

Youths and Drug Abuse: Causes, Effects and Counselling Strategies in the Molyko community of Buea Sub-Division in Fako Division of the South West Region of Cameroon

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ABSTRACT

This study sought to investigate youth's (15-30 years) knowledge on the causes, effects and remedies to drug abuse in the Molyko community of Buea Sub-Division in Fako Division of the South West Region of Cameroon. The study employed a cross-sectional research design with data analysed descriptively using percentages. Data was collected using a structured questionnaire. A sample size of 360 youths was determined using the Cochran's formula using a Stratified Random Sampling technique and data was analysed using statistical package for social science (SPSS) version 26 and findings presented using bar charts, pie charts and frequency distribution tables. Most of the participants were male youths 291 (81%). The findings of the study revealed that, youths had adequate knowledge on drug abuse as the majority, 280 (78%) pointed out that drug abuse is the use of a drug, alcohol, or other chemical agent that may lead to social, occupational, psychological, or physical problems is drug abuse. Also findings showed that youths have moderate knowledge on the causes of drug abuse in the Molyko community as 207(58%) could answer correctly. Equally, the findings revealed that youths had poor knowledge on the effects of drug abuse as only 90(25%) could identify some of the effects of drug abuse among youths. It was recommended that seminars should be organized by health authorities to educate youths on the dangers and how to reduce drug abuse in our society. Also, communities should also help to identify drug dependence individuals, and refer them to hospitals for treatment in order to prevent more complications.

Keywords: Youths, Drug abuse, Causes, Effects and Counseling strategies

INTRODUCTION

Substance abuse is the maladaptive pattern of use of a drug, alcohol, or other chemical agent that may lead to social, occupational, psychological, or physical problems. (Farlex 2012). Substance abuse (drug abuse) could be the use of any substance for nonmedical purposes; or use of medication for purposes other than those for which it is prescribed or not taking as prescribed. (McGraw Hill, 2002). However, experience shows that drug abuse has been on the medical and non- medical drug. The difference ought to be made to avoid any confusion that might be related with that. For the medical drugs, using them without prescription of the medical personnel or using them contrary to the prescriptions of the medical personnel is considered as abusing the medical drugs. For example some people use symptoms of diseases as a means of buying and using different drugs or for quicker recovery as some think, they use drugs not as prescribed by the doctors, some can use drugs for four times instead of three times or three times instead of two times per day (McGraw Hill, 2002). For the non-medical or illicit drugs, they include heroin, cocaine, cannabis, opium etc. When these are used it is said that drugs are abused because their uses are not for the purposes of treating, preventing and diagnosing diseases (Mbatia, 2006).

Background to the Study

In Africa more than 10 million street children spend greater part of the day in the streets, the worse

consequences of street children is the use of drugs and transmission of HIV and AIDS and other sexual transmitted diseases (UNODC, 2006). They start using drugs so as to fit in peer groups, feeling high and tasting new sensation of drugs. In Tanzania exactly data are lacking, (Posi, 1996) but it is estimated that one third of Tanzanians aged 18 years and above regularly use tobacco, cannabis and other substances like khat, inhalers and injecting drugs is about 5%. Also selling and using of drugs among youths is an offense however, out of ignorance and lack of exposure to law or not knowing the consequences of using drugs, children find themselves violating the laws and hence are arrested and fined or spend their precious time in remand homes and approved schools (UNODC 2006).

By current situation youths seems to be the target as the new market for drug industry locally and globally do consume drugs just like adults without knowing the consequences of using drugs. In 1992 president Nixon of USA called for a war on drug abuse as 89% of the children were using drugs. Also the number of children of ages 13-17 involved in drug abuse overwhelmingly increased and the reasons being peer pressure groups 44%, personal or family problems, 15%, problems of today's world 9%, lack of solid families 4%, boredom 3%, (cited in Matowo, 2013). The use of illicit psychoactive substances is not a minority activity amongst young people in the UK. Results from the most recent British Crime Survey show that some 50% of young people between the ages of 16 and 24 years have used an illicit drug on at least one occasion in their lives (lifetime prevalence) (Ramsay and Partridge, 1999). Amongst 16–19 and 20–24 year olds the most prevalent drug is cannabis (used by 40% of 16–19 year olds and 47% of 20–24 year olds), followed by amphetamine sulphate (18 and 24% of the two age groups respectively), and ecstasy (8 and 12%). The lifetime prevalence for cocaine hydrochloride (powder cocaine) use amongst the two age groups is 3 and 9%, respectively. Collectively, these estimates are generally comparable with other European countries (European Monitoring Centre for Drugs and Drug Addiction, 1998) and the US (Johnston *et al.*, 1997, 2000).

In Africa more than 10 million of street children spend greater part of the day on streets, the worse consequences of street children is the use of drugs and transmission of HIV and AIDS and other sexual transmitted diseases. (UNODC 2006) This was also reported in Kenya by National Association of Probation Officers that youths will start to experiment drugs as young as 8 years old. They start using drugs so as to fit in peer groups, feeling high and tasting new sensation of drugs. In Tanzania exactly data are lacking, (Matowo, 2013) but it is estimated that one third of Tanzanians aged 18 years and above regularly use tobacco, cannabis and other substances like khat, inhalers and injecting drugs is about 5%. Also selling and using of drugs among youths is an offense however, out of ignorance and lack of exposure to law or not knowing the consequences of using drugs, children find themselves violating the laws and hence are arrested and fined or spend their precious time in remand homes and approved schools. (cited in Matowo, 2013).

In Cameroon the technical committee coordinates its activities at the national level by interministerial committees for drug control. This was the first of four such studies in central Africa, was coordinated by the National Drug Control Committee of Cameroon, which had been established by decree No. 92/456/PM on 24 November 1992. The rapid assessment was carried out in four study zones between March and November 1994. Those four zones were identified by the Government during a central ministerial seminar held at Kribi from 19 to 22 April 1994 to review a report based on existing data on the drug situation. (Wansi, 1996).

Statement of Problem

Drug abuse is one of the social problems that affect everyone, everywhere, either directly or indirectly and youths are more vulnerable. (Mabeyo, 2010). The harms associated with illicit drugs use include increased mortality from overdose and from other directly or indirectly associated harms such as increased risk of infection with blood-borne viruses, HIV, hepatitis B and hepatitis C, high levels of depression and anxiety

disorders; social problems such as disrupted parenting, employment and accommodation, and increased participation in income generating crime. Opioids alone or in combination with other drugs accounted for some 70% of the deaths, and cocaine 13%. Many of the deaths appear to be due to multiple drug toxicity, especially the presence of central nervous system depressants for example, alcohol and benzodiazepines, rather than simply an overdose of an opioid. Darke and Zador (1996) pointed out that deaths were attributed to overdose with opioid levels no higher than those who survive, or than heroin users who die from other causes. Youths and children below 15years indulge in consuming some illegal drugs like marijuana, tramadol, cannabis and abusing alcohol which has been the major cause of increase crime rates in this community as they will often indulge in stealing and other crimes to either satisfy their gratification or to get money to buy the drugs they consume.

METHODOLOGY

A cross-sectional study survey was used for the study that involves the analysis of data This study recruited youth's age ranging from 15 – 30 years in the Molyko community December 5th to June 15th 2022. The study was carried out in the Molyko in Buea Sub-Division of Fako Division of the South West Region of Cameroon. Molyko community is mostly habituated by students of the University of Buea and other Higher institutions of learning located in the Molyko neighbourhood, The population of Molyko is about 25000 inhabitants. The sample population consisted of 360 youths within the ages of 15 – 30years living in Molyko community. Data was collected using a structured questionnaire. Questionnaires comprised of both open ended and close ended questions. The questionnaires were divided into four sections following the three objectives and one demographic data. The data was analyzed descriptively using percentages.

THEORETICAL FRAMEWORK

Theoretically the behaviorism, learning and interaction theories were used. Behaviorism theory is a school of thought that emphasizes environmental control of behavior through learning. It occurs when youths observe the behavior of model (John Lock 2001). Through observation, youths learn that by using drugs they can get pleasure out of it, just like an adult who uses the drugs. That means through apprenticeship system that is watching and learning from the master. Observation learning can be highly adaptive by others, by learning through model that uses drugs. (John Lock 2001). The interaction theory centers around the assumption that through interaction with peers and social learning is when the child learns by his own will on how to use drugs and other anti-social behavior which is in the surrounding environment where the child lives, (UNODC 2006) mentioned that the learning theory —holds that opportunities for a person to use drugs are generated by his association with the users. Thus a person finds support and various reinforcing agents from his peers and becomes a member in the group.

The Interaction theory by max weber and George Herbert focuses on Interactions' view of society is based on interactions as active factors which influence everything in the society. Interactions' theory focuses on family and other relations in the family. Interactions' theory views children by interviewing and observing how they interact with other members of the family. Also interaction's theory is interested on how members of a family understand their role in everyday behavior in a society. Interaction's theory examines the family focusing on how a family plays its role of socializing children, according to the norms and values of a given society. Interaction's theory observes how children act according to the norms and values of their society. By using interaction's theory, the researcher was able to find out how children interact with the members of their respective families and other children in the society. The researcher investigated how parents and the society at large plan for social interaction among youths from 18 to less than 30 years in order to leave no leeway for drug use. Concepts used by interaction's theory gave the researcher opportunity to view children and people in society by looking at social changes; social position and communication patterns. The researcher observed the knowledge of youths and their parents on drug abuse, and how their parents

communicate such knowledge to their children.

George (2005) argued that families manipulate their roles of socializing and caring for children according to their cultural norms and values and leaves the children to learn from peer groups through interaction, without the families being aware of what they are doing. This was supported by (Mead 2005) who argued that people respect laws by basing on the past experience of what happened in the society. That means if there is no punishment or stated laws which the children and their parents, must follow, children and their parents will not know whether they are correct or incorrect and this makes the children use drugs as they are not aware of the laws regarding use and sell of illicit drugs. Also this makes the family members to be irresponsible due to lack of punishment or unaware of children's rights, as a result children learn and practice whatever they like without limitation or close supervision from their families. Interaction's theory helped the researcher to find out how youths interact and learn or imitate behaviours in their families in Molyko Buea south west Region of Cameroon. The interaction's perspective presupposes that if a family is ethically, morally and idealistically solid and the family members are accountable to one another and the law of the country pertaining to drug abuse are known among the family members and there is adequate room for social interaction among the family members, there is little chance of having children with drug abuse affinity within such family.

RESULTS

The findings are presented with respect to the demographic characteristics of the respondents, knowledge of substance abuse, causes of substance abuse, effects of substance abuse, remedies and counselling strategies as presented in the sections below.

Demographic characteristics of respondents

The demographic characteristics of the respondents are presented in terms of age, level of education and sex of the respondents.

Age of respondents

Table 1: Distribution of Participants According to Age

15 – 20 years	21 – 25 years,	26 – 30 years
80(22.2%)	130(36.1%)	150(41.6%)

From the table above, 80(22.2%) respondents were aged between 15 – 20 years, 130(36.1%) were aged between 21 – 25 years, and 150(41.6%) were aged between 26 – 30 years

Table 2: Distribution of Participants according to Level of Education

O – LEVEL	19%
A – LEVEL	23%
HND	51%
OTHERS	7%

From table 2 above, 70(19%) of the participants had O – level, 82(23%) had A – level,183(51%) had HND, and 25 (7%) had other qualifications.

Sex of respondents

Table 3: Distribution of Participants According to sex

Sex	n	%
Female	69	19,0
Males	291	81.0
Total	360	100

From the table above, 69(19%) participants were females while majority (81%) of the respondents were males.

Knowledge on Substance Abuse

The findings here reveal respondents ‘knowledge on substance abuse as presented below.

Table 4: Distribution of participants according to what drug abuse is

Knowledge on substance abuse	Frequency	Percent
Drug abuse is the use of a drug, alcohol, or other chemical agent that may lead to social, occupational, psychological, or physical problems.	280	78
This is the way in which a substance is being abuse in the community one is living.	33	09
Substance abuse is when an individual drinks too much alcohol rather than more drugs	43	13
Total	360	100.0

From table 4 above, the majority, 280(78%) respondents said drug abuse is the use of a drug, alcohol, or other chemical agent that may lead to social, occupational, psychological, or physical problems is drug abuse while the minority 33(9%) were for the option that this is the way in which a substance is being abuse in the community one is living is drug abuse

Examples of Drugs Commonly Abused

The findings here reveal the different drugs commonly abused by youths in Molyko community as presented in table 4 below.

Table 5: Distribution of Participants according to Examples of Drugs Commonly Abuse

cigarette, tramadol, alcohol	211(59%)
Shisha, Prescribed drugs	123(34%)
Paracetamol, penicillin	26(7%)

From table 5 above, the majority, 211(59%) youths indicated that cigarette, tramadol, alcohol were drugs commonly abused while the minority 26(7%) choose Paracetamol, penicillin as drugs commonly abused

Causes of Substance Abuse

The findings here reveal the causes of substance abuse as presented on the section below.

Table 6: Distribution of respondents according to causes of substance abuse

Causes of substance abuse	Frequency	Percent
Poor stress management, Peer pressure, Childhood loss or trauma, as a relief from fatigue or boredom.	207	58
Because of hunger, when people become rich, smoking is an exercise.	30	08
Sleeping out of home, Celebrations with friends, Role-Modeling.	123	34
Total	360	100.0

From the table 6 above, the majority, 207(58%) said poor stress management, peer pressure, Childhood loss or trauma, as a relief from fatigue or boredom are causes for drug abuse. While the minority 30(8%) were for the option that because of hunger, when people become rich, smoking is an exercise are causes for drug abuse,

Table 7: Distribution of respondents according to elements of family interaction that may cause youths to indulge in drug use

Causes of substance abuse	Frequency	Percent
Traumatic family experiences such as childhood neglect, homelessness or abuse	197	55
Family ignorance of providing youths with too much money at their young age.	73	20
Some family members expose their young ones to clubbing and some social interactions.	90	25
Total	360	100.0

From table 7 above, the majority 197(55%) indicated that, traumatic family experiences such as childhood neglect, homelessness or abuse could be such elements while the minority 73(20%) said family ignorance of providing youths with too much money at their young age are such elements. Again, some (25%) respondents revealed that some family members expose their young ones to clubbing and some social interactions.

Effects of Substance Abuse

The findings here reveal the effects substance abuse as presented in the section below.

Table 8: Distribution of participants according to effects of drug abuse can be

Drug dependency and tolerance	25%
Absenting from school, drop out and dropping grades	11%
Physical disabilities and diseases	12%
All of the above	25%

From table 8 above the majority 187 (52%) said drug dependency and tolerance were effects of drug abuse

while the minority 41(11%) said absenting from school, dropout and dropping grade were the effects of drug abuse.

Some Remedies of Substance Abuse

The findings here reveal some remedies of substance abuse as presented in the section below.

Table 9: Distribution of respondents according to some remedies of substance abuse

Causes of substance abuse	Frequency	Percent
Imprisonment/law therapy	151	42
Individual/group therapy	130	36
stopping/continues therapy	79	22
Total	360	100.0

From table 9 above, the majority, 151(42%) revealed that imprisonment/law therapy was a way to manage drug abuse. Also, some (36%) respondents indicated that individual/group therapy is used to overcome substance abuse while the minority 79(22%) preferred stopping/continues therapy as a remedy to drug abuse.

DISCUSSIONS

With regards to knowledge on substance abuse, majority of the respondents 280(78%) said drug abuse is the use of a drug, alcohol, or other chemical agent that may lead to social, occupational, psychological, or physical problems is drug abuse. This was in line with (Farlex 2012), who said substance abuse is the maladaptive pattern of use of a drug, alcohol, or other chemical agent that may lead to social, occupational, psychological, or physical problems and also related to a definition given by the American Psychological Association (APA, 2002) who said drug abuse is a pattern of compulsive substance used marked by recurrent significant social, occupational, legal, or interpersonal adverse consequence such as repeated absences from work or school, arrest and marital difficulties. While 33(9%) said this is the way in which a substance is being abuse in the community one is living, which is not in line with (Farlex, 2012). This could be attributed to the fact that the majority had the right answer because most of the participants have had formal education as 51% of participant had higher national diploma.

Also base on examples of drugs commonly abuse, the majority, 211(59%) indicated that cigarette, tramadol, alcohol were drugs commonly abused which is in line with (Mndeme, 2006) who said both male and female youths were using drug and common drug abused by the youths are cigarette, marijuana and alcohol and the reasons for using those mentioned drugs is availability and cheapness of drugs. But contrary to study carried out by MahMonir in Iran which showed that the highest drug use prevalence pertained to hookah, followed by alcohol, opium, ecstasy, hashish and heroin. Opium and heroin use in Kerman city were, respectively, while 26(7%) choose paracetamol, penicillin as drugs commonly abused which was not in line with (Mndeme, 2006)

Furthermore with respect to the causes of drug abuse, majority (58%) respondents pointed out that poor stress management, peer pressure, childhood loss or trauma, as a relief from fatigue or boredom are causes for drug abuse which was in line with (Vevik, 2011) who said the reasons for the abusive of substances may vary from person to person and more than one reason could be responsible for it. Equally social factors being, peer pressure (One of the most important causes) role-modeling/imitation, easy availability Similarly, psychological Factors Curiosity As a novelty social rebelliousness (disobedience) but contrary to a study carried out by John Marsden and colleagues, in understanding reasons for drug use amongst young people .

The most popular functions for use were using to: relax (96.7%), become intoxicated (96.4%), keep awake at night while socializing (95.9%), enhance an activity (88.5%) and alleviate depressed mood (86.8%). This could be attributed to the facts that since youths are mostly curious in engaging in social activities the psychological and biological factors. While 30(8%) were for the option that because of hunger, when people become rich, smoking is an exercise are causes for drug abuse, which was neither in line with (Vevik, 2011) nor John Marsden and colleagues.

Again, with regards to elements of family interaction that can cause drugs abuse 197(55%) answered that, traumatic family experiences such as childhood neglect, homelessness or abuse could be such elements which is in line with (Frischer *et al.*, 2005), the most robust evidence highlights peer drug use, availability of drugs and also elements of family interaction, including parental discipline and family cohesion, as significant risk factors for drug misuse, in particular, traumatic family experiences such as childhood neglect, homelessness or abuse increase most robust evidence highlights peer drug use, availability of drugs and also elements of family interaction the likelihood that the individual will develop problems with drugs later on in life. While 73(20%) said Family ignorance of providing youths with too much money at their young age are such elements which was not in line with (Frischer *et al.*, 2005) and could be attributed to the fact that some of the participants were female and have less experiences like the males.

More so, with regards to the effects of substance abuse, majority 187 (52%) revealed that drug dependency and tolerance were effects of drug abuse which was in line with (Hudson *et al.*, 2002) who pointed out that dependence can be a physical or emotional adaptive state which results from the body's homeostatic response to repeated drug administration. But this not consider the other effects in the other options like absenting from school, dropout and dropping grade, physical disabilities and diseases. And only 90(25%) said all of the above which was in line with Hawkins *et al.*, 1992, Grilly *et al.* 2006). Furthermore, the findings are similar to Salima and Meghani study on substance abuse among youth which revealed that young substance abusers are prone to serious, sometimes fatal, physical and mental health problems. Family and community life are also adversely impacted.

Based on the remedies of drug abuse, some 130(36%) respondents said individual/ group therapy is a way of managing substance abuse which was in line with (Jaffe *et al.*, 2004) who stated that the name implies, individual therapy refers to one-on-one psychosocial therapeutic sessions between a patient and a therapist, whereas group therapy refers to psychosocial sessions between a group of individuals and a therapist (or two). Although both therapies are utilized in adolescent substance use treatment, group therapy is the most prevalent treatment modality. While the majority 151(42%) said Imprisonment/law therapy was a way to manage drug abuse which was not in line with (Jaffe *et al.*, 2004). This could be attributed to the fact that, some of the participants had low level of education as well as some where females and had little experience than the male participants.

CONCLUSIONS

The study has shown that youths have adequate knowledge on drug abuse as the majority revealed that substance abuse is the use of a drug, alcohol, or other chemical agent that may lead to social, occupational, psychological, or physical problems is drug abuse. They also gave examples of drugs commonly abuse, such as cigarette, tramadol, alcohol were drugs commonly abused. Similarly, youths stated that the causes of drug abuse as majority of the youths pointed out that poor stress management, peer pressure, childhood loss or trauma, as a relief from fatigue or boredom are causes for drug abuse. Also, some respondents pointed out that traumatic family experiences such as childhood neglect, homelessness or abuse are some elements of family interactions that can cause youths to abuse drugs. Furthermore, youths had poor knowledge on the effects and remedies to drug abuse as few stated that the effects of drug abuse include absenteeism from school, dropout and dropping grade, physical disabilities and diseases are some effects of drug abuse in the health, educational and social wellbeing of a youth.

RECOMMENDATIONS

Seminars should be organized by health authorities to educate youths on the dangers and how to reduce drug abuse in our society. Equally, the ministry of public health should also help reinforce and establish strict policies to help reduce the rate of illicit drug consumption and abuse. Furthermore, communities should also help to identify drug dependence individuals, and refer them to hospitals for treatment in order to prevent more complications. Moreover, community through community organization should invite educators to raise awareness about drugs and their effects especially on socially abused substances such as alcohol and nicotine. Correspondingly, health practitioners (nurses, social workers, doctors) and psychologists should do outreach education at schools, national annual exhibitions, publications on the evils of drug abuse among youths which can contribute to prevention as prevention is better than cure. The drug addicts while attending medical treatment can be imparted with knowledge and be converted into ambassadors of drug abuse.

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