

UNIVERSITY OF EDUCATION, WINNEBA

**Exploring parenting styles and their influence on adolescents' drug abuse in the
Effutu municipality**

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MASTER OF PHILOSOPHY



UNIVERSITY OF EDUCATION, WINNEBA

**EXPLORING PARENTING STYLES AND THEIR INFLUENCE ON
ADOLESCENTS' DRUG ABUSE IN THE EFFUTU MUNICIPALITY**



**A thesis in Department of Counselling Psychology,
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Graduate Studies, in partial fulfilment
of the requirements for the award of the degree of
Master of Philosophy
(Counselling Psychology)
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OCTOBER, 2024

DECLARATION

Student's Declaration

I, Faustina Agyeiwaa Frimpong, declare that this dissertation, except for citations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and that it has not been submitted either in part or whole for a degree elsewhere.

Signature:

Date:

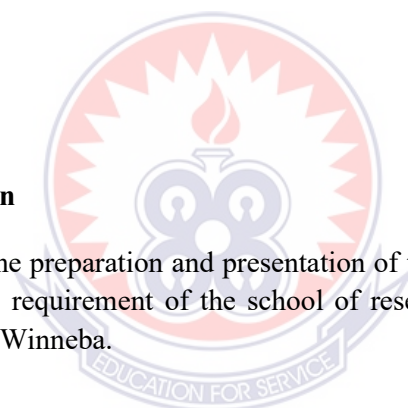
Supervisors' Declaration

We hereby declare that the preparation and presentation of the dissertation has been read and approved as meeting the requirement of the school of research and graduate studies in the University of Education, Winneba.

Prof. Theresa Antwi (Supervisor)

Signature:

Date:



DEDICATION

I dedicate this work to Ebenezer Osei Sekyere, Miriam Afrifa Peprah Sekyere, Micheal Osei Sekyere, Rexford Amankwah Mensah Sekyere and to all the entire family.



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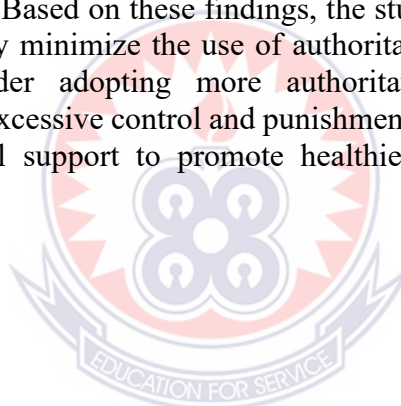
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ABSTRACT

This study explored parenting styles and their influence on adolescent drug abuse within the Effutu Municipality. The research was grounded in Attachment Theory and Baumrind's Theory of Parenting Styles. A phenomenological research design, informed by the interpretive paradigm and guided by a qualitative approach, was employed. A total of 10 adolescents aged between 14 and 19 years participated in the study. Participants were selected using the snowball sampling technique, and data were collected through semi-structured interviews. Thematic analysis was used to interpret the data. Findings revealed that authoritarian and neglectful parenting styles were predominantly practiced in the Effutu Municipality, both of which were found to increase the likelihood of adolescent drug abuse. In contrast, the authoritative parenting style was associated with a reduced likelihood of substance use among adolescents. The study also found that permissive parenting was less commonly practiced in the area. The study highlighted that lack of parental monitoring and involvement, strict rules and punishment, absence of trust, and lack of emotional support were key factors linking parenting styles to adolescent drug abuse. Additionally, adolescents reported facing several challenges as a result of their drug use, including psychological stress and trauma, academic difficulties, stigmatization and discrimination, and engaging in theft to support their habits. Based on these findings, the study recommends that parents in the Effutu Municipality minimize the use of authoritarian practices, avoid neglectful parenting, and consider adopting more authoritative approaches. Parents are encouraged to reduce excessive control and punishment, build trust with their children, and provide emotional support to promote healthier adolescent development and prevent drug abuse.



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

As World Health Organization (2019), puts it, adolescence (10-19 years) is a unique and formative time. Multiple physical, emotional and social changes, including exposure to poverty, abuse, violence can make adolescents vulnerable to mental health problems. Adolescence is a transitional phase from childhood to adulthood. According to Allen and Land (2019) adolescence is a crucial period for developing and maintaining social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; taking regular exercise; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Promoting psychological well-being and protecting adolescents from adverse experiences and risk factors that may impact their potential to thrive are critical for their well-being during adolescence and for physical and mental health in adulthood.

Scott (2018), the adolescent years can also be frustrating, scary and troublesome, much like the hiker sliding down a steep mountain side. Life often seems out of control. Feeling of anger and rage may suddenly emerge and then vanish. Adolescents agonize over their appearance, wondering if they are attractive or ugly. Embarrassing moments produce excruciating pain. Some adolescents feel isolated, believing no one understands or cares.

Every country in the world, developed or developing, incurs substantial costs as a result of damages caused by substance usage (World Drug Report, 2005). The World Health Organization (WHO) estimates that 2.3 billion people worldwide above the age of 15 years, use tobacco, principally in the form of the cigarettes. Majority of these smokers,

940 million, 830 million of them males, live in developing countries (WHO, 2019). While smoking rates have been declining in the developed world, they have increased in the developing countries by as much as 68 percent, especially in Asia and in the Pacific region.

According to UNDP (2017), 3.3 to 4.1 percent of the global population consumes drugs, but more worrisome is that those involved are younger and younger every year. Drug use is a major public health problem all over the world. The use of drugs by the youth have become one of the most disturbing health related phenomena in Ghana and other parts of the world (UNDP, 2017)

Substance use among adolescents is a worldwide health issue. In Ghana, studies show a significant increase in the use of illicit drugs and a worrisome prevalence at an early age (Narcotics Control Board (NACOB) report, 2018). NACOB reported the daily use of alcohol and marijuana among the youth to be 12% and 16.2% respectively. Adonteng (2018) reported that, about 5.3% of the Ghanaian school-going population reported a past-month use of marijuana whilst 7.1% reported a lifetime use of amphetamine. However, alcohol experimentation is most prevalent among 12- to 14-year-olds. These data are worrisome, as early adolescent drug use dramatically increases the risk of lifelong substance use disorder (SUD), interferes with ongoing neurodevelopment, and may induce neurobiological changes that further augment SUD risk.

Substance abuse among adolescents is a growing concern in Africa. Several school going adolescents and youth experience mental health problems, either temporarily or for a long period of time. Some become insane, maladjusted to school situations and eventually drop out of school (United Nations' World Drug Report, 2010)

Substance use is a social problem that has spread and increased rapidly in our educational institutions especially among our secondary school students. In Ghana, this social mal-adaptation is considered an issue of serious concern as it adversely affects the lives and performance of students involved as well as the harmonious functioning of the entire structure of the society. Drug abuse and other associated problems are inimical to the survival and effective functioning of human societies. A significant number of untimely deaths and accidents have been ascribed to the activities of persons under the influence of one drug or the other. The problem of substance abuse is so grave that though it was originally conceived as the problem of a 'select few', it has extended beyond the usual characteristics of abusers being male, adult and urban based people to now include female, youngsters and rural dwellers. These abusers erroneously believe that drugs enhance their performance, put them in good mood, the accompany problems of this act constitute a major threat to the well-being of the society (Tor, 2018).

Usage of substances among youth is associated with a broad range of high-risk behaviour. This type of behaviour can have profound health, economic and social consequences, for example, some youth participate in deviant peer groups, unprotected sexual interaction, interpersonal aggression, destruction of property and perform poorly in their studies (Rashid & Nwale, 2016). According to World Health Report (2016), substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These social ills have devastating effects on many families and communities. Too many youths seem to think of experimentation with substances as an acceptable part of transition into adulthood. Few take seriously the negative consequences of dependence on substances (WHO, 2010). The urgency of the problems associated with youth substance use and misuse of substances impels

lawmakers, educators, parents and communities to take actions. Thus, there is a need to develop more effective evidence-based prevention methods.

Various studies have been conducted to determine the factors that may contribute to adolescent substance abuse. One of these factors is parenting style. For instance, studies done in South Africa (Ntethowa, 2017) and Tanzania (Nguma, 2018) have linked authoritarian parenting style with adolescent substance abuse. According to the aforementioned authors, the lack of warmth and support in authoritarian parenting style can lead to feelings of rejection and alienation in adolescents. This, in turn, can lead to increased risk-taking behaviours, such as drug abuse.

The relationship between parents and children is seen as the main factor influencing children's psychological health, especially parenting behavior (Fletcher et al., 2018). Hastuti (2015) defines parenting as a way of raising children, which includes the experience, expertise, qualities and responsibilities of parents in the education and care of their children as they grow up into the individuals expected by their families and communities. The family plays an essential role in individual psychological development, emotional interaction and maintenance of self-esteem (Barber, 2016). In a family environment, children first learn to discover the world, develop physical and mentally, learn basic norms, and learn how to communicate, which will shape their attitudes and behavior (Ebrahimi et al., 2017). Parental temperament affects parenting style and the quality of emotional relationships with children (Laboviti, 2015).

Parenting styles have been studied extensively in different countries to determine its impact on the behaviour of adolescents, including substance abuse. In Ghana, several studies have investigated this topic, highlighting different facets of parenting behaviours and their influence on adolescent substance abuse. One such study

conducted by Ofori-Atta, Atindanbila and McDaid (2016) explored the association between parenting styles and adolescent substance use in Ghana. The study found that, authoritarian parenting styles, characterized by strict rules and harsh punitive measures were associated with increased substance use among adolescents.

There are many factors associated with adolescent drug and alcohol experimentation and abuse, such as personal values and personality traits. Among these factors, one of the most important is parenting style. Maccoby and Martin developed a theoretical model of parenting styles with two fundamental dimensions in parenting practices: demandingness (strictness, imposition, parental firmness) and responsiveness (warmth, acceptance, involvement). Four parenting styles are defined according to these dimensions: authoritative, neglectful, indulgent and authoritarian.

The term authoritative is used for the parenting style that combines high levels of control and affection. Parents with low responsiveness and few demonstrations of affection are classified as neglectful. Indulgent parents are affectionate, but demand little. Authoritative parenting style refers to parents who direct children's activities rationally; do not limit children; explain to them the reasons behind actions taken; and apply balanced discipline. On the other hand, those who apply the authoritarian parenting style seek to shape, control and evaluate the behavior and attitudes of their children in line with established behavioral standards. This style prioritizes obedience, applies punishment, and instils normative values such as respect, believing that children must accept their parents' word as truth. Authoritarian parents are very demanding but demonstrate little affection, showing low levels of support for their adolescent children. Studies have shown that adolescents are more likely to use drugs when they feel neglected by their parents (Tor, 2018). At the same time, adolescents are more likely

not to use drugs when they feel their parents have authoritative styles. In particular, studies with Brazilian adolescents showed that not feeling supervised, and never feeling understood by parents were associated with illicit drug use.

1.2 Statement of the Problem

Adolescence is a critical stage in human development, often marked by identity exploration, emotional volatility, and susceptibility to peer influence. In Ghana, increasing reports of drug and substance abuse among adolescents have raised national concern. According to the Ghana Narcotics Control Commission (2020), drug use among the youth has surged significantly, with students aged between 12 and 35 making up over 70% of the estimated 50,000 drug users nationwide. This troubling reality has led to devastating social and psychological consequences, including school dropouts, mental health issues, and crime.

One of the most influential yet understudied factors in adolescent substance abuse in Ghana is parenting style. Parenting, as a primary socializing agent, greatly affects adolescents' choices and coping behaviours. Baumrind's (1991) typology of parenting styles; authoritative, authoritarian, permissive, and neglectful has been widely used to explain adolescent behavioural outcomes. Globally, studies (Rashid & Nwale, 2016; Ntethowa, 2017) suggest that overly permissive or authoritarian parenting can increase the likelihood of drug abuse, while authoritative parenting serves as a protective factor.

Within the Ghanaian context, research has echoed these findings. Nkansah and Osei (2016) noted that in low-income communities, where parents are often overwhelmed with economic stress, parenting tends to become either neglectful or permissive, thereby exposing adolescents to risky behaviours. Similarly, Tor (2018) found that adolescents in the Central Region who perceived low parental involvement or

supervision were significantly more likely to report drug use and emotional distress. In their study on youth behaviour and parenting in Ghana, Owusu, Kumi, and Andoh (2017) confirmed that a lack of emotional warmth and poor communication between parents and children contributes to adolescent vulnerability to substance abuse.

In Effutu Municipality, the issue is no different. Local law enforcement reports from the Winneba Police Service indicate a rise in youth-related drug crimes, with the Criminal Investigations Department (CID) documenting 2,632 drug-related cases between 2015 and 2022. The Winneba Prisons Service also recorded 1,401 incarcerations related to drug offences in the same period. As a student counsellor in the municipality, the researcher has handled multiple cases of drug abuse among adolescents, many of which appear to stem from parenting challenges such as absenteeism, over-control, or lack of emotional bonding.

Despite these alarming trends, few empirical studies have explored how parenting styles specifically influence adolescent drug abuse in the Effutu Municipality. Existing national-level studies tend to focus on urban centres like Accra or Kumasi (Anarfi et al., 2019; Adu-Gyamfi & Brenya, 2015), leaving a significant research gap in smaller municipalities. Moreover, most of these studies employ quantitative methodologies, which, while valuable, may not fully capture the lived experiences of adolescents navigating parental relationships and substance use.

Therefore, this study seeks to address several critical gaps in the existing literature and local understanding of adolescent drug abuse in the Effutu Municipality. First, there is a lack of empirical data on the specific parenting styles commonly practiced in the municipality and how these styles shape the everyday interactions between parents and their adolescent children. Second, while general correlations between parenting and

adolescent behaviour have been identified, there is insufficient insight into how particular parenting styles influence patterns of drug abuse among adolescents in this specific local context. Third, the unique and contextual challenges adolescents face in Effutu, such as poverty, family instability, and peer influence remain underexplored, especially in relation to weak or inconsistent parenting. Lastly, existing intervention strategies are often designed at the national or regional level, overlooking the need for community-specific approaches that consider the critical role of parenting in shaping adolescent behaviour. This study, therefore, aimed to fill these gaps by exploring the lived experiences of adolescents in Effutu and how parenting styles contribute to their involvement in substance abuse.

1.3 Purpose of the Study

The study sought to explore parenting styles and their influence on adolescent drug abuse. Exploring the relationship between parenting styles and adolescent drug abuse is crucial to developing effective prevention and intervention programmes in the Effutu Municipality.

1.4 Objectives of the Study

The following served as the objectives of the study:

1. To find out the parenting styles parents predominantly used during their child up-bringing in the Effutu Municipality.
2. To find out how parenting styles influence adolescents' drug abuse in the Effutu Municipality
3. To find out the challenges the adolescent face regarding drug abuse in the Effutu Municipality?

4. To identify the potential areas for interventions aimed at addressing adolescent drug abuse in the context of parenting styles in the Effutu Municipality.

1.5 Research Questions

The study was guided by the following research questions:

1. What parenting styles do parents predominately use during their child up-bringing in the Effutu Municipality?
2. How do these parenting styles influence adolescents' drug abuse in the Effutu Municipality?
3. What challenges do adolescent's face regarding their abuse of drugs in the Effutu Municipality?
4. What are the potential areas for interventions aimed at addressing adolescent drug abuse in the context of parenting styles in the Effutu Municipality?

1.6 Significance of the Study

The findings of this study are expected to be significant in multiple ways. Firstly, the study will provide valuable insights for parents, educators, and policymakers, enabling them to better understand the link between parenting styles and adolescent drug abuse. This understanding can inform the creation of more supportive home and school environments that discourage drug use and promote healthy adolescent development.

Secondly, the study serves as an important call to action for parents and guardians, highlighting the need to recognize adolescence as a sensitive stage of development that requires thoughtful and nurturing parenting. By revealing the effects of different parenting styles, the study encourages the adoption of more effective and supportive parenting practices.

Furthermore, the study will benefit guidance and counselling coordinators by offering deeper insight into the causes and consequences of adolescent drug abuse. This will enable them to design practical, responsive support systems, develop targeted intervention strategies, and conduct awareness campaigns aimed at mitigating the risk of drug use among students.

In addition, the findings will contribute to the existing body of knowledge on youth substance abuse in Ghana, offering useful evidence for health administrators and other stakeholders in developing more effective drug prevention and rehabilitation policies. It will also help the general public better appreciate the roles played by various stakeholders—such as the police, the Narcotics Control Board, religious institutions, families, and community leaders—in addressing adolescent drug abuse.

Lastly, the study will serve as a foundation for future research. It offers a reference point for scholars and students interested in conducting further or related studies on parenting, adolescent behaviour, and substance abuse, particularly within the Ghanaian context.

1.7 Delimitation of the Study

This study was delimited in scope, content, geography, population, and theoretical framework to ensure focus, manageability, and depth of analysis. Firstly, the study focused specifically on parenting styles and their contribution to adolescent drug abuse, excluding other potential contributing factors such as peer influence, media exposure, or socio-economic status. This focus was intentional in order to examine in detail the

role of the family unit, particularly parenting behaviours—in shaping adolescents' attitudes and behaviours toward drug use.

Geographically, the study was limited to selected communities within the Effutu Municipality. Due to logistical and resource constraints, it was not feasible to extend the study to the entire municipality or to include other districts. The selected communities were, however, representative of the broader context of the municipality in terms of social dynamics and youth-related challenges.

In terms of the study population, only adolescents aged between 14 and 19 years were included. This age range was chosen because it represents a critical developmental period where individuals are more vulnerable to external influences and are likely to experiment with risky behaviours such as drug use. Including younger children or older youth might have introduced variability in developmental needs and parental influence, which could dilute the focus of the study.

Theoretically, the study was delimited to John Bowlby's Attachment Theory and Diana Baumrind's Theory of Parenting Styles. These theories were deemed most appropriate for explaining the dynamics of parent-child relationships and their influence on behavioural outcomes. Attachment Theory provided the emotional and psychological lens, while Baumrind's framework allowed for a classification and analysis of parenting behaviours. Other psychological or sociological theories were not considered in this study to maintain a focused theoretical foundation. These delimitations were necessary to ensure that the study remained coherent, practical, and theoretically grounded, while still offering valuable insights into the influence of parenting on adolescent drug abuse within the selected local context.

1.8 Organization of the study

This study consisted of five major chapters. Chapter one, dealt with the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, delimitation of the study and organization of the study. Chapter two focuses on the review of related literature. The principal reason behind the review of relevant literature is to understand and clarify more sensitive questions about adolescents' substance abuse and parenting styles. Chapter three covered methodology and it was devoted to discussing how the study was conducted. Sub-headings discussed include the research paradigm, research approach, research design, population, sample and sampling techniques, research instrument, pre-testing of research instrument, trustworthiness of data, data collection procedures, data analysis procedures and ethical considerations. The results of the research and discussions of findings was presented in chapters four. The results related to each research question are discussed and interpreted in relation to the literature reviewed while chapter five focused on the summary, conclusions, recommendations and areas of further studies.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature relevant to the study. Literature, therefore, was reviewed under the following strands:

1. Theoretical framework
 - a. John Bowlby's Attachment Theory
 - b. Anne Roe's Theory on Parenting Styles
2. Parenting Styles
3. Drug Abuse in Adolescents in Relation to Parenting Styles
4. Drug Abuse
5. Drug Abuse in Adolescents
6. Types of Drugs Abused by Adolescents
7. Effects of Drug Abuse
8. The Role of Guidance and Counselling in Minimizing Drug Abuse among Adolescents
9. Adolescent Experiences Regarding Their Abuse of drug
10. Summary of Reviewed Literature

2.1 Theoretical Framework

The study was underpinned by two theories; John Bowlby's Attachment Theory and Anne Rose Theory on parenting styles.

2.1.1 John Bowlby's Attachment Theory

John Bowlby's Attachment Theory is a foundational framework in developmental psychology that explains the significance of early emotional bonds between children and their primary caregivers, especially in shaping social, emotional, and psychological development. Bowlby (1978) proposed that these early attachment relationships are biologically driven and serve an evolutionary function by ensuring the survival and protection of the child. According to the theory, the quality of these attachments plays a crucial role in influencing how children grow to regulate emotions, handle stress, and form relationships throughout life.

Central to Attachment Theory is the concept of attachment formation, where infants are naturally predisposed to form emotional bonds with their primary caregivers, usually their mothers. These early bonds, if consistent and nurturing, lead to what Bowlby called secure attachment, in which children feel confident exploring the world, trusting that their caregiver will be responsive and available. Conversely, insecure attachment styles—such as avoidant, ambivalent, or disorganized—develop when caregivers are inconsistent, unresponsive, or neglectful, leading to emotional instability and difficulty in coping with stress.

Bowlby also introduced the idea of internal working models, which are mental representations of the self and others formed through early attachment experiences. These models shape how individuals perceive relationships, handle emotions, and assess risks, often persisting into adolescence and adulthood. For example, securely attached adolescents are more likely to perceive relationships as trustworthy and to use healthy coping strategies, while insecurely attached adolescents may struggle with emotional regulation and engage in maladaptive behaviours such as substance abuse.

A critical aspect of Bowlby's theory is the sensitive period for attachment development typically in early childhood during which the formation of secure bonds has the most profound impact. Prolonged separation or inconsistent caregiving during this time can result in what Bowlby termed maternal deprivation, which can lead to a range of negative developmental outcomes including anxiety, depression, and poor social functioning.

The relevance of Attachment Theory to the current study lies in its ability to explain how parent-child emotional bonds—often shaped by parenting styles—can influence adolescent behaviour, particularly in relation to drug abuse. Adolescents who experience secure attachment are more resilient, better equipped to handle emotional distress, and less likely to resort to drugs as a coping mechanism. In contrast, those with insecure attachment styles may be more prone to emotional instability, low self-worth, and a tendency to use substances to cope with psychological distress or unmet emotional needs.

Moreover, the parenting styles explored in this study; authoritative, authoritarian, permissive, and neglectful are deeply connected to attachment quality. Authoritative parenting, which is warm yet structured, tends to foster secure attachments, while authoritarian and neglectful parenting often lead to insecure attachment patterns. These insecure patterns can manifest in adolescents as mistrust, emotional withdrawal, or rebellious behaviour, all of which are risk factors for drug use.

Additionally, communication and trust, key components of secure attachment, play a preventive role in adolescent drug abuse. Adolescents who trust their caregivers are more likely to engage in open discussions about risks and seek help when in distress. Parents who maintain open lines of communication and model healthy coping strategies provide a secure base, reducing the likelihood that adolescents will turn to drugs as a form of escape.

Bowlby's Attachment Theory provides a robust psychological explanation for how early caregiving relationships, influenced by parenting style, shape adolescent behaviour and vulnerability to substance abuse. This theoretical lens is particularly valuable for this study, as it underpins the emotional and relational dynamics at the heart of adolescent drug use within the context of parenting practices in the Effutu Municipality.

2.1.2 Anne Roe's Parental Styles Theory

Anne Roe's Parental Styles Theory offers a psychological framework that categorizes parenting into four main styles: authoritative, authoritarian, permissive, and uninvolved (neglectful). These styles are differentiated based on the degrees of warmth (responsiveness) and control (demandingness) that parents exercise over their children. Roe emphasized that parenting is not about fixed labels but about understanding how different approaches influence child development, behaviour, and long-term outcomes. Authoritative parents, who combine high levels of warmth with consistent discipline and clear expectations, are seen as the most balanced. They encourage independence while remaining supportive, leading to children who are emotionally secure, self-regulated, and less likely to engage in problem behaviours such as substance abuse.

In contrast, authoritarian parents tend to be highly controlling but emotionally distant. They enforce rigid rules and expect obedience without providing emotional support or room for dialogue. Adolescents raised under such conditions often experience low self-esteem, anxiety, and rebellion, making them more vulnerable to experimenting with drugs as a form of coping or resistance. Permissive parents, though emotionally supportive, offer little guidance or boundaries. Their leniency can result in children who struggle with self-discipline, are impulsive, and may engage in risky behaviours like drug use due to a lack of consequences or structure. The uninvolved parenting style is marked by minimal emotional involvement and supervision. Children raised in such environments often face neglect, emotional detachment, and lack of direction, factors that significantly increase their susceptibility to drug abuse as they seek attention, escape, or comfort elsewhere.

Roe's theory is especially relevant to this study as it provides a structured lens through which to analyze how parenting styles shape adolescent behaviours, including drug use, within the Effutu Municipality. Adolescents growing up in communities with high instances of authoritarian, permissive, or neglectful parenting may be more prone to substance abuse due to emotional neglect, lack of guidance, or inconsistent discipline. This is consistent with findings by Boateng et al. (2020), who observed that adolescents raised by authoritative parents were significantly less likely to engage in substance abuse compared to their peers from authoritarian or neglectful households. Understanding Roe's classification of parenting styles helps to explain how different approaches to child-rearing either protect against or contribute to adolescent drug abuse. It also reinforces the need for community-based interventions aimed at promoting positive, supportive, and structured parenting practices, which are critical in reducing substance abuse and improving adolescent well-being.

2.2 Conceptual Review

This section presents a conceptual exploration of the key constructs that underpin the study, with a particular focus on parenting styles and their influence on adolescent drug abuse. It begins by examining the concept of parenting styles, identifying the major typologies and their characteristics, and discussing how these styles affect adolescent behaviour and decision-making. The review then delves into the concept of drug abuse, followed by a focused discussion on drug abuse among adolescents, exploring how parenting practices intersect with adolescent risk behaviours. The section further outlines the types of drugs commonly abused by adolescents, especially within the Ghanaian context, and highlights the effects of drug abuse on adolescent development and wellbeing. It also considers the role of guidance and counselling in addressing and minimizing drug abuse among adolescents, emphasizing the importance of early intervention and support systems. Finally, the review explores adolescents' lived experiences with drug abuse, providing insight into the personal, social, and emotional challenges they face. These conceptual discussions provide the foundation for understanding the dynamics at play in the Effutu Municipality and justify the study's focus.

2.2.1 Parenting Styles

Darling and Steinberg (2019) explained that, parenting styles are a psychological construct of strategies, characterized by patterns of warmth and control, which a parent uses to rear their child. Parenting styles are distinguished by being positive or negative. Positive parenting styles influence the behavior and development of a child positively; while negative parenting styles influence the behavior and development of a child negatively (Clark & Ladd, 2010). Research indicates that positive parenting is beneficial, yet there are some contextual influences on effective parenting practices

(Belsky, 2017; Blatt, S. J., & Homann, 2019). When considering contextual influences, it has been found that the effectiveness of a parenting style may depend on the environment, cultural group or population that a child is exposed to (Blosson, 2016).

Parenting is a complicated occupation that requires many different skills to facilitate the rearing of the child. It is within the first year or two of the child's life that parents begin to attach to a parenting style (Darling & Steinberg, 2019). When researchers attempt to describe these patterns, most rely on Baumrind's concept of parenting styles. In her view, "parenting style is used to capture normal variations in parents' attempts to control and socialize their children" (Baumrind, 1991a, p. 349). Additionally, he examined parental disciplinary patterns and social competence in children and created a theory that included three basic parenting styles: Authoritative, Authoritarian, and Permissive (sometimes referred to as Indulgent). Bogenschneider and Pallock, (2018) expanded this to four and added uninvolved (sometimes referred to as Neglectful). However, knowledge gaps exist as none of the above studies give a clear overview of the level of substance use in Kampala. This study was set to address this gap. One factor that may contribute to adolescent substance use is parenting styles and how adolescents respond to different types of parenting. Forms of parenting styles and the application of specific parenting behaviors are important in the upbringing of children and adolescents. If parenting styles are not enforced properly then parents do not develop a healthy form of attachment with their child, which can result in long term consequences (Borawski, 2013). Studies have shown that parenting styles that include low parental involvement, inconsistent discipline, and poor monitoring of adolescents can lead to teens having mood disorders and depression (Brown & Iyenger, 2018). Also, the four types of parenting (i.e. neglectful, permissive, authoritative, and authoritarian) and the way they are applied (neglectful and permissive may lead to more negative outcomes)

in a parent to child relationship are linked to children having psychological disorders and anxiety issues (Brown & Iyenger, 2018).

The neglectful parent is one who engages in minimal parenting behaviors. These parents not only show low emotional support for the child, but also do not put much effort into controlling or setting boundaries for the child (Caples & Barrera, 2016). Permissive parenting is characterized by being very lenient with a child and giving them as much freedom as the parent can, but also being emotionally supportive and warm. It also is consistent with inconsistent discipline and poor monitoring of children. The permissive parent tries to be more of a friend or acquaintance to the child rather than an authority figure who guides and monitors their behaviors. These parents want to be accepted by the child and are in no way controlling of the child.

Authoritative parenting style refers to parents who direct children's activities rationally; do not limit children; explain to them the reasons behind actions taken; and apply balanced discipline. On the other hand, those who apply the authoritarian parenting style seek to shape, control and evaluate the behavior and attitudes of their children in line with established behavioral standards. This style prioritizes obedience, applies punishment, and instills normative values such as respect, believing that children must accept their parents' word as truth. Authoritative parenting involves being more directive and setting rules and standards, while also maintaining warmth and emotional closeness. These parents try to see the child as an equal and take into consideration their opinions. This form is consistent with high levels of parental involvement, high levels of positive parenting, high monitoring of children, and low levels of inconsistent discipline. The parent does not overexert his/her power over the child, but is also not too lenient with the child. The parent works with the child to find a common ground. The final form of parenting is authoritarian, which is characterized as having low

responsiveness, low positive parenting, and greater use of punishment and strict discipline as means of parenting. There is not much nurturance in this form and it has extremely high parental monitoring and low parental involvement and sees that the child “stays in his/her place” with no form of independence in the child (Cohen & Rice, 2017).

2.2.2 Drug Abuse in Adolescents in Relation to Parenting Styles

According to Cohen and Rice, (2017), there is a significant link between adolescent drug abuse and aspects of parenting styles such as parental monitoring and involvement. A recent study reported that higher levels of parental monitoring and “good general parenting practices” resulted in a lower likelihood of adolescents using marijuana and other drugs (Chege, Mungai, & Oresi, 2017). Permissive parenting and authoritative parenting have been shown to correlate with the level of delinquency an adolescent exhibit, in that permissive parenting relates to a child having a higher number of incidents with the police and more serious delinquencies, whereas authoritative parenting is associated with little to no serious delinquency incidents (Collins, & Steinberg, 2016).

Drug addiction today is widespread in the country and it has spread to every level of age in society. This situation is alarming because youth today is a national asset that will continue the continuity and development of the country in the future (Hassan, 2018). In the Youth Act (Act 668) (2017), it has been mentioned in terms of age limits those aged 15 to 40 years belonging to youth and it represents 60 percent of the country's current population. Various schemes were introduced by the government and private to these youths to develop them, involving various sectors such as skills, business, entrepreneurship, education and more (UNICEF Malaysia, 2017).

In addition, in terms of building personality and identity, various programmes and courses were organized by various government agencies such as the Ministry of Youth and Sports, the Ministry of Education, the National Population and Family Development Board (LPPKN) and non-governmental agencies social development. Nevertheless, despite the efforts of the government and the private sector in advancing the youth, it remains with the existence of negative elements and harm that can spoil the advancement of youth in terms of behavior that can risk them to ruin their own future (Fauziah, 2019).

Parenting styles are important elements in producing high-profile adolescent. Applying the right parenting style will produce skilled youth from all aspects including physical, spiritual and physical aspects. Baumrind (1995) introduced the model of parenting styles which is divided into three types, authoritarian, permissive and authoritative. The authoritarian parenting style is illustrated by the high demands of parents but low accountability. Parents place high expectations on children by practicing a control approach, punishment and strict rules that do not allow the children to question them. On the contrary, in the authoritative parent style, parents are characterized by high demand and high accountability that is practicing firmness that is balanced with the willingness to listen to children's views, tolerance, friendship, and fully involve in the process of helping and educating children. While in permissive parenting style, parents are characterized by high accountability but low demands of being too soft, fulfilling the needs of children and assuming children as mature individuals and can determine themselves without pressure, control or rules of good conduct and are not strictly prohibited by the parents. Studies have found that, children and youths' perceptions of their relationship with parents have a profound impact on their emotions and social

relationships (Goleman, 2018). In addition, parenting style applied to children affects the development of children's socio-emotions and the familiarity of relationships with these parents is an emotional bond that determines the development of a safe interpersonal relationship between parents and children (Goodwin, 2013).

Parental closeness can also play an important role. Winter (2012) concluded that, there is a significant link between a child's delinquency and how close they are to the parent (i.e. parental involvement and positive parenting) and that a child's level of attachment to a parent is a good indicator of whether the child will engage in delinquent acts (i.e. substance abuse) (Cummings, 2015). According to Winter (2012), the father to youth relationship is a significant predictor of delinquency, and increasing closeness between a youth and his/her father is associated with a decrease in delinquency and bad behaviors over time. Also, the teens in the same study who did not trust their parents and felt as if they could not go to them for advice had a higher rate of substance abuse (Daily, 2016).

Another study by Darling (2016) concluded that adolescents who had parents that were emotionally detached from them and did not offer the child much emotional support or closeness had an elevated level of alcohol use. In addition, as the teen felt more and more emotionally unstable and alone over time, their alcohol intake increased. Contrary to this, the teens who had parents who were close to them and offered them an abundance of emotional support did not have such a high level of alcohol intake, suggesting that the kids may abuse alcohol to cope with the fact that their parents are not emotionally there for them in a time when emotional stability and support is of the utmost importance (Darling, 2016). Other researchers have found similar evidence linking parental measures to adolescent substance abuse. This study demonstrated that parenting practices (e.g., closeness of mothers) had a significant impact on the intake

of alcohol by the adolescent and there was no difference according to race, age, and living situations (Darling & Steinberg, 2013). This emphasizes the importance of the maternal role in an adolescent's life in all populations, because mothers are expected to be that emotional figure that children can turn to for anything (Darling & Steinberg, 2013). Furthermore, it was found that the closeness with the mother was much more significant than parental monitoring by the mother, in that the adolescents who felt disconnected from their mothers experimented with more drugs to cope with the emotional gap in their lives (Darling & Steinberg, 2013).

It has also been shown that there is a correlation between a parents' control, monitoring, and discipline and a child's level of substance use (Dishion, & McMahon, 2018). In a recent study, parents who displayed poor control, poor monitoring, and inconsistent discipline had adolescents who had elevated use of alcohol as well as high levels of another drug abuse (Dishion, & McMahon, 2018). Another study concluded that parental monitoring can have a significant impact on children's externalizing behaviors and substance abuse habits over time. Specifically, the researchers found that parents becoming more aware of what their teen was doing and paying closer attention to his/her whereabouts and actions was associated with decreases in substance use and delinquent activities by the child (Dixon, Graber & Brooks-Gunn, 2018). Not only is parental closeness and monitoring a factor in the behaviours of adolescents, but inconsistent discipline has shown to play an important role as well. It was found in a recent study that a mother's inconsistent discipline (i.e. letting off punishment early and not punishing for an action one time, but then punishing another time) led to the kids having an increase in externalizing behaviors. This study also found that a lack of parental monitoring was linked to an escalation in the child's externalizing behaviours (Ge, Best, Conger, & Simons, 2016).

2.2.3 Drug Abuse

According to Stedman's Medical Dictionary (2005), a drug is any substance other than food, that when inhaled, injected, smoked, consumed, absorbed via a patch on the skin or dissolved under the tongue causes a physiological change in the body. Drug or substance abuse refers to self-medication or self-administration of a drug in chronically, excessive quantities, resulting in physical and, or psychological dependence, and deviation from approved social norms (Salerno, 2017). Shahin (2013) also defines drugs as non-nutritional substances that are deliberately introduced into the body to produce physiological and /or to produce psychological effect. Yes, even though drugs are not nutritive substances, some drugs are notional substances in the form of capsules containing vitamins and minerals substances in the form of iron, potassium, zinc among others.

Drugs, whether in the form of nutritional or non-nutritional substances contain chemicals that have side effects and must be taken with precaution even under medical conditions. It is important to note that drugs as food supplements or contain vitamins are not food and cannot be substituted for food. Drugs that act primarily on the brain produces altered state of mood; perception, consciousness and central nervous system activity are called psychoactive drugs (Science Daily 2015).

The World Health Organization (WHO, 2010) defines substance abuse as a maladaptive pattern of drug use despite knowledge of persistent recurrent social, occupational and psychological problems. Due to their socio-economic status, developing countries often tend to have more complex problems with the abuse of substances like alcohol, tobacco, cannabis and other volatile substances. However, Scanlon (2011) observes that this picture tends to change. Increased movement of

people, better communication technology and improved socio-economic status among others, also influence the drug trade and increase the drug abuse problem.

The type of drugs abused in the urban and rural communities in Ghana also differs. Drug abusers in the rural communities start and often continue a lifetime of drug abuse with legal drugs, such as alcohol and tobacco smoking, and then do not move beyond the abuse of cannabis, whereas abusers in urban communities might start with the abuse of alcohol and cannabis but quickly move to more dangerous drugs or even start with the more addictive drug like cocaine. Generally, substance abuse is the deliberate and habitual taking in of drugs which no physician has prescribed so as to alter the mood of feelings, consciousness and the reasoning power of the individual.

Specifically, the United Nations' World Drug Report (2011) defines drug abuse as the self-administration of any drug in a manner that diverts from approved medical or social patterns within a given culture. Legal drugs and substances are socially accepted and their use does not constitute any criminal offence. Tor, (2018) also define drug abuse as a deliberate or unintentional continuous use of mind-changing chemical substance that results in any degree of physical, mental, emotional and social impairment of the user.

Taking into consideration the varied views of what constitutes drug abuse, it is safe to state that a drug is abused when the user takes in excessive quantity which modifies the normal body functioning. In the process of development of the human body, many people, particularly the youth, experiment with newly discovered aspects of their physical and emotional selves. During this period, the youth are likely to experiment with drugs and some will be addicted.

Drugs and other substances are used for variety of reasons, for instance to cure or prevent diseases, to reduce or prevent sleep, to relieve pain, to reduce stress, to alleviate human suffering and other social purposes. Drugs can, therefore be classified under the following headings according to Crain, (2004).

2.2.3.1 Depressants

According to Substance Abuse and Mental Health Services Administration (2020), depressants are drugs that inhibit the function of the central nervous system (CNS) and are among the most widely used drugs in the world. These drugs operate by affecting neurons in the CNS, which leads to symptoms such as drowsiness, relaxation, decreased inhibition, anesthesia, sleep, coma and even death. According to Narcotic Control Board, Ghana (2010) report revealed that depressants include alcoholic substances, barbiturates and benzodiazepines. Alcohol, also known as ethyl alcohol, is the second most widely used psychoactive drugs in the world (caffeine is number one). While alcohol is a legal drug, it also has a high potential for abuse. One survey conducted by the Substance Abuse and Mental Health Services Administration (2002) found that nearly 70 million people over the age of 12 reported participating in binge drinking or heavy drinking. Alcohol use and abuse also has high social costs. According to the American Psychiatric Association, approximately 50 percent of all assaults, homicides and highway deaths involve alcohol (2000). Examples of alcoholic drinks used in Ghana are Akpeteshie, Palm wine, Pito, Alomo Bitters, beer to mention few.

Barbiturates sometimes referred to as downers, are a type of CNS depressant that causes euphoria and relaxation when taken in low doses. During the early half of the 1900s, barbiturates were viewed as a safe depressant, but problems with addiction and deadly overdoses soon became apparent. Barbiturates have a dramatic impact on sleep patterns,

resulting in suppressed REM sleep. Because the potential for addiction and misuse is so high, barbiturates are commonly replaced with benzodiazepines to treat anxiety and sleep problems (Substance Abuse and Mental Health Services Administration 2002).

According to Latner (2000), Benzodiazepines are a type of CNS depressant widely prescribed to treat anxiety and sleep disorders. In 1999, four different benzodiazepines were among the top 100 most prescribed drugs in the U.S. Because of their low toxicity and high effectiveness, benzodiazepines have been popularly used as a short-term treatment for anxiety problems and insomnia. However, their potential for dependency makes them a less preferred long-term treatment for generalized anxiety disorder, post-traumatic stress disorders and panic disorders.

2.2.3.2 Stimulant

Craig, (2017) posits that cocaine increases, explains stimulants as substances that have an activating effects on the nervous system. These drugs make people more active and wide awake. They accelerate physiological activity. They minimize or eliminate the feeling of tiredness, increase the activity of the central nervous system (Narcotic Control, 2010). These drugs excite and sustain activity while diminishing symptoms of fatigue. Examples of substances grouped stimulants are crack, caffeine, amphetamines, ecstasy and cocaine.

2.2.3.3 Hallucinogens

Aghajanian and Marek (2017), opine that hallucinogen produce hallucinations. Hallucinogens cause their effects by disrupting the interaction of nerve cells and the neuro transmitter serotonin. Distributed throughout the brain and spinal cord, the serotonin system is involved in the control of behavioral, perceptual, and regulatory

systems, including mood, hunger, body temperature, sexual behavior, muscle control, and sensory perception.

Under the influence of hallucinogens, people see images, hear sounds, and feel sensations that seem real but do not exist. Some hallucinogens also produce rapid, intense emotional swings (Abraham, Aldridge & Gogia, 2021). Hallucinogens include LSD, cannabis or marijuana and magic mushroom (Narcotic Control Board-Ghana, 2018). It produces euphoria and heightens enjoyment of food, music and sex.

2.2.3.4 Narcotics or Opiates

These drugs include prescription pain killers like codeine, heroin, demerol, methadone morphine, opium. Some of the effects include diminishing pain, sense of euphoria, slowed breathing, slowed heart rate, loss of mental abilities. Morphine is the strongest pain killer in medicine. Its use is limited to cancer. It easily leads to mental illness (Crain, 2004).

2.2.3.5 Cannabis

These drugs include all forms of marijuana. The effects include erratic actions, aggressiveness. Marijuana affects the sensitive brain centers. It alters hearing, touch, taste and smell as well as a sense of time. It also produces change in sleep patterns (Crain, 2004). Inhalants and / solvents are drugs which include anesthetic agents. They include acetone, aerosol gases, glue and other organic solvents (Crain, 2004).

2.2.4 Drug Abuse in Adolescents

Drug abuse in adolescents has been an increasing problem in society. Previous research has shown that adolescents can develop long term substance abuse habits early in life and that most adolescents first start experimenting with drugs between the ages of 13

and 18 (Sharma, 2015). According to a survey study of adolescent substance users, kids know that the drugs will have adverse effects on their lives, but try them anyway because they provide relief from environmental factors, such as stress (Sharma, 2015).

There are three substances that are very popular with adolescents: alcohol, marijuana, and ecstasy. One of the most common substances that adolescents use is alcohol. Alcohol abuse by adolescents is a persistent problem, even though teens are aware that it is both illegal and potentially dangerous for them to be using alcohol (Killeya-Jones & Costanzo, 2019). According to Killeya-Jones, and Costanzo (2019), one-third of adolescents have engaged in binge drinking by the time they are in 9th grade and rates have been increasing in the past several years.

Along with alcohol, marijuana is shown to be one of the most well-known and abused drugs in the United States across every age bracket, and the most used illicit drug among adolescents (Sweetney & Neff, 2020). Marijuana abuse as an adolescent has been linked to the development of major depressive disorder and other psychological disorders later in life (Chadwick, Miller, & Hurd, 2013). It is also associated with impaired memory and increased impulsivity during adolescence (Degenhardt & Hall, 2012). A final substance that seems well-known by adolescents is ecstasy, better known as “the love drug” or “the hug drug.” This synthetic and hallucinogenic drug is popular with adolescents at parties and clubs, as the availability of the drug had risen between the 80s and 90s and dependency on the drug had become an increasing problem (Chege, Mungai & Oresi, 2017). Additionally, the levels of illicit drug use other than marijuana had declined and then leveled out by 2001 (Patrick & O’Malley, 2016). One study has also shown that ecstasy and marijuana abuse in young adolescents can lead to cognitive impairments, that the abuse is on the rise for both substances, and that the use of these

two drugs is associated with risk of developing substance use disorders involving other drugs later in life (Visser & Routledge, 2017).

2.2.5 Types of Drugs Abused by Adolescents

According to Abudu (2015), owing to easy access to drugs and drug suppliers in Ghana, many in Ghana including senior high school students are into drugs, and this has rendered many of them psychiatrically affected. For instance, the Today Newspaper of 18th November, 2014 carried the banner headline on its front-page, “50,000 People Abuse Drugs in Ghana Resulting In 70% Mad Cases”.

According to the Newspaper, statistics from the Narcotic Control Board (NACOB) have revealed that 50,000 people in Ghana, particularly the youth are into drug abuse. Even though the country’s laws criminalize the possession and use of marijuana and narcotic substances, the use and abuse of drugs like marijuana and cocaine by the youth particularly in the junior/senior high schools and tertiary institutions is on ascendancy. The Paper further reveals that, out of the total number of 50,000 drug users in Ghana, 35,000 were students from junior/senior high schools and tertiary institutions aged from 12 to 35 years while the remaining 15,000 were adults with 9,000 being males and 6,000 being females. The following are some drugs often used and abused by students.

2.2.5.1 Tramadol

Tramadol is a narcotic-like pain reliever. It is used to treat moderate to severe pain. The extended-release form of tramadol is for around-the-clock treatment of pain. The extended-release form of tramadol is not for use on an as-needed basis for pain (Odejide, 2014). People who have severe breathing problems, a blockage in their stomach or intestines, or one who has recently used alcohol, sedatives, tranquilizers, narcotic medication are advised to not take in tramadol. Misuse of tramadol can cause

addiction, overdose or death, especially in a child or other person using the medicine without a prescription. Commonly side effects of tramadol use include agitation, anxiety, constipation, diarrhoea, hallucination, nausea, tremor, vomiting and insomnia (Odejide, 2014).

2.2.5.2 Cigarettes

Cigarettes regularly serve as the starter drug-delivering agent. Cigarettes deliver the drug nicotine. Children become hooked on cigarettes at any age. Nicotine has demonstrated dose-related euphoric effects similar to those of cocaine and morphine (Henning, 2005). Cigarettes cause the worst of all drug habits found in the smoking of tobacco. Most people who smoke start in their teenage years. These individuals often have family or friends who also smoke. The tobacco industry advertises heavily and markets directly to teenagers. Television commercials and social media portray tobacco use as acceptable, even glamorous. Vaping and e-cigarettes provide attractive alternatives, especially for younger individuals. (Gentzke et. al., 2021). Strong associations have been found between adverse childhood events, nicotine, and cannabis use. (Boccio et. al., 2022). Wood (2013) adds that cigarettes' toxic chemicals impair impulses and ethical controls, causes addiction and brain damage. Adolescents may have conduct disorders and difficult temperaments resulting from the manner they were brought up. For instance, if the parents and other family members engage in substance abuse, these adolescents are likely to develop a range of affective, behavioural, cognitive and social problems. Many of these children present poor school readiness and performance, low bonding and attachment to school (Barber, Bolitho & BeHand, 2015). Mansell and Liu (2015) state that chronic drug use among adolescents is mostly prevalent among adolescents whose parents face many challenges that limit their ability to provide for the physical and/or emotional needs of their children. These challenges

include drug addiction, scarce financial resources, unstable housing, familial history of substance abuse and lack of social support from family and friends.

Mansell and Liu (2015) further states that, on average, children affected by maternal addiction are susceptible to a high level of risk. From the time of their conception and continuing through childhood, their environment has been characterized by an accumulation of factors known to place children at increased vulnerability for physical, academic and socio-emotional problems.

2.2.5.4 Tobacco

According to Yuji (2018), smoking is an established cause of a significant number of diseases, disabilities and deaths worldwide. It is not only harmful to the individuals who smoke but also to those who are passively exposed to tobacco smoke. Tobacco contains thousands of substances and nicotine is the one most frequently associated with dependence because it is the component that is psychoactive. Observable behavioural effects, such as mood changes, stress reduction and enhancement of performance, are common. Hodge (2015) emphasizes that when the alarming problems of smoking are recognized, these should be addressed as an individual, social, economic and environmental burden on the family, community, national, regional and global levels. Craig (2017) points out that in most cases people use psychoactive substances because they expect to benefit from their use whether through the experience of pleasure or the avoidance of pain. The benefit is not necessarily gained directly from the psychoactive action of the substance. Someone drinking beer with colleagues may be more motivated by the feeling of fellowship this brings than the psychoactive drug effect on his health.

2.2.5.5 Alcohol

Alcohol is the most available drug on the market and is not illegal to use or possess. Alcohol abuse is one of the most difficult to treat because the use is accepted at any social function and abusers deny that they are addicted. Alcohol is a depressant and sedative and becomes addictive when ingested in large amounts and at regular intervals. It slows down the activities of the nervous system that controls bodily functions, causes drowsiness, lack of concentration, slowness in thinking, impaired interpersonal relationships and leads to economic dysfunction and poverty (Hodge, 2015). Hodge points out that the dangers of too much alcohol consumption include mental deterioration, lack of alertness, thus people under the influence of alcohol are prone to accidents, damage of organs like liver, kidney and others; also, permanent damage to the fetus if the abuser is pregnant. Alcohol affects the body, it makes the individual carefree and sociable, and it causes slurred speech. Students of substance-abusing parents are widely considered at high risk for a range of biological, developmental and behavioural problems.



2.2.5.6 Marijuana

Marijuana is an addictive hallucinogenic drug, which is smoked by the abuser. It causes “an unnatural thirst or hunger, uncontrolled mood swings, talkativeness, impaired perception, disturbed judgment, mind disorders, a feeling of well-being and euphoria (pleasant feeling of excitement and of escaping reality) and it alleviates anxiety (Rehn, 2017). It damages include excessive aggression when combined with alcohol, Accidents due to distorted perception, Physical damage in the form of bronchial irritation, risk of lung cancer, chromosome damage, ultimately brain damage, It is usually the first step of addiction before abusers move to hard drugs.

2.2.6 Effects of Drug Abuse

2.2.6.1 Psychological Effects of Drug Abuse

Chronic use of some drugs can lead to both short and long-term mental health issues including paranoia, depression, anxiety, aggression, hallucinations and other problems. Many people who are addicted to drugs are also diagnosed with other mental disorders and vice versa. Compared with the general population, people addicted to drugs are roughly twice likely to suffer from mood and anxiety disorders, with the reverse also true. The psychological effects of drug addiction come from the reason the user is addicted to drugs, as well as the changes that take place in the brain once a person becomes a drug addict (Craig, 2017).

Initially, many people start using drugs to cope with stress or pain. An effect of drug addiction is creation of a cycle where anytime the user encounters stress or pain, they feel the need to use the drug. This is one of the psychological effects of drug addiction involved in “craving” of the drug. Craving is an effect of drug addiction whereby the addict is obsessed with obtaining and using the drug, to the exclusion of all else. One of the psychological effects of addiction involved in craving is the belief that the addict cannot function or handle life without the use of the drug (Craig, 2017). Most psychoactive drugs affect the decision-making process of the students, creative thinking and the development of the necessary life and social skills are stunted. Ross (2019) stated the following as some of the psychological effects of drug abuse:

1. Wild mood swings, depression, anxiety, paranoia, violence
2. Complication of mental illness
3. Hallucinations
4. Confusion
5. Psychological tolerance to the drug’s effects creating a desire to do ever-

increasing amounts of the drug

6. Desire to engage in risky behaviour

2.2.6.2 Social Effects of Drug Abuse

The social effects of drugs on society are horrific. Drug abuse results in crime, depleted resources, injuries, worsened livelihood and the deprivation of healthcare. Families suffer due to social factors of drug abuse (Yamaraj, 2019). Family and friends react differently to drug addicts. For instance, in a study done in India, a sizable majority (58%) of family members felt bad; nearly two-fifths expressed their annoyance and anger; about one-fifth (22%) advised the drug abuser to give up drugs and expressed negative and non-supportive attitudes such as hopelessness and being ashamed of the drug abuser's act; 42 percent of friends showed concern, 39 percent broke a friendship, and the rest showed no specific reaction. The community also showed resistance (Yamaraj, 2019). Young people who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems, poor peer relationships and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society like conflict between friends, family breakdown, violence, gangs, drug trafficking among others (National Institutes of Health, 2015).

National Institutes of Health (2015) argued that drugs abuse can lead to the development of low self-esteem since intake of drugs adversely affect students' self-concept. He defines self-concept as the way an individual perceives himself or herself in a variety of areas, for example academically, physically, and socially. With regard to this, drug abuse interferes with the individuals' awareness of their unique potential and thus reduces their interest in their career development. This usually makes them to

develop a low self-esteem which can lead to a detrimental redefinition of self-concept and this in turn can lead the student to indulge in escapist behaviour such as drug and substance abuse.

2.2.6.3 Health effects

Health problems impair family life and productive employment, diminish the quality of life and may threaten survival. A comprehensive picture of worldwide health implications of drug abuse is not available. Significant country and international data, however, are available and the impact of addictive substances on health in both industrialized and developing countries is discussed below.

The broader context of addictive substances includes tobacco, alcohol and solvents (including glues, thinners and gasoline). All of these substances have several important characteristics in common (WHO, 2010 report).

They alter the function of the human brain and have an impact on behaviour; they are widely used throughout the world; and they burden society by increasing social and economic costs for productive enterprises (Cercone, 2016 p.3) and by drawing upon limited government services. The most widely used addictive substances, alcohol and tobacco, are harmful with extensive damage to the individual, family and the community (Ghana Global Youth Tobacco Survey-GYTS) by Wellington (2018).

Disease, disability and dysfunction were obviously not included in the estimate in the box but would certainly increase significantly in any estimate of human costs due to substance abuse. Death as a result of drug abuse is a major source of concern. Recent informal estimates are that perhaps 200,000 drug-injecting-related deaths may occur per annum based on the estimated size of the current world population of injecting drug abusers of approximately 5.3 million. (Mathers, Degenhardt, Bucello, Lemon,

Wiessing & Hickman 2013). WHO has reported as follows: "Existing data indicated a several-fold increase in drug-related deaths over the past decade. The yearly mortality rates (or "lethality") among intravenous drug users or drug addicts on treatment programmes ranged between one and two percent in Europe and the United States" (Mathers et al., 2013).

WHO's examination found that, during the period of 1980 to 1988, mortality related to drugs increased in some countries and decreased in others. It decreased in Japan and Thailand and showed little change in Austria, New Zealand and former Yugoslavia. Slight increases were seen in the former Czechoslovakia, the predecessor States of Germany, the Netherlands and Spain. Steeper increases in mortality were noted in Australia, Canada, France, Italy, Poland, the United Kingdom of Great Britain and Northern Ireland and the United States. High variability in mortality rates, however, was found within countries and from year to year (WHO, 2015).

Substances commonly associated with drug abuse-related deaths are cocaine, heroin (and other opiates), barbiturates and amphetamines (and amphetamine derivatives). Benzodiazepines, hallucinogens, cannabis and other substances are less frequently implicated. Combinations of drugs and alcohol were frequently noted. Although commonly used, the term "overdose" is misleading since different reactions, such as hypersensitivity, may be the real mechanism of death in some cases rather than an acute intoxication effect due to excessive amounts of the drugs. Availability, cost, chemical contents of the drugs (e.g. adulterants), preexisting and potentially life-threatening health problems and patterns of use are all factors that may play key roles in determining whether harmful effects occur in any individual case.

The most widely used controlled drug, cannabis, could be associated with some fatal accidents despite its low acute toxicity. Concerning chronic use, there may be greater risks of damaging the lungs by smoking cannabis than tobacco (WHO, 2010). Commenting on the public implications of the use of addictive substances, a Tobacco and alcohol consumption account for nearly 5 million deaths annually worldwide. As levels of GNP per capita rise, third world populations age, and noxious substances are more widely marketed and distributed in developing countries, the number of deaths can only be expected to increase (Cercone, 2016) major health report states: "Decisions about the control of tobacco and other addictive substances are among the most important health-related choices that societies can make collectively. In many populations, prolonged cigarette smoking is already the greatest single cause of premature death. Alcohol and other drugs also contribute to disease and disability. The damage from substance abuse is not limited to the individuals involved; others also suffer indirectly because of drunk driving, fires, passive smoking, and drug related crime and violence"

The proportion of all drug users and abusers who end up with serious health and social problems is not known. Whatever that proportion, illicit drug use frequently results in problems or diseases rather than death. Since substance abuse is not evenly spread throughout the population, it is advisable to determine the characteristics of the specific groups involved in order to plan interventions. Drug abuse may be influenced by the social-cultural milieu, the degree to which a person is part of a structured environment, his or her personal characteristics, the specific drugs involved and the circumstances of use. The earliest stages of life are a particularly vulnerable time. Reporting on the effects of alcohol and drug abuse on foetuses in a study carried out in four Danish cities, one researcher has found (Merrick, 2015) that the extent of maternal drug abuse is

correlated with obstetric complications and developmental characteristics of the fetus. The effects of an unstable foetal life carry over into childhood. However, with care, many of these effects can be overcome. One of the most visible impacts of harmful drug use is seen in the consequences of cocaine use on newborn infants.

Experts UNDCP (2011) have found that cocaine-using pregnant women have a higher rate of spontaneous abortion. Also, mothers who carried their fetus to full gestational term had infants with depressed behaviour and poor responses to stimuli. Other studies indicate that infants exposed to sedatives, stimulants or pentachlorophenol (PCP) may have marked deficits. PCP and cocaine used by mothers also may interfere with the essential bonding that occurs between mother and child at birth (Merrick, 2015). Other investigators have findings supporting these views. In discussing the victims of drug abuse, a commentator (Merrick, 2015 p. 52) notes that "maternal drug use is a substantial and apparently growing part of the problems of unhealthy newborns. The direct victim of such passive drug taking is the 'child, but there are indirect victims too. Drug-damaged children put burdens on already strained systems of pediatric health care and public education.

Some of the forms of damage, particularly to cognitive function and impulse control, will tend to increase crime rates when the children become adolescents and young adults. The damaged child's future schoolmates, workmates, and neighbors will all bear some of the cost. Quite apart from the direct consequences, the care of children abandoned by, or taken away from, addicted parents again imply a considerable social cost. Probably the most widely occurring substance abuse pattern in this context is the fatal alcohol syndrome, which involves both physical and mental deficiencies that are costly to treat, often requiring both intensive initial and long-term care (Merrick, 2015).

Smoking marijuana, even infrequently, can cause burning and stinging of the mouth and throat, and cause heavy coughing. Scientists have found that regular marijuana smokers can experience the same respiratory problems as tobacco smokers do, including daily cough and phlegm production, more frequent acute chest illnesses, increased risk of lung infections and obstructed airways. Effects on the liver Elevated liver enzymes have been found in some youth who drink alcohol. NIAAA (2006). found that youth alcohol use disorders were associated with higher gamma-glutamyl transpeptidase (GGT) and alanine aminotransferase (ALT). Moreover, young drinkers who also are overweight or obese exhibit elevated levels of serum ALT with even modest amounts of alcohol intake

Effects on the brain; cigarettes, tobacco and alcohol affect the user's brain, causing the self-administration of that substance to be repeated. The repeated use of the substance can lead to sensitization of motivational circuits in the brain and ultimately to dependence. The outcome of the psychoactive substance is influenced by the user's biological, social, and cultural factors (Sweetney & Neff, 2020).

Ntombela (2010) stated that cigarettes' toxic chemicals impair impulses and ethical controls, that is, cause addiction, brain damage, aboulia (impaired reasoning, ethical controls, and will power). Children may have conduct disorders and difficult temperaments resulting from the manner they were brought up. For instance, if the parents and other family members engage in substance abuse, children are likely to develop a range of affective, behavioural, cognitive and social problems. Many of these children present poor school readiness and performance, low bonding and attachment to school.

Scientists currently are examining just how substances of abuse affects the developing brain, but it's a difficult task. Subtle changes in the brain may be difficult to detect but still have a significant impact on long-term thinking and memory skills. Added to this is the fact that adolescent brains are still maturing, and the study of alcohol's effects becomes even more complex. Research has shown that animals fed alcohol during this critical developmental stage continue to show long-lasting impairment from alcohol as they age (47). It's simply not known how alcohol will affect the long-term memory and learning skills of people who began drinking heavily as adolescents [Substance Abuse and Mental Health Services Administration (SAMHSA) 2002].

In general, there has been a gradual decline in the onset of female puberty over the last century, at least when puberty is defined by age at menarche. Whether initiation of female puberty is continuing to decline and at what rate are the subjects of some debate (Lee, Guo & Kulin, 2011). Much less information exists on pubertal development in males because of the greater difficulty in assessing developmental milestones.

2.2.6.4 Economic effect

Substance use has a negative impact on the economy of almost all the regions of the country. This includes a range of problems such as inefficiency, impaired work performance, accidents and absenteeism at a considerable cost to both industry and society (Parrot, Morinan, Moss & Scholey 2014). Work productivity declines. For example, 153 workdays are lost due to absenteeism arising from substance-related illnesses (Department of Social Development, 2017). Furthermore, the use of substances has a negative impact on the health care system including the depletion of scarce resources available to improve the health of people (Department of Health, 2017). Medical resources are wasted and lives are lost in substance-related accidents.

High amounts of money are spent in hospitals, on prevention campaigns and in treatment centres for substance dependents (United Nations Office on Drugs and Crime, 2018).

Although most people who abuse substances do not seek professional help, people who abuse alcohol constitute a large proportion of new admissions to mental hospitals and general hospitals (Davison, Neale & Kring, 2014). Other costs include repairs to property damaged by addicts, food and accommodation in prisons, transportation of addicts to courts in terms of those still awaiting trial (United Nations Office on Drugs and Crime, 2018). Medication for treatment of substance illness is also expensive. The use of alcohol and other substances presents law-enforcement problems as well.

Thus, substance dependence is a financial burden for the country. The youth not only suffer progressive physical and psychological deterioration but also loses the ability psychologically, socially and often economically to break out of the cycle of substance abuse (Donald, Lazarus & Peliwe, 2017). The health and socio-economic consequences of substance use, and abuse undermine democracy, good governance and have a negative impact on the country. As with alcohol, the democracy, good governance has a negative impact on the country. As with alcohol, the socio-economic cost of smoking is staggering. Economic-compulsive crime. This is the result of drug users engaging in crime to support their drug consumption and addiction. In the United States, for example, 17 per cent of state prisoners and 18 per cent of federal inmates said they had committed the offence for which they were currently serving a sentence to obtain money for drugs. In the United Kingdom of Great Britain and Northern Ireland, it is estimated that economic-compulsive crime costs approximately \$20 billion a year, the vast majority of those costs resulting from burglary, fraud and robbery.

Drug use is a problem to school going youth because it undermines a student's academic ability. In U.S.A for example students abusing marijuana regularly are twice as likely to get below average marks or failing grades as those who do not abuse drugs. School dropouts are twice as likely to be drug abusers (Dallas, 2015).

Drugs can disrupt the entire school. When several students in a class are abusing drugs or absent themselves due to drug abuse, the progress of that class is impeded. Drugs bring into the school illegal practices connected to drug use such as theft, indiscipline and selling of drugs among others (Government Gazette, 2020).

It is generally believed that education is an important point of intervention to drug and substance abuse. Drug and substance abuse affect the brain, this results in major decline in the functions carried out by the brain (Schroeder, Laflin & Weis 2013). Cigarettes, tobacco and alcohol affect the user's brain, causing the self-administration of the substance to be repeated. The repeated use of the substance can lead to sensitization of motivational circuits in the brain and ultimately to dependence. The outcome of the psychoactive substance is influenced by user's biological, social and cultural factors (Sweetney & Neff, 2020).

Most of the psychoactive drugs affect the decision-making process, creative thinking and the development of the necessary life and social skills are stunted. They interfere with the individual's unique career development (Louw, 2019). Core values such as honesty, tolerance, peace, responsibility are lacking, this affects their social skills development. Since most youth are in their developmental stages, if they engage in drug and substance abuse, they also lose their identity

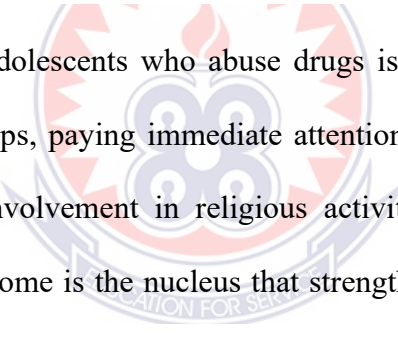
2.2.7 The Role of Guidance and Counselling in Minimizing Drug Abuse among Adolescents

One of the factors that have been identified as contributing to adolescent abusing drugs is the absence of proper guidance and counselling (Gouws, Kruger & Burger, 2018). This coupled with several research findings on the importance of guidance and counselling has led to the introduction and integration of guidance and counselling activities and programmes into the mainstream of Ghana's educational system. Generally, the purpose of any educational system is not only to foster academic learning but also to promote optimum development of students in all spheres of life-educational, vocational, personal, social, moral and physical so as to make them productive and useful citizens (Glasgow, Dornbusch, Troyer, Steinberg, & Ritter, 2017). However, as schools strive relentlessly to achieve these general goals of education, they many a time face some daunting challenges, of which drug abuse by students cannot be exempted. In order to deal with the issue of drug abuse in school environment, schools have devised several mechanisms to deal with issues of such nature. Guidance and counselling help schools to deal with school children of different ages, sex, interests and life orientation by bringing change without any undue pressure. Second, it prepares pupils to be productive by instilling in them strong work ethics. It also encourages students to learn positive human relationships as a means of managing conflicts (Grolnick & Ryan, 2019). In addition, it helps to create people's awareness of the choice of suitable and appropriate careers, have assertive behaviour which helps young pupils with the ability to create positive and desirable behaviour. As a result of these important roles, guidance and counselling services have been widely accepted as an integral part of the school system which helps shape students to achieve their educational objectives.

Harris-McKoy, (2016) states that school counsellors play a major role in helping ensure that pupils stay on the right track. Many pupils depend on their counsellors to provide positive direction. However, one of the major problems for pupils is drug abuse. It is vital that counsellors are able to identify possible substances abuse. According to Harris-McKoy, (2016), in 2008, it was reported that over 5.2 percent of youths between the ages of 12 and 17 had an alcohol or illicit drug dependence with 78,156 American youths under the age of 18 receiving substance abuse treatment. This fact is a big challenge for school counsellors in helping to keep students out of harm's way. Understanding the warning signs is an important part of helping students as a school counsellor. There are several signs that can give a counsellor a clue to a student's substance use. If a counsellor detects a change in an individual's peer groups, he or she could be abusing drugs. A sudden or even gradual inattentiveness to grooming habits is also a warning sign that something might be going on.

Academically, a counsellor can detect issues relating to drug use if there is a drop in grades, overall performance and participation in academics. Taking note of unusual or excessive absences without proper explanations can indicate that the student is becoming involved in drug abuse of some type. Abot (2015) also reveals that students who have suddenly lost all interest in some of their core-favourite activities or people could be signs that they are becoming involved in the use of drugs. More subtle changes such as a change in eating habits and sleeping habits can also indicate issues relating to drug abuse. More dramatic changes, such as getting in trouble with school officials or having legal trouble, can also be indicators of problems. With any combination of these changes, substance abuse should seriously be considered. School counsellors can pinpoint these changes and act on them accordingly (Rashid & Nwale, 2016).

There are several preventive strategies that can be used to create a school-wide substance abuse and prevention policy or update the existing policy. One of the most important parts of preventative strategies is communication. Counsellors are to make sure to communicate messages of prevention effectively and often with home messages, community messages and social media assistance. Intervention and treatment should be implemented early. Training of trainees and staff in identifying warning signs and symptoms can be invaluable. Maintaining current local treatment agency referrals for students that need them is also useful (Ofori-Atta, Atindanbila & McDaid, 2016). Aside from preventing drug abuse among adolescents through guidance and counselling, Klerk (2013) states that, a number of preventive measures are necessary. Some of these include:



Communicating with adolescents who abuse drugs is of utmost importance, having close family relationships, paying immediate attention to a child or teenager who is hurting emotionally, involvement in religious activities and assertiveness training (Escando, 2015). The home is the nucleus that strengthens society. Adolescents need homes that can offer warmth, shelter and security. In one study, social support (which consists of good relationships with parents, siblings, adults and peers) during adolescence substantially reduce drug abuse. There should be law enforcements especially by the anti-narcotic unit to curb drug trafficking. Early intervention would work best when implemented before the onset of drug abuse. Advertisements on alcoholic drinks on the media should be banned and those found to go against the law should be dealt with accordingly. This can be through fines, jail terms or revoking their licenses, training of effective personnel especially teachers. Schools should also provide time and resources for in-service training and supervision.

There should be peer-led programmes which are led by pupils who are taken to be role models. School-based programmes should be part of community wide prevention effects that involve parents, peers, role models, media, police, youth servicing agencies. Some drugs should be banned. Some drugs like preventive and curative medicines are not harmful therefore banning them will be detrimental to people's illness. The ones which are hard or narcotic like heroin, and cocaine should be banned. People should be sensitized on the harmful effects of abusing alcohol and drugs (Magg, 2017).

Education is important for human and social development and it is considered a fundamental human right (UNDP, 2018). Many developing countries, Ghana included, have limited resources to cater for the basic needs of its people. When youth abuse drugs, not only is the drain on the economy but also on the control of supply and demand reduction which are expensive undertakings. This deals the country a blow as the youth become less productive. Many drug abusers may be unable to attain or hold full time employment and may be absent from work leading to loss in productivity. From the developmental point of view, adolescents are seen as future social and human capital. There is a relationship between economic cost, school dropout and laws of the country's workforce due to accessibility to drugs.

2.2.8 Adolescent Experiences Regarding Their Abuse of Drug

Adolescence marks a pivotal stage in one's life, characterized by numerous challenges and trials. For some, a path laden with substance abuse allegations becomes an unfortunate reality. The adolescent experience with substance abuse is a complex and multifaceted issue that warrants a closer examination. From understanding the underlying factors to the consequences and potential solutions, it is crucial to shed light on this concerning matter (Killeya-Jones, & Costanzo, 2019). Adolescents may

experiment with substances due to various factors such as peer pressure, curiosity, or coping with stress. Understanding their experiences requires considering social influences, mental health, and family dynamics. Open communication and support can play a crucial role in addressing substance abuse issues among adolescents (Visser & Routledge, 2017).

Adolescents face a unique set of challenges that make them vulnerable to substance abuse. Peer pressure, parental attitudes, mental health issues, and availability of substances are factors that frequently contribute to this problem. According to Aghajanian and Marek, (2017), adolescents often experiment with substances as a means of fitting in or seeking temporary relief from emotional pain. Moreover, stress, academic pressure, and an inability to cope with the challenges posed by these transformative years can increase the likelihood of substance abuse.

The consequences of adolescent substance abuse can be far-reaching and detrimental. Physically, drug abuse can lead to impaired brain development, which may impact cognitive abilities, memory, and decision-making skills. Emotionally, drug abuse can exacerbate underlying mental health conditions or trigger the onset of such conditions (Gouws, Kruger & Burger, 2018). Academically, substance abuse may lead to poor school performance, missed opportunities, and a decreased likelihood of securing a fulfilling future. Socially, strained relationships, isolation, and alienation from friends and family are common outcomes (McMill, 2019). Addressing adolescent substance abuse requires a comprehensive approach that combines prevention and intervention strategies. Prevention programs that educate adolescents about the dangers of substance abuse, while promoting healthy coping mechanisms, can play a significant role. Schools, parents, and communities should collaborate to impart knowledge and offer support systems for at-risk individuals (Laursen & Collins, 2019).

Interventions for those already abusing substances must take a holistic approach. This might involve counseling, therapy, and structured substance abuse treatment programs designed specifically for adolescents. It's essential to address any underlying mental health issues concurrently to ensure sustainable recovery. Building a strong support network is paramount in an adolescent's journey towards recovery. Friends, educators, counselors, parents, and community organizations all play crucial roles in providing the necessary support and guidance (Watts, Cockcroft & Duncan, 2019).

Peer support groups, after-school programs, and mentoring initiatives can help redirect energy and provide positive influences within an individual's life. Despite the somber reality of adolescent substance abuse, we must not lose sight of the remarkable potential that lies within these individuals. By empowering adolescents and providing them with the necessary tools and resources, we can facilitate their transformation into confident, resilient, and substance-free adults. Early intervention, supportive networks, effective prevention programs, and comprehensive treatment options are key to this collective effort (Watts, Cockcroft & Duncan, 2019).

Writing on the potential areas for interventions and counselling strategies aimed at addressing adolescent substance abuse, the following were suggested by some authors:

1. **Education and Prevention:** Implementing comprehensive substance abuse prevention programs in schools and communities to educate adolescents about the risks associated with drug and alcohol use, as well as teach them refusal skills and healthy coping mechanisms (Laursen & Collins, 2019).
2. **Early Intervention:** Identifying adolescents at risk of substance abuse and providing early intervention services to address underlying issues such as

mental health problems, family conflict, peer pressure, or academic difficulties (Leadbeater, Kuperminc, Blatt & Hertzog, 2019).

3. **Family-Based Interventions:** Engaging the family in the counseling process to address dysfunctional family dynamics, communication problems, or substance abuse issues within the family. This may involve family therapy sessions, support groups, or enhancing parenting skills (Leadbeater, Kuperminc, Blatt, & Hertzog, 2019).
4. **Cognitive-Behavioural Therapy (CBT):** Utilizing CBT techniques to help adolescents identify and modify negative thought patterns, develop coping strategies, and enhance decision-making skills. CBT can also address co-occurring mental health disorders, such as anxiety or depression (Rosenberg, 2019).
5. **Motivational Interviewing:** Employing motivational interviewing techniques to help adolescents explore their ambivalence towards substance abuse and increase their motivation to change. This approach involves guiding individuals to identify their motivations for change and assisting them in developing a plan of action (Proctor, Linley & Maltby, 2019).
6. **Peer Support Groups:** Encouraging participation in support groups specifically designed for adolescents struggling with substance abuse. These groups provide a safe and supportive environment for sharing experiences, developing coping skills, and receiving peer encouragement (Watts, Cockcroft & Duncan, 2019).
7. **School-Based Interventions:** Collaborating with schools to implement programs that focus on enhancing resilience, social skills, and promoting

healthy behaviors. This can include mentoring programs, after-school activities, or extracurricular clubs (Wang, Turkheimer & Emery, 2018).

8. **Community Involvement:** Engaging the community in promoting substance-free lifestyles by organizing events, campaigns, and activities that bring awareness to the harmful effects of substance abuse and provide alternative recreational opportunities (Wang, Turkheimer & Emery, 2018).
9. **Harm Reduction Strategies:** Offering harm reduction approaches that aim to minimize the negative consequences of substance abuse, while still addressing the individual's substance use and encouraging healthier choices. Examples include needle exchange programs or providing access to naloxone for opioid overdose prevention (World Health Organisation, 2019).
10. **Aftercare and Relapse Prevention:** Establishing effective aftercare programs to support adolescents in their transition from treatment back to their communities. This may involve ongoing counseling, relapse prevention strategies, support groups, or connections to community resources for continued support (World Health Organisation, 2019).

2.10 Summary of Reviewed Literature

The researcher reviewed literature from global to local perspectives and in line with the study objectives. Even though, it is important to note that, parenting styles alone do not solely determine whether or not an adolescent will engage in substance abuse. Multiple factors such as genetic predisposition, peer influence, and individual personality traits also play a role. However, the study had its focus on substance use among adolescents in association with parenting styles within the Effutu Municipality. Specifically, the study was underpinned by John Bowlby's Attachment Theory and Anne Rose Theory on parenting styles. It also covered conceptual review on themes such as parenting

styles, the concept of drug and substance abuse, types of substances abused by adolescents, parenting styles and adolescent substance abuse, psychological effects of drugs, social effects of substance abuse and potential areas for interventions and counselling strategies.



CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The chapter focused on the methodology of the study. Research methodology are the systematic scientific methods and procedures for collecting and analyzing data to arrive at conclusions, evaluate research goals and/or answer research questions (Tashakkori, Johnson & Teddlie, 2021). Sub-headings discussed include the research paradigm, research approach, research design, population, sample and sampling techniques, interview guide, trustworthiness of data, data collection procedures, data analysis procedures and ethical considerations.

3.1 Research Philosophy

The adoption of the interpretivist paradigm in this study was both appropriate and purposeful, given the nature of the research objectives and the context in which the study was conducted. Rooted in the belief that reality is socially constructed, the interpretivist approach provided a lens through which the researcher could explore the lived experiences of adolescents in relation to drug abuse and the parenting styles they were exposed to in the Effutu Municipality. Since the study sought to understand how adolescents perceive and interpret their interactions with parents and how these interactions influence their decisions to engage in substance abuse the interpretivist paradigm facilitated a deeper, more nuanced understanding of these complex social phenomena.

By relying on subjective experiences, shared meanings, and cultural contexts, the researcher was able to engage with participants not merely as data sources but as individuals with unique worldviews shaped by their environments. This aligns with the

interpretivist view that access to reality is gained through social constructions such as language and consciousness (Rallis & Rossman, 2019). Using semi-structured interviews as a key data collection method enabled the researcher to capture participants' emotions, beliefs, and interpretations insights that would not be obtainable through purely quantitative or objective means.

Moreover, the interpretivist paradigm allowed for flexibility in interpretation, which was essential for uncovering diverse perspectives on how different parenting styles; authoritative, authoritarian, permissive, and neglectful affect adolescent behaviour. This is particularly important given the socio-cultural variability within the Effutu context, where family dynamics, poverty, peer influence, and community structures all intersect to shape adolescent choices. The paradigm thus empowered the researcher to contextualize findings within local realities rather than generalize them across populations. Though not without limitations such as the potential for researcher bias and the challenge of generalizability the interpretivist approach ultimately offered the best framework for capturing the depth and authenticity of the adolescents' voices in this study. It supported the development of rich, qualitative insights that are essential for designing community-specific interventions, influencing policy, and informing further research on parenting and adolescent substance use in Ghana and similar settings.

3.1 Research Approach

Research approach is a plan and procedure that consists of steps of broad assumptions to detailed methods of data collection, analysis and interpretation (Fetters, 2020). The study is a qualitative research approach. The aim of qualitative research is to collect naturally occurring data by entering the life world of the participants (Burt, 2015). In such research, the researcher becomes immersed in the everyday life of the setting

chosen for the study, and seeks participants' perspectives and meanings through ongoing interaction (Cohen, Manion & Morison, 2011). The use of this approach allowed the researcher to view the world through the experiences of the respondents. Thus, in seeking the answers to the research questions, the researcher relied on the experiences of respondents to construct and interpret the understanding from gathered data. Taking into consideration the purpose of the study, that is, exploring parenting styles and their influence on adolescent substance abuse, it is important that the study is able to capture all essential informants in its natural setting without influencing or disturbing the order of events. Therefore, the qualitative research is seen to be the most appropriate approach to achieve the purpose of the study. As stated by Creswell and Creswell (2018), qualitative research approach provides an in-depth understanding of research problem and the core phenomenon of the study. This also supports what Cropley, (2019) posited that qualitative research allows the researchers to deeply explore behaviours, different perspectives and life experiences. And further to find out the complexities of the situation through a holistic framework.

The qualitative research approach was chosen for this study due to its suitability for exploring complex, context-bound human experiences, particularly those involving subjective interpretations and social dynamics. Given that the study sought to understand how different parenting styles influence adolescent substance abuse, a qualitative approach provided the flexibility and depth necessary to capture the nuanced realities of participants' lives. The approach allowed the researcher to engage directly with adolescents in their natural settings and gather rich, descriptive data based on their lived experiences, perceptions, and emotions. This is essential when studying phenomena like substance use, which are shaped by individual, familial, and socio-cultural factors that cannot be meaningfully captured through numerical data alone. As

Creswell and Creswell (2018) noted, qualitative research is best suited for studies aimed at gaining an in-depth understanding of a central issue in this case, the intersection between parenting and adolescent drug abuse. Furthermore, the use of this approach aligns with the interpretivist paradigm, which emphasizes co-constructing meaning through interaction and reflection.

3.2 Research Design

According to Almalki, (2016), a research design is a plan or guide for data collection and interpretation, with sets of rules that enable the researcher to conceptualize and observe the problem under study. Saunders, Lewis and Thornhill (2012) define research design as the general plan of how the research questions would be answered. The research problem determines the types of design the researcher can use and not the vice versa (Almalki, 2016).

The study used phenomenology design. Phenomenology, then, is an approach to researching and understanding more deeply our everyday lived experiences, a method of taking what is commonplace and ordinary and looking at it so that it becomes new, unique, and extraordinary. Phenomenology research focuses on mining lived experiences results in a more truthful way of being in and with the world (Shudak, 2018). According to Patton (2007), a phenomenology design is one that focuses on descriptions of what people experience and how they experience what they experience. A dimension of phenomenology design is the assumption that there is an essence to shared experience. Patton further asserted that in using phenomenological design, there is the need to conduct an analysis of the experience of the respondents so that the fundamental elements of the experience that are common to members of a specific society can be identified.

This design was used for the study because it helped in discovering and expressing essential characteristics of substance abuse among adolescents as they really were and how parenting styles contribute to adolescents' substance abuse

3.3 Study Setting

The study was conducted in Winneba, the capital of the Effutu Municipal District in the Central Region of Ghana. The community has a population of 65,542 (2020, Housing and population Census). Winneba is a historic fishing port Ghana, lying on the South Coast. The main occupation of the indigenes is fishing, although many others are engaged in petty trading. Winneba is the site of Ghana's prestigious university of education, the University of Education, Winneba.

3.4 Population

Best and Khan (2016) define population as a group of individuals who have one or more characteristics in common that are of interest to the researcher. According to Boateng (2014), the population of a study defines the boundaries of the body of content to be considered and is determined by the topic area and the period of time. It is the entire collection of items from which samples can be taken for a study. The total population of teenagers from 14 to 19 years old of both schools is 5,210 (Winneba, senior high school and Winneba Technical Institutes – statistics 2024), and the target population of the study included any drug abuse teenagers between (14 to 19) years old in the Effutu Municipality.

3.5 Sample and Sampling Techniques

A sample, according to Oke (2019), is a group of individuals who actually participate in a study. Sampling is a method of studying from a few selected items, instead of the

entire big number of units. The particular method used in the sampling process is termed as sampling technique (Oke, 2019).

The sample size for the study was ten (10) adolescents who use drugs, of whom 8 were boys while 2 were girls and out of these 10, 6 were students, who are in senior high education level, and 4 were in the household as drop-out at the basic education level. (Effutu Municipality, Winneba). Creswell and Creswell (2018) recommended that; 5-25 persons can be sampled when using qualitative research approach. Creswell and Creswell further explained that in doing so, data saturation should be considered. Therefore, the sample for the study was based on data saturation. Snowball sampling technique was used in the selection of the participants who used drugs. This is a type of purposive sampling in which the researcher identifies the target population for the research by locating one person who fits the purpose of the study and then use the person to locate others. This is used in cases where the target population is not easily accessible (Rallis & Rossman, 2019). In this case the researcher contacted the school counsellors of Winneba senior high school and Winneba technical institute which total population is 5,210 students (Winnesec School administrator, & Winneba technical institute administrator, 2024). And out of the 5,210 students, 6 participants were identified. The researcher also contacted some community leaders who also assisted and identified 4 participants. The participant whose identities were not known, the researcher asked participant to identify them. The process continued until the needed number was obtained for the study, ten (10) adolescents who use drugs were interviewed.

3.6 Data Collection Instrument

According to Punch (2019), data collection is the process of obtaining information (data) in the course of a study or investigation. They further indicated that within each general research approach, one or many data collection procedures or techniques may be used. Some of these data collection methods include available information, observation, interviews, questionnaire administration and focus group discussions (Punch, 2019). For this study, the instrument that was used to gather data was unstructured interview guide. This instrument allows the interviewer to ask initial questions, followed by probes meant to seek clarification of issues raised using the semi-structured interview schedule offered the participants the opportunity to construct their own world. The researcher's use of the semi-structured interview allowed her respondents to express themselves at length, but offered enough shape to prevent aimless rambling and also the participant received specific brief motivational intervention, psychoactive substance consumption, parent/child relationships, and parenting styles.

It also offered the researcher an opportunity to clarify or probe and expand the interviewees responses to ascertain their feelings. The unstructured interview guide was in two sections: Section A and Section B. Section A presented questions that focused on the demographic data of participants, whereas Section B presented questions that helped in answering the research questions.

3.7 Pre-testing the Instrument

According to Tahadoost, (2016), pre-testing is important because it helps to identify ambiguities of the items and vague questions for improvement. The instrument was pre-tested among 3 substance abusers' and two parents who were not part of the actual participants who participated in the study. The pre-testing exercise was intended to

check the clarity of the questions; the extent to which the information provided could be kept confidential; and the measures that could be taken to maintain anonymity during the study (Bryman, 2012).

The researcher gave them an opportunity to comment on the appropriateness of the schedule in generating the expected qualitative data for the study. Most of the participants made a comment that indicated their preference for unstructured interview, since the researcher would not have a thorough idea of all questions pertaining to the issue under study. This comment drew the researcher's attention to the time demand placed on the interview schedule. With this, the researcher used unstructured interview because they are the best flexible in the main research work.

3.8 Validity and Reliability of Instruments

To ensure the validity and reliability of the research instrument used in this study, several important steps were undertaken. The primary data collection tool was a semi-structured interview guide, developed based on the research objectives, reviewed literature, and theoretical framework, specifically Bowlby's Attachment Theory and Baumrind's Theory of Parenting Styles.

3.8.1 Validity

Validity refers to the extent to which an instrument measures what it is intended to measure (Creswell & Creswell, 2018). To establish content and face validity, the interview guide was reviewed by two experts in educational psychology and qualitative research methodology. Their feedback helped in refining the questions to ensure clarity, appropriateness, and alignment with the research objectives. Additionally, the instrument was pre-tested in a pilot study involving two adolescents who were not part of the final sample but shared similar demographic characteristics.

The pilot helped identify ambiguous questions and areas that needed rewording to enhance understanding and relevance. Revisions were made based on both expert and participant feedback, ensuring the questions were culturally appropriate and context-sensitive for adolescents in the Effutu Municipality.

3.8.2 Reliability

In qualitative research, reliability refers to the consistency and dependability of the research process and findings (Lincoln & Guba, 1985). To ensure trustworthiness and dependability, the researcher employed strategies such as member checking and peer debriefing. During data collection, participants were given the opportunity to review and clarify their responses to ensure accurate representation of their views. The researcher also maintained a detailed field journal to document emerging insights, personal reflections, and contextual factors throughout the research process, which enhanced transparency and consistency.

Moreover, the use of audio recordings during interviews ensured that data was captured accurately, while verbatim transcription preserved the authenticity of responses. Thematic analysis was conducted using a systematic coding process, and an audit trail was maintained for accountability and confirmability. These measures collectively enhanced the credibility, transferability, and dependability of the findings.

3.9 Trustworthiness of Data

One of the most popular criteria for judging the quality of a study located within the interpretive–qualitative framework is the trustworthiness criteria propounded by Guba (1992). The elements of the criteria include credibility or authenticity, transferability, dependability and confirmability.

3.9.1 Credibility

Credibility refers to the confidence that can be placed in the truth of the research findings. It establishes whether the research findings represent plausible information drawn from the participants' original data. To ensure credibility and increase the degree to which the results of the study could hold true as well as inform other studies, the researcher undertook the following measures:

1. The interviews were conducted using language that were understood by both the researcher and participants to avoid misunderstanding between the researcher and the interviewees.
2. The interview took place at a quiet and serene environment void of distortions.
3. The supervisor for this study's regular inspections by giving constructive criticisms helped the researcher to check for flaws and problems in the study.
4. Participation of the participants in the interviews were strictly voluntary and their privacy and confidentiality were strongly maintained at all time.

3.9.2 Transferability

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts or settings with other participants. The researcher facilitated the transferability judgement by a potential user through thick description. The researcher provided a detailed description of the setting of the study. The intention was to provide information which could inform other audience and help in determining whether the study findings are applicable to their situations. By describing a phenomenon in sufficient detail, one could begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Creswell & Creswell, 2018).

3.9.3 Dependability

Dependability of qualitative research findings corresponds to reliability of findings in quantitative research (Tom, 2017). The researcher ensured the dependability of her conclusions of the study by asking clear questions, reducing bias and subjectivity during data collection. Participant validation was also used to validate the interview guide. Also, a thick description of the data was provided. An audio-tape was used to record the data that were collected through face-to-face interviews and ensured that the recording was exact. The data were transcribed and translated, the inductive codes were also analyzed and developed. The research findings documented and provided supporting excerpts from the interviews (Tom, 2017).

3.9.4 Confirmability

Confirmability refers to the degree to which the findings of the research study could be confirmed by other researchers. Confirmability is concerned with establishing that data and interpretations of the findings are not figments of the researcher's imagination but clearly derived from the data (Creswell & Creswell, 2018). The researcher achieved this by using an audit trail, which provided a means of ensuring that constructions can be seen to have emerged directly from the data, thereby confirming the research findings and grounding them in the evidence or raw data. The researcher recorded as much data and accurately as possible and as well undertook member checks with participants to ascertain that data recorded reasonably represented their accounts. The use of audio recorder enabled the researcher to revisit events (Mack, 2018) and conversations especially where the researcher was in doubt.

3.10 Data Collection Procedures

To begin the data collection process, the researcher obtained an introductory letter from the Head of Department of Counselling Psychology at the University of Education, Winneba. This official letter served as a means to gain access to relevant institutions and participants, including some schools and homes within the Effutu Municipality. The letter legitimized the study and helped the researcher to establish trust and credibility with participants and gatekeepers, including school authorities and community members.

Upon gaining access, the researcher sought permission from heads of selected schools where some of the adolescent participants were enrolled. With support from school authorities and guidance coordinators, the researcher was able to identify potential adolescent participants and later follow up with their families. For out-of-school adolescents, access was gained through community contacts and referrals using a snowball sampling technique.

Before each interview, participants were thoroughly prepared for the process. The researcher explained the purpose and objectives of the study in simple terms, emphasized voluntary participation, and assured them of confidentiality. Informed consent was obtained from all participants, and in the case of minors, consent was also secured from their guardians. The researcher made efforts to create a safe and comfortable environment by engaging with participants respectfully and empathetically.

Interviews were conducted in locations preferred by the participants, primarily at their homes or schools, in quiet and private settings to ensure confidentiality and free expression. Each interview lasted approximately 30 minutes. The interviews were

conducted one-on-one, starting with parents (if available) and followed by their adolescent children. This sequence helped to reduce anxiety and build trust among the adolescents, ensuring they felt safe and more willing to speak honestly about sensitive issues like drug use and family dynamics.

Interview data were collected using a semi-structured interview guide, and with participants' permission, each session was audio-recorded to ensure accurate capture of information. After each session, the recordings were played back to the participants for verification and clarification—this member-checking process enhanced the accuracy and credibility of the data. The entire data collection exercise spanned approximately one month, allowing the researcher to flexibly schedule interviews based on the availability of participants. No rigid timetable was used, as interviews were arranged to accommodate participants' personal routines and commitments. This approach not only respected the participants' time but also increased the depth and authenticity of the data collected.

3.11 Data Analysis Procedures

Data was analysed in themes. Analyses were made in accordance with the procedures described by Bell (2010). These procedures involve a number of steps that are outlined below:

Listening many times to the recorded tape in order to develop familiarity with the data. “Initial noting” of potential themes were noted in the margins; hence, each theme was coded (for example, using abbreviation). Theme or, titles were recorded as headings on a blank sheet of paper and verbatim examples from the text were written under each of the headings. From time to time, information that is considered to be in support of the identified themes were noted and positioned under the appropriate title headings. New

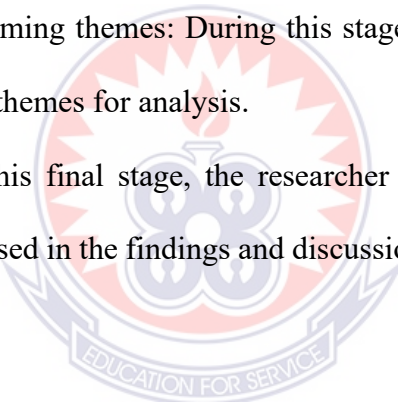
themes that emerged from later transcripts were tested against earlier transcripts and any congruent information from earlier transcripts were recorded at the right-hand margin under the appropriate theme title.

After each transcript has been read and coded, the coded segments were recorded under the appropriate theme headings. Each theme was examined using the coding to define the theme more clearly. Comparisons were made across the themes and this allowed for the identification of super-ordinate themes, which appears to link originally disparate material. When those themes were identified, they were checked against original transcripts to find out whether the themes make sense in terms of the integrity of the single participant.

To ensure the anonymity and confidentiality of participants, the researcher assigned pseudonyms in the form of coded labels such as P1, P2, P3, and so on, to each participant. These pseudo-names were systematically generated based on the sequence in which the interviews were conducted, rather than any personal characteristic of the individuals involved. This method allowed the researcher to refer to each participant consistently throughout the data analysis and reporting process, while protecting their real identities. The use of such codes was crucial in maintaining ethical standards, especially considering the sensitive nature of the study, which involved adolescents discussing personal experiences related to substance abuse and parenting. All identifying information was excluded from the transcripts and reports to ensure participants' privacy and compliance with ethical research practices.

In summary, the researcher went through the following processes in analysing the data in themes:

1. Data familiarisation: At this stage, the researcher organised data from audio recordings of interviews from participants into transcripts and reread the transcripts several times.
2. Code formation: After the transcription of the data, the researcher organised the data by coming up with codes which imaged the transcripts.
3. Identifying Theme: The researcher then transformed the codes into specific themes or categories.
4. Refining the themes: At this stage, researcher sorted out the themes. Also, the researcher checked for repetitions, similarities and differences that emerged so as to refine the data.
5. Defining and naming themes: During this stage, the researcher finally refined and defined the themes for analysis.
6. Reporting: At this final stage, the researcher went through the defined and named themes used in the findings and discussion section under chapter four of the study.



3.12 Ethical Considerations

According to Fouka and Mantzorou, (2011), qualitative research is principally based on cooperation, trust, promises and expectations between the researcher and the participants who are involved in a study. Ethical problems may arise in the research project as humans are used as the objects of the study; therefore, ethical guidelines serve as standards that a researcher must utilize to evaluate his or her conduct of research (Fouka & Mantzorou, 2011). The participants of the study included parents and adolescents; therefore, parents were given written consent on behalf of their adolescents before they were allowed to participate in the study. However, oral consent was given

by adolescents before the interview. The purpose of the study was explained to participants and they were informed of their right to withdraw from the study if they felt uncomfortable with the process. Participants were assured that, information they provide and all forms of documentation received from them were secured from the public domain. In addition, participants were not asked to provide any form of identification by way of name and address.

The study was approved by the following Research procedures: access, informed consent, confidentiality and anonymity.

3.12.1 Access

An introductory letter was obtained from the department of counselling Psychology, through the head of Department (HOD), permitting the study to be carried out.

3.12.2 Informed consent

Participants need to be furnished with accurate and complete information on the goal(s) and procedures of the study so that they fully understand and in turn decide whether to participate or not (Creswell & Creswell, 2018). This makes informed consent a necessary prerequisite to any research in which human beings are involved as participants. In the study, the researcher clearly spelt out the purpose, the intended use of the data and its significance to the participants.

3.12.3 Confidentiality

According to Kusi (2012), confidentiality indicates the handling of information in a confidential manner. Before the commencement of the data collection, participants were assured that, data would be kept confidentially. In doing so, codes were assigned

to participants and the audio recordings. Also, participants were assured that the data gathered will be discarded one year after the study has been completed successfully.

3.12.4 Anonymity

Research participants' well-being and interests needs to be protected. Participants' identity in the study was masked or blinded as far as possible as suggested by Yin, (2014). According to Yin, (2014), identities of participants in a study must be hidden. For this reason, participants were encouraged not to disclose any identifiable information (such as their names; name of their churches, email address, house number and contacts) while sharing their experiences.



CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents the result and discussion of the data collected from the field work. The findings from the in-depth interviews [IDLs] from participants recruited from Effutu, Winneba are presented in a table form. This is, the findings from the ten (10) participants including adolescents on drug abuse only are presented in the table below by providing detailed information on the findings of the study and detailed discussion on responses obtained from the various questions posed to the respondents as well as the analysis of the findings.

The findings are in two sections. Section 'A' presents the demographic characteristics of participants. Section 'B' also presents results based on research questions posed for the study are shown in the table below.

4.1 Section A: Demographic Characteristics of Participants

As part of the study, participants were asked to provide demographic information, including their age, gender, and educational background. This demographic data was important for understanding the context within which the adolescents experienced and reported on issues related to drug abuse and parenting styles.

4.1.1 Gender

In terms of gender, the study involved a total of 10 adolescent participants. Out of this number, eight (80%) were male, while only two (20%) were female. This indicates that the participant pool was predominantly male, suggesting that adolescent males may be more accessible or more willing to speak about substance abuse experiences, or that they may be more exposed to drug-related activities in the Effutu Municipality.

4.1.2 Age Distribution

Regarding age distribution, the participants ranged from 14 to 19 years. A majority of them, specifically seven participants (70%), were between the ages of 17 and 19, while three participants (30%) were between 14 and 16 years old. This age composition shows that most of the participants were in late adolescence, a period often associated with increased risk-taking behaviour, identity exploration, and vulnerability to peer influence, which are all relevant to the study of drug abuse.

4.1.3 Educational Background

With respect to educational background, the findings revealed that six of the participants (60%) were currently enrolled in senior high school, while the remaining four participants (40%) had completed or dropped out at the basic education level and were no longer in school. This variation in educational status provided a balanced view of how both in-school and out-of-school adolescents experience parenting and its influence on substance abuse. Notably, those who had dropped out of school were more likely to report disengagement and a lack of parental guidance as contributing factors to their drug use.

Collectively, these demographic characteristics provided deeper insights into the profiles of the adolescents involved in the study, helping to contextualize their experiences with drug use and the parenting styles that may have influenced their behaviour. The predominance of older male adolescents with varied educational experiences reflects the need for gender-sensitive, age-appropriate, and educational-level-specific interventions in addressing adolescent drug abuse in the Effutu Municipality.

4.2 Section B

This section presents the results of the thematic analysis of the data collected. The results are presented in line with the research questions.

4.2.1 Analysis of Data Relating to Research Questions

The study sought to explore parenting styles and their influence on adolescent drug abuse in Effutu Municipality. This was guided by the following research questions:

1. What parenting styles did your parents predominately used during your up-bringing?
2. How do these parenting styles influence adolescents' drug abuse within the Effutu Municipality?
3. What challenges do adolescent's face regarding their abuse of drugs within the Effutu Municipality?
4. What are the potential areas for interventions aimed at addressing adolescent drug abuse within the context of parenting styles in the Effutu Municipality?

Table 1 shows emerging themes from the data in relation to the research questions.

Table 1: Emerging Themes

Research Questions	Themes	Sub-themes
1. What parenting styles did your parents predominantly use during your upbringing?	parenting styles parents adopt in raising their children	authoritative parenting style authoritarian parenting style permissive parenting style neglectful parenting style
2. How do these parenting styles influence adolescents' substance abuse within the Effutu Municipality?	influence of parenting styles on adolescents' substance abuse	lack of parental monitoring and involvement strict rules and punishment lack of trust for their parents lack of emotional support
3. What challenges do adolescent face regarding drug abuse within the Effutu Municipality?	Challenges adolescents face regarding drug abuse	Psychological stress and trauma, academic difficulties, Stigmatization and discrimination stealing
4. What are the potential areas for interventions aimed at addressing adolescent substance abuse within the context of parenting styles in the Effutu Municipality?	potential areas for interventions	Counseling and rehabilitation programs Equipping the adolescents with employable skills Education on the effects of substance abuse Law enforcement agencies.

4.2.2 Analysis of Major Themes and Sub-Themes

4.3 Research Question One: What parenting styles did your parents predominately used during your up-bringing?

The core intent of this research question was to explore the parenting styles parents adopt in bringing up their children. Themes such as authoritative parenting style, authoritarian parenting style, permissive parenting style and neglectful parenting styles where the key parenting styles parents adopt in raising their children. An interesting "story-line" emerged from these interviews by some adolescents' participants to confirm this argument.

4.3.1 Authoritative Parenting Style

Regarding authoritative parenting style, the following explanations were given by some participants to back this proclamation. For example, one participant said:

"I love my parents, they draw me closer to them, help us learn some basic lessons they live. They direct and share our responsibilities among my siblings and discipline us when we go wayward." (P8).

Another participant said:

"The way my parents especially my auntie relate to me is very friendly; they understand my feelings and emotions whenever I am happy or sad. They are always free to share with me but one thing about me is that I am a shy type. They allow me to express my opinions. I do not want to give them troubles, so I am very careful on certain decisions I took., sometimes we even decide what we should cook or my sister should cook They agree on certain rules for appropriate behavior in order to ensure peace and good conduct" (P2).

Again, participant 5 said:

“My challenge has to do with my mother, she is very difficult. Sometimes I feel that I am not understood by them, but they try to accommodate me and take action when necessary. My parents care about me a lot; they respect me like an adult. Initially I thought that they didn’t like me because I felt they were imposing on me, but growing up I have realised that they wanted the best for me.” (P 5).

Another participant also said

“Most of the time my parents are good to me. They are friendly and I always feel happy whenever they are around. I like that because it makes me feel they care about me. My parents when they have money, they provide for us and when they don’t have, they tell us they don’t have. So sometimes during market days I go out and do laborer work to bring money to my mother. Hmm but it is not easy ooo” (P1)

It is evident from the comments given by the participant that they love their parents, direct them and ensure discipline. As attested by one participant, his parents relate to him in a friendly manner and provide the needs of the family. A participant also said that their parents allow her to express their opinions freely without imposing her will or decision on them. This finding agrees with previous literature

4.3.2 Authoritarian Parenting Style

Comments from respondents also suggest that some of the parents adopt authoritarian parenting style in raising their children. The following statements were made by some participants to confirm this claim.

For example, one participant said:

“My father always says that especially to me that I am very stubborn nowadays, if you are not strict and strong on them, they will go wayward. And if they go wayward the society will call him an irresponsible parent. I don’t want that to happen. The bible says we should train our children in the way of the lord, so I make sure I punish and discipline them. The girl has been sneaking from the house to play with her friends during the night. When she returns, he doesn’t spare her at all because some neighbours complained that they see her with Wee boys” (P 4).

Another participant concurred that:

“Sometimes their grandmother thinks I am very difficult and harsh with the training of the children but I know what I am doing. I have to control their behavior. Bible says when you spare the rod you spoil the child. These are the words that my parents say. But I fear my mother more than my father. She is too strict, she beats at the slightest provocation, because of that I don’t like discussing or having any conversation with her. My father always wants to be alone he only come back from work and go back to work. I don’t like staying in the house. I always go to our small ghettos to meet friends who will buy me alcohol even if I don’t have money” (P3).

Another participant also shared her views by saying:

“The money my parents give me is not even enough for my upkeep. When I complain my father will take it back and warn me not to ask him for money again. When I come home late, he will beat me and let me sleep outside” (P6).

Additionally, participant 8 said:

“The number of times my mother punishes me is too much, sometime I feel she is not my biological mother. She hates me too

much. She is the obey before complain type. She is like a soldier woman” (P 8).

In fact, these comments from respondents attest to the fact that their parents adopt authoritarian parenting style in raising their children. Parents who apply the authoritarian parenting style seek to shape, control and evaluate the behavior and attitudes of their children in line with established behavioral standards. Authoritarian parents prioritize obedience, applies punishment, and instils normative values such as respect, believing that children must accept their parents’ word as truth.

4.3.3 Permissive parenting style

Views of participants so revealed that some few parents adopt permissive parenting style in raising their children. The subsequent statements were made by some parents and an adolescent to confirm this. For example, one participant said:

“Sometimes they have to allow us to face the world and it challenges me specially to learn new lessons because when you interfere too much, I feel like you are controlling my affairs.”
(P6).

Another participant also said:

“My grandmother used to say that, these days children do not see themselves as children but as adult. My ground mother pampered me more than my parents do. We are four children of my parents, two of them have refused to go to school due to how difficult my parents are, as my siblings complain every day. So, what can you do than to allow them to live their own live? Punishment cannot change them if they want to change, they will change” (P7).

One participant added that:

“My parents love me and respect me a lot. In fact, I don’t remember the last time I was punished. My mother especially provides everything I ask and make sure I am feeling okay, they see me as an adult so they allow me a free space and movement to live my own life” (P 4).

It is clearly visible from these comments that only a few of the parents adopt permissive parenting style in raising their children. The permissive parenting style means rules are applied without punishment; is characterized by acceptance; is affirmative to the wishes and actions of children; and makes minor demands the rules of behavior in the household. Permissive parents consider themselves a resourceful to fulfil all the desires of their children. Permissive parent tries to be more of a friend or acquaintance to the child rather than an authority figure who guides and monitors their behaviors. These parents want to be accepted by the child and are in no way controlling of the child.

4.3.4 Neglectful Parenting Style:

Participants indicated that parents adopt neglectful parenting style in raising their children. For example, one of the participants said:

“Life was better when mother was alive at age nine. My mother used to take care of my needs most specially to feed me, bath and take me to school. But after the death of my mother, things have become so difficult for me. My father has abandoning us and the last time I heard from him is about nine years ago. So, I had to be on the street to hustle for money to be able to take care of my needs. And that was when I was introduce to drugs because the nature of the work is difficult. Now my life is in my hands if I don’t go to work, I cannot get food to eat or even when am sick. My relative have neglected me due to my act, they always condemn me. Hmmm it is not easy oo” (P9).

One participant said:

“I don’t remember the last time I saw my father. They told me he is staying at Winneba Zongo. He does not send money, in fact nothing at all, that is why I am living this kind of live. My mum died when I was in class 4. Things was very difficult for me when I was brought to live with my uncle then, later I moved to stay with my mother relatives then” (P7)

Another participant also said:

“As for me, I don’t want to talk about my parents because you will say I am disrespectful, they didn’t take care of us. My mother for all these years has travelled to somewhere. My father too has not been active and he is staying at another place in the community. I was raised by my grandmother who is aged now. the money I received from them is not sufficient for us to depend on. So, mama is not able to provide for our school needs, still things are difficult. I have to stop school and that is what mama is complaining every day but the interest is not in the school” (P9).

It could be realized from these comments that some of the neglectful parents show little to no responsiveness or involvement in their children's lives. They provide minimal emotional support, guidance, and supervision. These parents are often neglectful or preoccupied with their own needs, which may lead to a lack of basic care. Children raised by neglectful parents are more likely to struggle with emotional and behavioral issues, perform poorly academically, and have low self-esteem.

4.4 Research Question Two: How do these parenting styles contribute to adolescents’ drug abuse within the Effutu Municipality?

The primary intent of the research question was to find out how parenting styles adopted by parents contribute to adolescents’ substance abuse within the Effutu Municipality.

It emerged from the interview that lack of parental monitoring and involvement, strict rules and punishment, lack of trust for their parents and lack of emotional support were ways by which parenting styles contributed to adolescents' substance abuse within the Effutu Municipality.

4.4.1 Lack of parental monitoring and involvement

It was revealed through the participants' comments that lack of parental monitoring and involvement contributed to adolescents' substance abuse in Effutu Municipality. The succeeding clarifications were given by some adolescents to affirm this assertion.

One participant said:

"My parents will leave the house early in the morning and return very late in the evening. Sometimes by the time, they come home, I will be asleep. They are always busy at work. My father will text you a message only when myself and my siblings needed something. I spend most of my time hanging out with friends and playing games together. That was when I was introduced to drugs and we smoke cigarettes together" (P6)

Another participant said:

"I was thought how to drink through a friend. My mother travelled and left me with my uncle who is not physically fit. My father too doesn't send money for us. Sometimes I do job small to get money and provide for the house. Because of how difficult the job is, I smoke and drink alcohol before I can do the job. Sometimes it hurt me that I smoke but my parents are not aware about me smoking" (P 3).

One other participant stated that:

"When my parents got divorced, my father stopped taking care of us and our mother always travel to Asamankese to buy fish to sell at Winneba market, so none of them was having time for

us. So, I got a certain man who took me as his girlfriend and started supporting me. Later he introduced me to alcohol when we go out on a date and I became addicted. (P 8).

Further, one of the participants intimated:

“My mother owned a drinking bar and chop bar business. She is always at the bar. Because of her work I always have a chance to go to anywhere I like and come back late, and she wouldn’t say anything. Sometimes I expect her to asked me about where I am coming but I don’t see anything like that. I joined the Getto boys and girls and started smoking and drinking ‘Mola’ because I know that my mother drinks” (P 4).

Further, one of the participants had this to say:

“Honestly because my mother was very busy with work, they did not have enough time for especially me. So a friend introduced me into drugs and started chasing men and started drinking. Sometime I can leave the house and come very late but mother will not complain. My parents have separated and they are not leaving together. So I think that there was too much freedom for me in the house” (P 4)

Other participant shared a similar experience:

“My parents have to take part of the blame; They was not there when I needed them the most. They always have issues with their inability to provide for the family. So, anything I asked for something like money, they will direct me to go to my father, and my father will also refuse us. It goes on for a long time because I was only a dependent. My mother always leaves the house and my siblings to fight her husband’s girlfriends. This made me to have free will to get involved with friends and doing all sort of bad things including drinking alcohol” (P 2).

It could be deduced from these comments that with regards to lack of parental monitoring and involvement, almost all the participants have issues with parental monitoring and involvement. Some adolescents reported that their parents neglect them for their work. They leave the house early in the morning and return very late in the evening. This gives them the opportunity to smoke cigarettes and drink alcohol. One of the female adolescents is dating a man who is old enough to be her father as result of the fact that her parents are not providing for her basic needs. According to her the man later introduced her to alcohol. The parents of these adolescents shirk their responsibility, and this contributed to the involvement of the wards in substance abuse.

4.4.2 Strict rules and punishment

Conferring to the interview data, many of the participants were of the view that punishment and strict rules applied by parents contributed to adolescents' substance abuse in Effutu Municipality. According to the interview data, most of the respondents emphasized that punishment and strict rules accounted for their engagement in substance abuse. A participant shared his experience by saying that;

“I think that my mother is too strict than my father. She beats me at the slightest provocation, because of that I don't like staying at home. I always go to our small ghetto to meet friends where they will buy me alcohol even if I don't have money” (P7).

Another participant also shared her views by saying:

“The money my parents give me is not even enough for my upkeep. When I complain my father will take it back and warn me not to ask him for money again. When I come home late, he will beat me and let me sleep outside so anytime I drink alcohol I don't go to the house I passed the night with a friend.” adolescent. (P6).

Besides, a participant added that:

“My cousin asked me to come and live with her because I was having problems staying with my mother. I was forced to sleep at 9 pm and when I refuse, she will start fighting me and send me to the farm to weed from morning to evening as a punishment. I run from the farm when I’m tired then I go and somewhere in the bush to smoke (P9).

Further, participant 5 said:

“My father is a businessman, and mother is a banker both have money and there is nothing I lack but I didn’t feel happy sometimes. My parents especially my father was too strict. They do not allow me to go out and play with friends. I was always indoors. They will drop me to school in the morning and drop me back home after school and sometimes my father will lock me in the house all alone. When I got the chance one day, I went straight to the corner where they sell and bought a wee and that was my first time. Nobody thought me but I decided to take drug because I was not happy” (P5).

Moreover, one of the participants had this to say:

“Children of nowadays, if you are not strict and strong on them, they will go wayward. And if they go wayward the society will call you an irresponsible parent. These are the words of my parents. Sometimes my grandmother thinks that my parents are very difficult and harsh with the training of the children but my father will say that, I know what I am doing. Bible says when you spare the rod you spoil the child. I do smoke cigarette and wee but my parents are not aware” (P 6)

Other participant shared the following sentiments:

“I come from a religious home. My father is a church president and my mother is the women fellowship leader in the church. The bible says we should train our children in the way of the lord, as

they always say, so their focus is on punishment and maintaining discipline in the house. But at times I ran away from the church and even in the house to stay with friends. When I return, they don't spare me at all because some neighbours complain to them that they see me with Wee boys but for me I take only shisha"
(P3)

The comments from the participants signify that punishment and strict rules applied by some parents contributed to adolescents' drug abuse. This ranges from beating wards at the slightest provocation, wards sleep outside, weeding for long hours, locking them in the room and starving them. These punishments meted out to these adolescents clearly show that, their parents are authoritarian

4.4.3 Lack of trust for parents

Another major concern that appeared from the interview data was related to participants' lack of trust for their parents. The data suggested that some of the participants had little or no trust for their parents. Some of the participants articulated that:

"Hmm I don't trust my mother, if I tell her I have been smoking, she will call my father and uncles at Secondi to tell them, that is why I have been hiding it. The truth is a certain woman selling at the market always advising me to stop I trust her. She has been advising me to stop smoking. I cannot confide in my parents they will kill me if they catch me red handed" (P5).

One of the participants also expressed her experience that;

"I do not find my father trustworthy. He is a very difficult man. Sometime I don't even feel like talking to him about my situation. Please if you are really committed to quit smoking and drinking you can, but you need someone to counsel you or talk to you. My

mother is not having time for that. So, I don't even trust she can do that'' (P7).

Moreover, one of the participants had this to say:

‘‘A mate reported to my parents that she saw me in a bush smoking. That day hmm my mother cried for the whole day and I felt how my mother was disappointed in me, until then I had to convinced her and told her that it is a lie. Some of our parents cannot be trusted so I hide things from her. By the time I confide in her, she might have died before her time and it may be too late’’ (P1).

Other participant shared the following sentiments:

‘‘I know my father for instance have anger issues and he is very difficult and easily punishes at the slightest provocation. That is why I keeps secret from them especially my father because I don't trust him. He will kill me if I do’’ (P5).

Lastly, a participant concurred that:

‘‘Do you know that last year my mother found Alomo bitters in my back pocket and she asked me and I said that, it is for a friend. She didn't want to believe that I am telling the truth. Yes I had to lied because I don't trust that she can take it, even with that, they are very suspicious about me’’ (P8).

The interview data presented suggested that some of the participants have little or no trust for their parents and therefore finds it difficult to confide in them. The second adolescent has more trust in the market woman who has been advising him to stop smoking, according to him he cannot confide in his parents because they will kill him if they catch him red handed.

4.4.4 Lack of emotional support

Among the theme which emerged from interview data was lack of emotional support.

According to the interview data, some of the adolescents have little or no emotional support from parents. On emotional support, one of the participants articulated:

“Sometimes I feel depressed. I can sit quietly for hours without talking to no one. No one knows what I am going through. My parents’ insults, cane me and even sack me from the house when I am drunk. They hate seeing me drunk and I am not a happy person either (P 3).

One of the participants also commented:

“I often find it difficult in controlling my emotions when I’m hurt. This affects my relationship with my friends, parents and siblings.” (P 6).

Another participant also expressed:

“I will say I did not get the emotional support I needed when I started drinking and smoking. it was just insults and punishment form my parents” (P 8).

A participant also had this to say:

“My parents do not understand the emotions of their children. They care less about how I feel, they don’t have time to discuss pertinent issues with us. Their concentration is on their work and making money. I have a friend when she is in trouble, I am her first point of contact because she thinks that her parents will worsen it either they will rather beat her or insult her” (P 2).

Another participant also expressed herself:

To be honest with you I go to school early in the morning and return very late in the evening. Providing emotional support for me has become a big challenge. But once a while they spent time

to meet us because my parents says that it is very important for development (P 4).

The data presented suggested that almost all the participants agreed that lack of parental monitoring and involvement contributed to adolescents' substance abuse in Effutu Municipality. The last respondent was honest to admit that providing emotional support for her has become a big challenge. One of the participant also testified that he did not get the needed emotional support when he started drinking and smoking

4.5 Research Question three: What challenges do adolescent's face regarding their abuse of drugs within the Effutu Municipality?

The third research question sought to explore the challenges adolescents face regarding their abuse of drugs within the Effutu Municipality. The data revealed that psychological stress and trauma, academic difficulties, Stigmatization and discrimination and stealing were some of the major challenges adolescents face regarding their abuse of drugs.

a. Psychological distress and trauma.

The comments from adolescents suggested they go through psychological stress and trauma because of drug abuse. The following comments by some of the participant were advanced to imply that. One of them said:

“If you have smoked wee before and also drink alcohol heavily, you will understand what I am talking about better. Your brain will be out of this world and you can't even reason properly. One day we were at ghetto drinking and smoking when we heard that the police were coming so we had to run away but a colleague has turned jonkey. So, I have to give him a heavy slap so that he can come back to his senses in order not to be caught by the police” [participant: 2].

Moreover, Participant 4 said:

“I don’t know whether it is spiritual or stupidity. The little money I received from my parents I have to spent the money on smoking else I can’t do my daily activities and even find it difficult to sleep. One day I nearly die of hunger because I felt appetite for smoking than to eat and if not with the help of my colleagues something bad could have happened to me. I am growing lean and have lost weight, and my mother is complaining, people are also talking about me and I am worried. I’m losing my mind. Why can’t I stop smoking and drinking hmm” [P 4].

Also, participant 3 shared similar thought:

“Sometimes I feel depressed. I can sit quietly for hours without talking to no one. Nobody knows what I am going through. My parents’ insults me, cane me and even sack me from the house when they see me drunk. They hate seeing me drunk and I am not a happy person either but This thing hmm call alcohol, its very difficult to stop it, even if I am sleeping, I will still be thinking about that drinking spot” [P3: P 9].

Another participant pointed that

“I am worried about the day my mother will find out about me. She loves and care about me and what I feel right now is disappointment. I used to be good in sports but now I have stopped because I easily get tired when I run and I feel some pains around my hurt. It has taken the better part of me and I feel useless, I walk about 10 to 15 kilometers to the drinking spot. I want to stop and even tried for two months but it was too hard for me and I found it even more difficult to sleep at night sometimes I feel so miserable”(P 5].

It could be deduced from the data that some of the participants experience one form of psychological stress and trauma or the other.

b. Academic difficulties

One of the core matters that emerged during the interview was related to academic difficulties. This was accompanied by the following statements.

One participant said:

“Sometime I can’t concentrate in class activities, I’m always hanging out. My teacher sometimes punishes me severely for refusing to do classwork and homework. I know I cannot perform well so I am always thinking about money to buy alcohol, I can’t stop drinking Alomo bitters and K 20. I don’t know what is really wrong with me. It’s been three weeks now that I have not been in(P 1].

A participant stressed this point:

“My results are very bad however some of my friends are performing well. I should have completed SHS long time but I am still in SHS2. My father has changed several schools just to help me improve and better my grades but mostly I don’t carry out my assignment. Sometimes I feel like not going to school.’ [P 4].

Another participant also validated that:

“some of my teachers are aware that I smoke, one of them caught me and reported me to the headmaster and the school disciplinary committee suspended me from school indefinitely but before that I was referred to the school counsellor to help me to stop and focus on my studies because at first I was academically good but now my performance is poor” (P 3].

Another participant said emphatically that

I have problems with learning, when I learn I find it difficult to remember whatever I have learnt. I think I have to stop this my drinking and smoking attitude otherwise I will drop out of school [P 6].

c. Stigmatization and discrimination

Some of the adolescents shared their experience about stigmatization and discrimination. Some of the adolescents felt stigmatized and discriminated upon. This was followed by the following sentiments:

“Some of the teachers do not like me. They say I don’t respect but madam what I know is that, if you accused me of something I did not do and you stand in the class to disgrace me, it hurt me badly and I go angry so they try to avoid me. Everybody is talking about me. Maybe it is because of my anger issue towards those who try to challenge me.” [P 1].

Another Participant remarked that:

“they say I’m a bad boy, even my father always says that because of me people disrespect him. All I do is to bring shame and pains to them. When some of my school mate see me around, they turned to the opposite direction, others do not want see my face and call me all source of profane names all because they think I will introduce them to gangsters which will motivate them to engage into risky behaviours but I will not do that. I am cool with everyone [P 6].

One of them highlighted,

“Some of my teachers do not like me, they don’t call me to answer questions in class because they think I am abnormal. It sadden me a lot. Some are not even aware I have stopped smoking yet they treat me the same way when I used to smoke. That is why I have stop school” [P 4].

Another buttressed by saying that:

Last month my mother travelled with my sister and left me behind, meanwhile she earlier told us that all of us will be travelling together. When I asked her why she did that, she told me that she doesn’t want me to go and disgrace her in front of our grandmother with that

attitude of drinking and smoking behaviour and it hurt so much and I felt that I am no more important to my parents '' [P 7].

d. Stealing

From the participants view, drug abuse, particularly 'wee smoking' makes them to steal without them knowing it willingly. A adolescent shared an experience of this,

"Someone said he saw me coming from a mechanic shop with some car parts in a sack. When I was asked about the car parts, I said I have not seen it but later I found it in my room but I don't remember taking it." [P 5].

"My parents financially support me but the money is not enough for my up-keep. Since I don't work, I Sometimes has to lie to them to give me money in order to do my other things "Getto" to buy "Mola" and tramadol. I don't know but sometimes I take accessories from the house in exchange of money. I know it is not good to steal but I need money to do my things". [P 3].

Another buttressed by saying that:

"The last time I was caught stealing a wheel barrow. I was beaten but fortunately I was saved by my father's friend. I wanted to sell the wheel barrow so that I can sponsor my friends and I at our usual joint. But when the family find out I was punished severely and this time, I have become a suspect now" [P 7].

Moreover participant 9 said

"Last time I took my sister's money, I didn't know the money was not for her. She was taken to the police station the owner of the money thought my sister has spent the money and she is refusing to pay back. I felt so bad. It was all my fault because I always need money to smoke if not, I will go off" [P 9].

Most of the adolescents held the view that thieving is one indecent attitude that is often predominant among them pointing out clearly that they are used to petty thefts such as

taking other colleagues' money, properties and the likes. Evidently, drug abuse is a problem among adolescents. From the findings of this study, most students are involved in drug abuse. Most are aware of the consequences, yet they keep on indulging in the vice. Such consequences range from that health related, social related and academic related.

4.6 Research Question Four: What are the potential areas for interventions aimed at addressing adolescent drug abuse within the context of parenting styles in the Effutu Municipality?

To effectively address the growing concern of adolescent drug abuse in the Effutu Municipality, it is essential to explore the potential areas where targeted interventions can be developed, particularly through the lens of parenting styles. Parenting plays a pivotal role in shaping adolescent behavior, attitudes, and decision-making processes, including susceptibility to substance use. This section examines the critical intervention points, including parental awareness, communication patterns, emotional support, discipline strategies, and community-based support systems, to identify practical solutions that strengthen parenting capacity and reduce adolescent drug use.

Various themes emerged from the data regarding the potential areas for interventions and counselling. These interventions included counseling and rehabilitation programs, training of the adolescents on employable skills and education on the effects of substance abuse

4.6.1 Counseling and rehabilitation programmes

According to the data one of the ways, participant or the youth can be assisted to stop abusing substance was related to the establishment of a counselling unit. Some of the interviewees were of the view that they need a counselling unit that they can go to seek

assistance to deal with their challenges. The data pointed out that some of the adolescents' resort to substances when they are psychologically disturbed and have no one to seek help from.

“Sometimes, I need somebody to confide in. I need someone who can better understand me about the world. Sometimes it pains me that I'm into these situations and I'm willing to stop but I have tried and I can't stop it. I think I need help. Now if I don't take it, I can't sleep. I used to participate in athletics but now I cannot run anymore because I become tired so easily. I know that it is affecting me and I want to be getting more advice so that I can stop this bad habit but I don't know where to go to (P 1 and P5).

“We need a place like a counselling centre where our people can go and seek advice from people who can help some of us because sometimes, we feel like we are adults and want our independence to do what it pleases them and don't want to listen to any advice” (P 10).

“These days things are very difficult. It seems they don't understand us. One of my stepbrothers practice these drugs and we were advising on several times he told me that the weed is good for him. It makes him feel well and study as well. But my parents don't understand him and told him that he is crazy. I think that we need some of you(counsellors) in our community to educate and advise us” (P 4)

The data suggested that a counseling and rehabilitation programs should be initiated to address the concerns of the adolescents in the Effutu Municipality. The counseling and rehabilitation programs will help them overcome substance abuse. According to some of the participants, sometimes when they became stressed up, they wish to share their problems with somebody. Because of the absence of such facilities, some of the

participants resort to their peers who later lead them to abuse substances (UNDCP, 2011). In addition, the data pointed out that some of them wish to stop using substances but are finding it very difficult to stop. Some of the participants were of the view that it will be appropriate for the authorities to provide a counselling unit, rehabilitation centre to habit the addicts. The establishment of the counselling unit will provide information to the youth, to seek for psychological assistance in dealing with their emotional challenges.

4.6.2 Law enforcement agencies

Apart from the counselling and rehabilitation programs, other suggestions pointed from the data was on the social welfare and the municipal police department. According to the data, some were of the view that if the police patrol team patrol the community especially around the ghetto's places, they will help and stop people from going to these ghettos to practice drugs and drinking. To them, these ghettos areas are where many of the youth go to smoke and drink and even encourages children below 10 years go to practice it. According to one participant;

“There are a lot of ghettos in this community where they go there to smoke and drink alcohol. Back in those days the police were helping by arresting them but now they have stopped. I think that the police officers should help in abolishing all these small ghettos so that it can help to minimize the use of the drug and protect our children for the future”. (P 3).

Another participant added that;

“Added that sometime ago, the social welfare sermon some neighbours and used the law to make an irresponsible parent responsible enough to provide for their children's' needs. There are a lot of children found on the street idleness and

most of these children joined these practices through friends. Some are selling on the street and others roaming as if they don't have parents. I encourage the social-welfare to sermon these parents to order so that they can join some of to school” (P1).

Participant four also added that;

“I trust the police can help solve these local problems. They can move from one community to another community to check them and it will put fear in them because nobody wants to be arrested” (P 4).

The data suggested that there is the need for the police service to address their concerns and reenforce punishment that will help overcome substance abuse. According to some participant they felt some of children hanging out in the ghettos are drugs addicts and they need to be arrested and address their problems so that they can collaborate with the communities and take safety measures in order to resolve some of their concerns. In addition, one of the data pointed out that some parents have refused to perform their responsibilities as parents and all these parents should be prosecuted by the social-welfare with shared responsibility in order to provide support for these children to prevent them from engaging into substance abuse.

4.4.3 Equipping the adolescents with employable skills

Apart from counseling and rehabilitation programs, another suggestion pointed from the data was on skill training. According data, most of the unemployed youth were of the view that if they were engaged in some economic activities they would not yield to alcohol or drugs. To some of them, they depended on alcohol and substance as a result of idleness and frustration. According to participant 4

“We need support from individuals and groups to enable us find some work to do some skills to produce something to be economically independent”. (P4)

Participant 3 also supported

“The Winneba Vocational and Technical School should admit more students and train them in electrical, mechanics, carpentry etc. so that after training we will get our self-job to do.

Participant 6 added that

“There are no jobs in Winneba, the member of parliament should set up a factory to employ more youth so that after school we will not be idle” (P6)

Participant 1 said

“Government, NGOs and the community should provide the youth with jobs and provide financial support for us. My sister has completed senior high school for about three years but due to financial challenges she is still at home. Our parents need money to support our business so that our business can grow in order to support the family welfare”

Participant 3 said

“Now the university is our source of income. When the university vacate and the students are gone, life become more difficult because some of us our parents close down their shops. We need something to depend on it by equipping the youth with employable skills within the community in order to make it in the future”(P 3).

Participant 4 opined that:

“I get disappointed when I see some colleagues sitting home idle or roaming aimlessly. I am pleading with the Effutu Municipal Assembly to help them learn a trade. Some of us we don't have money

The participants suggested that there is the need for the youth to be equipped with employable skills to sustain them economically. Idleness attracts all sort of social vices

of which substance abuse is number one influential factor. The youth need vocational and skill training to equip them with employable skills. The desire to earn a living exposed some of the youth to be distributors of the substances and they eventually became abusers of these substances. This implies, the absence of employment which has led to the idleness of some of the youth has resulted in their dependence on substances.

The government, NGOs, Community leaders should try to engage them in regular jobs where they would be regularly supervised and monitored and also support their businesses. To them such a situation would help eliminate or curb the incidence of drug abuse.

4.4.4. Education on the effects of substance abuse

The youth need to be educated on the effects of substance abuse. Information on the effects of substance abuse could be channelled through public education in the municipality. Most of the youth have little or no knowledge on the harmful effects of the substances they abused as stated by one of the participants

‘I know the bad effects of drinking and smoking. I know a friend whose brother died of kidney disease because of too much alcohol. I stopped alcohol after I discovered that the source of the sickness is as the result of alcohol according to a doctor report’ (P 4).

Another participant also added that:

I always advice the youth to stay away from alcohol and wee smoking because they are not aware of how dangerous it is to their health (P 6).

Again, another participant empathically said:

It saddens my heart when I see the youth drinking bitters and all sort of beer. They need to be educated to desist from it. I sometimes have severe headaches, and severe coughs due to smoking. I have to stop. It can kill me’ (P1)

Another participant narrated:

“I have lung problem as well as throat cancer, I have undergone series of treatment. I bought certain medicine for the treatment of the lungs. They said that it can protect the lungs from any diseases” (P6).

Another participant also stated that

“I nearly died because I didn’t eat and use the money on wee and alcohol so it was my friends who realized they had to give me food and that day I was able to survived. I have lost weight because the money I have to buy food I waste it on alcohol, I have developed some pains around my heart and I cannot run as faster as I used to run” (P3)

The data revealed that some of the participants who abused substance had reduced in weight, lung problem. severe headaches, and severe coughs. These conditions, according to some of the interviewees, they were told because of the substances they abuse when they visited hospital.

This could be concluded that most of the participant vowed that some illness affecting them are effects of drug abuse. Severe coughs, lungs problems and weight loss were revealed as the attendant sicknesses of drug usage. Some of the participant said that they have a crucial role to play in preventing substances abuse among them. Two of the participants suggested the need to advice the youth to stay away from alcohol and wee smoking because they are not aware of how dangerous it is to their health.

4.5 Discussion

This section presents the discussion of the study based on the research questions. The findings are compared to literature and inferences were made

4.5.1 Common Parenting Style

The study identified four main parenting styles—authoritative, authoritarian, permissive, and neglectful (uninvolved) as commonly practised among parents in the Effutu Municipality. These findings align with Baumrind’s Parenting Styles Theory, which classifies parenting along two key dimensions: responsiveness (emotional warmth) and demandingness (control and discipline). Each style is defined by how parents balance these elements, and the way they apply them has profound implications on child and adolescent development.

The authoritative parenting style was found to be one of the most prevalent among participants. This style is characterized by high responsiveness and high demandingness, where parents combine warmth, emotional support, and open communication with clear boundaries and firm guidance. According to Hoeve et al. (2007), this approach is linked to positive behavioural outcomes, as it promotes self-regulation, emotional competence, and resilience in children. From the lens of John Bowlby’s Attachment Theory, authoritative parenting fosters secure attachment, allowing children to develop internal working models that reinforce trust, emotional stability, and healthy coping mechanisms. Adolescents raised in this environment are therefore less likely to resort to substance abuse as a way of managing stress.

In contrast, the study also observed the use of authoritarian parenting, marked by high control but low emotional responsiveness. These parents tend to impose rigid rules, expect obedience, and use punishment as a key disciplinary strategy. According to Engle (2017), this style often leads to fear, resentment, and reduced emotional closeness, which may foster insecure attachment. Bowlby’s theory suggests that such insecure bonds can result in feelings of rejection or low self-worth, increasing the risk of adolescents engaging in maladaptive behaviours like drug use as a coping strategy.

Another style identified was permissive parenting, which involves high emotional responsiveness but low control or discipline. These parents are indulgent, avoid confrontation, and often fail to enforce consistent rules. While they may appear nurturing, this approach can result in poor self-discipline and impulsive behaviour among adolescents. The study participants indicated that excessive freedom, without boundaries, led to experimentation with drugs and other risky behaviours. Permissive parenting, from an attachment perspective, may result in anxious or ambivalent attachment, where adolescents seek external validation or stimulation, sometimes through substances to compensate for a lack of guidance and structure.

The fourth type reported was neglectful or uninvolved parenting, defined by low responsiveness and low control. These parents often show minimal emotional support and little involvement in their children's lives. Such parenting practices create a void in the emotional and social development of adolescents. Consistent with findings by Timpano et al. (2015), neglectful parenting has been associated with psychological disorders, including anxiety, depression, and conduct problems, all of which increase susceptibility to drug abuse. From Bowlby's perspective, neglectful parenting severely undermines the child's ability to form secure attachments, resulting in detachment, mistrust, and a heightened risk of using substances as an emotional escape.

The implications of these findings are significant. When parenting styles are poorly applied particularly those that lack warmth or control parents fail to establish the secure attachments necessary for healthy emotional development. As Ainsworth et al. (2018) argue, early attachment disruptions can lead to long-term consequences such as low self-esteem, emotional dysregulation, and difficulty in forming meaningful relationships. In adolescence, this emotional instability often manifests in risk-taking behaviours, including drug use and other forms of substance abuse.

In summary, the findings confirm that the type and quality of parenting adolescents receive significantly influence their behavioural outcomes, particularly in relation to substance use. Parenting styles not only shape emotional security and coping capacity but also determine the degree of parental involvement and monitoring critical factors in adolescent well-being. Effective interventions, therefore, must aim to promote authoritative parenting while addressing the risks associated with authoritarian, permissive, and neglectful approaches, especially in high-risk communities like Effutu Municipality.

4.5.2 Influence of adolescent's drug abuse

Lack of parental monitoring and involvement, strict rules and punishment, lack of trust for their parents and lack of emotional support were ways by which parenting styles contributed to adolescents' drug abuse within the Effutu Municipality. (Sharma, 2015) who opined that there is a significant link between adolescent substance abuse and aspects of parenting styles such as parental monitoring and involvement. The finding also agrees with Vermilion-Smit, Verdurmen and Vollebergh, (2015) who reported that higher levels of parental monitoring and "good general parenting practices" resulted in a lower likelihood of adolescents using marijuana and other drugs. Another study by Fosco et. al., (2012) concluded that parental monitoring can have a significant impact on children's externalizing behaviors and substance abuse habits over time. It was found in a recent study that a mother's inconsistent discipline (i.e. letting off punishment early and not punishing for an action one time, but then punishing another time led to the kids having an increase in externalizing behaviors. This study also found that a lack of parental monitoring was linked to an escalation in the child's externalizing behaviours (Gryczkowski, Jordan, & Mercer, 2010).

A study reported that higher levels of parental monitoring and “good general parenting practices” resulted in a lower likelihood of adolescents using marijuana and other drugs (Vermilion-Smit, Verdurmen & Vollebergh, 2015). It has also been shown that there is a correlation between a parents’ control, monitoring, and discipline and a child’s level of substance use (Pears, Capaldi, & Owen, 2003). In a study, the parents who displayed poor control, poor monitoring, and inconsistent discipline had adolescents who had elevated use of alcohol as well as high levels of other drug abuse (Pears et. al., 2007). The finding gives credence to Fosco et. al., (2012) who concurred that authoritarian parenting style is illustrated by the high demands of parents but low accountability. Parents place high expectations on children by practicing a control approach, punishment and strict rules that do not allow the children to question them. The finding agrees with Winter (2012), who found that teens who did not trust their parents and felt as if they could not go to them for advice had a higher rate of substance abuse. Winter (2012), further asserted that the father to youth relationship is a significant predictor of delinquency, and increasing closeness between a youth and his/her father is associated with a decrease in delinquency and bad behaviors over time.

One of the adolescents also testified that he did not get the needed emotional support when he started drinking and smoking. The finding is in line with Hommer and Crowley (2012) whose study on parental closeness and emotional support concluded that adolescents who had parents that were emotionally detached from them and did not offer the child much emotional support or closeness had an elevated level of alcohol use. In addition, as the teen felt more and more emotionally unstable and alone over time, their alcohol intake increased. Contrary to this, the teens who had parents who were close to them and offered them an abundance of emotional support did not have such a high level of alcohol intake, suggesting that the kids may abuse alcohol to cope

with the fact that their parents are not emotionally there for them in a time when emotional stability and support is of the utmost importance (Hommer, & Crowley, 2012). Other researchers have found similar evidence linking parental measures to adolescent substance abuse. This study demonstrates that parenting practices (e.g., closeness of mothers) had a significant impact on the intake of alcohol by the adolescent and there was no difference according to race, age, and living situations (Shorey, Fite, Elkins, Frissell, Tortolero, Stuart & Monreal, 2008). The implication is that parental influence plays a significant role in adolescent drug abuse, with both positive and negative ways. These effects are mediated by various factors and most importantly parenting style.

Substance abuse in adolescents has been an increasing problem in society. Previous research has shown that adolescents can develop long term substance abuse habits early in life and that most adolescents first start experimenting with drugs between the ages of 13 and 18 (Sharma, 2015). According to a survey study of adolescent substance users, kids know that the drugs will have adverse effects on their lives, but try them anyway because they provide relief from environmental factors, such as stress (Sharma, 2015).

There are three substances that are very popular with adolescents: alcohol, marijuana, and ecstasy. One of the most common substances that adolescents use is alcohol. Alcohol abuse by adolescents is a persistent problem, even though teens are aware that it is both illegal and potentially dangerous for them to be using alcohol (Kia-Keating, Brown, Schulte, & Monreal, 2008). According to Kia-Keating et. al. (2008), one-third of adolescents have engaged in binge drinking by the time they are in 9th grade and rates have been increasing in the past several years.

Along with alcohol, marijuana is shown to be one of the most well-known and abused drugs in the United States across every age bracket, and the most used illicit drug among adolescents (Scoyoc, Stanger, Budney, 2019). Marijuana abuse as an adolescent has been linked to the development of major depressive disorder and other psychological disorders later in life (Chadwick, Miller, & Hurd, 2013). It is also associated with impaired memory and increased impulsivity during adolescence (Dougherty et al., 2013). A final substance that seems well-known by adolescents is ecstasy, better known as “the love drug” or “the hug drug.” This synthetic and hallucinogenic drug is popular with adolescents at parties and clubs, as the availability of the drug had risen between the 80s and 90s and dependency on the drug had become an increasing problem (Cottler, Womack, Compton, & Ben-Abdallah, 2011). Additionally, the levels of illicit drug use other than marijuana had declined and then leveled out by 2001 (Patrick & O'Malley, 2016). One study has also shown that ecstasy and marijuana abuse in young adolescents can lead to cognitive impairments, that the abuse is on the rise for both substances, and that the use of these two drugs is associated with risk of developing substance use disorders involving other drugs later in life (Vucetic-Arsic, Alcaz, Stankovic, & Daragan-Savelijic, 2019).

Drug addiction today is widespread in the country and it has spread to every level of age in society. This situation is alarming because youth today is a national asset that will continue the continuity and development of the country in the future (Hassan, 2018). In the Youth Act (Act 668) (2017), it has been mentioned in terms of age limits those aged 15 to 40 years belonging to youth and it represents 60 percent of the country's current population. Various schemes were introduced by the government and private to these youths to develop them, involving various sectors such as skills, business, entrepreneurship, education and more (UNICEF Malaysia, 2017).

4.5.3 Challenges of adolescent drug abuse

The data revealed that adolescents who engage in drug abuse face a variety of complex and interrelated challenges, including psychological stress and trauma, academic difficulties, stigmatization and discrimination, as well as involvement in petty theft. Many participants reported experiencing mental and emotional distress, including feelings of anxiety, hopelessness, and emotional instability. These experiences are consistent with the findings of Russell and Browne (2017), who observed that drug abusers are significantly more likely to experience psychological distress and hold negative attitudes toward drug use, despite their continued engagement in it.

Academically, the study found that drug use among adolescents disrupts learning and contributes to poor academic performance. This supports Blandford's (2018) argument that substance abuse acts as a major obstacle to effective educational engagement by undermining concentration, participation, and the ability to form meaningful interactions with peers and teachers. As a result, the educational objectives of these students are often overridden by aggressive behaviour, withdrawal, or disciplinary issues, rendering the learning environment less effective.

Socially, the findings also highlighted stigmatization and discrimination as common experiences for adolescents involved in drug use. Participants expressed feelings of rejection and low self-worth due to how they were perceived by society, teachers, and peers. This aligns with the assertion by Lee, Kalichman, and Sikkema (2015) that stigmatized individuals internalize society's negative judgments, which leads to heightened vulnerability, shame, and emotional disengagement. Internalized stigma not only lowers self-esteem but also increases sensitivity to rejection, thereby exacerbating substance abuse as a coping mechanism for the emotional burden.

Another notable behavioural consequence that emerged from the study was involvement in petty theft, often motivated by the need to fund their drug habits. Adolescents admitted to taking money or belongings from their peers, indicating that substance abuse may also foster delinquent tendencies. Despite an awareness of the moral and legal consequences, the adolescents described such behaviour as common, revealing a moral erosion brought on by drug dependency.

Furthermore, the findings suggest a paradox in adolescent awareness: while many of them acknowledged the harmful consequences of substance use—including health risks, social isolation, and academic failure—they continued to engage in it. This contradiction supports Omigbodun and Babalola's (2004) conclusion that adolescents often begin using substances without full awareness of their long-term dangers, or are driven by factors such as curiosity, peer pressure, the desire to relieve stress, or a sense of independence.

The challenges associated with adolescent drug abuse are not only individual but systemic affecting educational attainment, social functioning, psychological well-being, and behavioural discipline. These findings emphasize the need for holistic, multi-level interventions that address the psychological, academic, and socio-economic dimensions of adolescent drug abuse in communities such as the Effutu Municipality.

4.5.4 Areas for interventions regarding adolescent drug abuse

The findings of the study revealed several community-based and institutional strategies that could be implemented to address adolescent drug abuse in the Effutu Municipality. Many participants expressed a strong desire for accessible counselling units and rehabilitation centres, where adolescents can receive professional support for emotional distress and addiction recovery. The lack of such facilities often forces young people to

turn to their peers during times of stress—peers who may introduce them to substance use as a coping mechanism. This aligns with the United Nations Drug Control Programme (UNDCP, 2011), which emphasizes the importance of early intervention systems and psychosocial support to reduce drug dependence among youth.

Participants also noted that although some adolescents genuinely wish to stop using drugs, they find it extremely difficult without structured assistance. The establishment of rehabilitation centres was seen as crucial, not just for treatment, but also for offering safe spaces where affected adolescents can be reoriented emotionally and psychologically. Alongside this, participants suggested the need for law enforcement collaboration with families and communities, particularly to intervene in ghettos where adolescent drug use is rampant. Arresting drug-dependent youth alone was not perceived as a solution; rather, a rehabilitative and reintegrative approach—one that involves both the legal system and community counselling—was strongly advocated.

Another key area of intervention highlighted was parental responsibility. Some participants lamented the failure of certain parents to fulfil their roles in guiding and supporting their children. They suggested that the Department of Social Welfare should be empowered to hold negligent parents accountable, possibly through legal frameworks that promote shared responsibility in child development. Strengthening parental involvement is vital, as weak or neglectful parenting was identified in the study as a significant contributor to substance abuse.

Additionally, the study pointed to vocational and skills training as a strategic preventive measure. Several adolescents admitted that idleness and the desire to earn a living drove them toward drug distribution and eventual use. This finding indicates that unemployment and lack of opportunity are structural drivers of adolescent substance

abuse. Empowering the youth with employable skills and access to sustainable livelihoods would not only reduce idle time but also provide meaningful alternatives to drug-related activities.

The role of government, NGOs, and community leaders was also emphasized. Participants recommended that these stakeholders invest in youth-focused employment programs and micro-enterprise support, as well as monitoring and supervision mechanisms that keep young people engaged in productive work. These efforts, if consistently implemented, were seen as capable of curbing the growing incidence of drug use among adolescents.

Finally, some participants recognized their own responsibility in creating awareness and supporting prevention. They advocated for peer education and sensitization campaigns, suggesting that adolescents need to be informed about the dangers of drug use, particularly marijuana and alcohol, which they may underestimate. This view is supported by Omigbodun and Babalola (2004), who found that most young people begin using substances without understanding their long-term health implications. Curiosity, peer influence, and a desire for maturity were identified as common entry points into substance use further reinforcing the need for early, youth-centered preventive education. The study suggests that effective intervention requires a multi-faceted approach that includes counselling, parental accountability, youth empowerment, legal enforcement, and targeted public education. Sustainable change will depend on the collaborative efforts of families, schools, community leaders, and policymakers to build a supportive environment that discourages drug abuse and fosters adolescent well-being.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This is the final chapter which provides a brief overview of the study, highlighting major findings to draw conclusions and to suggest a way forward. This chapter is categorized into main four sections. These sections are key findings of the study, conclusion of the study, recommendation and further research areas and counselling implications

5.2 Summary of the Study

This study explored parenting styles and their influence on adolescent drug abuse within the Effutu Municipality. The research was grounded in Attachment Theory and Baumrind's Theory of Parenting Styles. A phenomenological research design, informed by the interpretive paradigm and guided by a qualitative approach, was employed. A total of 10 adolescents aged between 14 and 19 years participated in the study. Participants were selected using the snowball sampling technique, and data were collected through semi-structured interviews. Thematic analysis was used to interpret the data. The findings are presented in the section below.

5.3 Findings of the Study

1. The study identified four key parenting styles; authoritative, authoritarian, permissive, and neglectful and examined their relationship with adolescent substance abuse. The findings revealed that authoritarian, permissive, and neglectful parenting styles were associated with an increased likelihood of drug use among adolescents. In contrast, the authoritative parenting style was the

only one found to decrease the probability of substance use, as it fosters emotional support, communication, and appropriate supervision.

2. The study revealed that lack of parental monitoring and involvement, harsh disciplinary practices, absence of trust, and limited emotional support were key factors through which parenting styles contributed to adolescent drug abuse in the Effutu Municipality. These parenting gaps created emotional and psychological vulnerabilities that pushed adolescents toward substance use as a coping mechanism.
3. The study found that adolescents who abuse drugs face a range of challenges, including psychological stress and trauma, academic difficulties, stigmatization and discrimination, and in some cases, engaging in theft to sustain their drug habits. These challenges compound the negative effects of substance abuse, further undermining the well-being and future prospects of the affected adolescents.
4. The study highlighted several potential areas for intervention. These include the establishment of counselling and rehabilitation programmes, the training of adolescents in employable skills, and the implementation of educational campaigns on substance abuse and its effects. These strategies were seen as critical in addressing the root causes of drug abuse and promoting positive youth development in the Effutu Municipality.

5.4 Conclusions

The results suggest that the parenting environment plays a critical role in either safeguarding or exposing adolescents to substance use. The conclusion that can be drawn is that parenting is not merely a background influence but a determinant of behavioural outcomes. In particular, parenting marked by warmth, clear boundaries,

and responsiveness (as seen in the authoritative style) serves as a protective factor, while parenting that lacks structure, empathy, or involvement fosters vulnerability to risky behaviours. This implies that interventions aimed at curbing adolescent drug abuse must first target family dynamics and parenting education as a primary strategy.

The presence or absence of parental monitoring, trust, and emotional availability appears to shape how adolescents cope with personal and social challenges. This infers that when adolescents do not perceive emotional safety or attentiveness at home, they may externalize their stress through substance abuse. The implication is that drug use among adolescents may be less about peer pressure alone and more about an internal emotional void created by poor parent-child relationships. This underscores the need for parenting interventions that promote relational closeness, communication, and emotional validation as part of preventive strategies.

The challenges faced by adolescents abusing drugs, such as academic struggles, stigma, and engaging in criminal behaviour suggest a multi-layered impact that extends beyond the individual. These outcomes point to the interconnected nature of social institutions: schools, families, and communities are all affected when adolescent drug use goes unaddressed. Therefore, effective responses must be multi-sectoral, addressing not just the substance abuse but also the educational, emotional, and social reintegration of the adolescent.

The identification of training, counselling, and educational initiatives as key areas for intervention implies that the community possesses untapped opportunities for reducing adolescent drug abuse. The conclusion is that prevention and recovery must be contextually designed, not imposed from outside but informed by local experiences and needs. Effutu Municipality, therefore, requires localized intervention frameworks that

integrate parenting education, school-based counselling, vocational training, and substance abuse awareness, implemented through community partnerships.

5.5 Recommendations

Based on the findings of the study, the following recommendations are made to address the influence of parenting styles on adolescent drug abuse in the Effutu Municipality:

1. Educators, school authorities, and community-based organizations should work collaboratively to educate parents on the impact of their parenting styles. Specifically, parents should be encouraged to minimize authoritarian and neglectful parenting styles, which were linked to increased adolescent substance abuse. Instead, they should be guided toward adopting authoritative parenting, which balances warmth and discipline, rather than permissive parenting alone. Parents should also be supported to avoid excessive punishment, foster emotional trust, and offer consistent monitoring and involvement, as these have been shown to reduce the likelihood of substance use among adolescents.
2. Parents and adolescents should be encouraged to seek support from professional family counselling therapists to improve communication, resolve conflicts, and rebuild healthy family dynamics. Family counselling can help address underlying emotional or psychological issues on both sides, which may contribute to substance abuse. This holistic approach supports both the adolescent's recovery and the parent's capacity to create a nurturing home environment.
3. Policymakers at the municipal and national levels should tighten regulations on the sale and accessibility of harmful substances, including alcohol, marijuana

(wee), and cigarettes. Stronger enforcement of existing laws and public awareness campaigns should be carried out to reduce youth access and exposure to drugs, especially in school environments and communities with high rates of adolescent drug use.

4. Community leaders, including traditional authorities, political representatives, and religious figures, should take active roles in engaging adolescents in constructive activities. Organizing academic, sporting, vocational, and recreational programmes, such as debate clubs, drama groups, football teams, and entrepreneurship training, can provide adolescents with purpose, structure, and identity, reducing their susceptibility to drug abuse. Such initiatives also help discover and nurture talents, promote self-worth, and offer alternatives to risky behaviour.

5.7 Guidance and Counselling Implications

Drawing from the findings the following can enable counsellors to offer tagged interventions, support parents and guide adolescents toward healthier choices. Here are the key implications:

Counsellors should provide early interventions and identifying At-Risk Adolescents from neglectful or Authoritative parenting homes are at a higher risk for substance abuse due to the lack of supervision or boundaries. Guidance counsellors must be vigilance in identifying such students and intervening early by offering them additional support and coping strategies. Counsellors should use tools like CRAFT to screen for early signs of substance use among adolescents particularly those from high-risk home.

Counsellors can address the role of peer influence and social influence. Adolescent from neglective homes or authoritative homes are more susceptible to peer pressure.

Counsellors should in cooperate peer related strategies, teaching adolescents how to resists peer pressure and make independent decisions. Encouraging adolescents to engage in positive peer group can counterbalance any lack of structure or support at home. Schools can help by organizing peer-led support group.

Poor communication is common in both neglectful and authoritative families, leading to misunderstanding, secrecy, and risky behavior in adolescents. Counsellors can facilitate family communication workshops helping parents and adolescents to express their feelings and concerns more openly. Counsellors should work with parents to develop active listening skills, ensuring that adolescents feel heard and understood. Which reduces the likelihood of them seeking comfort or acceptance through substance use.

Different cultures may have distinct norms around parenting. Counsellors should be culturally sensitive when exploring the relationship between parenting styles and substance use tailoring their advice and strategies to the family's cultural contexts

5.6 Suggestions for Future Research

Drawing from the findings of the study, and building on existing research, it is suggested that more studies be carried out to address the following:

1. More investigations are needed on the methods used to address drug abuse in schools and communities in various parts of Ghana. This is because the methods used to address the problem may differ according to different circumstances.
2. More studies are needed with respect to background, socio-economic and environmental factors with regard to substances abuse among youth. This is

because the current study did not determine the association of most of these factors and substances abuse.

3. Given that in this study guidance and counseling is emphasized as a method of addressing substances abuse in the study area its effectiveness in addressing the problem should be investigated. Such studies would contribute towards strengthening guidance and counseling in schools.
4. More studies are needed regarding the various ways the youth abuse drugs. Such studies would inform stakeholders the way forward in the fight against substances abuse.



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APPENDICES

Appendix 1

DEPARTMENT OF COUNSELLING PSYCHOLOGY

FACULTY OF EDUCATIONAL STUDIES

SCHOOL OF GRADUATE STUDIES

UNIVERSITY OF EDUCATION, WINNEBA

INTERVIEW GUIDE FOR ADOLESCENT-PARTICIPANT

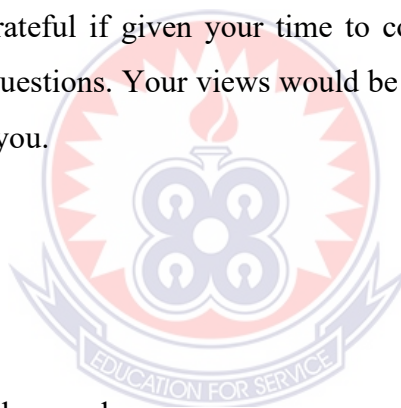
Dear participant,

This interview is meant to generate a discussion on **“exploration of parenting styles and their influence on adolescents’ substance abuse in the Effutu Municipality”**

You have respectfully been selected as one of the favourable interviewees. I would, for that reason, be very grateful if given your time to conduct a face-to-face interview which involves a few questions. Your views would be treated with utmost respect and confidentiality. Thank you.

Section A

1. Gender?
2. Age?
3. Educational background



Section B

Research question one: What parenting styles did your parents predominantly used during your upbringing?

- a. How would you describe your parents’ approach to parenting?
- b. Do you often give in to your child’s demands?
- c. How do you define your parents’ approach to discipline and setting boundaries for you?
- d. Can you provide specific examples of how your parents interact with you in terms of discipline and guidance?
- e. How do you talk to your child about the risks associated with substance abuse?

Research question two: How do these parenting style influences adolescents' drug abuse within the Effutu Municipality?

- a. Do you believe there is a relationship between parenting styles and adolescent substance abuse in the Effutu Municipality?
- b. How has your parents' approach to parenting contributed to your substance use?
- c. Can you share any experiences or instances where you believe your parents' parenting styles have played a role in your substance abuse?
- d. How might your parents' parenting styles contribute to or deter you from engaging in substance abuse?

Research question three: What challenges do adolescent face regarding their abuse of substance within the Effutu Municipality?

- a. What are some common substances that you are prone to abusing?
- b. For how long have you been experimenting with drugs?
- c. How prevalent is substance abuse is among adolescents in this area?
- d. If comfortable, can you share your personal experiences regarding substance abuse?
- e. How do you perceive substance abuse affecting you in terms of physical health, mental well-being, and relationships?
- f. What do you believe are some factors or triggers that contributed to your substance abuse in the Effutu Municipality?

Research question four: What are the potential areas for interventions aimed at addressing adolescent substance abuse within the context of parenting styles in the Effutu Municipality?

- a. Are there any existing programs or initiatives in the Effutu Municipality aimed at addressing adolescent substance abuse that you're aware of?
- b. In what ways do you think community support and involvement could be beneficial in tackling adolescent substance abuse?
- c. Have you sought professional help or counselling for your substance use before?
 - i. If yes, what were your expectations and preferences regarding the type of professional support or intervention you got?

- ii. If no to item, what barriers prevented you from seeking professional help?
- d. Could you mention any specific interventions or counselling strategies that you feel would be most beneficial for you?
- e. What interventions have your parents sought to help you out of substance use?

