

# YOUTH AND DRUGS: PROBLEMS, CONSEQUENCES AND PREVENTIVES MEASURES

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## 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 main causes of the problems i.e. drugs abused or substance abused, among youth, its symptoms and signs, and consequences especially on health. And also preventive measures or principles that are 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 surrounds 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 explain 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 )

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

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

## 34 **2. LITERATURE REVIEW**

### 35 **2.1 Drug abuse**

36 Drugs abuse is define as a pattern of recurrent use of drugs that leads to damaging  
37 consequences. These Damaging consequences may involve failure to meet one's major role  
38 responsibilities (e.g.as student worker ,or parent),putting oneself in situations where  
39 substance use is physically dangerous (e.g., mixing driving and substance use),  
40 encountering repeated problems with the law arising as a result of drugs or substance use  
41 (e.g., multiple arrests for substance-related behavior), or having recurring social or  
42 interpersonal problems because of improper use of those drugs or substance (e.g.,  
43 repeatedly getting into fights when drinking).

#### 44 **2.1.1 Why do people take drugs?**

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

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53

54           1- *To feel good.*

55       Most abused drugs produce intense feelings of joy and pleasure. This initial sensation of  
56       euphoria is followed by other effects, which differ with the type of drug used. For example,  
57       with stimulants such as cocaine, the “high” is followed by feelings of power, self-confidence,  
58       and increased energy. In contrast, the euphoria caused by opiates substances such as  
59       heroin is followed by feelings of relaxation and satisfaction.

60           2- *To feel better.*

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

64           3- *To do better.*

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

69           4- *Curiosity or because others are doing it.*

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

## 75       **2.2 categories / classifications of drugs abused**

76       As reasons for drugs abused varied , Types of Drugs Abuse also varied, In Nigeria, the  
77       most common types of abused drugs according to NAFDAC (2000) as cited by Haladu  
78       (2003) are categorized as follows:-

79 **2.2.1 Stimulants:**

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

83 **2.2.2 Hallucinogens:**

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

87 **2.2.3 Narcotics:**

88 These drugs relive pains, induce sleeping and they are addictive. They are found in heroin,  
89 codeine, opium etc.

90 **2.2.4 Sedatives:**

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

95 **2.2.5 Miscellaneous:**

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

99 **2.2.6 Tranquilizers:**

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

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105 **2.3 Most abused substance**

106 **2.3.1 Marijuana**

107 The use of marijuana has been increasing at a much faster rate than the use of other drugs,  
108 particularly among the youngest teens in the world, and its directly accounts for much of the  
109 rise in overall drug use statistics. In United states of America, Marijuana use among 8th  
110 grade students, and its nearly tripled from 6.2 percent in 1991 to 18.3 percent in 1996, and  
111 leveled off at 17.7 percent in 1997 (MTFS, 1997 )

112 **2.3.2 Inhalant**

113 Inhalants are another important class of drugs, second only to marijuana in their lifetime use  
114 prevalence rates among adolescents. Inhalants are easily available, inexpensive, and often  
115 not classified as illicit drugs in the minds of children and their parents. Inhalant use is most  
116 prevalent among younger children, *national youth anti-drug media campaign reported that in*  
117 *1997 data collected in the united states shows that's , 21 percent of 8th graders, 18 percent*  
118 *of 10th graders, and 16 percent of 12th graders said they had bagged, huffed, or sniffed a*  
119 *chemical at least once in their lives. Inhalants are dangerous; even a single episode of*  
120 *inhalant use can cause brain damage and death.*

121 **2.4 the consequences of drug use**

122 The direct physical consequences of using “hard” drugs such as cocaine and heroin are  
123 generally well known, at least among the adult population, as a result of the considerable  
124 coverage they have received in the popular media. But it was unfortunate haw the public are  
125 less aware of the dangers of using marijuana and other inhalants substance which they also  
126 inflict severe effects. Here we will site the effects or consequences resulted as a result of  
127 using substances like marijuana and inhalants.

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131 **2.4.1 Marijuana**

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

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

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

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

153 THC (the active ingredient in marijuana) also affects hormonal systems and can impair  
154 sexual and reproductive functions (NIDA, 1997). In males it may delay the onset of puberty  
155 and lower the sperm count. In women, it can disrupt the menstrual cycle and inhibit  
156 ovulation. Long-term use of marijuana may compromise the immune system (NIDA, 1997).

157 Some people also build tolerance for the drug and may develop a chemical dependency.

158 Long-term use of marijuana may also cause chronic psychological problems. Some frequent  
159 users of marijuana develop problems like “a motivational syndrome” which is characterized  
160 by chronic fatigue, a lack of motivation, and not caring what happens to them.

#### 161 **2.4.2 Inhalants**

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

#### 168 **2.5 signs and symptoms of drug abuse**

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

##### 172 **2.5.1 Signs of Drug Used and Drug Paraphernalia**

- 173 ➤ Possession of drug related paraphernalia such as pipes, rolling paper, small  
174 decongestant
- 175 ➤ Possession of drugs, peculiar plants or bolts, seeds of leaves in ashtrays or clothing  
176 pockets.
- 177 ➤ Odour of drugs, smell of incense or other cover up scents.

##### 178 **2.5.2 Identification with Drug Culture**

- 179 ➤ Drug related magazines, slogans on clothing
- 180 ➤ Hostility in discussing drugs

##### 181 **2.5.3 Signs of Physical Deterioration**

- 182 ➤ Memory lapses, short attention span, difficulty in concentration.

- 183 ➤ Poor physical coordination, slurred or incoherent speech; unhealthy appearance,  
184 indifference to hygiene and grooming  
185 ➤ Bloodshot eyes, dilated pupils.

#### 186 **2.5.4 Changes in Behavior**

- 187 ➤ Distinct downward performance in school place of work.  
188 ➤ Increased absenteeism or tardiness.  
189 ➤ Chronic dishonesty, lying; cheating and stealing.  
190 ➤ Trouble with the police and other law enforcement agencies  
191 ➤ Change of friends, evasiveness in talking about new ones.  
192 ➤ Increasing and inappropriate anger, hostility, irritability, sectraveness etc.  
193 ➤ Reduce motivation, energy, self-discipline, self-esteem etc.( Fareo ,2012)

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

202 Haladu (2003) gave the following as the main causes'

- 203 i. Experimental Curiosity: Curiosity to experiment the unknown facts about drugs thus  
204 motivates adolescents into drug use. The first experience in drug abuse  
205 produces a state of arousal such as happiness and pleasure which in turn  
206 motivate them to continue.
- 207 ii. Peer Group Influence: Peer pressure plays a major role in influencing many  
208 adolescents into drug abuse. This is because peer pressure is a fact of teenage



209 and youth life. As they try to depend less on parents, they show more  
210 dependency on their friends. In Nigeria, as other parts of the world, one may not  
211 enjoy the company of others unless he conforms to their norms.

212 iii. Lack of parental supervision: Many parents have no time to supervise their sons and  
213 daughters. Some parents have little or no interaction with family members, while  
214 others put pressure on their children to pass exams or perform better in their  
215 studies. These phenomena initialize and increases drug abuse.

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

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

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

234 vii. The Need to prevent the Occurrence of Withdrawal symptoms: If a drug is stopped,  
235 the user experiences what is termed "withdrawal symptoms". Pain, anxiety,

236 excessive sweating and shaking characterize such symptoms. The inability of  
237 the drug user to tolerate the symptoms motivates him to continue (Ige, 2000).

## 238 **2.6 Drugs dependence or addictions among youngh**

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

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

249 1- Tolerance for the substance, Tolerance of the substances or drugs can be shown by  
250 either of the following

251 ➤ the need for increased amounts of the substance to achieve the desired effect or  
252 intoxication, or

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

254 2. Withdrawal symptoms, as shown by either

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

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

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

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

263 5. Spending a good deal of time in activities directed toward obtaining the substance (e.g.,  
264 visiting several physicians to obtain prescriptions or engaging in theft), in actually ingesting  
265 the substance, or in recovering from its use. In severe cases, the individual's daily life  
266 revolves around substance use.

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

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

### 273 **2.6.1 Patterns of drug use**

274 Research has found that the circumstances in which young people are offered drugs can  
275 depend on gender. Boys generally receive more drug offers and at younger ages. Initial drug  
276 abuse can also be influenced by where drugs are offered, such as parks, streets, schools,  
277 homes, or parties. Additionally, drugs may be offered by different people including, for  
278 example, siblings, friends, or even parents, And Africa drugs are mostly offered by  
279 Politicians. Therefore there is no specific pattern, to which the Drugs used, what can only be  
280 assess is the purpose and level of the drug's use.

### 281 **2.7 The effects of drug abuse**

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

#### 284 **2.7.1 Alcohol-related problems includes:**

285 ➤ Physical problems e.g. liver cirrhosis, pancreatic, peptic ulcer, tuberculosis,  
286 hypertension, neurological disorder.

- 287 ➤ Mental retardation for the fetus in the womb, growth, deficiency, delayed motor  
288 development.
- 289 ➤ Craniofacial abnormalities, limbs abnormalities and cardiac deficits.
- 290 ➤ Psychiatric e.g. pathological drunkenness, suicidal behavior
- 291 ➤ Socially-broken homes, increased crime rate, sexual offences, homicide and  
292 sexually transmitted diseases.

293 **2.7.2. Tobacco:**

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

297 **2.7.3. Stimulants:**

298 Lethargy, irritability, exaggerated self-confidence, damage nose linings, sleeplessness, and  
299 psychiatric complications.

300 **2.7.4. Inhalants:**

301 Causes anemia, damage kidney and stomach bleeding. 5. Narcotics: Causes poor  
302 perception, constipation, cough, suppression, vomiting, drowsiness and sleep,  
303 unconsciousness and death.

304 **2.8 Protecting adolescents from substance abuse**

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

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

313 Also

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

### 316 **2.8.1 Risk factors, protectives factors and preventions principles**

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

### 321 **2.8.2 Principles for proper prevention and cure**

322 Principle 1

323 Hawkins et al. (2002) state that's any Prevention programs should enhance protective  
324 factors and reverse or reduce risk factors, this was taken as the first principle by many  
325 authors, and reported in many publications, like (NIDA, 2003 ) and explain by a number of  
326 authors such as ;

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

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

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

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

340 Principle 2

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

346 Principle 3

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

350 Principle 4

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

354 Principle 5

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

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

361 • Parental monitoring and supervision are critical for drug abuse prevention. These skills can  
362 be enhanced with training on rule-setting; techniques for monitoring activities; praise for

363 appropriate behavior; and moderate, consistent discipline that enforces defined family rules  
364 (Kosterman et al. 2001).

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

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

370 Principle 6

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

374 Principle 7

375 Prevention programs for elementary school children should target improving academic and  
376 social-emotional learning to address risk factors for drug abuse, such as early aggression,  
377 academic failure, and school dropout. Education should focus on the following skills (Ialongo  
378 et al. 2001; Conduct Problems Prevention Work Group 2002b): • self-control; • emotional  
379 awareness; • communication; • social problem-solving; and • academic support, especially in  
380 reading.

381 Principle 8

382 Prevention programs for middle or junior high and high school students should increase  
383 academic and social competence with the following skills (Botvin et al.1995; Scheier et al.  
384 1999): • study habits and academic support; • communication; • peer relationships; • self-  
385 efficacy and assertiveness; • drug resistance skills; • reinforcement of antidrug attitudes; and  
386 • strengthening of personal commitments against drug abuse.

387 Principle 9

388 Prevention programs aimed at general populations at key transition points, such as the  
389 transition to middle school, can produce beneficial effects even among high-risk families and

390 children. Such interventions do not single out risk populations and, therefore, reduce labeling  
391 and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002).

392 Principle 10

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

396 Principle 11

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

400 Prevention Program Delivery

401 Principle 12

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

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

408 Principle 13

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

413 Principle 14

414 Prevention programs should include teacher training on good classroom management  
415 practices, such as rewarding appropriate student behavior. Such techniques help to foster



416 students' positive behavior, achievement, academic motivation, and school bonding (  
417 lalongo et al. 2001).

418 Principle 15

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

422 Principle 16

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

#### 427 **4. CONCLUSION**

428 In this article effort have been made to address the problems of substance or drugs abuse  
429 among the youth specifically in order to have a conceptual understanding of the problems ,  
430 main issue related to the causes , consequences , types of substances or drugs abused  
431 were discussed, so also the preventive measures and principles were also discussed and  
432 examined, its my hope that this article will be a reference model in the future studies related  
433 to the substance abuse or Drugs abuse.

434

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