SciMedCentral

Journal of Substance Abuse & Alcoholism

Review Article

Drug Abuse among Commercial Vans Casual Apprentices

Yahya Muhammed Bah*

University of the Gambia, West Africa

Abstract

In the Gambia like all nations, drug abuse is seen as a social and health problem that has many serious implications for the physical, social, psychological and intellectual development of the victims more especially, the children. Therefore, it continues to be a concern to families, community leaders, educators, social workers, health care professionals, academics, government and its development partners. Though there some studies on drug abuse, there is none on children and drug abuse focusing on the street children the most vulnerable category. Street children are hypothesized to be more at risk of any epidemic including drug abuse. This study sought to determine the risk and prevalence of drug abuse among street children focusing on those in the car parks. The research was focused on six critical areas: level of knowledge of drug abuse, perception towards it, level of knowledge of the causes of it in the community and among street children, level of knowledge of negative impacts of it, level of knowledge of the preventive methods; and level of knowledge of the support services and treatments needed by victims. A structured questionnaire was used to collect the data from thirty five participants (i.e. one driver and six casual apprentices from each of the five car parks) were interviewed. The data was presented and analysed using tables and percentage. The findings revealed among other things, that there is high level of awareness of drug abuse but the feelings towards it is mixed. Like other children, street children are abusing drugs mainly due to peer influence with the ultimate objective of getting high to relief stress, group recognition, trusted by peers, etc. Similarly, participants are highly aware of the negative impacts encompassing fighting, stealing, mental illness, etc. To finance the behaviour, victims are engaged in all types of dangerous antisocial behavior including romantic ones exposing them to a range of diseases including STIs and HIV/AIDS. Marijuana is the most commonly abused drug. Though in the minority, some have started experimenting cocaine/coke, hashish; and heroin. While participants have good knowledge of the critical methods to fight drug abuse, the support services needed by victims, victims are mostly reluctant to seek the services not only because they are hard to find but fear societal stigmatization, exclusion and discrimination and professionals' maltreatments.

***Corresponding author**

Yahya Muhammed Bah, University of the Gambia, School of Arts and Sciences, Brikama Campus, The Gambia, West Africa, Email: yahyamuhammed@yahoo.co.uk

Submitted: 21 June 2018

Accepted: 30 June 2018

Published: 02 July 2018

ISSN: 2373-9363

Keywords

- Drugs
- Abuse
- Street children
- Casual van apprentice
- Commercial van driver

INTRODUCTION

Drug abuse is not loner just part of the seedy underbelly of society as it has exploded into the open streets, reaching nearly every corner of civilization. The once silent killer is claiming more victims than ever before, and in horrific manners. Sadly, drug abuse continues to maintain a stranglehold on adolescences stripping away their chances for stable, happy and productive life, The Real Truth [1]. The history of drug abuse is as old as mankind. Human beings have always had a desire to eat or drink substance that make them feel relaxed, stimulated or euphoric. The discovery of fermentation and farming since 6000BC is when people started to use drugs. The first drug to be abused was homemade alcohol wine and the level could read up to 14-16%. It was used in religious rites and children were given it too in their Holy Communion. Other drugs were used for legitimate purposes, medical or scientific purposes [2]. Essentially, drug abuse started to be high through various experimentations and people diverted the use of drugs for money generating activities. However, recognizing the effects was noted and restriction to abuse legalized but the problem still goes high.

While in 2015 about a quarter of a billion people used drugs, United Nations Office on Drugs and Crime (UNODC) [3]. In 2016, according to UN 250 million people between the ages of 15 and 64 used at least one drug in 2014 and more than 29 million are suffering drug use disorders compared with 27 million in 2013. Of the 12 million people who inject drugs 14% are now living with HIV. Heroin top the list of the killing drug and the poorest societies bear the brunt, UN News [4].

Africa now occupies second position worldwide in the trafficking and consumption of illegal drugs. The UN estimate in 2014, there were 28 million drug users in Africa and 37,000 people die annually from diseases associated with the consumption of illegal drugs. The children are identified as the most vulnerable, especially those who cannot resist peer pressure, DW Made for Mind [5]. Therefore, it seems drug addiction has reached epidemic levels across the world and the spectrum of the drug on

the drug market has widened considerably, becoming one of the social problems that affect everyone, everywhere, either directly or indirectly and children are no exception, Mabeyo [2]. Children are a valuable asset and pride, not only to their family but to the nation. Similarly, today's children are tomorrow's adults and builders of the nations and deserves all protection from the menace (91) Singh B et al. [6]. Therefore, the use of substances among adolescents is not only a public health concern but equally socio-economic one. The prevalence among the youth is alarming. Globally, in 2011, about 211,000 deaths were recorded [7]. In view of the fact that adolescence is a critical stage in the life and is considered the most transformative period, it is incumbent upon all to fight the menace.

The Gambia like all developing countries has many problems one of which is substance abuse and associated problems. Through 2001, increased in the abuse of cannabis, heroin, cocaine, ecstasy and other stimulant drugs were noted in the country United Nations [8]. Risk factors for drug abuse represent challenges to individual's emotional, social and academic development. These factors can produce different effects depending on the individual's personality traits, phase of development, and environment [9]. Abuse of solvent/inhalants amongst children in the gambia have been around for some years and is estimated that more than 40% of illicit drugs users are under the age of 20 years to escape problems such as poverty, failure in school and unemployment [8].

Because children are the source of hope and inspiration for the society, they have the right to be protected, supported and brought up in a positive environment. Unfortunately, children do not only live in poverty but tens of millions of them around the world find themselves living or working in the streets as street children. Street children are a growing global phenomenon that is characterized by vulnerable children migrating to the streets in the urban areas in developed and developing countries [10].

However, research shows that the street children phenomenon is not a new socio-economic problem as for a long time, vulnerable children whose personal and ecological resilience resources were depleted have adopted streetism in order to fend for themselves or supplement family income [10]. Despite some evidences existing, it is difficult to know how many children live and work on the streets, since they are a mobile group who occasionally enter and exit the category. Therefore, their mobility is one of the main reasons why their number cannot be confirmed with sufficiently [10]. Their being sometimes persecuted by the police for being in the street, search for greener pastures, and bullying that occurs among them also adds to their constant mobility [10].

Although the number of street children is unknown, existing estimates suggest that tens of millions of children are street-based and that their numbers are raising secondary to global population growth, the HIV epidemic, migration, and increasing urbanization, UNICEF. The state of the world's children, (2012) as quoted in Woan J et al. [11]. Therefore, street children constitute a marginalized population in most urban centers of the world. In their marginalized state they constitute a truly 'hidden' population in which they are not covered nor can they be found in the national census, education or health data, largely because they have no fixed address.

Street children are often found in busy places such as railway stations, bus stations, in front of film or night clubs, with no adult supervision, sleeping in half-destroyed houses, abandoned basements, under bridges and in open air, UNICEF. Street and unsupervised children of Africa as cited in Cumber SM et al. [12]. To survive they have been seen to roam the streets of urban areas begging and looking for jobs in order to obtain food and other basic necessities. They usual work in poor conditions, dangerous to their health, and starve some days.

Therefore, street children survive on the streets through conventional and unconventional ways such as rubbish picking, shoe shining, flower selling, petty crimes, drug abuse, begging, panhandling, prostitution, petty theft; and drug trafficking. They also develop passive and aggressive attitudes, replacing their families with street gangs and experiencing social, sexual, physical and emotional abuse [10]. Therefore, streets throughout the world are home to millions of children who endure hardships and injustices while struggling to survive [13]. Often, these children lack a balanced social network, and do not have an adequate relationship with an adult caregiver, leaving them extremely vulnerable with many of their physical, mental, and social needs unfulfilled [13]. Thus, street children face with a myriad of challenges in their daily lives, including child abuse and exploitation [13]. Under such circumstances, they fall into patterns of drug abuse in order to cope with their adverse conditions and survive on the streets [13]. This has warranted the global concern for the plight of street children growing over the years, and as such governments and community organizations have attempted to design interventions in order to ameliorate their plights.

The gambia government as a party to many international and regional conventions: Convention on the Psychotropic Substance of 1971, UN Convention against Illicit Traffic in Narcotic and Drugs and Psychotropic Substances of 1988, in response to the concerns, has developed numerous policies (e.g. National Drug Policy) and laws (e.g. National Drug Control Act) to tackle it and its associated problems. All major drugs like cannabis, heroin and cocaine are illegal in the country and it is illegal to sell alcohol to under than 16 years [8]. Furthermore, to strengthen the fight against drugs the government has established the National Drug Control Council (NDCC) to be the national drug law enforcement agency in collaboration with the National Drugs Squad (NDS) [8]. Along with the government legislations and substance use programmes, several Non-governmental organizations (NGOs) provide prevention, education and treatment for substance use in the country [8]. However, cannabis grows naturally in the country with around three harvests per year [8]. Despite few studies reporting prevalence there are no pooled data on the types of substance abused, reasons for abuse by children including the street children. Therefore, there is an urgent need to compile objective information about street children and drug abuse to both understand the magnitude of the problem and design programmes for prevention and rehabilitation.

LITERATURE REVIEW

The links between drug abuse and vulnerability have been a great concern for many people including parents, policy makers, academics, etc. Vulnerability has over the years been blamed for

the occurrence of many social problems including the natural and man-made and ones. Therefore, the abuse of drugs especially by children like most disadvantaged groups have been to a degree associated with vulnerability among other things. To effectively address problems of any nature in the community including drug abuse it is critical we understand the community vulnerability more especially of the disadvantaged groups including the children, the last hope of all societies. Literature on drug use in adolescence suggest that personal vulnerability accounts for most experimental and drug abuse problems [14].

Thus, this chapter intents to review and furthermore put into perspectives findings of relevant studies on children and drug abuse focusing on the street children especially those in car parks. In light of importance of the protection of children in the fight against the continuity of a menace, it is critical that maximum attention is accorded to them especially those who do not have families to return to, thus, living and working in the streets. Numerous studies have revealed the prevalence of drug abuse among children especially the street children due to many factors including vulnerability due to age, lack of stable family and family structure, lack of basic necessities including food, shelter due to poverty, peer pressure, media, curiosity, stress, work hard, relax, vigilance, accessibility, affordability, imitating parents [7]. Literature on drug use in adolescence suggest that personal vulnerability accounts for most experimental and drug abuse problems [15]. Adebiyi AO in a longitudinal study found that children who are at the age of nine, had problems with peer relationships as measured by peer rejection, social isolation and perceived social incompetence were up to nine times more likely to use substance by the age of 18 than those students with fewest peer interaction problems.

Hemovich V [16], found that family structure influences the abuse of drugs among adolescence. In the United States, adolescences from single parent families are more at risk for drug abuse as compare to those with dual parents. This can be associated with both the ability to provide basic needs and time for supervision to avert peer dependency for information related to appropriate behavior. Adebiyi AO [15], revealed studies from developed countries have demonstrated parent-family connectedness provides protection against the early initiation of sexual activity and the use of substances such as cigarettes and alcohol. Thus, it can be said that connectedness with school and family fosters strong associations, with safer behaviors, including avoidance of the use of psychoactive substance and better health outcomes during adolescence. Somani S [7], discovered in Bishkek Kyrgyzstan that poor relationship between children and parents have resulted to increase in drug abuse by the adolescents. A similar study, conducted in the same country but in a different community by Aliiaskarov B [17], found that a poor relationship between children and parents leads to increase alcohol consumption among adolescents. Blas E [18], poverty is critical factor for adolescent abuse of drug. Drug abuse is more prevalent among middle and lower socioeconomic sectors of the youth and increasingly common in poorer parts of the world. Mamat CF et al. [19], identified religious knowledge during childhood as a great protector whereas facilitating factors promoting heavy use of legal and illegal drugs were financial assets, socialization patterns with friends, deteriorated family environment. Mamat CF et al. [19], in a randomly selected 1257 participants survey in North-Eastern France, found the disparity in socioeconomic status imparts great influence in the abuse of drugs and equally it was found out that housewives and students are more at high risk for psychotropic drug use than an unemployed young adult.

Somani S et al. [7], in a study conducted in Kenya found that 75% of the adolescents do drink and were manly introduced to substance abuse by their friends. Equally, in popular media and marketing activities, drinking is depicted positively, sending the message that drinking is common and acceptable in the society. In Tajikistan's school based study it was found that students of grade 7-9 faced physical and mental problems due to drug abuse in which 12% made a plan to attempt suicide, 21% were involved in fight in the past year, 25% physically harm themselves unintentionally, and 0.3% had first sexual intercourse before the age of 13 years. Mamat CF [19], in a secondary school survey found that majority of the students have consumed more than one type of alcoholic beverage and more male were identified to use psychoactive substances than their female counterparts.

Mamat CF et al. [19], in studying students' usage of drug found that the leading motivating factor was management of academic load work, stress, increase vigilance, enhance cognitive performance, and neuro-enhancement. Mamat CF et al. [19], in studying the pattern and knowledge of the nonmedical use of stimulants among 347 college students found that more than half of them had peers who used nonprescription stimulants and interestedly they got them from physicians for medication for ADHD and yet they do not have the disease and more than half knew the people who sell these stimulants to the students. Mamat CF et al. [19], in studying 52 college students found that the most commonly and widely abuse drug being diazepam and some stimulants which the students got from the prescription that the physicians prescribes to them.

Mamat CF et al. [19], found that 1 out of 5 person (20%) will divert the actual usage of the medication to their intended purposes such as help in sleeping or increase alertness and the higher rate of misuse was observed more following the lifetime marijuana users and alcohol abusers. Somani S et al. [7], found that up to 35% of the young drug abusers in Pakistan have parents who abuse drugs. Mamat CF et al. [19], in her study of adolescents of the metropolitan Lagos, found that for all of the participants of 4286, the lifetime prevalence was up to 62% and more than 30% has been abusing mild stimulant drugs for more than one year.

Mamat CF et al. [19], the prevalence of the drug use was more well above 60%, and the most common substance abused were stimulants, volatile solvents, cigarettes, and cannabis, highlighting the high usage of the psychoactive drug among teenage students. Mamat CF et al. [19], in a survey of 604 students under the age of 30 years, it was found that the use of psychotropic drugs was still one of the favorite drug categories consumed by females, mostly because female students were found to be more stressed. Niazi MR et al. [20], found in Pakistan 74% of children and young adults living on the streets are drug addicts.

The literature for street children in the Gambia is not only limited but does not provide anything on drug abuse. According to a study conducted by UNICEF in 2006, about 60% of street

children in the gambia come from the neighboring states like Senegal and Guinea-Bissau and majority are Quranic students who beg for food and money on behalf of their instructors. In the event they do not deliver enough food and money they are subjected to all types of abuse, Integrated Regional Information Networks (IRIN) [21].

Therefore, since there no study on children and drug abuse more especially the street children in terms of their abuse of drugs, attitudes towards it, their awareness of their own abuse and the impacts, this study seeks to shed light on street children and drug abuse. The central questions that guided the study are as follow: level of knowledge of drug abuse, perception towards drug abuse, level of knowledge of the causes of drug abuse, level of knowledge of the negative impacts of drug abuse, level of knowledge of the preventive methods of drug abuse; and level of knowledge of the support services and treatments needed by drugs abusers.

RESEARCH METHODOLOGY

Area of study

The study was conducted in five car parks with urban areas namely; Serekunda, Coastal road, Bundung, Banjul; and Brikama car park. In view of the volume of commuters these car parks have become one of the busiest places in towns and growth centers and as a result they have become one of the favorite places for all types of children including street children scavenging for better life through casual employment and petty trading. Therefore, it is not uncommon to come across children as young as nine years working as van or bus apprentices or merely 'passenger loaders' with a token commission. Often not only involve in hazardous work likely lifting heavy luggage, jostling between cars, scrabbling customers, constantly shouting the names of different destinations, slapping cars bear hands, etc. but dressed in tatter clothes, with red eyes, small dreadlock, speaking pidgin, feeling drunken, trading insults and abusive words with fellow apprentices and costumers sometimes, etc.

Sample and sampling procedure

In light of the high mobility of the studied population, purposive sampling techniques was used to select a sample of forty participants. Ten commercial van drivers and thirty children, who are expected to be both street children and casual commercial van apprentices. A purposive sampling technique is used when the researcher is deliberately interested in targeted groups with the intention to address the objectives of a study. The study intended to interview eight participants (two drivers and six apprentices) from each car park but due to unforeseen circumstances namely cost, reluctance and time, only thirty five participants (i.e. one driver and six apprentices from each car park) were interviewed.

Sampling procedure: Because the study was solely sponsored by the researcher and was to be executed within six months the sampling procedure was kept as possible as simple without comprising quality and as such all major car parks in three main councils (Banjul, Kanifing and Brikama) were put together and five car parks were randomly selected by balloting. The total number of drivers in each was obtained from the transport union representative or car pack managers. The participating drivers and casual apprentices were equally chosen by simple random sampling to obtain the required sample.

Recruitment and eligibility of participants: Two retired commercial van drivers and a social worker with extensive experience working with this population were approached to assist in recruiting the participants especially the street children. Casual apprentices were eligible to participate only if they were:

1. Between the ages of 7 to 17;
2. Not currently permanently engaged by a driver or enrolled in formal educational institution;
3. Spending majority of their time in car parks sometimes working or roaming; and
4. Having limited or no contact with a family and spend both days and nights living and sleeping in the car park or nearby places without returning to a family or a guardian at night.

Data collection methods

The data was collected by conducting individual interviews using a structured questionnaire with thirty five participants (i.e. one driver and six apprentices from each car park). The questionnaire was divided into 6 (six) sections namely, level of knowledge of drug abuse, perception towards drug abuse, level of knowledge of the causes of drug abuse, level of knowledge of the negative impacts of drug abuse, level of knowledge of the preventive methods of drug abuse; and level of knowledge of the support services and treatments needed by drugs abusers.

Data analysis methods

The data analysis process was in two folds: the first fold was coding and creation of tables, preparation of variables by combining a number of codes, converting codes into variables or developing completely new variables. This was used to provide a summary of patterns that emerged from the responses.

Limitations of the study

The below posed as great challenges in conducting the research:

Literature: Though there are many similar studies in this area but few are on the studied population and none was conducted in The Gambia. Therefore, it was a huge challenge to get the desire materials, especially for the literature review, data interpretation and discussions.

Funding: There was not a single financial support from any institution or individual despite all efforts. If there was some financial support the study would have been easier, less time consuming and above all the sample would have been much bigger for generalization.

Sensitivity of the topic: Because of the sensitivity of the topic, I have encountered many problems in getting respondents especially the casual apprentices who are willing to talk to me without unnecessary delay. Sometimes I feel my respondents were not giving the right answers especially those who insisted that they can only be interviewed in group and/or with senior

apprentices. Though this may appear to negatively affect the findings' validity, the degree could be very small.

OBJECTIVES OF THE STUDY

The fundamental rationales of the study were to research into drugs abuse by street children focusing on those in the car parks and commercial drivers level of knowledge of drug abuse, perception towards it, level of knowledge of the causes, level of knowledge of the negative impacts, level of knowledge of the preventive methods; and level of knowledge of the support services and treatments needed by drugs abusers. Therefore, specifically the study aimed to:

1. examine the prevalence of substance abuse among the street children;
2. know the types of drugs commonly abused, the sources, and where they are commonly abused;
3. find out how the children are able to get the drugs;
4. know what the children perceived to be the effects of drug abuse;
5. determine how drug abuse can be prevented to protect children from the menace;
6. Know what kind of supports or treatments victims of drug abuse need and who should provide them.

Significance of the study

The significance of the study stemmed from the following:

1. It will contribute to the body of existing knowledge in academia and other fields;
2. It will act as an input for policy and law makers to improve their ability to design effective policies and programmes to cater for all groups;
3. It will provide a base for the protection of all children including the street children and other vulnerable groups.
4. It will be useful to child rights and child protection advocates.
5. It will increase people knowledge of the risk of drug abuse by the street children in the car parks.

Definition of the study

The concepts drug abuse, street children like most social concepts have widely been debated and have numerous definitions. For the purpose of this study:

Drugs: Drugs are those man-made or naturally occurring substances used without medical supervision basically to change the way a person feels, thinks or behaves by altering the normal biological and psychological functioning of the body especially the nervous system.

Abuse: A drug is considered abused by a person when s/he deliberately uses it for non-medical purposes, as well as the arbitrary use without medical prescription. In the interest of this study they include alcohol, cannabis (wee), cocaine, heroin, glue, valium, ecstasy; and any other drugs common in the community.

Street child: Any person (aged 7 to 17 years) who spends majority of his time in car parks sometimes working or roaming; and have limited or no contact with a family and spend both days and nights living and sleeping in the car parks or nearby places without returning to a family or a guardian at night.

Commercial van driver: Any male person who control operation and movement of a motorized vehicle for transporting more than nine persons including himself on public road for payment and for a distance not more than 90 kilometers.

Casual van apprentice: Any child who do not have regular or systematic hours to learn driving from a skilled driver with or without wage and as such he is only engaged when the need arises.

Ethical consideration

Thought the study was non-invasive and was not likely to inflict any harm on the participants, to accord priority to respondents' welfare, major ethical consideration was made while executing it. Therefore, the below captioned ethical considerations were performed sequentially: First, the objectives of the study were explained to all participants verbally in a language they understand well to secure their verbal permission. Second, the issue of how, when; and where to collect the data were determined as per the participants' willingness. Third, all participants were informed about all the possible discomfort if any they were likely to experience during the process of the data collection. Fourth, they were all informed about their right to stop participating at any time they so wish. Lastly, informed consent was obtained from all participants by acknowledging participating in the presence of a driving instructor.

DATA PRESENTATION, INTERPRETATIONS AND DISCUSSIONS

Annually, millions of deaths and disorders occur due to drugs abuse. Today's, tens of millions of children around the world find themselves living and working in the streets and in this marginalized state they do not only constitute a 'hidden' population since they are not under any adult or scheme and cannot be found in any national data, but the most vulnerable group to the risk factors for drug abuse that represent challenges to their emotional, social and academic development. Since adolescence is a critical stage in life and is the most transformative period, it is fundamental that children are protected from the devastative effects of drug abuse. To adequately protect them, it is critical that among other things their level of knowledge of drug abuse, perception towards it, level of knowledge of the causes of it in the community and among the street children, level of knowledge of negative impacts of it, level of knowledge of the preventive methods; and level of knowledge of the support services and treatments needed by drug abusers is scientifically documented.

LEVEL OF KNOWLEDGE OF DRUG ABUSE

In reacting to whether they have ever heard of hard drugs, all responded in the positive. However, they reacted differently in commenting what drugs abuse means: smoking illegal substances 18 (31.03%), drinking illegal drinks 11(18.96%), misused of

drugs 8 (13.79%), excessive drug use 7 (12.06%), unauthorized drugs use 6 (10.34%), and others specified 5 (8.62%). In a following up question as to whether they know any type of hard drugs in the community, the respondents reacted as illustrated opium 17 (26.15%), marijuana 13(20.00%), alcohol 9(13.84%), inhalant 7(10.76%), hashish 5 (7.69%), antibiotics 3 (4.61%), etc.

While the vast majority 28 (93.33%) of the respondents claimed to have seen hard drugs in the community, in a related question as to the types of hard drugs they have seen in the community, they reacted as follow, alcohol 19 (21.83%), opium 15 (17.24%), marijuana 14 (16.09%), inhalant11 (12.64%), cocaine 9 (10.34%); and others specified 8 (9.19%). In a follow up question as to whether drug abuse is happening in the community, the majority 17 (68%) responded in the affirmative. In the same vein, majority 21(70%) acknowledged that drug abuse is happening in their community and have personally witnessed people being engaged in it. In a related question as to the age range/bracket of the people they have seen abusing it, the respondents felt as follows, (18 to 22) 15(30%), (13 to 17) 12 (24%), (23 to 27) 8 (16%), (8 to 12) 7 (14%), and (33 to 37) 5 (10%). In reacting to which drugs are mostly abused in the community, the respondents shared their views as marijuana 21 (22.82%), alcohol 19 (20.65%), opium 13 (14.13%), cocaine 11 (11.95%), inhalant 8 (8.69%), antibiotics 7 (7.60%), hashish and others specified 4(4.34%) respectively. In a follow up question as to why those drugs are mostly abused, the participants reacted as illustrated quick drunkenness/high 17 (23.61%), make one's work hard and long 14 (19.44%), easily accessible 11 (15.27%), easily affordable 9 (12.50%), long term drunkenness/high 7 (9.72%), drunkenness not easily notice and others specified 5(6.94%) respectively.

Perception towards drug abuse

In responding to how drug abuse is view in the community, the participants lamented as captured in the Table 1 below. Very bad 46 (36.80%), bad 21 (16.80%), normal 13 (10.40%), punishment from God 11 (8.80%), negative effects of development 8 (6.40%), a curse on the community 7 (5.60%), a careless attitude 6 (4.80%), a waste of the youths and a parental failure 4 (3.20%), others specified (3); and predestined 2(1.60%).

In a related question as to how the community considers drugs abusers, the respondent felts as highlighted in table 2.2 underneath. Criminals and thieves 27 (20.00%), dangerous 25 (18.51%), lazy and unproductive 21 (15.55%), aimless and good for nothing 20 (14.81%), cursed and a societal burden 13 (9.62%), disbelievers and evils 9 (6.66%), shameless and disappointing, and failures 7 (5.18%) respectively, wealthy 4 (4); and others specified 2 (1.48%) (Table 2).

In commenting on how the respondent themselves view drug abusers in the community, they reacted as captured in Table 3. Sometimes dangerous 27 (23.88%), thieves and unreliable 12 (10.61%), always dangerous, aimless and wasteful 11 (9.73%) respectively, sometimes friendly 9 (7.96%), useless and wealthy 7 (6.19%) respectively, sympathetic and cursed 5 (4.42%) respectively; and other specified 2 (1.76%).

In responding to whether children are involved in drugs abuse, the majority 21 (70.00%) responded in the affirmative. In a follow up question as to which categories of children are likely to be engaged in drug abuse, respondent reacted as mapped out in table 2.5 mentioned below. School drop outs 21(13.29%), street children 19 (12.02%), children of jobless parents and children of drug abusers 18 (11.39%) respectively, children from poor family 16 (10.12%), children of homeless parents 15 (9.49%), poor performing students 14 (8.86%), orphans 12 (7.59%), single parent children 10 (6.32%), children of divorced parents 9 (5.69%) and children from the provinces 3 (1.89%); and others specified 1 (0.63%) (Table 4).

Table 1: Communities' attitudes towards drug abuse.

Responses	No.	%
Bad	21	0.168
Very bad	46	0.368
A curse on the community	7	0.056
A waste of the youths	4	0.032
Punishment from God	11	0.088
Negative effects of development	8	0.064
Normal	13	0.104
A careless attitude	6	0.048
Predestined	2	0.016
Others specified	3	0.024
A parental failure	4	3.2
Total	125	1

Table 2: Communities' attitudes towards drug abusers.

Responses	No.	%
Dangerous	25	18.51%
Aimless and good for nothing	20	14.81%
Failures	7	5.18%
Lazy and unproductive	21	15.55%
Criminal and thieves	27	20.00%
Cursed and a societal burden	13	9.62%
Shameless and disappointing	7	5.18%
Disbelievers and evils	9	6.66%
Wealthy	4	2.96%
Others specified	2	1.48%
Total	**135**	**100%**

Table 3: Respondents' attitudes towards drug abusers.

Responses	No.	%
Useless	7	6.19
Sometimes friendly	9	7.96
Sympathetic	5	4.42
Caring and sharing	1	0.88
Sometimes dangerous	27	23.88
Always dangerous	11	9.73
Aimless	11	9.73
Thieves and unreliable	12	10.61
Cursed	5	4.42
Shameless	5	4.42
Wealthy	7	6.19
Wasteful	11	9.73
Others specified	2	1.76
Total	**113**	**100**

In reacting to why children are engage in drug abuse, the respondents felt differently as highlighted in Table 5. Peer influence 29 (14.87), pleasure and brevity seeking 24 (12.30), poor academic achievements 22(11.28), unstable/broken home environment 21(10.76), easy affordability 19(9.74), ignorance and poverty 17(8.71), curiosity and weak law enforcement 16(8.20), easy accessibility 14(7.17), not fearing of parents/adults in the community 11(5.64), to work hard and for long hours 10(5.12) respectively; and others specified 2(1.02).

In commenting on where the children mostly abuse drugs, participants opined as indicated in Table 6. Peers' homes 26(19.25%), street corners 25(18.51%), car parks 21(15.55%), night and video clubs and ghettoes and during parties 14(10.37%) respectively, schools and beach sides 9(6.66%), their own homes 4(2.96%), and other specified 2(1.48%).

While the majority 23 (76.66%) claimed to have heard children who works and live in car park abusing drugs, the majority 21(70.00%) equally confirmed to have seen some children in the car abusing drugs in the car parks. In a related question as to how these children get the drugs, the participants felt as mapped out in Table 7. Peers offered them 25 (24.03%), buying them jointly 21(20.19%), adults abusers offered them 13 (12.50%), picking remains in streets 11 (10.57%), stealing 10 (9.61%), as gifts for a service to drug dealers and buying them individually 9 (8.65%) respectively, payment for a service including romantic ones 5 (4.80%); and other specified 1(0.96%).

Level of knowledge of the causes of street children abusing drugs

In commenting on why children who work and live in the car parks abuse drugs, respondents reacted differently as captured in Table 8. Peer influence and group recognition 33 (15.63%), lack of parental supervision 27 (12.79%), curiosity 23(10.90%), lack of stable home environment 21 (9.95%), to work hard and for long hours 20 (9.47%), to relieve stress and ignorance 19 (9.00%) respectively, easy accessibility 18(8.53%), for seeking pleasure and relaxation 17 (8.05%), easy affordability 12 (5.68%); and others specified 2 (0.94%).

In reacting to the perceived benefits of drugs abuse by the children who works and live in the car parks, the respondents felt as illustrated in Table 9. Hallucination/feeling high 31(19.62%), feel accepted and trusted by peers 29 (18.38%), drowsiness 26 (16.45%), ability to work hard and for long hours 25 (15.82%), brevity 19 (12.02%), ability to focus or concentrate 18 (11.39%), ability to think/memorize quickly 7 (4.43%); and others specify 3 (1.89%).

Level of knowledge of negative impacts of drug abuse

In addition to the vast majority 25 (83.33%) subscribing to drug abuse having some negative impacts on the street children, in a follow up question regarding the negative impacts, the participants reacted as illustrated in Table 10. Mental illness 31(16.14%), aggressive behavior 27 (14.06%), problems and fighting at work place 24 (12.50%), endless problems with peers and colleagues 22 (11.45%), frequent fighting and stealing 20 (10.41%), becoming a school drop-outs 19 (9.89%), endless family problems 18 (9.37%), getting diseases (e.g. HIV/AIDS, TB, STIs, etc.) 12 (6.25%), road accidents involvement 9 (4.68%), stroke 5 (2.60%); and other specified 4 (2.08%).

In lamenting on the types of drugs mostly abuse by the street children, the respondents opined differently as mapped out in Table 11. Marijuana 27(23.07%), inhalant 26 (22.22%), alcohol 17(14.52%), antibiotics 13(11.11%), opium 11(9.40%), diazepam 7(5.98%), hashish and heroine 5(4.27%) respectively, others specified 4(3.41%); cocaine and paracetamol 1(0.85%).

Table 4: Categories of children likely to abuse drugs.

Responses	No.	%
Orphans	12	7.59
Single parent children	10	6.32
School drop outs	21	13.29
Street children	19	12.02
Poor performing students	14	8.86
Good performing students	2	1.26
Children of drug abusers	18	11.39
Children of homeless parents	15	9.49
Children of jobless parents	18	11.39
Children from poor family	16	10.12
Children of divorced parents	9	5.69
Children from the provinces	3	1.89
Others specify	1	0.63
Total	**158**	**100**

Table 5: Reasons for children abusing drugs.

Responses	No.	%
Peer influence	29	14.87
Easy accessibility	14	7.17
Easy affordability	19	9.74
Ignorance and poverty	17	8.71
Lack of parental supervision	10	5.12
Not fearing adults in the community	11	5.64
Unstable/broken home environment	21	10.86
Poor academic achievements	22	11.28
Curiosity and weak law enforcement	16	8.2
Pleasure and brevity seeking	24	12.3
To work hard and for long hours	10	5.12
Others specify	2	1.02
Total	**195**	**100**

Table 6: Places where children mostly abuse drugs.

Responses	No.	%
Their own homes	4	2.96
Schools	9	6.66
Car parks	21	15.55
Night and video clubs	14	10.37
Football fields	11	8.14
Street corners	25	18.51
Ghettoes and during parties	14	10.37
Beach sides	9	6.66
Peers' homes	26	19.25
Others specify	2	1.48
Total	**135**	**100**

Table 7: How do children get drugs to abuse?

Responses	No.	%
Peers offered them	25	24.03
Adult abusers offered them	13	12.5
Buying them individually	9	8.65
Buying them jointly	21	20.19
Stealing	10	9.61
Picking remains in the streets	11	10.57
As a gift for services to drug dealers	9	8.65
Payment for services including romantic	5	4.8
Others specify	1	0.96
Total	**104**	**100**

Table 8: Reasons for street children abusing drugs.

Responses	No.	%
Peer influence and group recognition	33	15.63
Easy accessibility	18	8.53
Easy affordability	12	5.68
Ignorance	19	9
Lack of parental supervision	27	12.79
Lack of stable home environment	21	9.95
Curiosity	23	10.9
For seeking pleasure and relaxation	17	8.05
To work hard and for long hours	20	9.47
To relieve stress	19	9
Others specified	2	0.94
Total	**211**	**100**

Table 9: Benefits for street children abusing drugs.

Responses	No.	%
Hallucination/feeling high	31	19.62
Ability to focus or concentrate	18	11.39
Ability to think/memorize quickly	7	4.43
Drowsiness	26	16.45
Brevity	19	12.02
Ability to work hard and for long hours	25	15.82
Feel accepted and trusted by peers	29	18.38
Others specified	3	1.89
Total	**158**	**100**

Table 10: Negative impacts of drug abuse.

Responses	No.	%
Stroke	5	2.6
Getting diseases (e.g. HIV/AIDS, TB, STIs)	12	6.25
Mental illness	31	16.14
Frequent fighting and stealing	20	10.41
Road accidents involvement	9	4.68
Problems and fighting at work place	24	12.5
Endless family problems	18	9.37
Becoming a school drop-outs	19	9.89
Aggressive behaviors	27	14.06
Endless problems with peers and colleagues	22	11.45
Others specified	4	2.08
Total	192	100

Table 11: Drugs mostly abuse by street children,

Responses	No.	%
Alcohol	17	14.52
Marijuana	27	23.07
Cocaine	1	0.85
Hashish	5	4.27
Opium	11	9.4
Heroine	5	4.27
Inhalant	26	22.22
Paracetamol	1	0.85
Antibiotic	13	11.11
Diazepam	7	5.98
Others specified	4	3.41
Total	**117**	**100**

Level of knowledge of the preventive Methods of Drug Abuse

While the vast majority 23 (76.66%) subscribed to drug abuse being preventable, the participants reacted differently regarding the methods of prevention as captured in Table 12. Avoidance of bad peer groups 38(13.42%), regular sensitization campaigns 36 (12.72%), closeness to responsible adults 28 (9.89%), mainstreaming drug abuse in curriculum 27 (9.54%), self-esteem building activities engagement and gainful employments and family support provision 24 (8.48%) respectively, productive activities engagement and effective law enforcement agencies 23(8.12%) respectively, good parenting skills/methods 22 (7.77%), tough laws enactment and enforcement 19 (6.71%), storing drugs safely 17 (6.00%); and others specified 2 (0.70%).

In lamenting on the best methods of preventing drug abuse among the children, the participants ascribed to different strategies as demonstrated in Table 13. Regular sensitization campaigns 36 (9.83%), avoidance of bad peer group 34 (9.28%), strong personalities and resistant skills 32 (8.74%), self-esteem building techniques 31 (8.46%), family support services provision 30 (8.19%), strong parent-child relationship 28 (7.65%), always monitoring children's activities and maintaining open line communication with children 27 (7.37%), always engagement in useful activities 26 (7.10%), Always being closed to responsible adults 25 (6.83%), mainstreaming drug abuse in curriculum 23 (6.28%), one-on-one discussions with children regularly 21(5.73%), application of good parenting skills/methods constantly 18 (4.91%), provision of gainful employment 5 (1.36%); others specified 3 (0.81%).

Level of knowledge of the supported services and treatments needed by drug abusers

While all participants 30 (100%) agreed that victims of drug abuse need support services and treatments, they reacted differently when it comes to the types of support services and treatments needed as illustrated in Table 14 underneath. Behavioral counseling or therapy 31(14.48%), support groups including spiritual ones 29(13.55%), supportive friends and family environment 27 (12.61%), a sober living environment 24 (11.21%), regular family support 23 (10.74%), a sober social network and peers 21 (9.81%), regular and affordable medical treatments 19 (8.87%), uninterrupted educational services 17

Table 12: Methods of preventing drug abuse in the community.

Responses	No.	%
Regular sensitization campaigns	36	12.72
Productive activities engagement	23	8.12
Avoidance of bad peer groups	38	13.42
Closeness to responsible adults	28	9.89
Self-esteem building activities engagement	24	8.48
Storing drugs safely	17	6
Tough laws enactment and enforcement	19	6.71
Effective law enforcement agencies	23	8.12
Mainstreaming drug abuse in curriculum	27	9.54
Good parenting skills/methods	22	7.77
Employment and family support provision	24	8.48
Others specified	2	0.7
Total	**283**	**100**

Table 13: Best methods of preventing drug abuse among children.

Responses	No.	%
Regular sensitization campaigns	36	9.83
Always engagement in useful activities	26	7.1
Avoidance of bad peer groups	34	9.28
Always being closed to responsible adults	25	6.83
Self-esteem building techniques	31	8.46
Mainstreaming drug abuse in curriculum	23	6.28
Application of good parenting methods	18	4.91
One-on-one discussions with children	21	5.73
Maintaining open line communication	27	7.37
Provision of gainful employment	5	1.36
Strong child-parent relationship	28	7.65
Always monitoring children's activities	27	7.37
Family support services provision	30	8.19
Strong personalities and resistant skills	32	8.74
Others specified	3	0.81
Total	**366**	**100**

(7.94%), traditional or herbal treatments 12 (5.60%), vocational training or skills 9 (4.20%); and others specified 2 (0.93%).

In commenting on who should provide such support services and treatments, the participants felt as captured in Table 15. Government institutions 36(16.21%), local government authorities 26 (11.71%), united nations agencies 24 (10.81%), support groups 24 (10.81%), mosques/marabous/churches 23 (10.36%), community based organizations (CBO) 20 (9.00%), the community and the family 19 (8.55%) respectively, non-governmental organization (NGOs) 18 (8.10%), faith based organizations (FBO) 12 (5.40%); and others specified 1(0.45%).

In reacting to whether such support services and treatments exist in the community, the majority 19 (63.33%) responded in the negative while 8(26.66%) in the affirmative, and 3 (10.00%) don't seem to know. In a follow up question for those who responded in the affirmative as to where these support services and treatments exist, the respondents felt as mapped out in Table 16. Marabous' treatment centers 28 (26.41%), medical facilities 25 (23.58%), herbalists' treatment centers 22 (20.75%), shrine or spiritual places 18 (16.98%), churches/missionaries 6 (5.66%), mosques 5 (4.71%); and others specified 2 (1.88%).

In commenting on whether these support services and treatments are sought by the street children the majority 21 (70.00%) reacted in the negative. In a follow up question as to why the street children don't seek such support services and treatments, the participants opined differently as highlighted in Table 17. Fear of societal stigma and discrimination 37 (14.74%), they don't want people to know them 34 (13.54%), fear of rejection by peers 31(12.35%), services providers are not child friendly 29 (11.55%), fear of being reported to the security agencies 27 (10.75%), the supports or services are expensive 18 (7.17%), they don't trust the service providers 26 (10.35%), the services are not effective and the services are not easily accessible 23 (9.16%) respectively; and others specified 3 (1.19%).

In addition to the majority 18 (60.00%) of participants

Table 14: Kind of support needed by victims of drug abuse.

Responses	No.	%
Behavioral counselling or therapy	31	14.48
Regular and affordable medical treatments	19	8.87
Regular family support	23	10.74
Traditional or herbal treatments	12	5.6
Vocational training or skills	9	4.2
Uninterrupted educational services	17	7.94
Supportive friends/family environments	27	12.61
A sober social network and peers	21	9.81
A sober living environment	24	11.21
Support groups including spiritual ones	29	13.55
Others specified	2	0.93
Total	**214**	**100**

Table 15: Who should provide the needed support and services to drug abuse victims?

Responses	No.	%
The family	19	8.55
The community	19	8.55
Support groups	24	10.81
Mosques/marabous/churches	23	10.36
Community based organizations (CBOs)	20	9
Faith based organizations (FBOs)	12	5.4
Non-governmental organizations (NGOs)	18	8.1
United nations agencies	24	10.81
Local government authorities	26	11.76
Government institutions	36	16.21
Other specified	1	0.45
Total	**222**	**100**

Table 16: Where drug abuse treatments/therapies are available.

Responses	No.	%
Medical facilities	25	23.58
Shrine or spiritual places	18	16.98
Marabous' treatment centers	28	26.41
Churches/missionaries	6	5.66
Mosques	5	4.71
Herbalists' treatment centers	22	20.75
Others specified	2	1.88
Total	**106**	**100**

Table 17: Reasons why street children don't seek support services.

Responses	No.	%
Supports or services are expensive	18	7.17
They don't want people to know them	34	13.54
Services providers are not child friendly	29	11.55
They don't trust the service providers	26	10.35
The services are not effective	23	9.16
The services are not easily accessible	23	9.16
Fear of rejection by peers	31	12.35
Fear of societal stigma and discrimination	37	14.74
Fear of being reported to security agencies	27	10.75
Others specified	3	1.19
Total	**251**	**100**

attesting to have tested hard and/or control drugs, in a follow up question as to why they have tested them, they felt differently as mapped out in Table 18. Peer influence 43(16.04%), seeking pleasure and relaxation 36(13.43%), to work hard and for long hours 33 (12.31%), curiosity 31 (11.56%), ignorance 29 (10.82%), easy accessibility and lack of or inadequate stable home environment 28 (10.44%) respectively, lack of or poor parental supervision 26 (9.70%), easy affordability 11 (4.10%); and others specified 3 (1.11%).

DATA INTERPRETATION AND DISCUSSIONS

Level of knowledge of drug abuse

The results indicate a high level of awareness of drugs in the community since all the participants have not only heard of them but have personally seen them and are well familiar with the different varieties available in the community and above all have seen people abusing them. With such degree of awareness, it is highly anticipated that the participants will do all it takes to avoid being engaged in abusing them despite being young, although age is found to be a strong risk factor. Rambaree K et al. [22], the strongest predictor of reporting drug use was age. Somani S et al. [7], predisposing factors for substance abuse among adolescents are age, gender, family structure and relations, poverty, availability; and accessibility of drugs. Whitesell M et al. [23], adolescents are particularly susceptible to involvement in substance abuse due to the underdeveloped state of their brains, which can lead to reduced decision making ability and increased long term effects of drugs and alcohol. Alhyas L. et al. [24], many factors increased the risk of substance among adolescents such as peer pressure, inadequate knowledge of the harmful consequences of it, family related factors (e.g. low monitoring and poor-adolescents relationship), affordability and availability. Alhyas L et al. [24], inadequate knowledge of the health hazards associated with the use of substance could contribute to young people's substance abuse. Alhyas L et al. [24], lack of awareness of the risk associated with alcohol and drugs trigger experimentation or abuse of drugs. Chie QT et al. [25], participation in awareness raising project was associated with a decrease in willingness to experiment with drugs, even though all groups showed strong negative attitudes towards drug use.

Table 18: Reasons why some respondents/participants tested hard/illegal drugs.

Responses	No.	%
Peer influence	43	16.04
Easy accessibility	28	10.44
Easy affordability	11	4.1
Ignorance	29	10.82
Lack of or poor parental supervision	26	9.7
Lack of or inadequate home environment	28	10.44
Curiosity	31	11.56
Seeking pleasure and relaxation	36	13.43
To work hard and for long hours	33	12.31
Others specified	3	1.11
Total	**268**	**100**

Heckman CJ et al. [26], inclusion of drug education in school curricula shown to be effective in modifying substance abuse related attitudes and behaviors. If the power of classroom were systematically harnessed to disseminate lessons learned from research, effective prevention strategies would have been widespread and major impacts registered. Buhler A et al. [27], increasing knowledge about life skills (communication, problem solving) was followed by a more distant attitude toward tobacco and alcohol and fewer cases of nicotine.

However, the degree of knowledge and awareness of a particular phenomenon does not automatically guarantee people completely avoiding it or a behavioral change. Gossop M et al. [28], about two-third of recently qualified doctors exceeded recommended safe drinking limits and were drinking at hazardous level. A quarter was using cannabis and 10% were using hallucinogens, and as many as one doctor in fifteen may be affected by drug or alcohol dependence problems at some point during their careers. Majelantle RG et al. [29], increased in knowledge about the disease is not a predictor for behavioral change, although knowledge about the disease is prerequisite for change. Embleton L et al. [13], street children have a moderate degree of awareness about the negative health outcomes associated with drugs use, yet they continued to use inhalants.

Furthermore, the findings revealed that in the community children as young as nine years are abusing drugs. This concurs with the age of initiation of substance abuse using non-drugs like glue was 9 years old, Ramlagan S et al. Many adolescents started smoking, alcohol or drug use at the age 11 and younger, they have access to substances at home, from friends, or from shop or street vendors, UNICEF. Global School-Based Student Health Survey Report, Tajikistan (n.d.) as quoted in Somani S et al. [7]. The age of initiation was between 10 and 13 for street children who commonly use and abuse substance like alcohol, cigarettes, inhalants, cocaine, marijuana, heroin, shoemakers glue, correction fluid, paint thinner; and coca paste [11]. Young persons have experimented with inhalants at least once by the time they are in eight grade and mean age of first time inhalant abuse is 13 years [30]. Sampasa-Kanyinga H et al. [31], some students reported having tried cannabis for the first time as early elementary school.

Similarly, the results revealed that marijuana, alcohol, opium, cocaine, inhalant, and antibiotics are one of the most commonly abused drugs in the community, concurring with cannabis remains the most common illegal drug in African countries, United Nations [8]. Cannabis is both the most abuse drug and

the primary illicit substance at admission to South African drug treatment centers [32]. The most common and available drugs of abuse is still cannabis, which is known to be a contributing factor to the occurrence of a schizophrenic-like psychosis [33]. The most commonly used and abused substances are cigarettes, cannabis, alcohol, inhalants, heroin and cocaine, Ministry of Health/Ghana Health Service World Health Organization Ghana [34].

In the same vein, the findings revealed that the common abuse of these drugs was largely due to quick "highness" or drunkenness, making one work hard and long, easy accessibility and affordability, long term drunkenness, drunkenness being not easily noticed, etc. which dovetails with drugs make individual strong to do hard work, boost appetite to eat, to study to pass examinations, overcome problems, confidence to rape girls, work more to generate income for the family, provide protection for the family due to being feared by others, Ministry of Health/ Ghana Health Service World Health Organization Ghana [34]. Access to alcohol and other drugs is positively associated with their abuse [35]. Many adolescents started smoking or alcohol or drug use at the age of 11 and younger, because they have access to substance at home, from friends, or from shops or street vendors. Accessibility to alcohol at home and parents drinking are risk factors for the onset of alcohol use in adolescence, UNICEF. Global School-Based Student Health Survey Report, Tajikistan (n.d.). [36], ever getting high (i.e. stoned) was associated with continued use of marijuana. Parry [8], increase development leads to better technology like refrigeration which may lead to increase heavy drinking in areas where it was not often seen before because previously alcohol beverages did not last long in very warm climates.

Perception towards drug abuse

The results indicate mix feelings towards drugs abuse with very bad, bad and normal at the top which is very encouraging and at the same time discouraging in the fight and total elimination of the menace in the society especially among the children the very last hope of all families, communities and nations. Regarding the phenomenon as evil in the society occurs with the public possess a negative attitude towards dependents [37]. Attitudes towards drug addicts or who use it were largely negative and unsympathetic, and were characterized by fear and a desire to avoid such individuals [38]. Illicit drug use is a classic example of social deviance, and most of the available literature suggests that those engaged in such brand of social deviance are perceived in a negative light by society at large [38]. The stigma associated with substance use in South Africa is high and not necessarily dependent on the drug choice. However, a range of factors, including gender of substance user, and ethnicity of rater, may impact on stigma [39].

Equally, viewing the phenomenon as normal in the society in light of the unprecedented developments taking place nearly everywhere concurs with adolescents' involvement in drug abuse and selling of drugs routinely is regarded as natural [40]. Substance initiation is viewed as a normal adolescent behavior that is expected to produce pleasurable physical and psychoactive effects [41]. Majority of the participants believed that it was 'normal' for young people to try drugs at least once and most of them experimented with cannabis and ecstasy [38]. However, since the vast majority viewed the phenomenon as negative, a strong hope exist that the battle to save our children is winnable.

Furthermore, the findings revealed a highly negative and stigmatizing attitudes towards the abusers both by the community and participants which for some people can be supportive in the fight but it can equally be destructive as the more they feel ostracized and unwanted, the more they are likely not to seek support or treatments. Above all, it affects resources allocation at various levels in terms of fighting the menace. For instance, labeling them as criminals and thieves, dangerous, lazy and unproductive, aimless and good for nothing, cursed and a societal burden, disbelievers and evils, shameless and disappointing, failures, etc. does not denied them community support, push them into hiding, make them reluctant or even afraid to seek treatments, skip appointments, etc. but make their situations worse. This finding is strongly supported by local people saw cannabis users as being immature and incapable of looking after their self [8]. Inability to share problems with others and stigma are the two major barriers in both groups [42]. Societal negative attitudes serve to exacerbate the plight of the drug abusers by increasing their sense of alienation, thus discouraging from seeking help for their problems [38]. The inability to share their concerns and problems out of fear of punishment from well-wishers as well as blackmailers, rejection, blame and guilt coupled with ignorance, they shun from seeking social support both from the family, friends and other authorities forced them to accept the situation as helplessness and above all making it more complex [6]. Women addicts skip treatment appointment or avoid treatment altogether to manage the risk of detection by health workers and justice authorities [43]. However Rapp R et al. [42], found contrary, the barriers that interfere with treatment entry are a part of most substance abusers' life styles, as well as substance abusers' treatment.

The results furthermore, unearthed different types of children being engaged in drug abuse or are at the risk of it namely, school drop outs, street children, children of jobless parents, children of drug abusers, children from poor family, children of homeless parents, poor performing students, orphans, single parent children, children of divorced parents, etc. which is in agreement with youth of single parent are at high risk for drug abuse as compare to adolescent with dual parents because single parents have financial crises and have less time to monitor their children [7]. Children and adolescents from economically deprived families and communities are at risk of engaging in substance abuse [35]. In the absence of nurturing home environments children and adolescents often become more inclined to seek others, who are mostly fellow peers, to fulfill their need for acceptance and recognition with greater risk of drug use [35].

The causes of drug abuse among children are adults marital conflicts, limited time for socialization, being orphans, selling and consuming drugs within the confines of households, peer influence, poverty, joblessness which result into idling [12]. Socio-economic status (e.g. living in a deprived neighborhood, low income level) is an important risk factor for problematic behaviors, including alcohol and drug abuse [44].

Although all participants subscribed to children abusing drugs, the rationales advanced were mixed. For examples,

peer influence and media, pleasure and brevity seeking, poor academic achievements, unstable or broken home environment, easy affordability and living with abusers, ignorance and poverty, curiosity and weak law enforcement, easy accessibility and public acceptance, not fearing of parents and adults, lack of parental supervision; and to work or study hard for long hours, etc. The findings is supported by, numerous factors can enhance the risk for initiating or continuing substance abuse including socioeconomic status, quality of parenting skills, peer group influence, and biological/inherent predisposition towards drug addiction, National Institute on Drug Abuse [45]. The major determinants of substance abuse include desires to relax or sleep after hard day's job, work hard, relieve stress; and pleasure is the major factors associated with the abuse of substances by respondents [46]. Students use alcohol and drugs believing that such stimulation activate their brains which in return helps them to study hard and overcome teaching and learning process and meet deadline [44]. The motives for using alcohol include staying awake in order to study at night, to forget problems, alleviate anxiety, enjoy festival, non-existence of alcohol control policies increasing its availability; and peer pressure [47]. Peer pressure and exposure to drug-related marketing activities are predisposing factors for adolescents to initiate drug abuse [7]. Children in The Gambia misuse illicit drugs to escape problems, such as poverty, failure in school and unemployment, Youth Front against Drugs and Alcohol Abuse [8].

In addition, the study revealed different places where children mostly abuse drugs namely; peers' homes, street corners, car parks, night and video clubs, ghettoes and during parties, schools, beach sides/tourism areas, children's own homes, etc. This concurs with schools are known to be the temples of knowledge and wisdom but they do not have power to closely monitor the life activities and events of students to a check against smoking, drinking, sex or poor eating patterns and others [6]. Traditional illicit drugs, cocaine misuse is very high in club culture [48]. One participant initiated substance use with his mother's supply and escalated immediately to daily use by continuing to steal his mother's alcohol and prescription drugs [41]. The most common place for initiation of substance abuse was recreational avenues for males and homes for females [49]. Nightlife tourism is a booming business and the levels of drug and alcohol use and associated risk taking behaviors are often increased during this nightlife holiday periods [50].

Similarly the findings revealed that children obtain drugs through various means including peers offering them, buying them jointly, adults abusers offerings them, picking remains in streets and ghettoes, stealing, as gifts for services to sellers, buying them individually, payment for services and including romantic ones, etc. This is supported the by drugs initiators often obtained substances from friends but more frequently they stole them from parents or guardians [41]. A majority of the adolescents purchase substances from their self-earning [48]. Panhandling is the most common source of income for homeless adolescents; however, they also earn income through prostitution, drug distribution, stealing, trading sex for money; and from parents/other family members or friends [51]. Sometimes, children and adolescents indulge in drug abuse are forced into sex in exchange for drugs [6]. Many people may become involved in the sex industry to finance their drug addiction and often trade their body for drugs, DARA [52].

Level of knowledge of the causes of street children abusing drugs

The findings revealed that street children like other children are engaged in drugs abuse and for numerous reasons including peer influence and group recognition, lack of parental supervision or control, curiosity and residing adult abusers, lack of stable home environment, to work hard and for long hours, to relieve stress, ignorance, easy accessibility, for seeking pleasure and relaxation, easy affordability, etc. as unearthed by street children use psychoactive substance for coping and fitting into street life circumstances, boldness to withstand violence, survival sex, pleasure, to curb hunger, to induce sleep, to numb emotions; and for entertainment [12].

The most common reasons for substance abuse were due to peer pressure, experimentation or to boost self-confidence [53]. Drug use is a feature of adolescent gangs and other marginalized peer group networks such as street children, and being a member of such groups often necessitates the use of different drugs [35]. Factors influencing adolescent drug abuse include poor self-image, low religiosity, poor school performance, parental rejection, family dysfunction, abuse, under-or over-controlling by parents, and divorce [54]. In the absence of nurturing home environments children and adolescents often become more inclined to seek others, who are mostly fellow peers, to fulfill their need for acceptance and recognition with greater risk of drug use [35].

Similarly, the study revealed different perceived benefits for street children abusing drugs such as hallucination or feeling high, to feel accepted and trusted by peers, drowsiness, ability to work hard and for long hours, brevity, ability to focus or concentrate, ability to think and memorize quickly, etc. This concurs with the use of drugs and alcohol gives children the necessary courage to engage in violent behaviors and to instill fear in people [53]. A moderate positive correlation exist between intrinsic anger and addiction severity, and a negative correlation between controlled anger and addiction severity [55]. Children abuse drugs for numerous reasons and benefits such as curiosity and recreation to cope with stress however, it leads to complex sets of social, medical and economic problems [56]. Patrick ME et al. [36], use of cannabis was significantly associated with to get high, because of boredom, to relax, because of anger or frustration, and the increase the effects of other drugs.

Myburgh C [57], street children are constantly threatened, exploited and exposed to physical, sexual and emotional abuse on a daily by the community, the authorities and other street dwellers; and this leads to feelings of sadness, fear, anxiety, misery, despair, hopelessness, helplessness and suicide ideation, which in turn lead to drug abuse and criminal activities to cope with the associated anxiety.

Level of knowledge of negative impacts of drug abuse

The findings indicate participants' strong awareness of the negative impacts of street children engagement in drug abuse. For instance, mental illness, aggressive conduct/behavior, frequent

problems and beating by others at work places, endless problems with peers, frequent stealing and fighting, hatred towards school and formal education, endless family problems, diseases (e.g. HIV/AIDS, TB, STIs, etc.), road accidents involvement, stroke, etc. These revelations support street children are exposed to an assortment of risks to resilience that characterize their lives such as drug abuse, violence, gangs, HIV infection, illiteracy, incomplete schooling, delinquency, neglect, poor health and nutrition [10]. Substance abuse leads to road crashes, conduct problems, attentional problems, suicide, homicide, a range of injuries, poisoning; and spread of infectious diseases [58]. The effects of drug abuse among children are coughing and chest pains, self-denial, societal denial, loss of weight, early pregnancies, prostitution, mental illness, harassment by police force, school dropout; and HIV/AIDS infection [2]. Absenteeism, school dropouts, poor performance, aggressive behavior, bullying, fighting, suppressed anger, criticism, isolation, rejection, cheating, stealing, lying, truancy, low self-esteem, loneliness, guilt, feeling of helplessness, fear of abandonment, and chronic depression manipulating become the usual defensive behaviors of drug abusers both in school and at home [6]. Alcohol and drug abuse causes delinquent behaviors including unsafe sexual practice, gangs, drug trafficking, prostitution, physical, sexual abuse; and growing number of youth murders [44].

Similarly, the findings revealed the following drugs; marijuana, inhalant, alcohol, antibiotics, opium, diazepam, hashish, heroin, cocaine and paracetamol, etc. being among the most commonly abuse drugs by street children concurring with studies from Nigeria, India and Brazil that revealed the most commonly abuse substances include alcohol, kolanut, tobacco, cannabis, nicotine, inhalants; and marijuana [6,59]. The most common substance consumed was nicotine, as cigarettes and inhalants/volatile substance used in the form of sniffing of adhesive glue, petrol, gasoline, thinner, and spirit [46]. The most commonly abused substances by commercial drivers include solution, coffee, tramadol, local stimulant tea, cola-nut and tobacco [60]. Cannabis is the most widely misused illicit substance by the Western youth. Drug Law Enforcement Agency the Gambia (DLEAG) [61], in The Gambia, while there is a presence of other hard drugs like cocaine, heroin, clonazepam, diazepam, bronazepam; marijuana is the most commonly abuse illicit drug simply because of its affordability, availability and accessibility as it is grow locally and easily trafficked from the Cassamance region in Senegal

Level of knowledge of the preventive methods of drug abuse

The results indicate that participants have a good knowledge of some of the critical methods in the fight against drug abuse such as, avoidance of bad peer groups, regular education and/or sensitization campaign, closeness to responsible adults, mainstreaming drug abuse in school curriculum, engagement in self-esteem building activities, provision of gainful employments and family support, engagement in productive activities, effective law enforcement agencies, good parenting skills, tough laws, storing drugs safely, etc. This is in agreement with social bond and attachment with parents can decrease the consumption of drug among youth [7]. Increased child monitoring is associated with a decreased risk of alcohol and other drugs [35]. In the campaign of reducing substance abuse in adolescents, the media needs to be involved from the start till the end of the campaign as they need to telecast talk shows, announcements related to the programs, conferences, story making, newspaper article coverage and commercials to prohibit substance use among youth [7]. Preventive programmes for high school students should increase academic and social competence with the following skills: study habits, communication, peer relationships; self-efficacy and assertiveness, drug resistance skills, reinforcement of antidrug attitudes; strengthening of personal commitment against drug abuse [9]. Various platforms including school and family programmes, the mass media including the digital ones, and public policy have the potential to improve and prevent substance abuse among adolescents [45]. Prevention programmes for school children should focus on developing and strengthening the following skills: self-control, emotional awareness, communication, social problem solving, reading and understanding, peer relationship, self-efficacy and assertiveness, drug resistance, reinforcement of antidrug attitudes; and commitments against drug abuse [9,24]. Multifactorial prevention programmes that address social norms, gender role image, and incorporate drug policy, religion, family and school would be more effective and would have better protective outcomes.

Similarly, regular sensitization and/or education campaigns, avoidance of bad peer group, development of strong personalities and resistant skills, self-esteem building techniques, strengthening of family support programmes, promotion of strong parent-child relationship, regular monitoring of children's activities and ensuring open line communication with children, regular engagement in useful activities, all the time closeness to responsible adults and religious persons, mainstreaming drug abuse in school curriculum, frequent one-on-one discussions, good parenting skills, provision of gainful employments for families, etc. were recognized as the most effective ways of preventing drug abuse among children. This concurs with [6], parental monitoring would be able to strengthen resistance to peer pressure and therefore it can be expected to reduce substance abuse. Plummer et al. [10], maintain that child welfare agencies should take steps in order to prevent the problem through the creation of preventive educational programmes for working with these children. Substance abuse can be reduced by controlling the production and sale of commonly abused substance [46].

Subjective adults' norms against drug use and community affirmation of positive behavior have been found to be related to less smoking behavior among young people [35]. Governments in collaboration with NGOs should create employment opportunities to the people, established enough rehabilitation and correction centers, schools, health facilities, more campaigns for the rights of street children rights, commemorate "street children's Day" (31st January) and empower street children by providing outreach education, training, food and health services [62]. Greater religious involvement is associated with less alcohol use and drunkenness [35].

Level of knowledge of the support services and treatments needed by drug abusers

The results revealed high level of awareness of the support

services and treatments needed by victims of drugs of abuse such as providing them with behavioral counseling or therapy, support groups including spiritual ones, supportive friends and family environment, a sober living environment, regular family support, a sober social network and/or peers, regular and affordable medical treatments, uninterrupted educational services, traditional or herbal treatments, vocational training or skills, etc. concurring with social support has been associated with better quality of life both among substance users and individuals with mental disorders and equally a significant correlate of subjective well-being among recovering substance users who are dually-diagnosed with comorbid psychiatric disorder [63]. Living in sober houses is beneficial and effective in assisting the reduction of substance [64]. Treatment works with the support of the family and the community, therefore empowering the community to mobilize around alcohol and related issues can be a powerful strategy [65]. Stevens E et al. [66], a significant positive relationship exists between general social support and abstinence and self-efficacy. Religion does not only encourage abstinence but rebuild life through new networks, ways of spending free time by doing voluntary works, group cohesion, unconditional support and the establishment of new family [67]. Incorporation of the clients' spiritual themes into treatment can significantly increase the efficacy of cognitive therapy for depression [68].

Furthermore, the findings revealed the government institutions, local government authorities, United Nations agencies, support groups, mosques/marabous/churches, community based organizations (CBO), the community, the family, Non-Governmental Organization, faith based organizations (FBO), etc. as the fundamental providers of these services and treatments which strongly allied to a collaborative approach to engage the community in addressing substance abuse [69]. Kelly SM. et al. [70], individuals who were in treatment, as compared with those who were out of treatment, perceived significantly greater support from their partners or family with whom they lived, family members outside the home, friends, and their communities at treatment entry.

However, majority claimed the support do not exist in their society concurring with Naamara W et al. [71], there is a lack of rehabilitation services in local communities and alcohol problems are usually ignored "People who are alcohol dependent in my community do not have services to help them. It is when someone dies of alcohol related problems that people start saying that alcohol is bad." Concluded a respondent [72]. The substance abuse treatment workforce of South Africa appears to be young and educated, yet only one third of the counselors had any formal training in Cognitive Behavioral Therapy [73]. Drug addiction and mental health treatment is limited in the region, and therefore the phenomena are poorly understood and lack attention. Myers B et al. [74], identified three structural barriers to service delivery (i) difficulty in developing and implementing a strategic plan relating to alcohol and drug problems due to poor capacity and other structural issues, such as a lack of information, poor intersectoral collaboration and limited consultation and limited providers; (ii) limited allocation of resources to alcohol and drug treatment which has restricted the availability of affordable services as well as the capacity of established services to meet increased demand for services in this area; and (iii) fragmented service delivery [75]. There is a need for more aggressive screening, early intervention, adequate initial treatment, ongoing monitoring, disease management skills, and better linkage to recovery support services and mutual aid groups that help sustain recovery.

The results indicated that the street children do not seek these support services and treatments due to fear of societal stigma and discrimination, they don't want people to know them, fear of rejection by peers, the services providers are not child friendly, fear of being reported to the security agencies, the supports are expensive, they don't trust the service providers, the services are not effective, they are not easily accessible, etc. which concurs with inability to share problems with others and stigma are the two major barriers in both groups [42]. Tucker et al. [42], found three areas of importance privacy, participants' belief that treatment was unnecessary or not beneficial; and practical and economical impediments to participation. Sereta BN et al. [33], rehabilitation centers staff should gain insights on various needs of the rehabilitees to avert unnecessary strife in the rehabilitees and as such they should learn to handle the rehabilitees with professionalism to enable a successful rehabilitation process. Grant [41], their lack of confidence in the effectiveness of alcoholism treatment, stigmatization, and denial as conditions that would interfere with linkage. National Institute on Drugs [9], service providers that identify, understand, and facilitate social processes that reduce harm without judgment or condemnation will likely find greater success in assisting these young people. Kalebka RR et al. [76], although the willingness to initiate therapeutic measures in the emergency centers exist, more training in this field may beneficial. However Rapp R. et al. [42], found some barriers that interfere with treatment entry are a part of most substance abusers' life styles, as well as substance abusers' treatment.

Furthermore, finding revealed street children including commercial vans casual apprentices like other children are abusing drugs mainly due to peer influence, seeking pleasure and relaxation, to work hard and for long hours, curiosity, ignorance, easy accessibility and Lack of or inadequate stable home environment, lack of or poor parental supervision, easy affordability, etc. This concurs with Boys A et al. [77,78], the most popular function for drug use to relax, become intoxicated, keep awake at night while socializing, enhance an activity and alleviate depress mood. Street children use psychoactive substance for coping and fitting into street life circumstances, boldness to withstand violence, survival sex, pleasure, to curb hunger, to induce sleep, to numb emotions; and for entertainment.

Morojele N et al. [35], although current legislation prohibits the sale of alcohol to people under the age of 18 years, it is relatively easy for them to access alcohol either directly or indirectly, since laws are not enforced consistently. Bereavement in families and relationship difficulties, poor relationship between children and parents leads to increase alcohol consumption and also parents abusing drugs are causative factors [6]. Psychological distress, including low self-esteem and depression, contribute to the initiation and maintenance of drug use [43].

SUMMARY AND CONCLUSION

To comprehend the vulnerability of street children to drug abuse six main areas were explored namely, level of knowledge of drug abuse, perception towards it, level of knowledge of the causes of it in the community and among street children, level of knowledge of the negative impacts of it, level of knowledge of the preventive methods; and level of knowledge of the support services and treatments needed by victims. The findings revealed among other things, that there is high level of consciousness of drug abuse but the feelings towards it are mixed. Like other children, street children are abusing drugs mainly due to peer influence with the ultimate objective of getting high to relief stress, group recognition, trusted by peers, etc. Similarly, participants are highly aware of the negative impacts encompassing fighting, stealing, mental illness, etc. To finance the behavior, victims are engaged in all types of dangerous antisocial behavior including romantic ones exposing them to a range of diseases including STIs. While participants have good knowledge of the critical methods to fight drug abuse, the support services needed by victims, victims are mostly reluctant to seek the services not only because they are hard to find but fear societal stigmatization, exclusion, discrimination; and professionals' maltreatment. Though in the minority some children have started abusing hard drugs. In conclusion, some children including street children are abusing drugs and urgent actions need to be taken to rehabilitate and protect the future of the country.

RECOMMENDATIONS

To ameliorate the high risk, rehabilitate victims, and safeguard the last hope of our communities, it is recommended that:

Parents should

1. Redouble their supervisory endeavors by regularly monitoring their children's activities, ensuring strong parent-child relationship, always engaging their children in useful activities and maintain open line communication with them.
2. Continuously engage their children in open discussions both to know what is affecting them and share with them the negative effectives of antisocial behaviors including drug abuse.
3. Support their children to develop strong personalities, resistant skills, self-esteem building techniques, etc. to avoid bad peers' victimization.

Community

1. The promotion of children 'being communities' children' especially the most vulnerable ones should be revive and intensified and above all cherish as a fundamental pillar of coexistence.
2. Continue to be engaged in awareness raising activities to eliminate drug abuse in the society and equally fight stigma and discrimination with a view to encourage victims to come out and seek supports regularly and above all ensure resources are allocated by authorities.
3. Adults continue to engage the adolescents to build that required bonds with responsible adults including the religious ones to avert relying on peers for critical information.

Government and development partners

1. Continues to fund regular sensitization and/or education campaigns to raise public awareness about drugs abuse and its associated negative impacts.
2. Mainstream contemporary social and health problems including drug abuse in school curriculum
3. Support reunification of street children with their families while creating more opportunities for them to go back to school to learn some skills including livelihood ones.
4. Fund family strengthening support programmes especially for those living in extreme poverty to adequately cater for their children to avert their going into the streets to fend for themselves and their poverty stricken families.
5. Formulate and ensure stricter enforcement of laws and policies against drug trafficking and its abuse, etc.

REFERENCES

1. Drug Abuse-A Global Epidemic. Part 2: Scope of the Problem. The Real Truth.
2. Matowo AS. Cause, Effect and Remedial Measures of Drug Abuse among the Children in Tanzania: A Case Study of Hananasifu Ward in Kinondoni District in Dar Es Salaam. 2013.
3. World Drug Report 2017: 29.5 million people globally suffer from drug use disorders, opioids the most harmful. UNODC. 2017.
4. Record 29 million people drug-dependent worldwide; heroin use up sharply - UN report. UN News. 2016.
5. Illegal drug use on the rise in Africa. DW Made for Mind. 2013.
6. Singh BR, Joshi U, Aditya P. Substance Abuse among Children: A Rising Problem in India. Int J Indian Psychol. 2017; 5: 177-189.
7. Somani S, Meghani S. Substance Abuse among Youth: A Harsh Reality. Emerg Med. 2016; 6: 330.
8. Anderson Z. An investigation into the problems associated with substance use in a developing country - The Gambia, West Africa. Centre for Public Health. 2004; 1-21.
9. National Institute on Drug Abuse. Preventing Drug Use among Children and Adolescents. 2003.
10. Molahlehi LA. The Views of Street Children on How Streetism can be Prevented. 2014; 1-154.
11. Woan J, Lin J, Auerswald C. The Health Status of Street Children and Youth in Low- and Middle-Income Countries: A Systematic Review of the Literature. J Adolesc Health. 2013; 53: 314-321.
12. Cumber SM, Tsoka-Gwegweni JM. The health profile of street children in Africa: a literature review. J Public Health Afr. 2015; 6: 566.
13. Embleton L, Mwangi A, Vreeman R, Ayuku D, Braitstein P. The epidemiology of substance use among street children in resource-constrained settings: a systematic review and meta-analysis. Addiction. 2013; 108: 1722-1733.
14. Schensu JJ, Burkholder GJ. Vulnerability, Social Networks, Sites, and Selling as Predictors of Drug use among Urban African American and Puerto Rican Emerging Adults. J Drug Issues. 2005; 35: 379-408.

15. Adebiyi AO, Owoaje O, Asuzu MC. Relationships as determinants of substance use amongst street children in a local government area in south-western Nigeria. SA Fam Pract. 2008. 50:47.

16. Hemovich V, Lac A, Crano WD. Understanding early-onset drug and alcohol outcomes among youth: the role of family structure, social factors, and interpersonal perceptions of use. Psychol Health Med. 2011; 16: 249-267.

17. Aliiaskarov B, Bakiev E. The social learning and social control determinants of alcohol use among youth in Kyrgyzstan. Drugs. 2013; 21: 205-210.

18. Blas E. World Health Organization: Equity, Social Determinants and Public Health Programmes. 2010.

19. Mamat CF, Jamshed SQ, El Syed T, Khan TM, Othman N, Al-Shami AK, et al. The use of psychotropic substances among students: The prevalence, factor association, and abuse. J Pharm Bioallied Sci. 2015; 7: 181-187.

20. Niazi MR, Zaman K, Ikram W. Is Poverty to Blame for Narcotic Abuse: Case Study of Pakistan? Int J Basic Applied Sci. 2009; 9: 1-6.

21. Banjul. Street children persist despite crackdown. IRIN. 2009.

22. Rambaree K, Mousavi F, Ahmadi F. Sports participation and drug use among young people in Mauritius. Int J Adol Youth. 2018; 23: 188-197.

23. Whitesell M, Bachand A, Peel J, Brown M. Familial, Social, and Individual Factors Contributing to Risk for Adolescent Substance Use. J Addict. 2013; 1-9.

24. Alhyas L, Al Ozaibi N, Elarabi H, El-Kashef A, Wanigaratne S, Almarzouqi A, et al. Adolescents' perception of substance use and factors influencing its use: a qualitative study in Abu Dhabi. JRSM Open. 2015; 6.

25. Chie QT, Tam CL, Bonn G, Wong CP, Dang HM, Khairuddin R. Drug abuse, relapse, and prevention education in Malaysia: perspective of university students through a mixed methods approach. Front Psychiatry. 2015; 6: 65.

26. Heckman CJ, Dykstra JL, Collins BN. Substance-Related Knowledge, Attitude, and Behavior among College Students: Opportunities for Health Education. Health Educ J. 2011; 70: 383-399.

27. Bühler A, Schröder E, Silbereisen RK. The role of life skills promotion in substance abuse prevention: a mediation analysis. Health Educ Res. 2008; 23: 621-632.

28. Gossop M, Stephens S, Stewart D, Marshall J, Bearn J, Strang J. Health care professionals referred for treatment of alcohol and drug problems. Alcohol Alcoholism. 2001; 36: 160-164.

29. Majelantle RG, Keetile M, Bainame K, Nkawana P. Knowledge, Opinions and attitudes towards HIV and AIDS among Youth in Botswana. J Glob Econ. 2014; 2: 108.

30. Mondal NK. Commercial Glue Sniffing and Child Health: Indian Street Children are at a Risk. J Biosafety Health Educ. 2013; 1: 108.

31. Sampasa-Kanyinga H, Hamilton HA, LeBlanc AG, Chaput JP. Cannabis use among middle and high school students in Ontario: a school-based cross-sectional study. CMAJ Open. 2018. 6: 50-56.

32. Peltzer K, Ramlagan S, Johnson BD, Phaswana-Mafuya N. Illicit Drug Use and Treatment in South Africa: A Review. Subst Use Misuse. 2010; 45: 2221-2243.

33. Sereta BN, Amimo FA, Ouma P, Ondimu TO. An Assessment of Effectiveness of Drug Rehabilitation Programs in Kisii County-Kenya. J Health Edu Res Dev. 2016; 4: 165.

34. Ministry of Health/Ghana Health Service World Health Organization Ghana. A National Survey on Prevalence and Social Consequences of Substance (Drug) Use Among Second Cycle And Out Of School Youth in Ghana. 2003; 1-99.

35. Morojele N, Parry C, Brook J, Kekwaletswe C. Alcohol and Drug Use. 195-213.

36. Patrick ME, Schulenberg JE, O'Malley PM, Johnston LD, Bachman JG. Adolescents' Reported Reasons for Alcohol and Marijuana Use as Predictors of Substance Use and Problems in Adulthood. J Stud Alcohol Drugs. 2011; 72: 106-116.

37. Low W, Zulkifil SN, Yusof K, Batumalai S, Aye KW. Knowledge, Attitudes and Perceptions Related to Drug Abuse in Peninsula Malaysia: A Survey Report. Asia Pac J Public Health. 1995; 8: 123-129.

38. Bryan A, Moran R, Farrell E, Mary O'Brien. Drug-Related Knowledge, Attitudes and Beliefs in Ireland: Report of a Nation-Wide Survey. Dublin: The Health Research Board. 2000; 1-88.

39. Sorsdah K, Stein DJ, Myers B. Negative attributions towards people with substance use disorders in South Africa: Variation across substances and by gender. BMC Psychiatry. 2012; 12: 101.

40. Filho FEA, Queiros PS, Medeiros M, Weirich Rossoet CF, Maria de Souza M. Perceptions of adolescent students about drugs. Rev Bras Enferm. 2015; 68: 457-463.

41. Kingston S, Rose M, Cohen-Serrins J, Knight E. A Qualitative Study of the Context of Child and Adolescent Substance Use Initiation and Patterns of Use in the First Year for Early and Later Initiators. PLoS One. 2017; 12: e0170794.

42. Rapp R, Xu J, Carr CA, Lane DT, Wang J, Carlson R. Treatment barriers identified by substance abusers assessed at a centralized intake unit. J Subst Abuse Treat. 2006; 30: 227-235.

43. Stone R. Pregnant women and substance use: fear, stigma, and barriers to care. Health Justice. 2015; 3: 2.

44. Tulu SK, Keskis W. Assessment of Causes, Prevalence and Consequences of Alcohol and Drug Abuse among Mekelle University, CSSL 2nd Year Students. Amer J Appl Psychol. 2015; 3: 47-56.

45. Das JK, Salam RA, Arshad A, Finkelstein Y, Bhutta ZA. Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews. J Adolesc Health. 2016; 59: 61-75.

46. Yunusa U, Bello UL, Idris M, Haddad MM, Adamu D. Determinants of Substance Abuse among Commercial Bus Drivers in Kano Metropolis, Kano State, Nigeria. Am J Nurs. 2017; 6: 125-130.

47. Dumbili EW. A review of substance use among secondary school students in Nigeria: Implications for policies. Drugs. 2015; 22: 387-399.

48. Vento AE, Martinotti G, Cinosi E, Lupi M, Acciavatti T, Carrus D, et al. Substance Use in the Club Scene of Rome: A Pilot Study. BioMed Res Int. 2014; 2014: 5.

49. Sarangi L, Acharya HP, Panigrahi OP. Substance Abuse Among Adolescents in Urban Slums of Sambalpur. Indian J Community Med. 2008; 33: 265-267.

50. Healthy Nightlife Toolbox - Info sheet. Responding to drug and alcohol use and related problems in nightlife settings. 2016.

51. Gomez R, Thompson SJ, Amanda NB. Factors associated with substance use among homeless young adults. Subst Abus. 2010; 31: 24-34.

52. DARA. Thailand Drug and Alcohol Rehab in Thailand.

53. Abhay M, Quazi SZ, Lalit W, Sunitha S, Sanjay Z, Sudhakar RJ. Substance abuse among street children in Mumbai. Int J Res Policy Care. 2007; 42-51.

54. Belcher HM, Shinitzky HE. Substance Abuse in Children Prediction,

Protection, and Prevention. Arch Pediatr Adolescent Med. 1998; 152: 952-960.

55. Salaam AO. Street Life Involvement and Substance Use Among "Yandaba" In Kano, Nigeria. Afr J Drug Alcohol Stud. 2011.

56. Avci D. The Prevalence of Substance Use among Adolescents Participating in Apprenticeship Training, Relationship between Anger Level–Anger Expression and Addiction Severity. 2017.

57. Sharma N, Joshi S. Preventing-substance abuse among street children in India: a literature review. 2013.

58. Myburgh C, Poggenpoel M, Moolla A. The lived experiences of children living on the streets of Hillbrow. Curationis. 2015; 38: 1-8.

59. Lucchetti G, Lucchetti ALG. Spirituality, Religiosity and Substance use: Evidence and Proposed Mechanisms. 2014.

60. Islam F, S Kar, Debroy A, Sarma R. Substance Abuse amongst the Street-children in Guwahati City, Assam. Ann Med Health Sci Res. 2014; 4: S233-S238.

61. McArdle P. Substance abuse by children and young people. BMJ. 2003; 89: 8.

62. Drug Law Enforcement Agency the Gambia (DLEAG). Drug Abuse Situation in The Gambia. 2017.

63. Poni-Gore, Lono RL, Oryem E, Iro RE, Reec WB, Mundu CM, et al. Phenomena of Street Children Life in Juba, the Capital of South Sudan, a Problem Attributed to Long Civil War in Sudan. 2015.

64. Laudet AB, Morgen K, White WL. The Role of Social Supports, Spirituality, Religiousness, Life Meaning and Affiliation with 12-Step Fellowships in Quality of Life Satisfaction among Individuals in Recovery from Alcohol and Drug Problems. Alcohol Treat Q. 2006; 24: 33-73.

65. Tracy K, Wallace SP. Benefits of peer support groups in the treatment of addiction. 2016; 7: 143-154.

66. Setlalentoa M, Ryke E, Strydom H. Intervention Strategies Used To Address Alcohol Abuse In The North West Province, South Africa. 2015.

67. Stevens E, Jason LA, Ram D, Light J. Investigating Social Support and Network Relationships in Substance Use Disorder Recovery, Subst Abuse. 2015; 36: 396-399

68. van der Meer Sanchez Z, Nappo SA. Religious intervention and recovery from drug addiction. Rev Saude Publica. 2008; 42: 265-272.

69. Borras L, Khazaal Y, Khan R, Mohr S, Kaufmann YA, Zullino D, Huguelet P. The Relationship Between Addiction and Religion and its Possible Implication for Care. 2010; 45: 2357-2410.

70. Windsor LC, Murugan V. From the Individual to the Community: Perspectives about Substance Abuse Services. J Soc Work Pract Addict. 2012; 12: 412-433.

71. Kelly SM, O'Grady KE, Schwartz RP, Peterson JA, Wilson ME, Brown BS. The relationship of social support to treatment entry and engagement: The Community Assessment Inventory. Subst Abus. 2010; 31: 43-52.

72. Naamara W, Muhwez WW. Factors Associated With Alcohol Dependence Among Adult Male Clients in Butabika Hospital. Uganda. J Soc Work Pract Addict. 2014; 14: 322-326.

73. Sodano R, Watson DW, Rataemane S, Rataemane L, Ntlhe N, Rawson R. The Substance Abuse Treatment Workforce of South Africa. Int J Ment Health Addict. 2010; 8: 608-615.

74. Liranso G, Yosph DM. Drug Addiction and Mental Illness Treatment in Sub Saharan Africa. 2017.

75. Myers B, Louw J, Fakier N. Alcohol and drug abuse: removing structural barriers to treatment for historically disadvantaged communities in Cape Town. 2008.

76. Scott CK, Dennis ML, Laudet A, Funk RR, Simeone RS. Surviving Drug Addiction: The Effect of Treatment and Abstinence on Mortality. Am J Public Health. 2011; 101: 737-744.

77. Kalebka RR, Bruijns SR, Hoving Van DJ. A survey of attitudes towards patient substance abuse and addiction in the Emergency Centre. 2013; 3: 10-17.

78. Boys A, Marsden J, Strang J. Understanding reasons for drug use amongst young people: a functional perspective. Health Educ Res. 2001; 16: 457-469.

Cite this article

Bah YM (2018) Drug Abuse among Commercial Vans Casual Apprentices. J Subst Abuse Alcohol 6(2): 1078.