

## Review Paper

# YOUTH AND DRUGS: PROBLEMS, CONSEQUENCES AND PREVENTIVES MEASURES

### ABSTRACT

**Aims:** This article reviews the effects and consequences of improper drugs used among youth, in order to broaden our understanding on its effects, causes, and also to learn new preventive measures and principles that can be used to cure or mitigate the effects of such habits on people, and also to have a comprehensive literature on the problem.

**Methodology:** this paper focuses on the mains causes of the problems i.e. drugs abused or substance abused, among youth, its symptoms and sign, and consequences especially on health. And also preventives measures or principles that's prominent authors cited in their articles or reports which are believed to be effective.

*Keywords: Drugs Abuse, Substance Abuse, Consequences, Inhalants, Marijuana,*

### *Narcotics*1. INTRODUCTION

Drugs abuse or substance abuse has been a serious issue that's surround youth life , as most of the youth get exposed to this habit with or without knowing /noticing the adverse negative consequences it has on their **Future**, most of them regret the life they found themselves in , and are willing to change for good but lack of awareness or help from those that supposed to put them on proper line **of Recovery** makes life more difficult and miserable to them, this types of issues were normally or frequently reported from a developing countries,

Drugs or substance abuse has been in existence for a long time, and its widely regarded by both government , communities NGOs as a societal issue that's need proper **concentrations** from both parties that involve especially parents, in trying to explains the issue, A number of research have been made in order to identify both the causes, Effect / consequences of this harmful acts, and their finding was published by numerous authors, like **Ahmed** ( 2002 )

**Comment [M1]:** I am highlighting the parts which need grammatical edit. Kindly consult an english language expert

**Formatted:** Highlight

**Formatted:** Highlight

**Comment [M2]:** Plaese keep in mind the grammar

**Formatted:** Highlight

**Comment [M3]:** This has been pointed out in previous review too. Kindly provide all author sand ref

26 reported that drugs or substance abuse lead to a psychological problems such as  
27 depression (state of being kin low spirit), anxiety, dementia (loss of memory), Hallucination  
28 (hearing or seeing an image when this is not real), moodiness and aggressiveness leading  
29 to the degeneration of the individual.

30 This **articles review** the problem and cite some of the preventive measures and principles  
31 **that's** when dully followed will result in both reducing the number of those that will be  
32 effected and also, retrieving of those that have been already in the dilemma for a long time.

Formatted: Highlight

Formatted: Highlight

## 33 2. LITERATURE REVIEW

### 34 2.1 Drug abuse

35 Drugs abuse **is define** as a pattern of recurrent use of drugs that leads to damaging  
36 consequences. These Damaging consequences may involve failure to meet one's major role  
37 responsibilities.( Beauvais et al, 1996 ).

Formatted: Highlight

#### 38 2.1.1 Why do people take drugs?

39 Reasons behind this habit of improper use of drugs and other substances varied, as different  
40 **people takes** such drugs **in such** of particular satisfactions which the abuser **believe** to have  
41 when he used those drugs or substances. Some **takes** drugs in order to reduced stress ,  
42 some due to their work conditions, while some used such substances to have a relieve from  
43 frustrations , anger, depressions etc. and it's in the process of doing that they become  
44 addicted to such substance, and their life affected badly. But In general, we can say that  
45 people begin taking drugs for a variety of reasons which include the like of :

Comment [M4]: Not appropriate word

Formatted: Highlight

Formatted: Highlight

46 1- *To feel good.*

Comment [M5]: Provide refernces for below mentioned reasons

47 Most abused drugs produce intense feelings of joy and pleasure. This initial sensation of  
48 euphoria is followed by other effects, which differ with the type of drug used. For example,  
49 with stimulants such as cocaine, the "high" is followed by feelings of power, self-confidence,  
50 and increased energy. In contrast, the euphoria caused by opiates substances such as  
51 heroin is followed by feelings of relaxation and satisfaction.

52 2- *To feel better.*

53 Some people who suffer from social anxiety, stress-related disorders, and depression begin  
54 abusing drugs in an attempt to lessen feelings of distress. Stress play a major role in  
55 beginning drug use, continuing drug abuse, to the **extents were** the abuser become addicted

Formatted: Highlight

56 3- *To do better.*

57 Some people feel pressure when chemically enhance or improve their cognitive or athletic  
58 performance, (which can play a role in ) therefore from initial experimentation, they proceed  
59 and continued the use of such drugs, e.g. prescription stimulants or anabolic/androgenic  
60 steroids etc. and there by become addicted to them.

61 4- *Curiosity or because others are doing it.*

62 In a report title *Drugs, Brains, and Behavior The Science of Addiction* by National Institute  
63 on Drug Abuse (2013) **Its state** that adolescents are particularly vulnerable to drug abuse  
64 because of the strong influence of peer pressure. While Teens are more likely than adults to  
65 engage in such a risky or daring behaviors to impress their friends and express their  
66 independence from parental and social rules

Formatted: Highlight

## 67 **2.2 categories / classifications of drugs abused**

68 As reasons for drugs abused varied , Types of Drugs Abuse also varied, In Nigeria, the  
69 most common types of abused drugs according to NAFDAC (2000) as cited by Haladu  
70 (2003) are categorized as follows:-

### 71 **2.2.1 Stimulants:**

72 These are substances that directly act and stimulate the central nervous system. Users at  
73 the initial stage experience pleasant effects such as energy increase. The major source of  
74 these comes from caffeine substance.

### 75 **2.2.2 Hallucinogens:**

76 These are drugs that alter the sensory processing unit in the brain. Thus, producing  
77 distorted perception, feeling of anxiety and euphoria, sadness and inner joy, they normally  
78 come from marijuana and it's like. Etc.

Comment [M6]: Not appropriate. reword

### 79 2.2.3 Narcotics:

80 These drugs relieve pains, induce sleeping and they are addictive. They are found in heroin,  
81 codeine, opium etc.

Formatted: Highlight

Formatted: Highlight

### 82 2.2.4 Sedatives:

83 These drugs are among the most widely used and abused. This is largely due to the belief  
84 that they relieve stress and anxiety, and some of them induce sleep, ease tension, cause  
85 relaxation or help users to forget their problems. They are sourced from valium, alcohol,  
86 promethazine, chloroform.

### 87 2.2.5 Miscellaneous:

88 This is a group of volatile solvents or inhalants that provide euphoria, emotional disinhibition  
89 and perpetual distortion of thought to the user. The main sources are glues, spot removers,  
90 tube repair, perfumes, chemicals etc.

### 91 2.2.6 Tranquilizers:

92 They are believed to produce calmness without bringing drowsiness, they are chiefly derived  
93 from Librium, Valium etc. (Fareo, 2012)

94

95

96

## 97 2.3 Most abused substance

### 98 2.3.1 Marijuana

99 The use of marijuana has been increasing at a much faster rate than the use of other drugs,  
100 particularly among the youngest teens in the world, and its directly accounts for much of the  
101 rise in overall drug use statistics. In United states of America, Marijuana use among 8th

Formatted: Highlight

102 grade students, and its nearly tripled from 6.2 percent in 1991 to 18.3 percent in 1996, and  
103 leveled off at 17.7 percent in 1997 (MTFS, 1997).

Comment [M7]: Provide recent data too. This is 20 yeras old

### 104 **2.3.2 Inhalant**

105 Inhalants are another important class of drugs, second only to marijuana in their lifetime use  
106 prevalence rates among adolescents. Inhalants are easily available, inexpensive, and often  
107 not classified as illicit drugs in the minds of children and their parents. Inhalant use is most  
108 prevalent among younger children, *national youth anti-drug media campaign reported that in*  
109 1997 data collected in the united states shows that's , 21 percent of 8th graders, 18 percent  
110 of 10th graders, and 16 percent of 12th graders said they had bagged, huffed, or sniffed a  
111 chemical at least once in their lives. Inhalants are dangerous; even a single episode of  
112 inhalant use can cause brain damage and death.

Comment [M8]: Provide latest figures

### 113 **2.4 the consequences of drug use**

114 The direct physical consequences of using "hard" drugs such as cocaine and heroin are  
115 generally well known, at least among the adult population, as a result of the considerable  
116 coverage they have received in the popular media. But it was unfortunate **haw** the public are  
117 less aware of the dangers of using marijuana and other inhalants substance which they also  
118 inflict severe effects. Here we will site the effects or consequences resulted as a result of  
119 using substances like marijuana and inhalants.

Formatted: Highlight

120

121

122

### 123 **2.4.1 Marijuana**

124 One of the most serious dangers of using marijuana is that it open the abusers at higher risk  
125 for using more dangerous drugs. However, marijuana use itself has serious immediate and  
126 long-term adverse consequences.

127 Few of the immediate effects of marijuana use include sleepiness, difficulty in keeping track  
128 of time, and most important, reduced ability to perform tasks requiring concentration or  
129 complex psychomotor skills. These neuro-psychological symptoms severely impair a child  
130 performance and activities such as studying, memorizing, driving, and sports.it was also  
131 noted that, used of marijuana also reduces motivation and activity level, thereby interfering  
132 with the development of physical and psychological skills which is very much need later life  
133 (NIDA, 1997).

134 Though long time effects of using marijuana are not completely understood, but there is  
135 strong evidence that marijuana can cause serious health problems.

136 In a report by NIDA (1997) states that's Marijuana smoke contains more than 400  
137 carcinogenic compounds, and a person who smokes five joints per week may be taking in as  
138 many cancer-causing chemicals as someone who smokes a full pack of cigarettes every  
139 day. Ironically, this shows that's people mistakenly believe that cigarette smoking is more  
140 harmful than using marijuana, which is very much wrong some extent, because marijuana  
141 users typically smoke less than cigarette smokers but the effects and consequences that  
142 small amount will result is huge. In fact, regular marijuana smokers have the same kinds of  
143 respiratory problems as cigarette smokers' daily cough and phlegm and more frequent chest  
144 colds.

145 THC (the active ingredient in marijuana) also affects hormonal systems and can impair  
146 sexual and reproductive functions (NIDA, 1997). In males it may delay the onset of puberty  
147 and lower the sperm count. In women, it can disrupt the menstrual cycle and inhibit  
148 ovulation. Long-term use of marijuana may compromise the immune system (NIDA, 1997).  
149 Some people also build tolerance for the drug and may develop a chemical dependency.  
150 Long-term use of marijuana may also cause chronic psychological problems. Some frequent  
151 users of marijuana develop problems like "a motivational syndrome" which is characterized  
152 by chronic fatigue, a lack of motivation, and not caring what happens to them.

#### 153 **2.4.2 Inhalants**

**Comment [M9]:** Please cut short this paragraph.  
It has been copy pasted as it is

154 The list of physical consequences of inhalant use is as diverse as the list of inhalants  
155 themselves.in general, of the thousand or so chemicals that adolescents have been known  
156 to sniff to get high, nearly all were found to cause problems like, brain damage, suffocation,  
157 visual hallucinations, and sudden death, even at the first attempt, they inflict or cause  
158 problems like the heart palpitations, delirium, difficulty in breathing, which are the few among  
159 the popular short time effects of using Inhalants. (NIDA, 1997)

## 160 **2.5 signs and symptoms of drug abuse**

161 According to Adolescents Health Information Project AHIP (2001) as cited by Fareo (2012)  
162 in a paper title, “Drug abuse among Nigerian adolescents’ strategies for counseling” the  
163 following are signs and symptoms of drug abuse:

### 164 **2.5.1 Signs of Drug Used and Drug Paraphernalia**

- 165 ➤ Possession of drug related paraphernalia such as pipes, rolling paper, small  
166 decongestant
- 167 ➤ Possession of drugs, peculiar plants or bolts, seeds of leaves in ashtrays or clothing  
168 pockets.
- 169 ➤ Odour of drugs, smell of incense or other cover up scents.

### 170 **2.5.2 Identification with Drug Culture**

- 171 ➤ Drug related magazines, slogans on clothing
- 172 ➤ Hostility in discussing drugs

### 173 **2.5.3 Signs of Physical Deterioration**

- 174 ➤ Memory lapses, short attention span, difficulty in concentration.
- 175 ➤ Poor physical coordination, slurred or incoherent speech; unhealthy appearance,  
176 indifference to hygiene and grooming
- 177 ➤ Bloodshot eyes, dilated pupils.

### 178 **2.5.4 Changes in Behavior**

- 179 ➤ Distinct downward performance in school place of work.

- 180 > Increased absenteeism or tardiness.
- 181 > Chronic dishonesty, lying; cheating and stealing.
- 182 > Trouble with the police and other law enforcement agencies
- 183 > Change of friends, evasiveness in talking about new ones.
- 184 > Increasing and inappropriate anger, hostility, irritability, sectraveness etc.
- 185 > Reduce motivation, energy, self-discipline, self-esteem etc.( Fareo ,2012)

186 In a report title *Adolescent Health highlight: Used of illicit Drugs*, (2013) revealed sign like  
187 mood swing, weight loss , and a drop in grades by students,  
188 possession of drug paraphernalia, increase in problematic behaviors' are also a sign of  
189 abuses. While some unique sign are experience by the use of some specific substances or  
190 drugs, these includes for examples, sign of marijuana use include bloodshot eyes and  
191 appearing dizzy or uncoordinated, while sign of Inhalants use are aggressive behavior or  
192 outburst, nausea, poor coordination , unintelligent speech and muscles weakness  
193 (NIDA,2011).

194 Haladu (2003) gave the following as the main causes' |

- 195 i. Experimental Curiosity: Curiosity to experiment the unknown facts about drugs thus  
196 motivates adolescents into drug use. The first experience in drug abuse  
197 produces a state of arousal such as happiness and pleasure which in turn  
198 motivate them to continue.
- 199 ii. Peer Group Influence: Peer pressure plays a major role in influencing many  
200 adolescents into drug abuse. This is because peer pressure is a fact of teenage  
201 and youth life. As they try to depend less on parents, they show more  
202 dependency on their friends. In Nigeria, as other parts of the world, one may not  
203 enjoy the company of others unless he conforms to their norms.
- 204 iii. Lack of parental supervision: Many parents have no time to supervise their sons and  
205 daughters. Some parents have little or no interaction with family members, while

**Comment [M10]:** Causes have been dealt with in previous section. Its a repetetion, either cut it short or insert it above

**Formatted:** Highlight



206 others put pressure on their children to pass exams or perform better in their  
207 studies. These phenomena initialize and increases drug abuse.

208 iv. Personality Problems due to socio-Economic Conditions: Adolescents with  
209 personality problems arising from social conditions have been found to abuse  
210 drugs. The social and economic status of most Nigerians is below average.  
211 Poverty is widespread, broken homes and unemployment is on the increase,  
212 therefore our youths roam the streets looking for employment or resort to  
213 begging. These situations have been aggravated by lack of skills, opportunities  
214 for training and re-training and lack of committed action to promote job creation  
215 by private and community entrepreneurs. Frustration arising from these  
216 problems lead to recourse in drug abuse for temporarily removing the tension  
217 and problems arising from it.

218 v. The Need for Energy to Work for Long Hours: The increasing economic deterioration  
219 that leads to poverty and disempowerment of the people has driven many  
220 parents to send their children out in search of a means of earning something for  
221 contribution to family income. These children engage in hawking, bus  
222 conducting, head loading, scavenging, serving in food canteens etc and are  
223 prone to drug taking so as to gain more energy to work for long hours.

224 vi. Availability of the Drugs: In many countries, drugs have dropped in prices as  
225 supplies have increased.

226 vii. The Need to prevent the Occurrence of Withdrawal symptoms: If a drug is stopped,  
227 the user experiences what is termed "withdrawal symptoms". Pain, anxiety,  
228 excessive sweating and shaking characterize such symptoms. The inability of  
229 the drug user to tolerate the symptoms motivates him to continue (Ige, 2000).

## 230 2.6 Drugs dependence or addictions among young

231 Substance or drugs abuse is a pattern of recurrent use substance or drugs that leads to  
232 damaging consequences. These Damaging consequences may involve failure to meet one's  
233 major role responsibilities (e.g., as student, worker, or parent),or putting oneself in situations  
234 where substance use become physically dangerous (e.g., mixing driving and substance  
235 use), or encountering repeated problems with the law arising from substance use (e.g.,  
236 multiple arrests for substance-related behavior), or having recurring social or interpersonal  
237 problems because of substance use (e.g., repeatedly getting into fights when drinking).

238 Drugs or Substance dependence or Addictions can also be defined as a maladaptive  
239 pattern of use that results in significant impairment or distress, as shown by the following  
240 features that's used to occur ;

241 1- Tolerance for the substance, Tolerance of the substances or drugs can be shown by  
242 either of the following

243 ➤ the need for increased amounts of the substance to achieve the desired effect or  
244 intoxication, or

245 ➤ Marked reduction in the effects of continuing to ingest the same amounts.

246 2. Withdrawal symptoms, as shown by either

247 ➤ the withdrawal syndrome that is considered characteristic for the substance, or

248 ➤ the taking of the same substance (or a closely related substance, as when  
249 methadone is substituted for heroin) to relieve or to prevent withdrawal symptoms.

250 3. Taking larger amounts of the substance or for longer periods of time than the individual  
251 intended (e.g., person had desired to take only one drink, but after taking the first, continues  
252 drinking until severely intoxicated).

253 4. Persistent desire to cut down or control intake of substance or lack of success in trying to  
254 exercise self-control.

255 5. Spending a good deal of time in activities directed toward obtaining the substance (e.g.,  
256 visiting several physicians to obtain prescriptions or engaging in theft), in actually ingesting

257 the substance, or in recovering from its use. In severe cases, the individual's daily life  
258 revolves around substance use.

259 6. The individual has reduced or given up important social, occupational, or recreational  
260 activities due to substance use (e.g., person withdraws from family events in order to indulge  
261 in drug use).

262 7. Substance use is continued despite evidence of persistent or recurrent psychological or  
263 physical problems either caused or exacerbated by its use (e.g., repeated arrests for driving  
264 while intoxicated) and the likes.

## 265 **2.7 The effects of drug abuse**

266 Mba (2008) and Fareo (2012) identified numerous negative effects of drug abuse on the  
267 body chemistry as follows:

### 268 **2.7.1 Alcohol-related problems includes:**

- 269 ➤ Physical problems e.g. liver cirrhosis, pancreatic, peptic ulcer, tuberculosis,  
270 hypertension, neurological disorder.
- 271 ➤ Mental retardation for the fetus in the womb, growth, deficiency, delayed motor  
272 development.
- 273 ➤ Craniofacial abnormalities, limbs abnormalities and cardiac deficits.
- 274 ➤ Psychiatric e.g. pathological drunkenness, suicidal behavior
- 275 ➤ Socially-broken homes, increased crime rate, sexual offences, homicide and  
276 sexually transmitted diseases.

### 277 **2.7.2. Tobacco:**

278 Causes stimulation of heart and narrowing of blood vessels, producing hypertension,  
279 headache, loss of appetite, nausea and delayed growth of the fetus. It also aggravates or  
280 causes sinusitis, bronchitis, cancer, strokes, and heart attack.

### 281 **2.7.3. Stimulants:**

282 Lethargy, irritability, exaggerated self-confidence, damage nose linings, sleeplessness, and  
283 psychiatric complications.

#### 284 **2.7.4. Inhalants:**

285 Causes anemia, damage kidney and stomach bleeding. 5. Narcotics: Causes poor  
286 perception, constipation, cough, suppression, vomiting, drowsiness and sleep,  
287 unconsciousness and death.

### 288 **2.8 Protecting adolescents from substance abuse**

289 Researchers have identified several strategies that's can be used to mitigate or controls  
290 substance abuse among youths, these factors are regarded as protective factors that's when  
291 dully followed can bring a positive change to the situations.

292 Bandy, T., & Moore, K. A. (2008) Explain that , One of the conditions that's make it more  
293 likely that adolescent can attain a state of substance free is proper and effective connections  
294 with his parents or Guardians, presence of parent in a Home at key time during the day, and  
295 restricting the child from gaining access to illegal substances in the Home , and also  
296 monitoring the were about of their children with or without their consent.

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

297 Also

298 strong connection to schools and a deep religious commitment also can help adolescents to  
299 avoid substance use (CDCP, 2012).

#### 300 **2.8.1 Risk factors, protectives factors and preventions principles**

301 In a report made by National institute on drug abuse of the United State of America, Title  
302 *preventing Drugs Abuse among Children and adolescents* (2003) explained that's , Risks  
303 Factors are any Factors associated with greater potential for drug abuse while those  
304 associated with reducing potential for abuse are called "protective" factors.

#### 305 **2.8.2 Principles for proper prevention and cure**

306 Principle 1

307 Hawkins et al. (2002) state that's any Prevention programs should enhance protective  
308 factors and reverse or reduce risk factors, this was taken as the first principle by many

309 authors, and reported in many publications, like (NIDA, 2003 ) and explain by a number of  
310 authors such as ;

311 • Wills and McNamara et al. (1996) says that The risk of becoming a drug abuser  
312 involves a number of relationship that's exist among the types of risk factors (e.g.,  
313 deviant attitudes and behaviors) and protective factors (e.g., parental support).

314 • Gerstein and Green (1993) and Kumpfer et al. (1998) say that, potential impact of  
315 specific risk and protective factors changes with age. For example, risk factors within the  
316 family have greater impact on a younger child, while association with drug-abusing peers  
317 and groups may be a more significant risk factor for an adolescent.

318 • Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often  
319 has a greater impact than later intervention by changing a child's life path toward positive  
320 behaviors (Ialongo et al. 2001).

321 • While risk and protective factors can affect people of all groups, these factors can have a  
322 different effect depending on a person's age, gender, ethnicity, culture, and environment as  
323 explains by Beauvais et al. (1996) and Moon et al. ( 1999).

324 Principle 2

325 Prevention programs should address all forms of drug abuse, alone or in combination,  
326 including the underage use of legal drugs and other substances (e.g., tobacco or alcohol);  
327 the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally  
328 obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs  
329 (Johnston et al. 2002).

330 Principle 3

331 Prevention programs should address the type of drug abuse problem in the local  
332 community, target modifiable risk factors, and strengthen identified protective factors  
333 (Hawkins et al. 2002).

334 Principle 4

335 Prevention programs should be tailored to address risks specific to population or audience  
336 characteristics, such as age, gender, and ethnicity, to improve program effectiveness ( Oetting et al. 1997).

#### 338 Principle 5

339 Family-based prevention programs should enhance family bonding and relationships and  
340 include parenting skills; practice in developing, discussing, and enforcing family policies on  
341 substance abuse; and training in drug education and information (Ashery et al. 1998).

342 Family bonding is the bedrock of the relationship between parents and children. Bonding can  
343 be strengthened through skills training on parent supportiveness of children, parent-child  
344 communication, and parental involvement (Kosterman et al. 1997).

345 • Parental monitoring and supervision are critical for drug abuse prevention. These skills can  
346 be enhanced with training on rule-setting; techniques for monitoring activities; praise for  
347 appropriate behavior; and moderate, consistent discipline that enforces defined family rules  
348 (Kosterman et al. 2001).

349 • Drug education and information for parents or care givers reinforces what children are  
350 learning about the harmful effects of drugs and opens opportunities for family discussions  
351 about the abuse of legal and illegal substances (Bauman et al. 2001).

352 • Brief, family-focused interventions for the general population can positively change specific  
353 parenting behavior that can reduce later risks of drug abuse (Spath et al. 2002b).

#### 354 Principle 6

355 Prevention programs can be designed to intervene as early as pre-school to address risk  
356 factors for drug abuse, such as aggressive behavior, poor social skills, and academic  
357 difficulties (Webster-Stratton 1998; Webster-Stratton et al. 2001).

#### 358 Principle 7

359 Prevention programs for elementary school children should target improving academic and  
360 social-emotional learning to address risk factors for drug abuse, such as early aggression,  
361 academic failure, and school dropout. Education should focus on the following skills (Ialongo

362 et al. 2001; Conduct Problems Prevention Work Group 2002b): • self-control; • emotional  
363 awareness; • communication; • social problem-solving; and • academic support, especially in  
364 reading.

#### 365 Principle 8

366 Prevention programs for middle or junior high and high school students should increase  
367 academic and social competence with the following skills (Botvin et al.1995; Scheier et al.  
368 1999): • study habits and academic support; • communication; • peer relationships; • self-  
369 efficacy and assertiveness; • drug resistance skills; • reinforcement of antidrug attitudes; and  
370 • strengthening of personal commitments against drug abuse.

#### 371 Principle 9

372 Prevention programs aimed at general populations at key transition points, such as the  
373 transition to middle school, can produce beneficial effects even among high-risk families and  
374 children. Such interventions do not single out risk populations and, therefore, reduce labeling  
375 and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002).

#### 376 Principle 10

377 Community prevention programs that combine two or more effective programs, such as  
378 family-based and school-based programs, can be more effective than a single program  
379 alone (Battistich et al. 1997).

#### 380 Principle 11

381 Community prevention programs reaching populations in multiple settings—for example,  
382 schools, clubs, faith-based organizations, and the media—are most effective when they  
383 present consistent, community-wide messages in each setting (Chou et al. 1998).

#### 384 Prevention Program Delivery

#### 385 Principle 12

386 When communities adapt programs to match their needs, community norms, or differing  
387 cultural requirements, they should retain core elements of the original research-based  
388 intervention (Spoth et al. 2002b), which include:

**Comment [M11]:** Both paragraphs state the same thing. Combine in one paragraph

- 389 • Structure (how the program is organized and constructed);
- 390 • Content (the information, skills, and strategies of the program); and
- 391 • Delivery (how the program is adapted, implemented, and evaluated).

392 Principle 13

393 Prevention programs should be long-term with repeated interventions (i.e., booster  
394 programs) to reinforce the original prevention goals. Research shows that the benefits from  
395 middle school prevention programs diminish without follow-up programs in high school  
396 (Scheier et al. 1999).

397 Principle 14

398 Prevention programs should include teacher training on good classroom management  
399 practices, such as rewarding appropriate student behavior. Such techniques help to foster  
400 students' positive behavior, achievement, academic motivation, and school bonding (  
401 Jalongo et al. 2001).

402 Principle 15

403 Prevention programs are most effective when they employ interactive techniques, such as  
404 peer discussion groups and parent role-playing, that allow for active involvement in learning  
405 about drug abuse and reinforcing skills (Botvin et al. 1995).

406 Principle 16

407 Research-based prevention programs can be cost-effective. Similar to earlier research,  
408 recent research shows that for each dollar invested in prevention, a savings of up to \$10 in  
409 treatment for alcohol or other substance abuse can be seen ( Pentz 1998; Hawkins 1999;  
410 Aos et al. 2001; Spoth et al. 2002a).

411 **4. CONCLUSION**

412 In this article effort have been made to address the problems of substance or drugs abuse  
413 among the youth specifically in order to have a conceptual understanding of the problems ,  
414 main issue related to the causes , consequences , types of substances or drugs abused  
415 were discussed, so also the preventive measures and principles were also discussed and



416 examined, its my hope that this article will be a reference model in the future studies related  
417 to the substance abuse or Drugs abuse.

418

419 **REFERENCES**

420

421 Aos, S.; Phipps, P.; Barnoski, R.; and Lieb, R. The Comparative Costs and Benefits of  
422 Programs to Reduce Crime. Vol. 4 (1-05-1201). Olympia, WA: Washington State Institute for  
423 Public Policy, May 2001.

424 Ashery, R.S.; Robertson, E.B.; and Kumpfer K.L.; eds. Drug Abuse Prevention through  
425 Family Interventions. NIDA Research Monograph No. 177. Washington, DC: U.S.  
426 Government Printing Office, 1998.

427 Battistich, V.; Solomon, D.; Watson, M.; and Schaps, E. Caring school communities.  
428 Educational Psychologist 32(3):137–151, 1997.

429 Bauman, K.E.; Foshee, V.A.; Ennett, S.T.; Pemberton, M.; Hicks, K.A.; King, T.S.; and Koch,  
430 G.G. The influence of a family program on adolescent tobacco and alcohol. American  
431 Journal of Public Health 91(4):604–610, 2001.

432 Beauvais, F.; Chavez, E.; Oetting, E.; Deffenbacher, J.; and Cornell, G. Drug use, violence,  
433 and victimization among White American, Mexican American, and American Indian dropouts,  
434 students with academic problems, and students in good academic standing. Journal of  
435 Counseling Psychology 43:292–299, 1996.

436 Botvin, G.; Baker, E.; Dusenbury, L.; Botvin, E.; and Diaz, T. Long-term follow-up results of a  
437 randomized drug-abuse prevention trial in a white middle class population. Journal of the  
438 American Medical Association 273:1106–1112, 1995.

439 Centers for Disease Control and Prevention. (2010). monitoring your teen's activities: what p  
440 arents and families should know. Retrieved June 14, 2013, from [http://www.cdc.gov/Healthy  
441 Youth/adolescenthealth/pdf/parental\\_monitoring\\_factsheet.pdf](http://www.cdc.gov/HealthyYouth/adolescenthealth/pdf/parental_monitoring_factsheet.pdf)

442 Centers for Disease Control and Prevention. (2012). Youth risk behavior surveillance-United  
443 States, 2011. Morbidity and Mortality Weekly Report,  
444 61(4). Retrieved June 14, 2013, from <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>  
445 Chou, C.; Montgomery, S.; Pentz, M.; Rohrbach, L.; Johnson, C.; Flay, B.; and Mackinnon,  
446 D. Effects of a community-based prevention program in decreasing drug use in high-risk  
447 adolescents. *American Journal of Public Health* 88:944–948, 1998.

448 David Murphey, Megan Barry, Brigitte Vaughn, Guzman, and Mary Terzian (2013)  
449 Adolescent Health Highlight: Use of Illicit Drugs

450 Dishion, T.; Kavanagh, K.; Schneiger, A.K.J.; Nelson, S.; and Kaufman, N. Preventing early  
451 adolescent substance use: A family centered strategy for the public middle school.  
452 *Prevention Science* 3(3):191–202, 2002.

453 Dorcas Oluremi FAREO, (2012)" *Drug Abuse among Nigerian adolescents strategies for*  
454 *counseling*" *The journal of international Social Research* Volume: 5 Issue: 20

455 Drug Enforcement Administrations. Drugs  
456 of Abuse. Retrieved August 30, 2013, from [http://www.justice.gov/dea/pr/multimedialibrary/p](http://www.justice.gov/dea/pr/multimedialibrary/publications/drug_of_abuse.pdf#page=72)  
457 [ublications/drug\\_of\\_abuse.pdf#page=72](http://www.justice.gov/dea/pr/multimedialibrary/publications/drug_of_abuse.pdf#page=72)

458 Gerstein, D.R., and Green, L.W., eds. *Preventing Drug Abuse: What Do We Know?*  
459 Washington, DC: National Academy Press, 1993.

460 HALADU, A.A. (2003). Outreach strategies for curbing drug abuse among out-of-school  
461 youth in Nigeria: A challenge for community Based Organization (CBOS), in A. Garba (ed).  
462 *Youth and drug abuse in Nigeria: Strategies for counseling, management and control*. Kano:  
463 Matosa Press.

464 Hawkins, J.D.; Catalano, R.F.; and Arthur, M. Promoting science based prevention in  
465 communities. *Addictive Behaviors* 90(5):1–26, 2002.

466 Hawkins, J.D. Catalano, R.F.; Kosterman, R.; Abbott, R. ; and Hill, K.G. Preventing  
467 adolescent health-risk behaviors by strengthening protection during childhood. *Archives of*  
468 *Pediatric and Adolescent Medicine* 153:226–234, 1999.

469 Ialongo, N.; Poduska, J.; Werthamer, L.; and Kellam, S. The distal impact of two first-grade  
470 preventive interventions on conduct problems and disorder in early adolescence. *Journal of*  
471 *Emotional and Behavioral Disorders* 9:146–160, 2001.

472 Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G. *Monitoring the Future National Survey*  
473 *Results on Drug Use, 1975–2002. Volume 1: Secondary School Students.* Bethesda, MD:  
474 National Institute on Drug Abuse, 2002.

475 Kosterman, R.; Hawkins, J.D.; Haggerty, K.P.; Spoth, R.; and Redmond, C. Preparing for the  
476 Drug Free Years: Session-specific effects of a universal parent-training intervention with  
477 rural families. *Journal of Drug Education* 31(1):47–68, 2001.

478 Kosterman, R.; Hawkins, J.D.; Spoth, R.; Haggerty, K.P.; and Zhu, K. Effects of a preventive  
479 parent-training intervention on observed family interactions: proximal outcomes from  
480 Preparing for the Drug Free Years. *Journal of Community Psychology* 25(4):337–352, 1997.

481 Kumpfer, K.L.; Olds, D.L.; Alexander, J.F.; Zucker, R.A.; and Gary, L.E. Family etiology of  
482 youth problems. In: Ashery, R.S.; Robertson, E.B.; and Kumpfer K.L.; eds. *Drug Abuse*  
483 *Prevention Through Family Interventions.* NIDA Research Monograph No. 177. Washington,  
484 DC: U.S. Government Printing Office, pp. 42–77, 1998.

485 MBA, A.I. (2008). "Counseling techniques for the rehabilitation of drug addicts in Nigeria,  
486 *The Counselor*, 18(1) 10-18. National Drug Law Enforcement Agency (1997). *Drug data*  
487 *collection and research*, Lagos: Drug Demand Reduction Unit, National Drug Law  
488 Enforcement Agency.

489 Moon, D.; Hecht, M.; Jackson, K.; and Spellers, R. Ethnic and gender differences and  
490 similarities in adolescent drug use and refusals of drug offers. *Substance Use and Misuse*  
491 34(8):1059–1083, 1999.

492 National Institute on Drug Abuse (2014) "Drugs, Brains, and Behavior The Science of  
493 Addiction"

494 Bandy, T., & Moore, K. A. (2008). *What works for preventing and stopping substance use in*  
495 *adolescents: lessons from experimental evaluations of programs and interventions.* Washing

496 ton, D.C.: Child Trends. Retrieved June 14, 2013, from <http://www.childtrends.org/wpcontent>  
497 [/uploads/2008/05/Child\\_Trends-2008\\_05\\_20\\_FS\\_WhatWorksSub.pdf](http://www.childtrends.org/wpcontent/uploads/2008/05/Child_Trends-2008_05_20_FS_WhatWorksSub.pdf)

498 National Institute on Drug Abuse (NIDA). (1997). Marijuana: Facts Parents Need to Know  
499 [Online]. (1997). Available: <http://www.nida.nih.gov/MarijBroch/parentpg9-10N.html>.

500 National Institute on Drug Abuse. (2011). Marijuana: facts parents need to know. Retrieved  
501 June 14, 2013, from [http://www.drugabuse.gov/publications/marijuana-facts-parents-need-t](http://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know)  
502 [o-know](http://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know)

503 Oetting, E.; Edwards, R.; Kelly, K.; and Beauvais, F. Risk and protective factors for drug  
504 use among rural American youth . In: Robertson, E.B.; Sloboda, Z.; Boyd, G.M.; Beatty, L.;  
505 and Koziel, N.J., eds. Rural Substance Abuse: State of Knowledge and Issues. NIDA  
506 Research Monograph No. 168. Washington, DC: U.S. Government Printing Office, pp. 90–  
507 130, 1997.

508 Pentz, M.A. Costs, benefits, and cost-effectiveness of comprehensive drug abuse  
509 prevention. In: Bukoski, W.J., and Evans, R.I., eds. Cost-Benefit/Cost-Effectiveness  
510 Research of Drug Abuse Prevention: Implications for Programming and Policy. NIDA  
511 Research Monograph No. 176. Washington, DC: U.S. Government Printing Office, pp. 111–  
512 129, 1998.

513 Scheier, L.; Botvin, G.; Diaz, T.; and Griffin, K. Social skills, competence, and drug refusal  
514 efficacy as predictors of adolescent alcohol use. *Journal of Drug Education* 29(3): 251–278,  
515 1999.

516 Spoth, R.; Guyull, M.; and Day, S. Universal family-focused interventions in alcohol-use  
517 disorder prevention: Cost effectiveness and cost-benefit analyses of two interventions.  
518 *Journal of Studies on Alcohol* 63:219–228, 2002a.

519 Spoth, R.L.; Redmond, D.; Trudeau, L.; and Shin, C. Longitudinal substance initiation  
520 outcomes for a universal preventive intervention combining family and school programs.  
521 *Psychology of Addictive Behaviors* 16(2):129–134, 2002b.

522 Spoth, R.L.; Redmond, D.; Trudeau L. and Shin, C. Longitudinal substance initiation  
523 outcomes for a universal preventive intervention combining family and school programs.  
524 *Psychology of Addictive Behaviors* 16(2):129–134, 2002b.

525 The Partnership at Drugfree.org. Time to act! How to tell if your teen is using and taking actio  
526 n to intervene. Retrieved June 14, 2013, from <http://timetoact.drugfree.org/index.html>

527 Webster-Stratton, C. Preventing conduct problems in Head Start children: Strengthening  
528 parenting competencies. *Journal of Consulting and Clinical Psychology* 66:715–730, 1998.

529 Webster-Stratton, C.; Reid, J.; and Hammond, M. Preventing conduct problems, promoting  
530 social competence: A parent and teacher training partnership in Head Start. *Journal of*  
531 *Clinical Child Psychology* 30:282–302, 2001.

532 Wills, T.; McNamara, G.; Vaccaro, D.; and Hirky, A. Escalated substance use: A longitudinal  
533 grouping analysis from early to middle adolescence. *Journal of Abnormal Psychology*  
534 105:166–180, 1996.s

535  
536  
537  
538  
539