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Psycho-Educational Intervention for Trauma and Substance Use among Males in Senior Secondary Schools in Enugu, Enugu State, Nigeria

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Abstract

Substance abuse has received global attention among intellectual discourse. It is estimated that over 530,000 people have prevalence of drug use. The prevalence of drug/substance abuse among the youths and is increasing which calls for attention. This study investigated the psycho-educational intervention for trauma and substance use among males in Senior Secondary Schools in Enugu, Enugu State. Four hundred (400) participants were selected from four (4) secondary schools within Enugu using convenience sampling method. The study adopted a cross-sectional survey design. Three hypotheses were tested using a two-step hierarchical multiple regression analysis. Findings of the study indicated that psycho-educational intervention significantly affect trauma among males in Senior Secondary Schools in Enugu, and an insignificant positive relationship between psycho-educational intervention and substance use. This supports the importance of early identification and intervention for individuals who experience trauma. It is therefore recommended that trauma should be regularly assessed by mental health professionals who can implement targeted interventions to mitigate the development of depression in later life. Also, implementation of early intervention

programs that target children and adolescents who have experienced trauma or are at risk of engaging in substance use should be encouraged. Again, such interventions should focus on providing psycho-education, coping skills, and resilience-building strategies to mitigate the impact of trauma and reduce the likelihood of substance use.

Keywords: Psycho-education, Trauma, Substance Use, Depression, Secondary School, Enugu.

Introduction

Psycho-education is a structured therapeutic intervention that teaches about the mental, emotional, and behavioral aspects of substance use. In the addiction field, it has been praised as a core component of treatment because it provides clarity about what substance use disorder entails and shows which steps to take to regain control of your life[1]. Psycho-educational interventions for trauma and substance use among male senior secondary school students are highly effective when they are school-based, trauma-informed, and target the underlying emotional drivers of addiction, such as peer pressure, anxiety, and depression. Studies indicate that these interventions significantly increase literacy on the harms of drug abuse, increase emotional regulation, and reduce substance use prevalence[2]. Psycho-education is not merely giving facts about addiction, withdrawal symptoms, or recovery processes. It is about connecting the dots between behaviors, thoughts, and beliefs, and the consequences of each. Psycho-education empowers individuals by describing the nature of mental health or addiction disorders in understandable terms. This includes up-to-date knowledge on causes, symptoms, and treatment interventions. In many cases, drug and alcohol misuse creates a sense of shame, leading to isolate. Psycho-education strives to counteract that feeling by normalizing the challenges of addiction and showing that the addicted are not alone. When one understands that addiction involves physical, mental, and social components, and is a personal failing. Instead, it is a treatable condition that can learn to manage. By participating in psycho-educational lessons, also hearing from peers whose experiences might mirror one's experience. This can lessen isolation. Similarly, when family members get

involved, they learn how to provide more empathetic support, which can help mend relationships that may have been strained[3]. Overcoming stigma in this way encourages openness that can focus on personal growth rather than hiding in silence. Someone who has been through trauma or has experienced chronic stress might use substances like drugs and alcohol as a form of self-medication. They may use substances to temporarily cope with the distress they feel or with symptoms of related mental illnesses like post-traumatic stress disorder (PTSD).

Trauma is an event that evokes fear and is commonly violent, dangerous or life-threatening [4]. People who suffer from childhood trauma are those who have been exposed to one or more traumas, (such as, bullying, community violence, disaster, intimate partner violence, medical trauma, physical abuse refugee trauma, sexual abuse, terrorism/violence etc.) over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended. It was also stated that traumatic reactions can include a variety of responses, such as intense and ongoing emotional upset, depressive symptoms or anxiety, behavioral changes, difficulties with self-regulation, problems relating to others or forming attachments, regression or loss of previously acquired skills, attention and academic difficulties, nightmares, difficulty sleeping and eating, and physical symptoms, such as aches and pains. Male trauma is associated with a predisposition to serious long-term mental and physical ill-health. Individuals who experience adverse conditions during childhood exhibit greater vulnerability for developing mental disorders later in adult [5], such as PTSD [6], anxiety [7], depressive disorders [1], substance abuse [2], antisocial behavior [8], and personality disorders [9].

More than one billion males across the world are exposed to violent behavior [3]. The high prevalence of male trauma and its' long-lasting impact on both mental and physical health make it necessary to better understand the pathogenesis and development process, which is essential for early diagnostics, and for the development of interventions that can attenuate or overcome these pathologies [3, 10]. Those who experience trauma have an increased risk of developing depression in adulthood and suicidal behaviors[8]. In a latent profile analysis of Phoenix[11], the study which measured trauma in young adults with depression suggested that high levels of emotional abuse and childhood neglect significantly affected an

hedonic and that specific trauma patterns predict tan hedonic symptoms in adult depression. In another study of Phoenix[11] which studied association between childhood trauma and depression among Chinese population. The result found an association between the effect of childhood trauma on depressive and neuroticism.

Substance use is the continued use of alcohol, illegal drugs and misuse of over-the counter or prescription medication [12].It impairs people's well being in many ways, such as; poor academic performance, aggravated physical and mental health problems, disruptions in family functioning, unhealthy peer relationships, and accidental deaths in childhood and throughout their lifetime [11]. It includes substances such as, alcohol, tobacco, marijuana (commonly called Indian hemp, igbo, weve), methamphetamine (commonly called meth, mkpurumiri), cocaine, inhalants, prescription medicines etc. Substance use is classified into legal and illegal drug use. Legal drugs or substances are approved for the purpose of medication or for recreation. They include; medical or prescription drugs, alcohol and tobacco. Substances or drugs are considered illegal because they are not approved by government of any nation for sale or use, such as marijuana (commonly called Indian hemp, igbo, weve), metham phetamine (commonly called meth, mkpurumiri), cocaine, inhalants, PCP, LSD, etc. Drugs act on the central nervous system where they affect the brain functioning,

altering perception, mood, consciousness, cognition and behaviors. Prescription drugs are given by professional doctors in doses according to age and body weight with clear monitoring in some cases. However, as with use of other substances like alcohol and illicit drugs, prescription drug misuse is highest found among young adults, and about 52millionor 18.4% of Americans over the age of 12 have deliberately misused prescription drugs at least once intheir lifetime. Also, report shows that in Nigeria the prevalence of any drug use is estimated at 14.4% or 14.3 million people aged between 15 and 64 years.

Substance use problems must be addressed in the treatment of traumatized people. When substance abuse is or has been a problem in addition to traumatization, it is best to seek treatment from an experienced and skilled practitioner who has special expertise in both substance abuse treatment and the treatment of traumatic stress. The initial consultation with a mental health professional should include questions that sensitively and thoroughly identify patterns of past and current substance use (alcohol, illicit drugs, or prescribed medication). Treatment planning should include a discussion between the treater and the client about the possible effects of substance abuse problems on trauma related problems, including sleep, anger, anxiety, depression, and work or relationship difficulties. Treatment can include education, psychotherapy, and support groups that help the client address substance abuse problems in a manner acceptable to the client[1]. Treatment for traumatization and substance abuse problems should be designed as an overall plan that addresses both sources of difficulty and their interrelationships. Although there may be separate meetings or clinicians devoted primarily to traumatization or to substance problems, all interventions should be carefully coordinated and integrated. The term "psycho-education" may be one such term, and it is used to describe education delivered in the addiction treatment realm. The main objective of the study is to assess the psycho-educational intervention for trauma and substance use among males in Senior Secondary Schools in Enugu, Enugu State.

Research Methodology

Research Design

A descriptive cross-sectional survey design was used to assess the psycho-educational intervention for trauma and substance use among males in Senior Secondary Schools in Enugu, Enugu State.

Population of the Study

The study population was senior secondary school students drawn from the three senatorial zones of Enugu State. The Schools were selected by using purposive sampling technique where all mixed schools were short listed and two schools were selected from Enugu North and Enugu East Zones, two other schools from Enugu West Zone being the zone with more schools than the rest of the two Zones. Within each school, students were selected from SS2 and SS3 from each class, 1 in 4 students (25%) were selected by systematic sampling technique utilizing the class register as sampling frame.

Sample Size

The Simplified formula for proportions (Taro Yamane) below was employed to determine the sample size for the study:

$$n = \frac{N}{1 + N(e)^2}$$

$$1 + N(e)^2$$

n - sample size

N – the population size

e - acceptable sampling error

95% confidence level and $p = 0.5$ are assured

Results

Table1: Table of Correlations for Key Variables Used in the Study

	Psycho-educational intervention	Age	Trauma	Substance Use
Psycho-Educational Intervention	1	-.037	-.626**	.125*
Age		1	.018	.061
Trauma			1	-.107*
Substance Use				1

Note: N = 386, **= $p < .01$, *= $p < .05$

Instrumentation

Questionnaire was used as an instrument for data collection. The first section sought information on socio-demographic data of the respondents. The second section or section B, sought to ascertain if psycho-educational intervention significantly reduced trauma among males in Senior Secondary Schools in Enugu. Section C of the instrument sought to find out if psycho-educational intervention significantly reduced substance use among males in Senior Secondary Schools in Enugu.

Data Collection Procedure

Initially the consent of Principals of the selected schools were solicited for by making full disclosure of what the study is all about and attaching the instrument for data collection for their perusal.

Data Analysis

Data from the questionnaires were stored on an Excel spreadsheet developed for the study. The data will be exported to IBM SPSS Version 23 for statistical analysis after data cleansing.

Ethical Consideration

Permission to carry out this study was obtained from the office of the Director Planning, Research and Statistics, Enugu State Ministry of Education.

The Pearson correlation for the key variables used in the study is presented in Table 1 above. The table shows a significant positive relationship between psycho-educational intervention and substance use ($r = .125, n$

$=386, p<.05$). However, significant negative relationships were found between psycho-educational intervention and trauma ($r = -.626, n = 386, p<.01$), substance use and trauma ($r = -.107, n = 386, p<.05$).

Table 2: Summary of Results of a Two-Step Hierarchical Multiple Regression Analyses for psycho-educational intervention on Trauma and Substance Use

Predictors	Step1 β	Step 2 β
Step 1		
Trauma	-.626**	-.620**
Step 2		
Substance Use		.059
F	247.65**	
R ²	.392**	2.20
R ²	.392**	.396
Df	1,384	.003
Dublin Watson	1.64	2, 383

Note: N =386

The result of a two-step hierarchical multiple regression analysis as presented in Table 2 above tested the three hypotheses of the study. The overall model of the three-step hierarchical regression analysis was significant for trauma [$R^2=.392, F(1, 384)= 247.65, p<.01$] but was not significant for substance use [$R^2=.396, F(2, 383)= 2.20, p>.05$]. The overall fit of the model shows that only 39.2% of the variation in psycho-educational intervention scores among male secondary school students in Enugu has been explained. Similarly, the Durbin-Watson of 1.64 falls within the accepted range ($1.5 < D < 2.5$), indicating that there is no auto correlation problem in the data and that the error term is independent.

For analyses of hypothesis one, trauma was regressed into the model and it explained that 39.2% of the variations in psycho-educational intervention scores among male senior secondary school students in Enugu. The result of the analysis of the first hypothesis showed that, trauma ($\beta = -.626, p < .01, t = -15.74$) inversely and significantly predicted psycho-educational intervention among male secondary school students in Enugu. Therefore, hypothesis one rejected.

For analyses of the second hypothesis, substance use was regressed into the model but it only explained 0.1% of variations in the variations in psycho-educational intervention scores among male senior secondary school students in Enugu. The result of the analysis of the second hypothesis showed that, substance use ($\beta = .059, p > .05, t = 1.48$) does not significantly predict psycho-educational intervention among male senior secondary school students in Enugu. Therefore, hypothesis two accepted.

Discussion

The primary aim of this study was to assess the psycho-educational intervention for trauma and substance use among males in Senior Secondary Schools in Enugu, Enugu State. Among the variables under the study is trauma. The study found out that psycho-educational intervention significantly reduce trauma, thus, the first null hypothesis which stated that psycho-educational intervention will not significantly reduce trauma was rejected, implying that psycho-educational intervention reduced trauma among male senior secondary school students in Enugu State. To put this in another way the exposure to significant traumatic stressors in male senior

secondary school students, has been associated with an increased risk of substance misuse. Most researchers that conducted similar studies on trauma and substance use reported findings that are similar. The findings of Herman[6] and Schiraldi[7], supported the present study that there is a positive relationship between psycho-educational intervention, trauma and substance use.

The hypothesis 2 which stated that psycho-educational intervention will significantly affect substance use among males in Senior Secondary Schools in Enugu was accepted. This study contradicts similar studies conducted by Allen[12] and Frankl[13]. The last Hypothesis states that psycho-educational intervention will not significantly reduce substance use. After the analysis, the null hypothesis was rejected which means psycho-educational intervention will significantly reduce substance use among males in Senior Secondary Schools in Enugu. No study either supported or contradicted this finding rather researchers from the University of Texas found during their experimental study that nearly half of the children who experienced trauma developed depression, drug addiction, or both during the study period and that the rate of developing an addiction or mental health disorder in the maltreated teens was three times higher than in the control group [5].

Conclusion


The study on psycho-educational intervention on trauma and substance use aimed to explore the relationship between these factors and their potential implications for mental health interventions. The study revealed interesting findings. Data were collected and analyzed using the Statistical Package for Social Science, there were two null hypotheses for the two variables, psycho-educational intervention found useful for trauma and substance use. Based in these, recommendations were made on how to detect early symptoms and how to manage them.

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