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The Nature and Effects of Substance Abuse among Adolescents: A Case of Mabelreign, Harare, Zimbabwe

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Abstract: ***The study examined the causes, nature and effects of substance abuse among adolescents in Mabelreign Community. It also identified mechanisms and strategies that can be adopted to reduce substance abuse. Methodologically adopted; survey research design, stratified random sampling size of 50 respondents and questionnaires and interview schedule were data gathering tools. The study revealed an increase of substance abuse among adolescents in secondary schools, colleges and universities due to various reasons, but the researcher hypothesized 'the legal majority age' as the core cause which makes it difficult to manage adolescents. Hence, this needs to be revisited since the challenge robbed off golden fortunes. The researchers recommend that parents should be role models at home, work while at educational institutions discipline has to be applied. Legislators should craft laws governing accessibility, use and marketing of substances and emphasizing age restrictions to certain types of drugs. Offenders should be apprehended and given relative charges.***

Keywords: adolescents, abuse, nature, effects and substance

1. Background to the Study

The phenomenon of substance abuse is prevalent across the whole world and appears to be on an upward trend. The most commonly used substances are depressants, stimulants, hallucinogens, inhalants and opioids in nature. Using substance continuously leads to addiction as the condition of being physically and psychologically dependent on the substance [1]. This impacts negatively on biological, social, psychological or behavioural and economical dimensions be it on society or institutions or upon an individual. The broader context of addictive substances has several important characteristics in common. They alter the function of the human brain and have an impact on behaviour; they are widely used throughout the world; and they burden society by increasing social and economic costs for productive enterprises and by drawing upon limited government services. The most widely used addictive substances, alcohol and tobacco, are harmful with extensive damage to the individual, family and the community [2].

It has been asserted that there is a significant higher level of substance abuse among students in schools, colleges and universities [3]. The researcher has noted that homes as institutions are also affected by unhealthy behaviour, aggression, violence, immorality and other criminality acts. In view of other scholars, the United Nations (UN) designated 1985 as the international year of the youth. In 1990 the UN passed the Convention of the Rights of Children. Organization of African Union also crafted the African Charter on the rights and welfare of the child [4]. The question an individual may be asking now is "Why this focus on adolescents? Is there anything special about the adolescence phase of life?"

Indeed, there is something unique in adolescence phase of life. It is understood that "adolescence period is full of storm and stress, full of swings in mood and emotion. Thoughts, feelings and actions oscillate between conceit and humility, goodness and temptations and happiness and sadness" [5]. This authority viewed adolescence as a turbulent time charged with conflict and yet in some of the societies adolescence is a pleasant period of development. As adolescence is a crucial phase of life, faced with multiple of challenges, theories for substance abuse are identified to argue why teenagers become victims of substance use as to them it could be ideal for experiencing something that does not fit one's self-image. As a result, when anxiety is experienced they resort to substance abuse which leads to unacceptable behaviours. Mpofu et al (2003) comments that experimentation with substance abuse is mostly active during adolescence period. The roots of adult morbidity and mortality can be traced back to the adolescence period.

Therefore, it is against this background that the researcher saw it fit to undertake a study on 'The nature and effects of substance abuse among adolescents: A case of Mabelreign in Harare'. The study shall be guided with the following objectives; to examine the prevalence of substance abuse among the adolescents, to identify the nature of substance commonly abused among adolescents, to examine the effects of substance abuse among adolescents and to identify the strategies that can be adopted to reduce substance abuse. The adopted theoretical framework for etiology of substance abuse is biopsychosocial model.

2. Literature Review

The use of substances has become one of the most pervasive problems that affects adolescents and is recognized as a growing threat to young people in many countries.

Accordingly, the practical result is that the availability of alcohol and other drugs has led to an upsurge in drug use [6]. Hence, the focus of this literature review is to discuss and reflect literature relevant to theory, nature, effects and interventions of substance abuse among the adolescents.

Theories of substance abuse

The adopted model of substance abuse among the adolescents is biopsychosocial. Biopsychosocial is the foundation from which to organize addiction into a set of fundamental intuitive principles which then problematize and search for solutions within its boundaries. Generally it presents a holistic, systems of approach and identifies the influence as well as interaction of various fields of the biological, social, psychological, spiritual and cultural environment of a person [7]. However, the model acknowledges etiology of addiction as complex, variable and multifactorial. Substance abuse is "the overindulgence in and ensuing potential dependence on an addictive substance, especially alcohol or a narcotic drug" [8]. Substance abuse can be known as drug abuse, "is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder" [9]. The syndrome leads to variables of impairment or distress that needs treatment models such as of biological, psychological, social and spiritual interventions [10].

In view of biological factor, it has been hold that it involves the genetic components in the etiology of addiction and the inevitable physical problems that arise due to addiction [11]. In that respect behaviourists seek temporary reduction of tension, rising of spirits and sense of wellbeing after taking in alcohol. Also there is a high association of alcohol use with such disorders as anxiety, depression, post-traumatic stress disorders and anger because of that substance could mean to increase pleasant or decrease unpleasant feelings [12].

Diversely it is opined that psychological factor, is the thinking of substance engagement for compromising psychological and physical health. Through psychoanalytic, social learning and cognitive models, individuals with irrational thought processes do it to cope with depression, self-esteem, life stressors and anxiety [13]. Cognitively, substance abuse is for enhancing arousal and positive mood as well as enhancing feelings of power in the short term [14]. Commonly, adolescents learn substance use from peers, school, families and community as espoused by others; thus modelling reinforcement. Substances in Zimbabwe are meant for cultural functions like 'kutamba bira' involves presence of liquor 'doro' (cultural ceremony). Young people observe elderly people drinking and smoking hence they imitate. Nowadays, there are a lot of cultural functions which influence use of substance at; graduation celebrations, baby showers, wedding celebrations, political celebrations (like on Independence Day), Christmas and New Year celebrations. These individuals are more likely to develop alcohol dependence because of biological and social predisposing factors for example, genetic, depression or peer influence [15]. Psychoanalysts believe that if parents fail to satisfy their children's needs, personalities of fixation (oral, phallic, anal, and psychic energy) search for external sources of support like use of drugs leading to dependency on substance [16].

From social perspective the set up influences attitudes and values leading to the use of substances which become family stressors (conflict, poverty, parents or sibling use of drugs). Peer and social are towards pro-social activities and alcohol and drug use, which interact with peer stressors, for instance, peer conformity pressure as developmental adjustment issues, poverty as lack of emotional or material support, depression and poor mental health due to lack of opportunities such as academic, jobs, and social adjustment problems. The community and school towards pro-social activities and alcohol or drug use, which interact with community and school stressors as a result of poverty, high crime rates, high population density, impersonal climate, discrimination, conflict or non-cooperation/ support as well as pressures to use drugs [17]. The spiritual factor can allow addicts to make meaning of their experiences and fosters a sense of interconnectedness through healing and forgiveness that afford addicts to establish or re-establish inter-personal relationships [18]. However, there is no single cause of adolescent drug problems as just been discussed by various psychologists [19].

It has been concluded that prevalence of "the use of illegal drugs and misuse of therapeutic drugs have spread at an unprecedented rate and have penetrated every part of the globe" [20]. With regards to [21] and [22], both concede that alcohol and other drugs abuse are serious problems among adolescents. Accordingly, marijuana users in the school population of New South Wales reached a prevalence of 15.3% in 1973 and in the same year over 26% of the deviant population used marijuana weekly [23]. Users of marijuana would also use alcohol and tobacco heavily. In a nationwide survey of 1750 High School Senior Students undertaken by [24] in Australia, two thirds of all senior students reported that they had used an illicit drug. A substantial portion of these students used marijuana (23%). Approximately four in every 10 senior students (43%) were reported to be using illicit drugs other than marijuana at some point in their lives. Overally, adolescent males were involved in drug use more than female counterparts. A number of studies have been carried out in Africa showing that 57% of the secondary school boys in Lusaka, Zambia were found to be using alcohol. In Swaziland, about half of the school students were beer consumers. In Lesotho half of the students (54%) of the boys and (42%) of the girls drink alcohol at some point in their lives [25].

In Zimbabwe, studies by the Ministry of Health on Drug Abuse revealed that there was a marked increase in the use of substances among teenagers and would transcend from licit (alcohol and tobacco) to illicit (kachasu, marijuana and mandrax) once such had become habitual behaviour[26]. In support of what [26] noted, [27] discovered that 38% of the Zimbabwean students tried alcohol.

Nature of substance abused

Different school of thoughts grouped psychoactive drugs in four/five main categories according to their nature and effects such as depressants, stimulants, hallucinogens, opioids and inhalants [28] and [29]. Negatively, substance

abuse leads to psychological, behavioural, biological, social, and economic effects and is still a major subject of discussion affecting individuals, families and society [30].

Depressants, [31] are drugs/substance used to treat anxiety and sleep disorders. These can be alcohol, barbiturates and tranquilizers which produce feelings of relaxation and drowsiness through sedative effect during the induction of surgical anaesthesia. In view of [32] alcohol has been used for recreational, medicinal and ceremonial purposes, alcohol that is contained in beer, wine, and hard liquor is a chemical compound known as ethyl alcohol, or ethanol. Barbiturates and tranquilizers both are often prescribed by physicians to decrease anxiety or prevent convulsions and can be dangerous because tolerance develops, and the user often increases the dose to dangerous levels in order to achieve the desired effect. Congruently [33], [34], [35], [36] and 37] state that stimulants is a class of substance including amphetamine, caffeine and nicotine found in tobacco and or cocaine. They produce a state of alertness, and can increase feelings of confidence due to their ability to heighten physical and psychological functioning.

It has been granted that hallucinogens are drugs/substances like Cannabis (including marijuana and hashish), mbanje which produces a fantasy imagination by seeing something not present [38] while [39] analysed that hallucinogenic substances are produced synthetically to provide a higher potency. With regards to opioids**,** [40] and [41] opine that these are such drugs with morphine for instance heroin, codeine, oxycodone, morphine and methadone. With no doubt [42] compliments that opioids are commonly prescribed because of their effective analgesic, or pain-relieving, or induce sleep properties, but causes a euphoric feeling when abused. Inhalants is a group of substance which consists chemicals for non-recreational purposes, but legally for medical purposes. Normally, they are abused by young people. The class includes industrial solvents and aerosol spray (gasoline, kerosene, chloroform, airplane glue, lacquer thinners, acetone, nail polish remover, model cement, lighter fluid, carbon tetrachloride, fluoride-based sprays and metallic paints). Their effects lead to reduced inhibition and produce euphoria, dizziness, slurred speech, an unsteady gait and drowsiness, loss of consciousness, coma or death from lack of oxygen, respiratory arrest, cardiac arrhythmia or asphyxiation, damage to liver, kidneys, brain and lungs [43].

Sources and accessibility of substances.

In respect of sources of substances, [44] admits that alcohol and cigarettes are the most commonly used substances in the world because they are legalized for selling in shops and public areas. Marijuana is widely available in Zimbabwe and as a result some people think that it is normal to use it and it is mainly peddled on the streets and easily available for street children. Products such as glue, petrol and solvents which are technically illegal, but authorities seem not act to prevent their production, distribution and use because of their industrial purposes and they are cheaper to buy. Substances are accepted in the community as an important source of income for households and national fiscal. In many cultures in the world, drugs are used in the traditional and religious rites and rituals. Wine is used in the Roman Catholic Church and other church organizations during weddings and other different social gatherings. Further research by [45] in Binga (Matebeleland North of Zimbabwe) revealed that cannabis is available and is used to consider an integral part of the Tonga culture. Also, [46] observed that in Zimbabwe (Harare, Mashonaland West and Matabeleland North the most commonly used substances were alcohol, tobacco, cannabis and inhalants Other substances used included heroin, tranquilizers, cocaine, mudzepete, mandrax and cough mixture. Arguably, [47] projects abuse of prescription and over-the counter medicines by the teens.

Effects of Substance abuse

The psychological risk factors for drug dependence include difficulty in controlling impulse and a strong need for excitement, stimulation, immediate gratification, feelings of rejection, hostility, aggression, anxiety or depression [48]. Research carried out in Egypt and India, by [49] shows that one third of people experience mental disorder like memory gaps (blackouts), filled by conscious or unconscious lying. Observation of [50]; substance abuse results to poor concentration in class and inefficiency in driving which might leads to car accidents. Depressants' physiological effects are gastric irritation, liver disease, cardiovascular effects and sleeping problems also affects brain activity. Further to that over 2 million people die from alcohol related incidents [51]. On the aspect of stimulants, [52] conclude that they affect the central nervous system; moderate doses results in wakefulness, alertness and elevated mood and high doses lead to nervousness, dizziness, confusion, heart palpitations and high blood pressure, anxiety excitement, insomnia, restlessness, the chest pains or heart attack in people with atherosclerosis. However, smoking is difficult to give up.

Some scholars like [53] and [54] describe biological effects as being about tolerance and withdrawal which have a serious impact on health. An alcohol leads to trembling hands (shakes or jitters), a rapid pulse and accelerated breathing rate, insomnia, nightmares, anxiety, loss of appetite, gastrointestinal upset, delirium tremens, severe disorientation, confusion, multiple seizures and vivid hallucinations. In [55] biologically, smoking can lead to genital defects (abnormality of sperms), impotence of penis, reduced fertility in both men and women, contribute to menstrual disorders, early menopause, and complications of pregnancy, tooth decay, diminished physical senses for example of taste, smell and over time hearing loss and cataracts not forgetting impairment of the body's healing ability. However, withdrawal has particular risk of seizures or death. In stimulants [56], (2009:167) [57], [58] and [59], unpleasant withdrawal signs are headaches, agitation, dysphoria, depression, anxiety, insomnia, vivid and unpleasant dreams and paranoia. Opioids withdrawal include gastrointestinal distress, anxiety, nausea, muscle pain, fever, sweating, irritability, and insomnia. Inhalants withdrawal symptoms include irritability, restlessness, decreased appetite, insomnia, tremor, chills, and increased body temperature. Both depressants and hallucinogens have similar withdrawal symptoms; psychomotor agitation, hyper vigilance, and nervousness

Behaviourists identified various social negative results of substance abuse as intoxication may act in uncharacteristic and unsafe ways because both physical and mental functioning is impaired. In the cases of Uganda, Botswana, Zimbabwe and others in Sub Saharan Africa adolescents run a risk of multiple challenges, for instance, prostitution or rape and unintended pregnancy [60]. In view [61], drunkenness, like in United States of America and Australia and other communities, influences criminal offences just like stealing, murder or domestic and public violence.

It is concluded that a range of 10- to 20-year-olds, roughly 12.4 % met criteria for substance use disorder like, mbanje/marijuana, alcohol and other psychoactive drugs causing violent death for teenagers, including homicide, suicide, traffic accidents, detrimental consequences, violent behaviour, delinquency, psychiatric disorders, risky sexual behavior, possibly leading to unwanted pregnancy or sexually transmitted diseases, impulsivity and neurological impairment [62] and [63]. Like others [64] admits that substance abuse reflects teenagers being socially problematic to their families causing bankruptcy by meeting medical costs or criminal fines. It had been purported that teenagers enjoy defying parents and other authority figures through school dropouts from learning institutions [65] and at work there is high rate in impaired performance, lateness, intoxication, disciplinary problems and absenteeism [66].

Strategies that can be adopted to reduce substance abuse

The ultimate goal to implore various strategies against substance abuse is to enable an individual achieve lasting abstinence for the goodness of the self and the entire community. Each approach to drug treatment is designed to address certain aspects of drug addiction and its consequences for the individual, family and society.

Notably, [67] posit that if addiction is physical dependence it must be physically detoxified. Medical treatment is through use of anti-addictive drugs (methadone) a dosage sufficient to prevent opioid withdrawal, block the effects of illicit opioid use and increase opioid craving. According to [68], medication such like Topiramate, Disulfiram, Acamprosate, Naltrexone, Varenicline and Buprenorphine can be combined with behavioural treatment. This helps to suppress the symptoms of withdrawal, reduce craving and help support the body as it returns to normal chemical and neurological processes. However, Alcohol and Drug Treatment Centres should be effective to both inpatients and outpatients in the detoxification processes [69].

The psychological treatment like cognitive-behavioural therapy involves therapists teach and coach skills to enable patients to cope with situations and emotional states known to result in alcohol abuse. Patients practice drink-refusal skills, learn to manage negative moods, and learn to cope with urges to drink [70]. Without any reservations [71] appreciates that the psychological treatment enables the patients to adopt accurate thinking of coming out of addiction through the support of the counsellors.

Report from [72]; the social prevention programs should be based from family, school, clubs, faith organisations and media with consistent messages in each setting with the total support of government legal framework. This would prevent all forms of legal drugs/substance abuse (tobacco or alcohol), illegal (marijuana or heroin), legalised obtained substances (inhalants), prescription medications or over-the-counter drugs. Like what [73] and [74] alluded to, the social intervention perspective calls for the role of a healthy, supportive community to be involved. Counselling should be from trusted counselee knowledgeable about addiction. A parent, teacher, school counsellor or peer counsellor may be a place to start. An addict adolescent might as well call the toll-free drug and alcohol hot lines, the National Council on Alcoholism or a drug and alcohol treatment centre to be connected to specialists. Support groups are vital hence the patient must attend at such support groups like Alcoholics Anonymous (AA) making one to get and stay alcohol drug free. According to Davison and Neale (1990), such meetings are confidential; members can remain anonymous, meetings are also done free of charge and directed meetings such as Narcotics Anonymous or Cocaine Anonymous. Suggestively, each government should take a firm position in controlling illicit drugs [75]. Also suggested examples of environmental policies for limiting substance access are such as purchase laws, legal restrictions on use, price controls, restrictions on retail sales or sellers, selling and/or serving controls, controls on product content and packaging, legal deterrence, controls on advertising and promotion as well as policies to reduce harmful consequences of use [76]. Observed Clements spiritual perspective by [77] encourages healthy support from the community that God accepts everyone as he/she is just like the father who welcomed his prodigal son (Luke 15:20), while (Rom. 8:1) teaches that there is no condemnation to those who are in Christ Jesus since in (Rom. 5:8) God loved us though sinners by letting Jesus die for our wickedness.

Methodology

The study used the mixed- methods approach and adopted the survey research design. A sample of 50 research participants were randomly selected from male and female adolescents from Mabelreign in Harare. Data was collected and generated through the use of questionnaires and interviews schedules.

3. Results

The study identified that:

- Targeted respondents was from 6-21 years of age, 18-21 years being the highest (58%) in responding.
- Study was not gender balanced; male 76% versus female 24% though it was the initial plan of the study.
- Educational levels of respondents were as following; Secondary 58%, tertiary 28%, not at any level 14% and primary 0%.
- Of the respondents 66% do take substances while 34% do not.
- Substances were easily accessed from supermarkets 30%, schools 17.5%, friends 15%, parties 15%, bottle stores 12%, and beer-halls 9.5%.
- Most commonly types of substances used were alcohol 39%, tobacco 28%, marijuana 21% and others 12 %.

- Influences for substance use was from media 24%, self-initiated 20%, peers 16%, parents 4% and those not taking 36%
- Period taken in abusing substances; more than 2 years 34%, 1 year 18%, less than 6 months 12% and those not taking 36%.
- Places of taking in substances; homes 30%, night clubs 18%, public places 12%, unspecified 6% and those not taking 34%.
- Confirmation of substance taking; agreed 78% and either disagree or undecided 24%
- Main risk factors of substance abuse are biological, psychological as well as social with the highest impact.
- Intervention strategies are such as biological, psychological, social and spiritual perspectives.

4. Discussion

In view of the research findings the researcher has made some discoveries and conclusions over the research topic (The nature and effects of substance abuse among adolescents: A case study of Mabelreign- Harare). Engaged respondents were from 6-21years of age, however responses were only from 13-21years. The age group 18-21 came out as the most involved in substance abuse. Probably it is because of exposure to community which influences for identity crisis, hence they need biological, social and psychological intervention to bring about abstinence from substance use, to bring about controlled drinking, maintenance of desired behaviour and relapse prevention. Unfortunately, though the study planned gender balance from the participants, females did not come forth resultantly male response was 76%. Probably females were shy to express themselves or they are not much into substance abuse, but this is an area which needs to be pursued.

The study unearthed educational levels of respondents with the secondary 58%, tertiary 28% not at school probably the working class 14%. This confirms the research by [78], [79], [80], [81] and [82] that teenagers inclusive of school children, school leavers and the working class are victims of substance use. This is also evidenced by the study outcome that of the participants 66% confirmed that they take in substance. It also answers the assumption that substance abuse is on the increase in most institutions especially secondary schools, colleges and universities and the most abused substances are alcohol, tobacco and marijuana which tallies with [83] study results. More so, both males and females are victims of substance abuse.

Adolescents do take substances due to various reasons which might be caused by negligence from the community due to easy access to sources as established in [84] and [85]. Also the fact that some of adolescents have gone for more than two months taking substances reflects that the community is nursing the problem under the banner of 'the legal majority age.' However, this needs to be revisited as recommended in [86], [87], [88], [89], [90] and [91] since substance abuse is robbing off golden fortunes of adolescents in terms of integrity, education, employment, decent marriages and health at large.

Intensely, the study identified psychological side effects as discovered by [92],which is difficulty in controlling impulse and a strong need for excitement, stimulation, and immediate gratification, feelings of rejection, hostility, aggression, anxiety or depression. In [93], mental disorder like memory gaps filled by conscious or unconscious lying and in [94] poor concentration in class, driving and at work and [95]; severe disorientation, confusion and vivid hallucinations.

Biological/physiological risk as in [96] are gastric irritation, liver disease, cardiovascular effects, sleeping problems and affects brain activity, [97], affects the central nervous system; alertness and elevated mood, nervousness, dizziness, confusion, heart palpitations and high blood pressure, anxiety, excitement, insomnia and restlessness or death. As discovered in [98], [99], [100], [101] and [102], withdrawal of alcohol leads to trembling hands, a rapid pulse and accelerated breathing rate, insomnia, nightmares, anxiety, loss of appetite, gastrointestinal upset and delirium tremens, headaches, agitation, dysphoria, depression, paranoia, nausea, muscle pain, fever, sweating, irritability, chills and increased body temperature. In [103] smoking causes (abnormality of sperms), impotence of penis, reduced fertility in both men and women, contribute to menstrual disorders, early menopause, and complications of pregnancy, tooth decay, diminished physical senses of taste, smell and over time hearing loss and cataracts and weak body's healing ability.

Social effects are prostitution or rape and possibly leading to unwanted pregnancy or sexually transmitted diseases, as reported by [104]. As in [105] drunkenness influences criminal offences just like stealing, murder or domestic and public violence, suicide, traffic accidents, detrimental consequences, violent behaviour, delinquency, psychiatric disorders, impulsivity and neurological impairment. The causes of family bankruptcy due to medical costs [106] or criminal fines and [107] and [108] identified the defiance of parents and other authority figures through school dropouts from learning institutions, impaired performance, lateness, intoxication, disciplinary problems and absenteeism at work.

As the study discovered that drug/substance abuse has serious consequences in homes, learning institutions and the entire communities; prevention, treatment and recovery are the positive response to the endangered lives. As identified in the study approaches are from biological/physiological, psychological, social and spiritual perspectives. In [109], [110] and [111] biological intervention should be medical treatment for detoxification through anti-addictive drugs (methadone) combined with behavioural treatment. It helps to suppress the symptoms of withdrawal, reduce craving and help support the body as it returns to normal chemical and neurological processes. The study discovered that psychological treatment involves therapists/counsellors teaching and coaching skills to enable patients to cope with situations and emotional states known to result in substance abuse. This enhances patients to manage negative mood and avoidance of relapsing as established in [112] and [113]. From social perspective, prevention programs should be based on family, school, clubs, faith organisations and media

with consistent messages in each setting with the total support of government legal framework as shared by [114], [115], [116] and [117] proposed environmental policies by substance such as policies to limit access and policies to reduce harmful consequences of use. Finally, the spiritual perspective encourages healthy support from religious based community that God never fails the weak and the need as discussed by [118]. Therefore it is the researcher's plea that correct measures are correct when they are effectively implemented. The cited scholars had came up with significant conclusions and indeed substance abuse among adolescents is on the increase and can be managed.

5. Conclusion

In the light of the findings that were discussed, the following are the recommendations which the researcher believes are worth taking note of. It should be the responsibility of everyone at home, learning institutions, work, social media, government and the community at large to enforce prevention, treatment and recovery initiatives over and against substance use. At the same time, Legislators should craft laws governing accessibility, use and marketing of substances as well as emphasizing age restrictions to certain types of drugs. Offenders should be apprehended and given relative charges. The church as the socio-spiritual monitor should engage adolescents in indiscriminate preaching, teaching, counselling, rebuking and guiding against substance abuse. It is very imperative for the church to encourage praying, studying the Bible and other religious literature for both adolescents and parents. If the suggested views fail, discipline should be reinforced. NGOs need to provide funding towards the training and awareness campaigns against substance abuse, for example, for peer education as well as social activities to occupy the adolescents (Teams, Games and Tournaments) all may deal effectively with temptation to use or abuse drugs. While this research might have brought interesting issues, it should prompt further research on substance abuse at a large scale to ensure that the majority of recommendations made in this research can be enforced.

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