

UNIVERSITY OF EDUCATION, WINNEBA

**SUBSTANCE ABUSE AMONG STUDENTS IN GHANAIAN SECOND
CYCLE INSTITUTION: A CASE STUDY IN APAM SENIOR HIGH
SCHOOL**



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CYCLE INSTITUTION: A CASE STUDY IN APAM SENIOR HIGH SCHOOL**



**A dissertation in the Department of Social Studies,
Faculty of Social Sciences Education, submitted to the School of
Graduate Studies in partial fulfilment
of the requirements for the award of the degree of
Master of Education
(Social Studies)
in the University of Education, Winneba**

SEPTEMBER, 2022

DECLARATION

Student's Declaration

I, **GLORIA AMA MENDS**, declare that this dissertation, with the exception of quotations and references contained in published works, which have all been identified and duly acknowledge, is entirely my own original work, and it has not been submitted, either in part or whole for another degree elsewhere.

Signature:

Date:

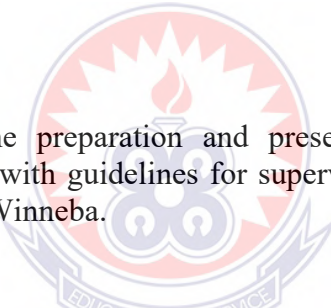
Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation was supervised in accordance with guidelines for supervision of theses laid down by the University of Education, Winneba.

Name: **DR. LAWRENCE ODUMAH** (Supervisor)

Signature:

Date:



DEDICATION

To my husband Mr Joseph Nyarkoh and children, Ekua Nyarkoh and Efua Nyarkoh



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A study of this nature cannot be a success without the support of some concerned individuals. Such people need to be recognized immensely for their contribution towards this work. I express my sincere gratitude to my experienced and dynamic supervisor Dr. Lawrence Odumah for spending valuable time and energy in re-organizing and reshaping my ideas to come out with this work.

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TABLE OF CONTENTS

Contents	Page
DECLARATION	iii
DEDICATION	iv
ACKNOWLEDGMENTS	v
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
ABSTRACT	x
CHAPTER ONE: INTRODUCTION	1
1.1 Background to the Study	1
1.2 Statement of the Problem	5
1.3 Purpose of the Study	6
1.4 Objectives of the Study	7
1.5 Research Questions	7
1.6 Significance of the Study	7
1.7 Definition of Key Terms	8
1.8 Organization of the Study	9
CHAPTER TWO: LITERATURE REVIEW	10
2.0 Introduction	10
2.1 Substance /Drug Usage/ Abuse as a Concept	10
2.2 Influential Factors Associated with Substances Usage	18
2.3 Empirical Review on Drug Abuse	21
2.4 Effects of Abusing Substances	30
2.5 Approaches to Preventing or reducing Substance Abuse	43
2.6 Theoretical Framework	48
2.7 Summary of the Literature	59

CHAPTER THREE: METHODOLOGY	60
3.0 Introduction	60
3.1 Research Approach	60
3.2 Research Design	61
3.3 Population of the Study	61
3.4 Sample and Sampling Procedure	61
3.5 Data Collection Tools	62
3.7 Data Collection Procedures	64
3.8 Data Analysis Procedure	65
3.9 Ethical Considerations	65
CHAPTER FOUR: RESULTS AND DISCUSSION	68
4.0 Introduction	68
4.1 Demography of Respondents	68
4.2 Research Question One	69
4.3 Research Question Two	73
4.4 Research Question Three	76
4.5 Discussion of Results	78
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	82
5.0 Introduction	82
5.1 Summary of Study	82
5.2 Main Findings of the Study	82
5.3 Conclusions	83
5.4 Recommendations	83
5.5 Suggestions for Future Research	84

REFERENCES	86
APPENDICES	101
APPENDIX A: Questionnaire for Students	101
APPENDIX B: Interview Guide for the Selected Participants	105



LIST OF TABLES

Table	Page
4.1: Gender distribution of students	68
4.2: Age distribution of students	68
4.3: Educational level of students	69
4.4: Reasons why the students of Apam Senior High School abuse substances	73
4.5: Socio– economic effects of substances abuse among students of Apam Senior High School	77



ABSTRACT

The purpose of the study was to explore the phenomenon of substance abuse among students in Ghanaian Second Cycle institutions with focus on Apam Senior High School. The population for this study comprised students in Apam Senior High School. The study adopted a mixed-method approach and descriptive survey design. A sample of 246 students were selected for the study. questionnaire and interview guide were used for data collection. The scores of each item on the questionnaire was organized, statistically compiled and entered into SPSS to obtain the frequency, percentage and the mean and standard deviation values of each item. The interview data was analysed using thematic analyses approach. The study revealed that students of Apam Senior High School abused various substances which include liquid and solid substances. The liquid substances include both local and exotic imported alcoholic beverages such as akpeteshie, palmwine, Guinness, beer, dry gin among others. The study pointed out that peer pressure, poor parental control, energy from drugs to study for more hours, curiosity and availability of drugs were reasons why the students of Apam Senior High School abuse substance. The study also revealed that the adverse Socio– economic effects associated with substances abuse among students of Apam Senior High School were immoral behaviour, mental disorder, Physical deficiencies, Crime and violence and Substance abuse undermines student’s academic ability. The study recommended that through PTA, parents should be encouraged to become involved in broad preventive efforts; they have a crucial role to play in preventing drug abuse among their children through their role as parents. The district through District Education Oversight Committee (DEOC) Members should encourage parents to take active role in their children’s lives, by talking with them about drugs, monitoring their activities, get to know their playmates, showing concerns to their problems, and attending PTAs to interact with their wards teachers. The school counselling coordinator should engage students to involve themselves in various academic and sporting activities.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

“Illicit drug use has become widespread and endemic not only in Ghanaian society, but throughout the world. It cuts across national and continental boundaries (Adu-Gyamfi & Brenya, 2015). According to Kunst (2007), illegal drugs are a major social problem all over the world, sparking an enormous amount of literature in a variety of scientific fields. Man's health is influenced by his socio-cultural environment, which influences his psychological development and well-being. His life-style and behavior are influenced by the same socio-environmental factors (Kunst, 2007). According to Hanson (2003), history teaches us that man has always sought solace from the trials and tribulations of daily life in the form of certain drugs, herbs, and portions capable of relieving tension, anxiety, fatigue, frustration, and even the transformation of reality into trance or ecstatic states. Among these drugs, alcohol appears to have approval and acceptance in some societies when used sensibly and in moderation. It is frequently associated with a variety of cultural ceremonies. Why, then, do some of these drugs pose significant social and public health issues today? (Kunst, 2007).

Every country in the world, developed or developing, incurs significant costs as a result of substance-related damages (World Drug Report, 2007). According to the World Health Organization (WHO), 2.3 billion people over the age of 15 use tobacco, primarily in the form of cigarettes. Majority of these smokers, 940 million, 830 million of them males, live in developing countries (WHO, 2010). 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.

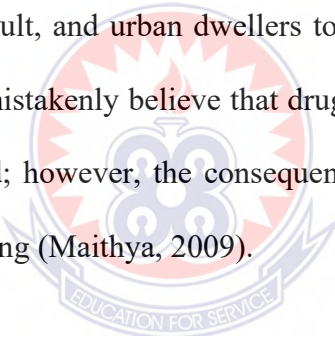
According to the United Nations' World Drugs Report (2011), 3.3 to 4.1 percent of the global population uses drugs, but what's more concerning is that those involved are getting younger” by the year. Drug abuse is a major public health issue around the world. The use of drugs by young people has become one of the most disturbing health issues in Ghana and around the world. Several school-aged adolescents and youth experience mental health problems, either temporarily or permanently. Some go insane, become maladjusted to school situations, and eventually drop out.

“According to WHO (2010), up to 30% of today's youth engage in frequent drinking and binge-drinking behaviors. Because more than half of college administrators polled in 1992 agreed that alcohol was involved in more than 40% of the following: violent crime, damage to residence halls, damage to personal property, and violations of campus policies, the problem of alcohol abuse on campus extends far beyond the dangers of chemical dependency and student performance (United Nations, 2013).

According to Hanson (2003), drug abuse is defined as the use of drugs to the point where it interferes with an individual's health and social function. In essence, drug abuse is defined as the arbitrary dependence or misuse of a single drug, with or without a prior medical diagnosis from a qualified health practitioner. It can also be regarded as an illegal overdose in the use of drugs (s). Ngesu, Ndiku, and Masese (2008) cautioned that drug users who exhibit symptoms of stress, anxiety, depression, behavioral changes, fatigue, and loss or increase in appetite should be treated by medical experts and counsellors to avoid fatal diseases.

Substance abuse is a social problem that has rapidly spread and increased in our educational institutions, particularly among secondary school students. In Ghana, social maladaptation is regarded as a serious concern because it has a negative impact on the lives and performance of students involved, as well as the harmonious functioning of the entire social structure. Drug abuse and other related issues are harmful to human societies' survival and effectiveness. A significant number of untimely deaths and accidents have been attributed to the actions of individuals under the influence of one or more drugs.”

“The problem of substance abuse is so serious that, while it was originally conceived as a problem of a "select few," it has now expanded beyond the usual characteristics of abusers being male, adult, and urban dwellers to include female, youth, and rural dwellers. These abusers mistakenly believe that drugs improve their performance and put them in a good mood; however, the consequences of this act pose a significant threat to society's well-being (Maithya, 2009).



According to Maithya (2009), drug use is a social scourge that affects all social strata in all countries. Failure to prevent it from reaching new heights may result in the destruction of human resources, the slowing of social development, and the destabilization of the countries' economic and political systems, not to mention personal and family tragedies. According to Adu-Gyamfi and Brenya (2015), Ghana, like other developing countries, has not been immune to the problems of drug use, which is also one of the many consequences of rapid social change. However, due to a lack of accurate data, it is impossible to pinpoint when drug use first became prevalent in Ghanaian society.

Aside from legal alcohol and tobacco use, educated guesses indicate that marijuana is the most commonly used illegal drug. Traditional Ghanaian society had previously relied primarily on drugs prescribed by herbalists or medical personnel for medical purposes. A few drugs were commonly and legally used and abused by some people: alcoholic beverages, tobacco, and cola nuts. Tobacco and akpeteshie use are common and affect people of all ages (Abdul-Rahaman, 2001). People chew, smoke, and sniff it for a variety of reasons. The majority of research has shown that both users and those exposed to secondary use are harmed. Cola is used mostly in the northern parts of the country, and is manifest in different cultural aspects, for instance in the performance of funeral rites and in reconciling people at loggerheads (Ngesu, Ndiku & Masese, 2008).”

“Substance use among adolescents is linked to a wide range of high-risk behavior. This type of behavior can have serious health, economic, and social consequences. For example, some youth engage in deviant peer groups, unprotected sexual interaction, interpersonal aggression, property destruction, and poor academic performance (Ngesu, Ndiku & Masese, 2008). According to the United Nations (2013), complex socioeconomic challenges such as unemployment, poverty, and general crime exacerbate substance abuse. Many families and communities suffer as a result of these social ills.

Drug pushers force young people to take drugs so that, once hooked, they can manipulate their friends into doing the same (United Nations World Drugs Report, 2011). Too many teenagers appear to regard substance experimentation as an acceptable part of the transition to adulthood. Few people take the negative consequences of substance abuse seriously (WHO, 2010). The gravity of the issues

surrounding youth substance use and misuse compels lawmakers, educators, parents, and communities to act. As a result, more effective evidence-based prevention methods are required.”

1.2 Statement of the Problem

Despite the fact that practical initiatives have been put in place to combat the drug problem, drug abuse is still on the rise. International and national organizations are working to raise awareness about the harmful effects of drugs (World Drug Report, 2007). According to the World Health Organization (WHO), 2.3 billion people over the age of 15 use illicit drugs, resulting in mental health problems. Medical bills in Jamaica, Columbia, Mexico, and Chile have skyrocketed, accompanied by decreased reproduction. Drug-related problems such as school dropouts, hooliganism, theft, and mental illnesses plague Malawi, Botswana, Tanzania, South Africa, and Nigeria, among other African countries (WHO, 2010).

In Ghana, for example, the PNDC Law (236), which was passed in 1990, contains sections 5(1) and 2(1) that prohibit the possession and use of narcotic drugs, respectively. Many Ghanaian youth abuse drugs, resulting in school dropouts, mental disorders, prostitution, stealing, traffic accidents, gambling, and diseases such as HIV/AIDS, tuberculosis, kidney and liver cancers (Camargo, Carraro, Granato & Bellei, 2012). Drug abuse has become a social canker in some African societies, including Ghana, due to the activities of illicit drug peddlers and continues production of various drugs to suit all category of abusers. If left unaddressed, the country risks losing generations as well as underdevelopment due to the diversion of resources to address, among other things, basic needs for uneducated and unskilled youth, dependent young adults, increased health care needs among the youth abusing alcohol

and drugs, and the cost of policing will be high due to crimes resulting from idleness and youth drinking habits. The Gomoa West District recorded 3,401 drug related cases between 2015 and 2019. The records however, show that drug usage and abuse is still persistent in alarming rates in the country with particular attention on the Gomoa West District in the Central Region of Ghana.

Apam Senior High School (APASS) is a popular second cycle institution in Gomoa West District and surrounding areas. There has been some evidence that some APASS students are being exposed to substance use and abuse. According to school infirmary records, approximately 45 percent of emergency cases are students who abuse painkillers to relieve stress. Eighty-five percent of students do not finish the full course of medication prescribed for their ailments. According to confidential records from the school counseling unit, students with irresponsible behavior and attitudes are mostly those who go to town to abuse illicit drugs such as alcohol, weed, and so on. Some female students also use chemical substances for a variety of purposes, including douching and inserting herbs into their private parts for abortion and other pelvic inflammatory infections. In addition, athletes use performance-enhancing drugs. All of the practices that the students engage in contribute to their poor academic performance as well as the school's performance over the last five years. This study was conducted against this backdrop to investigate substance abuse among Apam Senior High School students.”

1.3 Purpose of the Study

The purpose of the study to explore the phenomenon of substance abuse among students in Ghanaian Second Cycle institutions with focus on Apam Senior High School.

1.4 Objectives of the Study

The study sought to;

- Identify the drugs used by the students at the Apam Senior High School in the Central Region.
- Determine the influential factors causing the students of Apam Senior High School to abuse drugs.
- Examine the socio-economic effects of drugs on the youth at Apam Senior High School.

1.5 Research Questions

The following research questions were formulated to guide the study;

1. What drugs are used by the students at the Apam Senior High School?
2. What factors influence the students at the Apam Senior High School to abuse drug?
3. What are the socio-economic effects of drugs on the students at the Apam Senior High School?

1.6 Significance of the Study

Drug abuse can have serious consequences for students' futures. This may have an impact on the nation's manpower requirements. It is hoped that the findings will bring to light and focus the seriousness of drug use at Apam Senior High School, as well as its effects on the students. It is hoped that the research will lead to a better understanding of the phenomenon. The study will give guidance and counseling coordinators a better understanding of the drug problem and its effects on students. This would alert them to the need to develop more practical support systems to address the problem of drug use among students, so that they would be motivated and

encouraged to mount campaigns, review strategies, and develop new ones to combat the drug menace at Apam Senior High School.

Again, the findings would supplement new knowledge and current experiences for health administrators dealing with drug-related issues. Such a study would make people appreciate the efforts of all parties involved in the fight against drug use, such as the police, the Narcotic Control Board, religious organizations, parents, individuals, and policymakers who want to change the status quo on drug issues. Furthermore, the research would assist policymakers in developing local drug policies that are tailored to the needs of the communities and localities involved.

1.7 Definition of Key Terms

Drug: Any product other than food or water that affects the way people feel, think, see, and behave. It is a substance that due to its chemical nature affects physical, mental and emotional functioning.

Drug abuse: It refers to misuse of any psychotropic substance resulting in changes in bodily functions, thus affecting the individual in a negative way socially, cognitively or physically.

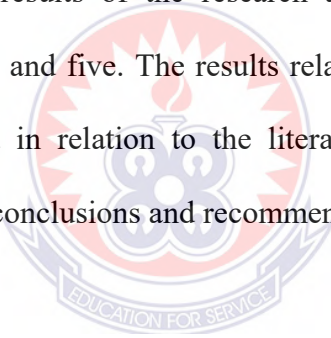
Illegal drugs: In this study illegal drugs refer to the substances that government regard as harmful to the mental and physical well-being of the individual.

Legal drugs: refer to those drugs such as alcohol and tobacco that are potentially dangerous but whose consumption the government allows.

Intervention: This refers to activities and programmes put in place to address drug use.

1.8 Organization of the Study

This study consisted of six major chapters. Chapter one, dealt with the background to the study, statement of the problem, purpose of the study, research questions, and significance of the study, limitation and definition of terms. Chapter two focuses on the review of related literature. This chapter discuss what other researchers have written about drug usage and abuse as well as the interventional measures adopted to manage the drug menace. Chapter three covered methodology and it was devoted to discussing how the study was conducted. The following sub-headings are discussed in detail - the research approach or paradigm; research design; population; sample and sampling procedure; instruments; data administration and collection and finally, data analysis procedure. The results of the research and discussions of findings was presented in chapters four and five. The results related to each research question are discussed and interpreted in relation to the literature reviewed while chapter six focused on the summary, conclusions and recommendations.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter seeks to review related research work concerning the theories and concepts involved in this study. The fundamental aim of this chapter, therefore, is to provide a theoretical discussion of the concepts and ideas that would inform data collection and analysis of findings in the study. The chapter provides a critical review of existing literature related to factors influencing substance abuse. The following headings shall be considered in reviewing related works on the study under discussion:

- a. Substance /Drug Usage/ Abuse as a Concept Youth and Drugs
- b. Influential Factors Associated with Substance Abuse.
- c. Empirical Review on Substance Abuse
- d. Effects of abusing substances
- e. Approaches to Preventing or Reducing substance Abuse
- f. Theoretical framework

2.1 Substance /Drug Usage/ Abuse as a Concept

The Substance Abuse and Mental Health Services Administration (2002) define drugs as any use of drug which harms or threatens to harm the physical, mental health or social well-being of an individual or other individuals or of society which is illegal.

The World Health Organisation Expert Committee on Dependence (2014) define drugs as a substance (other than food and water) that when taken by a living organism

may modify one or more functions. It is therefore important that drugs must be taken with care because it can have adverse effects on the body and brain.

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. Schaefer (1996) described drug abuse as the Self-administration of a drug for non medical reasons, in quantities and frequencies, which may impair an individuals' ability to function effectively and which may result in social, physical or emotional harm. Usually dependence producing drugs are abused. Because of their ability to produce dependence, these drugs compel the person to take the drug on a periodic basis. Drugs generally and invariably have side effects for the people who take them. It is for this reason doctors are cautious about the type of drugs they prescribe to their patients.

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 nutritional 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).

When drugs are taken for reasons other than for curative and preventive purposes by competent and officially recognised medical personnel such as doctors, medical assistants and nurses, then drug abuse occurs.

National Institutes of Health (2015) express concern about the use of unprescribed drugs by the youth. What is particularly frightening and which is of interest to this study is the use of psychoactive drugs. The arbitrary use of these drugs without prescription from competent health personnel such as doctors and medical assistants constitute drug abuse. Drugs can be smoked, snorted or swallowed, taken by the needle. Boulter (1995) points out that drug abuse is a collective term which refers to the use of certain substances in ways that are detrimental to the physical, psychological or social health of the user or the health of others.

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).

2.1.1 Depressants

According to Substance Abuse and Mental Health Services Administration (2002), 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.

2.1.2 Stimulant

Craig and Baucum (2001) posits that cocaine increases, explains stimulants as substance that have an activating effect on the nervous system. These drugs make people more active and wider 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.

2.1.3 Hallucinogens

Aghajanian and Marek (1999), 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, 1996). Hallucinogens include LSD, cannabis or marijuana and magic mushroom (Narcotic Control Board-Ghana, 2010). It produces euphoria and heightens enjoyment of food, music and sex.

2.1.4 Narcotics or opiates

Prescription pain relievers such as codeine, heroin, demerol, methadone, morphine, and opium are examples of these drugs. Some of the side effects include reduced pain, euphoria, slowed breathing, slowed heart rate, and loss of mental abilities. Morphine

is the most powerful pain reliever available in medicine. Its application is restricted to cancer patients. It is very likely to result in mental illness (Crain, 2004).

2.1.5 Cannabis

All forms of marijuana are included in this category. The result is unpredictable behavior and aggression. Marijuana affects the delicate brain centers. It affects not only our perception of time, but also our senses of hearing, touch, taste and smell. It also causes changes in sleep patterns (Crain, 2004). Inhalants and/or solvents are drugs that contain anesthetics. Among them are acetone, aerosol gases, glues and other organic solvents (Crain, 2004).

2.2 Adolescents and Drugs

Since 1990, the increase in illicit drug use by young people has become a global phenomenon in many countries (Crain, 2004). (Crain, 1991), and marijuana is the most widely used illicit drug worldwide (Reuters, 2006). According to the United Nations Office on Drugs and Crime (2008), cannabis use is one of the most common reasons for drug-related treatment worldwide. Moreover, cannabis use often precedes the use of other drugs, suggesting that cannabis as a gateway drug may pose additional problems for adolescent participation in drug use (Fergusson & Horwood 2000). Other illicit drugs used by young people include cocaine, heroin and crack cocaine.

Others are legal substances used in dangerous ways such as: Improper use of prescription drugs such as inhaling solvents, tranquilizers, mild tranquilizers, and anabolic steroids. A 2009 South African daily newspaper report commented on the use of the antiretroviral drug efavirenz, an illegal drug smoked by young people rather than swallowed. In January 2000, technical experts representing international organizations met in Lisbon, Vienna to discuss the principles, structures and

indicators necessary for an effective drug information system. A consensus document expressing the views of all participants on basic indicators for monitoring substance use and abuse is *Estimates of Youth Illegal Drug Use (Prevalence and Incidence)* (Lisbon Consensus, 2000). This is against a backdrop of growing recognition of the need for sound, evidence-based research to inform policy decisions and resource allocation decisions to effectively respond to the problem of drug use. increase. Assessing the prevalence of tobacco, alcohol and illicit drug use among adolescents is therefore a public health imperative in all countries.

Reuters (2006) explained that because substance use is illegal and often hidden, it is not easy to estimate the prevalence of this behavior and its adverse health effects in individual societies. Nonetheless, because illicit drug use has significant adverse effects on the health and well-being of those involved and causes significant loss of life and disability, efforts to assess the impact of illicit drug use on the global burden of disease are underway. It is important to In 1997, data collected by the National Household Survey on Substance Abuse found that 11.4% of surveyed 12- to 17-year-olds reported current drug use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2002). However, a minority of adolescents who use drugs develop an abuse or addiction syndrome. Substance initiation and use are strongly influenced by social and environmental factors. Even when genetic risk factors are taken into account, about half of the risks of using substances such as marijuana and cocaine can be explained by environmental variables. On the other hand, the risk of developing a substance use disorder appears to be greatly influenced by individual biological and psychological factors. It is helpful to keep these differences in mind when it comes to the substance abuse risk literature (Kendel & Prescott, 1998). In 2003, a national survey was conducted by the Ministry of Health,

the Ghana Health Service, and the World Health Organization on the prevalence and social consequences of second-cycle drug use among adolescents and out-of-school children. The purpose of this study was to provide basic information on the prevalence of drug use among adolescents in Ghana and its social impact. The study used a structured questionnaire and enrolled 2,500 school-aged and out-of-school youth aged 15 to 19 years. They found that the substances commonly used by adolescents were alcohol, tobacco, cannabis, cocaine, tranquilizers, and heroin. The results showed that 8.7% of the participants had used tobacco for the first time, with the age at first using tobacco ranging from him being 6 years old to his being 21 years old, with the majority being her 18th using tobacco for the first time understood. Alcohol use was 25.3%, the role played by friends in initiating alcohol use was 31.4%, social pressure was 29.4%, and parental examples were his 9.8%. 1.7% of respondents were exposed to cannabis. Of the four respondents who have ever used heroin, two started at age 17. (WHO Research Report on Substance Abuse, 2000). In a school-based study of selected secondary schools in Ghana, Wellington et al. (2000) found that of 1,917 respondents, 14% had ever smoked and 19% currently use some form of tobacco. A similar study was conducted by the same authors in his 2006 using a larger sample and examining prevalence of tobacco and other tobacco products. A total of 9,990 students participated. As a result, there was a decline in tobacco use, with 4% of students currently smoking cigarettes (male = 4.5%, female = 3.0%) and 12.5 students currently using tobacco products other than cigarettes. % and 11.5% of students had smoked before. Tobacco (male = 12.2%, female = 9.7%). 14.4% currently use tobacco products (men=14.6%, women=13.0%) and 12.5% currently use non-tobacco products (men=12.4%, women=11.5%).

2.2 Influential Factors Associated with Substances Usage

The causes of substance use are complex and vary from person to person (Crain, 2004). There are several theories that explain the etiology of substance use disorders. These include developmental theory, biological theory, psychological theory, learning theory, progression theory, economic theory, symbolic interaction theory, social control theory, attachment theory, and availability theory (Crain, 2004). Developmental theory is the starting point for this study, as the study was designed to examine participants at a specific developmental stage, i.e., adolescence. Other theories have been considered to contextualize the reasons for adolescent drug use. Haladu (2003) lists the main causes as:

Experimental Curiosity: Curiosity to experiment with unknown facts about drugs motivates adolescents and young people to use drugs Craig and Baucum (2001). The first experience of drug abuse is an arousal like happiness or joy, which in turn motivates them to continue. Peer group influence: Peer pressure plays an important role in influencing substance abuse for many adolescents. That's because peer pressure is a fact of his teenage and adolescent life. As you try to become less dependent on your parents, you become more dependent on your friends. In Ghana, as elsewhere in the world, one cannot enjoy the company of others unless they follow the norms (Narcotics Control Board, 2010). Lack of parental supervision: Many parents do not have time to supervise their sons and daughters. Some parents have little or no family contact, while others pressure their children to pass exams or do better in college (Hanson, 2003). These phenomena initiate and reinforce drug use and abuse. Personality problems of socioeconomic origin: Adolescents with personality problems of socioeconomic origin are known to be substance abusers. Most people have below average social and economic status. Poverty is rampant, homes are being

destroyed, and unemployment is on the rise, leaving young people roaming the streets and begging for work. These conditions are exacerbated by a lack of skills, training and retraining opportunities, and a lack of committed action to foster job creation by private and municipal entrepreneurs. The frustration resulting from these problems leads to substance abuse to temporarily relieve the tensions and problems that arise (Haladu, 2003). Energy Needed to Work Long Hours: The growing economic downturn that has left people impoverished and incapacitated has led many parents to send their young people for opportunities to contribute to their household budgets. These people are engaged in hawking, driving buses, head loading, cleaning, serving food in canteens, etc., and tend to use drugs to gain more energy for long hours of work (Haladu, 2003). Availability of drugs: In many countries, drug prices have fallen as supplies have increased (Office of National Drug Control Policy, 1999).

The Need to Prevent Withdrawal Symptoms from Occurring: When people stop using a drug, they experience what are called "withdrawal symptoms." Pain, anxiety, excessive sweating, and shivering are characteristic of such symptoms. A drug user's intolerance of symptoms motivates them to continue using drugs (Oluremi, 2012). Dogbe (2003) used a case study of the Tema secondary (high school) school to describe the drug use patterns of students with "substance abuse" in the second high school. The study also looked at different substances used by adolescents. The study found that alcohol (85%), tobacco (72.9%), marijuana (32.4%), barium (16.7%), and librim (7.1%) were the most commonly used. Of the substances ever used, 4.8% were cocaine, 2.3% heroin and 1.4% opium. In addition, 49% of the participants had been exposed to the drug through non-college friends, 17.6% through college friends, and 16.2% through parents. The majority of students (48.5%) used drugs to study, while 13.8% used drugs due to peer pressure. Many drug users don't

mind the stigma attached to it. Things seem to have changed, as some people smoke in. The terrible thing about substance abuse that has really slowed the country's progress so far is when the user goes insane. The use of substances like marijuana takes place mainly in psychiatric facilities, and given the current state of Ghana's psychiatric hospitals and the number of users increasing daily, the government has to sacrifice some of its scarce resources. What is the future of the economy? And take care of them with a pump. In Ghana today, marijuana use is the leading cause of mental illness among young people, leading some to psychiatric hospitals, the streets and prayer camps (UNODC, 2008). The most abused drug in Ghana is marijuana (Indian hemp or weed), the cheapest drug that is very affordable. Heroin and cocaine use are not very popular among drug addicts in Ghana due to their high cost. According to the United Nations Office on Drugs and Crime's 2007 World Drug Report, in 2006, 21.5% of Ghanaians between the ages of 15 and 64 smoked marijuana or used another cannabis product. Gone are the days when the Rastafarian was the most popular marijuana he user, but now things are changing. The culprits are mainly young people who move from the countryside to the cities in search of greener pastures. Because many of these young people are dealing with drug smoking while in different cities. Many high school and high school students are also perpetrators of marijuana use. The fact of the matter is that teenagers from rich and poor families get into this mess because of their peers.

In Abobrosie, a suburb of Accra, where e-waste is burned, many young people in northern Ghana smoke marijuana while burning e-waste finished. Sometimes they fight over the illuminated piece, explaining that it takes too long to transfer to another piece will be issued. In Tudu, a suburb of Accra known as Accra's Drug Abuse District, marijuana, commonly known as 'taba, ntampi, or ganja', is wholesaled to

retailers in various communities outside of Tudu. The popularity of this place and the frequency of social vices occurring there forced the police to conduct a raid in late April 2011 to arrest a number of drug addicts as illegal. Surprisingly, many of these drug users who are caught and tried for lengthy periods can be sentenced to as little as three years in prison (UNODC, 2008).

2.3 Empirical Review on Drug Abuse

Substance abuse has become a global phenomenon affecting almost every country though the extent and characteristics vary depending on the country in question (United Nations' World Drug Report, 2007). The most commonly used and abused substances are cigarettes, cannabis, cocaine and alcohol (Sweetney & Neff, 2001). According to United Nations' World Drug Report (2005), a breakdown of illicit drug use shows that cannabis remains by far the most widely used illicit substance. The number of cannabis users was estimated between 125 and 203 million in 2009, equivalent to a prevalence rate of 2.8%-4.5% of the population aged 15-64.

The second most widely used group of substances seems to be the ATS (including methamphetamine, amphetamine, methcathinone and ecstasy). Within ATS, the 'amphetamines' (methamphetamine, amphetamine and methcathinone) is still the most prominent group of substances, used by 14-56 million people in 2009, equivalent to a prevalence rate ranging from 0.3% to 1.3% of the population aged 15-64. The broad ranges are mainly due to major uncertainties regarding the extent of amphetamines consumption in the world's two most populous countries, China and India, as well as uncertainties regarding the spread of amphetamines use in Africa. The same applies to the broad ranges for ecstasy use (11-28 million people, or a prevalence rate ranging from 0.2-0.6% of the population aged 15-64).

The third most widely used group of substances appears to be the opiates, with estimates ranging from 24-35 million people, equivalent to a prevalence rate of 0.5%-0.8% of the population aged 15-64. The most problematic at the global level, as reflected in treatment demand, are the opiates, that is, the various psychoactive substances derived from the opium poppy plant, notably opium and heroin. About 12-21 million people are estimated to have consumed illicit opiates in 2009, equivalent to a prevalence rate ranging from 0.3% to 0.5%. The most problematic opiate in the world's illegal drug markets continues to be heroin. United Nations Office on Drugs and Crime UNODC estimates that there were some 12-14 million heroin users in the world in 2009. In recent years, problem of drug use has also been related to the non-medical use of various prescription opioids, such as oxycodone, fentanyl or pethidine. Cocaine appears to rank fourth in terms of global prevalence, with estimates ranging from 14-21 million people, equivalent to an annual prevalence rate ranging from 0.3%-0.5% of the population aged 15-64. The global use of cocaine seems to be less widespread than the use of opioids, similar to the use of opiates, and more widespread than the use of heroin.

United Nations Office on Drugs and Crime (UNODC) 2010 Report, revealed that between 155 and 250 million people (3.5 to 5.7% of the population aged 15-64) used illicit substances at least once in 2008. Cannabis users comprise the largest number of illicit drug users (129 - 190 million people). Amphetamine- group substances rank as the second most commonly used drug, followed by cocaine and opiates. At the core of drug consumption lie the 'problem drug users': those who inject drugs and/or are considered dependent, facing serious social and health consequences as a result. Based on the global estimates of the number of cannabis, opiate, cocaine and ATS users, it is estimated that there were between 16 and 38 million problem drug users in

the world in 2008. This represents 10% to 15% of all people who used drugs that year. It can be estimated that in 2008, globally, between 12% and 30% of problem drug users had received treatment in the past year, which means that between 11 and 33.5 million problem drug users did not receive treatment that year. It is also estimated that 87.7 million Americans or 39.7% of the population age 12 or older have used an illicit drug at least once in their lives. The Black population falls slightly below this national average at 37.7% (Substance Abuse and Mental Health Services Administration [SAMHSA], 2002). As for current illicit drug use, the rate is 7.7% among all African Americans age 12 or older. Alcohol and other related problems are becoming more and more a public health concern and they represent one of the leading causes of preventable deaths, illness and injury (Wood, 2004).

Also, the use of illicit drugs among Americans increased between 2008 and 2010 according to Substance Abuse and Mental Health Services Administration (SAMHSA's). According to the annual survey, 22.6 million Americans 12 and older (8.9 percent of the population) were current illicit drug users. The rate of use in 2013 was similar to the rate in 2011 (8.7 percent), but remained above the 2009 rate (8 percent). Another disturbing trend is the continuing rise in the rate of current illicit drug use among young adults aged 18-25 from 19.6 percent in 2010 to 21.2 percent in 2013 and 21.5. This increase was also driven in large part by a rise in the rate of current marijuana use among this population.

Substance abuse is prevalent in today's school-age children. Historically, the rates of use rose from the mid to late 1970's, leveled out in the 1980's and began rising again in the 1990's (Bachman, Johnson & O'Malley 1991). Overall, the numbers of students meeting the criteria for having a substance abuse disorder (SAD) remained fairly

steady between 1996 and 1999 with youth in both years meeting the criteria for a substance abuse disorder at a rate of 6.2% in a general community sample.

The rates, however, rise sharply when specific populations are considered. With environmental factors, children involved in the juvenile justice system had a lifetime prevalence rate of a substance abuse disorder (SAD) of 62.1% and those involved with child welfare a lifetime prevalence of 19.2%. When looking at mental/emotional factors, children had a lifetime prevalence rate of 40.8% of a SAD if they were being seen for mental health issues, and a lifetime prevalence rate of 23.6% if they were classified as having a serious emotional disturbance (United Nations' World Drug Report, 2004).

According to United Nations' World Drug Report (2004), approximately three per cent of the world population (185 million people) have abused drugs during the previous 12 months, according to the United Nations Office on Drugs and Crime (UNODC). A small percentage of the world population abuses cocaine (13 million people) or opiates (15 million abusers of heroin, morphine and opium). By far the most widely abused substance is cannabis (used at least once a year by over 150 million people), followed by the amphetamine-type stimulants – ATS (38 million users, among them eight million users of ecstasy). “The multilateral drug control system enjoys practically universal adherence”, Mr. Costa stressed. “Although the large majority of the world population (95 per cent) remains untouched by illicit drug use, the youth in particular, are vulnerable. Governments need to do much more to prevent abuse, and to assist those who are already affected”.

According to World Drug Report (2010) there are 1.3 billion tobacco smokers in the world, seven times more than drug users. The World Health Organization estimates

that some 200,000 people died because of drug abuse in the year 2000, equivalent to 0.4 per cent of all deaths worldwide. Tobacco, however, claimed 25 times as many lives (4.9 million), equivalent to 8.8 per cent of all deaths. If the measure of disability-adjusted life years is used, then drug abuse would have caused the loss of 11.2 million years of healthy life, but tobacco would have caused the loss of five times as many years of healthy life (59.1million).

Report by World Mental Health Surveys (2008), revealed that the United States has the highest rate of lifetime tobacco use but comes in third in alcohol use, behind Ukraine and Germany. The study, by Louisa Degenhardt of the University of New South Wales (Sydney, Australia) and colleagues, is based on the World Health Organization's Composite International Diagnostic Interview (CIDI). The survey, which asked participants about their lifetime cocaine, marijuana, tobacco and alcohol use, found that 16.2% of people in the United States have used cocaine at some point during their lives. This rate was almost four times the rate of the second-place country, New Zealand, where 4.3% said they had tried cocaine.

According to World Drug Report (2010), in 2008, experts from 73% of the responding states in Africa reported increases in cannabis use compared with the previous year, with decreases noted only in North Africa. Zambia (17.7%) and Nigeria (13.8%) remain the countries with high prevalence of cannabis use. Africa, between 1.5 and 5.2 million people are estimated to have used amphetamine-group substances in the past year, an increase from the 1.4 - 4 million people estimated for 2007. The wide range in the estimates is due to the lack of recent or reliable estimates in West, Central and East Africa. Recent annual prevalence estimates in Africa are available from South Africa (0.7%-1.4%, 2008), Egypt (0.4%-0.5%, 2006) and

Zambia (0.1%, 2003). The higher range level in 2008 is mainly due to an increase observed in South Africa, where the annual prevalence increased from a range of 0.5%-0.8% in 2006 to 0.7%-1.4% in 2008.

Njuki (2004) maintains that there are so many issues confronting Africa that substance abuse is not looked at as it should be. Both illicit drug trafficking and substance abuse are increasing in Africa. Cannabis, methaqualone, heroin and alcohol are included among the drugs used across the African continent. Moreover, the injection of heroin has caused heightened concern as intravenous drug use assists in the continued spread of HIV/AIDS across Africa.

According to RSA Commission (2007), the fight against alcohol and drug abuse has not been given the same prominence as the fight against HIV/AIDS, yet the two are inter linked. RSA Commission (2007) emphasises the breakdown of culture, urbanization and increasing use of the continent as a transit point in international drug trafficking and that the church must embrace its role and ministry to persons and communities burdened by the ill-effects of substance abuse.

A survey conducted between 1997 and 2003 in Bela-Bela (a rural area) in the Greater Pretoria Metropolitan area (urban), found a similar use of cannabis amongst the urban and rural youth. As many as 80% of males between the ages of 10 and 18 years and 71% of females between 10 and 18 years of age had used cannabis at least once, and this had occurred at home or at a friend's home. The reasons given for this drug use were to relieve stress, out of curiosity, for enjoyment and to be sociable (WHO 2003). Furthermore, drug abuse among youth resulted in the following:

Urban youth performed poorly at work.

The rate of injuries was four times higher among urban than rural youth.

Family members in the urban areas facilitated substance use. The onset of tobacco, alcohol and cannabis use tended to occur between 10 and 18 years (WHO 2003)

In 2004, the Swaziland Police Anti-drug Unit reported an increase in the number of already addicted individuals. The Medical Research Council (MRC) in Johannesburg and RSA reported that the majority of individuals who abused drugs in Swaziland started between the ages 10 and 19 years and the prevalence of substance abuse was higher among males than females. The “hardest” drugs used in the Republic of Tanzania are a mixture of heroin, cannabis (marijuana) and mandrax. Of the youth, 89.6% use a mixture of heroin and mandrax, and 82.9%, especially females, use a cannabis/mandrax mixture (WHO, 2003, p.6). The onset of drug abuse tends to take place within family circles and, to a lesser extent, through agencies such as health care services, and social acceptance of drug use is viewed as fashionable and produces enjoyment.

According to Odejide (1997), 2660 students in secondary schools in Lagos revealed that the average age of first alcohol or cigarette use was on or before the age of 11, while average age for onset of the use of illicit psychoactive drugs such as cannabis, heroin and cocaine, was 16 years and above. Research indicates that the majority of drug use starts during the period of adolescence. This is especially so for the ‘gateway’ drugs, alcohol and cigarettes. They are described as ‘gateway’ because they are usually the first drugs that are used before other drugs are tried out. Gateway drugs are a term for drugs that apparently lead to the abuse of other substances. Gateway drugs are drugs that serve as the “gate” or path that almost precedes the use of illicit drugs such as cannabis, heroin and cocaine. These drugs serve to initiate a

novice to the drug using world. Students reported that they had their first drink of alcohol by the age of 8 years during family festivals.

Ohlmeier, Peters, Wildt, Zedler, Ziegenbein, Wiese, Emrich and Schneider (2008) surveys of both in- and out-of-school adolescents reveal that psychoactive drug use is a common problem especially for the socially acceptable drugs like alcohol and cigarettes. In a study of alcohol use among 2079 secondary school, prevalence rates for 'ever using' alcohol were 56% for Ibadan and 51.1% for Abeokuta. A survey of 1041 Senior Secondary students in Ilorin, Kwara state reported that 12% were currently using alcohol. In a study of out-of-school adolescents aged 11- 20 in Jos, found psychoactive substance misuse among lifetime consumption of alcohol reported by 38.7% of the respondents.

Beer was the most often consumed alcoholic beverage in the past year (28.1%) and past month (19.5%) while palm wine was next consumed by 17.1% past year and 12% past month. Other drugs consumed in the past month were cigarettes (18.8%), inhalants (27.7%), cannabis (8.2%), cocaine 4.1% and heroin (1.3%). In a study of secondary school students, it was found that 17.5% of males and 2.7% of females were current smokers while a cross sectional study of 620 under graduate students in the University of Ilorin, revealed that 10.5% were currently using cigarettes and 26.9% had used cigarettes in the past.

The substance abuse problem in Ghana is no different from other countries though there may be variations in the magnitude of the problem. It is difficult to say when it actually became a problem in Ghana but its existence according to educated guesses could be traced as far back as the 1960s' after independence (Wellington, 2000). Currently; use and abuse of drugs have expanded to include the youth. Ghana has

over the years made positive strides in curbing the drug menace among its populace. Efforts have included the development of policies against drug trafficking through national and internal ports of entry, confiscation of property of drug traffickers, banning of cigarette advertisement on television, banning of smoking in public places, institution of annual drug awareness campaigns in collaboration with international partners such as WHO and the inscription of the surgeons warning on the danger of smoking on each cigarette packet (Ghana Global Youth Tobacco Survey-GYTS) (Wellington, 2000).

In Ghana, the most substance abused is marijuana (indian hemp or wee) which is the cheapest drug and packaged at Gp50 per piece, which is very affordable (Wellington 2002). The use of heroin and cocaine is not very popular among substance abusers in Ghana, due to their high cost. According to the 2007 World Drug Report by the UN Office on Drugs and Crime, 21.5% of Ghanaians, aged from 15- 64, smoked marijuana or used another cannabis product in 2006. The report continues that Ghanaians use marijuana more than five times the world average, which, as a result, has made Ghana the leader of African countries and third in the world in cannabis or marijuana.

A number of studies have been carried out in Ghana and other parts of Africa to look at the prevalence of selected drugs such as tobacco among the youth. In a school-based study within selected junior secondary schools in Ghana (Ghana Global Youth Tobacco Survey-GYTS) by Wellington (2000), and supported by WHO-Ghana, results indicated that, out of a total of 1,917 respondents, 14% had ever smoked cigarette, 19% currently use a form of tobacco. It was reported that 15.1% of respondents had been offered free cigarettes by tobacco company representatives

before. About 55.9% had been taught in class in the past year about dangers of smoking. In another study by same author on tobacco involving 510 Senior High School students in 6 schools, 65 (13%) had ever smoked cigarettes. Of these 13%, 15(23%) started at the age of 16. 26% of the total sample was aware that smoking caused harm to the lungs. This habit is as a result of peer pressure, parental smoking and advertising.

2.4 Effects of Abusing Substances

Substance use has profound health, economic, and social consequences. The negative consequences of substance use affect not only individuals who use and abuse substances but also their families and friends, various businesses and government resources. Substance use and dependence have grave consequences for existing social systems, affecting crime rates, hospitalisations, child abuse and neglect, and rapidly consuming public funds (Hoffman & Goldfrank, 1990). The exact effect of a substance will depend on the substance used, how much is taken, in what way, and on each individual reaction. Substances can be extremely harmful and it is relatively easy to become dependent on them.

2.4.1 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 are 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, 1994, 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 (2000).

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, 2003).

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), pre-existing 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, 1994) 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, 1985) that the extent of maternal drug abuse is correlated with obstetric complications and developmental characteristics of the foetus. 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 foetus 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, 1985). Other investigators have findings supporting these views. In discussing the victims of drug abuse, a commentator (Merrick, 1985) 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 implies a considerable social cost. Probably the most widely occurring substance abuse pattern in this context is the fetal alcohol syndrome, which involves both physical and mental deficiencies that are costly to treat, often requiring both intensive initial and long term care (Merrick, 1985).

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, 2001).

Ntowbea (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 is 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, 2001; Herman-Gidens, Slora & Wasseerman, 2001). Much less information exists on pubertal development in males because of the greater difficulty in assessing developmental milestones.

However, a recent study comparing data from two national surveys, one conducted between 1988 and 1994 and the other between 1963 and 1970, found that American boys from the later generation had earlier onset of some pubertal stages as measured by standard Tanner staging (Herman-Gidens, Slora & Wasseerman, 2001; Karpati, Rubin & Kieszak, 2002). Perhaps not surprisingly, early puberty especially among girls is associated with early use of alcohol, tobacco, and other drugs (Dick, Rose, Viken & Kaprio, 2007). In addition, alcohol use in early maturing adolescents has implications for normal growth and neuroendocrine development.

In both males and females, puberty is a period of activation of the hypothalamic-pituitary-gonadal (HPG) axis. Pulsatile secretion of gonadotrophin-releasing hormone (GnRH) from the hypothalamus stimulates pituitary secretion of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) pulses, followed by marked increases in gonadal sex steroid output (estrogen and testosterone), which in turn increases growth hormone (GH) and insulin-like growth factor-1 (IGF-1) production (Mauras, Rogol, Haymond & Veldhuis, 1996). Data from several studies suggest that both androgens and estrogens stimulate GH production, but that estrogen controls the

feedback mechanism of GH production during puberty even in males (Mauras et al., 1996). The increase in these hormones not only promotes maturation of the gonads but also affects growth, muscle mass, and mineralization of the skeleton. Thus, alcohol consumed during rapid development (i.e., prior to or during puberty) has the potential to disrupt normal growth and endocrine development through its effects on the hypothalamus, the pituitary gland, and the various target organs such as the ovaries and testes.

Most human and animal research on alcohol and endocrine development has been conducted in females, but the limited data on both genders suggest that alcohol can have substantial effects on neuroendocrine function (Dees, Srivastava & Hiney, 2001; Emanuele, Lapaglia & Steine, 1998). Human studies have found that alcohol ingestion can lower estrogen levels in adolescent.

2.4.2 Social effects

Crime committed under the influence of drugs is a major problem worldwide. For example, in a study in Dominica, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines, as many as 55 per cent of convicted offenders reported that they were under the influence of drugs at the time of the offence, with 19 per cent of the same set of offenders saying that they would still have committed the crime even if they had not been under the influence of drugs.

The violence that occurs, for example, as a result of disputes over “drug turf” or fighting among users and sellers over deals gone awry. This has been seen, starkly, in Latin America over the past 10 years, especially in countries such as Guatemala and Mexico, but it is also seen in the streets of every continent throughout the world. Studies show that overall, drug-related crime is costly but varies from region to

region. A study in Australia indicated costs of \$3 billion a year, and in the United States it is estimated that drug-related crime costs \$61 billion annually. All those costs are related to burdens placed on law enforcement agencies and the judiciary, in addition to the increased incarceration rates resulting from behavior related to drug use, which in the past few decades have grown substantially in many countries.

According to Northern Mallee Community Partnership (2013), families can have a powerful influence on shaping the attitudes, values and behaviour of children, but how do they compare with peers in terms of influence on drug taking? The influence of peer groups, which is usually strong during formative years of youth, may be stronger than that of parents in some cases. Also friends are more similar in their use of marijuana than in any other activity or attitude. In this situation, drug use by peers may exert a greater influence than the attitudes of parents. The researcher observed that peer and parental influences are synergistic, with the highest rates of marijuana use being observed among the youth whose parents and friends were drug users. Other investigators, however, have found that peers have a high degree of influence only when the parents have abdicated their traditional supervisory roles. Hence, parents exercising traditional family roles may be able to limit the influence of peer groups on children's attitudes towards drug use and therefore have a crucial influence on children's behaviour.

WHO (1993) explained that prevention of drug problems can employ knowledge about family dynamics to address personal and social concerns of family members that otherwise would lead to drug abuse, both with respect to dysfunctional as well as intact families. In this regard, it is important to avoid assuming "either that parents are invariably responsible for the problems experienced by their children or that

substance users can be blamed for all the problems experienced by the families in which they live". Family factors that may lead to or intensify drug use are thought to include prolonged or traumatic parental absence, harsh discipline, failure to communicate on an emotional level, chaotic or disturbed members and parental use of drugs, which provides a negative role model for children. Lack of household stability, income or employment for a parent may increase stress on the family and its vulnerability, pushing marginal individuals to find "solutions" or solace in alcohol or drugs. Single-parent families may have increased difficulties, with the single parent being forced to function beyond his or her ability.

2.4.3 Psychological effect

The psychological effects of drug use 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. Initially, many people start using drugs to cope with stress or pain (NACODA, 2004). 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" for the drug (Parrott, Morinan, Moss & Scholey, 2004). 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 the addict cannot function or handle life without use of the drug (United Nations Office on Drugs and Crime, 2005). Other psychological effects of drug addiction include;

- Wild mood swings, depression, anxiety, paranoia, violence, decrease in pleasure in everyday life. complication of mental illness, hallucinations, confusion

- Psychological tolerance to the drug's effects creating a desire to do ever-increasing amounts of the drug and desire to engage in risky behaviour

Physical effects of drug addiction vary by drug but are typically seen in all systems of the body. Some of the primary physical effects of drug addiction take place in the brain. Drug addiction changes the way the brain functions and impacts how the body perceives pleasure (Dees et al., 2001). These effects of drug addiction are because the drug repeatedly floods the brain with the chemicals dopamine and serotonin during drug use. The brain adapts and comes to expect, and depend on, these drug-induced highs.

Physical effects of drug addiction are also seen in babies of drug abusers as well as in mortality statistics. One effect of drug addiction is: children born to drug-using mothers can be cognitively affected throughout life. Regarding mortality, one-in-four deaths are due to the effects of drug addiction (Mauras et al., 1996). Other physical effects of drug addiction include:

- Contraction of HIV, hepatitis and other illnesses, heart rate irregularities, heart attack
- Respiratory problems such as lung cancer, emphysema and breathing problems
- Abdominal pain, vomiting, constipation, diarrhea, kidney and liver damage
- Seizures, stroke, brain damage, changes in appetite, body temperature and sleeping patterns.

2.4.4 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, 2004). Work productivity declines. For example, 153 workdays are lost due to absenteeism arising from substance-related illnesses (Department of Social Development, 2006). 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, 2007). Medical resources are wasted and lives are lost in substance related accidents. High amounts of money is spent in hospitals, on prevention campaigns and in treatment centres for substance dependents (Alloy, Acocella & Richard, 1996; Plüddermann Parry & Bhana, 2007; United Nations Office on Drugs and Crime, 2008).

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, 2004; Department of Social Development, 2006). 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, 2008). 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 suffers 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, 2007). 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, 2005).

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, 1998).

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, 1993). 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, 2004).

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, 2001). 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.

2.5 Approaches to Preventing or reducing Substance Abuse

Prevention approaches can be classified on a number of dimensions: according to the goal of the particular program. Botvin, Baker, Dusenbury, Botvin and Diaz (1995) (1995) emphasized on the following as effective prevention strategies.

2.5.1 Education & persuasion approaches

According to O'Malley (1991), most schools have some type of educational curriculum designed to prevent drug abuse among students. The desired interim objectives of such education include not only increasing knowledge and awareness about the adverse effects of drugs but also changing values, attitudes and beliefs which are assumed to ultimately influence behaviour, as well as building social and personal skills.

2.5.2 Knowledge-only/ information approaches

Early approaches to drug education provided information about alcohol, tobacco, and drugs, based on the assumption that youth (and adults) behave in a rational manner and, given new information, will alter their behaviour accordingly. By now it is clear

that this strategy is ineffective. While providing information does increase knowledge and awareness of the adverse drug effects, and at times negative attitudes, it does not have an impact on drug use behaviour (Tobler, 1992; Botvin et al., 1995). Furthermore, providing information about the dangers and risks may even be counterproductive with those who seek adventure, and it may also arouse curiosity in some. Though an information-only approach is not sufficient to affect drug use, providing facts is a necessary component of any drug education curriculum. However, it should be kept in mind that, in terms of appealing to students, less emphasis should be given to discussion of any long-term adverse effects, and instead focus on the short-term effects of use, and when possible the social drawbacks that can ensue (e.g., diminished attractiveness).

Bachman, Johnson and O'Malley (1991) recommend presenting straight forward information on the health risks and consequences of drugs. This may lead to increased perceived personal risk, and, in turn, to a decrease in use; conversely, low perceptions of risk are found to be associated with increases in drug use. Thus, changing personal beliefs about risk via credible, factual information can lead to demand reduction among youth. However, attempting to generate fear and anxiety by dramatizing the risks associated with substance use is not effective, as youth tend to disbelieve the exaggerations and then eschew the entire program. In addition, the moral approach does not work. Lecturing student about the "evils" of smoking, drinking, and drug use will likely distance youth, and may even backfire, especially if the information contradicts their own experiences.

2.5.3 Affective-only approaches and self-awareness

There is very little focus on substance use per se. Evaluation studies on affective programs have showed poor results, with virtually no effects, and counter productive effects in some cases, on youth' substance use (Tobler, 1992; Donaldson, Graham, Piccinin, & Hansen, 1995; Hawthorne, Garrard & Dunt, 1995). This may be because of the low correlation between self-esteem and drug use or because such programs do not explicitly relate the skill-building to specific drug situations. The affective model of drug education assumes that those who use substances have personal problems such as low self-esteem, inadequate social skills, and poor/unclear values. Thus, the objective is to improve a person' self-image and ability to interact socially. This is done through discussions of feelings, values and self-awareness. This may be because of the low correlation between self-esteem and drug use (Clayton, Leukefeld, Grant Harrington & Cattarello, 1996; Coggans & McKellar, 1994; Schroeder, Laflin & Weis, 1993), or because such programs do not explicitly relate the skill-building to specific drug situations (Ellickson, 1995).

2.5.4 Psychosocial approaches

The strategies falling under this heading pertain to the social influence model -- the most promising of the substance-use prevention model to date. The basic premise is that youth who use substances do so because of social pressures from peers, the family, and the media, as well as internal pressures (e.g., the desire to be cool and popular). Along with an information component on health and social consequences, these programs seek to teach methods to counter those pressures, and, more importantly, attempt to motivate youth to resist them (Ellickson, 1995).

One way this is done is through normative education which seeks to undermine popular beliefs that drug use is prevalent and acceptable. Highlighting anti-drug social norms and attempting to form non-use norms by discussing alternative ways to achieve the perceived benefits of substance use are further components. Also exposed are the tactics of the alcohol and tobacco advertisements and counter arguments to those messages are taught. Resistance skills are also developed, as are personal and social skills, such as decision-making, problem-solving, goal setting and assertiveness. These programs are usually taught through interactive delivery modes such as small-group discussions, role playing, and demonstrations.

In a meta-analysis, Tobler and Stratton (1997) found that programs using such interactive group processes were more effective than a didactic presentation style. Generally, studies evaluating the effectiveness of psychosocial prevention programs have found significant behavioural effects regarding the delay or prevention of substance use, typically lasting only a few years after initial program delivery (Tobler, 1992; Tobler & Stratton, 1997), with one study showing sustained effects for up to six years (Botvin, Baker, Dusenbury, Botvin & Diaz, 1995).

Moreover, such programs have been lauded as being effective with ethnic minorities, and as having curbed regular and occasional substance use, especially tobacco (Ellickson, 1995; Perry & Kelder, 1992). It should also be noted that while these types of programs contain an assortment of strategies, we know little about which of the components or combinations are the most beneficial. There is, however, some evidence suggesting that challenging perceived social norms and beliefs about positive consequences of substance use are important mediators in prevention or

reduction of use (MacKinnon, Anderson-Johnson, Pentz, Dwyer, Hansen, Flay & Wang, 1991).

2.5.5 Counselling services needed by drug users

MOYAS (2007) outlined the following counselling strategies to help reduce drug use and abuse among the youth;

Establishment of Family Education on Drugs: The family is the nucleus of the social organization. Parents should give their children appropriate education on drug use. They should be encouraged by health authorities to offer family education on drug abuse to their children. They should inform them of the dangers of drug abuse and dependence on their health, society and the nation.

Establishment of Counseling Centers for Drug Control: Counselling centers should be established in every community by the government or private individuals. Qualified health counselors should be employed in helping drug users or those dependent on drugs by giving them special advice on how to go about the withdrawal system.

Designing Curricula on Drug Education: Ministry of Education should as matters of urgency add to the curricula- drug education at all levels of education.

Campaign against Drug Abuse: National Drug Law Enforcement Agency (NDLEA) should intensify their campaigns on anti-drug in order to have a drug free society. The campaign against use of certain drugs and misuse of drugs should be more intensified at the secondary school level because it is the peak of adolescence. Also, government and other relevant authorities should launch out campaigns against drug abuse as well as dependence.

Effective study Habit for Students: An effective study is that which centers on a well-planned scheme of study involving sufficient recreational activities, enough resting time and sleep. Thus, such well-planned time table of study habits that make adequate provision for rest will enhance good study habit without necessary resorting to the use of drugs to keep students artificially awake.

Establishment of Drug Awareness Units: Drug awareness units to be set up in all communities and moderated by the local government. It should not be a panel established to try people who use drugs as criminals, but to help solve their socio-psychological problem. Parents and adults should refrain from using drugs indiscriminately in the presence of youngsters and they should discourage their wards/children from associating with “unknown” gangs or suspicious neighborhood peer groups (Lasch & Edward, 1972).

2.6 Theoretical Framework

The theoretical framework for this study calls upon five theories that discuss the factors exposing the youth into using and abusing drugs/substance. These theories are; disease biological theory, the social control and self-control theories, social learning theory, problem behaviour proneness theory and inadequate personality theory.

2.6.1 Disease or biological theories

These theories recognize substance abuse as a disease requiring medical treatment. As a disease, substance use has symptoms and may be acute, chronic or progressive (Canadian Centre on Substance Abuse, 2002). This theory considers biological and genetic factors that contribute to substance use. According to these theorists, an individual’s genetic makeup predisposes him or her to substance abuse (Alloy, 1996; Berk, 2007; cited in Asare, 1999).

Furthermore, people with family members who abuse drugs are more likely to follow suit (Alloy, 1996; Nolen-Hoeksema, 1998) and it seems drug abuse runs in families (Baucum & Smith, 2004; Liddle & Rowe, 2006). A family history of drug abuse and dependence substantially increases the risk of such problems among members (U.S. CADI, 2003).

Research has shown that some people, such as the children of alcoholics, have a high risk of developing problems with alcohol because of an inherent motivation to drink or sensitivity to the drug (Butcher et al., 2004). Children who have parents who are extensive alcohol or drug abusers are vulnerable to developing substance abuse and related problems themselves (Carson, Butcher & Mineka, 2000; Liddle & Rowe, 2006).

Youth who drink alcohol are firstly exposed to parents who themselves drink and their peers who act as models for heavy consumption. The parents not only show inappropriate behaviour such as antisocial tendencies and the rejection of their children. When such children loosen their parental ties, they tend to be strongly influenced by peers who are also heavy drinkers (Sue & Suel, 1994; Papalia et al., 2004).

However, children who are exposed to drinking by their parents do not necessarily grow up to be problem drinkers. Having a genetic predisposition or biological vulnerability to alcohol abuse, is of course not a sufficient cause of the disorder (Butcher, Mineka, Hooley & Carson, 2004). The person must be exposed to the hard drug to a sufficient degree for the addictive behaviour to appear (Carson, 2000; Butcher et al., 2004; Rice & Dolgin, 2008). It seems the family environment plays a role in both promoting and protecting children from drug abuse and dependence.

The ability to tolerate substances may be what is inherited as a diathesis for alcohol abuse or dependence (Davison, Neala & Kring, 2004). To become an alcoholic, a person first has to be able to drink a lot; in other words, the person must be able to tolerate large quantities of alcohol. It is interesting to note that some ethnic groups, such as Asians, may have a low rate of alcohol abuse because of physiological intolerance, which is caused by an inherited deficiency in an enzyme that metabolizes alcohol. Biological theory of substance abuse is based on the premise that there is something innate to the individual that genetically predisposes one to substance abuse, compelling the user to use (Lettieri, Sayers & Pearson, 1980). This view includes the theory of genetic factors and the theory of metabolic imbalance.

Genetic factors as an explanation for substance abuse is based on the notion that some individuals, according to the theory, possess a gene or combination of genes that make them more susceptible to certain types of substance abuse. The exact gene, or combination of genes, however, is yet to be identified (Lettieri et al, 1980). Most of the support for this theory is derived from studies of twins and familial studies. For example, Schuckit et al. (1985) cited in Ramo (2009) found that certain biological factors may increase the risk of alcoholism and that such factors include differences in metabolism, neuropsychological factors, the risk for other mental disorders and electrophysiological differences. It is difficult, however, to isolate these factors from other environmental factors and determine the extent to which these biological factors may play a role in addiction.

Some researchers claim that research support the notion that genetic factors play a role with regard to alcoholism (Ramo, 2009). However, according to Devlin, Fienberg, Resnick and Roeder (1997), “no researcher claims that genetics can predict

alcoholism very well. Most children of alcoholics do not become alcoholics, and most alcoholics do not have alcoholic parents. This indicates that there is still a need for “research on the social-psychological factors involved in the etiology of alcoholism” (p. 1). This sentiment also is found among researchers who are searching for a potential genetic basis in alcoholism (Ramo, 2009). The second biological theory is the theory of metabolic imbalance. This theory is based on the belief that some addicts may suffer from a form of metabolic imbalance and that by consuming a certain illicit substance (or substances) the user reaches the state of normality that most people feel without consuming drugs (Lettieri, Sayers & Pearson, 1980). When the drug(s) wears off, the user returns to his/her original state and a cycle of cravings emerge, driving the user to ingest drugs again and again in an effort to self-medicate (Liungman, 1975). Neither of the biological theories can currently be substantiated definitively; however, research continues into the genetic and psychological aspects of drug use.

2.6.2 Social control and self-control

Two major theorists whose adherents attempt to explain deviant and criminal behavior - and, by extension, drug use and abuse as well - are social control or bonding theory and self-control theory or the “general theory of crime.” (Jensen, 1969). Both are individualistic theories, and not group or structural, which is the approach adopted by most sociologists. These two theories make extensive use of the concept of control and focus on why some people conform to society’s norms and laws. Both assume that deviance and, by extension, drug use does not need to be explained. If left to their own devices, everyone would deviate, break the law, use drugs, and get high; they would simply be doing what comes naturally. What really needs to be explained is why some people do not deviate from the norms, violate the

law, use drugs, or get high. However, they differ considerably in the emphasis they place on the dynamics of deviance, crime, and drug use, and the relevant explanatory time frame (Sdorow & Rickabaugh, 2002).

According to Jensen (1969), what causes drug use, like most or all deviant behavior, is the absence of social controls encouraging conformity. Most of us do not engage in deviant acts because of strong bonds with or ties to conventional, mainstream persons, beliefs, activities, and social institutions. If these bonds are weak or broken, we will be released from society's rules and free to deviate - and this includes drug use. It is not that drug users' ties to an unconventional subculture attract them to drugs; it is their lack of ties to the conforming, mainstream sectors of society that frees them from the bonds keeping them from using drugs. It is the absence of these bonds that explains illicit, recreational drug use.

Of course, delinquency, deviance, and criminal behavior - including recreational, nonmedical drug use - are matters of degree. Social control theory does not assert that persons with strong ties to conventional society will *never* engage in any deviant action, regardless of how mild, including using a drug recreationally. It would, however, assert that both deviance and control are matters of degree: The more attached we are to conventional society, the lower the likelihood of engaging in behavior that violates its values and norms. A strong attachment does not absolutely insulate us from mildly deviant behavior, but it does make it less likely (Goode, 2014).

Social control theory emphasizes the actor's stake in conformity. The more we have "invested" - with respect to time, emotion, energy, money, and so on - in conventional activities and involvements, the more conventional our behavior is likely to be. A

“stake” could be anything we value, such as a loving relationship, good relations with our parents, a family, children, an education, a satisfying job, and/or a career. Someone who has “invested” in these positively valued, reward-laden enterprises is less likely to engage in behavior that threatens or undermines them than is someone who has no such investments. One or more stakes in conformity tend to act to keep us in line, away from the potential clutches of drug abuse (Meichenbaum, 1977).

Benson and Moore (1992) explained that, the more attached we are to conventional order, the less likely we are to break society’s rules and use drugs. The more committed we are to conventional institutions; the less likely we are to break society’s rules and use drugs. The more involved we are in conventional activities, the less likely we are to break society’s rules and use drugs. And the more deeply we believe in the norms of conventional institutions, the less likely we are to break society’s rules and use drugs. According to Chege, Mungai and Oresi (2017), drug use is “contained” by bonds with or adherence to conventional people, institutions, activities, and beliefs. If they are strong, recreational drug use is unlikely. Control theory has a kind of common sensical flavor to it, and it also has a loyal following in the fields of criminology, the sociology of deviance, and the sociology of drug use.

According to Betts and Huebner (2002), self-control theory represents another explanation of drug use and other unconventional, deviant, and/or criminal behavior. Self-control theory sounds a great deal like the “social” control theory we just looked at; however, the two really are very differently. Many of the assumptions made by the latter are rejected by the former. Self-control theory does share with social control theory the assumption that drug use and crime are “doing what comes naturally” - that is, in the absence of controls, most people would engage in them. What is

necessary to explain, then, is how controls come to be absent. However, here, the two theories diverge. To begin with, the proponents of self-control theory conceive of crime as including not only crime itself but also a variety of other illegal, illegitimate, deviant, and self-interested actions. The authors define crime as “force or fraud in pursuit of self-interest.” This encompasses an extremely diverse kettle of fish, but the authors explicitly state that drug use and abuse qualify.

2.6.3 Problem behavior proneness theory

In a third type of psychological theory of substance use, Goode (2002) sees the phenomenon as a form of deviant or problem behavior. According to Goode (2002) the term “deviant” has no negative, pejorative, or pathological connotations. Instead, it refers to behavior that is not in accordance with the norms of, and that tends to be condemned by, the majority. Likewise, “problem” behavior is not necessarily bad or pathological; the term simply denotes behavior that has a certain likelihood of getting the individual who enacts it into trouble. Social psychologists have found that drug users typically have attitudes, values, personalities, and norms that depart significantly from those of the nonuser majority. And these, in turn, make it likely that users will engage in behavior that, likewise, departs from the conventional path.

With respect to users’ personality and attitudes, a great deal of research demonstrates that users, in comparison with non - users, tend to be more rebellious, independent, open to new experiences, willing to take a wide range of risks, tolerant of differences, accepting of deviant behavior and transgressions of moral and cultural norms, receptive to uncertainty, pleasure seeking, hedonistic, peer oriented, non-conformist, and unconventional. Users also tend to be less religious, less attached to parents and family, less achievement oriented and less cautious. This personality manifests itself

in a wide range of behavior, much of it not only unconventional but problematic for the individual and for mainstream society: earlier sexual behavior, and with a wider range of partners; under achievement in school and on the job; and at least mildly delinquent behavior (Poole & Regoli, 1979).

Researchers who emphasize the unconventional personality as a key factor in drug use can demonstrate the validity of their approach with longitudinal studies. That is, they can predict in advance, before they have used drugs, with a high degree of accuracy, which youngsters will experiment with and use psychoactive substances and which ones will not (Goode, 2002).

Demuth and Brown (2004) stated that, with respect to personality, youth less likely to experiment with and use drugs is one who values and expects to attain academic achievement, who is not much concerned with independence, who treats society as unproblematic rather than as an object for criticism, who maintains religious involvement and a more uncompromising attitude toward normative transgression, and who sees little attraction in problem behavior relative to its negative consequences. The youth more likely to experiment with and use drugs “shows an opposite pattern: a concern with personal autonomy, a lack of interest in the goals of conventional institutions, like church and school, a jaundiced view of the larger society, and a more tolerant view of transgression”. In other words, a “single summarizing dimension underlying the differences between users and nonusers might be termed conventionality-unconventionality”.

2.6.4 Psychological perspective

Psychological theory considers the underlying psychological problems within an individual as causing drug use (Carson et al., 2000). Risk behaviour such as drug use

can therefore be related to individual psychological factors such as self-esteem, locus of control, need for acceptance, anxiety levels, sensation seeking and eagerness to act like adults (Butcher et al., 2004).

Davison et al. (2004) believe that individuals who use hard drug receive some form of psychological reward from alcohol or other drug use. Hard drug use is therefore reinforcing, either by enhancing positive mood states or by diminishing negative ones. This is evident from some youth who reported that they used hard drug because they wanted to be sociable, to feel good or to relax, because they like the taste of alcohol or enjoy drinking.

Other youth reported that they used drugs because they believed that using hard drug will help them deal with anxiety, low self-esteem, lack of comfort in social situations, and to take away pain (Rice, 1992; Zastrow, 2004; Rice & Dolgin, 2008). People often also drink to temporarily get rid of unwanted emotions such as loneliness, anxiety, depression, feelings of inadequacy, insecurity, guilt and resentment (Zastrow, 2004). Thus, youth often use hard drug as a means of escaping tension, boredom and the pressures of life (Conger, 1991).

Theories relying on psychological factors fall into two basic varieties: those emphasizing the mechanism of reinforcement, and those stressing that the personalities of the drug user, abuser, and especially addicts are different from those of the abstainer, and are causally related to use. The mechanism of reinforcement is fairly straight forward. People tend to maximize reward and minimize punishment; they continue to do certain things because they have a past history of being rewarded for doing them. Drug users are individuals who have been rewarded for use, and hence they continue to use. While reinforcement theory underplay personality factors,

personality theory, as you might expect, emphasize its important role in causing drug use. The precise personality configuration that is said to determine drug use varies with the theorist; a range of personality factors is invoked here. The key factor that binds these psychodynamic theories together, however, is that they postulate that certain individuals have a type of personality that impels them to use drugs (Coghlan, Gold, Dohrenwend & Zimmerman, 1973).

2.6.5 Reinforcement theory

A major psychological theory underplays the idea of personality differences between drug users and nonusers, and emphasizes the role of reinforcement. Even animals use certain drugs compulsively under the right experimental conditions, casting doubt on the need to invoke psychodynamic variables in the development of addiction (Bennett & Holloway, 2008). In addition, experiments have shown that, independent of personality factors, human subjects who administered opiates without knowing what they have taken wish to repeat taking the drug; their desire grows with continued administration. For some aspects of the drug-taking process, a consideration of personality variables is not necessary. After all, if two people are taking the same highly reinforcing drug and one becomes addicted to it while the other does not, it is insufficient to argue that reinforcement explains continued use because it does not account for the difference in behavior. Consequently, we need to bring into the picture variables or factors in addition to simple reinforcement. There are two distinctly different types of reinforcement - positive and negative - and consequently two different theories that cite reinforcement as a mechanism in continued drug use (Goode, 2002).

Kendel (1980) explained that positive reinforcement occurs when the individual receives a pleasurable sensation and, because of this, is motivated to repeat what caused it. In brief, “The pleasure mechanism may give rise to a strong fixation on repetitive behavior”. With respect to drug use, this means that getting high is pleasurable, and what is pleasurable tends to be repeated.

The continued use of all drugs that stimulate euphoria is caused by their “extremely potent reinforcing effects” (Bennett & Wright, 1984). Inferring from the way that users behave, it is difficult to draw a sharp distinction between a strong psychological and a physical dependency. Indeed, physical dependence is not even a necessary mechanism for the proponents of the theory of positive reinforcement. What is referred to as addiction is simply an end point along a continuum indicating that “a sufficient history of reinforcement has probably been acquired to impel a high rate of use” in the user (Bennett & Wright, 1984). This also means that ongoing, even compulsive, use do not require the mechanism of a literal physical addiction to continue “taking place. Many users are reinforced - that is, they experience euphoria - from their very first drug experience onward, and the more they use, the more intense the sensation and the greater the motivation to continue use.

Negative reinforcement occurs when an individual does something to seek relief or to avoid pain, thereby being rewarded - and hence motivated - to do whatever it was that achieved relief or alleviated the pain (Kendel, 1980). In the world of drug use and addiction, when someone who is physically dependent on a particular drug undergoes painful withdrawal symptoms upon discontinuing the use of that drug, and takes a dose to alleviate withdrawal distress, he or she will experience relief with the

termination of the pain. Such an experience will motivate the addict to do what has to be done to obliterate the painful sensations associated with withdrawal.

While positive reinforcement can occur with *any* euphoric drug - indeed, with any pleasurable sensation (Bennett & Wright, 1984) - the theory emphasizing the mechanism of negative reinforcement as a major factor in drug abuse is largely confined to drugs that produce a physical dependence, especially the opiates. Relatively little attempt has been made to apply this theory to explain either the continued use of non-addicting drugs or the use of opiates that does not involve a literal physical dependence.

2.7 Summary of the Literature

Substance abuse is a problem that is causing serious concern to both individuals and governments all over the world. The problem is prevalent among adolescents and youth who in most cases are ignorant about the dangers inherent in drug abuse. Many of them engaged in drug use out of frustration, poverty, lack of parental supervision, peer influence and pleasure. However, with effective counselling programme, the problems can be tackled.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter introduces various techniques used in collecting and analyzing data in research. This chapter describes study design, study populations, sampling strategies, data collection methods and instruments, instrument validity and reliability, control of instrument data analysis procedures, and ethical considerations.

3.1 Research Approach

This study followed a mixed methods approach. Mixed methods research is an approach that combines quantitative and qualitative research methods in the same research query. It is an approach in which researchers collect, analyze and integrate both quantitative and qualitative data in a single study or across studies (Saunders et al., 2012; Creswell, 2014). Creswell (2014) adds that mixed-method designs are useful for capturing the best of both quantitative and qualitative approaches. The main assumption behind relying on mixed-method approaches is that using quantitative and qualitative approaches provides a better understanding of the research question than using either approach alone (Saunders et al., 2012).). This means that quantitative data and subsequent analysis provide a general understanding of the research question. Qualitative data and their analysis improve and explain these statistical findings by further examining participants' views (Creswell, 2014; Bryman, 2012). For this reason, a combination of qualitative and quantitative methods can be used to gain a more comprehensive understanding of substance abuse among Upham High School students. Overall, combining the two methods tends to maximize the strengths of quantitative and qualitative data and minimize the weaknesses.

3.2 Research Design

According to Bazeley (2015), research design provides a framework for data collection and analysis. A descriptive survey design was used for the study. According to McCombes (2019), descriptive research seeks to gather information to provide answers to the questions of who, what, when, where, and how related to a specific research problem so that a description of what is happening can be made (Saunders, Lewis & Thornhill, 2012). In this study, a descriptive survey was used to gather student opinions about substance abuse at Apam Senior High School. According to Creswell and Creswell (2018), a descriptive design seeks precise and adequate descriptions of the activities, objects, processes, and people involved in a study. In this study, descriptive design was used to provide accurate descriptions of the kinds/types of substances abused and the sources of the substances by students, what are the reasons why Apam Senior High School students abuse substances, and what are the measures/interventions that the school can put in place to control substance abuse among Apam Senior High School students.

3.3 Population of the Study

According to McLeod (2014), a research population is a group of people from which a sample can be drawn. The population is the total collection of elements from which we wish to draw conclusions. Students from Apam Senior High School in Ghana's Central Region served as the study's population. The student body is estimated to be 2,464 people, with 1,073 males and 1391 females.

3.4 Sample and Sampling Procedure

A sample is defined as "a group of relatively fewer people drawn from a population for research purposes" (Tahadoost, 2016). Using simple random sampling method, a

sample of 246 Apam Senior High School students was selected for the study. This figure was chosen based on Yakubu's (2015) study, which claimed that 10% - 30% is a good representative range for a survey research design. In addition to the sample size of 246 students, which represented 10% of the total population of students who participated in the quantitative data collection (questionnaire), 10 students were purposefully chosen to respond to interview questions for the qualitative data. Purposive sampling, according to Cohen, Manion, and Morrison (2011), allows researchers to handpick the cases to be included in the sample based on their judgment and typicality. In this way, the researcher creates a sample that meets specific needs.

3.5 Data Collection Tools

Two data collection instruments were used. These were questionnaire and interview guide.



3.5.1 Questionnaire

Based on a review of the literature, a questionnaire was created. The questionnaire had only closed-ended questions. Closed-ended questions, such as Likert or rating scales, were used because they are appropriate for large-scale surveys because they are quick for respondents to answer, easy to analyze using statistical techniques, and allow comparisons across groups (Tashakkori, Johnson & Teddlie, 2021). In general, a structured questionnaire was used to collect the necessary data about substance abuse among Apam Senior High School students. The questionnaire was divided into four sections. Section A measured students' demographic data, Section B measured whether Apam Senior High School students abuse substances; the kind/types of substances they abuse and the sources; Section C measured the reasons why Apam

Senior High School students abuse substances, and finally Section D focused on measures/interventions implemented by the school to control/curb substance abuse among Apam Senior High School students. Each questionnaire statement was followed by a five-point Likert-type scale (Strongly Disagree = 1, Disagree = 2, Not sure = 3, Agree = 4, and Strongly Agree = 5).

3.5.2 Semi-structured interview guide

An interview is the recording of the interviewer's verbal questions and the interviewee's verbal responses in a notebook or on an audiotape (Yin, 2011). Semi-structured interview questions were used in this study. The advantage of using a semi-structured interview was its flexibility, as new probes could be made during the interview based on the interviewee's responses. The interview questions were based on the study's objectives. Before the interview, the interview questions were discussed with the selected head prefects, they were informed about the research's ethical considerations, and their consent was obtained (Creswell, 2014). The purpose of the interview was to get evidences and to gather more information that may not be easily given by the questionnaire.

3.6 Reliability and Validity of the Questionnaire

According to Zohrabi (2015), research reliability is defined as an instrument's ability to produce similar results at different times with the same group of respondents. Cronbach's alpha was used to assess the reliability of the scales used in the study. According to Stephanie (2017), Cronbach's alpha is a measure of how well a set of items measures a single one-dimensional talent construct. Cronbach's alpha is typically low when data has a one-dimensional structure. According to Stephanie (2017), for consistency to exist, the alpha must be greater than 0.7 but less than 0.9.

As a result, the work's reliability coefficient is 0.8, indicating that it was highly reliable. Ekbatan, Lecnner, and Schweiker (2019) define validity as the extent to which a sample accurately represents the population it is supposed to represent. To ensure the research's validity, the researcher's supervisor read through the questionnaire to ensure that the items were standard and free of ambiguity. In addition, a pilot study was conducted to pre-test the questionnaire. The content validity of the instrument was assessed by evaluating the adequacy, appropriateness, inclusiveness, and relevancy of the questions to the subject under study.

3.7 Data Collection Procedures

To seek permission for data collection, an introductory letter was taken from the department and submitted to the school's principal. Structured questionnaires with closed-ended questions were distributed to respondents within five working days, Monday through Friday. This was done on a daily basis for a school and during school working hours, between 10 a.m. and 2:00 p.m. The researcher visited the school and interacted with the principal, teachers, and students. The researcher had volunteers who assisted with the administration of the questionnaire. The researcher and some volunteers administered the questionnaires to the respondents after obtaining permission from the school's principal. They were given at least one hour to respond, after which the questionnaires were collected when the researcher and volunteers were informed that the questionnaire had been completed. The researcher distributed 246 questionnaires, and all of them were returned, representing a 100% response rate. Furthermore, the researcher used an interview guide to assess the views of five Apam Senior High School students on substance abuse. This was helpful in gathering detailed information about the subject under investigation.

3.8 Data Analysis Procedure

The questionnaire scores were organized, statistically compiled, and entered into SPSS to determine the frequency, percentage, and mean value of each item. The data from the recorded interview was transcribed, categorized, and compiled into themes for analysis. Interpretations were made based on the interviews in relation to the study's objectives.

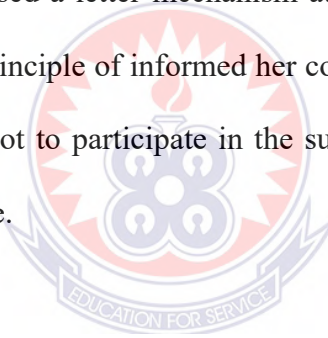
3.9 Ethical Considerations

Survey researchers may intrude on a respondent's privacy by inquiring about intimate actions and personal beliefs, but the respondent decides when and to whom personal information is revealed. Respondents are more likely to provide such information when it is requested in a relaxed setting with mutual trust, when serious answers are required for legitimate research purposes, and when answers will be kept confidential. Researchers owe it to all respondents to treat them with dignity and to alleviate any anxiety or discomfort. Researchers must also ensure the confidentiality of the data they collect (Ravitch & Riggan, 2017). As a result, research ethics is defined as a set of moral values concerned with the extent to which research procedures adhere to the legal, social, and professional obligations of the participants in the study (Saunders et al., 2012). The following ethical issues are addressed in this study: informed consent; anonymity; confidentiality; data security; autonomy; and the researcher's scientific integrity (Saunders et al., 2012; Ravitch & Riggan, 2017).

3.9.1 Informed consent

Informed consent means the voluntary participation of a respondent in a survey. Respondents must agree to answer questions in the survey or interview and have the right to refuse to participate or stop the survey at any time without penalty. Because

researchers rely on the voluntary cooperation of respondents, researchers must ask carefully designed questions, treat respondents with respect, and pay close attention to confidentiality. Obtaining the subject's permission is not sufficient. Subjects also need to know what to participate in so that they can make informed decisions (Tom, 2017). Permission to conduct the study was obtained from the Gomoa West District Directorate of the Ghana Education Service, the principal of the school, and the ethics committee of the university supporting the study. The name of the researcher and the reason for conducting the study was disclosed to the respondents at the information session. Their names were not included in the final report and their responses were guaranteed to be used for research purposes only (Saunders et al., 2012; Merriam, 2009). The researchers used a letter mechanism attached to each questionnaire as a means of upholding the principle of informed her consent. Researchers acknowledged the right of respondents not to participate in the survey and did not compel them to complete the questionnaire.



3.9.2 Anonymity

Anonymity refers to the protection of a study participant in such a way that neither the researcher nor the participant can be linked to the information provided (Bhattacharjee, 2012). The participants were informed that their identities would not be revealed in the research's release or publication. The participants' anonymity and confidentiality were thus guaranteed.

3.9.3 Confidentiality

Confidentiality means that information, even if it contains names, is held in trust and kept secret from the public." The data is not released in a way that allows individuals to be linked to specific responses (Bhattacharjee, 2012). Respondents who were asked

to take part in this study were given written assurances of confidentiality, along with the anonymity principle. The participants were not required to write their names on the questionnaire.

3.9.4 Data security

The researcher employed a mechanism for de-identification of data sets. The researcher gave the respondents the option of using their own codes. As a result, when responding, respondents may assume that: (1) the researcher does not know their identity; and (2) people other than the researcher will not be able to gain access to the information because it will be kept under lock and key.

3.9.5 Autonomy

The participants were treated as autonomous individuals with the freedom to live their lives as they saw fit, free of external control. They have the right to choose how they will participate in data collection. These rights include the ability to refuse to answer any question, refuse to provide any requested data, change the nature of their consent, and withdraw from participation at any time without penalty (Saunders et al., 2012).

3.9.6 Scientific integrity of the researcher

Researchers will present results and findings from the field, which may form the basis for policy development and government decisions. This research was thus carried out with integrity and in accordance with high ethical standards by upholding ethics and scientific conduct throughout the study and ensuring that no harm was caused (Saunders et al., 2012).

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents the findings and analysis of the research respondents' data. There are three major sections to it. The first section discusses the demographics of research participants. The second section presents the study and interview findings under the major research themes based on the research questions. The third section presents a discussion of the findings.

4.1 Demography of Respondents

Table 4.1: Gender distribution of students

Gender	Frequency	Percentage (%)
Female	139	56.50
Male	107	43.50
Total	246	100

Source: Researcher's Fieldwork Data (2022)

Data in Table 4.1 revealed that out of the total number of 246 students, 139 (56.50%) are females while 107 (43.5%) are males. This suggests that since majority of the students involved in the study are females.

Table 4.2: Age distribution of students

Age	Frequency	Percentage (%)
Less than 15 years	51	20.7
15-18 years	132	53.7
19 & above	60	24.4
Total	246	98.8

Source: Researcher's Fieldwork Data (2022)

Data from Table 4.2 point that of the total number of 246 respondents, 51 (20.7%) are between 13–15 years, ages between 16–18 constituted 132 (53.7%) whereas ages above 19 was documented as 60 (24.4%). This suggests that majority of the students were between ages 16–18. Notwithstanding, majority of the respondents were in their teenage years which points out that they are suitable for the study because they are always victims of the situation.

Table 4.3: Educational level of students

Level	Frequency	Percentage (%)
SHS 1	78	31.7
SHS 2	63	25.6
SHS 3	105	42.7
Total	246	100

Source: Researcher's Fieldwork Data (2022)

Data in Table 4.3 revealed that out of the total number of 246 students, 78 (31.7%) are in SHS 1, 63 (25.6%) are in SHS 2, whilst 105 (42.7%) are in SHS 3. This suggests that since majority of the students involved in the study are in SHS 3, they have at least witnessed an occasion concerning the problem within their institution. These verify that they can give accurate information concerning the problem because the finding is prospective to imitate them.

4.2 Research Question One

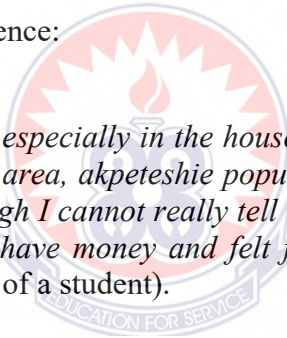
What drugs are used by students at Apam Senior High School?

The primary intent of this research question is to find what kinds/types of substances are abused and the sources of the substances.

The respondents responded to items on the issue of the kinds of drugs used by the students for which the following themes emerged from the interview data. These include liquid substances, and solid substances.

4.2.1 Liquid substances abused by the students

Reviewing the interview transcripts, two classifications were made in relation to liquid substances. The data revealed that liquid substances could be either locally produced or foreign imported (exotic). With regard to locally produced liquid substances, akpeteshie (locally produced hard drink), palmee (palm wine) and mixture (bitters) were observed as the kinds of liquid substances consumed among the students. Akpeteshie and mixture emerged strongly as highly consumed substances. A participant shared an experience:



“I drink akpeteshie especially in the house. Among the different kinds of drinks sold in my area, akpeteshie popularly called ‘Apio’ is what I consume most. Though I cannot really tell the number of times I take it because any time I have money and felt for it I willingly go for it.”
(Verbatim quotation of a student).

Exotic drink also emerged during the interview session. Besides the locally produced liquid substances used by some of the interviewees, they also used what they called “exotic drinks”. These exotic drinks include beer, Guinness and foreign wine. This assertion came to light when a student shared the experience.

“I do not drink any of the locally made products such as akpeteshie. Drinking the locally made drinks, to me is dangerous, the sellers sometimes add more water to the drink in order to increase the quantity leading to an increase in their profit margins. I drink the exotic ones like Guinness and Beer of different types. Averagely, I take not less than two bottles a day”. (Verbatim quotation of a student).

Other students also said:

“I drink beer and Guinness. These are the drinks I am comfortable with more than the local drinks. Days that we have enough money, we enjoy ourselves. I can take four bottles at a sitting. (Verbatim quotation of a student)

Interestingly, according to the data, some of the interviewees take both the locally produced liquid substance and the exotic liquid substances. This came to light when a student said, I consumed both local and the exotic drinks. Mixing both drinks is a wonderful experience. Sometimes after taking four bottles of beer or Guinness, I top it up with a quarter of beer bottle of the local drink, akpeteshie. When I top it like that, I feel very ok.

“When I go to the spot, I do not only buy local drink. Although I consume the local drink a lot, sometimes I also consumed the exotic drinks like beer and Guinness. The exotic drinks are expensive so I take them on days that I have enough money on me. While days that I do not have enough cash, I go purely local quater of beer bottle then I am ok” (verbatim quotation of a student)

The data revealed that some of the students abuse the local alcoholic beverages as well as the exotic drinks such as Beer and Guinness.

4.2.2 Solid substances abused by the students

It emerged from the data that some participants boiled it and used it as a beverage. The data pointed out that some take it two times a day. Besides boiling the substances, other interviewees who are virtually getting addicted to marijuana revealed that they put the substance in hard drink such as dry gin and therefore when they take the drink they are super charged.

“I do not smoke marijuana but I put it in dry gin which I drink every day especially at home. When I put it in the drink, it makes it more powerful. Days I am unable to prepare it, I go to the spot where they

sell some of such combination to buy” (verbatim quotation of a student).

Another solid substance consumed by the students is cigarette. The data revealed that some of the participants were able to smoke a full pack a day. This emerged one student comment:

“I smoke cigarette. I smoke more than five (5) sticks a day. I do parasite from others that made me not to be precise with the exact number of cigarrrete sticks I smoke a day”.

“Once I feel like smoking, I hide and smoke, I have to get a place and smoke if I am not at home. Sometimes I take it on daily basis, at least, 3 times before the day goes down” (verbatim quotation of a student)

Another student expressed:

“I use to smoke wee every day. When I am not in the house, I wrap some content and take along to school. I do this so that anytime I felt for it I will smoke it.” (Verbatim quotation of a student)

Some of the students smoke cigarette. First, the interview data revealed that some of the students smoke cigarette on daily basis especially, outside campus. According to some of the participants, they have enough cigarette on them and they smoke it intermittently. This revelation emerged when some of the participants shared their views.

Youth have their various special ways of getting their preferred drugs. Some of these ways include; from drug pushers, from people who sell drugs, from secret places in town, from neighbouring communities, from producers and farmers of marijuana and tobacco. The data also gathered from the narrations that the students were introduced to drugs by their colleagues and peers. Others were introduced by their neighbours

who sent them to buy the substances for them. Relatives on the other hand, were not left unmentioned to have introduced the youth to drug usage.

4.3 Research Question Two

What factors influence the students at Apam Senior High School abuse substances?

The goal of this research question was to determine the reasons why the students of Apam Senior High School abuse substances? The outcome is presented in Table 4.4.

Table 4.4: Reasons why the students of Apam Senior High School abuse substances

Premise	N	M	SD	Decision
Peer pressure	246	4.34	0.77	Agree
Poor parental control	246	3.63	1.60	Agree
Energy from drugs to study for more hours	246	3.54	0.98	Agree
Curiosity	246	4.11	0.81	Agree
Post conflict trauma	246	3.23	1.48	Uncertain
Availability of drugs	246	3.66	1.93	agree

Source: Researcher's Fieldwork Data (2022)

It can be deduced from the data in Table 4.4 that the assertion "Peer pressure" resulted in ($M=4.34$, $SD=0.77$). This suggests that the respondents did attest to the fact that peer pressure is one of the reasons why the students of Apam Senior High School abuse substances

In addition, respondents view on "Poor parental control" yielded ($M=3.63$, $SD=1.60$) makes it evident that the respondents confirmed that poor parental control is a contributory factor why the students of Apam Senior High School abuse substances.

Subsequently, it came to light that the statement “Energy from drugs to study for more hours” produced ($M=3.54$, $SD=0.98$) rate of response. This suggests that the respondents held firmly that Energy from drugs to study for more hours is one of the reasons why the students of Apam Senior High School abuse substances.

Moreover, on respondents view on the assertion “Curiosity” resulted in ($M=4.11$, $SD=0.81$) depicts clearly that the respondents were agree that curiosity is one of the reasons why the students of Apam Senior High School abuse substances.

Furthermore, the phrase “Post conflict trauma” opinions from respondents came out with ($M=3.23$, $SD=1.48$). This signals that the respondents were not sure as to whether post conflict trauma is one of the reasons why the students of Apam Senior High School abuse substances.

It was further unleashed that respondents view on “Availability of drugs” yielded ($M=3.66$, $SD=1.93$) establishes the fact that the respondents agree that availability of drugs is one of the reasons why the students of Apam Senior High School abuse substances.

4.3.1 Peer Pressure is an influencing factor in drug abuse

It was evident from the data that one of the influential factors motivating student substance abuse phenomenon in Apam Senior High School is peer pressure. Some of the interviewees revealed that their first experience of substance use was through pressure from peers. They tend to bow to the pressures from their peers. The pressure makes some of the youth to engage abusing of the substance. For example, a student shared his experience.

“Hmm, I started smoking marijuana through the persuasion of my friend. In fact, he forced me into it”. (Interviewee 1)

The data revealed that peer pressure is the most influential factor in youth drug abuse.

The data also revealed that majority of the youth were hooked to the drug menace due to peer influence.

4.3.2 Youthful curiosity as an influencing factor in drug abuse

The interview transcripts revealed that one of the factors that influenced the students of Apam Senior High School abuse substances to abuse substances was youthful curiosity. The data revealed that the youthful curiosity occurs in two ways. This according to the interviewees was the desire to be part of the group and the wish to practically experience what substance can do to the human body.

With the desire to be part of the group was a motivating factor for the usage of substances, it emerged from the data that of the students have formed various gangs and members of these gang's abuse substances and also to avoid loneliness and insecurity, it seemed attractive joining a gang. This revelation emerged when some of the participants shared their experiences.

“I learned how to smoke when i joined a group here in the school. I joined the group because of loneliness. When you are not in any group and you have any problem or need expecting some assistance, no one will assist you. I joined the group for security because they were the strong boys in the school. (Interviewee 2)

Apart from the desire to be part of the group, another motivating factor to youthful curiosity for the abuse of substances in the school, according to the data, the wish to experience practically what substances do to the human body. It emerged from the data that, some of the students in the school became substance abusers through witnessing the strength some students exhibit after using a substance and the way

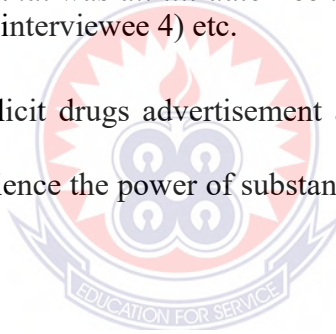
alcoholic substances are advertised on television and billboards. The experience became evident in the comment of some of the participants.

“I drank for the first time when I saw an advert on television. In fact, one day I was in a room alone watching television. There was an advert on kasapreko alomo bitters drink which was so attractive. After the advert I went to a drinking spot and bought that particular drink. The name is ...and when I tried it the first time, I became so aggressive. Since then, I have been consuming this drink and other types” (interviewee 3).

Additionally, a student narrated:

“I heard that when you smoke wee you will become high and aggressive. One day I saw a friend behaving strangely, so later I asked him why he was behaving that way. He told me any time he smoked he gained an extraordinary excitement and strength. One day I followed him to smoke and that was all till date I continue to smoke and it feels good to be high” (interviewee 4) etc.

The data revealed that illicit drugs advertisement and the temptation to want to be brave and high and experience the power of substances pushed some of the youth into drug usage.



4.4 Research Question Three

What are the socio– economic effects of substance abuse among students of Apam Senior High School

The aim of this research question was to determine the socio– economic effects of substances abuse among students of Apam Senior High School who abuse substances.

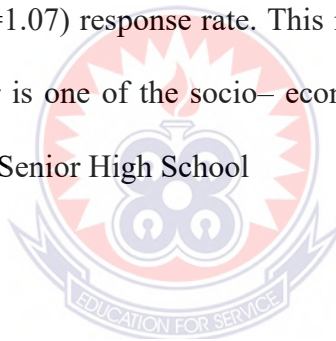
The outcome is presented in Table 4.5.

Table 4.5: Socio– economic effects of substances abuse among students of Apam Senior High School

Premise	N	M	SD	Decision
Immoral behaviour	246	4.00	1.07	Agree
Mental disorder	246	4.03	1.10	Agree
Physical deficiencies	246	4.47	0.63	Agree
Crime and violence	246	4.23	0.90	Agree
Substance abuse undermines student’s academic ability	246	4.37	0.67	Agree
Valid N (Listwise)	246			

Source: Researcher’s Fieldwork Data (2022)

It can be deduced from the data in Table 4.5 that the statement “Immoral behaviour” resulted in (M=4.00, SD=1.07) response rate. This implies that the respondents agree that an immoral behavior is one of the socio– economic effects of substances abuse among students of Apam Senior High School



Successively, it came into light that “mental disorder” produced (M=4.03, SD=1.10) response rate suggests that the respondents agree that mental disorder as is one of the socio– economic effects of substances abuse among students of Apam Senior High School.

Moreover, on respondents’ views on the assertion “Physical deficiency” resulted in (M=4.47, SD=0.63) response. This depicts clearly that the respondents appreciated that a physical deficiency is one of the socio– economic effects of substances abuse among students of Apam Senior High School

It was further unleashed that respondents view on “Crime and violence” yielded (M=4.23, SD=0.90) establishes the fact that the respondents held the view that a crime and violence is one of the socio– economic effects of substances abuse among students of Apam Senior High School. In addition, respondents’ ideas about the assertion “Substance abuse undermines student’s academic ability” produced (M=4.37, SD=0.67) response rate. This illustrates that the respondents held the view that substance abuse undermines student’s academic ability”

4.5 Discussion of Results

The findings revealed that some of the students in the school smoke marijuana and cigarettes. Besides smoking the marijuana, the findings further pointed out that some of the students drink alcohol, while others boiled it and take in a form of a beverage drink, as indicated in the interview findings.

Marijuana and tobacco (cigarettes) as revealed by the interview as the most abused substances, does not seem to be peculiar to the only student of the Apam Senior High indicated the high rate of its consumption. Crain (2004) asserted that in Ghana, the most substance abuse is marijuana (Indian hemp or wee) which is the cheapest drug and packaged at Gp50 per piece, which is very affordable. According to the 2007 World Drug Report by the UN Office on Drugs and Crime, 21.5% of Ghanaians, aged from 15 to 64, smoked marijuana or cannabis and cigarettes. The report continued that Ghanaians youth use marijuana more than other illicit drugs (Ghana News Link, 2011). According to United Nations’ World Drug Report (2011), a breakdown of illicit drug use showed that marijuana or cannabis remains by far the most widely used illicit substance. The number of cannabis users was estimated between 125 and

203 million in 2009, equivalent to a prevalence rate of 2.8%-4.5% of the population aged 15-64.

Secondly, the findings of the discussion and the interview revealed that the next common substance abused among the students was liquid substances. These liquid substances specifically were alcoholic drinks which were locally produced and the exotic types. The findings pointed out that some of the students in the school consumed various bottles of both local alcoholic as well as the exotic alcoholic drinks on daily basis. This suggested that alcoholic drink consumption among the student seemed to be high. Some of the common local alcoholic drinks were Akpeteshie, Biters and Palm wine, while the exotic drinks were Guinness, Beer.

In support to the findings of this study, Omigbodun and Badalona (2004) surveys of both in- and out-of-school adolescents reveal that psychoactive drug use is a common problem especially for the socially acceptable drugs like alcohol and cigarettes. In a study of alcohol use among 2079 secondary school children, prevalence rates for 'ever using' alcohol were 56% for Ibadan and 51.1% for Abeokuta. A survey of 1041 Senior Secondary students in Ilorin, Kwara state reported that 12% were currently using alcohol. In a study of out-of-school adolescents aged 11 to 20 in Jos, found psychoactive substance misuse among lifetime consumption of alcohol reported by 38.7% of the respondents. Beer was the most often consumed alcoholic beverage in the past year (28.1%) and past month (19.5%) while palm wine was next consumed by 17.1% past year and 12% past month. Other drugs consumed in the past month were cigarettes (18.8%), inhalants (27.7%), cannabis (8.2%), cocaine 4.1% and heroin (1.3%).

Peer pressure emerged from the interview data as one of the factors that lure some of the students in the school to abuse substances. These, therefore, suggest that peer pressure on students at the school to abuse substances cannot be under estimated. Several literatures have pointed out the influence of peer pressure on youth substance use (Pearson & Mitchell, 2000). There is evidence that adolescent females especially, are particularly susceptible to peer influence, which has been linked in turn to their substance use (Killeya-Jones & Costanzo, 2007). Schulenberg, Maggs, Dielman, Leech, Kloska, Shope (1999) studied two cohorts of middle school leavers from south eastern Michigan and found that perceived exposure to peer drinking was high among the school leavers. Callas, Flynn and Worden (2004) surveyed 7th and 8th grade students in rural Vermont and found that beliefs and behaviors of peers concerning alcohol use were more important for girls than for boys.

Chopak (1993) reported that for rural female adolescents, perceived behavior by peers was the most significant predictor of involvement in alcohol, tobacco, and other drug use.

Furthermore, curiosity also emerged as one of the factors responsible for substance abuse. According to the findings some of the students eventually started abusing substance when they were very curious about the testimonies their peers gave about substances and how some of the substances were advertised by the media. This does suggest that the way substances are advertised has the potential to influence a person to experiment it and eventually become an abuser of that substance. In support Grube (1995) findings are consistent with content-based research on how alcohol is portrayed on television, newspaper and radio programming. Research from the 1980s demonstrated that alcoholic beverages are commonly portrayed either neutrally or

positively (Breed & De Foe, 1984) reported separately that a viewer can observe more than a dozen drinking episodes in one average evening of television.

Abuse of substances has adverse effects on those who use them. In support, Sweetney and Neff (2001) repeated use of substance has several health implications and major among them is mental problem. They added that the repeated use of the substance can lead to sensitization of motivational circuits in the brain and ultimately to dependence. Wood (2004, p.14) opine that cigarettes' toxic chemicals impair impulses and ethical controls, that is, cause addiction, brain damage, aboulia (impaired reasoning, ethical controls, and will power). Clark and Colleagues (2001) found that adolescent 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 (Strauss, Barlow & Dietz, 2000).



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This is the final chapter, which provides a brief overview of the research, highlighting major findings in order to draw conclusions and suggest next steps. This chapter is divided into four parts. These sections are as follows: main findings, study conclusion, study recommendation, and future research areas.

5.1 Summary of Study

The purpose of this study was to investigate substance abuse among students in Apam Senior High School. Therefore, three objectives were set out and these were to:

1. Identify the kind/types of substances abused by students in Apam Senior High School;
2. examine the reasons why students of Apam Senior High School abuse substances;
3. examine the measure/interventions put in place by the school to control/curb substance abuse among students of Apam Senior High School.

5.2 Main Findings of the Study

According to the study, Apam Senior High School students abused a variety of substances, including liquid and solid substances. Local and exotic imported alcoholic beverages such as akpeteshie, palmwine, Guinness, beer, and dry gin are among the liquid substances.

According to the study, peer pressure, poor parental control, energy from drugs to study for longer hours, curiosity, and the availability of drugs are all reasons why Apam Senior High School students abuse substances. The study also revealed that the negative socioeconomic effects of substance abuse among Apam Senior High School students were immoral behavior. Mental disorder, Physical and mental handicaps, Crime and violence, affect students' academic performance.

5.3 Conclusions

Based on the findings of the study, the study concluded that:

The effects associated with drug abuse are many and include mental disorder, violence, loss of weight and abnormal behaviors etc. The greatest promoters of drug abuse are peer pressure, poor parental control, energy from drugs to study for more hours, curiosity and availability of drugs,

Overall, the most abused drugs are marijuana and local alcoholic beverages. The reason for using these drugs is that they are easy to access and also locally produced and affordable.

5.4 Recommendations

The following recommendations were made based on the study's findings.

Parents should be encouraged to become involved in broad preventive efforts through PTA; as parents, they have a critical role to play in preventing drug abuse among their children.

The district, through District Education Oversight Committee (DEOC) Members, should encourage parents to take an active role in their children's lives by discussing drugs with them, monitoring their activities, getting to know their playmates,

expressing concern about their problems, and attending PTA meetings to interact with their wards' teachers.

The school counseling coordinator should encourage students to participate in a variety of academic and athletic activities. The school counselor should encourage the formation of educational fun clubs such as soccer, drama, and debate clubs, among others, in order to keep students occupied during their free time and keep them away from bad companies. Chiefs in the Gomoa West District should hold sensitization meetings in their communities on a regular basis, whether through social gatherings, durbars, or the use of community public address systems and other radio.

Opinion leaders and members of community watchdog committees should ensure that alcohol and drug sellers do not sell to minors.

Through the distribution of drug education leaflets to students and other youth in the community, NGOs, churches, and other religious bodies should collaborate with head teachers and opinion leaders to provide them with facts about the harmful effects of drugs. Religious organizations should be encouraged to use their religious teachings to address the issue of substance abuse.

5.5 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:

More investigations are needed on the methods used to address drug abuse in schools in various parts of Ghana. This is because the methods used to address the problem may differ according to different circumstances.

More studies are needed with respect to background, socio-economic and environmental factors with regard to drug abuse among youth. This is because the current study did not determine the association of most of these factors and drug abuse.

Given that in this study guidance and counselling is emphasized as a method of addressing drug abuse in the study area its effectiveness in addressing the problem should be investigated. Such studies would contribute towards strengthening guidance and counselling in schools.

More studies are needed regarding the various ways the youth identify the drugs they abuse. Such studies would inform stakeholders the way forward in the fight against drug abuse.



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APPENDICES

APPENDIX A

Questionnaire for Students

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF SOCIAL STUDIES

**Topic: SUBSTANCE ABUSE AMONG STUDENTS IN GHANAIAN SECOND
CYCLE INSTITUTIONS: A CASE STUDY IN APAM SENIOR HIGH
SCHOOL**

Dear students,

You are please being invited to participate in the survey “**substance abuse among students in Ghanaian second cycle institutions: a case study in Apam Senior High School**”

Your participation in this study is completely voluntary. There are no foreseeable risks associated with this project. Your survey responses will be strictly confidential and data from this research will be reported only in the aggregate. Please take the time to read attentively each item on the questionnaire or statement and give the response best reflecting what you currently think.

To respond to items on the questionnaire, please place the mark (√) in the circle that best reflect your opinion or situation.

Sincerely,

Gloria Mendis

SECTION A: Demographics of Respondents

- 1. Gender: (a) Male [] (b) Female []

- 2. Age: (a) Less than 15 years [] (b) 15-18 years [] (c) 19-22 years [] (d) 23 & above []

- 3. Class: (a) Form one [] (b) Form two [] (c) From three []

- 4. Program offered: (a) General Art [] (b) Business [] (c) General Science [] (d) Visual Art [] (e) Agricultural Science []

1. SECTION B: Views of students in Apam Senior High School on abuse substances; the kind/types of substances they abuse and the sources.

a) In your opinion, what is substance abuse?



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b) Have you ever used any drug?

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c) What kind of substances do you take?

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d) Where do you get those drugs from?

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e) Do the substances you take have any effect on you?

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SECTION C: Influential factors causing students of Apam Senior High School to abuse substances

In your opinion, what are the reasons why students of Apam Senior High School abuse substances?

Please indicate the extent to which you agree or disagree with following statements.

Kindly tick [✓] the most appropriate.

Statements	Strongly Disagree 1	Disagree 2	Not Sure 3	Agree 4	Strongly Agree 5
1. Peer pressure					
2. Poor parental control					
3. Energy from drugs to study for more hours					
4. Curiosity					
5. Post conflict trauma					
6. Availability of drugs					
7. Having a family member who abuses drugs					

Are there other reasons you know why students of Apam Senior High School abuse substances?

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SECTION C: Socio- economic effects of substance abuse among students of Apam Senior High School.

In your opinion, what are the socio- economic effects of substance abuse among students of Apam Senior High School?

Please indicate the extent to which you agree or disagree with following statements.

Kindly tick [] the most appropriate.

Variable	Strongly Disagree 1	Disagree 2	Not Sure 3	Agree 4	Strongly Agree 5
8. Immoral behaviour					
9. Mental disorder					
10. physical deficiency					
11. Crime and violence					
12. Substance abuse undermines a student's academic ability					

Are there other socio- economic effects of substance abuse among students of Apam Senior High School you know please indicate them below.

.....

APPENDIX B

Interview Guide for the Selected Participants

1. Have you ever used any drug in your life?
2. What makes you take the drug?
3. What kind of substance do you take?
4. For what reason did you/do you take drugs?
5. Why do you think drug consumption is a problem to you?
6. How do drug affect your relationship with others, education and health
7. Do you know any existing strategies to address drug usage? If yes, are they flexible to follow?
8. Are there any strategies that can be used to curb drug menace in the school?
9. Are you supported in any way to overcome the drug problem?
10. Have you been helped by any organization?
11. How possible can you be supported to overcome the drug usage: government, NGOs, Peers, School Management and Community Leaders?