

Effect of Reality Therapy on Attitudes of Drug Addicts at the Specialist Hospital Gombe, Nigeria

Prof Nanram Bitrus Longbap

Educational Foundations Department, Faculty of Education,
University of Jos Plateau State.

Hashidu Bala Mohammed

Educational Foundations Department, Faculty of Education,
Federal University of Kashere, Gombe State.

Correspondence Email: balahashidu@gmail.com.

Tel: +2348022651871

Clementina Hashimu Bulus (Ph.D.)

Educational Foundations Department, Faculty of Education,
University of Jos Plateau State.

bulusclementina@gmail.com

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Abstract

The research investigated the effects of reality therapy on the attitudes of drug addicts at the Specialist Hospital Gombe, Nigeria. The specific aim was to determine the effect of the Reality Therapy intervention on the attitudes of drug addicts of Specialist Hospital Gombe. To achieve the three objectives formulated for the study, three hypotheses were tested at a 0.05 level of significance. True experimental pre-test post-test control group design was adopted. The population of this study consisted of all drug addicts at the Specialist Hospital Gombe during the period of conducting the research. The hospital had a total population of 63 drug addicts who received in and outpatient treatment, consisting of 52 males and 11 females. The sample of this study consisted of 20 clients who scored between 11-15 points on the Drug Abuse Screening Test. The sample comprised 17 males and three females aged between 18-36 years old and above. The content validity of the three instruments used in the study were established by three different specialists in the Faculty of Education, University of Jos, Cronbach's alpha method was used in estimating the reliabilities of the two instruments. The reliability coefficients for DAST-20 and DAS were 0.87, and 0.85 respectively. The major findings of the study indicated that; the post-test attitudes mean scores of the drug addicts in the experimental group were greater than the pre-test attitudes toward recovery from addiction mean scores of the drug addicts in the control group. Therefore, there was an improvement in the attitudes of drug addicts toward recovery from addiction because of the Reality Therapy intervention given.

Keywords: Reality therapy, Attitudes, Drug addicts, and drug abuse

INTRODUCTION

Drug addiction also called substance use disorder (SUD), is a disease that affects a person's brain and behaviour and leads to an inability to control the use of a legal or illegal drug. A drug addict is a person who is addicted to chemical substances, especially narcotics and other illegal drugs. United Nations Office of Drug Control (UNODC, 2018) report on drug use and health in Nigeria has indicated the prevalence of drug abuse in the country is estimated at 14.40 % corresponding to 14.3 million people aged 15-64 years. The UNODC (2018) also confirms Gombe, Lagos, and Oyo states have the highest prevalence rates of drug abuse and addiction in the country.

In Psychology, an attitude refers to the beliefs, feelings, and action tendencies of an individual or group of individuals towards objects, ideas, and people. Attitude has three components thus, affective or emotional, cognitive or informational, and behavioural. Individuals' attitudes to drug addiction can be seen as completely exhibited behaviours of individuals to drug abuse and addiction. Moreover, some specialists in drug addiction treatments such as Bcwbc.org (2012) describe the range of attitudes designated as addictive in terms of five interrelated concepts, which include patterns, habits, compulsions, impulse control disorders, and physical addiction. However, age plays a significant role in determining the susceptibility of an individual to addiction, as well as the kind of drugs the individual is likely to abuse. Recent studies indicate an increase in the rate of substance abuse in the elderly stage and alcohol is the most common form of abuse in this group.

Consequently, World Health Organization (WHO, 2014) suggests that the solution to drug addiction lies primarily outside the realm of medical practices; it lies in the fields of education and counselling. Similarly, most of the research conducted on substance abuse and drug addiction among in and out-of-school adolescents and adults recommends the need for counsellors to explore counselling interventions. To this, some researchers such as Shadi and Hassan (2016), Younusi, Khazan, Jani and Mahdizadeh (2017), Aghdar, (2016), Jalali and Ghadderi (2016) and Moghadam and Hosseinfard (2015) confirm reality therapy as one of the many counselling interventions used by counselling psychologists in providing a necessary support system for individuals recovering from drug abuse, drug addictions, and other behavioural issues.

Despite, various efforts by Federal and State Governments as well as some non-governmental organizations such as the establishment of NDLEA in 1989 and NAFDAC in 1993 tasked with the responsibility of reducing the supply and demand of drugs in the Country. But still, these efforts appear to have yielded little or no desired results. It is against this background that the study sets out to determine whether reality therapy would help to modify drug addicts' attitudes toward recovery from drug addiction at Specialist Hospital Gombe State, Nigeria.

Statement of the Problem

The researcher's visits to some schools and hospitals to collect baseline data showed that the involvement of adolescents and adults in drug abuse and addiction was increasing at an alarming rate. The abuse of drugs and addiction have led to youth experiencing psychosocial problems in the community, an increase in crime rates such as theft, murder, and domestic violence, and increased rates of divorce, truancy, school dropout, violence, and political thuggery to mention few. However various efforts made by the State government and some non-governmental organizations did not bring about a significant positive effect. Instead, the cases of

drug abuse and addiction especially among the youths and adults in the study area are on the high side. Given these, therefore, would reality therapy help in modifying drug addicts' attitudes toward recovery from drug abuse and addiction in Gombe State?

Objectives of the Study

The study aimed to investigate the effect of Reality Therapy (RT) on the attitudes of drug addicts at the Specialist Hospital Gombe, Nigeria. The specific objectives are to:

1. ascertain the attitudes toward recovery from drug addiction mean scores of drug addicts exposed to reality therapy intervention and those who were not.
2. find out the attitudes toward recovery from drug addiction mean scores of drug addicts exposed to reality therapy intervention before and after the treatment.
3. determine the attitudes toward recovery from drug addiction mean scores of drug addicts exposed to treatment based on age range.
- 4.

Hypotheses

The following formulated hypotheses were tested at a 0.05 level of significance:

1. There is no significant difference between pre-test and post-test attitudes toward recovery from drug addiction mean scores of drug addicts in experimental and control groups.
2. There is no significant difference between pre-test and post-test attitudes toward recovery from drug addiction mean scores of drug addicts exposed to reality therapy intervention.
3. There is no significant age difference between post-test attitudes toward recovery from drug addiction mean scores of drug addicts exposed to reality therapy treatment.

REALITY THERAPY

According to Psychologytoday.com (2018), reality therapy is a client-centered form of cognitive behavioural psychotherapy that was founded by William Glasser in the mid-1960s on the idea that everyone is seeking to fulfill five basic needs, and mental health issues arise when any of these needs are not being met. The five basic needs are Power; love/belonging, freedom, / independence, fun, and survival. More so, failure to meet these five human basic needs is responsible for people to experience mentally distressed. Glasser cited in Healthline.com (2021) believes that people choose what they do with their lives and that they are responsible for their choices in the end. Therefore, the concept of reality therapy to Glasser is a whole and bulk of techniques, approaches, and tools which facilitate people to move from ineffective to effective behaviour, constructive instead of destructive selection, and most importantly, unsatisfied to satisfied lifestyle. Moreover, it is pertinent to know the difference between choice theory and reality therapy. Choice theory is the explanation of how the human mind functions as an internal control system, while reality therapy is the delivery system for choice theory. It outlines a methodology for implementing the theory. Reality therapy is the vehicle through which choice theory concepts will be applied. (Healthline.com 2021) Therefore, reality therapy can utilize the principles of choice theory to help drug addicts to learn desirable behaviours through making better choices. Given this, therefore, the theoretical framework of this study was anchored on choice theory.

Procedure of Reality Therapy

Psychologytoday.com (2018), Peller, (2015), and Adamu (2015) highlight procedures of reality therapy that must be applied to make the therapy most successful.

Involvement: The counsellor has to establish a relationship with the clients and believe it is the most important factor in counselling. This is also known as developing a good rapport with the clients.

Planning possible behavior: The client has to plan some behaviour that is likely to work better. The client needs some suggestions from the therapist, but it helps if they come from the client.

Focus on the present: In reality therapy, we deal with what is going on currently in the person's life based on the concentration that the past is fixed and cannot be changed.

Commitment to the plan: The therapist is to assist the client to make a workable plan, many clients will do things for the therapist that they would not do for themselves.

Value judgment: Each individual must judge his own beliefs and evaluate what he is doing to contribute to his failure before he can be assisted (Adamu, 2015)

No excuse: Necessary to the principle of RT is not to accept excuses. Plans fail sometimes but the reality therapist makes it clear truth to a client that excuses are unacceptable. **Eliminating punishment:** Punishment is a way of changing behaviour that works poorly on those individuals with a failed identity. Any kind of negative statement becomes a punishment.

Give praise: (Reinforcement): The reality therapist is expected to give praise when the client acts responsibly and to show disapproval when they do not.

Setting limits: Another important function of the reality therapist is to set limits, including those in a therapeutic situation and those that life places on the individual.

Focus on the present behaviour: Clients are expected to focus on their present behaviour instead of their feeling and attitudes.

Constant examination and evaluation: Constant examination and evaluation of what the client is doing continues throughout therapy.

Concepts of Drug Addiction

According to Columbia Encyclopedia (2017), drug addiction also called substance use disorder, is a disease that affects a person's brain and behaviour and leads to an inability to control the use of a legal, or illegal drug or medication. SAMHSA (2015) and NIDA (2014) assert that the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms drug abuse, substance abuse, and substance dependence rather it refers to substance use disorders (SUD). Substance use disorder is defined according to DSM 5 as 'mild, moderate, or severe' to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Lauren in Luxuryrehab.com (2017) and Sambo (2012) identified three major adverse consequences of drug addiction, namely, physical, psychological, and socioeconomic:

Signs and Symptoms of Drug Addiction

Lauren cited luxuryrehab.com (2017) and Ekpenyong, (2012) identify the following major signs and symptoms of drug addiction:

Cravings: People may experience intense urges for the drug as their addiction develops. Drug addicts may spend amounts of time and energy finding and getting their drug of choice.

Physical dependence: The changes in physiology that accompany this process leaves people feeling bad or functioning sub-optimally when the drug is no longer available in the system.

Tolerance: Over time and with prolonged use, people can build up a tolerance to the drug,

meaning they need more of the drug to achieve the desired effects.

Withdrawal symptoms: Some people experience withdrawal symptoms when they attempt to stop using abruptly or when they wean themselves off the drug over a period.

Risk-taking: Drugs can cause the addict to do something unsafe, humiliating, or illegal to get more substances. Drugs can result in people taking serious risks.

Neglect of responsibilities: When people choose to use or get the drug than discharge official work or personal obligations, this is a classic sign of addiction...

Develop unhealthy friendships: Drug abusers may spend time with others who have similar habits. They may hang out with a new group of people who may encourage unhealthy habits.

Changing appearance: Poor personal hygiene or physical appearance will be noticed. Refusing to cut nails, regular bathing, teeth brushing, a haircut are all signs of drug addiction.

Isolation: Alternatively, they may withdraw and isolate themselves, hiding their drug use from friends and family.

Financial trouble: Addicts may spend large amounts of money, drain their pockets and bank accounts, sell out their possessions, collect soft loans, and go outside their budgets to get the drug.

Stages of Drug Addiction

The Merck Manual (2012) provides the stages of drug addiction as follows:

Experimentation stage: This is the first stage of drug addiction and can be difficult to determine. Reasons for the experimentation; how much are they experimenting with, and how often are they experimenting with new drugs should all be observed.

Tolerance stage: When the body gets used to a certain amount of the drug, it reached a state of tolerance. Over time and with prolonged use, people can build up a tolerance to the drug, meaning they need more of the drug to achieve the desired effects.

Psychological dependence: Individual grows dependent on their substance(s) of choice, both their body and mind are reliant on the substances. While some drug abusers develop a mental or psychological dependence on the drug, relying on it to make them feel comfortable in social situations.

Physical dependence: Physical dependence on drugs can develop, as people grow accustomed to the persistent presence and influence of the substance. Some people experience withdrawal symptoms when they attempt to stop using abruptly.

Addiction stage: The continual abuse of drugs or substances will always lead to drug addiction, especially as all stages progress. When a drug addiction finally develops, the only option for help is to change the behaviours surrounding the abuser, which will only come from professional addiction treatment.

METHODOLOGY

Research Design

Pre-test post-test true experimental group design was adopted in the study. (Sambo 2008 and Emaiku 2006). Therefore, the main aim of using pre-test post-test true experimental design in this research was to assess the efficacy of the reality therapy on the attitudes of drug addicts at the psychiatric clinic at specialist Hospital, Gombe.

Population

The population of this study consisted of all drug addicts in the psychiatric clinic of Specialist Hospital Gombe during the period of conducting the research. The hospital had a total

population of 63 drug addicts receiving in and outpatient treatment, consisting of 52 males and 11 females.

Sample and Sampling Techniques

A purposive sampling technique was adopted for the study. Only drug addicts who scored between 11 and 15 points in the Drug Abuse Screening Test (DAST-20) were considered as the sample of the study. The samples of 20 clients chosen for the study were randomly assigned to experimental and control groups. Therefore, the sample comprised 18 males and two females.

INSTRUMENT

Drug Abuse Screening Test (DAST-20)

DAST-20 consisted of 20-item statements on the drug addicts' involvement with drugs and other illicit substances. Responses to the options in the DAST-20 were by ticking 'Yes' and 'No', where a respondent was required to tick one of them. The DAST-20 is a twenty (20)-item statements questionnaire that was developed by Skinner in 1982 at the University of Toronto, Canada. Skinner (1982). The instrument was adapted with some modifications and used on drug addicts at the psychiatric clinic of Gombe Specialist Hospital

Drug Attitude Scale (DAS)

DAS contained 25 items measuring the drug addicts' feelings, attitudes, and opinions about psychoactive substances and drug abuse. The rating scale for the responses was a five-point Likert Scale of Strongly Agree (SA) Agree (A) Undecided (UD) Disagree (D) Strongly Disagree (SD) with values of 5, 4, 3, 2, and 1, respectively. The instrument was adapted and all the corrections and modifications made were affected by the latest version of the DAS used in this study.

Validity of the Instrument

In establishing the content validity of DAST-20 and DAS three specialists were involved. One was a Counselling Psychologist and one expert each in Educational Psychology and Research, Measurement, and Evaluation from the Department of Educational Foundations, Faculty of Education, University of Jos. The corrections, observations, modifications, and comments made by the experts were incorporated in producing the final copy of the instruments. Construct validity for the drug Attitude Scale (DAS) was established using factor analysis.

Reliability of the Instrument

The reliability of modify Drug Abuse Screening Test (DAST-20) and Drug Attitude Scale (DAS) was established by using Cronbach's alpha method as .87, and .85, respectively after a single administration of the two instruments in a pilot test study conducted on drug addicts in Psychiatric clinic of ATBU Teaching Hospital Bauchi.

Procedure for Data Collection

The researcher arranged with the Staff and clients for a convenient venue, day, and dates for administering the screening test, pretest, and conduct treatment sessions and finally administering the post-test. In addition, informed consent was sought from each responding client before the conduct of the research activities. Two graduates in Counselling Psychology and two qualified nurses working in the psychiatric ward served as research assistants. A drug

Abuse Screening Test (DAST - 20) was administered to the participants within one hour before the pre-test. Individuals that are eligible to participate in the study were randomly assigned into experimental and control groups. The drug Attitude Scale (DAS) was administered to them as a pre-test at the same time in their respective venues. More so, eight treatment sessions of one hour once a week were conducted for both experimental and control groups. The drug Attitude Scale (DAS) was re-administered to the respondents in both the experimental and control groups as a post-test at the same time in their respective venues.

Method of Data Analysis

The t-test for dependent and independent samples were used in testing the three hypotheses formulated for the study. Data obtained for this study were analyzed using SPSS version 23. However, in determining the direction of attitudes of the drug addicts toward recovery from drug abuse and addiction before and after the reality therapy intervention, the criterion means for attitude was estimated as negative attitude 1-42; neutral 43-84, and positive attitude as 85-125.

RESULTS

Three (3) null hypotheses were formulated and tested at a 0.05 level of significance.

Hypothesis One

There is no significant difference between the post-test attitudes toward recovery from drug addiction mean scores of drug addicts in experimental and control groups.

Table 1: Summary of t-test Analysis on Post-test Attitudes toward recovery from Drug Addiction Mean Scores of Drug Addicts in experimental and Control Groups.

Group	N	\bar{x}	SD	Df	t-value	p-value	Decision
Experimental	10	89.40	5.01	18	15.55	.000	Significant
Control	10	59.50	3.31				

Results in Table 1 indicates that the experimental group had post-test attitudes mean score of 89.40 with a standard deviation of 5.01 while the control group had post-test attitudes mean score of 59.50 with a standard deviation of 3.31. The result further yielded $t(18) = 15.55$, $p < 0.05$. Since the p-value of 0.00 is less than the 0.05 level of significance, the null hypothesis was rejected. This signifies that there was a significant difference between the attitudes means score of drug addicts exposed to reality therapy and those that were not.

Hypothesis Two

There is no significant difference between pre-test and post-test attitudes toward recovery from drug addiction mean scores of drug addicts exposed to reality therapy treatment.

Table 2: Summary of t-test Analysis on Pre-test and Post-test Attitudes toward recovery from Drug Addiction Mean Scores of Drug Addicts exposed to Reality Therapy Treatment.

Test	N	\bar{x}	SD	Df	t-value	p-value	Decision
Pre-test		61.90	6.59				
	10			9	-13.55	.000	Significant
Post-test		89.40	5.10				

The results in Table 2 shows that the experimental group had pre-test attitudes toward recovery from drug addiction mean scores of 61.90 with a standard deviation of 6.59 and post-test attitudes towards recovery from drug addiction mean scores of 89.40 with a standard deviation of 5.10. The result further yielded $t(9) = -13.55$, $p < 0.05$. Since the p-value of 0.00 is less than the 0.05 level of significance, the null hypothesis was rejected. It was concluded that there was a significant difference between the pre-test and post-test attitudes toward recovery from drug addiction mean scores of the drug addicts that were given treatment.

Hypothesis Three

There is no significant age difference between the attitudes toward recovery from drug addiction mean scores of drug addicts exposed to reality therapy treatment.

Table 3: Summary of t-test Results on Age Difference between the Attitudes toward recovery from Drug Addiction mean scores of Drug Addicts exposed to Reality Therapy treatment

Age Range	N	\bar{x}	SD	Df	t-value	p-value	Decision
18-35 Years	4	88.50	3.87				
				8	-.434	.68	Insignificant
36 Years and above	6	90.00	6.07				

Table 3 shows that the age range of 18-35 years had pre-test attitudes mean scores of 88.50 with a standard deviation of 3.87 while those within the age range of 31 years and above had a mean score of 90.00 with a standard deviation of 6.07. The result further yielded $t(8) = -.434$, $p > 0.05$. Since the p-value of 0.68 is greater than the 0.05 level of significance, the null hypothesis was retained. It was concluded that there was no significant age difference between post-test attitudes towards recovery from drug addiction mean scores of drug addicts exposed to reality therapy.

DISCUSSION

The study investigated the effect of reality therapy on the attitudes of drug addicts at Specialist Hospital Gombe, Nigeria. Even though, few studies were conducted on the effects of

reality therapy on drug addicts' attitudes towards recovery from drug abuse and addiction. However, there are similar studies in other groups that attested to its impact in modifying attitudinal and behavioural problems such as indiscipline, self-concept, self-efficacy, bullying, absenteeism, late coming, truancy, self-esteem, stress, anxiety, and depression.

The results on the difference between the post-test attitudes toward recovery from drug addiction mean scores of drug addicts exposed to reality therapy intervention and those who were not, are consistent with the studies conducted by Shadi and Hassan (2016) and Younusi, Khazan, Jani, and Mahdizadeh (2017) which confirmed the influence of reality-counseling therapy on the self-esteem of addicted boys aged 20 at Neyshabur and the elderly drug addicts' self-esteem at Aramesh Mental Health Center Management in Parsabad County Iran respectively. The drug addicts' self-esteem in both the experimental groups improved more than in the control groups after exposure to reality counseling therapy and a placebo package respectively.

The result which indicated the findings on the significant mean difference between pre-test and post-test attitudes toward recovery from drug abuse and addiction mean scores, corroborates with the study of Aghdar, (2016) who reported that group reality therapy had a positive impact on student's attitudes toward smoking of first-year high school. Furthermore, the result of this study supports the findings of Jalali and Ghaderi (2016) who attested that reality therapy (experimental) is more effective than pharmacotherapy (control) in reducing negative mood symptoms in drug addicts of Mahabad addiction centers, in Tehran.

Furthermore, the findings on the age difference between the attitudes toward recovery from drug addiction mean scores of drug addicts exposed to reality therapy treatment, indicated that reality therapy positively changes the drug addicts' attitudes towards recovery from drug abuse and addiction in respective of their ages. The findings of this study is in consonant with the study of Moghadam and Hosseinifard (2015) who reported the effects of group reality therapy compared to cognitive behavioural therapy differ significantly in promoting self-efficacy among drug dependents at TC Kerman Center Circuit Treatment Community, Iran based on their ages.

The observed change in attitudes of drug addicts towards substance abuse may be connected with the manipulation of clients' behaviour through reward, confrontation, motivation, learning, and or punishment during the counselling sessions as suggested by Anwana (2009) Significant effects of reality therapy on the experimental group after eight weeks of intervention may also be as a result of utilizing some techniques of reality therapy and assignments given to the clients. This improves the sense of responsibility in the client. In the same vein, the main objective of reality therapy according to Glasser cited in Healthline.com (2021) is to create responsible behaviour in individuals because irresponsible behaviour leads to the incidence of drug abuse and addiction.

Conclusion

The need to address the ugly menace of drug abuse and addiction is of paramount importance among the youth in particular and society in general. Meanwhile, the overall result of this study goes a long way to confirm the assumption that drug addicts who are exposed to reality therapy counseling have positively changed their attitudes toward drug addiction. It can be concluded that reality therapy had a significant influence on the attitude of drug addicts toward recovery from substance dependence not only among drug addicts in psychiatric clinic Gombe but in other psychiatric clinics and rehabilitation centers across the country.

Recommendations

Considering the findings, the study recommended that Professionals counselling psychologists in collaboration with the ministries of education/Health should intensify efforts to organize seminars for counsellors, pre-service counsellors, and other stakeholders in the Psychiatric, rehabilitation centers, and schools on the impact of reality therapy as an effective intervention on drug addicts' attitudes towards recovery from drug addiction. Furthermore, the curriculum planners should try as much as possible to include in the scheme of guidance and counselling, training on counselling theories and therapies.

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