

SELF-MEDICATION: A SURVEY OF PRESCRIPTION DRUG USE AND COUNSELLING INTERVENTION STRATEGIES

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Abstract

Self-medication has been of great concern to the general society. People engage in a variety of drug taking behaviours on a daily basis. The study investigated the incidence of self-medication among teachers in Nsukka Education Zone made up of Nsukka, Udenu, Uzo-Uwani and Igboeze Local Government Areas. The study adopted a descriptive design method, with a population that comprised all teachers in all the schools in the Zone. A total of 300 teachers stratified into 150 males and 150 females were randomly selected from all the schools. A questionnaire was used to collect data on a four-point scale with strongly agree- 4, agree-3, disagree-2 and strongly disagree-1. Results showed that self-medication is real among the teachers in Nsukka Education Zone and they mainly self-medicate with anti malarial, cough and cold drugs. There is significant gender difference in incidence of self-medication and drugs used. The study recommended the intervention by both the government and Guidance Counsellors to eradicate self-medication among teachers.

Introduction

The issue of self-medication has been of great concern to the general society and people engage in a variety of drug taking behaviours on a daily basis. In the medical realm, taking drugs can be initiated by a doctor after thorough interview and examination of the patient and a prescription is written. Reports, however, show that patients can also initiate drug taking on their own based on previous health conditions and drugs prescribed by the doctor, instead of returning to the health care providers. This practice is known as self-medication. Self medication, according to Raz, Edelstein, Grigoryan and Haaijer-Ruskamp (2005), is the treatment of common health problems (diarrhoea, sore throat and common cold, among others) with medicines approved as safe and effective for use without medical supervision. Medicines for self-medication are called nonprescription medicines or "over the counter" (OTC) medicines.

Crary (2010) states that self-medication is an undiagnosed, fearful and anxious process by which those with trauma may try to get themselves "calmed down" through the use of OTC medications, prescription drugs, marijuana, alcohol or other substances. Although this may temporarily relieve anxiety, it is not a lasting method for treating post traumatic stress disorder (PTSD), or any disease for that matter. Self-medication is also a term used to describe the use of drugs or other soothing forms of behaviour to treat untreated and often undiagnosed mental distress, stress and anxiety, including mental illnesses and/or psychological trauma (Kirstin 2010; Vivek, 2010; Howard, 2010). Self-medication, from the foregoing, can be defined as the act of administering drugs on oneself without consulting a doctor or any health care provider.

Self-medication with prescription medicines, according to Kirstin (2010), has a rightful place in healthcare, as it saves money and time that otherwise are spent on visiting a doctor. It is a common practice in developing countries where pharmacies dispense drugs without a prescription due to laxity in the implementation of regulations and monitoring by drug regulatory authorities. People even stock leftover medicines in their homes for reuse or transfer to friends and relatives who need them for similar sicknesses or symptoms. Disagreeing with the notion that laxity in the implementation of regulations and monitoring by drug regulatory authorities is the root cause of self medication, Vivek (2010) stated that even in countries where dispensing of medicines is regulated strictly, self-medication still exists. Optimal therapy with OTC medicines requires that consumers diagnose the underlying condition correctly and use the medicine in a manner that minimizes risk. This is possible only if consumers have some basic knowledge about the medicine, the situations and circumstances under which it can be used, precautions to be observed and contraindications. They should equally know when not to self-medicate and seek further medical attention.

In an earlier study by Buckalew and Buckalew (1993) to survey the incidence of obtaining OTC medicines and the nature of drugs used, a sample of 148 adults reflecting age, gender, and race was surveyed. Seventy-eight per cent (78%) of the respondents reported obtaining OTC drugs without medical advice. Out of the 15 categories of OTC drugs listed, headache or pain remedies, cold or flu remedies, and vitamins were most frequently (>50%) reported as used. There were however, no gender or race effects found for obtaining OTC drugs or for the nature of OTC drugs used.

In another study in Spain aimed at describing the factors associated with self-medicated consumption of drugs from a gender perspective, Carrasco, Hernandez, Lopez and Jimenez (2010) found that 20.17% of all Spaniards indulge in self-medication. The prevalence of self-medication was 16.93% (2715) for women and 14.46% (1469) for men ($p < 0.05$). While lower age, alcohol consumption and smoking habit were the factors that had significant influence on women's predisposition to self-medication, nationality, income, and alcohol consumption were associated with self-medication among men. They, therefore, concluded that the prevalence of self-medicated drug use is higher in women than men and is linked to unhealthy lifestyles, such as alcohol and tobacco consumption.

The question arises, what is a drug? The concept of drug means different things to different people. Drug, in everyday usage, is any substance taken by people for prevention and treatment of diseases or sickness. It can be constituted as tablets or injectable chemicals and normally recommended or administered by doctors and patent medicine dealers for remediation or cure of an ailment. Drug, according to Haro, Hart and Parcel (1997), can be defined as any substance, other than food, which when taken into the body, alters its normal functioning.

Ray and Ksir (2004) define drug as any substance, natural or artificial, other than food, that by its chemical nature, alters the structure or function in the living organism. Webster (1994) defined drugs as chemical substances administered to a person or animal to prevent or cure diseases, or otherwise, enhance physical or mental welfare. It is a habit forming substance.

Montagne (1996) cited a 1972 nationwide survey of drug use by the National Committee on Marijuana drug abuse in the United States of

America, where adults and youths were asked to indicate which substance they regarded as drugs. Substances such as heroin, cocaine, marijuana, and psychotherapeutic agents were taken to be drugs by more than 80% of the respondents. In a focus group discussion with 300 level undergraduate counseling students of the University of Nigeria, Nsukka on what constitutes a drug, 60% listed *panadol*, *amala* and antibiotics, among others, as drugs, while 40% listed alcohol, marijuana and cocaine, among others, as drugs.

Drugs are classified based on their legality or illegality. The New Mexico State University, Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (DHHSSAMHSA), listed drugs under socially legal or illegal. The socially legal drugs include alcohol, prescribed drugs, and OTC cough, cold, sleep and diet medications, among others. The socially illegal drugs include cocaine, crack, hallucinogens, and opiates, such as heroin, opium, morphine and marijuana. From the Internet Health Information Resources, drugs are also classified based on their categories and effects. These are Opioid Analgesics (codeine, morphine), which are highly addictive pain killing drugs that may also produce an extreme sense of well-being. Others are Benzodiazepines-(valium, ativan) which produces a sense of calm and well-being at lower doses, Barbiturates-(Nembutal, Seconal) which at lower or prescribed doses produce a feeling of calm, drowsiness and well-being, but at very high doses can produce severe intoxication, unconsciousness, coma and death.

The nature and extent of certain types of drug taking vary by drug, availability or accessibility and the reason for use. For example, many people have widely adopted drug use as a means of stress management.

The particular nature of the stressors endemic in the lifestyle of individuals leads to increased vulnerability to such self-medication, especially when other coping strategies fail. In a study on the role of drugs in the lives of homeless people, Klee and Reid (2011) interviewed two hundred young homeless drug users (aged 14–25 years). Respondents reported a variety of health problems ranging from respiratory infections, aching limbs and weight loss as the most common. Of greater concern, however, was mental health and 82% reported psychological symptoms, such as depression (sometimes severe and often chronic), anxiety and aggression. While a very high proportion of the respondents (43%) had attempted suicide, mostly through drug overdose, three-quarters of the sample said they used drugs to self-medicate their symptoms.

On the type of drugs used in self-medication, Byrne and Howells (2002) proposed that women tend to use illicit drugs as a form of coping or self-medication for psychological distress. This is in line with the "self-medication hypothesis" which posits that intra-psychic disturbances that affect dysregulation are primary precipitants of substance use. So drugs and substances are used as adaptive attempts to alleviate emotional suffering and repair self-regulatory deficiencies (Khantzian and Albanese, 2008). Another major supposition of the self-medication hypothesis is that a patient's specific drug of choice is reflective of their need to self-medicate a particular feeling state. Opioids are chosen for their ability to suppress aggression and rage, stimulants to escape depression and a feeling of emptiness, and sedatives and alcohol to undo inhibition.

In another study to investigate three kinds of health behaviours - treatment-seeking behavior during sickness, self-medication, and noncompliance of both prescription and OTC drugs - of 1,809 non-

medical dorm students of Dhaka University and Jahangirnagar, Chowdhury, Yasmin, Khandaker and Hossain (2010) reported that decreased treatment cost and short duration of illness strongly correlated with self-medication incidences. Noncompliance was found to be significantly more prevalent among those who were ill for short durations, younger male students and newcomers to the dorms.

Self-medication is not free from risks and hazards. It is common in our environment to see adults not taking their prescriptions as and when due either because of their tight schedules or general dislike for taking drugs. This practice is quite detrimental to health, as the body develops resistance to the abused drug. This assumption is confirmed by a study carried out by Mainous, Everett, Post, Diaz and Hueston (2009) on the availability of antibiotics for purchase without prescription. They found that 138 unique vendors sell antibiotics without a prescription. This indicates that people use antibiotics to self-medicate symptoms without consulting a doctor. Self-administration of antibiotics occurs in all countries with the resultant antibiotic resistance developed by users. Crary (2010) states that self-medication may not only compound trauma, make symptoms worse, increase depression and negatively impact one's physical and mental health, it makes a correct diagnosis of PTSD (and even other illnesses) more difficult.

Statement of the Problem

Self-medication has been associated with illegal drugs which are used to treat psychological problems, such as depression and mental disorder among others. Antibiotics and pain relieving medications, which are regarded as legal drugs, have been equally implicated in self-medication.

Self-medication is practiced by homeless people, students in the dormitories, men and women. The problem of this study therefore, is to investigate whether school teachers in Nsukka Education zone engage in self-medication and the drugs involved.

Purpose of study

The general purpose of the study is to investigate the incidence of self-medication among teachers and the drugs involved. The study will specifically investigate the influence of location and gender on self medication and drugs used.

Research question

The following research questions were formulated to guide the study:

1. To what extent do teachers indulge in self medication?
2. Which drugs do they self-medicate on?
3. Why do people self-medicate?
4. Is there gender difference in self-medication and reasons for self-medication?
5. Is self medication influenced by location?

Hypotheses: The following hypotheses were tested at 0.05 level of significance.

1. There is no significant mean difference in self-medication based on gender.
2. Location will not significantly influence self-medication.

Methodology

Design of study: The study adopted a descriptive design method.

Population: This comprises all teachers in all the schools in Nsukka Education zone.

Sampling and Sampling Technique: A total of 300 teachers stratified into 150 males and 150 females were randomly selected from all the schools in the education zone.

Area of study: The study covered Nsukka Education Zone made up of Nsukka, Udenu, Uzo-Uwani and Igboeze Local Government Areas.

Instrument for data collection: A questionnaire, titled “Drug abuse and self-medication questionnaire” was used to collect data. It has sections A-E covering demographic data, illness prevalent in the society, psychological and mental health problems, drug use and self medication, reasons for self medication and drugs used in self medication. It is a four-point scale instrument with strongly agree- 4, agree-3, disagree-2 and strongly disagree-1.

Results

Research question 1: To what extent do teachers indulge in self-medication?

From Table 1, the greatest health problem of teachers is malaria and eye problem.

Table 1: Health and psychological problems prevalent amongst teachers.

Sn	Items	X	Sd	Remark
1	Malaria is the major sickness that I suffer	3.12	0.90	Prev.
2	I have migrane headache most times	2.33	0.97	Not prev
3	Ulcer is the most common sickness	1.83	0.99	“
4.	High blood pressure is the most prevalent sickness	1.60	0.77	Not prev
5	Pneumonia is my greatest problem	1.77	0.88	“
6.	Cough and Catarrh disturb me always	2.05	0.98	“
7.	I suffer from tuberculosis	1.40	0.83	“
8.	Diarrhea is a constant source of worry to me	1.80	0.82	“
9	I have problems with my sight	2.71	1.04	Prev
10	The major health issue with me is toothache	2.07	0.97	Not prev
11.	I have regular stomach upset	2.40	0.81	“
12.	I suffer arthritic pains in my waist and legs	2.38	0.95	“
13	I prefer to be alone most times	1.95	0.91	“
14	I am always tensed up	2.09	0.94	“
15	I am always depressed	2.23	0.84	“

Prev. = prevalent.

Research question 2: Do teachers visit a doctor to investigate any sign of ill health, refer to earlier medications when similar symptoms re-occur and also buy over the counter drugs without seeing a doctor?

Table 2 shows that respondents visit a doctor to investigate any sign of ill health, refer to earlier medications when similar symptoms re-occur and also buy over the counter drugs without seeing a doctor.

Table 2: Mean and standard deviation scores on the incidence of self medication by teachers

S/N	Items	X	Sd	Remark
1	I always refer to earlier medications when similar symptoms reoccur.	2.91	.83	Accept
2	I buy drugs over the counter without seeing a doctor	2.59	.94	Accept
3	I visit a doctor to investigate any sign of ill health.	2.82	.82	Accept
4	I don't take drugs not prescribed by a doctor.	2.29	.93	Reject
5	Whenever I have headache or feel weak, I take malaria drugs without consulting a doctor.	2.40	.89	“
6	Once I know the drugs to use when I am sick, no need seeing a doctor	2.21	.95	“

Research question 3: What drugs do people self-medicate on?

From Table 3, drugs involved in self-medication include anti malarial drugs, pain relievers and cold and cough drugs.

Table 3. Mean and standard deviation on drugs they medicate on.

S/N	Items	X	Sd	Remark
1.	Anti malarial drugs	3.10	.93	Accept
	Pain relievers	2.90	.86	Accept
3	Anti-Hypertensive drugs	2.20	.99	Reject
4	Antibiotics	2.43	.99	Reject
5.	Sleep inducing drugs	1.91	1.00	Reject
6	Cold and cough medications	2.65	.89	Accept.

Research question 4: Why do people self-medicate?

Table 4 shows that the cost of seeing the doctor and buying drugs, self-confidence in one's ability to identify symptoms correctly and buy the correct drug and taking out time to visit the hospital are at the root of self-medication.

Table 4: Mean and standard deviation on why people self-medicate

S/N	Items	X	Sd	Rem
1.	There is no health centre in my locality, so no doctor to see	2.09	.99	Reject
2.	I don't always finish drugs prescribed by doctors, so I buy what I can finish from any drug store around.	2.21	.96	Reject
3	Seeing a doctor and buying drugs from the hospital is very expensive, so, I take care of myself.	2.72	1.0	Accept
4.	It takes a whole day to see a doctor in the hospital, so I take care of myself.	2.23	.93	Reject
5	Going to the hospital is for serious illnesses like those that require surgery.	2.15	.99	Reject
6.	Ignorance of the consequences of self medication	2.30	.86	Reject
7.	Self confidence in one's ability to identify symptoms correctly and buy the correct medication	2.63	1.02	Accept
8.	I don't have time to visit the hospital	2.51	.92	Accept

Rem= remark.

Research question 5: Is there gender difference in self-medication and reasons for self-medication?

Table 5 shows that both males and females visit the doctor for any sign of ill-health and refer to earlier medications for similar symptoms. Males on

the other hand treat themselves of headache and weakness and buy over the counter drugs for self-medication.

Table5: mean and standard deviation on gender differences in self medication and reasons for self medication

S/N	Items: Incidence of Self medication	Male			Female		
		X1	Sd1	Rem	X2	sd	Rmk
1.	I buy drugs over the counter without seeing a doctor	2.93	.73	Accept	2.21	1.0	rej
2.	Once I know the drugs to use when I am sick, no need seeing a doctor	2.27	.88	“	2.14	1.01	rej
3.	Whenever I have headache or feel weak, I take malaria drugs without consulting a doctor	2.68	.80	Accept	2.10	.87	rej
4.	I visit a doctor to investigate any sign of ill health.	2.84	.75	Accept	2.80	.88	acc
5	I always refer to earlier medications when similar symptoms	3.01	.76	Accept	2.80	.69	acc

	reoccur.						
6.	I don't take drugs not prescribed by a doctor.	2.24	.89	Reject	2.23	.97	rej
	Reasons for self medication						
7	I don't always utilize all the drugs prescribed by doctors, so I buy what I can utilize from any drug store around.	2.48	.98	Reject	1.90	.83	rej
8	There is no health centre in my locality, so no doctor to see.	2.24	.89	Reject	2.23	.97	rej
9.	Seeing a doctor and buying drugs from the hospital is very expensive, so, I take care of myself.	3.02	.96	Accept	3.18	.93	acc
10	It takes a whole day to see a doctor in the hospital, and I don't have the time.	3.11	.69	Accept	2.66	.96	acc
11.	Going to the hospital is for serious illnesses like those that require surgery.	2.08	.89	Reject	2.24	1.09	rej
12	Ignorance of the	2.30	.86	Reject	2.32	.88	Rej.

	consequences of self medication						
13	Self confidence in one's ability to identify symptoms correctly and buy the correct medication	2.63	1.02	Accept	2.77	1.01	Accept

x= mean. sd= standard deviation, acc = accepted, number =300.

Research question 6: Is self medication influenced by location?

Table 6: mean and standard deviation scores on the influence of location on self-medication

S/N	Items	Rural			Urban		
		X1	Sd1	Rem	X2	Sd	Rem
1.	I buy drugs over the counter without seeing a doctor	2.77	0.92	Accept	2.24	.90	Rej.
2.	There is no health centre in my locality, so no doctor to see	2.17	0.98	Reject	1.92	.98	Rej
3	Once I know the drugs to use when I am sick, no need seeing a doctor	2.21	0.92	“	2.20	1.01	Rej
4.	Whenever I have headache or feel weak, I take malaria drugs without consulting a doctor.	2.43	0.87	Reject	2.34	.91	Rej
5	I visit a doctor to investigate any sign of ill health.	2.84	0.79	Accept	2.78	.87	Acc
6.	I don't always finish drugs prescribed by doctors, so I buy what I can finish from any drug store	2.30	0.98	Reject	2.02	.86	Rej

	around						
7.	I always refer to earlier medications when similar symptoms reoccur.	2.90	0.89	Accept	2.93	.72	Acc
8.	I don't take drugs not prescribed by a doctor.	2.35	0.95	Reject	2.18	.89	Rej
9.	Seeing a doctor and buying drugs from the hospital is very expensive, so, I take care of myself.	3.18	0.96	Accept	2.94	.87	Acc
10	It takes a whole day to see a doctor in the hospital, so I take care of myself.	2.98	0.82	Accept	2.72	.89	Acc
11.	Going to the hospital is for serious illnesses like those that require surgery.	2.25	0.96	Reject	1.98	1.03	Rej

x= mean. sd= standard deviation, No=300; Rej- reject; Acc.= Accept.

From Table 6, both the urban and rural respondents self medicate.

Test of hypotheses

H₀₁: There is no significant mean difference in drugs used for self-medication based on gender.

Table 7 shows that there is significant gender difference in the drugs used for self-medication.

Table 7: t-test analysis of gender difference in drug used for self-medication

S/N	Items	Females			Males		
		X1	Sd	X2	Sd	t-cal	Rem
1	Anti-malarial drugs	3.18	.93	3.02	.93	2.12	Sig.
2	Pain relievers	2.66	.96	3.11	.68	2.57	Sig.
3	Anit-Hypertensive drugs	2.24	1.09	2.08	.89	2.24	Sig.
4	Antibiotics	2.17	.98	2.66	.96	2.40	Sig.
5	Sleep inducing drugs	1.63	.88	2.17	1.05	3.67	Sig.

X1= mean for females, X2= mean for males, t-critic = 1.96

H₀₂: Location will not significantly influence drugs used in self medication.

Table 8: t-test analysis on the significant difference in drugs used in self-medication based on location.

S/N	Items	Rural			Urban		
		X1	Sd	X2	Sd	t-cal	Rem
1	Anti-malarial drugs	3.18	0.96	2.94	0.87	1.45	Nsig
2	Pain relievers	2.98	0.83	2.72	0.89	-4.62	“
3	Anti-Hypertensive drugs	2.25	0.97	1.98	1.03	1.39	Nsig
4	Antibiotics	2.52	1.01	2.23	0.93	-4.35	“
5	Sleep inducing drugs	2.06	1.03	1.62	0.88	-4.81	“

X1= mean for rural, X2= mean for urban, t-critic = 1.96; Nsig- not significant

Table 8 shows that location did not significantly influence the drugs used for self-medication.

Discussion of findings

Results show that teachers self-medicate. This lends credence to Kirstin's (2010) report that self medication is a common practice in developing countries, where pharmacies dispense drugs without a prescription due to laxity in the implementation of regulations and monitoring by drug regulatory authorities. The finding is, therefore, not surprising in view of the fact that Nigeria is a developing country.

The drugs most commonly used by the respondents for self-medication were anti-malarial drugs, pain relievers and medication for cough and cold. In a discussion with teachers in a particular school on the issue of drug use and self-medication, they stated that they equally used the local herbs that provide cure for their various sicknesses. The study supports an earlier report by Buckalew and Buckalew (1993) that out of the 15 categories of OTC drugs listed, headache or pain remedies, cold or flu remedies, and vitamins were most frequently (>50%) used.

Men and women equally self-medicate. Although they meet the doctor to investigate any sign of ill-health, they refer to previous medications when they have conditions they feel are similar to the previous one for which they consulted the doctor. Males, however, prefer to handle headaches and weaknesses themselves. This finding is in consonance with the report by Carrasco, Hernandez, Lopez and Jimenez (2010) that the prevalence of self-medication was 16.93% for women and 14.46% for men ($p < 0.05$).

Self-medication is practiced by teachers in both urban and rural areas. In as much as there is no literature on the influence of location on self-medication to back up this finding, it is expected that people in the urban areas will be more enlightened concerning the issue of self-medication and so avoid it more than the rural dwellers. Since this was not the case, it may be that income may also predispose them to self-medication, considering the fact that they have more bills to offset with whatever income they have than the rural dwellers. The reason for self-medication include cost of consulting a doctor and buying the prescribed drugs and taking out time out of people's busy schedule to consult the doctor.

Some of the respondents have self-confidence in their ability to recognize the symptoms of the illness correctly and procuring the necessary drugs for treatment. This corresponds to Chowdhury, et al. (2010) report that decreased treatment cost strongly correlated with self-medication incidences among their respondents. The finding however runs contrary to the finding of Carrasco, et al. (2010) that lower age, alcohol consumption and smoking habit were the factors that had significant influence on women's predisposition to self-medication. Among men, self-medication is associated with nationality, income, and alcohol consumption. They, therefore, concluded that the prevalence of self-medicated drug use is higher in women than men and is linked to unhealthy lifestyles, such as alcohol and tobacco consumption.

The fact that income predisposed the males to self medication is a major indicator that poverty predisposes people to self medication. Non-compliance was equally found to be significantly more prevalent among those who were ill for short durations, younger male students and

newcomers to the dorms. Results also show that there is significant difference between the males and the females. The finding lends credence to Carrasco, et al. (2010), who concluded from their study, that the prevalence of self-medicated drug use is higher in women than men and is linked to unhealthy lifestyles, such as alcohol and tobacco consumption.

The nature and extent of certain types of drug taken vary by drug, availability or accessibility and the reason for use. Another major supposition of the self-medication hypothesis is that a patient's specific drug of choice is reflective of his need to self-medicate a particular feeling state. In line with the above suppositions, gender significantly influences the type of drugs used in self-medication. This finding is not surprising in view of the fact that apart from malaria, cold, cough and pains, which are general illnesses, men and women have their peculiar health problems, which may be dependent on their biological functions and physical activities.

Conclusion

Self medication is real among the teachers in Nsukka Education Zone and they mainly medicate with anti malarial, cough and cold drugs. There is significant gender difference in incidence of self-medication and drugs used. Location did not, however, influence self-medication incidence. In view of the fact that self-medication results to the development of drug resistance, there is need for intervention by both the government and Guidance Counsellors to eradicate this trend of events.

Recommendations

The basic technique for intervention is information, education and communication (IEC). This can be undertaken by the government through the use of the mass media to ensure that the general public, especially users of self-medication, are well informed of the harm imminent from such a practice, thereby protecting them from its possible long-term negative effects. They can also provide adequate drug information to consumers so that they choose the right medicine for a particular illness to gain benefits from self-medication.

Counselors are in a better position to reach out to the youths in schools on a one-to-one counseling interview, during which the students are given information and educated on the various consequences and benefits of self-medication. Group counseling activities like seminars or symposium, whereby medical experts could be brought in to inform and educate the youths, is another veritable means of intervention. Parents can equally be targeted through the PTA and school board meetings, where drug information could be disseminated. This will enable citizens to make informed decision regarding self-medication.

The counselors, on their part, should start the enlightenment campaign from the various schools where they are posted. This is based on the fact that if the youths are made aware of the dangers of self-medication, they, as the future adults, will not go into the practice. The Parents Teachers Association and School Board meetings should equally be utilized by school counselors as fora to disseminate drug awareness information. This will go a long way in eradicating the practice of self-medication.

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