

**YOUTH AND DRUGS: PROBLEMS,
CONSEQUENCES AND PREVENTIVES
MEASURES**

ABSTRACT

Aims: This article reviews the effects and consequences of improper drugs use among youth. We tried 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 comprehensive literature on the problem.

Methodology: This paper focuses on the mains causes of the problems, i.e. drugs abused or substance abuse, among youth, its symptoms and sign, and consequences especially on health. And also preventives 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 developing countries.

Drugs or substance abuse has been in existence for a long time and is widely regarded by both government, communities NGOs as a societal issue that needs proper concentrations from both parties that involve especially parents, in trying to explain the issue. A number of researchers have been made in order to identify both the causes, effect/consequences of this harmful acts, and their finding was published by numerous authors. Ahmed (2002) reported that drugs or substance abuse lead to a psychological problems such as

26 depression (state of being in low spirit), anxiety, dementia (loss of memory), Hallucination
27 (hearing or seeing an image when this is not real), moodiness and aggressiveness which
28 can lead to the degeneration of the individual.

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

32 **2. LITERATURE REVIEW**

33 **2.1 Drug abuse**

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

37 **2.1.1 Why do people take drugs?**

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

45 *1- To feel good.*

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

51 *2- To feel better.*

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

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 thereby become addicted to them.

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

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

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

68 As reasons for drugs abused varied, types of drugs abuse also varied, In Nigeria, the most
69 common types of abused drugs according to NAFDAC (2000) as cited by Haladu (2003) are
70 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.

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.

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

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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 the United States of America, marijuana use among 8th-

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

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.*

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 how the public is
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.

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123 **2.4.1 Marijuana**

124 One of the most serious dangers of using marijuana is that it opens the abusers at higher
125 risk for using more dangerous drugs. However, marijuana use itself has serious immediate
126 and 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 needed later
133 life (NIDA, 1997).

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

136 In a report by NIDA (1997) states that are 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**

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 entitled, "*Drug abuse among Nigerian adolescents' strategies for counselling*" 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, the 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, possession of drug
188 paraphernalia, increase in problematic behaviours' are also a sign of abuses. While some
189 unique sign is experienced by the use of some specific substances or drugs, these includes
190 for examples, sign of marijuana use include bloodshot eyes and appearing dizzy or
191 uncoordinated, while sign of Inhalants use are aggressive behavior or outburst, nausea, poor
192 coordination, unintelligent speech and muscles weakness (NIDA,2011).

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

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

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

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

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

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

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

229 **2.6 Drugs dependence or addictions among young**

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

237 Drugs or substance dependence or addictions can also be defined as a maladaptive
238 pattern of use that results in significant impairment or distress, as shown by the following
239 features that are used to occur ;

240 1- Tolerance for the substance: Tolerance of the substances or drugs can be shown by
241 either of the following

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

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

245 2. Withdrawal symptoms, as shown by either

246 ➤ the withdrawal syndrome that is considered characteristic for the substance or

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

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

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

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

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

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

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

264 **2.7 The effects of drug abuse**

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

267 **2.7.1 Alcohol-related problems include:**

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

276 **2.7.2. Tobacco:**

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

280 **2.7.3. Stimulants:**

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

283 **2.7.4. Inhalants:**

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

287 **2.8 Protecting adolescents from substance abuse**

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

291 Bandy, T., & Moore, K. A. (2008) explain that , one of the conditions that make it more likely
292 that adolescent can attain a state of substance-free is proper and effective connections with
293 his parents or guardians, presence of parent in a home at key time during the day, and
294 restricting the child from gaining access to illegal substances in the home , and also
295 monitoring the were about of their children with or without their consent.

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

298 **2.8.1 Risk factors, protectives factors and preventions principles**

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

303 **2.8.2 Principles for proper prevention and cure**

304 Principle 1

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

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

309 • Wills and McNamara et al. (1996) says that the risk of becoming a drug abuser
310 involves a number of relationships that exist among the types of risk factors (e.g.,
311 deviant attitudes and behaviors) and protective factors (e.g., parental support).

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

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

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

322 Principle 2

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

328 Principle 3

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

332 Principle 4

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

336 Principle 5

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

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

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

347 • Drug education and information for parents or caregivers reinforce what children are
348 learning about the harmful effects of drugs and opens opportunities for family discussions
349 about the abuse of legal and illegal substances (Bauman et al. 2001).

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

352 Principle 6

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

356 Principle 7

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

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

363 Principle 8

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

369 Principle 9

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

375 Principle 10

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

379 Principle 11

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

383 Prevention Program Delivery

384 Principle 12

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

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

391 Principle 13

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

396 Principle 14

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

401 Principle 15

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

405 Principle 16

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

410 **4. CONCLUSION**

411

412 In this article, an effort has 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 difficulties.

414 The 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, it is my hope that this article will be a reference model in the future studies related

417 to the substance abuse or drugs abuse.

418

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