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The Effect of Behavioural Activation Strategy on the Prevention of Drug Abuse by Early Adolescents in Fako Division, South West Region of Cameroon

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Abstract
This study investigated the effect of behavioural activation strategy on the prevention of drug abuse by adolescents in Fako Division, South West Region of Cameroon. The sequential explanatory research design was adopted for this study. Data were collected first from students using a questionnaire through a pretest-intervention-posttest procedure, followed by the collection of qualitative data using an interview guide. The sample comprised of 80 students and 8 counsellors selected from 4 public secondary schools. Quantitative data were analysed using descriptive (means, standard deviation, minimum, maximum, standard error of mean) and inferential statistics (independent sample T-test and Cohen's d). Qualitative data were analysed using thematic analysis with the aid of themes and sample quotations. Data analysis were done using the Statistical Package for Social (SPSS) version 28.0 at $P<0.05$ level of significance. Findings revealed that behavioural activation has a high effect on the prevention of drug abuse (t-test value = 4.00, critical value = 1.99, Cohen's d = 0.90). This was corroborated by qualitative findings that keeping students busy in positively rewarding activities, reduces idleness and time they have to idle and take drugs. Being busy makes students think lesser about drug. It was recommended that School counsellors should incorporate behavioural activation techniques into their counselling programmes by encouraging students to participate in meaningful, healthy, and rewarding activities. Parents should keep children busy especially during the long holidays by enrolling them professional activities such as hair dressing, tailoring, piano lessons, mechanic, carpentry and so on. This will prevent them from moving about aimlessly and indulging in illicit acts like drug abuse.

Keywords: Behavioural Activation, Drug Abuse, Early Adolescents, Fako Division

Introduction

Prevention of drug abuse could be far more effective and financially beneficial than treatment after drug abuse. Keeping students informed of the potential consequences of drug abuse can ensure they are able to make the best decisions for their future (Park *et al*., 2015) [14]. Abstaining from drugs will help students focus on their studies, perform well in school and attain their educational goals. Drug abuse is the illicit, non-medical use of limited number of substances which have the properties of altering the mental state of a being in ways that are considered by social norms and defined by statute to be inappropriate, undesirable, harmful threatening to the life of the user and to the society at large (Abdulahi, 2009) [1]. The term is generally used to refer to the use of any substance for non medical purposes; or use of medication for purposes other than those for which it is prescribed or not taking as prescribed (Haladu, 2003) [6]. Drug abuse in this study is the wrong use of drugs for purposes other than medical reasons, thus affecting the individual in a negative way socially, cognitively or physically.

Counselling intervention strategies are intentional behaviours or change strategies introduced by the counsellor to help clients implement problem management and move toward goals (Nelson-Jones, 2014). The goal of counselling intervention strategies is to initiate improvement in how the client feels, thinks, and behaves. According to Collins (2007) counselling can help individuals to transition through important stages of development hence building a healthy personality. This is the case early adolescents in secondary schools in Fako Division who need to develop into a full personality because taking drugs especially during adolescence may interrupt the normal process of development.

Background of the Study

Modern day counselling intervention strategies began with the practice of psychoanalysis, the "talking cure" developed by

Sigmund Freud in the 1880's (Docherty, 2024). Psychotherapy, also known as talk therapy or counselling, is a form of treatment that involves talking with a trained therapist to address health concerns and improve overall wellbeing. Freud's work laid the foundation for many subsequent counselling interventions in psychotherapy. By the 1930s Freud's theories were very influential, and the majority of American psychiatrists embraced psychoanalysis. They defined psychotherapy as a medical activity and excluded non-medical practitioners (Thomason, 2005).

As medical understanding of substance abuse and addiction deepened, significant discoveries and advancements were made in addiction treatment. These breakthroughs helped shape the field and laid the foundation for modern addiction treatment methods (Henninger & Sung, 2014) [7]. One notable development was the introduction of medications to aid in addiction recovery. Medications such as methadone and buprenorphine were developed to assist individuals with opioid addiction by reducing withdrawal symptoms and cravings. These medications, combined with counselling and support, have been proven effective in helping individuals achieve and maintain recovery (Henninger & Sung, 2014) [7]. Furthermore, advancements in neuroscience and psychology brought about a better understanding of the underlying mechanisms of addiction. This knowledge paved the way for therapies such as Cognitive-Behavioural Therapy (CBT) and Motivational Interviewing (MI), which focus on addressing the psychological and behavioural aspects of addiction.

Behavioural and cognitive approaches to drugs and substance treatment gained prominence in the latter half of the 20th century (Marks, 2012) [11]. These approaches focused on understanding how thoughts, behaviours, and environmental factors contribute to addiction. Behavioural approaches, such as classical conditioning and operant conditioning, aimed to modify addictive behaviours by reinforcing positive behaviours and eliminating reinforcing factors for substance abuse. Techniques like contingency management, where individuals receive tangible rewards for drug-free behaviours, have been effective in treating addiction. Cognitive approaches, on the other hand, focused on identifying and challenging maladaptive thought patterns and beliefs that contribute to addiction. Cognitive-behavioral therapy (CBT) emerged as a widely used approach, helping individuals recognize and change negative thought patterns and develop healthier coping strategies. Both behavioural and cognitive approaches have shown promising results in addiction treatment, often used in combination with other therapies (Marks, 2012) [11].

During the 1950s, Ellis developed the first form of cognitive behavioural therapy, Rational Emotive Behaviour Therapy (REBT) and few years later Aaron Beck developed cognitive therapy. Both of these included therapy aimed at changing a person's beliefs, by contrast with the insight-based approach of psychodynamic therapies or the newer relational approach of humanistic therapies. Cognitive and behavioural approaches were combined during the 1970s, resulting in Cognitive Behavioural Therapy (CBT) (Marks, 2012) [11]. Being oriented towards symptom-relief, collaborative empiricism and modifying core beliefs, this approach has gained widespread acceptance as a primary treatment for numerous disorders. Focus on intervention is aimed challenging clients' irrational and negative beliefs especially after traumatic incidents. Cognitive-behavioural therapies (CBT) emerged as a crucial component of drug abuse treatment in recent decades. These therapies recognise the connection between thoughts, emotions, and behaviours, and aim to address the underlying causes and triggers of addiction. By helping individuals identify and modify negative thought patterns and behaviours, CBT equips them with essential coping skills to manage cravings, stress, and other challenges associated with addiction.

Behavioural activation (BA) is a structured, brief psychotherapeutic approach that aims to (a) increase engagement in adaptive activities (which often are those associated with the experience of pleasure or mastery), (b) decrease engagement in activities that maintain depression or increase risk for depression, and (c) solve problems that limit access to reward or that maintain or increase aversive control (Dimidjian *et al*., 2011) [4]. The main idea behind behavioural activation as a treatment for depression is "to allow clients with depressive symptoms to learn to cope with their negativity and to increase positive awareness through the re-development of personal goals in the form of short, medium and long-term life goals (Chan *et al*., 2017) [2]. This approach recognizes that substance use often serves as a coping mechanism for underlying issues such as depression, anxiety, or trauma. By encouraging individuals to participate in rewarding and meaningful activities, behavioural activation aims to break the cycle of substance abuse and promote healthier patterns of behaviour.

Behavioural activation is a structured, evidence-based treatment approach that emerged from the field of cognitive behavioural therapy (CBT) (Daughters *et al*., 2018) [3]. Behavioural Activation is an evidence based treatment used to tackle withdrawal from day to day activities in low mood. It works by identifying the activities that we may lack the motivation or interest to do when we are feeling low, or when we find we have little time for ourselves. These activities are then gradually reintroduced to incorporate structure, enjoyment and a sense of achievement back into our daily lives Developed originally by Lewinsohn, and further refined by Jacobson and colleagues (Martell *et al*., 2001) and Hopko *et al*. (2002). Behavioural activation describes depression in terms of a low rate of positive rewarded behaviour. The therapy therefore focuses on encouraging the service user or client to develop more rewarding and task-focused behaviours. Behavioural activation treatment can be an effective strategy in combating substance abuse problems. It helps individuals replace unhealthy behaviours with positive, rewarding activities, thus reducing the reliance on substances for coping.

Contextually, most secondary schools in Cameroon from the researcher's experiences nowadays encounter problems with students who smoke cigarettes on the school premises. Some of these students even come to school under the influence of drugs such as tramadol. The usage and abuse of drugs among adolescents also have far reaching consequences such as engagement in unprotected sex, interpersonal violence, destruction of property and poor academic participation and performance (Jaffe, 2008). Drug consumption within academic institutions in Cameroon is alarming with devastating side effects on consumers. The phenomenon has eaten deep into secondary and higher schools as well as professional institutions of learning.

A study carried out by Global Youth Tobacco Survey

(GYTS) in Cameroon in 2008 reveals that 44% of young students have tried a hard substance at least once. A similar study carried out in Cameroon in 2015 on the abusive use of drugs by youths shows that 10% of youths of school age and people in precarious social condition are regular users of drugs especially cannabis and Tramol. Among the list of drugs consumed in schools feature; Marijuana, amphetamines, cannabis, tramol, indian hemp and cocaine. In addition to side effects such as anaemia and cancer are outrageous acts of moral decadence which could ultimately lead youths to become school dropouts.

According to the Global Youth Tobacco Survey (GYTS) conducted by the WHO and the Ministry of Public Health in 2014, 10.1% of students (aged 13-15) are regular smokers, including 13.8 % boys and 5.7% girls. For every smoker who has died, the industry initiates many young people into smoking. In absolute terms, an average of 300,000 young Cameroonian students regularly consumes these dangerous and deadly products. It is possible to reverse these numbers and protect these youths. In the field, several actions are carried out. This includes, for example, the introduction of teaching on drugs and tobacco use into school curricula and awareness-raising actions by some administrations in the Ministries of Health and Social Affairs.

In his message to the youth on February 11, 2019, on the occasion of the 53rd edition of the National Youth Day, Paul Biya, the Head of State of Cameroon, emphasized and deplored the extent of drugs consumption among the Cameroonian youth. « … You should not also give in to idleness that can lead to bad behaviours, such as delinquency, alcohol and drug abuse, » the President of Cameroon declared and stated that these ills affecting the youth could eventually pose a threat to the future of the country (Bakary, 2018). This statement by the state underscores the persistence of a problem that the some 2014 studies exposed.

Metuge *et al*. (2022) [12] also revealed that over 12,000 children in Cameroon below 16 years of age (early adolescence) had reportedly used narcotic and psychotropic substances. Drug consumption within the school milieu is taking alarming proportions, with devastating side effects on both the consumers and the school milieu (increased violence, juvenile delinquency, and so on) (Tekuh *et al*., 2022) [15]. More recent studies in Cameroon also confirm substance use among both high school students and University students (Metuge *et al*., 2022) [12]. Nkouonlack *et al*. (2023) [13] in a study on the prevalence and associated factors of non-medical use of prescription drugs among adolescents in secondary schools in Buea, found that one out of six secondary school students in Buea, South West region of Cameroon, is involved drug abuse. Opioid analgesics, mainly tramadol are the main type of prescription drugs concerned, and alcohol use, tobacco smoking and other illicit drugs are independently associated with non-medical use of prescription drugs. Ekwoge *et al*. (2023) on substance use among students of two high schools in Yaoundé, Cameroon Two (2) in every five high school students in the surveyed high schools had already consumed one or more psychoactive substances.

Furthermore, in Cameroon, studies and campaigns carried out to assess information available on drug abusers' profiles, types of drugs abused in Cameroon indicated an increase in the use of tobacco, alcohol, abuse of cannabis/marijuana, heroin and cocaine with cannabis being the main and cheapest drug of abuse grown and consumed in towns, villages, military barracks and in the prisons and by people of all walks of life (Minister of Public Health, Andre Mama Fouda, 4th July 2013). Furthermore there is an upward trend in the widespread of use of and abuse of marijuana, shisha and other psychoactive substances in the streets schools, colleges, universities and society in general with little know data about the drug experience of students in Cameroon (Kasule, 2011). Kasule further stated that there is an upward trend in the widespread use of abuse of marijuana, shisha and other psychoactive substance in the streets, schools and college, universities and society in general with little know data about the drug experience of students.

For its part, the Cameroonian Coalition for Tobacco Control from experiences conducts sensitisation activities in schools and many other areas attracting young people. Educational talks organized regularly in schools, the affixing of no-smoking sign posts in high schools, colleges and primary schools, the encouragement of the creation and installation of anti-smoking clubs in several schools constitute some of the activities (Bakary, 2018). But in spite of these combined actions carried out so far by both the public authorities and civil society, the problem is becoming worrisome. This therefore motivated the researchers to conduct this study on the effects of counselling intervention strategies on the prevention of drug abuse by adolescents in the South West Region of Cameroon.

Statement of the Problem

Abstinence from drug use has been linked with numerous short and long-term benefits including decreased mortality, improved medical status, reduced crime, and increased employment (Hser *et al*., 2001) [8]. Abstinence from drugs by students can reduce their risk of physical and mental health problems, improve their relationships, and develop a greater sense of purpose and fulfillment.

Today's children are the caretakers of tomorrow. Children are therefore expected to abstain from drugs for them to be healthy, focus on their studies and attain their potentials. Unfortunately, one of the major social problems in our schools today is the reported increase in the number of students involved in drug abuse. From the researchers' observations and interactions, drugs abuse among adolescents in Cameroon has become a growing public health and social concern. The Fako Division in the South West of Cameroon is particularly affected due to factors such as urbanisation, peer pressure, academic stress, unemployment and easy access to substances like tramadol, cocaine, cigarette, sachet whiskeys and inhalants. Some even put these drugs inside their bread and pens just to enter into the school campus, thus making it an issue of serious concern.

Despite worldwide concern and education about psychoactive substances, many adolescents continue to abuse drugs probably because they have limited awareness of their adverse consequences. It is for this reason the study sought to find out the effect of behavioural activation strategy on the prevention of drug abuse by early adolescents in Fako Division, South West Region of Cameroon.

Research Question

The study aimed at answering the following research question;

To what extent does behavioural activation startegy affect on the prevention of drug abuse by early adolescentsin Fako Division, South West Region of Cameroon?

Research Hypothesis

Ho_1: Behavioural activation has no significant effect on the prevention of drug abuse by early adolescents in Fako Division, South West Region of Cameroon.

Ha_1: Behavioural activation has a significant effect on the prevention of drug abuse by early adolescents in Fako Division, South West Region of Cameroon.

Methodology

This study was carried out in Fako Division of the South West Region of Cameroon. Fako Division is bounded to the South by the Atlantic Ocean, to the East by the Littoral Region and to the West by the Atlantic Ocean as well as the Ndian and Meme Divisions at the West Coast District. The area covers inhabitants of different ethnic groups though the native of the Division are the Bakweri people. It encompasses seven administrative units namely Buea, Limbe I, Limbe II, Limbe III, Tiko, Muyuka and West Coast sub-divisions. The study site constituted the following localities of Fako Division: Buea, Tiko, Limbe and Muyuka. These localities chosen constitute both urban and semi-urban settlements.

The mixed methods approach with the sequential explanatory research design was adopted for this study. The population of this study included all early adolescents in public secondary schools in Fako Division. Public secondary schools were chosen because only public schools have trained counsellors charged in enhancing students' academic, vocational and personal-social development by employing counselling strategies. In this study, the instruments for data collection were a questionnaire designed for students and an interview guide designed for school counsellors. The questionnaire was used to collect quantitative data while the qualitative data was collected using an interview guide.

Data were collected first from students using a questionnaire through a pretest-intervention-posttest procedure, followed by the collection of qualitative data using an interview guide. The sample comprised of 80 students and 8 counsellors selected from 4 public secondary schools. Quantitative data were analysed using descriptive (means, standard deviation, minimum, maximum, standard error of mean) and inferential statistics (independent sample T-test and Cohen's d). Qualitative data were analysed using thematic analysis with the aid of themes and sample quotations. Data analysis were done using the Statistical Package for Social (SPSS) version 28.0 at $P<0.05$ level of significance. To ensure face validity**,** after constructing the questionnaire and interview guide, copies were handed to some mates and language lecturer for corrections and suggestions. The instruments were then presented to the researcher's supervisor who examined the items, check its appropriateness, language, legibility and clarity. This is aimed at avoiding any form of ambiguity. Their suggestions and corrections aided the researcher in improving upon the quality of the instruments. After making the necessary corrections from the supervisor the instruments were considered as having attained face validity. To attain content validity, items on the questionnaire and interview guide were formulated based on the specific scope of research or research objectives. The instruments were constructed under the supervision of the supervisor and copies were equally given to a statistician and a psychologist for suggestions and corrections. With the assistance of the research supervisors, statistician and 2 guidance counsellors, the instruments were reviewed in line with the objectives of the study, research questions and hypotheses. It was checked to address the appropriateness of the content, the comprehensiveness of the instruments, the logicality of the instruments in getting at the intended variables, the adequacy of the sample of items in representing the complete content that was intended to be measured. The supervisor and experts rated all the items in the questionnaire on a scale of 4 as 1v= inappropriate, 2 = average, 3 = appropriate and 4 = very appropriate. From their ratings the problematic items were adjusted or dropped.

Master Plan of Activities

A master plan of activities that served as a guide for the intervention programme was developed by the researcher based on the various counselling intervention strategies needed in the prevention of drug abuse. The master plan was used to facilitate the prevention of drug abuse in the experimental group. The master plan further exposed the researcher to the intervention strategies in handling drug abuse. It was used to help prevent drug abuse among students in the experimental group through the use of a combination of intervention strategies like behavioural activation, information dissemination, peer education and motivational interviewing.

Procedure for Using the Master Plan of Activities

Organisation of the master plan of activities

The master plan was divided in to eight sections and each section contained a number of sessions. Every session had a long term goal and a set of specific objectives, teaching and learning strategies, resources, stages and duration and assigned tasks. These areas are explained below:

Long Term Goals: These were the expected measurable outcome of each teaching session. To achieve the expected outcome, the goals were sub-divided in to specific objectives and were achievable within the stages/duration.

Teaching/learning strategies: These were suggested interactive strategies or the techniques that the researcher used to present the information including the participation of the students. The learning\teaching methods used were: behavioural activation, information dissemination, peer education and motivational interviewing.

Materials Needed: These were the teaching \learning aids that were used during the teaching process.

Duration: This was the suggested time for the intervention sessions.

Description of the Intervention

SECTION A:

Main issue discussed: In this section the main issue discussed here is based on behaviour activation intervention.

Learning/training strategies: Use of explicit explanation.

Long term goals: By the end of the intervention, students should be able to avoid drug use.

Specific Objectives: By the end of the intervention, students should be able to replace negative emotions/behaviours with positive ones.

Teaching/learning Activities: Trainer used the emotional jar technique by encouraging students to create 2 jars for sad

and happy emotions. The trainer asked students to explain what makes them sad and put in the sad jar and put what makes them happy in the happy jar. At the end the trainer with the resident counsellors went through the jars to discover what makes them happy and what makes them sad. Based on these findings, intervention was provided to eradicate the sad emotions by bringing in positive activities. An entrepreneurial activity was chosen to reduce drug abuse because most of them got involved in drugs due to idleness. So they were engaged in activities to occupy them. The trainer taught them how to make liquid bleach using a basic recipe and the end-product was given to them. We also did journaling which involved them jotting down their daily activities so they can be able to follow up and be on track.

Suggested Time: 1 hour
Assigned Task: Students were asked to note down how they spend their time.

Presentation of Findings

Research Question One: To what extent does the behavioural activation affect the prevention of drug abuse by adolescents?

This section presents data comparing students' mean scores at the pretest and posttest levels on the effect of behavioural activation on the prevention of drug abuse.

Table 1: Comparing students' mean scores at the pretest and posttest levels on the effect of behavioural activation intervention on the prevention of drug abuse

Test Level	Statistics	Pretest Experimental Group	Pretest Control Group	Mean difference
Pretest	**N**	**40**	**40**	0.52
	Mean	19.20	18.68	
	Minimum	13	9	
	Maximum	24	17	
	Std. Error of Mean	.500	.563	
	Std. Deviation	3.16	3.56	
Test Level	**Statistics**	**Posttest Experimental Group**	**Posttest Control Group**	**Mean difference**
Posttest	**N**	**40**	**40**	**6.85**
	Mean	26.30	19.45	
	Minimum	18	14	
	Maximum	39	21	
	Std. Error of Mean	1.33	.654	
	Std. Deviation	10.42	2.92	

Source: Field Survey, 2026

Comparing students' mean scores at the pretest level without behavioural activation intervention, the mean score for students in the experimental group was 19.20 plus or minus 0.50 while that for students in the control group was 18.60 plus or minus 0.56. Thus, as revealed by the approximate equal mean scores for the experimental group (19.20±0.50) and the control group (18.60±0.56) both groups were at the same starting baseline regarding the prevention of drug abuse. Again, the low standard deviation of 3.16 in the experimental group and 3.56 for the control group implies that students' reaction to drug abuse prevention was almost the same. That is, students in both groups did not differ significantly with regards to drug abuse prevention. This establishes a clean baseline, ensuring that any differences observed at the posttest are likely due to the intervention.

On the other hand, at the posttest level where students in both groups were provided information on behavioural activation, students' reactions to drug abuse prevention improved as indicated by a higher mean value of 26.30 plus or minus 1.33 for students in the experimental group when compared to students in the control group not given behavioural intervention with a mean of 19.45 plus or minus 0.65 almost the same as seen at the pretest level (18.60±0.56). The increase in mean from 19.20 at the pretest level to 26.30 at the posttest level for students in the experimental group implies that there was improvement on students' decisions on drug abuse prevention at the posttest level for those in experimental group than those in the control group. The mean difference (6.85) at the posttest level between the control and experimental group indicates that the provision of behavioural intervention at the experimental group proves to be an effective strategy in preventing drug abuse by adolescents.

In addition, to further determine how behavioural activation promotes drug abuse prevention, counsellors were interviewed and findings presented below. Participants were asked to explain how behavioural activation activities help in drug abuse prevention, and majority opined that behavioural activation helps curbs the use of drugs by keeping students busy, and promoting positive social interactions. Being busy makes students think lesser about drugs.

Keeping them busy

Respondents opined that behavioural activation helps prevent drug abuse by keeping students preoccupied with positively rewarding activities. When students are busy, they think less about drugs and over time they stop drugs totally. Drug abuse thrives in boredom and isolation, by actively planning the day, individuals reduce unstructured time where triggers and negative emotions typically lead to drug use. This is reflected in the following typical responses of participants: "*Yes because these activities will keep them busy and takes their minds off drugs."* (P 3) Likewise, other participants stated: *"It will make them busy and leave them with very little time to interact with other mates and smoke."* (P 7) Similarly, another participant added: *"Engaging students in other pleasurable activities will make them focus and think less about drugs."* (P 6).

Correspondingly, another participant intimated: *"They will have limited time to engage in drugs since they will be busy."* (1) Captured in the words of P 5, *"It will help in that when they engage in these activities, there will be no time for them to involve in drugs."* In support of this, participant 4 stated: *"Keeping them busy with other activities makes them focus and reduces some triggers for drug abuse such as boredom and idleness."* Also, P 8 explained: *"Many adolescents frequently take drugs out of boredom or idleness. Providing a rich variety of stimulating, engaging school activities channels this energy in positive, safe directions"*

Promoting positive social connections

It was also reported that behhavioural activation helps promote positive social interactions. This reduces drug

abuse as reflected in the following statements: "*Joining other activities like clubs, music, helps them form positive peer relations centered on same hobbies than drug abuse."* (P 1).

"Engaging students in extracurricular activities helps them form positive relationships and attachment with group members and limits the free time in which most of them become more vulnerable to peer pressure and drug abuse." (P3) *"Some students take drugs because they lack alternative activities that can give them pleasure. Helping them engage in such meaningful activities such as sports helps reduce drugs intake since they have an alternative source."* (P 5) "*Engaging students in physical activities may prevent drug abuse by increasing students' positive associations with non-consumers of drugs."* (P 2).

The effect of behavioural activation on drug abuse prevention was further appreciated by administering a post-test to both the control and experimental groups after the introduction of the treatment to the experimental group. The statistical analysis technique used to compare the influence of knowledge on the use psychological test for both groups to see if they differ significantly was the independent t-test and Cohen's as shown on Table 10.

Verification of hypothesis one (Ho_1): Behavioural activation has no significant effect on the prevention of drug abuse by adolescents

The independent variable in this hypothesis is behavioural activation intervention, while the dependent variable is prevention of drug abuse. The scores of the dependent variable were gotten from the scores recorded from the test administered to the two groups after the introduction of the treatment to the experimental group. The statistical analysis technique used to test this hypothesis was the independent sample t-test and Cohen's *d*. The result of the analysis is presented on Table 2.

Table 2: Effect of behavioural activation on the prevention of drug abuse by adolescents

Test level	Group	N	Mean	Std. Deviation	Std. Error of Mean	T-Test value	*p*-value	Cohen's *d* (Effect size)
Post test	Experimental	40	26.30	10.42	1.33	**4.00**	**.00**	**0.90**
	Control	40	19.45	2.92	.654			

**P<0.05, df(n-2)=78, Mean difference=6.85, Critical T_{xy}=1.99, Std. Error Difference=1.71*

Statistically, a verification of the hypotheses revealed that behavioural activation intervention has a high and significant effect on the prevention of drug abuse by adolescents as indicated by a t-value of 4.00 which is higher than the critical t-value of 1.99 at P=0.05 with 78 degrees of freedom (t test value=4.00, p-value < 0.00 far less than 0.05). Also the effect size, as measured by Cohen's *d*, was calculated to be 0.90 which is considered a large effect.

This is evidence that the intervention carried out in the experimental group led to a significant improvement on students' responses on drug abuse prevention with mean score increasing from 19.20 at the pre-test level to 26.30 in the post-test; unlike in the control group where the students' mean scores in the pre-test (18.68) was not significantly different from their post-test scores (19.45). The mean difference between the experimental and control group at post-test level is 6.85 which is much. This substantial difference between the pretest and post-test scores provides strong empirical evidence that behavioural activation intervention proves to be an effective strategy in the prevention of drug abuse. Therefore, the null hypothesis, which stated that behavioural activation has no significant effect on the prevention of drug abuse by adolescents, was rejected and the alternative hypothesis that behavioural activation has a significant effect on the prevention of drug abuse by adolescents was accepted.

Conclusion and Recommendation

The findings revealed that getting students engaged, busy and occupied with pleasurable and rewarding activities enhances the prevention of drug abuse. It was thus concluded that behavioural activation has a strong and positive significant effect on the prevention of drug abuse. Based on the findings of the study, it was generally recommended that all government administrators, community leaders, psychosocial support agencies and non-governmental organisations should come together to intervene in preventing drug abuse by adolescents. This can be done by conducting campaigns against drugs over the social media, television or radio, organizing workshops and seminars.

On behavioural activation: such as sports, music, drama, debate, volunteer work, and school clubs. These activities can reduce boredom and the likelihood of drug use. Schools should establish structured extracurricular programmes that keep early adolescents actively engaged during and after school hours, thereby reducing idle time that may increase vulnerability to drug abuse. Teachers and school counsellors should work together to identify adolescents who show signs of withdrawal, low motivation, or emotional distress and provide early behavioural activation interventions before drug use begins. Parents should be educated on behavioural activation strategies so they can encourage their children to engage in positive home and community activities instead of spending excessive unsupervised time with peers. Government and educational authorities should provide regular training for school counsellors on evidence-based interventions, including behavioural activation, to strengthen drug abuse prevention programmes. Schools should collaborate with community organisations to create safe recreational and social opportunities that promote positive behaviour and discourage substance use among adolescents. Behavioural activation should be integrated into school health and life-skills education programmes as a preventive strategy against drug abuse.

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