



THE ROLE OF PSYCHOLOGISTS IN CURBING THE EFFECTS OF SUBSTANCE ABUSE AMONG ADOLESCENTS AND YOUNG ADULTS

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Abstract

The effects of psychoactive substances are more detrimental to adolescents and young adults who are yet going through biological, psychological, social and emotional maturation. Substance abuse is a growing pervasive global public health concern. It is a disease that is currently threatening the human existence. This paper discussed some prevalence rates of substance abuse among adolescents and young adults across many nations. It highlighted on some of the effects especially those of mental disorders. The paper elaborated more on the role of psychologists in fighting against the consequences of substance abuse. Four prominent points were discussed in this regard (a) psychologists having a better understanding of the disease (b) personal commitment in fighting the menace (c) accessing collaborative efforts among psychologists and all stakeholders and (d) offering the most appropriate therapeutic intervention at the right time. The paper offered some practical and valid recommendations calling on: national Governments and Insurance companies to offer financial support for the treatment of this class of people who are the future leaders; parents with children who abuse substances to seek early intervention and most importantly, psychologists to develop an unrelenting spirit of offering psychological treatment to young people whose precious lives are rapidly claimed and destroyed by the consumption of psychoactive substances. The paper concluded that young people are valuable resources of every nation and therefore need special concern that will ensure their integral development. It is only in this way can they contribute and advance the values, social and economic development of nations.

Keywords: Adolescents, Young Adults, Psychologists, Substance Abuse, Effects.

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INTRODUCTION

Substance abuse has a broader spectrum. The term encompasses all intoxicating substances which are medically proven to have varied amounts of detrimental and deleterious effects on the functioning of the human organism. The effects of psychoactive substances may be particularly so for young fellows who are still undergoing development. Psychoactive substances include alcohol, cannabis; ketamine, opiates, heroin, inhalants, just to mention but a few. Experts (Alloy, Riskind, and Manos, 2005) describe psychoactive substances as an abuse when their consumption becomes habitual and cause negative alteration to the functionality of the human system. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) expounds substance abuse as the continuous dependence on the use of any psychoactive substances despite the individual's consciousness of the physiological and/or psychological effects. According to the clinical view of Snell, Radosevich, and Feit, (2014) the use of nonmedical prescription drugs (self-medication) by adolescents and young adults is also considered as substance abuse. Higher prevalence rates of substance abuse are found among adolescents and young adults who are between the ages

of 18 through to 24. The word 'adolescent' comes from the Latin word "adolescere", which literally means 'to grow up' or 'to develop into maturity' (Lerner and Steinberg, 2005). Teklemariam, (2008) defines adolescents as people who are within the chronological age group of 12 and 19. Adulthood is from the age of 20 years and above. Rathus (2010) puts it more succinctly when he describes adolescents and young adults as persons who are going through self-discovering; formation of social concept and biological maturation for reproduction.

This developmental period is precarious and indeed marked by rapid emotional maturation which explains why adolescents and young adults are more vulnerable to substance abuse and maladaptive behaviors. Ruiz, Korchmaros, Greene, and Hedges, (2011) rightly observe that alcohol and illicit drug consumption among young people is a pervasive public health issue which has become a global issue and therefore needs concerted effort in fighting it hence the significance of this research paper. The focus of this paper is to critically analyze and highlight (a) the prevalence of alcohol and substance abuse among adolescents and young adults (b) the role of psychologists in mitigating against the Social and Economic

Effects of substance on the development of nations and (c) to draw some conclusions and recommendations in this regard.

Prevalence of Alcohol and Other Substance and their effects

The consumption of alcohol/alcohol beverages and other substances among adolescents and young adults varies significantly in various continents, countries, cultures and even over time. Analysis of substance abuse per capita consumption in different countries may indicate variation of information on drinking patterns of young people (Ahlstrom and Osterberg, 2005). Several factors such as societal and cultural norms; institutional and religious beliefs; genetic and environmental factors; availability and pricing on alcohol may all be variables that influence the social behavior of alcoholism and other substances abuse among adolescents and young adults.

The topic under consideration remains a global prominent public health concern. In the United States for example, it was found in a National survey that 28.6% of 12th graders and 40.1% of college students reported binge drinking and health-compromising behaviors such as smoking, and drunk-driving. Students who do not drink nevertheless experience adverse secondhand effects of drinking such as victimization, sexual assault, physical or verbal threats, disturbances in school that cause disruption of studies and sleep (Lindo, Swensen, & Waddell, 2011). It was also found that people begin drinking at the age of 13. Binge drinking occur mostly among young adults in colleges because of two reasons; (a) some students have moved away from home and adults supervision for the first time and (b) the new social and institutional environment such as peer influence, college parties, football clubs, weekend activities and the like foster heavy drinking and other substance abuse (Windle, 2003). According to the United States Substance Abuse and Mental Health Services Administration (2013), an estimated number of 24.6 million Americans aged 12 or older, abuse illicit drugs. Marijuana was the most abused drug (80.6%). Among young adults between the age brackets of 18 to 25 nonmedical use of prescription-type drugs was 4.8%. For alcohol abuse, slightly more than half (52.2%) of Americans aged 12 or older were found to have been abusing alcohol.

In Pittsburgh the study of Marorstein, White, Chung, Hipwell, Stouthamer-Loeber, and Loeber, (2010) examined how girls' initial use of substances such as cannabis and alcohol are related to depressive, generalized anxiety, and social anxiety symptoms. The author reported that young girls' initial use of marijuana was related to further increases in depressive symptoms while alcohol and cigarettes use were associated with overall increases in depressive and generalized anxiety symptoms (Marorstein et al., 2010). The above clinical situations lead to a drop in academic performance, apathy and further feeling of hopelessness, and disengagement from school. Considering that adolescence is a unique developmental period marked by a period of transition into adulthood, researchers Magid and Moreland, (2014) reported that risk factors for substance abuse among adolescents include genetics, family history of alcoholism, peers and siblings influence.

Early age of initiation into ingestion of psychoactive substances is an important precursor to later substance abuse. Often the most delicate organs that are easily affected by a habitual substance use by adolescents are the liver, lungs, and the heart. Magid and Moreland (2014) observe that poor health could also precipitate drug abuse. In a bid to cope with negative effects some adolescents unfortunately drift into substance abuse. Marorstein, White, Chung, Hipwell, Stouthamer-Loeber, and Loeber, (2010) and Marorstein *et al.*, (2010) also reported that there is a correlation between social phobia and alcohol use disorders among adolescents. Some adolescents also use substances due to antisocial behavior which only show an apparent link between internalizing disorders and substance problems. Among adolescent boys, both generalized and social anxiety predicted first use of alcohol and tobacco while generalized anxiety predicted first use of marijuana. All of the aforementioned risk factors and effects of alcohol and other substance abuse among the young generation affect not only the individual victims and their families but nations.

In Kenya, prevalence rates of substance abuse among adolescents and young adults in high schools, colleges and universities are high and therefore remain an important area of research (Atwoli, Mungla, Ndungu, Kinoti, and Ogot, 2011). Rohde, et al., (2007) reported that adolescents and young adults' substance use disorder correlates with several functioning problems at the age of 30. Some of the clinical effects appear to be related to recurrent substance use disorder, co-morbid adolescent disorders, low grade in school performance, lack of religiosity, early alcohol use, low self-esteem, various psychopathologies, problems with interpersonal relationship especially with parents and teachers, deviant behaviors due to lack of social conformity and psychiatric disorders. In a study population of 500 college students in Western Kenya (Eldoret) for example, Atwoli, *et al.*, (2011) reported that the lifetime prevalence rate of substance abuse among this population was as high as 69.8% of which the prevalence rate of alcohol use was 51.9%.

Also, 97.6% of the population had consumed alcohol in the week prior to the study. Cigarette use was 42.8%; cannabis was 2% and cocaine 0.6%. As many as 75.1% of them admitted that they were introduced to substance use by friends, while 23.5% were influenced by relatives. Reasons given for the substance use included relaxation (62.2%) and relieve of stress (60.8%). Problems associated with alcohol use include quarrelling and fighting among peers and siblings, loss and damage to properties both at homes and in schools, problems with parents, ill health and unplanned unprotected sex. Still in Kenya, it has been reported that among 139 medical students, 42% were found to be smokers. The National Hospital (Kenyatta Hospital) also found that out of 365 participants, 54.4% of the participants were regular smokers while 28% of the non-smokers had ever smoked cigarettes before. Smoking habit occur mostly in the age bracket of 15-20 (Lore & Lwenya, 1988). Similarly, in Eastern Nigeria it was found in a study (Salawu, Danburam, Desalu, Agbo, & Midala, 2009) that the prevalence rate of smoking among adolescent secondary school students is 40% for boys and 8.4% for girls. In a very recent study, Muriungi, Kiharah, Matheka and Ndeti (2014) observe that psychiatry disorders which typically begin at the ages of 18-24 are mostly precipitated by substance

abuse. In Uganda it was found that smoking among adolescents and young adults were 33.4% for males and 75% for females. Children aged 0-5 years of smoking parents and teachers are at a higher risk of developing acute respiratory infection than the children of nonsmokers (Kwamanga, Odhiambo, and Gicheha, 2001). This is very worrying indeed. According experts (Kaduri, Kitua, Mbatia, Kitua, and Mbwanbo, 2008) in a study conducted in Ilala Municipality of Tanzania, out of a total population of 1,011 students from the ages of about 14 years and above for boys and 13 years and above for girls, about half of all the 1,011 participants have ever smoked tobacco products. Unfortunately, 48.3% of those who smoked had no reason why they used the product for the first time.

The prevalence of substance abuse is a global issue (United Nations Office on Drug and Crime, 2014). Addo, Smeethand Leon (2009) postulate that in every 10 cardiovascular deaths worldwide in the year 2000, one death was attributable to smoking, thus indicative of the fact that smoking is a preventable cause of cardiovascular mortality. However, the prevalent rates of harmful and psychoactive substance are taking a more alarming intensification in proportions and percentages among young people in developing countries and Ghana is not an exception. The number of smokers in developing countries is more likely than not to increase as markets in high income countries begin to decline. Multinational tobacco companies are beginning to shift their marketing efforts to lower income countries.

In Ghana, low rates of 6.1% for men and 0.3% for women were reported for people who smoke cigarette in the city of Accra. However, other psychoactive substances such as cocaine, heroin, cannabis and alcohol are taking an alarming and endemic prevalence especially among young people. It was reported that about 70% of Junior and Senior High School students are abusing drugs in Ghana. In a survey among two mental hospitals in Ghana it was also reported that 70% of inmates are youth people between the ages of 18-35 years (Chronicle, 2014). In a similar vein the Narcotics Control Board (NACOB) of Ghana reported that substance abuse has increased by an average percentage of 61 annually in recent times (Graphic, 2011).

In the past the availability and consumption of harmful substances such as cocaine, heroin, cannabis and alcohol was only limited to such big cities such as Accra, Kumasi, Takoradi and Sekondi but the story is different as one can almost find all of these drugs in local markets in all districts of Ghana. In Accra, these drugs peddlers include old ladies and physically challenged persons.

It is so disheartening to note that accusing figures are pointing towards some mental health workers in mental institutions who are making gains by the sale of these psychoactive substances to inmates that they are supposed to be treating. Substance abuse stereotypes not only the victims but also that of their families, their communities and has wide-ranging social and economic consequences on the nation as a whole. If there is any reason to believe in the prominent claim that the youth are the future and future leaders of every nation then one could safely conclude that any nation whose youth are caught-up in substance abuse has a bleak future.

The Role of Psychologists

The characteristics of any nation include the physical land area, geographical location, natural and physical resources and above all human beings. Adolescents and young adults are not only future leaders of any nation but invaluable resources (Whyte, 2012). From the preceding account of the prevalence rates of alcohol and substance abuse among adolescents and young adults it is obvious to note that the issue is precarious and worldwide.

According to the clinical perspective of the researcher, there are four main ways that Counseling and Clinical Psychologists can successfully and effectively manage, control and militate against the social and economic hazards of the menace on the development of nations: (a) psychologists having a better understanding of the issue (b) personal commitment (c) collaborative efforts among psychologists and all stakeholders (d) offering the most appropriate therapeutic intervention at the right time. Better understanding of the issue of alcohol and substance abuse

Understanding of the issue

First and foremost, Psychologists need to understand the interplay of dynamics that cause anybody to indulge in substance use. Substance abuse can be viewed as a symptom of an internal or external struggle of a person. The act of ingesting any psychoactive substances is almost always precipitated by what is known as triggers (Snell, Radosevich, and Feit, 2014). These struggles are usually beyond the ability of the victim to cope.

Actions, events, belief systems and other factors that lead young people to abuse substances should therefore be of primary consideration for psychologists in the treatment plan. The study of Tarter, Schultz, Kirschi, and Dunn, (2001) compared male children aged 10-12 years and reported that offspring of substance abusing fathers are more at increased risk for developing substance use disorder in future. Paternal substance abuse exerts an environmental influence on offspring. Substance abusing fathers who live separately from their spouses may potentially reduce risk factors of their children engaging in substance abuse.

However, in some cases, single mothers for example may be either less informed about their children's activities, less knowledgeable about their companions and provide less supervision thus leading to deviant behaviors. Therefore, to be able to control substance abuse, psychologists need to understand specific contributing factors and target them seriously in the treatment plan. Abstinence as some psychologists unfortunately begin with in the treatment process of alcoholism is a right approach but at the wrong time.

It is important that psychologists get to know the root causes of the behavior of substance abuse. This might warrant the need for collateral information from caregivers as was emphasized on by experts Lincoln and Allen, (2002). Collateral information about children could be obtained from parents, teachers and even their peers. In this way, psychologists will come to understand a holistic picture of the

causes and thus choose appropriately which treatment modalities that will address the particular situation of patients.

Personal commitment

Psychologists can change the lives of the youth if psychologists themselves live exemplary lifestyle devoid of any substance abuse.

It takes a great personal commitment and constant motivation for anybody to succeed in achieving something meaningful in life. Important though, monetary reward is for the survival of psychologists, yet what matters most should be the precious lives of the youth who are perishing in substance abuse. The Preamble of the 2010 Ethical Principles of Psychologist and Code of Conduct highlights and calls for a spirit of personal conviction and commitment of psychologists to use their scientific and professional knowledge to help people to understand their behavior and to improve their conditions in society.

This injunction should therefore spur on Psychologist to take initiatives of drawing and implementing wide outreach programs that will see them visiting primary and high schools as well as colleges to give talks on the menace and offer any psychological services that these young people might need. The same spirit should drive them to target the national policy makers and parents who are all factors that perhaps contribute significantly to the growing menace.

Collaborative efforts among psychologists and all stakeholders

Substance abuse is a complex system and therefore needs concerted and collaborative efforts to fight it. Narcotic Boards, the Education Directorate and Parent and Teacher Association (PTA); Spiritual leaders and churches, community and youth leaders; elders and chiefs; institutional and national policies makers can play varied and significant roles in helping adolescents and young adults to manage and control substance abuse. These people only require the commitment and professional leadership as well as initiatives of Psychologists who are proficient in this area by the nature of their training. Researchers (Snell, Radosevich, & Feit, 2014) offer a valid view for consideration in this regard. The authors opine that to be able to control substance abuse among the youth psychologists should focus on psycho educating the caregivers particularly mothers and fathers. The lifestyles of caregivers do influence the adolescents and young adults in a great deal. Mothers play nurturing role and also spend much more time with children (from conception even to adulthood) hence they are role models for the young people. In the African cultural setting, mothers' attitude towards substance use could either have positive or negative influence on adolescents.

Smith and Hall, (2008), looks at the role of fathers in a family as indicative of several risk and protective factors with regards to adolescents' substance abuse. Fathers provide adolescent children more social and economic support hence they serve as stronger role models to their children especially boys. Fathers also provide stability through discipline and socialization for the children. Therefore if fathers lose control of self-discipline in regard to the use of substances it is most likely that children might imitate their behavior and psychologists must be fully

aware of this fact. Substance abuse is a family disease and therefore a victim may not be successfully treated without the active role of the family in the treatment process. A family is a complex system that comprises of individuals who are intricately related to all in the family. It makes sense therefore to believe that if a member of a family is bedeviled by substance abuse, somehow, all the other members may be affected and therefore need help too. This fact is an important fact for psychologists to consider in the treatment of young fellows in particular who are still dependent on their families for growth and survival. Thus, family therapy in substance abuse treatment should be aimed at using the family's strengths, basic support and resources to assist adolescents and young adults live without ingesting or abusing psychoactive substances (Rockville, 2004). Family Interaction Theory (1950s) concentrates on the mother; however fathers supervise and provide guidance to an adolescent's life. Psychologists should therefore consider family therapy sessions seriously. In this process the main focus of the treatment should be centered on the patient's addiction to substance and how family members can collaborate with psychologists to offer better treatment outcomes for the client. This will also be an opportunity to make family members share the responsibility of working on the process for recovery of their children.

Therapists could then carefully lead both family members and the patient to disclose relevant information that will help the clinicians come to a better understanding of the pathogenic beliefs (root causes of the addiction) of the patients. In this way, Psychologists would better adopt a reasoned therapy (a best suited treatment model) which is necessary for providing the patients with the most appropriate therapeutic intervention/treatment. Therapists could also psycho-educate families on topics such as family roles and responsibilities to their children; how to deal with triggers for psychoactive substance; role modeling and coping skills. Anger management and effects of substances on the adolescent development and how addictions affect the economic and social development of nations could be treated. In some cases, therapists may need to hire experts to give input. Relevant materials, handouts on substance-related issues are also given to family members for further reflection and references. Given the developmental age of adolescents it is necessary to incorporate in the treatment programs experiential activities such as role-play, art, just to mention a few. In this process, families will also have the opportunity to share their fears and frustrations with one another (Smith and Hall, 2008).

Multifamily group therapy is also one effective way psychologists could use both in treating adolescents suffering from substance abuse and at the same time fighting against the increasing number of victims in this regard. Multifamily group therapy is a process which provides an opportunity to address specific developmental issues as well as family dynamics from a broader systems perspective (Matheson and Lukic, 2011, Cassano, 2013). Group therapy also provides a positive atmosphere for clients to interact and support each other as they endeavor to attain the needed coping skills in order to remain substance free forever. It also generates among others a sense of community, belonging, support and acceptance. The multifamily therapy is designed to have two therapists, an expert in substance-abuse issues and the other how to conduct

family or relational therapy. Lastly, each of the adolescent and young adult clients should be given the opportunity to receive weekly individual therapy sessions. During these sessions the therapists have the chance to work with clients on their particular and unique concerns (Matheson and Lukic, 2011). The individual sessions also accord clients who feel uncomfortable talking openly in group or in their family sessions the opportunity to share deep feelings, their strengths and weaknesses and how to attain and maintain permanent sobriety. Therapists can work one on one on specific developmental needs or difficulties of the patient.

Offering the most appropriate therapeutic intervention and treatment at the right time

Substance abuse is as serious as any other psychopathology or clinical illness. Many psychologists use treatment modalities such as Cognitive Behavioral Therapy (CBT), Psycho education, and Group Therapy (Gillian, *et al.*, 2012; Riley, Rieckmann, and McCarty, 2012). In regard to treating adolescents with substance abuse issues, Matheson and Lukic (2011) particularly propose that family members be involved in the treatment program. In this way, there will be dual benefits to both the adolescents (patients) and their families. This will also allow clinicians to address issues from a more developmentally appropriate perspective. A routine aimed at providing an intensive course of services to address the patients' chronic and acute substance misuse should always be a great consideration for psychologists at all times. Psychologists could also employ competent staff who among other duties could regularly conduct mandatory, random drug testing as the treatment program progresses. The author of this paper is of the view that the aim of mandatory drug testing should be to decrease clients' dependency on substances and allow them to take more responsibility for their own recovery and necessary behavioral changes. It will also be helpful to institute award systems that will serve to motivate clients to strive for positive growth in this respect. This is because adolescents and adults need constant motivation for behavior change.

Recommendations

Firstly, it is regrettable to observe that some psychologists and parents view adolescents' substance abuse narrowly as an individual problem and not problem that concerns the entire nation. Yet, some psychologists are overly concentrating on monetary gains and so they refuse to offer treatment to clients who are not able to pay for their services. It is therefore recommended that national Government policy makers as well as insurance companies should see the need to save the lives of such unfortunate persons by proving financial support for adolescents and young adults who engage in substance-related disorders treatment. Secondly, some parents choose to keep silence about their children's substance abuse issues for mere fear of losing their job or being labeled as incompetent and irresponsible parents. The situation turns to cause secondary stress on the family and may put the family and entire nation at a higher risk. Thus, it is recommended that parents with children who abuse substances should see the urgency of seeking early intervention for their children.

Thirdly, Psychologists are trained first and foremost to save lives. Money reward in this regard is important though, but should not be considered the most important factor in psychologists' clinical practice. Hence it is recommended that all Psychologists should endeavor to develop the attitude of valuing human life over and above money. Psychologists should develop an untiring spirit of compassion and mercy for adolescents and young adults who are caught in the web of substance abuse and offer them the most appropriate treatment in order to control the consequences of it on the nation. Finally, dealing with human life and for that matter illness requires expertise, competency and the appropriate facilities.

It is not every psychologist who is competent enough to handle substance-related issues especially for adolescents and young adults. It is therefore recommended that psychologists who do not have the required competencies in handling such issues should kindly refer clients to more experienced therapists instead of causing more harm than good.

Conclusion

Adolescents and young adults are valuable human resources of every nation. No nation can progress in her developmental plans without having healthy future leaders and the human resources which are the youth. Higher prevalence rates of substance abuse among adolescents and young adults continue to be a serious public health concern. The effects of substance abuse among these age groups of people are detrimental not only to the individual victims or their families but to the entire nation. This paper critically analyzed and highlighted the prevalence rate of the issue globally. It also expounded on the role of psychologists in the fight against this social menace. The paper holds firmly a conclusion that it is possible to fight alcoholism and substance abuse and even prevent many adolescents and young adults from drifting into this social cancer through proactive roles and better commitment to fighting the menace. They Psychologists need to take the lead and collaborate with all stakeholders in the fight against substance abuse. It may be easier now than later to change and mitigate the effects of substance abuse among these group of people who are not only vulnerable but who are also still flexible enough to adapt biologically, physiologically, psychologically and behaviorally to any change necessary for their proper development.

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REFERENCES

- Addo, J., Smeeth, L. and Leon, D. A. 2009. Smoking in Ghanaian Civil Servants: Changes Over Three Decades. *International Journal of Environmental Research and Public Health*, 200-208.
- Ahlstrom, S. K. and Osterberg, E. L. 2005. International Perspectives on Adolescents and Young Adult Drinking. *Alcohol Research and Health*, 258-256.

- Alloy, L. B., Riskind, J. H. and Manos, M. J. 2005. *Abnormal Psychology: current perspective* (9th ed). New York: Mc Graw Hill.
- American, P. A. 2013. *Diagnostic and statistical manual of mental disorders* (5th ed). Arlington, VA: American Psychiatric Association.
- Atwoli, L., Mungla, P. A., Ndungu, M. N., Kinoti, K. C. and Ogot, E. M. 2011. Prevalence of Substance Use Among College Students in Eldoret, West Kenya. *BMC Psychiatry*, doi:10.1186/1471-244x-11-34.
- Cassano, D. R. 2013. *Social Work with Multi-Family Groups*. New York: Routledge.
- Chronicle, T. 2014, July 3. 70% of youth engage in drug abuse. Retrieved August 20, 2015, from GhanaWeb: <http://www.ghanaweb.com/GhanaHomePage/health/70-of-youth-engage-in-drug-abuse-315314>
- Gillian, M., Ruth, B., Earshaw, P., Fitzsimmons, M., Nothard, S., Butler, R., et al. 2012. Assessing Fidelity to Integrated Motivational Interviewing and CBT Therapy for Psychosis and Substance Use: The MI-CBT fidelity scale. *The Journal of Mental Health*, Vol. 12, 38-48.
- Graphic, D. 2011, May 23. Ghana drug abuse cases up 61%. Retrieved August 20, 2015, from Ghana Business News: <https://www.ghanabusinessnews.com/2011/05/23/ghana-drug-abuse-cases-up-61>
- Kaduri, P., Kitua, H., Mbatia, J., Kitua, A. and Mbwanbo, J. 2008. Smokeless Tobacco Use Among Adolescents in Ilala Municipality, Tanzania. *Tanzania Journal of Health Research*, Vol. 10, 28-33.
- Kwamanga, D., Odhiambo, J. and Gicheha, C. 2001. Tobacco Consumption Among Primary School Teachers in Nairobi. *East African Medical Journal*, Vol.78, 119 - 123.
- Lerner, R. M. and Steinberg, L. 2005. *Handbook Of Adolescent Psychology* (2nd ed). New Jersey: John Willey and Sons, Inc.
- Lincoln, A. and Allen, M. H. 2002. The Influence of Collateral Information on Psychiatric Emergency Service Disposition Decision and Access to Inpatient Psychiatric Care. *International Journal of Psychosocial Rehabilitation*, 99-108.
- Lindo, J. M., Swensen, I. D. and Waddell, G. R. 2011. Alcohol and Student Performance: Estimating the effects of Legal Access. IZA DP No.5525, 1-30.
- Lore, W. and Lwenya, R. 1988. Smoking Habits in Kenya. II-- A Follow Up Study Involving Personnel Working at *Kenyatta National Hospital*. *East Africa Medicine Journal*, 71-80.
- Magid, V. and Moreland, A. D. 2014. The Role of Substance Use Initiation in Adolescent Development of Subsequent Substance-Related Problems. *Journal of Child and Adolescence Abuse*, 23.2, 78-86.
- Marorstein, N. R., White, H., Chung, T., Hipwell, A., Stouthamer-Loeber, M. and Loeber, R. 2010. Associations Between First Use of Substances and Change in Internalizing Symptoms Among Girls: Difference by Symptoms Trajectory and Substance Use Type. *Journal of Child and Adolescent Psychology*, 39(4), 545-558.
- Matheson, J. L. and Lukic, L. 2011. *Family Treatment of Adolescents and Young Adults*
- Muriungi, S. K., Kiharah, M., W, M. C., and Ndetei, D. 2014. Co-morbidity of Anxiety, Alcohol and Drug Abuse Among Students at the Kenya Medical Training College in Kenya. *International Journal of Current Research*, 11082-11088.
- Rathus, A. S. 2010. *HDEV: Adolescence*. Belmon: USA.
- Riley, K. J., Rieckmann, T. and McCarty, D. 2012. Implementation of MET/CBT 5 for Addiction. *The Journal of Behavioral Health Science and Research*, 308-314.
- Rockville, 2004. *Treatment of Substance Treatment and family Therapy*. Substance Abuse and Mental Health Services Administration., SAMHSA., Serie No.39.
- Rockville, 2004. *Treatment of Substance Treatment and family Therapy*. Substance Abuse and Mental Health Services Administration., SAMHSA., Serie No.39.
- Rohde, L. A., Szobot, C. M., Bukstein, O., Molina, B. S., Martins, C., Ruaro, P., et al. 2007. Is Attention-Deficit/Hyperactivity Disorder Associated With Illicit Substance Use Disorders in Male Adolescents? A Community-Bases Case-Control Stud., Vol.102. Society For The Study of Addiction (SSA), 1122 - 1130.
- Ruiz, B. S., Korchmaros, J. D., Greene, A. and Hedges, K. 2011. Evidence-Based Substance Abuse Treatment for Adolescents: Engagement and Outcomes. Routledge Taylor and Francis Group, 215-233.
- Salawu, F., Danburam, A., Desalu, O., Agbo, J. and Midala, J. 2009. Cigarette Smoking Habits Among Adolescents in Northeast Nigeria. *African Journal of Respiratory Medicine*, 9-11.
- Smith, D. C. and Hall, J. A. 2008. Parenting Style and Adolescent Clinical Severity: Findings From Two Substance Abuse Treatment Studies. *Journal of Social Works Practice in the Addictions*, 8:4, 440-463.
- Snell, C., Radosevich, J. and Feit, M. D. 2014. The Role of Fathers in Adolescent Substance Abuse Prevention. *Journal of Human Behavior in Social Environment*, 24:5, 565-572.
- Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Tarter, R. E., Schultz, K., Kirschi, L. and Dunn, M. 2001. Does Living with a Substance Abusing Father Increase Substance Abuse Risk in Male Offspring?: Impact on Individual, Family, School and Peer Vulnerability Factors. *Journal of Child and Adolescent Substance Abuse*, Vol 10(3), 59-70.
- Teklemariam, A. A. 2008. *Developmental Psychology*. Nairobi: Publications Department The Catholic University of Eastern Africa.
- UNODC, U. N. 2014. *The World Drug Report*. New York: United Nations.
- Whyte, E. J. 2012. Work at having a good name. *Roverman*, Volume 55, 46 - 56.
