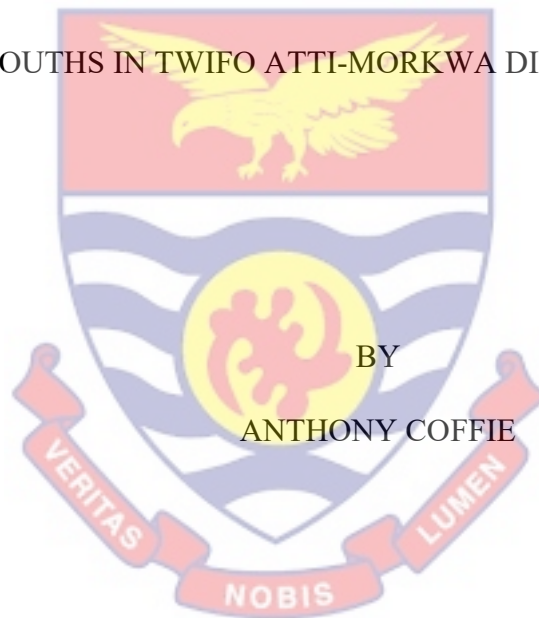


UNIVERSITY OF CAPE COAST

EXPLORING THE NATURE OF SUBSTANCE ABUSE AMONG  
YOUTHS IN TWIFO ATTI-MORKWA DISTRICT, GHANA



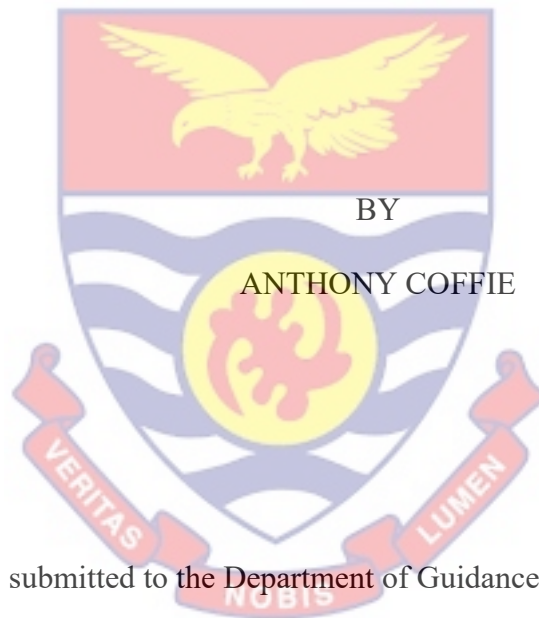
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ANTHONY COFFIE

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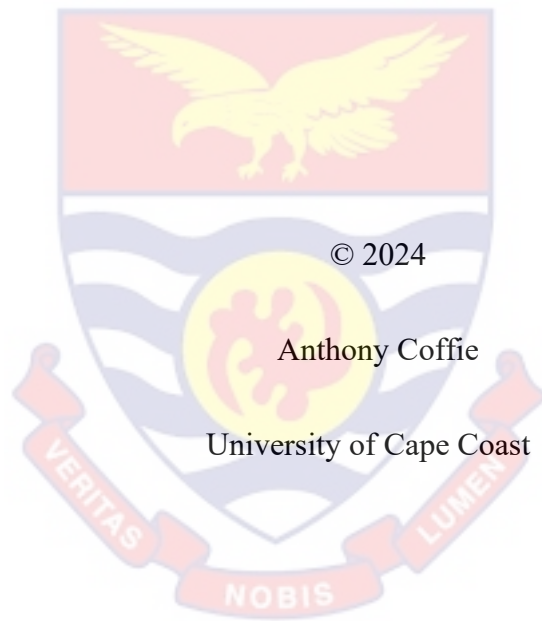
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YOUTHS IN TWIFO ATTI-MORKWA DISTRICT, GHANA



This thesis submitted to the Department of Guidance and Counselling of the Faculty of Educational Foundations, College of Education Studies, University of Cape Coast, in partial fulfillment of the requirements for the award of Master of Philosophy degree in Guidance and Counselling.

MAY 2024



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Anthony Coffie

University of Cape Coast

## DECLARATION

### Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere

Candidate's Signature ..... Date.....

Name.....

### Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast

Supervisor's Signature ..... Date.....

Name .....

## ABSTRACT

Substance abuse among the youth is a pervasive issue impacting global public health, societal dynamics, and individual outcomes. This study explored the nature of substance abuse among the youth, causes, effects, and remedies in the Twifo Atti-Morkwa District of Ghana. A qualitative research approach was adopted using a descriptive phenomenological design. Participants were selected through purposive and snowball sampling techniques. Data were collected from 18 youths aged 18–35 years and 2 psychiatrists with at least 5 years' experience using a semi-structured interview guide. Thematic analysis was employed to interpret the data. The findings on the study revealed a high prevalence of substance abuse, with alcohol, tobacco, and cannabis being the most frequently misused substances. Key contributing factors identified include peer pressure, socioeconomic status, insufficient parental supervision, and stress. The consequences of substance abuse encompass worsened mental and physical health, as well as social and economic repercussions. The study recommends that the National Commission for Civic Education (NCCE), Ghana Health Service (GHS), and Non-Governmental Organisations involved in substance abuse prevention should collaborate with the Narcotics Control Commission (NACOC), Ghana Police Service (GPS), and counsellors. Together, they should develop and implement stronger educational and awareness programmes. These programmes should focus on the risks and dangers of substance abuse in order to curb the menace in the district.

## KEYWORDS

Substances abuse

Drug abuse

Drug misuse

Twifo Atti-Morkwa

Youth



## ACKNOWLEDGEMENTS



## DEDICATION



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## CHAPTER ONE

### INTRODUCTION

This study looks at the nature of substance abuse among the youth in the Twifo Atti-Morkwa District. Globally, substance abuse among the youth has become a growing public health concern, with studies linking it to a range of risky behaviours such as unsafe sexual practices, academic failure, and involvement in crime (UNODC, 2022; WHO, 2021). A study conducted in Ghana also found that drug use among the youth was associated with poor mental health outcomes, including depression and anxiety (Agbemavi & Boateng, 2020).

Numerous researchers have consistently identified substance abuse as a significant issue among youth (Byrd, Wietman & Doniger, 1996; Harlow, Newcomb & Benter, 1986; Odejide, 2006; Obot, 2004). This issue has been a longstanding public health concern due to the serious and complex challenges it poses for society (Substance Abuse and Mental Health Services Administration, SAMHSA, 2003). Substance abuse, characterized by excessive drug use or alcohol consumption, often leads to considerable problems in an individual's life (Simmons, 2008). The findings of this study aim to contribute to efforts to address and mitigate substance abuse among the youth in the Twifo Atti-Morkwa District.

#### **Background to the Study**

Substance abuse refers to the harmful use of substances that detrimentally impact an individual's health, social life, and psychological functioning. It is a significant public health concern that affects not only individuals but also families and communities. The consequences of substance

abuse include addiction, mental health issues, physical health problems, and social and psychological difficulties. Substance abuse is especially common among the youth. According to the World Health Organization (WHO, 2017), over 1.2 million adolescents die annually due to risky behaviours, including substance abuse. That means that substance abuse among youth is a global problem, impacting both developed and developing nations.

The prevalence of substance abuse among youth varies globally. In the United States, the National Institute on Drug Abuse (NIDA) indicates that 24.6% of high school students have used an illicit drug at some point in their lives. Also, in Europe, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2022) notes that 16% of individuals aged 15 to 24 have used cannabis in the past year. Again, a study in China reveals that 7.2% of adolescents reported using illicit drugs in the last year. In Africa, World Health Organization (WHO, 2020) reports a significant burden of substance abuse on the continent, with approximately 10.6% of the population using drugs such as alcohol, cannabis, and tobacco. Furthermore, research shows that substance abuse among African youth is high, with some studies suggesting that up to 20% of adolescents engage in risky substance use behaviours (Atwoli et al., 2017).

Substance abuse among the youth is a growing public health concern in Ghana. According to a national survey conducted by the Ghana Health Service, 1 in 5 adolescents between the ages of 10-19 have used drugs at least once in their lifetime (Ghana Health Service, 2019). Among the most commonly abused substances by the youth in Ghana are alcohol, tobacco, and cannabis (Ghana Health Service, 2019). Alcohol is a depressant found in

beverages like beer, wine, and spirits; it slows down brain activity, leading to impaired judgement, coordination, and in high doses, serious health risks. Tobacco, on the other hand, contains nicotine, a highly addictive stimulant that is usually smoked or chewed; it increases alertness temporarily but is linked to long-term health problems such as lung disease and heart conditions. Cannabis, also known as marijuana or weed, is derived from the Cannabis plant and is often smoked or consumed in edibles; it can produce a sense of relaxation and altered perception but may also impair memory, attention, and mental health when used excessively or at a young age.

The use of drugs among the youth in Ghana has been associated with a range of negative consequences. These factors encompass poor academic achievement, issues with mental and physical health, involvement in violence and crime, and a heightened risk of contracting HIV and other sexually transmitted infections (Ghana Health Service, 2019). Additionally, substance abuse carries substantial economic repercussions, such as reduced productivity, higher healthcare expenses, and a greater strain on the criminal justice system (Ghana Health Service, 2019).

Several factors contribute to substance abuse among the youth in Ghana. These include peer pressure, easy availability of drugs, poor parenting, and lack of information about the dangers of drug use (Ghana Health Service, 2019). Poverty and unemployment have also been identified as risk factors for drug use among the youth in Ghana (Ghana Health Service, 2019). It is crucial to gain a deeper insight into the prevalence, patterns, and factors associated with substance abuse among Ghanaian youth to create effective prevention and intervention programmes. The appropriate use of medications generally

poses no risk, as well-regulated pharmaceuticals have shown benefits. However, persistent drug abuse can cause irreversible damage to the physical and psychological development of youth. Depending on their usage, medications can either be beneficial or harmful (Falco, 1988; Sambo, 2008).

Managing substance abuse among the youth continues to be a significant challenge in Ghana, indicating that a growing number of youth are engaging in such behaviours (Khuzwayo, Taylor & Connolly, 2018). The issue of substance abuse is escalating among Ghanaian youth, with the Twifo Atti-Morkwa district being no exception. Although the government and NGOs have made efforts to tackle this problem, there remains a lack of comprehensive research on the prevalence and contributing factors of substance abuse among the youth in this district. This study aims to contribute to the understanding of substance abuse among the youth in the Twifo Atti-Morkwa district, which is critical for developing effective prevention and intervention strategies.

### **Statement of the Problem**

Substance abuse among youth is a pressing public health issue in Ghana, with recent trends indicating a disturbing rise in the misuse of drugs and alcohol among adolescents and young adults. Studies have consistently shown that youth in Ghana are engaging in the consumption of substances such as alcohol, cannabis, tobacco, and, increasingly, harder drugs like cocaine and unprescribed pharmaceuticals. For instance, Adu-Mireku et al. (2019) found that 8.8% of Ghanaian students reported alcohol use, and 3.3% reported cannabis use. Similarly, Abdul-Rahman et al. (2018) reported a prevalence of 2.7% for cannabis and 1.2% for cocaine among youth. These

figures illustrate the growing trend of substance abuse, which poses substantial risks to individual health and societal well-being.

Within the Central Region of Ghana, the Twifo Atti-Morkwa District exemplifies many of the structural and social vulnerabilities that contribute to this crisis. The district, centred around Twifo Praso, is home to a large population of economically active youth, many of whom are engaged in informal and high-risk economic activities such as illegal mining (*galamsey*). These settings foster conditions of social neglect, poor supervision, and exposure to peer influence, all of which increase the likelihood of substance misuse. Additionally, local economic practices such as palm wine tapping and distillation contribute to widespread alcohol availability and normalisation of use.

Evidence from national data underscores the urgency of the problem. A study by Salifu Yendork et al. (2021) found that 12.3% of Ghanaian youth reported using alcohol or cannabis, with peer pressure, poor parental guidance, and easy access cited as key contributors. The Ghana News Agency (2023) reported a surge in youth-related drug cases at health facilities, noting that districts in the Central Region, including Twifo Atti-Morkwa are not exempt from this trend. Moreover, the Narcotics Control Commission (NACOC) identified young adults aged 15–34 as the predominant age group in rehabilitation centres across four major regions, including the Central Region (Graphic Online, 2023). Further complicating the issue, schools have been flagged as major sites of drug initiation due to weak enforcement of drug education and policy (Graphic Online, 2022).

The consequences of substance abuse among youth are far-reaching and multidimensional. Physically, substance use is associated with increased risk of organ damage, impaired cognitive function, and susceptibility to infectious diseases such as HIV and hepatitis (NIDA, 2021). Psychologically, it often correlates with depression, anxiety, and psychosis, especially when the use begins during adolescence, a critical developmental period (Degenhardt et al., 2013). Educationally, drug use is linked to truancy, school dropout, and poor academic performance (Zilberman et al., 2019).

Socially, substance abuse disrupts family relationships, increases exposure to crime, and can lead to community instability. Research indicates that drug-using adolescents are more likely to engage in risky sexual behaviour, violent conduct, and theft, placing further strain on public services and justice systems (Birtel et al., 2017; Diraditsile & Rasesigo, 2018). In economically deprived communities, like parts of Twifo Atti-Morkwa, these outcomes are likely to be even more severe. The prevalence of unsupervised youth, informal settlements, and illegal mining sites in the district increases the likelihood that many youth will experience these negative effects if interventions are not implemented. Studies have shown that youth who begin using gateway drugs like alcohol and marijuana are at greater risk of progressing to more harmful substances, which exacerbates long-term addiction, reduces productivity, and increases the likelihood of mental health disorders (Nkyi, 2015; Volkow & Li, 2005). These findings are especially concerning given the accessibility of alcohol and marijuana in the district, coupled with the weak enforcement of existing drug regulations.

Although several studies have been conducted on substance abuse among youth in Ghana, important gaps persist in the current body of literature. Firstly, there is a significant contextual gap in the literature. Most studies on youth substance abuse in Ghana focus on urban areas or take a national perspective, thereby masking regional and local differences. For instance, the study by Salifu Yendork et al. (2021) provides valuable insights into substance use trends among youth nationwide, but it does not offer district-specific data. Similarly, the surveys conducted by Abdul-Rahman et al. (2018) and Adu-Mireku et al. (2019) provide prevalence rates of alcohol and cannabis use among Ghanaian youth but fail to examine specific socio-economic or cultural contexts such as those found in the Twifo Atti-Morkwa District. As a semi-rural and economically vulnerable area with unique dynamics like illegal mining and alcohol production from palm wine, Twifo Atti-Morkwa presents a distinct context that has not been adequately studied.

Secondly, there exists a knowledge gap regarding the range of substances abused and their psychosocial consequences among youth in non-urban districts. Most Ghanaian studies tend to focus primarily on alcohol and cannabis use (Adu-Mireku et al., 2019), with little attention paid to other substances such as tobacco, tramadol, unprescribed pharmaceuticals, or cocaine. As a result, current knowledge on substance abuse lacks the depth needed to inform targeted prevention strategies that address the full spectrum of substances likely to be consumed by at-risk youth. In light of local reports suggesting the use of tramadol and locally distilled alcohol in districts like Twifo Atti-Morkwa (Graphic Online, 2023), it is crucial to investigate the full scope of substances being abused.

From a methodological standpoint, most existing studies employ quantitative methods, which though useful for measuring prevalence often fail to capture the nuanced, lived experiences of youth who engage in substance use. For example, the large-scale survey by Abdul-Rahman et al. (2018) identifies prevalence rates but offers little insight into the motivations, social influences, or environmental pressures that drive substance use among Ghanaian youth. This methodological gap highlights the need for qualitative approaches that explore substance use from the perspective of the users themselves.

In light of these gaps, this study is both timely and necessary. This research addresses the contextual gap and methodological gaps in the literature. Ultimately, the study has the potential to serve as a blueprint for addressing substance abuse in Twifo Atti–Morkwa District and similar rural and semi-urban contexts across Ghana and sub-Saharan Africa.

### **Purpose of the Study**

The purpose of this study is to explore the nature of substance abuse among the youth in the Twifo Atti–Morkwa District of Ghana. Specifically, the study sought to:

1. find out the types of substances youth in Twifo Atti-Morkwa District abuse.
2. examine the perceived causes of substance abuse among the youth in the Twifo Atti–Morkwa District.
3. find out the perceived effects of substance abuse among the youth in the Twifo Atti–Morkwa district.

4. examine the ways by which substance abuse can be reduced in the Twifo Atti – Morkwa District.

### Research Questions

The following research questions guided the study.

1. What types of substances do the youth in Twifo Atti-Morkwa District abuse?
2. What are the perceived causes of substance abuse among the youth in the Twifo Atti–Morkwa District?
3. What are the perceived effects of substance abuse on the youth in the Twifo Atti–Morkwa District?
4. How can substance abuse be reduced among the youth in the Twifo Atti–Morkwa District?

### Significance of the Study

The significance of this study lies in its ability to inform policy, guide community interventions, and strengthen institutional responses to the growing problem of substance abuse among youth in the Twifo Atti-Morkwa District. One of the key beneficiaries of this research is the NACOC, along with traditional authorities such as chiefs. The study's findings on the availability and accessibility of substances provide concrete evidence for developing regulatory policies that directly address these root causes.

The Ghana Health Service (GHS) and mental health practitioners also stand to gain significantly from the study. The research highlighted serious gaps in the provision of counselling and rehabilitation services in the district. Non-governmental organisations focused on health and youth development can also use the study's findings to inform the design of locally relevant

programmes that cater to the emotional and mental health needs of young people.

Local government and private sector actors are equally important stakeholders. The study reveals that economic hardship, unemployment, and idleness are major drivers of substance abuse. These findings can motivate collaborative efforts to create meaningful job opportunities and skill-development initiatives for young people. Families and community leaders, including religious figures such as pastors and imams, will also benefit from the insights presented. The study calls for stronger family-based interventions and healthier parent-child communication. These groups can use the findings to organise workshops, counselling sessions, and community dialogues that foster supportive environments for young people.

### **Delimitations**

This study was delimited to examining the nature, causes, effects, and possible reduction strategies of substance abuse specifically among youth in the Twifo Atti-Morkwa District of Ghana. The research was confined to individuals aged between 18 and 35 years who were either currently engaging in substance use or had a history of substance use. Additionally, the study focused solely on gathering qualitative data based on the lived experiences of the participants.

### **Limitations**

Firstly, the relatively small sample size limits the extent to which the findings can be generalized beyond Twifo Atti-Morkwa District. The use of purposive and snowball sampling techniques, while appropriate for qualitative

research, may have introduced selection bias, as participants were identified through social networks and willingness to disclose sensitive experiences. To mitigate this, the study ensured diversity in participants' backgrounds, including variations in age, gender, educational level, and occupation, to capture a broad range of perspectives.

Secondly, the study relied primarily on self-reported data, which may be subject to recall bias or social desirability bias, particularly given the sensitive nature of substance abuse. Some participants might have underreported or exaggerated aspects of their behaviour to present themselves in a more favourable light. To minimise this effect, interviews were conducted in a private and confidential setting, and participants were assured of anonymity and the non-judgmental nature of the research.

Finally, the study employed a qualitative research approach with a phenomenological design. This introduces the possibility of bias influencing the identification and interpretation of themes. To mitigate this, both deductive and inductive coding techniques were used to ensure validity and reliability of the results.

### **Definition of Terms**

The following key concepts are defined operationally as used in the study.

**Youth:** Any boy or girl between 18 and 35 years who is in junior high school (J.H.S), senior high school (S.H.S), or at the tertiary level. This includes those in school or out of school, as well as school dropouts.

**Drug or Substances-** Any psychoactive substance which, when taken orally or injected into a human body, may modify or alter its functions.

**Substance abuse:** The use of any substance in a way that negatively affects an individual's health, social and /or economic functioning.

**Abuse:** The use of something in a bad, dishonest, wrongful, or harmful way.

### **Organization of the Study**

The study was structured under five chapters. Chapter One covers the introduction. This is made up of the background to the study, the statement of the problem, the purpose of the study, and the research questions. The rest are the significance of the study, delimitations, limitations, the definition of terms, and the organization of the study. Chapter Two presents a review of related literature. It comprises the theoretical framework, conceptual review, and empirical review. Chapter Three is about the research methods of the study. Specifically, the chapter entails the research design, study area, population, sample and sampling procedure, data collection instruments, data collection procedures, and data processing and analysis. Chapter Four presents the results and discussion. Chapter Five presents the summary, conclusion, recommendations, and counselling implications of the study. The chapter ends with suggestions for further research.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The study explored the nature of substance abuse among the youth in the Twifo Atti-Morkwa District of Ghana. This chapter focuses on reviewing literature related to the study. The review covered three sections, namely, the Theoretical Framework, the Conceptual Review, and the Empirical Review. Additionally, the study examined the prevalence of substance abuse, what constitutes substance abuse, substances that are frequently abused, causes of substance abuse, effects, and potential solutions.

#### Theoretical Framework

Two theories were adopted as a framework for the study substance abuse among youth. These are; Social Learning Theory and Cognitive Behavioural Theory. This section presents the exploration of these theories as a framework for the research.

#### Social Learning Theory

Social Learning Theory (SLT), advanced by Albert Bandura in the late 1960s, offers a compelling explanation of human behaviour, particularly among adolescents, by emphasising the importance of learning within a social context. Unlike traditional behaviourist theories that focus primarily on direct reinforcement and punishment, Bandura's theory posits that individuals, especially young people, acquire new behaviours by observing others, particularly those they identify with or admire. The fundamental argument of the theory is that people learn not only through their personal experiences but also by watching the behaviours of others and noting the consequences of

those behaviours (Bandura, 1977). This process, referred to as observational learning or modelling, becomes especially significant during adolescence—a developmental stage marked by identity formation, heightened peer influence, and a desire for social acceptance.

One of the core concepts of SLT is that behaviour is shaped by a continuous interaction between personal factors, environmental influences, and behavioural responses, a process Bandura termed "reciprocal determinism" (Bandura, 1986). For example, a young person may observe others in their environment using substances like tramadol, marijuana, or locally brewed alcohol such as "akpeteshie." If these individuals are perceived to be respected, popular, or socially rewarded for their actions, the observer may feel compelled to replicate such behaviour, believing it will yield similar outcomes. Moreover, the young person's internal belief systems, personal experiences, and the broader social environment all interact to reinforce the observed behaviour. In communities where substance use is normalised, rarely condemned, or even subtly encouraged through media, peers, or community role models, youth are more likely to internalise and imitate such practices.

Another key feature of the theory is the concept of vicarious reinforcement. This occurs when individuals learn by observing the rewards or punishments others receive for their actions. In many instances, young people do not necessarily need to experience the effects of substance use themselves to be influenced by it. Seeing peers or family members gain social acceptance, increased confidence, or temporary relief from emotional stress after using substances may serve as sufficient motivation to engage in similar behaviour. In environments where the negative consequences of substance use are either

delayed or not publicly visible such as health deterioration, legal trouble, or addiction, young observers may focus solely on the immediate perceived benefits, reinforcing their decision to experiment or continue with drug use.

Social Learning Theory also highlights the importance of self-efficacy, which refers to an individual's belief in their own ability to perform specific tasks or make decisions that affect their life. High self-efficacy can serve as a protective factor, enabling youth to resist peer pressure and choose healthier coping mechanisms. Conversely, those with low self-efficacy may feel powerless in the face of stress, poverty, family conflict, or academic failure, and may resort to substance use as a form of escapism or as a socially acceptable way to assert control. In the context of the Twifo Atti–Morkwa District, where youth may face socioeconomic challenges, limited access to education, and insufficient psychosocial support, feelings of helplessness can be prevalent. This makes them particularly vulnerable to adopting maladaptive behaviours they observe in others, especially if these behaviours seem to offer a sense of relief or identity.

### *Relation of the Social Learning Theory to this study*

In applying this theory to the current study, Social Learning Theory helps explain not only the types of substances youth in the Twifo Atti–Morkwa District are likely to abuse, but also why they begin and continue to use them. The theory suggests that substance abuse is not necessarily a result of personal failure or moral weakness, but rather a learned behaviour influenced by social dynamics, environmental exposure, and internal cognitive factors. For instance, if a significant number of youth in the district grow up in homes or communities where drug use is common and unchallenged, they may

perceive this behaviour as a normative, even expected, part of life. This is further complicated when they observe others using substances as a way of coping with stress, celebrating milestones, or gaining peer recognition. Over time, these observed behaviours become embedded in the youth's understanding of what is acceptable or beneficial, thus shaping their actions accordingly.

Furthermore, the widespread influence of social media and digital content cannot be ignored. Many Ghanaian youth, even in rural districts like Twifo Atti–Morkwa, have access to mobile phones and online platforms where substance use is sometimes glamorised in music videos, movies, and influencer content. The modelling of such behaviours in these contexts can further entrench the idea that drug use is not only normal but desirable. Hence, Social Learning Theory offers a robust framework for examining the social and psychological mechanisms underlying youth substance abuse, highlighting the need for intervention strategies that focus on reshaping role models, creating positive peer influences, and reinforcing behaviours that promote health and well-being.

In sum, the theory underscores that efforts to curb substance abuse among the youth must go beyond punitive measures and address the social environments and cognitive frameworks that foster such behaviour. Programmes that involve community role models, promote healthy coping mechanisms, and build young people's self-efficacy are likely to be more effective. Social Learning Theory thus provides both a diagnostic lens and a guide for intervention in addressing the substance abuse issues facing youth in the Twifo Atti–Morkwa District.

## Cognitive Behavioural Theory

Cognitive Behavioural Theory (CBT) is a psychological framework that explains human behaviour through the interaction between thoughts (cognitions), feelings, and behaviours. The theory emerged prominently through the works of Aaron T. Beck and Albert Ellis in the mid-20th century and has since become one of the most widely applied models in psychological therapy and behaviour change interventions. At its core, CBT posits that individuals interpret and respond to life events based on their internal thought processes. These thoughts, whether rational or distorted, can influence emotions and actions, often reinforcing patterns of behaviour that may either be adaptive or harmful (Beck, 1976; Ellis, 1962).

A central tenet of CBT is that maladaptive behaviours, such as substance abuse, do not occur in a vacuum. Rather, they are often the result of negative automatic thoughts and cognitive distortions that individuals form over time, usually in response to stressful life experiences or emotional distress. These thoughts then lead to particular emotional responses, which in turn trigger behaviours such as using drugs or alcohol as a form of self-medication. For example, a young person who believes that they are worthless or unloved may experience feelings of hopelessness or anxiety. In an attempt to escape these emotions, they may engage in substance use, which temporarily dulls the pain or gives them a sense of confidence or euphoria.

Cognitive distortions such as catastrophising (“My life will never get better”), overgeneralisation (“Everyone hates me”), or labelling (“I’m a failure”) are particularly relevant among adolescents, who are still developing their emotional and cognitive capacities. In the context of the Twifo Atti–

Morkwa District, where many youth may face socio-economic hardship, family instability, or academic challenges, these kinds of negative thought patterns can be prevalent. Without adequate emotional support or coping mechanisms, young people may come to believe that substance use is a legitimate way to manage their struggles, especially if they observe peers doing the same.

Another important concept within CBT is behavioural reinforcement, which suggests that behaviours are often sustained by the consequences they produce. In the case of substance use, the immediate pleasurable effects such as feeling relaxed, socially accepted, or emotionally detached, can serve as positive reinforcement, encouraging the behaviour to continue. In some cases, substance use may also function as a means of avoiding or escaping negative emotional states, which is known as negative reinforcement. For instance, a youth dealing with depression or trauma might use drugs to suppress painful memories or alleviate emotional numbness, thus reinforcing the behaviour over time. Over repeated use, this creates a self-perpetuating cycle that becomes increasingly difficult to break.

CBT also acknowledges that individuals are capable of recognising and altering these harmful thought-behaviour patterns once they become aware of them. This aspect of the theory is particularly hopeful and empowering, as it implies that with the right interventions, young people can be taught to challenge irrational beliefs, reframe their thinking, and adopt healthier behaviours. Techniques such as cognitive restructuring, problem-solving, emotional regulation, and skill-building can help individuals replace substance use with more adaptive strategies. In fact, CBT-based therapies are

among the most effective approaches used globally in substance abuse treatment programmes, as they help individuals understand the internal and external triggers of their behaviour and learn practical ways to respond differently.

### *Relation of the Cognitive Behavioural Theory to this study*

In applying Cognitive Behavioural Theory to this study, the behaviours of youth in the Twifo Atti–Morkwa District can be understood not only as reactions to their environment but as outcomes of specific belief systems and cognitive frameworks. For instance, a young person who repeatedly fails academically might internalise the belief that they are unintelligent or incapable, leading to feelings of despair and self-rejection. In an attempt to cope, they may resort to smoking marijuana or taking tramadol to feel numb or escape their reality. This behaviour is not simply a matter of deviance, but rather a complex expression of unchallenged negative thoughts and unmet emotional needs. Similarly, a youth who experiences family neglect or abuse may develop a deep sense of unworthiness and use substances to feel a temporary sense of control or pleasure. Without cognitive intervention, these thought patterns remain unchecked, and the behaviour continues.

The theory also helps explain why some youth continue abusing substances even when aware of the harmful effects. The immediate psychological relief gained from substance use may overshadow any long-term concerns, especially when the individual believes that they lack the power or resources to change their situation. This again ties back to the concept of self-efficacy, which CBT regards as essential for change. In communities like Twifo Atti–Morkwa, where structural challenges such as

poverty, unemployment, and limited access to mental health services persist, youth may feel trapped in a cycle of negative thinking and behaviour. Without targeted interventions that address these cognitive and emotional barriers, the problem of substance abuse is likely to persist or even worsen.

In conclusion, Cognitive Behavioural Theory provides a nuanced understanding of substance abuse among youth by linking their behaviour to underlying thoughts and emotional states. The theory stresses that behavioural change is possible, but it requires a deliberate effort to identify, challenge, and replace negative cognitive patterns with more positive and realistic ones. For the youth in the Twifo Atti–Morkwa District, this means that effective prevention and treatment programmes should not only address environmental and social factors but must also equip them with cognitive tools to reinterpret their experiences and reshape their responses. Thus, CBT offers both a theoretical explanation and a practical roadmap for reducing substance abuse and promoting psychological resilience among the district's youth.

### **Interrelation of the theories as Framework for the Study**

Understanding the behaviour of youth involved in substance abuse in the Twifo Atti–Morkwa District requires a multifaceted theoretical approach. Each of the two theories, Social Learning Theory and Cognitive Behavioural Theory offers unique but complementary insights into the psychological, social, and developmental dimensions of this issue. When considered together, these theories provide a holistic explanation of how substance use behaviours originate, are maintained, and can potentially be changed.

Social Learning Theory highlights the powerful role of the social environment in shaping youth behaviour. According to this theory, many of

the young people in the Twifo Atti–Morkwa District may have learned substance use through observing significant others, family members, peers, or community figures, who engage in or normalise such behaviours. Observational learning, reinforced by perceived rewards such as social acceptance, peer recognition, or emotional relief, encourages these youth to adopt similar behaviours. This theory explains the external and social origins of substance use, especially in a setting where such conduct may not always be met with strong disapproval. However, while Social Learning Theory shows how behaviours are acquired through imitation and reinforcement, it does not fully explain the internal processes that maintain these behaviours or the personal vulnerabilities that make some youth more susceptible than others.

Cognitive Behavioural Theory (CBT) fills this gap by focusing on the internal thought processes and emotional regulation challenges that influence substance use. Once a behaviour such as drug or alcohol use is acquired through social learning, it is often sustained by the individual's internal cognitive patterns, particularly distorted thoughts, low self-worth, and poor coping mechanisms. Youth who believe that they are failures or that they cannot cope with life's challenges may use substances as a way to escape or manage negative emotions. In this sense, CBT explains the personal psychological mechanisms that keep the behaviour in place, even in the absence of ongoing social pressure. It also offers insight into how emotional pain, anxiety, depression, and irrational thinking contribute to continued drug use. Through modelling and reinforcement as explain by the Social Learning Theory, counsellors can teach healthier coping strategies and decision-making skills. CBT techniques like cognitive restructuring and behavioural activation

can equip youth with tools to manage stress, build self-efficacy, and prevent relapse.

### **Conceptual Review**

This section presents the review of the major concept of the study, the concept of substance abuse.

#### **Psychoactive substances**

Psychoactive substances are broadly understood as natural or synthetic chemicals that primarily act on the central nervous system to bring about alterations in perception, mood, cognition, consciousness and behaviour (WHO, 2021-a; Pan American Health Organization, 2020). The term itself is conceptually neutral and descriptive; it does not imply misuse or harm but rather encompasses all substances with such mind-altering properties. This includes both licit and illicit compounds, ranging from caffeine and nicotine through to opioids and hallucinogens. In policy and legal contexts, closely related terminology such as psychotropic substances and narcotic drugs is common, although these are not always synonymous with pharmacological categories. For example, Ghana's Narcotics Control Commission Act, 2020 (Act 1019) aligns national law with international conventions by controlling specific narcotic drugs and psychotropic substances, even though the scientific concept of psychoactive substances also extends to widely used but unscheduled agents such as caffeine (UNODC, 2020-a; Parliament of Ghana, 2020).

The classification of psychoactive substances has been approached in different ways, but a pragmatic taxonomy situates them according to their predominant effects on the central nervous system and their primary molecular

targets (Anghel et al., 2023; UNODC, 2023). Depressants, sometimes termed sedatives or hypnotics, slow neural activity by modulating GABA receptors; these include benzodiazepines, barbiturates and alcohol. Stimulants such as cocaine, amphetamines and nicotine act mainly on dopaminergic and noradrenergic pathways to increase arousal, energy and vigilance. Opioids, including morphine, heroin and synthetic analogues like tramadol and fentanyl, bind to opioid receptors to produce analgesia and euphoria. Cannabis and cannabinoids, acting on CB1 and CB2 receptors, generate effects that range across relaxation, altered perception and increased appetite. Hallucinogens or psychedelics such as LSD and psilocybin work predominantly through serotonin 5-HT<sub>2A</sub> receptors to distort sensory experiences and cognition, while dissociatives such as ketamine and phencyclidine exert their influence through NMDA receptor antagonism, producing detachment and analgesia. A further category comprises volatile solvents and inhalants, substances such as toluene which are not designed for human consumption but are inhaled for psychoactive effects (UNODC, 2023). It is important to note that these categories overlap and that substances may exhibit mixed profiles; cannabis, for example, can demonstrate both depressant and hallucinogenic characteristics (Anghel et al., 2023; WHO, 2021-b).

Although diverse, psychoactive substances converge in their ability to modulate neurotransmission in neural circuits related to reward, salience, affect and executive function. Key systems include dopamine, central to reward signalling, serotonin in mood and perception, GABA and glutamate in maintaining inhibitory–excitatory balance, and endogenous opioids in pain

modulation and reinforcement. Mechanistically, substances may act through direct receptor agonism or antagonism, allosteric modulation, inhibition or reversal of neurotransmitter transporters, or enzymatic blockade (Tomkins & Sellers, 2001; WHO, 2004/2017; Wise, 2021; Anghel et al., 2023).

The routes by which these substances are administered are conceptually important because they shape absorption, onset of action and bioavailability, all of which are relevant to epidemiological measurement. Oral ingestion is the most common and convenient route but has a slower onset due to first-pass metabolism. Inhalation through smoking or vapourisation leads to rapid absorption through the lungs, while intranasal insufflation provides quicker effects than oral routes but is slower than smoking or injection. Parenteral administration, particularly intravenous injection, provides immediate bioavailability and rapid onset of effects, which may influence patterns of use and risks associated with the substance (StatPearls, 2023; Merck Manual Consumer Version, 2024; Taylor, 2023).

In the Ghanaian context, the regulatory environment frames how psychoactive substances are perceived and controlled. The Narcotics Control Commission Act, 2020 (Act 1019) governs narcotic drugs, psychotropic substances, narcotic plants, precursors and equipment, thereby giving statutory effect to Ghana's obligations under the international drug control treaties (Parliament of Ghana, 2020). This legal framing, however, does not encompass all psychoactive substances. While cannabis, opioids and certain stimulants are scheduled and controlled, substances such as caffeine, nicotine and alcohol fall outside the Act, despite their psychoactive properties (UNODC, 2020-a). This discrepancy highlights the usefulness of maintaining

a conceptual distinction between the broader scientific category of psychoactive substances and the narrower legal or policy designations.

A particularly relevant subcategory is that of new psychoactive substances (NPS). These are compounds not scheduled under the 1961 and 1971 United Nations conventions but capable of producing psychoactive effects and posing health risks. NPS include synthetic cannabinoids, synthetic cathinones and various novel opioids and hallucinogens. Their rapid emergence and chemical diversity present challenges for monitoring, classification and regulation, and they are often treated as a dynamic rather than fixed category in the literature (Madras, 2017; Shafi et al., 2020; UNODC, 2020-b; UNODC, 2020-c).

Finally, psychoactive substances are embedded in a range of cultural, medical and social contexts. They may be prescribed and used for therapeutic purposes, such as opioids for pain relief or benzodiazepines for anxiety. They may also be incorporated into social practices and rituals, as in the use of alcohol in celebrations, or they may be part of everyday consumption, as with caffeine and nicotine (WHO, 2021-b; UNODC, 2020-a). The same substance can therefore be regarded as licit or illicit, socially acceptable or stigmatised, depending on context, source and purpose of use. This conceptual fluidity underscores why the term “psychoactive substances” is valuable for research: it provides a broad, non-normative framework that captures the full range of substances encountered by young people without prematurely equating their use with abuse or dependence.

## Substance abuse

Substance abuse, in contrast, refers to patterns of psychoactive substance use that result in harm to health or well-being, or that place individuals at risk of adverse outcomes (WHO, 2018-c). Substance abuse, sometimes referred to as harmful or hazardous use, is conceptually distinct from the neutral category of psychoactive substances. Whereas psychoactive substances describe chemicals that alter central nervous system activity, substance abuse focuses on patterns of use that cause demonstrable harm to an individual's health, social functioning, or wider community (WHO, 2018-a). The terminology has evolved over time, and in contemporary discourse "substance abuse" is often considered outdated and potentially stigmatising. Instead, clinical and public health frameworks increasingly use "harmful use" or "substance use disorder" (SUD), reflecting a spectrum of severity and avoiding moralistic undertones (WHO, 2018-b; American Psychiatric Association [APA], 2013). Nevertheless, "substance abuse" remains common in research and policy in low- and middle-income contexts, including Ghana, and thus requires careful conceptual clarification.

In the public health literature, substance abuse refers to patterns of psychoactive substance consumption that lead to adverse health outcomes or place the individual at risk of such outcomes. These may include acute events such as injury, poisoning or accidents, as well as chronic harms involving cardiovascular disease, respiratory problems, liver damage or neurocognitive decline depending on the substance involved (WHO, 2018-a). Beyond biomedical consequences, substance abuse also encompasses social harms such as impaired educational attainment, reduced productivity, breakdown of

family relationships, interpersonal violence and conflict with the law (UNODC, 2024). Importantly, not all use of psychoactive substances is abusive; the concept refers specifically to modes or intensities of use that have deleterious effects on the individual or their environment.

The clinical framing of substance abuse has shifted significantly with the adoption of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The DSM-IV previously distinguished between “substance abuse” and “substance dependence,” but DSM-5 collapsed these categories into a single continuum: substance use disorder (APA, 2013). Under this framework, SUD is diagnosed when an individual meets at least two of eleven criteria, including impaired control over use, social impairment, risky use, and pharmacological indicators such as tolerance or withdrawal. Severity is specified as mild, moderate or severe depending on the number of criteria met. This dimensional approach recognises substance-related problems as existing on a spectrum, rather than as discrete categories, and is widely used in global research and clinical practice (APA, 2020; WHO, 2018-b).

In the Ghanaian context, the term “substance abuse” retains prominence in national discourse, particularly in relation to youth. Studies among secondary school students, for example, report initiation into alcohol, cannabis, tobacco, shisha and tramadol use, often describing these as “abused substances” when use becomes frequent, unsanctioned, or associated with negative consequences (Appati et al., 2025; Asante & Kugbey, 2019). This usage reflects both cultural perceptions and policy language shaped by the country’s legislative framework. The Narcotics Control Commission Act, 2020 (Act 1019), for instance, criminalises unauthorised possession and use of

certain scheduled drugs, framing them in legal discourse as substances of abuse (Parliament of Ghana, 2020).

Conceptually, substance abuse is also closely tied to the notion of risk and protective factors. Factors such as peer pressure, curiosity, low parental monitoring, stress, availability of substances, and exposure to pro-use media content are often associated with the onset or continuation of abusive patterns (Woodward et al., 2023). Conversely, protective influences such as strong family bonds, supportive school environments, engagement in prosocial activities, and religious participation, may buffer against progression from experimental use to abuse. Recognising substance abuse within this socio-ecological framing underscores that it is not solely an individual behavioural choice, but an outcome of interactions between personal vulnerabilities and wider social and structural contexts (Kyei-Gyamfi et al., 2024).

A final conceptual feature of substance abuse is its dynamic nature. Use patterns may escalate from occasional or recreational consumption to habitual use characterised by tolerance and dependence, with subsequent cycles of remission and relapse (WHO, 2004/2017). Thus, substance abuse should not be understood as a fixed condition but as a potentially shifting trajectory. For young people, this trajectory may be especially malleable, as adolescence and early adulthood are periods of experimentation, heightened vulnerability and neurodevelopmental plasticity (Wise, 2021). For this reason, early identification and preventive interventions are emphasised in both global and Ghanaian public health strategies.

## Empirical Review

The empirical review covered previous research works on substance youth abuse, causes of substance abuse, effects of substance abuse, and ways by which substance abuse could be reduced.

### Types of Substances Youths Abuse

Lawal et al. (2025) conducted a cross-sectional comparative study to determine and compare the prevalence, patterns, and predictors of substance abuse among adolescents in public and private secondary schools in Katsina State, Nigeria. The study sampled 1,126 adolescents using a multistage sampling technique across selected public and private day secondary schools. Data were collected over eight weeks using pretested interviewer-administered questionnaires and analyzed with IBM SPSS version 25. The findings revealed that 22.02% of respondents had used substances at least once, with higher prevalence in private schools. Commonly abused substances included alcohol, cigarettes, and marijuana. Factors independently associated with substance abuse were being in senior secondary class 3 (SS3), coming from a monogamous family, and peer substance abuse. The study's quantitative approach provides statistical associations but lacks in-depth exploration of personal experiences and contextual factors influencing substance use. The current qualitative study in Ghana aims to fill this gap by exploring the lived experiences of youth who have engaged in substance abuse, providing richer insights into the types of substances abused and the contextual factors influencing their use.

Shegaw et al. (2022) conducted a community-based cross-sectional study to assess the prevalence and factors associated with problematic

substance use among street youth in Bahir Dar city, Ethiopia. The study included 257 street youths aged 12–24 years, selected through systematic random sampling. Data were collected using face-to-face interviews and the CAGE-AID questionnaire, which assesses problematic substance use. The findings indicated a high prevalence of problematic substance use at 55.8%. Commonly used substances included alcohol, khat, and cigarettes. Factors significantly associated with substance use were peer pressure, family conflict, physical abuse, and substance use in the family. While the study provides valuable quantitative data on substance use among marginalized youth, it does not delve into the personal narratives and contextual nuances of substance use. The current qualitative study in Ghana seeks to address this by exploring the lived experiences of youth who have engaged in substance abuse, offering deeper insights into the types of substances abused and the socio-cultural factors influencing their use.

The Department of Children, Ministry of Gender, Children, and Social Protection (2024) conducted a cross-sectional convergent parallel mixed-method study to examine the prevalence, correlates, reasons for substance use, and outlets of these substances among adolescents aged 10–17 in Ghana. The study collected quantitative data from 4,144 adolescents and qualitative data from 92 adolescents through 10 focus group discussions. The findings revealed a substance use prevalence of 12.3%, with alcohol (56.9%) and cigarettes (26.4%) being the most commonly used substances. Factors such as being male and currently working were significant risk factors, while being aged 10–13 and residing in certain ecological belts were protective factors. The study provides a comprehensive overview of substance use among

Ghanaian adolescents but does not focus specifically on youth with lived experiences of substance abuse. The current qualitative study aims to fill this gap by exploring the personal narratives of youth who have engaged in substance abuse, providing deeper insights into the types of substances abused and the contextual factors influencing their use.

Trucco and Hartmann (2021) conducted a narrative review to explore the etiology of adolescent substance use through developmental perspectives. The review synthesized findings from various studies to understand the biological, individual, and social factors contributing to adolescent substance use. The authors highlighted that alcohol, cigarettes, and marijuana are commonly used substances among adolescents. They emphasized the role of developmental factors such as identity formation, risk-taking behavior, and peer influence in substance use. While the review provides a theoretical framework for understanding adolescent substance use, it lacks empirical data and does not focus on specific populations. The current qualitative study in Ghana aims to apply these developmental perspectives to understand substance use among Ghanaian youth, providing empirical data and contextual insights into the types of substances abused and the factors influencing their use.

In the same narrative review, Trucco and Hartmann (2021) also discussed the psychosocial factors linked to adolescent substance use. They identified peer influence, family dynamics, and socio-economic status as significant factors influencing substance use. The review highlighted that adolescents often use substances such as alcohol, tobacco, and marijuana to cope with stress, enhance social status, or due to curiosity. While the review

provides a broad overview of psychosocial factors, it does not delve into the personal experiences of adolescents or focus on specific cultural contexts. The current qualitative study in Ghana seeks to address this by exploring the lived experiences of youth who have engaged in substance abuse, offering deeper insights into the types of substances abused and the psychosocial factors influencing their use within the Ghanaian context.

### **Causes of Substance Abuse Among Youth**

Substance abuse among youth is a major public health issue, and numerous research studies have been conducted to investigate its underlying causes. Peer influence emerges as a primary driver of substance abuse in youth. According to Simons-Morton et al. (2018), whose research focused on the impact of peers and parents on smoking and drinking among early adolescents, peer pressure and norms strongly correlate with substance abuse among young individuals. This pressure arises from the desire to conform to peer groups, prompting experimentation with drugs and alcohol. Similarly, Borsari and Carey (2003) underscored the pivotal role of peer influence in college drinking through their study, indicating that students who perceived their peers as substance users were more inclined to partake in substance consumption themselves.

Moreover, Kokko et al. (2019) revealed in their examination of peer pressure and influence among children and adolescents that peer endorsement of substance use significantly predicted alcohol and drug consumption among high school students. Similarly, Quinland et al. (2010) study on the influence of peers on marijuana use among adolescents found that peer influence was a significant predictor of marijuana use among the youth.

Parental influences are significant contributors to youth substance abuse. In a study examining the relationship between parental monitoring, school engagement, substance use, and suicide among adolescents, Moon et al. (2020) discovered that higher levels of parental monitoring were linked to a decreased likelihood of youth engaging in substance use. Similarly, Yu et al. (2019) found in their research on parental warmth, gratitude, and prosocial behavior among adolescents that parental warmth and support were negatively correlated with youth substance use. Additionally, some individuals may have a genetic predisposition to addiction, increasing their susceptibility to substance use disorders. Agrawal et al. (2012) conducted a study on the role of genetic factors in alcohol and drug dependence risk, highlighting the significant contribution of parental factors to the risk of developing such dependencies.

Psychological elements such as stress, anxiety, and depression are significant contributors to substance abuse among youth. O'Bryan et al. (2019) conducted a study exploring drug addiction as a pathology associated with neuroplasticity changes over time. Their research revealed that adolescents reporting elevated stress levels were more prone to substance use. Similarly, Liang et al. (2020) conducted a study examining the correlation between childhood maltreatment, affective symptoms, and the severity of drug addiction. They discovered that adolescents experiencing heightened levels of anxiety were more inclined to engage in substance use as a coping mechanism. Additionally, adverse childhood experiences and trauma can also play a role in substance abuse. Individuals who have encountered abuse, neglect, or other

traumatic events during childhood face an increased risk of developing substance use disorders later in life.

In a research conducted by Dube et al. (2003), which sought to explore the correlation between childhood abuse, household dysfunction, and involvement in risky behaviours such as substance abuse later in life, it was found that individuals who had encountered various forms of childhood abuse or household dysfunction were more prone to engaging in risky behaviours, including substance abuse.

Mental health conditions like depression and anxiety can also play a role in the onset of substance abuse. People grappling with mental health issues may turn to drugs or alcohol as a means of coping, potentially leading to dependency. Research conducted by Swendsen et al. (2010), exploring the link between depression and the onset of substance abuse disorders, revealed that individuals dealing with depression had a higher likelihood of developing substance abuse disorders compared to those without depression.

Social and environmental factors, such as substance availability and accessibility, also contribute significantly to youth substance abuse. According to a study by Chen and Jacobson (2019) on the developmental trajectories of substance use from early adolescence to young adulthood, gender and racial/ethnic differences were noted. The research revealed that youth with easier access to substances were more prone to substance use. Moreover, findings from a study by Hildebrand et al. (2020) on risk and protective factors of adolescent drug abuse highlighted that youth residing in neighborhoods with elevated substance use levels were more inclined to engage in substance use themselves. Additionally, Dawson et al. (2008) conducted a study on the

association between poverty and heavy drinking behavior, revealing that individuals living in poverty exhibited a higher likelihood of heavy drinking compared to those with higher incomes.

Maphosa and Maphosa (2024) conducted a mixed-methods study to investigate the causes and effects of psychoactive substance abuse among youth in Makokoba, a high-density suburb in Bulawayo, Zimbabwe. The study utilized both quantitative surveys and qualitative interviews to gather data from participants. The findings revealed that peer pressure was the most significant cause of substance abuse, followed by factors such as broken homes, poor parental care, and poverty. Qualitative interviews highlighted that youth were often introduced to drugs by peers who were already addicted, and that family issues and economic hardship contributed to substance use. While the study provides valuable insights into the socio-economic and familial factors influencing substance abuse, it does not delve deeply into the personal narratives and lived experiences of the youth. The current qualitative study in Ghana aims to fill this gap by exploring the individual stories of youth who have engaged in substance abuse, providing a more nuanced understanding of the causes within the Ghanaian context.

Alhyas et al. (2015) conducted a qualitative study to explore adolescents' perceptions of substance use and the factors influencing its use in Abu Dhabi, United Arab Emirates. The study employed focus group discussions and in-depth interviews with adolescents to gather data. The findings indicated that peer pressure, family dynamics, accessibility of substances, religiosity, and community factors played significant roles in influencing substance use among adolescents. Participants emphasized the

influence of peers in initiating substance use and the lack of parental supervision as contributing factors. While the study provides a comprehensive overview of the various factors influencing substance use, it does not focus specifically on youth with lived experiences of substance abuse. The current qualitative study in Ghana seeks to address this by engaging directly with youth who have engaged in substance abuse, offering deeper insights into the personal and contextual factors influencing their behavior.

Shegaw et al. (2022) conducted a community-based cross-sectional study to assess the prevalence and factors associated with problematic substance use among street youth in Bahir Dar city, Ethiopia. The study included 252 street youths aged 12–24 years, selected through systematic random sampling. Data were collected using face-to-face interviews and the CAGE-AID questionnaire. The findings revealed that peer pressure, family conflict, physical abuse, and substance use in the family were significantly associated with problematic substance use. While the study provides valuable quantitative data on the factors associated with substance use among marginalized youth, it does not delve into the personal narratives and contextual nuances of substance use. The current qualitative study in Ghana aims to fill this gap by exploring the lived experiences of youth who have engaged in substance abuse, offering deeper insights into the causes and contextual factors influencing their behavior.

Adane et al. (2021) conducted an institution-based cross-sectional study to assess substance use and associated factors among preparatory school students in Kolfe-Keranyo sub-city of Addis Ababa, Ethiopia. The study sampled 383 students using random selection and collected data through a

pretested self-administered structured questionnaire. The findings indicated that factors such as being male, having family members who use substances, poor school substance use controlling rules, and the availability of substance retailing shops in residential areas were significantly associated with substance use. While the study provides statistical associations between various factors and substance use, it does not explore the personal experiences and motivations of the youth. The current qualitative study in Ghana seeks to address this by engaging directly with youth who have engaged in substance abuse, providing richer insights into the causes and contextual factors influencing their behavior.

### **Effects of Substance Abuse Among Youth**

The misuse of substances among the youth has been identified as having detrimental impacts on several facets of their lives. According to research conducted by Zilberman et al. (2019), adolescents in secondary school who engage in substance abuse are more likely to experience reduced academic performance, increased absenteeism, and heightened dropout rates. Furthermore, Siddiqui et al. (2020) have demonstrated a correlation between substance misuse and negative mental health consequences, including depression and anxiety.

Kyei-Gyamfi et al. (2024) conducted a cross-sectional convergent parallel mixed-method study to assess the prevalence, correlates, and reasons for substance use among adolescents aged 10–17 in Ghana. The study utilized both quantitative surveys and qualitative interviews to gather data from participants. The findings revealed that substance use among adolescents was associated with various factors, including peer influence, family dynamics,

and socio-economic status. The study highlighted that substance use had significant effects on the mental health and academic performance of adolescents, leading to issues such as depression, anxiety, and declining grades. While the study provides valuable insights into the effects of substance use among Ghanaian adolescents, it does not delve deeply into the personal narratives and lived experiences of the youth. The current qualitative study in Ghana aims to fill this gap by exploring the individual stories of youth who have engaged in substance abuse, providing a more nuanced understanding of the effects within the Ghanaian context.

Kugbey (2023) conducted a cross-sectional study to examine the prevalence and correlates of substance use among school-going adolescents aged 11–18 years in eight Sub-Saharan African countries. The study utilized data from the Global School-based Student Health Survey and analyzed responses from a large sample of adolescents. The findings indicated that substance use among adolescents was associated with various factors, including peer influence, family dynamics, and socio-economic status. The study highlighted that substance use had significant effects on the mental health and academic performance of adolescents, leading to issues such as depression, anxiety, and declining grades. While the study provides valuable insights into the effects of substance use among adolescents in Sub-Saharan Africa, it does not delve deeply into the personal narratives and lived experiences of the youth. The current qualitative study in Ghana aims to fill this gap by exploring the individual stories of youth who have engaged in substance abuse, providing a more nuanced understanding of the effects within the Ghanaian context.

Swedo et al. (2024) conducted a study to examine the relationship between adverse childhood experiences (ACEs), poor mental health, and substance use among U.S. adolescents during the COVID-19 pandemic. The study utilized data from a nationally representative sample of adolescents and employed statistical analyses to assess the associations between ACEs, mental health outcomes, and substance use. The findings revealed that adolescents who experienced ACEs during the pandemic were more likely to engage in substance use and report poor mental health outcomes, such as depression and anxiety. The study highlights the significant impact of ACEs on adolescent substance use and mental health, emphasizing the need for targeted interventions. While the study provides valuable insights into the effects of ACEs on substance use among U.S. adolescents, it does not focus specifically on youth with lived experiences of substance abuse. The current qualitative study in Ghana seeks to address this by engaging directly with youth who have engaged in substance abuse, offering deeper insights into the personal and contextual factors influencing their behavior.

Lawal et al. (2025) conducted a cross-sectional study to assess the prevalence and factors associated with substance abuse among adolescents in public and private secondary schools in Katsina State, Nigeria. The study utilized self-administered questionnaires to collect data from a sample of adolescents. The findings revealed that substance abuse among adolescents was associated with various factors, including peer influence, family dynamics, and socio-economic status. The study highlighted that substance abuse had significant effects on the mental health and academic performance of adolescents, leading to issues such as depression, anxiety, and declining

grades. While the study provides valuable insights into the effects of substance abuse among Nigerian adolescents, it does not delve deeply into the personal narratives and lived experiences of the youth. The current qualitative study in Ghana aims to fill this gap by exploring the individual stories of youth who have engaged in substance abuse, providing a more nuanced understanding of the effects within the Ghanaian context.

### **Ways to Reduce Substance Abuse Among Youth**

Substance abuse prevention initiatives have proven successful in curbing substance use among the youth. Specifically, school-based programmes including counselling interventions targeting the promotion of healthy behaviours, improvement of coping skills, and cultivation of resilience have shown notable efficacy in reducing substance use among adolescents (Tobler et al., 2019). Moreover, interventions delivered interactively with active youth involvement, coupled with social competence training, have demonstrated heightened effectiveness in this regard (Botvin et al., 2020).

Family-oriented approaches have proven effective in deterring substance abuse among youth as well. Research conducted by Spoth et al. (2019) on the impact of family interventions on adolescent substance initiation revealed a notable decrease in substance use among youth when family-based interventions were employed, particularly when both parents and the youth participated. Additionally, interventions that concentrate on bolstering parental monitoring and fostering improved family communication have demonstrated particular effectiveness, as highlighted by Haggerty et al. (2020).

Moreover, initiatives rooted in the community, such as mentorship and extracurricular activities, have demonstrated efficacy in curbing substance use

among the youth. According to a study by Karcher et al. (2019) investigating mentorship's role in averting and mitigating substance use and associated risks among youth, mentorship programmes exerted a notable influence in diminishing substance use. Similarly, research by Ennett et al. (2019) highlighted the effectiveness of after-school programmes that furnish both social and academic assistance in thwarting substance abuse. Thus, involving the community, healthcare providers, and local organizations in prevention endeavors can cultivate a collaborative strategy aimed at reducing substance abuse. This approach revolves around fostering favorable social standards and furnishing assistance to individuals susceptible to substance abuse.

Furthermore, it has been discovered that school policies and regulations play a crucial role in mitigating substance use among adolescents. According to Ringwalt et al. (2019), a study examining the prevalence of evidence-based drug prevention curricula in U.S. middle schools revealed that the implementation of a comprehensive school drug policy was linked to a notable decline in substance use among young individuals. Additionally, measures such as prohibiting the sale of tobacco and alcohol to minors have proven effective in curtailing substance use, as highlighted by D'Amico et al. (2018). These measures encompass regulating the accessibility and promotion of substances, imposing penalties for illicit drug activities, and introducing harm reduction initiatives such as needle exchange programmes.

Maina et al. (2022) conducted a scoping review to explore the use of arts-based interventions for youth substance use prevention. The study found that arts-based approaches, such as theater, music, and visual arts, can be effective in engaging youth and conveying prevention messages. These

interventions were noted to enhance self-expression, critical thinking, and resilience among participants. As a scoping review, the study synthesized findings from multiple sources but did not involve a primary sample or specify a sample size. The current qualitative study in Ghana seeks to fill this gap by exploring the experiences of youth who have participated in arts-based prevention programs, providing a more nuanced understanding of their impact within the Ghanaian cultural setting.

Robertson et al. (2023) conducted a cluster randomized trial to assess the impact of implementation interventions aimed at improving substance use service delivery on recidivism among justice-involved youth. The study involved 20 county juvenile justice agency sites across five states and included 18,698 justice-involved youth. The findings indicated that enhanced implementation interventions led to decreased recidivism rates compared to core-only sites. The study highlights the importance of system-level efforts to improve identification and referral to treatment services for youth with substance use disorders. While the study provides valuable insights into the effectiveness of implementation interventions, it does not explore the personal experiences of the youth involved. The current qualitative study in Ghana aims to address this by capturing the lived experiences of youth who have engaged with substance use services, offering deeper insights into the factors influencing their engagement and outcome

### **Summary of Literature Review**

Several studies have consistently identified alcohol, cigarettes, and marijuana as the most commonly abused substances among adolescents (Lawal et al., 2025; Trucco & Hartmann, 2021). Other regional substances,

such as khat in Ethiopia, were also reported (Shegaw et al., 2022). These studies, while valuable, are largely quantitative in nature and focus on prevalence and associated factors. The few mixed-method studies, such as that conducted by Ghana's Ministry of Gender, Children, and Social Protection (2024), provide valuable contextual data but fall short of capturing individual narratives. Thus, a significant gap remains in the qualitative understanding of the types of substances abused, particularly from the youth's perspective within their socio-cultural environments in Ghana.

In terms of the causes of substance abuse, peer pressure emerged as the dominant cause of substance abuse among youth, affirmed by numerous studies (Simons-Morton et al., 2018; Borsari & Carey, 2003; Maphosa & Maphosa, 2024). Family-related factors, including parental neglect and poor supervision, were also highlighted (Moon et al., 2020; Yu et al., 2019). Psychological and environmental triggers, such as stress, trauma, and accessibility of drugs, further compound the problem (Liang et al., 2020; Hildebrand et al., 2020). While these findings outline various causal mechanisms, most rely on surveys and structured interviews, which fail to reveal the nuanced motivations, emotions, and social interactions underpinning youth behaviour. Studies like that of Alhyas et al. (2015) attempted a qualitative approach but lacked a focus on individuals with lived experiences. The current study, therefore, fills this methodological and contextual gap by delving into personal narratives of substance-abusing youth in Ghana.

The negative impacts of substance use on mental health and academic performance are well-documented. Studies have linked it to depression,

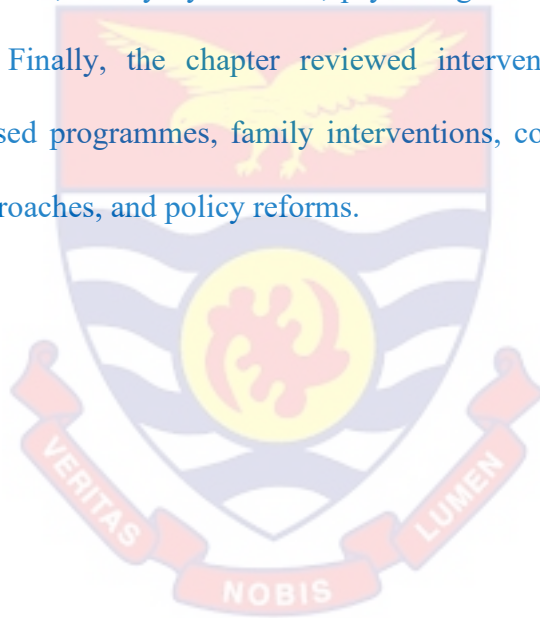
anxiety, absenteeism, and school dropout (Zilberman et al., 2019; Kugbey, 2023; Swedo et al., 2024). Ghana-specific research (Kyei-Gyamfi et al., 2024) similarly noted these effects, but often through quantitative or mixed-method lenses. While these findings are insightful, they do not provide the depth needed to understand how these effects are experienced or interpreted by the youth themselves. The lived realities, how substance abuse changes their daily lives, relationships, and aspirations, are underexplored. This gap is where the present qualitative study seeks to contribute by capturing the personal and emotional impacts of substance use among Ghanaian youth.

The literature outlines numerous intervention strategies: school-based programmes (Tobler et al., 2019), family interventions (Spath et al., 2019), community mentorship (Karcher et al., 2019), and policy-driven efforts (Ringwalt et al., 2019). Arts-based and justice-system interventions have also shown promise (Maina et al., 2022; Robertson et al., 2023). However, the effectiveness of these interventions is typically assessed through outcome data, not from the perspective of those they are meant to serve. The lack of youth voices in evaluating these programmes constitutes a notable gap. The current study aims to bridge this divide by eliciting feedback from youth who have engaged with or been exposed to these interventions, especially within Ghana's cultural and social setting.

### **Chapter Summary**

This chapter critically reviewed existing literature relevant to the study of substance abuse among youth in the Twifo Atti-Morkwa District of Ghana. The review was organised into three major sections: the theoretical framework, conceptual review, and empirical review. The theoretical

framework centred on Social Learning Theory and Cognitive Behavioural Theory. Together, these theories offer a comprehensive lens for understanding both the social and psychological roots of youth substance use. The conceptual review provided historical and contextual insights into substance abuse, tracing its evolution from ancient cultural and medicinal uses to contemporary legal and public health challenges. Empirically, the review explored the types of substances youths abuse, most notably alcohol, marijuana, tramadol, and tobacco, as well as their causes and effects. It highlighted key drivers such as peer influence, family dysfunction, psychological stress, and socio-economic hardship. Finally, the chapter reviewed intervention strategies, including school-based programmes, family interventions, community mentoring, arts-based approaches, and policy reforms.



## CHAPTER THREE

### RESEARCH METHODS

#### Introduction

This study looked at the nature of substance abuse among the youth. This chapter encompasses various elements such as the research design, study area, population, sampling procedure, data collection instruments, data collection procedures, and data processing and analysis.

#### Research Approach

This study employed a qualitative research approach to explore the nature of substance abuse among the youth in the Twifo Atti-Morkwa District of Ghana. A qualitative approach is characterised by its focus on understanding the meaning individuals or groups ascribe to a social or human problem (Creswell & Poth, 2018). It is particularly suited for exploring complex, context-specific phenomena such as substance abuse, which is deeply embedded in social, cultural, and psychological experiences.

Qualitative research allows researchers to gain insights into participants' lived experiences, perspectives, and interpretations, often through the use of open-ended data collection methods such as interviews, focus groups, and observations (Merriam & Tisdell, 2016). As Patton (2015) asserts, qualitative inquiry is ideal when the purpose of the research is to understand how people make sense of their experiences and the world around them. In the context of this study, the goal was to understand how young people perceive and experience substance abuse, the meanings they attach to their substance use, and the social dynamics influencing such behaviours.

One of the central strengths of the qualitative approach is its emphasis on depth over breadth. Unlike quantitative methods that seek to generalise findings across populations, qualitative research enables an in-depth, nuanced exploration of participants' views, behaviours, and motivations (Denzin & Lincoln, 2018). Given the study's focus on uncovering the subjective experiences of youth who engage in substance abuse, a qualitative approach was deemed most appropriate.

In addition, substance abuse is often a sensitive topic, and participants may be more willing to share personal and emotional experiences in a flexible, conversational interview setting than in structured surveys or experimental settings. Creswell (2013) notes that qualitative methods are particularly effective in exploring sensitive or stigmatised topics because they provide a safe and respectful environment for participants to express themselves. This aligns well with the aim of the current study, which seeks to unearth the underlying causes, perceived effects, and possible remedies of substance abuse from the perspectives of the youth themselves.

Furthermore, the context-specific nature of this study—focusing on a particular district with unique socio-economic and cultural characteristics—necessitated an approach that could accommodate local narratives, interpretations, and meanings. According to Braun and Clarke (2022), qualitative research is valuable for contextualising issues and highlighting the interplay between personal experience and broader social conditions. This was vital for understanding how factors such as peer influence, economic hardship, and community norms shape substance use among young people in the Twifo Atti-Morkwa District.

In sum, the choice of a qualitative approach was justified by the exploratory nature of the research questions, the need to understand lived experiences, and the contextual complexities of substance abuse among youth. This approach facilitated a rich, detailed, and contextually grounded understanding of the issue, which quantitative methods would not have adequately captured.

### **Research Design**

A research design serves as a structured strategy for conducting a study while minimizing the influence of variables that could impact the accuracy of the results (Burns & Grove, 2003). In this study, a qualitative methodology was employed for analysis. In the context of studying substance abuse qualitatively, viable research designs could include phenomenological or ethnographic approaches. The phenomenological design delves into comprehending individuals' lived experiences, whereas the ethnographic design seeks a profound insight into the behavior and beliefs of a specific cultural group (Creswell, 2013).

According to Creswell (2013), phenomenological design is an approach that is used to describe the meaning of the experiences of individuals about a specific phenomenon. It involves exploring the subjective experiences and perceptions of participants to gain an understanding of the phenomenon under investigation. In the context of substance abuse, a phenomenological approach would involve examining how individuals perceive and understand their substance use, as well as the context and meaning they attach to their substance abuse experiences. On the other hand, ethnographic design is used

to study the culture and practices of a particular group through observation, participation, and interviews (Creswell, 2013).

Hence, to conduct a qualitative examination of substance abuse, the study opted for either a phenomenological or ethnographic approach to delve deeply into the experiences and cultural norms of those engaging in substance abuse. This research employed a phenomenological design. Utilizing a phenomenological research framework for substance abuse inquiries offers the researcher a profound insight into the firsthand encounters of individuals grappling with substance abuse. Phenomenological research focuses on the subjective experiences of participants, which provides rich and detailed insights into how individuals perceive and understand their substance abuse.

This design allowed for the collection of rich, first-person narratives through interviews. These narratives illuminated key aspects of the phenomenon, such as the role of peer pressure, emotional distress, unemployment, and family dynamics. As Van Manen (2016) argues, phenomenological inquiry is especially powerful when the goal is to uncover the core essence of human experiences, and this is exactly what was required to understand substance abuse from the perspective of young people within their specific social and cultural setting.

The phenomenological design also encouraged the creation of a safe, respectful environment where participants could express themselves freely and reflectively. This was particularly important given the sensitive and potentially stigmatised nature of substance abuse. By prioritising participants' voices, the study remained grounded in their realities rather than abstract theories or generalisations.

## Study Area

The Twifo Atti-Morkwa District, previously known as Twifo Hemang Lower Denkyira, is centered around its capital, Twifo Praso, covering an area of 1199 square kilometers. Positioned between latitudes 5°50'N and 5°51'N, and longitudes 1°50' W and 1° 10' W, this district is geographically situated within these coordinates. As per the 2021 population and housing census conducted by the Ghana Statistical Service, the district has a population of 100,851 inhabitants, comprising 49,998 males and 50,853 females.

Twifo Atti-Morkwa is bordered to the North by Upper Denkyira East Municipal, to the South by the Abura Asebu Kwamankesse District, Cape Coast Metropolitan, and Komenda Edina Eguafo Abirem Municipal, to the West by the Mpohor District, and to the East by the Assin Fosu Municipal and Assin South District respectively. The district, centered around its capital, Twifo Praso, is a bustling commercial hub attracting many youth to engage in various trading activities. Additionally, the district contains scattered 'gather-them-and-sell' (Galamsey) sites. A significant portion of the youth involved in Galamsey live independently or in informal settlements. This lifestyle increases the likelihood of engaging in risky behaviours such as substance abuse, sexual activity, and criminal activities (Ghana Statistical Service, 2014).

In addition, substance abuse is a concern in the district. Gyekye, Salifu, and Appiah-Kubi (2019) found that alcohol and marijuana were the most commonly abused substances among in-school youth in the district, and substance abuse was associated with risky sexual behaviour, poor academic performance, and mental health issues. Owusu et al. (2018) revealed that the

use of tramadol, a synthetic opioid, was also prevalent in the district, with some users experiencing addiction and withdrawal symptoms.

### **Population**

According to Saunders et al. (2009), a population refers to a group of individuals, objects, or entities from which samples are selected for measurement. The target population is the complete set of individuals or groups from whom the data is to be collected (Creswell, 2013). The research focuses on youth in the Twifo Atti-Morkwa district. Therefore, the target population for the study was the youth aged between 18-35 years who have experience with substance abuse in the district. Additionally, the study also involved psychiatrists who have relevant information or insights into the issue of substance abuse among the youth in the Twifo Atti-Morkwa district. The target population was estimated to be 4,300. The accessible population consisted only of those youth within the district who actively abuse drugs and were realistically available and willing to participate. A recent cross-sectional study among Ghanaian adolescents by Kyei-Gyamfi et al., (2024) reports a substance-use prevalence of 12.3%. Applying that proportion to our target population, the accessible population was estimated to be 538 individuals, youth aged 18–35 in Twifo Atti-Morkwa actively abusing substances.

### **Sampling Procedure**

The study employed a non-probability sampling procedure, specifically purposive and snowball sampling techniques, to select a total of 20 participants. These consisted of 18 youths aged 18–35 years who had either previously used or were currently using substances, and 2 psychiatrists who provided professional insights into the issue of substance abuse in the district.

In qualitative research, adequacy of sample size is guided less by representativeness and more by the richness and relevance of information obtained (Malterud, Siersma, & Guassora, 2016). When participants are closely aligned with the research aim and can provide detailed experiential or professional perspectives, fewer participants are needed to achieve sufficient information power. Guest, Bunce, and Johnson (2006) found that core themes often emerge within the first 12 interviews. For phenomenological research, Creswell and Poth (2018) recommend between 5 and 25 participants. In line with these, a final sample size of 20 was selected.

Eighteen (18) youths between the ages of 18 and 35 who had either previously used or were currently using substances such as alcohol, cannabis, tobacco, tramadol, or unprescribed medications were sampled for the study. These participants were initially identified through purposive sampling using referrals from substance abuse treatment centres, community health workers, and local youth networks. This sampling method was chosen because it allows me to intentionally select individuals who can provide rich, relevant, and diverse insights into the causes, effects, and coping strategies associated with substance abuse (Palinkas et al., 2015).

To further enhance access to hidden or hard-to-reach individuals, especially those still engaged in substance use, the study employed a snowball sampling technique. In this approach, initial participants were asked to refer others within their social networks who met the inclusion criteria. This method is particularly useful in research on sensitive or stigmatised topics such as substance abuse, where participants may be reluctant to self-identify unless referred by someone they trust (Fischer et al., 2010; Samarasinghe et al.,

2020). Snowball sampling was instrumental in locating participants who might otherwise have remained inaccessible due to fear of judgment or social exclusion.

Importantly, the study also purposively selected two (2) psychiatrists out of a total of --- psychiatrists in the district as part of the sample. These psychiatrists were included because of their extensive professional experience (over five years) working with youth from the Twifo Atti-Morkwa District who have struggled with substance abuse. In qualitative research, experts are often sampled in smaller numbers because their depth of knowledge and specialised perspectives provide high information power, reducing the need for a larger expert sample (Malterud, Siersma, & Guassora, 2016). Moreover, Guest, Bunce, and Johnson (2006) note that thematic saturation in qualitative interviews can be reached with relatively few participants when the participants are information-rich and the scope of inquiry is clearly defined. Thus, the two psychiatrists were purposively selected to enrich the data by offering clinical, therapeutic, and community-level perspectives on substance use in the district.

### **Data Collection Instrument**

To conduct a qualitative investigation into the nature of substance abuse among the youth in the Twifo Atti-Morkwa district, a semi-structured interview guide served as the primary data collection tool. This guide was intentionally crafted to prompt participants with open-ended inquiries, facilitating in-depth discussions about their encounters with substance abuse. Two separate interview guides were developed; one for interviewing the youths and the other for interviewing the psychiatrists. Both interview guides

had similar structure. The interview guides began with Section A, which collected demographic information such as age. Section B focused on the types of substances abused by the youth. In Section C, the emphasis shifted to exploring the perceived causes of substance abuse. Here, questions probed into personal, environmental, social, and cultural factors that may drive or encourage substance use. Section D dealt with the effects of substance abuse. Finally, Section E explored possible solutions and interventions, where participants were invited to share ideas on how substance abuse can be reduced.

According to Creswell (2013), semi-structured interviews are an appropriate data collection method for qualitative research, as they allow for flexibility and in-depth exploration of participants' perspectives. Additionally, the use of interviews in substance abuse research has been found to provide valuable insights into the experiences of substance users and the impact of substance abuse on individuals and communities (Degenhardt et al., 2007).

### **Trustworthiness Criteria**

In qualitative research, the concepts of validity and reliability are more appropriately addressed through the framework of trustworthiness, as articulated by Lincoln and Guba (1985). Trustworthiness is achieved by meeting four key criteria: credibility, transferability, dependability, and confirmability. In this study, several strategies were employed to ensure that the data collection instrument, the semi-structured interview guide, was trustworthy and that the data obtained were robust and reflective of participants' lived experiences.

### *Credibility*

Credibility refers to the confidence in the truth of the data and the interpretations made from it (Lincoln & Guba, 1985). To enhance credibility, a pilot study was conducted using five purposively selected participants from the Twifo Hemang Lower Denkyira District, which shares socio-cultural similarities with the Twifo Atti-Morkwa District. The purpose of this pilot was to test the clarity, relevance, and cultural appropriateness of the interview questions, as well as to ensure that the questions elicited meaningful responses from participants on the subject of substance abuse.

The sample size of five for the pilot study is justified by Lynn (1986), who recommended that pretesting with 5 to 10 individuals is sufficient to evaluate content clarity and appropriateness without placing an undue burden on the research process. Additionally, Maxwell (2013) notes that piloting qualitative instruments helps in identifying ambiguities and improving question phrasing to enhance data quality.

The participants for the pilot were selected using purposive sampling, targeting individuals who fit the characteristics of the main study population, youth between 18 and 35 years who had experience with substance use. This ensured that the feedback on the interview guide was relevant and informed by lived experiences. The feedback obtained was used to revise and fine-tune the instrument to make it more responsive to the context and to avoid misinterpretation or confusion.

Member checking was also conducted during the actual study to further strengthen credibility. Participants were invited to review summaries of their responses and confirm whether the interpretations accurately reflected

their perspectives (Creswell & Poth, 2018). This process ensured that the data accurately captured participants' intended meanings and helped identify any misrepresentations or gaps.

### *Transferability*

Transferability refers to the extent to which the study's findings can be applied to other contexts (Lincoln & Guba, 1985). To ensure transferability, detailed descriptions of the study setting, participant characteristics, and data collection procedures were provided. The pretesting conducted in Twifo Hemang Lower Denkyira, a district with comparable cultural and social conditions, enhanced the likelihood that the study's findings would be applicable to similar semi-rural and economically vulnerable contexts across Ghana.

### *Dependability*

Dependability concerns the stability and consistency of the research process over time. To ensure dependability, I maintained consistency in administering the interview guide across all interviews. Prior to data collection, I thoroughly familiarised myself with the interview protocol, rehearsed the questions, and adopted consistent interview procedures. As Creswell (2013) suggests, standardising interview practices helps reduce researcher-induced variability and enhances the reliability of data collection.

Additionally, audit trails were maintained throughout the study. These included records of decisions made during data collection and analysis, reflections on methodological choices, and notes from supervisory discussions. This provides transparency and allows other researchers to assess the procedural rigor of the study (Shenton, 2004).

### *Confirmability*

Confirmability refers to the extent to which the findings are shaped by the participants and not by researcher bias or interest. In this study, reflexivity was a core component. I engaged in continuous self-reflection by maintaining a reflexive journal, where personal assumptions, emotions, and potential biases were documented and critically examined throughout the research process (Berger, 2015).

Moreover, member checking and peer debriefing were used to triangulate perspectives and ensure that interpretations were not solely based on the researcher's worldview. These steps helped ensure that the findings accurately represented the voices and experiences of the participants rather than reflecting preconceived notions.

### **Data Collection Procedures**

The data collection procedures for this qualitative study on the causes, effects, and remedies of substance abuse among the youth in the Twifo Atti-Morkwa District involved several carefully planned steps to ensure both ethical integrity and methodological rigour. First, ethical clearance was obtained from the Institutional Review Board (IRB) of the University of Cape Coast, permitting the study to proceed with human subjects in accordance with ethical research standards. Following this, an introductory letter was obtained from the Department of Guidance and Counselling, University of Cape Coast, to formally seek official permission for the study. The letter was sent to the Twifo Atti-Morkwa District Assembly for their approval and support.

Subsequently, potential participants were identified through a purposive sampling procedure, selecting individuals based on their lived

experience with substance abuse. This approach was employed because I judged that participants who had engaged in substance use could provide rich, relevant, and first-hand insights into the phenomenon being studied. Following this, snowball sampling was used to recruit additional participants. Initial contacts referred others within their networks who met the inclusion criteria, thereby expanding the participant pool in a strategic and ethical manner.

No research assistants were engaged in the data collection process. This decision was made to ensure direct interaction between the researcher and participants, which is essential in qualitative inquiry where rapport, trust, and sensitivity to participants' narratives are crucial (Creswell & Poth, 2018). Collecting the data personally also helped to maintain consistency in the use of interview guides, probing techniques, and ethical standards throughout the study. To ensure that participants were mentally and emotionally prepared for the interviews, I first established rapport with each participant during an initial meeting or phone call. During this stage, the purpose of the study, the nature of the interview questions, and the voluntary nature of participation were explained in clear, non-technical language. Participants were reassured that they could withdraw from the study at any time without penalty and that they were under no obligation to answer any questions that made them uncomfortable. Prior to the interviews, I spent time assessing the participant's readiness to share their experiences and provided a brief emotional orientation to help them reflect and prepare themselves mentally for the conversation. This preparation helped foster a safe and trusting environment conducive to open dialogue.

Data were collected using a semi-structured interview guide, allowing for both consistency and flexibility in the interviews. Each interview was conducted in person, at a location mutually agreed upon with the participant to ensure privacy, comfort, and confidentiality. These included safe and quiet venues such as community centres, church meeting rooms, and, in some cases, the participant's home, provided it was conducive to a distraction-free conversation. The choice of location played a vital role in creating an atmosphere where participants could speak freely and without fear of being overheard or judged.

Each interview lasted approximately 45 to 60 minutes, depending on the depth of the responses and the comfort level of the participant. With the informed consent of the participants, audio recordings were made of each session to ensure accurate capture of the dialogue. In addition, I took field notes to record non-verbal cues, expressions, and contextual details that could enrich the data analysis process.

Throughout the data collection phase, I remained sensitive to signs of emotional distress. In instances where a participant appeared uncomfortable or emotionally affected, the interview was paused or gently redirected. In more intense cases, participants were offered the opportunity to take a break or discontinue the interview, and were provided with information about local counselling resources where appropriate. This approach ensured that the research process did not harm the participants and upheld the principles of beneficence and respect for persons.

## Data Processing and Analysis

The data analysis involved several steps to ensure the validity and reliability of the results. Firstly, the recorded interviews were transcribed verbatim and checked for accuracy to ensure that the data was reliable (Creswell, 2013).

Furthermore, the data underwent coding employing both deductive and inductive techniques. Deductive coding applies pre-established codes to the data in accordance with the research questions and objectives, whereas inductive coding involves the identification of novel codes arising from emerging themes and patterns (Creswell, 2013). This methodology guaranteed that the analysis maintained both rigor and adaptability.

Thirdly, the coded data was organized and synthesized into themes and patterns, and these themes and patterns were compared and contrasted across participants to identify commonalities and differences (Maxwell, 2013). This process helped me gain a deeper understanding of the causes, effects, and remedies of substance abuse among the youth in the district.

Importantly, the data collected from the psychiatrists were analysed in tandem with the youth data, offering an expert lens to complement and interpret the lived experiences shared by the youth. The psychiatrists' perspectives provided clinical and contextual depth to themes related to mental health, dependency, coping mechanisms, and treatment approaches. This allowed for a more nuanced interpretation of the causes and effects of substance abuse, particularly regarding emotional trauma, cognitive distortions, and societal neglect.

Finally, I interpreted the results and drew conclusions based on the data collected. This involves considering the results in the context of existing literature on substance abuse among youth and drawing on the perspectives of the participants to provide insights and recommendations for policy and practice (Creswell, 2013). Overall, by using a rigorous and systematic approach to data analysis, this study ensured the validity and reliability of the results and provided meaningful insights into the perceived causes, effects, and remedies of substance abuse among the youth in the Twifo Atti-Morkwa District.

### **Ethical Consideration**

Ethical considerations are an essential aspect of any research study, and this qualitative study on the causes, effects, and remedies of substance abuse among the youth in the Twifo Atti-Morkwa district is no exception. The following are some ethical considerations that were taken into account in this study. Prior to their involvement in the study, all participants provided informed consent. They were briefed on the study's objectives, their role in it, potential risks and advantages, as well as their entitlement to confidentiality and the option to withdraw (Creswell, 2013). The potential risks included psychological discomfort that might arise when recalling personal experiences with substance abuse, as well as concerns about social stigma if their participation were disclosed. To minimise these risks, participants were assured of strict confidentiality, the use of pseudonyms, and secure handling of data. On the other hand, the advantages of participation included the opportunity to share their lived experiences in a safe and non-judgmental environment, which some participants found therapeutic. I ensured that

participants comprehended this information and had the freedom to either engage in or opt out of the study at any point. The study adhered to strict confidentiality and anonymity protocols, with all data being securely stored and accessible solely to the researcher.

To protect the identities of the participants, alphanumeric codes were used in place of actual names during data recording, transcription, and reporting. Specifically, youth participants were assigned codes such as Y1, Y2, Y3, and so forth up to Y18, based on the order of their interviews. Similarly, the two psychiatrists who took part in the study were assigned the identifiers Ps1 and Ps2. These codes were used consistently in the presentation of results and direct quotes to maintain clarity while safeguarding the individuals' identities. Also, all interview recordings, transcripts, and notes were securely stored in password-protected files accessible only to the researcher. Any identifying information mentioned during the interviews, such as names of people, places of employment, or specific events that could lead to indirect identification, were either omitted or generalised during the transcription and write-up stages.

Additionally, the study adhered to ethical standards related to the handling and storage of data. The data collected was kept in a secure location and only accessible to the research team. The data was destroyed after a specified period, as per ethical guidelines. The study was conducted in a culturally sensitive manner. I ensured that they respected the cultural norms and values of the participants and seek to understand their perspectives and experiences in the context of their culture (Creswell, 2013).

Finally, the study adhered to ethical guidelines related to the use of vulnerable populations in research. I took extra care when working with youth to ensure that they were not harmed in any way during the study (Maxwell, 2013). By taking into account these ethical considerations, I aimed to ensure that this study was conducted ethically and responsibly and that the participant's rights and well-being were respected throughout the study.

### **Chapter Summary**

The study's research methods are covered in this chapter. The study was conducted using a qualitative technique, and the research design was a phenomenological one. In the Twifo Atti-Morkwa district, a sample of the youth who engage in substance abuse was taken using the purposive sampling technique. Additionally, the study employed a snowball sampling technique until the required sample size was obtained. Moreover, as an additional study tool for data collecting, I used an interview guide. Before and after data collection, I examined the instrument's accuracy, credibility, and dependability. The data collected was analyzed using thematic analysis. This was summarized by using tables, frequencies, and percentages.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

The study examined the nature of substance abuse among the youth in the Twifo Atti-Morkwa District of Ghana. This chapter presents the results and discussion of the qualitative study conducted in the Twifo Atti-Morkwa District, which focused on substance abuse among the youth. Data for this study were primarily obtained through interviews with youths who engage in substance abuse and a psychiatrist who provided diverse perspectives on the issue. A thematic analysis was employed to analyse the data, ensuring a comprehensive understanding of the underlying themes and patterns. This chapter synthesises these findings, offering a detailed exploration of the complex dynamics of substance abuse among the youth in Twifo Atti-Morkwa District and discuss the implications of these findings for future interventions and policies.

#### Background of Respondents

The respondents' backgrounds are related to age, educational background, marital status, and economic background. The details of the respondents are discussed in Table 1 and Table 2.

**Table 1: Demographic Characteristics of Youths**

Variables	Frequency (f)	Percentage (%)
<b>Age</b>		
18-23 years	2	11.8
24-29 years	5	29.4
30-35 years	8	41.2
35 years and above	3	17.6
<b>Gender</b>		
Male	13	70.6
Female	5	29.4
<b>Educational Background</b>		
None	2	11.8
Primary	4	23.5
Secondary	9	47.1
Tertiary	3	17.6
<b>Employment Status</b>		
Full-time	2	11.8
Part-time	1	5.9
Unemployed	12	64.7
Student	3	17.6
<b>Marital Status</b>		
Single	13	70.6
Married	2	11.8
Divorced	1	5.9
Widowed	2	11.8
<b>Economic Background</b>		
Low-income	15	82.4
Middle-income	1	5.9
High-income	0	0.0
Prefer not to say	2	11.8
<b>Family Structure</b>		
Living with parents	3	17.6
Single-parent family	5	29.4
Living with relatives	3	17.6
Living alone	7	35.3

Source: Field data, 2023

The results from Table 1 provided a demographic overview of the 18 youths who were part of the research on substance abuse in the Twifo Atti-Morkwa District.

**Age Distribution:** The predominant age group among the respondents is 30-35 years (41.2%), followed by 24-29 years (29.4%), 35 years and above (17.6%), and then 18-23 years (11.8%) This suggests that substance abuse is particularly prevalent among young adults and those in their early thirties. The involvement of relatively older age groups (30-35 years and 35 years above) might indicate ongoing struggles with substance abuse or late onset of abuse, possibly linked to life stressors or social and economic pressures experienced in these age groups.

**Gender Representation:** The majority of the respondents being male (70.6%) suggests that substance abuse might be more openly acknowledged or prevalent among males in this community as opposed to females who recorded (29.4%). This could be influenced by cultural norms, gender roles, or differences in seeking help or participating in studies on substance abuse.

**Educational Background:** The fact that most respondents have secondary education (47.1%) followed by primary education (23.5%), a few with tertiary education (17.6%), and those with no education (11.8%) might indicate that substance abuse is particularly problematic among individuals with these educational backgrounds. It could suggest a link between educational level, life opportunities, and susceptibility to substance abuse.

**Employment Status:** The high rate of unemployment (64.7%) among the respondents is striking. This could imply a strong connection between unemployment or underemployment and substance abuse, potentially due to factors such as economic stress, lack of engagement, or feelings of despair.

**Marital Status:** With most respondents being single (70.6%), it suggests that single individuals might be more vulnerable to substance abuse,

possibly due to factors like social isolation, lack of familial responsibilities, or different social pressures compared to their married counterparts.

**Economic Background:** The dominance of low-income individuals (82.4%) among the respondents highlights a potential correlation between economic hardship and substance abuse. This could reflect the pressures and stresses associated with financial instability and its impact on mental health and lifestyle choices.

**Family Structure:** The varied family structures, with a notable percentage living alone (35.3%), suggest that family support and living conditions might play significant roles in substance abuse patterns. Living alone or in single-parent families could be linked to factors like lack of support systems, familial stress, or broken family relationships that contribute to substance abuse.

The demographic characteristics of these respondents provide insights into the specific groups most affected by substance abuse in the Twifo Atti-Morkwa District. Young to middle-aged adults, particularly males, those with secondary education, unemployed individuals, single people from low-income backgrounds, and those living alone or in single-parent families, appear to be more vulnerable to substance abuse. These insights are crucial for developing targeted interventions and support systems for substance abuse in the district. Provides the demographic information for the psychiatrist interviewed for the study.

**Table 2: Demographic Characteristics of Psychiatrists**

Participant ID	Gender	Age	Years of Experience
P01	Male	42	10
P02	Female	39	7

Source: Field Data, 2024

Table 2 displays the demographic characteristics of the two psychiatrists interviewed in the study. The participants included one male and one female, aged 42 and 39 respectively. Both professionals had considerable experience in the field, with one having 10 years and the other 7 years of practice in psychiatric care. Their inclusion in the study added expert perspectives on the psychological effects of substance abuse and the mental health needs of youth in the district, enriching the overall analysis with clinical insight and professional depth.

### **Results of the Study**

The findings are presented in this section, organised around the research questions that guided the study. Data were collected from two groups of participants: youths with lived experiences of substance abuse and psychiatrists with professional expertise in treating and counselling individuals with substance use disorders. This combination of experience and expert insights ensured that the results reflect both personal and professional perspectives on substance abuse in the district.

#### **Research Question One**

What substances do the youth in Twifo Atti-Morkwa District abuse?

This research question ascertained the views of the youth on substances normally abused in the Twifo Atti-Morkwa District. The responses of the youth constituted their experiences with substances. The themes that came out from their responses to this question were presented below.

1. Alcohol Abuse
2. Illicit Drug Use
3. Prescription Drug Misuse

4. Tobacco and Nicotine Use
5. Inhalants and Solvents Abuse

### **Alcohol Abuse**

Alcohol stands as the predominant substance abused by the youth in the Twifo Atti-Morkwa District. Its presence and cultural endorsement underpin this pervasive issue. Insights from community members reveal that the accessibility, affordability, and cultural integration of alcohol at social events significantly contribute to its rampant misuse. Observations highlight that alcohol, both in the form of local brews and commercial spirits, is not merely accessible but is also a regular feature of life across both urban and rural locales within the district. The youth, in particular, are drawn to these beverages due to their low cost and high potency. Verbal responses from the youth illustrate the deep-rooted nature of alcohol in the district and are presented below.

*Every corner you turn, there's a spot selling "akpeteshie" (alcohol). It's like water here, and we all find ourselves drowning in it after just a few sips. There's no celebration without alcohol. It's just too easy to get, and before you know it, you can't do without it. (Y4)*

*I started drinking at festivals, but now it's part of my daily life. It's cheaper than a meal and it makes you forget your problems for a while. (Y2)*

*"For us, alcohol is everywhere; funerals, weddings, football matches, even church harvests. If you don't drink,*

*people think you're feeling too proud. So most of us start small, and then it grows.” (Y11)*

*“I drink every evening with friends. At first it was just to relax, but now if I don't drink, I can't sleep well. It has become part of me, and I know it's not good too ooo.”*

**(Y15)**

In addition to the youths' accounts, a psychiatrist shared a professional perspective on the issue:

*“What we see in this district is that alcohol has become socially acceptable, even for very young people. Many of the youth who come to us for help started drinking casually at family or community events. By the time they reach adulthood, the habit has developed into dependence. The normalisation of alcohol use is one of our biggest challenges in tackling substance abuse here.” (Ps1)*

The above responses from the participants clearly indicate that the youth in the Twifo Atti-Morkwa District abuse alcohol.

### **Illicit Drug Use**

The use of illicit drugs, while not as prevalent as alcohol, raises significant concerns among the youth population. Marijuana, cocaine, and heroin are the main substances of abuse, often sought after for their perceived benefits as an escape mechanism from daily stressors and as a source of excitement through engagement in prohibited activities. Despite the secretive consumption necessitated by their illegal status, these drugs profoundly impact

the community, resulting in increased criminal activities. Verbatim responses of the youth are presented below:

*Marijuana is just the beginning; I moved to harder stuff because the high is better; it's a dangerous path; I've seen some friends snort cocaine. They say it makes them feel powerful, but I also want to try it. (Y7)*

*Heroin is like a death sentence here. We know it's bad, but for some, it's the only way to cope with the hopelessness. (Y10)*

*"Most of us start with 'wee' [marijuana] because it's cheap and easy to find. But the problem is, once you start, you want something stronger. That's how some of my friends ended up on cocaine." (Y5)*

*"When you're high on marijuana, it feels like your worries disappear. But the trouble is the police and the shame if people know. So we smoke in corners, in rooms, or in the bush. It's a risky life." (Y12)*

*"One of my friends was caught stealing just to buy heroin. It changes people; you see them lose weight, lose respect, and even lose their families. But they still can't stop." (Y16)*

From the professional perspective, a psychiatrist explained:

*Illicit drug use, even in small quantities like marijuana, and heroine are reported cases that come to us, this can rapidly lead to addiction, particularly harming young individuals'*

*cognitive and emotional well-being. There's a stigma, and not everyone comes forward for help. (Ps2)*

Based on the responses it could be concluded that illicit drug use is common among the youth in the Twifo Atti-Morkwa District.

### **Prescription Drug Misuse**

The abuse of prescription medications like painkillers, sedatives, and stimulants has become increasingly prevalent among youth. This trend underscores a troubling combination of factors, including the ease of access to prescription drugs and a general lack of public knowledge regarding the consequences of their misuse. These are evidence from their verbatim responses:

*Pills like tramadol are easy to get. You can just say you have pain, and you get something strong. It starts there. I go to pharmacy to complain of pains and I get them. (Y12)*

*I take 'study drugs' like valium 5 to keep up with school pressure, but it's hard to stop once you start. (Y8)*

*Pain relievers – they're everywhere. People don't think they're big deal, but I take overdose and it mess me up just as bad. (Y11)*

*"With tramol [tramadol], it started as fun with friends oo, hmm. They said it gives energy for work and sex, but now some of my friends can't go a day without it. If they don't get it, they start shaking." (Y3)*

*“I know classmates who crush sleeping tablets and mix them with drinks at parties. They say it makes them high and relaxed. It looks normal now, but it ruins people slowly.” (Y9)*

A psychiatrist confirmed these trends from a clinical perspective:

*Prescription drug misuse is a societal problem that is often normalized within peer groups, that there is necessity for stringent regulatory measures and enhanced public education on the risks of misuse. (Ps2)*

These responses from the participants and insights from healthcare professionals reveal the normalization of prescription drug misuse within the Twifo Atti-Morkwa District.

### **Tobacco and Nicotine Use**

In the Twifo Atti-Morkwa District, the use of tobacco products, including cigarettes and chewing tobacco, remains common among the youth despite public health initiatives aimed at curbing their use. Alongside these traditional forms, the district has seen a surge in the popularity of vaping, attributed to its perceived safety and the allure of flavored options. To support this assertion, some of the youths’ verbatim responses are presented below:

*Smoking is common among my friends. It’s a social thing; I do it with them and I feel good. (Y16)*

*Chewing tobacco is old-fashioned but still big here, especially when we’re out in the fields. It’s a habit I cannot stop. (Y9)*

*Vaping is cool and high-tech; I thought it is safe. Now, it’s just another thing to hook me, (Y14)*

*“I started smoking cigarettes in senior high because the seniors made it look classy. Before I knew it, I was addicted. Now I can’t go a day without at least two sticks.”*

**(Y6)**

*“Most of us believe vaping is better than smoking, but I cough more when I vape. The flavours make it easy to start, but hard to quit.”* **(Y13)**

A psychiatrist also highlighted the challenge from a professional standpoint:

*“Nicotine addiction is a serious and often underestimated issue here. The youth tend to see cigarettes and vaping as less harmful compared to alcohol or tramadol, but the long-term health effects, lung disease, cardiovascular problems, and dependence, are real. The increasing popularity of vaping among young people is particularly worrying because it is marketed as harmless.”* **(P1)**

From the responses, it could be concluded that there is a clear indication of tobacco and nicotine abuse among the youth in the Twifo Atti-Morkwa District.

### **Inhalant and Solvent Abuse**

In the Twifo Atti-Morkwa District, the youth have been increasingly turning to the abuse of inhalants and solvents—a form of substance abuse characterized by the use of commonplace, easily obtainable items like glue, fuels, and aerosols. This trend poses severe health risks, often underestimated due to the everyday use of these products.

Verbatim narratives from youth in the district support this claims;

*It's not like I am proud of it, but when I am broke, sniffing super glue gives me quick high. It's cheap and it's easy to find (Y17)*

*Some of my friends tried huffing because they were curious. They didn't realize how dangerous it was until one of them passed out (Y1)*

*"We don't have money for alcohol or tramol all the time, but glue and petrol are everywhere. When you smell it, it makes you dizzy and happy, even if it's only for a short time." (Y18)*

*"At first it was just playing around, like inhaling spray cans and laughing. But now some of us can't stop, and it makes our chest burn and our heads feel heavy." (Y3)*

Based on the narratives given by the participants, it could be concluded that inhalants and solvents are being abused by the youth in the Twifo Atti-Morkwa District.

### **Research Question Two**

What are the causes of substance abuse among the youth in the Twifo Atti-Morkwa District?

This research question examined the causes of substance abuse among the youth in the Twifo Atti-Morkwa District. The themes that emerged from their analysis are:

1. Economic Hardship
2. Peer Pressure
3. Family History and Dynamics

4. Lack of Awareness and Education
5. Mental Health Issues
6. Availability and Accessibility of Substances
7. Curiosity and Experimentation
8. Boredom and Lack of Recreational Facilities

### **Economic Hardship**

Economic hardship is a significant driver of substance abuse among the youth in the Twifo Atti-Morkwa District. Unemployment and financial instability have pushed youth into substances as a form of respite from the associated stress and shame. To support this assertion, verbatim responses of the participants are presented below:

*When I looked for work all year round, and found nothing, what do you want me to do? Drinking helps me forget the shame of being broke (Y8)*

*It's not that I don't know the risks, but when I have nothing and my family is hungry, getting high is the only break I get from the stress. (Y16)*

Another participant added that:

*"I know too many people who started using stuff just to get through another day without food or hope. (Y4)*

Some other participants also explained:

*"Sometimes you sit there with nothing in your pocket and no job in sight. Friends will say, 'let's smoke or drink to pass the time.' Before you know it, that becomes your daily routine." (Y11)*

*“We don’t take drugs because we love them. We take them because the pain of being jobless and useless in the eyes of society is too much to carry without something to numb it.”*

**(Y6)**

The narratives from the youth underscore a direct correlation between the pressures of economic deprivation and the prevalence of substance abuse in the Twifo Atti-Morkwa District due to a lack of jobs.

### **Peer Pressure**

Peer pressure is a substantial contributing factor to substance abuse among the youth in the Twifo Atti-Morkwa District. The need for social integration and acceptance often propels the youth toward substance experimentation, which can quickly develop into habitual use. Below are some direct quotations of the participants:

*I am not cool if I don’t smoke with the others. It started with just one cigarette to show I’m not a kid. (Y9)*

*Everyone was doing it at the parties. I just wanted to fit in, so I took a hit. Didn’t want to be the only one left out. (Y18)*

*Hmm it’s tough, you know. If your mates are into weed and you say no, they start to distance themselves from you. It’s like you have to do it to belong so I started smoking and now here am I. (Y3)*

*“At first I never thought I would use drugs, but all my friends were doing tramol and teasing me that I was weak. I gave in just once, but since then I haven’t been able to stop.” (Y7)*

*“Sometimes you don’t even want to drink, but when everyone in your circle is drinking, it’s like you’ll lose your friends if you say no. So you just join in to keep the friendship.” (Y5)*

A psychiatrist highlighted how peer pressure complicates efforts to address youth substance abuse:

*“Peer influence is one of the strongest drivers of drug initiation among young people. Many of them report that their first use happened in a social setting, often out of curiosity or pressure to fit in. Once the habit takes hold, it becomes much harder to treat because the peer network itself reinforces continued use.” (Ps2)*

The responses indicate the pervasive impact of peer pressure on substance abuse among the youth in the district.

### **Family History and Dynamics**

Family structures and interpersonal dynamics within the home are significant determinants of substance abuse among the youth in the Twifo Atti-Morkwa District. A familial legacy of substance use often sets a precedent for younger members, normalizing such behaviours and presenting them as viable responses to adversity. Personal accounts from the participants confirm this claim.

*My father was a drunkard, and I saw him turn to the bottle whenever things got tough. It’s no surprise I found myself doing the same. (Y17)*

*In my family, smoking was just something everyone did. I started without even thinking it was wrong. (Y1)*

*There was always tension at home, and I just wanted to escape it. Weed gave me that escape. (Y6)*

*“My uncle sold alcohol, and we grew up helping him in the bar. From a young age, I was exposed to drinking, and by the time I was a teenager, it was already part of my life.” (Y13)*

*“If you live in a home where your parents or siblings use, it feels normal. You grow up believing that drinking or smoking is just part of life.” (Y9)*

A psychiatrist provided further insight into the role of family dynamics:

*We often see a cycle of substance abuse within families. It's not only just genetic; it is also the environment the child grows up in. Breaking this cycle is a big part of our intervention efforts. (Ps2)*

It could be concluded that family history and dynamics contribute significantly to substance abuse among the youth in the Twifo Atti-Morkwa District.

### **Lack of Awareness and Education**

The fourth theme identified for research question two was the Lack of awareness and education on substance abuse in Twifo Atti-Morkwa. This lack of comprehensive substance abuse education is linked to an underestimation of risk and subsequent engagement in substance use. To support this assertion, verbatim responses of the participants are presented below:

*I never really knew how dangerous these drugs could be.*

*We had some talks at school, but they didn't seem real (Y6)*

*If I had known what would happen to my body, I wouldn't have started. But nobody told me the truth (Y3)*

*"We hear about alcohol and cigarettes being bad, but nothing serious is said about tramol or weed. So we thought it was normal, just part of youth life." (Y11)*

*"Most of what we know comes from friends or the internet. And sometimes they make drugs look fun, not dangerous.*

*We needed real education, not rumours." (Y18)*

From the professional perspective, a psychiatrist underscored the systemic gaps:

*There's a big gap in our educational system when it comes to substance abuse. Kids are getting information from the wrong sources. We try to fill in the gaps with community outreach programme, but we can't do much without a structured curriculum in schools (Ps2)*

From the responses of the participants, it could be concluded that there is lack of awareness and education on substance abuse in the Twifo Atti-Morkwa District.

### **Mental Health Issues**

The intricate relationship between mental health issues and substance abuse is a key concern in understanding the patterns of substance use among the youth in the Twifo Atti-Morkwa District. Many youth resort to substance abuse as a misguided attempt at self-medication, seeking relief from

symptoms of mental health conditions such as depression, anxiety, and stress.

Some of the direct responses from the participants are presented below:

*I started drinking heavily when I felt like I couldn't cope with the depression anymore. It was the only thing that made me forget, even if it was just for a little while (Y8)*

*Weed seemed to calm my anxiety. I knew it wasn't a solution, but it was the only relief I could find, it makes me work faster and opens my mind. (Y15)*

*"After my mum died, I couldn't handle the sadness. I turned to alcohol because people said it would help me sleep. It worked at first, but now I can't stop." (Y12)*

From the clinical perspective, a psychiatrist explained the complexity of the issue:

*The link between substance abuse and mental health issues is undeniable. Many youth in Twifo Atti-Morkwa district lack access to mental health care, leading them to self-medicate with substances. This not only worsens their mental health in the long run but also creates a dependency that is hard to break (Ps1)*

The responses of the participants show there is a clear link between substance abuse and mental health issues in the Twifo Att-Morkwa District.

### **Availability and Accessibility of Substances**

The ease of obtaining both legal and illegal substances is a significant factor fueling substance abuse among the youth in the Twifo Atti-Morkwa District. This theme explores the impact of widespread availability and

minimal restrictions on substances, which encourages experimentation and continued use among the youth. Some of the verbatim responses are below:

*It's easier to buy weed here it is common. Nobody asks questions they sell it to you (Y11)*

*Alcohol is everywhere, and it's cheap. Even when you know you should stop, it's right there in front of you (Y4)*

*“Even school kids can get alcohol and cigarettes. Nobody checks ages here. Once you have money, you can buy whatever you want.” (Y2)*

*“The problem is that substances are closer than jobs. You can walk five minutes and get alcohol or weed, but finding work is impossible. That's why so many of us get hooked.” (Y16)*

A psychiatrist further explained the challenge from a clinical and policy angle:

*The availability of substances in our community is a major hurdle in combating substance abuse. We see many cases where the ease of access has led to recurrent relapses. There's a dire need for stricter control measures and community-based interventions to reduce this accessibility (Ps1)*

It could be concluded from the responses that the youth in the Twifo Atti-Morkwa district abuse substances because of their availability and accessibility.

### **Curiosity and Experimentation**

In the Twifo Atti-Morkwa District, curiosity and a penchant for experimentation significantly influence the initiation of substance abuse among the youth. The drive to explore and understand the world often leads

the youth to experiment with substances, fueled by visibility in the community and its perceived social benefits. To support this assertion, some of the participants' verbatim responses are presented below:

*I just wanted to know what it feels like, you know?*

*Everyone talks about getting high, and I was curious (Y17)*

*At first, it was just something to do. We were bored and thought, why not? Didn't think it would become a problem (Y1)*

**Other participants added:**

*"my friends and I weren't trying to hurt ourselves. We saw it as a kind of adventure, trying different things to see what they were like (Y8)*

*It started with a challenge among us. Who could handle more? Looking back, it was foolish, but at the moment, it felt exciting. (Y2)*

*"I didn't think of it as dangerous. It was like a game. One person would bring weed, another alcohol, and we would all try it together just to see what happens." (Y13)*

From the professional perspective, a psychiatrist explained:

*"Curiosity is a powerful motivator for adolescents and young adults. Many first-time users of substances report that they simply wanted to experiment. Unfortunately, what begins as exploration can quickly spiral into dependence, particularly when there are no strong protective factors*

*like parental guidance, structured education, or community awareness.” (P1)*

These responses from the participants confirmed that the complexity of addressing substance abuse is driven by natural curiosity and the desire for experimentation.

### **Boredom and Lack of Recreational Facilities**

In the Twifo Atti-Morkwa District, boredom and the limited recreational facilities emerge as significant factors contributing to substance abuse among the youth. The lack of engaging in accessible activities has led many youth to turn to drugs and alcohol as a means of passing time. Below are some of the verbatim responses of the youth.

*There’s really nothing to do around here. Hanging out and drinking seems to be the only way to kill time (Y13)*

*If there were more places to go or things to do that were actually fun, maybe I wouldn’t end up using just drugs to entertain myself in fact, it makes me happy and I become very smart in doing criminal work without hesitation (Y14)*

*I got into smoking because it was something to do when I was bored. It quickly became a regular thing (Y9)*

*Everyone says don’t do drugs, but what else is there? There are no sporting facilities but just look around clubs houses all over and they sell the drugs there too they don’t have anything for us here (Y16)*

It could be concluded that boredom and lack of recreational facilities contribute significantly to substance abuse among the youth in the Twifo Atti-Morkwa District.

### **Research Question Three**

What are the effects of substance abuse on the youth in the Twifo Atti-Morkwa District?

This research question examined the effects of substance abuse among the youth in Twifo Att-Morkwa District. The responses of the 17 youth revealed that substance abuse affects their life negatively. The themes that emerged from their responses are;

1. Physical Health Challenges
2. Mental Health and Cognitive disturbances
3. Social and Economic issues

### **Physical Health Challenges**

The first theme that appeared from research question three was physical health. The adverse effects of substance abuse on the physical health of the youth are profound, spanning from acute conditions to chronic health issues. These effects compromise the quality of life and place a significant burden on the healthcare system. Some youth shared their personal experiences highlighting the effect of substance abuse on their life.

*After 15 years of smoking, I struggle to breathe even doing simple tasks. It's like my lungs are giving up on me, but I find it hard to quit (Y17)*

*I never thought I'd be dealing with liver problems at my age. The doctor said it's from the heavy drinking. It's scary to think about it (Y11)*

*Alcohol changes my mind to do criminal things; it leads me into raping and defile minors (Y1)*

*The physical effects of substance abuse I see are just the tip of the iceberg. Beyond the visible health issues are deeper systemic damages that can compromise a young person's health for a lifetime (Ps2)*

*We're treating more youth for conditions related to substance abuse than ever before. It's not just the addiction but the physical ailments that come with it, which they are completely unprepared for (Ps1)*

From the responses, it could be concluded that substance abuse negatively has effects on the physical health of the youth in the Twifo Atti-Morkwa District.

### **Mental Health and Cognitive Disturbances**

The second theme that emerged from the research question three was mental health and cognitive disturbances. The theme of Mental Health and Cognitive Disturbances explores the profound consequences of substance abuse on the psychological health and cognitive abilities of youth in the Twifo Atti-Morkwa District. This dual impact not only predisposes individuals to various mental health disorders but also exacerbates existing conditions, leading to a debilitating cycle of dependence and deteriorating mental health. To support this assertion, verbatim responses of the participants are presented below:

*I started to deal with my anxiety with drugs, but it's like falling into a trap. My anxiety is worse now, and I feel stuck, I have become bold to do unusual things, I fear no one (Y17)*

*After heavy use, I noticed I couldn't concentrate like before. School became impossible. I wish I had known the cost to my mind (Y7)*

*Substance abuse often starts as a misguided solution to mental health issues, but it quickly becomes part of the problem, deepening the mental health crisis among our youth (Ps2)*

*Many young patients don't realize the long-term mental health consequences of their substance use until it's severely affecting their lives. Education on these risks is crucial (Ps1)*

From the responses, it could be concluded that substance abuse negatively affects the mental health and cognition of the youth in the Twifo Atti-Morkwa District.

### **Social and Economic Issues**

The third theme for research question three was social and economic issues. The theme of social and economic issues highlights the profound ripple effects of substance abuse in the Twifo Atti-Morkwa District. Beyond the individual, the repercussions of substance abuse extend to families, communities, and the broader socioeconomic landscape, undermining personal

relationships, educational attainment, employment prospects, and financial stability. Some of the verbatim responses are below:

*My family barely talks to me anymore. They think I'm lost because of the drugs, am worthless and useless. It's like I've torn our family apart (Y14)*

*I had dreams of going to university, but that's all gone now. I couldn't keep up with school because of my addiction, I can smoke the whole day see my red eyes. (Y2)*

**Another participant added:** *I got involved in some shady stuff to afford my habit. Now, I'm scared it's too late to turn back hmm, my family don't mind me again is like each one for himself (Y15)*

*The socioeconomic fallout of substance abuse in this District is staggering. The long-term implications for social stability and economic development are profound (Ps1)*

*We see families every day that are broken by substance abuse. The economic strain is often too much to bear, leading to cycles of poverty that can last generations (Ps2)*

From the responses, it could be concluded that substance abuse has social and economic effects on the youth in the Twifo Atti-Morkwa District.

#### **Research Question Four**

How would substance abuse be reduced among the youth in the Twifo Atti-Morkwa District?

This research question examined ways by which substance abuse would be reduced in the Twifo Atti-Morkwa District. The devastating impact

of substance abuse on individuals, families, and the community at large necessitates a multifaceted approach to prevention and intervention. The responses of some of the youth reveal the strategies by which substance abuse would be reduced in the Twifo Atti-Morkwa District. The following themes emerged from their responses.

1. Education programmes
2. Youth engagement
3. Law enforcement

### **Education Programmes**

The first theme that appeared from research question four was educational programmes. Educational programmes enrich the youths' minds with knowledge about the adverse effects of drugs and alcohol, enhancing their ability to resist peer influences, and promoting healthier lifestyle choices.

To support this assertion, verbatim responses are presented below:

*The programme 'married to cocaine on TV3' opened my eyes. I never knew about the real damage drugs could do to my brain and my future.*

**(Y13)**

*Learning how to say no and mean it was a game-changer for me. The role-plays I did some time ago in SHS made me feel more confident in real-life situation. (Y17)*

*Hearing from people who've been through drug addiction made the dangers of drugs more real than stories in books. It made me think twice, I used to think drugs were just a normal part of growing up. (Y15)*

*Education is the strongest weapon against substance abuse.*

*Seeing youth apply what they've learned to make positive choices is incredibly rewarding. (Ps2)*

### **Youth Engagement**

The second theme identified was youth engagement. The views of 14 out of 17 youth interviewed indicate that youth engagement is very pivotal in fighting against substance abuse in the Twifo Atti-Morkwa District. By involving the youth in sports, arts, community service, and leadership roles, these strategies not only offer fulfilling alternatives to substance use but also build resilience, a sense of belonging, and self-worth. Below are some direct quotations from the participants to support the assertion.

*Joining the football club gave me something to look forward to after school. It's where I feel I belong and doesn't need anything else to feel good, all my time after school is to go for football training. (Y2)*

*The art workshops have been a revelation for me. I've found a new way to deal with my emotions instead of bottling them up or turning to substances (Y5)*

*Volunteering to join the World Vision International programme in this community made me realize how much I have to offer and how much more there is to life than just hanging out and getting into trouble. (Y10)*

*When I started controlling myself, avoiding bad friends and companies, and going to church I have seen a swift change in my life. (Y16)*

*Engagement in positive activities is key to building a healthy mindset among the youths. It's about giving them a sense of achievement and belonging that they might otherwise seek in harmful ways (Ps1)*

The above responses from the participants clearly indicate that youth engagement contributes positively to reducing substance abuse among the youth.

### **Law Enforcement**

The final theme identified in research question four was law enforcement. Law enforcement would seek to the controlling and the availability of drugs and enforcing substance use regulations which are critical components of a broader strategy to deter substance abuse. To support this assertion, some of the participants' verbatim responses are presented below:

*I've seen more police patrols around lately, and it feels like there are less open dealings of drugs in the streets. It makes a difference, the patrols put fear in the youth and put fear in me too (Y14)*

*The World Vision Internation through CAMFED held a workshop at our school about the dangers of drugs and the laws around them. It was eye-opening to see the legal consequences (Y13)*

*Getting caught was a wake-up call for me. The officers directed me to a program for young offenders. It helped me turn things around.*

**(Y11)**

*Sometimes, it feels like the focus is only on punishment, not help. More understanding and support from the police could change how I see them (Y13)*

*Collaboration between law enforcement and mental health services is essential. When we work together, we can offer comprehensive support to those caught in the cycle of substance abuse (Ps1)*

From the responses of the youth and the psychiatrist, it could be concluded that the support between law enforcement and mental health services could offer comprehensive support in reducing substance abuse.



**Table 3: Summary of Themes from the Thematic Analysis Research Data**

	<b>Theme</b>	<b>Verbatim Quote</b>
<b>RQ1</b>	Alcohol Abuse	“Every corner you turn, there’s a spot selling <i>akpeteshie</i> (alcohol)... It’s like water here...” (Y4)
	Illicit Drug Use	“Marijuana is just the beginning; I moved to harder stuff...” (Y7)
	Prescription Drug Misuse	“Pills like tramadol are easy to get... I go to pharmacy to complain of pains and I get them.” (Y12)
	Tobacco and Nicotine Use	“Vaping is cool and high-tech; I thought it is safe. Now, it’s just another thing to hook me.” (Y14)
	Inhalants and Solvent Abuse	“When I am broke, sniffing super glue gives me quick high. It’s cheap and it’s easy to find.” (Y17)
<b>RQ2</b>	Economic Hardship	“Drinking helps me forget the shame of being broke.” (Y8)
	Peer Pressure	“I am not cool if I don’t smoke with the others... just one cigarette to show I’m not a kid.” (Y9)
	Family History and Dynamics	“My father was a drunkard... It’s no surprise I found myself doing the same.” (Y17)
	Lack of Awareness and Education	“If I had known what would happen to my body, I wouldn’t have started. But nobody told me the truth.” (P3)
	Mental Health Issues	“I started drinking heavily when I felt like I couldn’t cope with the depression anymore.” (Y8)
	Availability and Accessibility	“It’s easier to buy weed here... Nobody asks questions.” (Y11)
	Curiosity and Experimentation	“I just wanted to know what it feels like... I was curious.” (Y17)
Boredom and Lack of Recreation	“There’s really nothing to do around here. Hanging out and drinking seems to be the only way to kill time.” (Y13)	
<b>RQ3</b>	Physical Health Challenges	“I never thought I’d be dealing with liver problems at my age... from the heavy drinking.” (Y11)
	Mental Health and Cognitive Issues	“After heavy use, I noticed I couldn’t concentrate like before. School became impossible.” (Y7)
<b>RQ4</b>	Social and Economic Issues	“My family barely talks to me anymore... It’s like I’ve torn our family apart.” (Y14)
	Education Programmes	“The programme ‘married to cocaine on TV3’ opened my eyes.” (Y13)
	Youth Engagement	“Joining the football club gave me something to look forward to after school.” (Y2)
	Law Enforcement	“Getting caught was a wake-up call for me. The officers directed me to a program for young offenders.” (Y11)

## Discussions

### Substances the youth abuse

This research question ascertained the views of the youth on substances they abused in the Twifo Atti-Morkwa District. The study found that the youth in the Twifo Atti-Morkwa District abuse a wide range of substances, including alcohol, marijuana, cocaine, heroin, prescription drugs (e.g., tramadol, valium), tobacco, nicotine products, and inhalants such as glue and aerosols

The first theme that emerged from the analysis was alcohol. The responses of the youth constituted their understanding and experiences with alcohol. The convergence of personal experiences and professional observations underscores the necessity for targeted intervention strategies. These strategies must address both the widespread availability of alcohol and the foundational social issues that perpetuate its abuse. The overarching goal is to curtail the impact of public health, fostering a healthier trajectory for the district's youth. This phenomenon can be analyzed through the lenses of Social Learning Theory and Cognitive-Behavioral Theory.

Social Learning Theory suggests that behavior is learned from the environment through the process of observational learning (Bandura, 1977). In the context of the Twifo Atti-Morkwa District, the cultural acceptance of alcohol and its ubiquity at social gatherings provide a conducive environment for the youth to model alcohol-consuming behaviours observed in adults and peers. The quotes from participants underscore this pattern, indicating a communal normalization of alcohol use that potentially encourages its abuse among the youth. The findings agree with Room (2005), who found that in

many cultures, the consumption of certain substances is an integral part of social rituals and celebrations, which can normalize use and diminish the perception of risk. Additionally, the findings are in line with those of Adu, Owusu, Frimpong, and Sabah (2017), who found that alcohol is the most commonly abused substance among the youth in Ghana.

Cognitive Behavioral Theory posits that our thoughts and feelings play a fundamental role in our behavior (Beck, 1976). The participants' narratives, such as using alcohol to cope with sadness or to enhance social experiences, reflect a cognitive process where alcohol consumption is perceived as a solution to emotional or social challenges. This perception could lead to a behavioural pattern of reliance on alcohol, underlining the cognitive distortions associated with substance abuse. These results are consistent with the findings of Liang, Ren, Zhang, zhu, and Chen (2020), who found that youth with high levels of anxiety were more likely to engage in substances like alcohol as a coping mechanism.

The second theme for research question one was illicit drugs. The emergence of illicit drug use as a significant concern among the youth in the Twifo Atti-Morkwa District could be examined through the theoretical lenses provided by Social Learning Theory and Cognitive-Behavioral Theory.

The secretive yet socially influenced patterns of substance use described by the participants suggest a complex interplay between the allure of forbidden substances and the modeling of behaviours seen within peer groups or media portrayals. The results support the findings of Simons-Morton, Haynie, Liu, Chaurasia, Li, Hingson, and Squeglia (2018), who found that peer pressure and peer norms significantly predict illicit drug use among

youth. Additionally, the findings are also consistent with the findings of Kokko, Kaariainen, Karjalainen, and Villberg (2019), who found that peer support for substance use, was a significant predictor of illicit drug use among the youth. This theory helps us understand the social dynamics that facilitate the normalization of drug use despite its legal implications.

The perception of drugs as a means to escape stress or gain a sense of power indicates cognitive processes that justify drug use as a coping mechanism. The findings agree with O'Bryan, Wray-Lake, Syvertsen, Benavides, and Grills-Taquechel (2019), who found that youth who reported higher levels of stress were more likely to engage in substance abuse. This theory underscores the importance of addressing these cognitive distortions to alter the behavioral trajectory of substance abuse. The attraction to illicit drugs may partly stem from the developmental drive for experimentation and boundary testing. However, this exploration becomes maladaptive when it leads to substance abuse, highlighting the need for supportive interventions during this developmental phase.

The reported negative outcomes, including crime and deteriorating mental health, align with research indicating the broad societal and individual impacts of drug abuse. The findings agree with Asante and Osafo (2018), who found that illicit drugs among the youth in Ghana are associated with various negative outcomes, including crime, risky sexual behavior, and mental health problems. The specific mention of drug-induced psychosis and the stigma surrounding substance abuse highlight critical public health challenges that impede effective treatment and recovery, which echoes the findings from psychiatric literature on the barriers to care for individuals with substance-

induced mental health disorders. The result is consistent with Volkow and Li (2016), who found that psychological effects of substance abuse can also lead to other mental health problems such as bipolar disorder, schizophrenia, and other mental illnesses. The implications of these findings are manifold. This underscores the urgent need for comprehensive intervention strategies that address both the immediate and root causes of substance abuse among the youth.

The third theme for research question one was prescription drug misuse. The responses from the participants and insights from healthcare professionals reveal the normalization of prescription drug misuse within the community. The finding is in line with Blankson, Amoah, and Atuahene (2020) who discovered that prescription drugs use among the youth in Ghana is associated with various negative outcomes, including addiction, overdose, HIV and hepatitis C transmission, and social and economic consequences. This calls for attention to the urgent need for comprehensive interventions. The proposed approach involves tightening prescription drug regulations and initiating community-wide educational programmes. Such measures aim to alter the current perceptions of prescription drugs, emphasizing their medical purpose and the serious risks associated with their non-medical use.

The finding is in line with Compton and Volkow (2016), who claim that the non-medical use of prescription drugs is a growing public health concern with significant implications for mental health, physical health, and social well-being.

The narratives from the respondents and healthcare professionals in the district align with research findings on the social and cognitive drivers of

prescription drug misuse. The findings are consistent with Bell and Figert (2012), who revealed that the concept of “pharmaceuticalization” of society, where the solution to every problem is increasingly sought in medications, may contribute to the normalization of prescription drug misuse. The findings underscore the need for multifaceted interventions that address both the supply of and demand for prescription medications. Regulatory measures to monitor and control prescription practices are crucial, as is public education on the risks associated with non-medical use of prescription drugs.

The fourth theme identified was tobacco and nicotine products. The insights suggest that combating nicotine addiction requires a multifaceted approach, considering both the long-standing cultural habits and the influence of contemporary marketing strategies. The utilization of tobacco and nicotine products among the youth in the Twifo Atti-Morkwa District, including the emergent trend of vaping, can be dissected through the frameworks of social learning theory, cognitive-behavioral theory, and developmental theory.

The Social Learning Theory is exemplified in the respondents’ descriptions of smoking and chewing tobacco as communal activities or traditions passed down through generations, indicating the social normalization and acceptance of these practices. The initial perception of vaping as “cool” and “safe” reflects cognitive processes that downplay the health risks associated with nicotine and tobacco products. This misperception may contribute to the initiation and continuation of these habits among the youth.

The adoption of smoking, chewing tobacco, or vaping during this phase may partly serve as a means of self-expression or a bid for social

acceptance, highlighting the interplay between developmental needs and substance use. The persistence and evolution of tobacco and nicotine product use among the youth in the Twifo Atti-Morkwa District align with global trends observed in recent literature. Despite widespread public health campaigns, the allure of traditional tobacco products persists, compounded by the rise of vaping and e-cigarettes, which are often marketed as safer alternatives to smoking (National Academies of Sciences, Engineering, and Medicine, 2018). The appeal of flavored vaping products and aggressive marketing strategies have been identified as a significant factor in the rising popularity of e-cigarettes among youth, posing new challenges for tobacco control efforts (U.S. Surgeon General, 2016). The perception of vaping as a “high-tech” and less harmful habit, as indicated by the participants, mirrors broader misconceptions that contribute to its adoption by the youth.

The continued use of tobacco and nicotine products, including the growing trend of vaping among the youth in the Twifo Atti-Morkwa District, underscores the complex challenges facing public health efforts to reduce substance abuse. The results are consistent with those of Anto, Afulani, Gyasi, and Addo (2018), who found that tobacco use is prevalent among junior and secondary school students in Ghana. The result is also in line with Ofori, Anarfi, and Addo (2019). Who revealed that tobacco use among university students in Ghana is 9.3%. Theoretical insights and current literature emphasizes the multifaceted nature of tobacco and nicotine use, necessitating a nuanced approach to intervention that addresses both traditional and emerging trends. Engaging youth in the development and implementation of these strategies may enhance their effectiveness and sustainability.

The last themes identified for research question one were inhalant and solvent abuse. The findings from the Twifo Atti-Morkwa District align with existing research on the global patterns of inhalant and solvent misuse, particularly among economically disadvantaged youth. The low cost and easy availability of these substances make them appealing options for individuals seeking psychoactive experiences without the financial means to obtain more conventional drugs. The finding agrees with Howard (2011), who found that youth who are poor, psychiatrically disordered, antisocial, and otherwise socially disenfranchised use inhalants and solvents.

The significant health risks associated with inhalant and solvent misuse are evident, including neurological damage, respiratory issues, and sudden death syndrome. The finding is consistent with Martinez-Raga, Knecht, and Cepeda (2018), who found that inhalant and solvent abuse among the youth is associated with various negative outcomes, including cardiovascular and neurological problems and mental health problems such as psychosis and depression. Despite these risks, the “hidden” nature of inhalant and solvent misuse, due to the commonality of the products involved, presents challenges for detection and prevention.

The misuse of inhalants and solvents represents a significant but often overlooked public health issue among the youth in the Twifo Atti-Morkwa District. Addressing this challenge requires a comprehensive approach that combines education, regulation, and community engagement to safeguard the health and well-being of youth.

## Causes of substance abuse

This research question examined the causes of substance abuse among the youth in Twifo Atti-Morkwa District. The study found that substance abuse among the youth is caused by multiple interrelated factors, including economic hardship, peer pressure, family history of substance use, lack of awareness and education, mental health issues, availability of substances, curiosity, and boredom due to a lack of recreational facilities. In terms of themes, the first theme that emerged from research question two was economic hardship. The narratives from the youth underscore a direct correlation between the pressures of economic hardship and the prevalence of substance abuse. The finding agrees with Keyes, Li, and Hasin (2012), who found that individuals from lower Socio-Economic Status (SES) are more likely to engage in substance abuse behaviours than individuals from higher Socio-Economic backgrounds. There is a compelling need for interventions that address not only the health aspects of substance use but also the socioeconomic factors that underlie it. Strategies aimed at enhancing employment opportunities, providing economic support, and instilling financial management skills are critical. Additionally, the development of community-based programmes that offer alternative stress relief and support networks can provide viable pathways away from substance abuse.

The accounts propose a comprehensive socioeconomic strategy to address the underlying causes of substance abuse, encompassing community development, economic empowerment, and ongoing support for youth. The role of economic challenges in contributing to substance abuse among youth in the Twifo Atti-Morkwa District is a significant discovery that aligns with

broader sociological and psychological perspectives. This finding mirrors the conclusions of Garcia, Kim, and Lau (2019), who observed that individuals from lower socioeconomic status (SES) backgrounds may be more inclined to turn to substance abuse as a means of coping with stress or due to peer pressure. Similarly, the discovery that economic hardships can drive individuals toward substance use as a means of escaping financial stress and unemployment-related hopelessness is consistent with the findings of Rzetelny, Kreitzer, Farberov, and Passik (2021), who noted that heightened exposure to stressors and limited access to resources can lead individuals from lower SES backgrounds to engage in substance abuse.

The utilization of substances as a coping mechanism for economic stress aligns with the Self-Medication Hypothesis, which suggests that substance addiction serves as a compensatory method to regulate distressful emotions and self-soothe during challenging psychological states (Khantzian, 2003). This perspective is supported by the findings of Mokwena and Setshego (2021), who observed that individuals facing economic stress may turn to substances to alleviate distressing emotions or circumstances. Similarly, Dawson, Grant, Stinson, and Chou (2008) found that individuals living in poverty are more prone to heavy drinking compared to those with higher income levels.

The experiences recounted by respondents, describing their reliance on substances “to endure another day without food or hope,” underscore the role of psychoactive substances in offering temporary relief from the psychological strain of financial hardship. Adolescence and young adulthood are stages characterized by significant psychological and social transformations. The

accounts provided by participants in the Twifo Atti-Morkwa District emphasize the profound impact of financial stressors on their mental well-being and their decisions regarding substance use.

The correlation observed between financial challenges and youth substance abuse in the Twifo Atti-Morkwa District emphasizes the necessity for interventions targeting the socioeconomic origins of substance use. By examining the wider framework within which substance abuse manifests, policymakers and community leaders can devise more impactful approaches. These strategies should not only address the immediate manifestations of substance abuse but also target the fundamental economic factors driving such behaviours.

The second theme identified in response to research question two centered on peer pressure. The accounts revealed the pervasive influence of peer pressure on substance usage among the district's youth. The responses highlighted the various ways in which the desire for social acceptance and fear of rejection contribute to substance misuse. This finding aligns with the research conducted by Simons-Morton et al. (2018), who observed that peer pressure and norms significantly predict substance abuse among young individuals. They noted that youth often succumb to peer pressure in their quest to fit in, leading them to experiment with substances. To mitigate the impact of peer pressure, interventions should concentrate on creating environments where youth can develop the confidence and skills to make independent decisions. Implementing peer-led educational programmes and supportive group activities can establish a culture that values and respects healthy choices. Furthermore, providing safe spaces for open dialogues about

substance use and its consequences can promote critical thinking and resilience against peer pressure.

The findings indicate that addressing the influence of peer pressure on substance use necessitates comprehensive community-driven strategies that empower youth to resist collective pressures and make informed decisions regarding their health and well-being. The occurrence of peer pressure driving substance abuse among youth in the Twifo Atti-Morkwa District aligns with Bandura's Social Learning Theory (1977), which suggests that individuals acquire behaviours by observing others, particularly peers or role models. Instances of youth feeling pressured to use substances in order to gain social approval or adhere to group norms underscore the significant role of observational learning in initiating substance use.

Adolescence represents a crucial phase for shaping one's identity, marked by a heightened sensitivity to peer perceptions and the longing for social approval. This agrees with Erikson's (1968) developmental theory, specifically the stage of Identity versus Role Confusion, wherein adolescents strive to establish a sense of self and personal identity. The inclination to adhere to peer norms by engaging in substance use can be seen as part of the broader journey toward identity and affiliation. The feedback received from respondents in the Twifo Atti-Morkwa District regarding the social dynamics surrounding substance use demonstrates how substance abuse can spread within peer circles, underscoring the influence of social connections in propagating such behaviours.

The third aspect explored in the second research question pertained to family history and dynamics. The significant role of intimate familial history

and dynamics in shaping patterns of substance abuse among the youth in the Twifo Atti-Morkwa District resonates with established findings in addiction research. The interplay between genetic predisposition to substance abuse and environmental influences stemming from familial behaviours and attitudes underscores the intricate relationship between innate factors and external nurturing in the development of substance use disorders. This discovery aligns with the findings of Agrawal et al. (2012), who observed a heightened risk of substance abuse among individuals with a familial history of such issues, attributed partly to genetic factors but also significantly influenced by familial dynamics. This dual impact underscores the narratives of participants who observed substance use within their families, leading to the normalization of these behaviours as coping mechanisms.

Bandura's Social Learning Theory (1977) provides insight into how substance use behaviours are observed and adopted within familial contexts. Children and adolescents learn by observing and mimicking family members, particularly parents. When substance use is prevalent in the household, it may become internalized as a normal or acceptable response to stress or emotional discomfort, as evidenced by participants' responses. The influence of family dynamics on the likelihood of substance abuse is a significant area of study. Research indicates that factors such as poor communication, high levels of conflict, and inadequate parental supervision are linked to an increased risk of substance use among the youth. This finding aligns with the findings of Moon, Hwang, Kim, and Park (2020), who discovered a negative correlation between parental monitoring and youth substance use.

Adolescents who indicated stronger parental supervision demonstrated a reduced likelihood of involvement in substance use. Conversely, inadequate family connections, ineffective communication, and absence of emotional assistance may contribute to substance abuse. This discovery is consistent with the results of Yu et al. (2019), who observed an inverse relationship between parental nurturing and support and substance use among the youth.

The subsequent theme identified in the second research question was a lack of awareness and education. Education plays a critical role in preventing substance abuse by serving as a vehicle to educate individuals about the risks and consequences associated with drug use. However, the effectiveness of such educational initiatives largely hinges on their suitability, accessibility, and level of engagement with the intended audience. This finding is consistent with the research of Botvin et al. (2020), who found that interactive educational programmes involving youth participation and offering social competence training tend to be particularly efficacious. The responses from participants suggest a disparity between the substance abuse education provided and its perceived relevance or effectiveness, indicating that current educational approaches may not adequately cater to the informational needs and learning preferences of youth.

Research highlights the significance of thorough, evidence-based educational initiatives in influencing youths' perspectives and actions regarding substance use. Successful programmes frequently integrate interactive elements, peer-led dialogues, and real-world situations that relate to students' lives, making the information more meaningful. This discovery is consistent with Cuijpers's (2002) research, which indicates that interactive

teaching methods are more effective in educating and deterring substance abuse. The observed absence of impactful education in the Twifo Atti-Morkwa District suggests a shortfall in implementing these recommended approaches in substance abuse prevention education.

In today's digital era, youth encounter a blend of both reliable and deceptive information concerning drugs and alcohol. This finding agrees with Moreno et al. (2013) who found that *social media's effects are not inherently positive or negative; rather, they depend on how social media is used and how often we use social media*. This highlights the necessity for providing credible, compelling, and scientifically precise information to the youth through channels they have confidence in and frequently engage with.

The fifth theme for research question two was mental health issues. The responses from the participants, who report using substances as a means to cope with psychological distress, agree with Khantzian (1997), who found that individuals may use drugs or alcohol to alleviate symptoms of mental health conditions such as anxiety, depression, and stress. This finding underscores the role of substances as a temporary form of relief from mental health symptoms.

The established connection between substance abuse and mental health issues highlights a reciprocal relationship, where each condition can worsen the other. Initially, substance use may offer temporary relief for mental health symptoms. However, prolonged use often intensifies psychological distress, dependency, and, occasionally, the emergence of concurrent disorders. This result agrees with the findings of Swendsen et al., (2010), who observed a

higher likelihood of individuals with depression developing substance use disorders compared to those without depression.

The negative perception surrounding mental health issues, coupled with insufficient mental health resources, greatly hinders individuals' ability to access and receive necessary care. This finding agrees with Corrigan's (2004) who found that individuals who could benefit from mental health treatment often opt not to seek it or fail to fully adhere to treatment regimens because of the stigma surrounding mental illness. Consequently, many youth, as indicated by the participants' responses, find themselves without effective options for addressing their mental well-being, leading them to turn to substance abuse as a means of coping.

The results from the Twifo Atti-Morkwa District emphasize the pressing necessity for holistic strategies to tackle the interconnected problems of mental health difficulties and substance abuse among the youth. By acknowledging the mutual influence between these issues and introducing inclusive, readily available, and stigma-reducing initiatives, it becomes feasible to aid the welfare of young individuals contending with these intertwined concerns.

The sixth theme explored in the second research question pertained to the availability and accessibility of substances. The prevalence of substances and their easy accessibility emerged as significant factors contributing to substance abuse among the youth in the Twifo Atti-Morkwa District. This observation is consistent with the findings of Gruenewald, Freisthler, Remer, Lascala, and Treno (2006), who emphasized the importance of physical and economic access to substances in influencing substance use and abuse.

Responses from participants regarding the ease of obtaining substances in the Twifo Atti-Morkwa District illustrate this correlation, demonstrating how accessibility facilitates both the initiation and continuation of substance use.

A well-implemented regulation of substance availability, which includes measures such as age restrictions, licensing controls, and enforcement of current laws, can have a substantial impact on reducing substance abuse rates. **The result of the current study is consistent with** Wagenaar, Salois, and Komro (2009), who found that policies restricting access to alcohol and tobacco have resulted in decreased consumption and reduced rates of associated harms.

Apart from regulatory actions, community-based interventions can be instrumental in diminishing the availability and accessibility of substances. This discovery is in line with Holder, Treno, and Flay (1997), who found that endeavors like community education campaigns, local laws aimed at restricting substance sales near educational institutions, and community oversight of retailers can supplement regulatory endeavors and aid in decreasing substance abuse among the youth.

The investigation into research question two also revealed the theme of curiosity and experimentation. The examination of how curiosity and experimentation contribute to substance use among the youth in the Twifo Atti-Morkwa District highlights a common aspect of adolescent growth. The inherent desire to explore new things and gain a deeper understanding of the world can, in specific circumstances, prompt the beginning of substance use. Synthesizing these findings with current literature illustrates the intricate

relationship between developmental psychology, environmental influences, and patterns of substance use.

Youth undergo notable physical, psychological, and social changes, displaying a greater inclination for risk-taking and exploration. This finding is in line with Arnett's (1992) who found that developmental phase is defined by a quest for identity, independence, and belonging, often accompanied by a curiosity to try substances. The participants' responses mirror this developmental tendency toward experimentation and the aspiration to directly encounter the effects of substances.

The environment in which adolescents are raised plays a significant role in shaping the trajectory of their curiosity and experimentation. This finding agrees with Johnston, O'Malley, Bachman, and Schulenburg's (2011) who found that in settings where substance use is portrayed as commonplace or attractive, there is a heightened probability of experimentation with substances. This phenomenon is observable in the Twifo Atti-Morkwa District, where the participants describe substance use as a means of social exploration or a test of limits among the youth.

The upbringing environment of adolescents has a notable influence on their inclination towards curiosity and experimentation. This result is consistent with the research conducted by Johnston, O'Malley, Bachman, and Schulenburg (2011), which indicated that environments where substance use is depicted as normal or appealing tend to increase the likelihood of experimenting with substances. This pattern is evident in the Twifo Atti-Morkwa District, where participants perceive substance use as a form of social exploration or a way for the youth to test their boundaries.

The last theme of research question two was boredom and lack of recreational facilities. The theme of boredom and the absence of recreational facilities as a catalyst for substance abuse among the youth in the Twifo Atti-Morkwa District is in line with Iso-Ahola and Crowley (1991) who found that boredom characterized by a perceived lack of stimulating activities, can lead to an increased inclination towards risk-taking behaviours, including substance use. The responses from the participants echo this dynamic, suggesting that the absence of engaging alternatives contributes to substance use as a form of entertainment or escape from monotony.

Recreational amenities and structured programmes not only yield physical and psychological health advantages but also present social opportunities that can discourage substance misuse. This finding agrees with Zhang, Welte, and Wieczorek (1999), who discovered that youth involvement in organized recreational pursuits correlates with decreased substance consumption. These activities furnish positive alternatives, foster social connections, and facilitate the cultivation of personal interests and competencies. The absence of such amenities in the Twifo Atti-Morkwa District, as emphasized by the participants, underscores a missed chance to prevent substance misuse. This finding is consistent with Tibbetts and Whittimore (2002), who found that the broader community and environmental influences shape the presence and accessibility of recreational choices.

### **Effects of substance abuse on the youth**

In terms of the effect of substance abuse on the youth, the study found that substance abuse has severe negative effects on the youth, leading to physical health problems (e.g., liver and respiratory issues), mental health

challenges (e.g., anxiety, cognitive decline), and social and economic consequences such as broken family ties, poor academic performance, and criminal behaviour.

The first theme that came out from the analysis of data for the research question three was the physical health effect. Substance abuse is unequivocally linked to a range of serious health conditions. This result is in line with the U.S. Department of Health and Human Services (2014), which found that Tobacco use, for example, is a major cause of respiratory diseases, including chronic obstructive pulmonary disease (COPD) and lung cancer. The finding is consistent with Rehm, Samokhvalov, and Shield's (2017) research, which indicated that excessive alcohol consumption can result in liver cirrhosis, cardiovascular diseases, and various other health complications. Similarly, the finding is also in line with Thacher, Smith, and Corbin, Yi (2014) who found that the physical consequences of substance abuse, such as HIV and Hepatitis C, can contribute to additional health issues. The finding agrees with Jaguga and Kwobah (2020) who found that communities that are affected by substance abuse may face heightened rates of homelessness and the spread of infectious diseases like HIV and hepatitis C. The responses from the participants in the Twifo Atti-Morkwa District underscore the real-world implications of these research findings, highlighting the immediate and lasting damage caused by substance abuse. The theme of Physical Health highlights the significant and multifaceted consequences of substance abuse on the health of youth in the Twifo Atti-Morkwa District.

The second theme of research question three focused on mental health and cognitive effect. Both participant responses and input from psychiatrists

underscored the reciprocal relationship between substance abuse and its profound effects on mental well-being and cognitive abilities. This discovery is in line with the findings of Swendsen, Burstein, Case, Conway, Dierker, He, and Merikangas (2010), who established a well-documented comorbidity between substance use disorders and mental health disorders. Evidence suggests that substance abuse can worsen symptoms of pre-existing mental health conditions, and conversely, mental health issues can contribute to substance abuse problems.

The reciprocal nature of this relationship is underscored by the participants' feedback, which indicates an escalation in anxiety and a sense of being trapped in a cycle of reliance, demonstrating the intricate interaction between substance use and mental well-being. This finding is consistent with Kosterman, Hill, Lee, Meacham, Abbott, and Catalano (2019), who identified that initiating substance use at an early stage significantly predicted future addiction issues, impacting mental and cognitive functions.

The impact of substance abuse on cognitive abilities, such as memory, attention, and decision-making, is a significant concern, especially for youth whose brains are still developing. This finding is consistent with the Medina, Verdejo-Garcia, Clark, Maddox, and Klesmeyer (2007), who discovered that substance use during adolescence and early adulthood can result in enduring cognitive deficiencies. The feedback received from participants regarding difficulties in concentration and the adverse effects on academic performance agrees with these findings, underscoring the importance of early intervention and prevention efforts. The correlation between substance abuse, mental health conditions, and cognitive impairments among the youth in the Twifo

Atti-Morkwa District underscores the immediate necessity for comprehensive approaches to both treatment and prevention.

The third and final theme of research question three was social and economic effects. The social and economic effects of substance abuse, as observed in the Twifo Atti-Morkwa District, are consistent with the findings of Klostermann and Kelley (2009), who identified substance abuse as a significant factor contributing to conflict, alienation, and emotional strain within familial relationships. This result agrees with Daubner et al. (2021), who found that individuals engaging in substance abuse are more prone to encountering academic, social, and mental health difficulties. The finding is in line with Cohen (2019), who found that substance use disorders disrupt family dynamics, increasing the likelihood of domestic violence, marital dissolution, and instances of child neglect or abuse. The experiences of the youth in the Twifo Atti-Morkwa District underscore the emotional and relational toll inflicted by substance abuse, showing the necessity for interventions centered on the family unit.

The correlation between substance abuse and diminished academic performance is well-documented. This finding is in line with Henry, Knight, and Thornberry (2012), who found that substance abuse correlates with lower academic grades, increased likelihood of dropping out, and decreased college attendance. This result is consistent with Zilberman, Peer, and Abarbanel (2019), who discovered that substance abuse among the youth is linked to poorer academic outcomes, higher rates of absenteeism, and elevated risk of discontinuing education prematurely. Similarly, substance abuse has negative repercussions on employment prospects, contributing to heightened levels of

unemployment, underemployment, and job instability. This result is consistent with French, Popovici, and Tapsell (2008), who found that substance abuse can lead to a rise in criminal activities, poverty, and unemployment rates. These socioeconomic consequences not only curtail the prospects of individuals but also impose a burden on the economic development of communities.

Substance abuse can act as both a cause and an outcome of socioeconomic hardship. This finding is in line McLellan, Lewis, O'Brien, and Kleber's (2003) research, which highlights that the financial burdens of acquiring substances, along with legal and medical costs linked to substance use disorders, can intensify economic challenges and sustain cycles of poverty. Additionally, the connection between substance abuse and criminal behavior, as individuals may resort to illegal activities to fund their addiction, emphasizes the intricate relationship between substance misuse, financial struggles, and social exclusion.

The researcher is of the view that the exploration of social and economic consequences of substance abuse in the Twifo Atti-Morkwa District highlights the complex challenges posed by substance use disorders. Integrating insights from existing literature underscores the need for interventions that address the multifaceted effects of substance abuse.

### **Ways of reducing substance abuse**

The study found that substance abuse can be reduced through a combination of educational programmes, youth engagement initiatives, and strengthened law enforcement, with a focus on awareness creation, alternative activities for youth, and supportive interventions by security and health

professionals. The first theme that emerged from the analysis was education programmes. The findings of the study reveal that increase awareness about the risks and consequences of substance abuse can significantly influence the youths' attitudes and behaviours towards drugs and alcohol. The finding is consistent with Botvin and Griffin's (2007) who found that, effectively structured educational initiatives offering comprehensive insights into the physical, psychological, and social consequences of substance abuse have the potential to enrich students' understanding and possibly discourage the initiation of substance use. The participant's reaction, describing these programmes as “eye-opening,” emphasizes the significance of knowledge in influencing well-informed choices.

An essential aspect of a successful substance abuse education program involves prioritizing skill enhancement, particularly in domains concerning resisting peer pressure and fostering healthy decision-making. This finding agrees with the research conducted by Tobler, Roona, Ochshorn, Marshall, Streke, and Stackpole (2019), which indicated that programmes integrating interactive elements, such as role-playing activities, effectively enhance self-efficacy and resistance skills among the youth, thereby contributing significantly to reducing substance use. The engagement of participants in role-playing scenarios demonstrates the valuable impact of hands-on exercises in bolstering confidence and equipping individuals with the ability to navigate peer influences effectively.

Incorporating personal stories from individuals who have experienced substance addiction can make the risks associated with substance abuse more relatable and impactful. This approach agrees with the finding of Hecht and

Krieger (2006), who found that narratives and testimonials can enhance the emotional and cognitive processing of health-related information, making the dangers of substance abuse more vivid and real. The reaction to hearing firsthand accounts of addiction highlights the power of personal stories in reinforcing the messages conveyed in educational programmes.

Education programmes that challenge normative beliefs about substance use and introduce healthy alternatives for stress relief and socialization can lead to a paradigm shift among youth. The result agrees with Sussman (2013), who found that by debunking myths and providing practical strategies for dealing with common adolescent challenges, these programmes can alter perceptions and encourage healthier lifestyle choices. The researcher is of the view that change in perspective reflects the potential for education to promote positive behavioral change.

The second theme identified in response to research question four was youth engagement. Effective initiatives to engage youth necessitate collaboration among educational institutions, community groups, and healthcare providers. Through such partnerships, a nurturing environment can be established, fostering positive growth and resilience among the youth, leading to feelings of achievement and belonging. This finding aligns with Lee and Henry (2022), who showed that strong early school engagement is associated with significantly lower levels of alcohol and cannabis use among adolescents, suggesting that promoting such engagement can be a powerful component of prevention strategies.

Youth engagement strategies play a vital role in preventing substance abuse among youth. These strategies, aimed at encouraging participation in

constructive activities, provide alternative avenues for emotional expression, social interaction, and personal growth, ultimately reducing the allure of substance abuse. Engagement in sports and similar physical activities has been identified as particularly effective in this regard. This result is in line with Eime, McGregor, and Morgan (2013), who found that involvement in physical activities offers structured environments conducive to developing discipline, teamwork skills, and physical health benefits, all of which contribute to decreased rates of substance use.

Participating in artistic endeavors provides the youth with a means of expressing emotions and exploring creativity, offering a constructive outlet that can serve as an alternative to substance abuse. This discovery agrees with the research of Stuckey and Nobel (2010), who demonstrated that involvement in art programmes can aid individuals in managing their feelings, alleviating stress, and bolstering self-esteem, thereby diminishing the inclination to turn to substances as a coping mechanism. The significant changes observed in participants of art workshops underscore the capacity of creative pursuits to address emotional and psychological requirements.

Participation in volunteer activities and community service projects can cultivate feelings of purpose, accountability, and interpersonal connection. This finding is consistent with Post's (2005) who found that experiences can alter perspectives, motivating youth to reflect on their roles and contributions within their communities. Consequently, this shift in mindset may decrease involvement in risky behaviours, including substance misuse. The result is in line with Aliaskarov and Bakiev's (2013) who found that positive familial bonds and attachment can mitigate substance use among youth. A participant's

testimonial regarding the recognition of personal value and life's potential through volunteer work underscores the broader advantages of engaging in community service.

Providing the youths with opportunities to take on leadership responsibilities in their communities or among their peers can strengthen their self-assurance and belief in their ability to make a difference. This finding is consistent with Zimmerman's (2000) who found that leadership opportunities empower the youth, allowing them to positively impact their peers and make more beneficial decisions. The sense of empowerment experienced by a youth council member highlights the importance of leadership in building resilience against substance abuse.

The final theme of research question four was law enforcement. By combining law enforcement tactics with community-based initiatives and healthcare provisions, a holistic approach to addressing substance abuse is ensured, with a focus on prevention, intervention, and the holistic welfare of individuals grappling with substance use. Insights gathered from the Twifo Atti-Morkwa District regarding the involvement of law enforcement in combating substance abuse demonstrate a nuanced comprehension of the intricate nature of addressing drug-related concerns. By incorporating these indigenous perspectives alongside established literature, a more comprehensive evaluation of the effectiveness and obstacles associated with law enforcement strategies in preventing and intervening in substance abuse can be achieved.

The presence of law enforcement and proactive policing strategies, such as patrols and crackdowns on drug dealing, can serve as a deterrent to

substance use and trafficking. The finding agrees with Caulkins, Pacula and Schwarts, (2011) who found that visible law enforcement activities can reduce the availability of illicit drugs on the streets and lower rates of drug-related crimes. The perception of increased patrols as a positive deterrent in the community aligns with these findings, suggesting the importance of visibility and active enforcement in substance abuse reduction efforts.

Law enforcement organizations frequently conduct educational initiatives to increase understanding of the risks associated with drug use and the legal repercussions of substance abuse. This approach is in line with Pacula, Chaloupka, and Grossman (2005), who discovered that awareness of legal consequences can affect individuals' choices regarding drug consumption. The effectiveness of police-led workshops in educating participants about legal risks underscores the potential of educational outreach to complement conventional enforcement efforts.

Encounters with law enforcement can serve as crucial points for intervening with individuals struggling with substance use. The result agrees with Mitchell, Wilson, and MacKenzie (2016) who found that diversion programmes, which steer offenders toward treatment and support services instead of merely punitive actions, effectively address the root causes of substance abuse. The positive impact observed when youth offenders are directed to such programmes highlights law enforcement's role in facilitating access to recovery resources. The finding is consistent with Ringwalt et al. (2019) who found that implementing a comprehensive school drug policies significantly reduces substance use among youth.

Enhancing the effectiveness of law enforcement in reducing substance abuse involves maintaining a delicate equilibrium between enforcement measures and providing support. Community-based policing, which nurtures cooperation and trust between law enforcement and local communities, proves particularly efficacious in tackling substance abuse issues. The finding agrees with the conclusions drawn by Braga and Bond (2014), who advocate for a law enforcement strategy emphasizing rehabilitation over punishment, responding to a growing demand for empathy and assistance from police. Additionally, the finding agrees with Karcher, Kuperminc, Portwood, Sipe, Taylor, and Moye (2019), who found that monitoring programmes significantly decreased substance use among youth.

The role of law enforcement in substance abuse reduction within the Twifo Atti-Morkwa District highlights the potential of law enforcement strategies to influence substance use behaviours positively. By incorporating visibility, education, support, and collaboration into their approach, law enforcement agencies can play a crucial role in mitigating the impact of substance abuse on individuals and communities. Effective substance abuse reduction strategies require a multifaceted approach that balances the need for enforcement with the importance of support and rehabilitation.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

This chapter includes an overview of the major findings, conclusions, recommendations, and suggested areas for further studies.

#### Summary of the Study

The study looked at the nature of substance abuse among the youth in the Twifo Atti-Morkwa District of Ghana. The study's objectives are to:

1. Explore substances the youth abuse in the Twifo Atti-Morkwa District.
2. Examine the causes of substance abuse among the youth in the Twifo Atti-Morkwa District.
3. Find out the effects of substance abuse among the youth in the Twifo Atti-Morkwa District.
4. Examine the ways by which substance abuse would be reduced in the Twifo Atti-Morkwa District.

A qualitative research approach was employed, underpinned by a descriptive phenomenological design. This approach allowed for an in-depth exploration of the lived experiences, beliefs, and perceptions of young people engaged in substance abuse. The study was guided by Social Learning Theory and Cognitive Behavioural Theory, which provided a dual lens for understanding both the social influences and cognitive processes associated with substance use.

The target population consisted of youth aged 18 to 35 years residing in the Twifo Atti-Morkwa District who had current or past experiences with substance use. Using purposive and snowball sampling techniques, a total of

20 participants (18 youths and 2 psychiatrists) were selected to provide rich and diverse perspectives on the issue. Data were collected through a semi-structured interview guide, allowing participants to share detailed narratives in a safe and confidential setting. Trustworthiness was ensured through member checking, triangulation, and peer debriefing. Thematic analysis was used to analyse the data, following a systematic coding process to identify key themes and patterns.

Building upon these insights, this chapter proposes targeted recommendations designed to address the identified challenges and needs. Aimed at various stakeholders, including educational institutions, community organizations, healthcare providers, and policy-makers, these recommendations underscore a collaborative and multi-pronged approach necessary for effectively combating substance abuse in the community. This final chapter, therefore, not only provides a comprehensive summary of the study but also charts a course for future action and policy intervention.

### **Key Findings**

The main findings of the study are that:

1. The study revealed that alcohol and marijuana consumption, use of illicit drugs, misusing prescribed drugs, use of tobacco and nicotine and finally the abuse of inhalant are the most commonly abused substances among the youth in the Twifo Aatti Morkwa district.
2. The causes of substance abuse among the youth in Twifo Atti Morkwa district are economic hardship, peer pressure, family history and dynamics, and lack of awareness and education. The rest are mental

health issues, availability and accessibility of substances, curiosity and experimentation, boredom, and lack of recreational facilities.

3. The effects of substance abuse among the youth in Twifo Atti Morkwa district are physical health challenges, mental health and cognitive disturbances, and social and economic issues.
4. Substance abuse among the youth in Twifo Atti Morkwa district would be reduced by organizing educational programmes, youth engagement activities and law enforcement on drug abuse.

### Conclusions

The findings of this study reveal a complex and deeply rooted problem of substance abuse among the youth in the Twifo Atti-Morkwa District. It is evident that the district is significantly affected by the widespread availability and use of various substances, both legal and illegal. Alcohol, marijuana, tramadol, and inhalants are not only easily accessible but also widely used by the youth, leading to the conclusion that there are systemic lapses in regulation, community monitoring, and youth development.

The youth in the study area are particularly vulnerable due to a combination of structural and psychosocial factors. Economic hardship, unemployment, and poverty were recurring themes, suggesting that many young people turn to substances as a coping mechanism. Additionally, peer pressure, family dysfunction, lack of accurate information, and limited recreational opportunities further compound their vulnerability. These findings lead to the conclusion that there is a lack of meaningful engagement, emotional support, and life skills education that could otherwise act as protective factors.

Furthermore, the study shows that substance abuse has far-reaching consequences on individuals and society. The physical and mental health of the youth is severely impacted, with several participants reporting long-term illnesses, cognitive impairments, and emotional instability. This findings lead to the conclusion that substance abuse issue in the district may be rippling into broader social and economic domains, contributing to family breakdown, school dropout, unemployment, and crime.

The study concludes that without a united, well-coordinated effort, substance abuse will continue to undermine the potential of the youth and hinder sustainable development in the Twifo Atti-Morkwa District.

### **Counselling Implications**

1. The study revealed that alcohol and marijuana consumption, use of illicit drugs, misusing prescribed drugs, use of tobacco and nicotine together, and the abuse of inhalants are the most commonly abused substances among the youth in the district. This implies that counsellors should prioritize educational outreach that informs youth about the risks associated with these substances. This education should be culturally sensitive and incorporate local contexts to enhance relatability and effectiveness. For example, alcohol is embedded in community life, often served at festivals, funerals, and even religious harvests, making its use appear normalised. Similarly, the availability of marijuana in farming areas and the growing trend of tramadol misuse reflect local accessibility issues. Counselling interventions must therefore take these realities into consideration.

2. The causes of substance abuse among the youth in Twifo Atti Morkwa district are economic hardship, peer pressure, family history and dynamics, and lack of awareness and education. Counselling interventions should, therefore, extend beyond individual therapy to include family-based approaches. Counsellors must work to strengthen family bonds and improve parental supervision. This is to help mitigate some of the risks. Counsellors should work with parents to develop effective communication strategies and supervision practices. Furthermore, community programmes that provide economic support and opportunities for youth should be addressed.
3. The effects of substance abuse are physical health challenges, mental health and cognitive disturbances, and social and economic issues. Counsellors should, therefore, collaborate with health professionals to ensure that youth receive comprehensive care that addresses both substance abuse and its associated mental health problems such as depression and anxiety.
4. The study revealed that substance abuse among the youth in the district would be reduced by organizing educational programmes, youth engagement activities, and law enforcement on drug abuse. Counsellors should, therefore, engage in community outreach to foster a supportive environment that discourages substance abuse. This involves working with community leaders, schools, and local organizations to create a network of support and resources. Counsellors should intensify school-based counselling programmes to aid in early

identification and intervention, helping to prevent the rise of substance use among the youth.

### **Recommendations**

The recommendations provided stem from the discoveries made during the study:

1. The findings revealed that the youth abuse substances due to their availability and accessibility. It is, therefore, recommended that the Narcotics Control Board (Ghana), together with chiefs, should develop policies that address the root causes of substance abuse among the youth. This includes regulating the availability of substances, particularly alcohol, marijuana, and prescription drugs. First, alcohol sales should be more strictly monitored by enforcing age restrictions and licensing regulations for bars, drinking spots, and retail outlets. Chiefs and local assemblies can collaborate to limit the number of alcohol-selling outlets in vulnerable communities, especially around schools and youth gathering places. Second, with respect to marijuana, traditional authorities and NACOC can strengthen community surveillance and reporting systems to curb its illicit cultivation and sale, while simultaneously supporting education on the legal boundaries of its use under Ghana's narcotics laws. Third, regarding prescription drugs such as tramadol and codeine-based syrups, the Food and Drugs Authority (FDA) and the Pharmacy Council should intensify inspections of pharmacies and chemical shops to ensure that such drugs are dispensed only with valid prescriptions. Stiffer penalties should be

imposed on unlicensed vendors and shops that distribute these substances illegally.

2. Factors contributing to substance abuse in the district include economic hardship, peer pressure, family history and dynamics, and lack of awareness and education. It is therefore recommended that the private sector and the local government collaborate to create skilled job opportunities aimed at reducing unemployment among the youth. Moreover, recreational, artistic, and leadership opportunities should be provided to positively engage the youth. In addition, targeted family-based interventions should be implemented, including parental education programmes, family counselling services, and community workshops to help families develop healthier communication patterns and coping strategies.
3. Mental health issues were another key finding revealed in the study. It is recommended that the Ghana Health Service (GHS) and non-governmental health agencies focus on expanding accessible mental health and rehabilitation services within the district. This expansion should involve increasing the availability of mental health professionals, including trained counsellors, improving the infrastructure of existing facilities, and ensuring that these services are integrated into schools and community centres.
4. The findings revealed that law enforcement was one of the ways to reduce the rate of substance abuse. It is recommended that the Ghana Police Service, in collaboration with local community leaders like chiefs, pastors, imams, and youth organizations,

strengthen law enforcement on substance use and community policing efforts targeting substance abuse within the district. Additionally, the district's counsellor for Ghana Education Service (GES) in particular and counsellors in general must work harder in the area of substance abuse in schools and out of schools to educate the youth on the dangers associated with substance abuse. The goal is to reduce the rate of effects of substance abuse on the youth.

### **Suggestions for Further Research**

According to the study's findings, the youth in the Twifo Atti-Morkwa District abuse substances due to several factors, including the availability and accessibility of the substance. The researcher suggests that the study be repeated on substance abuse among the youth using either quantitative method or mixed method. In addition, future studies could study gender differences in substance abuse patterns, examining whether risk factors, motivations, and coping strategies differ between male and female youth in the district. Further study could also examine the role of family and cultural practices in shaping youth attitudes toward alcohol, marijuana, and other substances, particularly focusing on how normalised cultural practices influence initiation and continued use.

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**APPENDIX A**

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

**INTERVIEW GUIDE FOR THE YOUTH**

I am an MPhil student at the University of Cape Coast researching on the topic “EXPLORING THE NATURE OF SUBSTANCE ABUSE AMONG THE YOUTH IN TWIFO ATTI-MORKWA DISTRICT.” Please note that this study is purely for academic purposes. You may decide to discontinue the interview at any time or refuse to answer any of the questions if you so wish. Your insights are invaluable for the study. Please be assured that all information you provide will be treated confidentially. Thank you for participating in this interview.

**Section A: Demographic Information:**

1. Can you please tell me your age?.....
2. What is your current occupation or field of study?.....

**Section B:** This section seeks for the views of the youth on substances that are usually abused in Twifo Atti – Morkwa District.

**Substances Abused by Youth**

1. What substance(s) do you normally abuse? Can you mention them and describe them?  
.....  
.....  
.....

2. From your perspective, which specific substances do you believe are most commonly abused among the youth in this district?

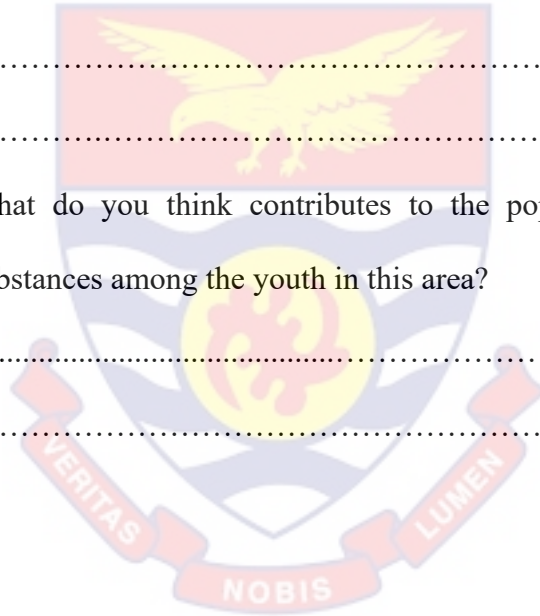
.....  
.....  
.....

4. Can you share any personal experiences or stories related to substance abuse among the youth? Which substances were involved in these cases?

.....  
.....  
.....

5. What do you think contributes to the popularity of these specific substances among the youth in this area?

.....  
.....



**Section C:** This section examines the causes of substance abuse among the youth in Twifo Atti- Morkwa District.

**Causes of Substance Abuse**

1. Why do you abuse drugs?

.....  
.....  
.....

2. Can you discuss any environmental, social, or personal circumstances that may contribute to or trigger substance abuse behaviours?

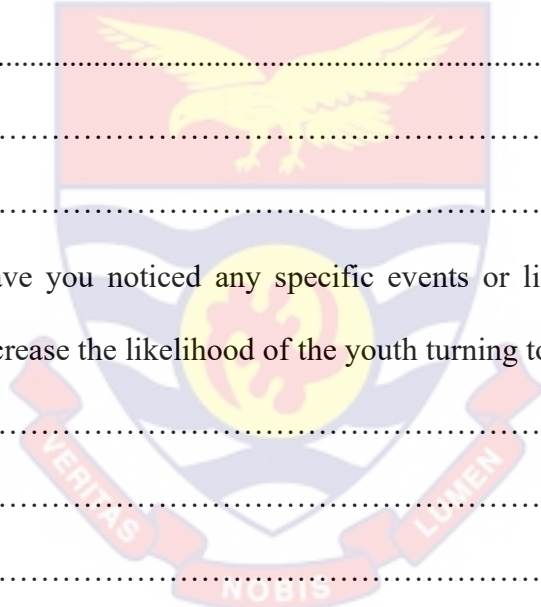
.....  
.....  
.....

3. Have you noticed any specific events or life situations that seem to increase the likelihood of the youth turning to substance abuse?

.....  
.....  
.....

4. Are there any cultural or societal norms that you believe impact the youth's inclination toward substance abuse?

.....  
.....  
.....



**Section D:** This section examines the effects of substance abuse among the youth in Twifo Atti – Morkwa District.

**Effects of Substance Abuse**

1. What are some of the effects of substance abuse?

.....  
.....  
.....

2. Can you share stories or examples that highlight the negative consequences of substance abuse on young individuals' physical, mental, or social well-being?

.....  
.....  
.....

3. In your interactions with the youth, have you observed any changes in behaviour, academic performance, or relationships that could be attributed to substance abuse?

.....  
.....  
.....

4. How do you think substance abuse affects your overall development and future prospects? In terms of your health, wellbeing, family, education, etc.

.....  
.....

**Section E:** This section examines ways in which substance abuse can be reduced in Twifo Atti – Morkwa District.

**Ways to Reduce Substance Abuse**

1. From your knowledge and experiences, what strategies or initiatives could effectively help you overcome substance abuse?

.....  
.....  
.....

2. Are there any specific resources or support systems available for those who are struggling with the effects of substance abuse?

.....  
.....  
.....

3. Are there any ongoing community programmes, educational campaigns, or interventions that you believe are already making a positive impact on addressing substance abuse?

.....  
.....  
.....

4. What role do you see families, schools, local authorities, media and community leaders playing in preventing and reducing substance abuse among the youth?

.....  
.....  
.....

5. Are there any success stories or examples of individuals who have overcome substance abuse that could inspire others?

.....

.....

.....

Thank you.



**APPENDIX B**

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

**INTERVIEW GUIDE FOR A PSYCHIATRIC PROFESSIONAL IN  
THE COMMUNITY**

I am an MPhil student at the University of Cape Coast researching on the topic “NATURE OF SUBSTANCE ABUSE AMONG THE YOUTH IN TWIFO ATTI-MORKWA DISTRICT.” Please note that this study is purely for academic purposes. You may decide to discontinue the interview at any time or refuse to answer any of the questions if you so wish. Your expertise as a psychiatric professional is crucial for the study. Your insights will be handled with confidentiality.

**Section A:**

**Demographic Information:**

1. Can you please tell me your age?.....
2. What is your current occupation?.....
3. Your length of service in the profession  
.....  
.....

**Section B:** This section is on substances that are usually abused in Twifo Atti – Morkwa District.

**Substances Abused by Youth**

1. From your professional perspective, what substances do the youth abuse?

.....  
.....

2. In your experience, are there specific substances that are commonly abused by the youth young?

.....  
.....

**Section C:** This section looks at the causes of substance abuse among the youth in Twifo Atti- Morkwa District.

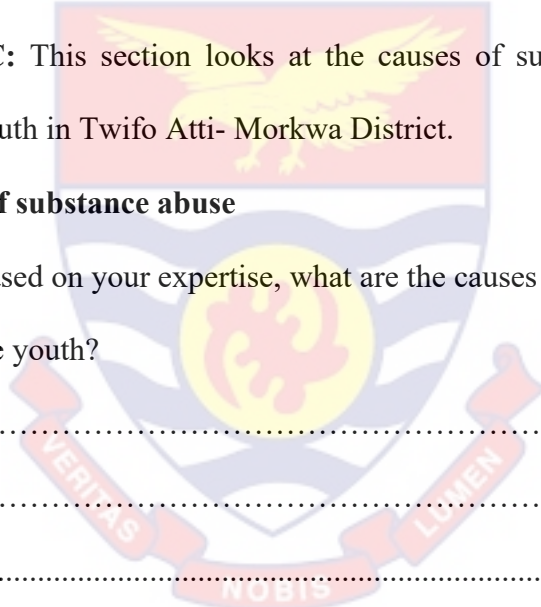
**Causes of substance abuse**

3. Based on your expertise, what are the causes of substance abuse among the youth?

.....  
.....  
.....

4. Tell me some events or life situations in the district that increase substance abuse among the youth.

.....  
.....  
.....



**Section D:** This section examines the effects of substance abuse among the youth from the health professional point of view.

**Effects of Substance Abuse**

5. May you discuss some of the effects of substance abuse on the youth?.....

.....  
.....

6. How does substance abuse impact the overall mental well-being and cognitive development of these youths?

.....  
.....

7. May you share case studies or examples that illustrate the range of effects that substance abuse can have on the mental health of the youth?

.....  
.....

**Section E:** This section examines ways in which substance abuse can be reduced in Twifo Atti – Morkwa District.

**Ways of reducing substance abuse**

1. What strategies or interventions, from a mental health perspective, do you think could effectively address and reduce substance abuse in this District?.....

2. How would mental health services be integrated into existing initiatives to support the youth who are struggling with substance

abuse?.....  
.....

3. What role should educational institutions, families, media and community leaders play in reducing substance abuse and providing support for affected individuals?

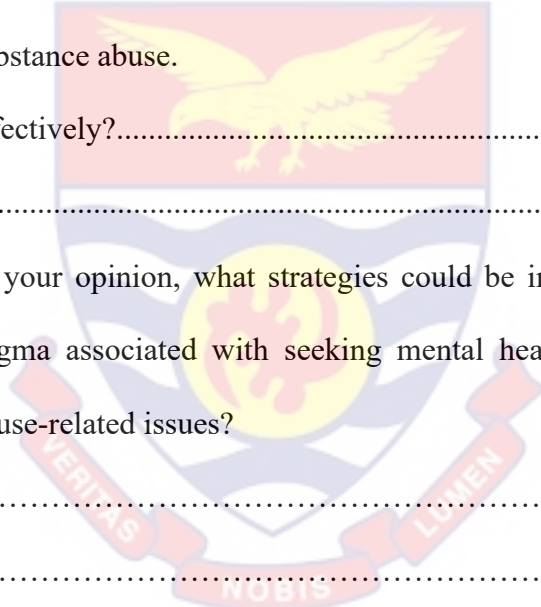
.....  
.....

4. Are there successful models or practices from other communities that you think could be adapted by Twifo Atti – Morkwa district to address substance abuse.

effectively?.....  
.....

5. In your opinion, what strategies could be implemented to reduce the stigma associated with seeking mental health support for substance abuse-related issues?

.....  
.....



Thank you.

APPENDIX C

LETTER OF INTRODUCTION

COLLEGE OF EDUCATION STUDIES  
FACULTY OF EDUCATIONAL FOUNDATIONS

TELEPHONE: 0332091854  
E-MAIL: [dgc@ucc.edu.gh](mailto:dgc@ucc.edu.gh)  
WEBSITE: [www.ucc.edu.gh](http://www.ucc.edu.gh)



Department of Guidance and Counselling  
University Post Office  
Cape Coast

11<sup>th</sup> January, 2024.

The Chairman  
Institutional Review Board  
U. C. C.  
Cape Coast

Dear Chairman,

**LETTER OF INTRODUCTION: ANTHONY COFFIE**

I am the supervisor for Anthony Coffie, a MPhil student from the Department of Guidance and Counselling, University of Cape Coast. Coffie has defended his thesis proposal titled: *"Nature of Substance Abuse among the Youth of Twifo Atti-Morkwa District"*. I therefore introduce to you, Anthony Coffie to receive the ethical clearance for his thesis to enable him proceed for the data collection.

Thank you.

Yours faithfully,

A handwritten signature in black ink, appearing to read "Stephen Doh".

DR. STEPHEN DOH FIA  
Department of Guidance and Counselling  
0244088689

APPENDIX D

ETHICAL CLEARANCE FROM IRB

UNIVERSITY OF CAPE COAST  
COLLEGE OF EDUCATION STUDIES  
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICER  
CAPE COAST, GHANA

Our Ref. CES-ERB/ucc.edu/VB-23/05

Date: January 31<sup>st</sup>, 2024

Your Ref.....

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

Chairman CES-ERB

Prof. J. O. Omotosho

jomotosh@ucc.edu.gh

0243784739

Vice Chairman, CES-ERB

Prof. K. Edjah

kedjah@ucc.edu.gh

0244742357

Secretary CES-ERB

Prof. Linda Dzama Forde

forde@ucc.edu.gh

0244786680

The bearer, Anthony Coffie

Reg. No. EF/GCPI/21/0005

M.Phil./Ph.D student in the Department of Guidance and

Counselling..... in the College of Education Studies

University of Cape Coast, Cape Coast, Ghana. He/She wishes to

Undertake of research study on the topic:

Substance abuse among the youth  
of Twifo Atti-Morkwa District

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed his/her proposal and confirmed that the proposal satisfies the College's ethical requirements for the conduct of the study.

In view of the above, the researcher has been cleared and given approval to commence his/her study. The ERB would be grateful if you would give him/her the necessary assistance to facilitate the conduct of the said research.

Thank You.

Yours faithfully,

Prof. Linda Dzama Forde  
(Secretary, CES-ERB)