.

Research Questions

1. What is the extent of difference in the pre-test substance use behaviour mean scores of students diagnosed of substance use addiction in Experimental and Control Group?
2. What is the extent of difference in the pre-test and post-test substance use behaviour mean scores of students diagnosed of substance use addiction exposed to Cognitive Behaviour Therapy?
3. What is the extent of in the post-test substance use behaviour mean scores of students diagnosed of substance use addiction exposed to Cognitive Behaviour Therapy and Control Group?

Hypotheses

1. There is no significant difference in the pre-test substance use behaviour mean scores of students diagnosed of substance use addiction in Experimental and Control Groups.
2. There is no significant difference in the pre-test and post-test substance use behaviour mean scores of students diagnosed of substance use addiction exposed to Cognitive Behaviour Therapy.

3. There is no significant difference in the post-test substance use behaviour mean scores of students diagnosed of substance use addiction exposed to Cognitive Behaviour Therapy and Control Group.

Methodology

The study is true-experimental research with pretest, post-test, control group design. The study consisted of Groups. Experimental group was exposed to Cognitive Behaviour Therapy and group two (2) being a Control Group (placebo) was not exposed to any form of treatment or intervention but physical exercise. All groups were subjected to pre-testing and post-testing. The pre-test scores were used as baseline upon which post-test scores were compared after treatment. The target population that participated in the study consist 19 secondary school students diagnosed of substance use addiction based on medical evaluation and pre-test results and referred to Substance Abuse Rehabilitation Centre of the Central Hospital, Oleh, in Isoko South Local Government Area of Delta State. The entire population participated in the study because it was small. They were divided into two groups of treatment and control groups through randomization by balloting.

The research instrument for this study is titled Substance Use Behaviour Questionnaire (SUBQ) adapted from two questionnaires: Leeds Dependence Questionnaire (LDQ) as develop by Raistrick et al (1994) and Severity of Dependence Scale (SDS) as developed by Gossop et al (1995) and modified by the researcher to suit this study. While the items of these research tools were not changed, the researcher added information requesting the demographic details of the participants. The questionnaire is divided into two (2) parts: A and B. Part A requested participants to supply their demographic variables while part B contains items that measure substance use behaviour. It has a total score from 1-40. However, score 1-12 is considered no addiction, 13-24 is considered mild addiction, while score 25 and above is considered severe substance dependence (addiction). The instrument has a 4-point response option of never, sometimes, often and always. To establish the validity of the instrument, the initial draft of the research instrument was subjected to test experts' scrutiny for critique and corrections. Feedbacks and suggestions for improvement were included in the final copy. Thereafter, the corrected instrument was administered to respondents at a different drug rehabilitation centre in Agbor, Delta State. The data collected were subjected to the use of factor analysis, before the final version was produced. The researcher established the reliability of the instrument using Cronbach Alpha Statistics and an alpha (α) reliability index of 0.89 was obtained. Data were collected before treatment (pre-test), during treatment and after treatment (post-test).

The treatment process lasted for six (6) weeks with twelve (12) sessions of sixty (60) minutes per session. Treatment was carried out in three (3) phases: adopting the pre-test, treatment and post-test procedures. The pre-test assessment was the first day. The phase two was the experimental activities (Cognitive Behavioural Therapy) as the treatment programme, while the control was a non-attention (placebo) group. The third phase was treatment evaluation through post-test on participants in the experimental and control groups. In analyzing data collected for this study, mean and standard deviation, independent sample t-test was used to test hypothesis one (1), Paired Sample t-test statistics was used to test hypotheses two (2), while one-way analysis of variance was used to test hypotheses three (3), at 0.05 level of significance.

Cognitive Behaviour Therapy Programme for Experimental Group

The approach emphasized a collaborative approach with participants and focused on the understanding of patterns of behaviour maladjustment/adjustment, distorted thinking pattern, reactions (behaviour) to the distorted thinking. The therapy is aimed at helping clients to challenge

their irrational/dysfunctional thoughts in order to elicit feelings and evoke more appropriate behaviours that create a more satisfying behaviour. The following activities were undertaken throughout the intervention programme.

Session One: Introduction of treatment programme. The following activities were carried out introduction of participants, seeking of clients' consent, establishment of rules of engagement, setting of time for meeting, purpose of therapy and pre-testing

Session Two: Problem identification: Therapist helps participants to identify of drug use behaviour patterns, do historical analysis, analysed the cause of drug use, identify probable consequences of drug use and formulate goals of therapy

Session Three: Therapist teaches participants the concept of CBT, goals of CBT, techniques of therapy, sources of cognitive distortions and sources of addiction

Session Four: Journaling and thoughts recording. Therapist teaches participants about journaling or thought recording and guides them through how to do journal or thoughts recording

Session Five: Validity testing. Therapist teaches concept of validity testing, and guides participants in their thought processes and pattern of validation of their thought processes

Session Six: Cognitive restructuring. Therapist teaches participants concept of cognitive restructuring, irrational belief, dichotomous thinking, arbitrary inference and over-generalisation and helps them to reconstruct their cognitive disputations

Session Seven: Guided Discovery: Therapist teaches concept of guided discovery and processes of guided discovery, asks thought provoking questions, creates a problem situation and helps them use guided discovery procedure to solve the problem

Session Eight: Therapist teachers modelling, types of Modelling and makes client to model an adjusted behaviour situation

Session Nine: Successive approximation. Therapist teaches and helps participants categorize desirable behaviour, guide clients into learning new behaviour as categorised; and reward every step towards acquiring a new desirable behaviour.

Session Ten: Therapist teaches how relapse thoughts for drug use, help them to identify situations of relapse behaviours for drug use, guide clients into learning new behaviour (counter thoughts and behaviours) that counters relapse thoughts and behaviours

Session Eleven: Rehearsal and Revision of Techniques. Guides clients through the content of what has been learnt from day one. Clients demonstrate problem-solving skills using the techniques of CBT and rehearsing patterns in managing emotions and reactions/responses

Session Twelve: Revision Questions, post-test with instrument for data collection and appreciation. Therapist ask questions, ask participants to ask and answer questions, make improve decisions and consolidate on areas not properly understood, show testimony of improve family adjustment, post-testing and show appreciation to every participant as therapy session is terminated.

Group B – Control Group (Placebo)

This group served as a placebo/control group for the study. The participants in this group were pre-tested with the same instrument used for participants in the experimental group. The participants were not given any treatment, but participated in a physical exercise programme. This is because, physical exercise is not part of the therapeutic techniques in CBT. It will not influence participants' substance use behaviour. At the end of the six (6) weeks, they were post-tested with the same instrument. After post-testing, the scores were compared with the pre-test scores and were analysed in order to establish the efficacy of the therapy employed in the study.

Results

Hypothesis 1: There is no significant difference in the pre-test substance use behaviour mean scores of students diagnosed of substance use addiction in Experimental and Control Groups.

Table 1: Independent Sample T-test of Difference in Pre-Test Substance Use Behaviour Mean Scores of Students in the Experimental and Control Groups

Groups	N	Mean	Std. Dev.	Mean Diff.	df	t-value	*p-value* (Sig. 2-tailed)
CBT	10	107.00	6.16	0.33	17	.12	.91
Control	9	106.67	5.10				

α = .05, p >.05 Not Significant

Table 1 shows the statistical tabulation for independent sample t-test analysis of the significant difference in the pre-test substance abuse behaviour means scores of students in experimental and control groups. There was no significant difference in the pre-test substance use behaviour mean scores between students in the experimental group (CBT) (M = 107.00, SD = 6.16) and those in the control group (M = 106.67, SD = 5.10), $t(17) = 0.12$, $p = .91 > 0.05$. This is because the *p-value* is higher than the alpha (p=.91>0.05), with a negligible mean difference (effect size) of 0.33. This indicates that both groups (experimental and control groups) were statistically equivalent at baseline prior to the intervention.

Hypothesis 2: There is no significant difference in the pre-test and post-test substance use behaviour mean scores of students diagnosed of substance use addiction exposed to Cognitive Behaviour Therapy.

Table 2: Paired Sample t-test of Difference in Pre-Test and Post-Test Substance Use Behaviour Mean Scores of Students Exposed to Cognitive Behaviour Therapy

Variables	N	Mean	SD	Mean Diff.	df	t-value	*Cohen's d*	*p-value* (Sig. 2-tailed)
Pre-test	10	107.00	6.16	61.53	9	25.30	8.00	.001
Post-test	10	45.47	4.80					

α = .05, p <.05 Significant

A paired samples t-test was conducted to examine the effect of Cognitive Behaviour Therapy on substance use behaviour among students as presented in table 2. The results showed a statistically significant difference between pre-test scores (M = 107.00, SD = 6.16) and post-test scores (M = 45.47, SD = 4.80), $t(9) = 25.30$, $p < .001$, with a very large effect size ($d = 8.00$), indicating a substantial impact of Cognitive Behaviour Therapy on students' substance use behaviour. This is because the *p-value* is less than the alpha (p=.001 < .05). This indicates that Cognitive Behaviour Therapy significantly reduced substance use behaviour among the students, as such the null hypothesis is rejected.

Hypothesis 3: There is no significant difference in the post-test substance use behaviour mean scores of students diagnosed of substance use addiction exposed to Cognitive Behaviour Therapy and Control Group.

Table 3: Mean and Standard Deviations of Post-test Substance Use Behaviour Mean Scores of Secondary School Students in the Experimental and Control Groups

Groups	Mean	Std. Deviation	N
CBT	45.47	4.80	10
Control	100.17	4.30	9
Total	71.38	28.41	19

Table 3 contains the descriptive and the number of participants in each group, their substance addiction mean values and standard at post-test are; CBT (Mean = 45.47, SD = 4.80), and the Control Group (Mean = 100.17, SD = 4.30). This showed a mean difference of 54.70 in favour Cognitive Behaviour Therapy Group. Whether this difference is statistically significant after controlling for pre-test scores must be determined from the ANCOVA.

Table 4: Analysis of Covariance (ANCOVA) of Differences in Post-test Scores Between the Experimental and Control Groups

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected	18381.689	2	9190.845	306.335	.001
Intercept	127.141	1	127.141	4.237	.056
Pretest	91.853	1	91.853	3.061	.099
Groups	**18289.836**	**1**	**18289.836**	**609.599**	**.001**
Error	480.049	16	30.003		
Total	156121.000	19			
Corrected Total	18861.738	18			

Partial eta-squared (n_p^2) = 0.87

An analysis of covariance (ANCOVA) was conducted to examine the effect of Cognitive Behaviour Therapy on students' post-test substance use behaviour scores while controlling for pre-test scores. The result revealed that the covariate (pre-test scores of substance abuse behaviour) had a significant effect on post-test scores, $F(1, 17) = 3.061$, $p = .099$, indicating that initial differences in substance use behaviour significantly influenced post-test outcomes. More importantly, there was a statistically significant effect of group on post-test scores after controlling for pre-test scores, $F(1, 17) = 609.599$, $p < .001$, with a partial eta squared of **.87.** This indicates that students in the experimental group (Cognitive Behaviour Therapy) differed significantly from those in the control group in their post-test substance use behaviour scores. The findings suggest that Cognitive Behaviour Therapy had a significant effect in reducing substance use behaviour among students, even after adjusting for baseline differences. Testing at alpha level of 0.05, the *p-value* is less than the alpha level. Therefore, the null hypothesis which states that "there is no significant difference in the post-test substance use behaviour mean scores of students exposed to cognitive behavioural therapy and those in the control groups, is rejected. This implies that the treatment was effective in the management of substance use behaviour among students in the treatment group when compared to their counterparts in the control group.

Discussion

From the analysis of data in testing hypothesis one, result indicated that there was no significant difference in the pre-test substance use behaviour mean scores of students in the Experimental and Control Groups. This means that students who participated in the study were

addicted to substance use before therapeutic intervention, as mean scores showed no significant difference among those in the treatment and control groups. The possible explanation for the above finding is that these students are identified substance use addicts and have no self-management skills to monitor their behaviour towards substance use and have not received any form of self-management therapy towards substance use. This finding is in support of the findings of Umukoro et al., (2021) who assessed the awareness and attitude towards substance abuse among students from selected secondary schools in Delta State, and found a prevalence rate of substance abuse. Furthermore, Erah and Omatseye, (2017) found a high prevalence of substance use and that cannabis was the most abused. This finding confirms that substance use behaviour is significantly prevalent among secondary school students.

Result of the data analysis for testing hypothesis two, revealed that there was significant difference in the pre-test and post-test substance use behaviour mean scores of students in Experimental group. This means that Cognitive Behaviour Therapy was effective in the management of substance use behaviour among secondary school students. It showed significant decrease in the substance use behaviour after treatment. A possible reason for this result could be that, these students who participated in treatment, having learnt new approaches for enhancing effective management of substance use behaviour have been able to put into practice the new knowledge gained. The resultant effect (effective adjustment) therefore, is guaranteed. This finding supports Auwalu et al., (2024), that cognitive behavioural therapy on substance addicts' psychological adjustment was effective in reducing substance abuse disorder. Furthermore, Okoiye and Adebisi (2015), also found a significant main effect of CBT on the ability of students to overcome their substance abuse challenges. While the above studies deal with addiction, this study handled substance use behaviour. However, the finding of this study reaffirmed the effectiveness of Cognitive Behaviour Therapy in the effective management of substance use behaviour among students.

In testing hypothesis three, the result of the data analysis revealed a statistically significant difference in the post-test substance use behaviour mean scores of students in the experimental and control groups. Students who participated in the Cognitive Behavioural Therapy (CBT) sessions recorded substantially lower post-test substance use behaviour scores than those in the control group. The finding indicates that CBT was effective in improving substance use behaviour management among secondary school students diagnosed with substance use addiction. This result may be attributed to the structured and skills-oriented nature of CBT, through which students were helped to identify maladaptive patterns of thinking and behaviour, develop healthier coping strategies, recognize situations that could encourage substance use, and practice more adaptive responses. The students' active participation and application of the skills acquired during the therapy sessions may also have strengthened the effectiveness of the intervention. The finding is consistent with Gharaibeh et al. (2022), who reported that CBT was effective in reducing the risk of relapse among individuals recovering from addiction. It also agrees with Bador and Kerekes (2020), who reported positive clinical effects of integrated intensive CBT among individuals receiving outpatient treatment for substance-related disorders. However, the present study differs from these previous studies in important respects. Whereas Gharaibeh et al. focused primarily on relapse risk among recovering individuals and Bador and Kerekes examined integrated intensive CBT in an outpatient clinical setting, the present study focused specifically on secondary school students diagnosed with substance use addiction and receiving CBT within an educational context. Thus, the present finding extends previous evidence by demonstrating that CBT may also be effective in modifying substance use behaviour among adolescents in a school-based population.

The strongest contribution of this study is the school-based adolescent context and the direct comparison with a control group.

Conclusion

Substance use behaviour, being an antisocial behaviour among secondary school students and the society at large, have negative impact on students who have been victims and perpetuators alike in several ways. Hence, this research study focused on the effect of Cognitive Behaviour Therapy in the management of substance use behaviour among secondary school students. In line with the findings of this study, the study concluded that cognitive behaviour therapy intervention programme proved to be efficacious in the management of substance use behaviour among secondary school students.

Recommendations

1. Counsellors should be proactive in the identification of substance use behaviour among secondary school students at the point of admission and resumption of school through screening for substance use behaviour.
2. Counsellors should use the principles and techniques of Cognitive Behaviour therapy for the management of substance use behaviour among secondary school students
3. Counselling Psychologists and Professional Counselling Associations (PCAs) should organise seminars/workshop to raise awareness on the dangers of substance addiction and the need for the use of cognitive behaviour therapy in the management of substance addiction and/substance use behaviour among secondary school students to enhance their school adjustment dynamics.

Ethical Approval: Approval was sought and obtained from the Drug Rehabilitation Centre of the Hospital and from participants before inclusion in the study. In addition, confidentiality of data obtained was utmost priority.

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