

Drivers of Drugs and Substance Use and Their Effects Among Young People in a Peri-Urban District of Ghana

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Abstract

Background

Drugs and substance use-related effects have become a major issue globally. The energetic youth who contribute meaningfully to national development are the most affected population by this social menace. This study aimed to examine the knowledge and perception of the youth on drugs and substance use-related effects on the lives of drug users.

Methods

The study used a qualitative approach to explore the drivers of drugs and drugs and substance use among the youth in the Kwabre-East Municipality of the Ashanti Region of Ghana. The purposive technique was used to select 35 participants based on a set of inclusion and exclusion criteria. The data were gathered through focus group discussions and interviews in the Twi language and audio-recorded. Data were transcribed from Twi to English in a written form. The data were categorized into themes based on similarities and differences. Thematic analysis was used to analyze the data. The emerged themes have been presented as main findings, which are supported by quotations from the participants.

Results

The study identified that substances commonly used by the youth were alcohol, tramadol, gasoline product, glue, and marijuana. Again, it was found that peer influence, poor parental control, and loss of a job (poverty), perceived academic enhancement, and imitation of role models were factors that caused drugs and substance use among the youth. In addition, the following were identified in terms of the effects: mental illness, cardiovascular conditions, family exclusion, insecurity, and stigmatization.

Conclusion

The initiation and implementation of drug preventive interventions by relevant stakeholders are crucial in preventing the commencement of any undesirable behaviour among the youth as far as drugs and substance use is concerned.

Introduction

Drugs and Substance use is one of the most common social problems faced by many nations worldwide [1]. Alcohol and illicit drug use have harmful effects on the life of the individual, family, and the nation as a whole in terms of health and livelihood [1]. Aside from socioeconomic effects, individuals with substance addiction are prone to criminal conduct, homicide and suicide, family and marital issues, cardiovascular diseases, and other impairment conditions [2]. There are several reasons for which a

person can use substances. Biological and hormonal changes can induce adventurous risk-taking behaviors [3]. The desire for independence from parental authority or values in the youth can precipitate drugs and substance use [4]. Others have found that living in abject poverty or social isolation, bereavement, and job loss can also increase the desire for alcohol and other drug use [5, 6].

According to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), [7] drugs and substance use is a maladaptive pattern of drugs and substance use characterized by recurrent and significant threats related to prolonged use of substances. This revised manual introduced a single diagnostic category termed "drugs and substance use disorders" which combines the former two categories (drugs and substance use and substance dependence) in the previous edition (DSM-IV). The criteria for diagnosing drugs and substance use disorders are primarily based on cravings, relapse, and withdrawal symptoms [7, 8]. There is a plethora of evidence in the literature that emphasizes the deleterious effects of drugs and substance use. Preventable injuries and disabilities are sustained, and many lives are lost due to alcohol or drugs and substance use [9, 10]. An opioid, for example, is responsible for two-thirds of 585,000 people who died due to drug use in 2017 [10]. In addition, millions of persons who use drugs and substances and contract diseases, as a result, do not all receive needed treatment [11]. Unfortunately, the vulnerable or at-risk group is the youth and young adults between the ages of 18-30, a clear 'waste' of most productive years [12]. The report also suggested that Drugs and substance use Disorders (Drugs and substance use related effects) have heavy economic implications, costing billions annually [13, 14].

The situation is not different in Africa. It is estimated that 7.7% (38 million) of the African population use cannabis annually, which is far higher than the 3.8% of cannabis users among the global population [15]. In 2014, Benin recorded about 45% of drugs and substance use cases while Cameroon recorded 75–80% of use cases with the youth being the predominant group in both countries in relation to total recorded cases of drug abuse and related health issues. [16]. In 2019, it was also reported that about 14.4% of Nigerians used drugs in the last couple of years, and this is more than twice the global average of 5.6 [11].

The same situation is mirrored in Ghana, where drugs and substance use is the third highest cause of psychiatric cases at the Komfo Anokye Teaching Hospital (KATH) and close to 90% of the psychiatric cases are drugs and substance use related [17]. Drugs and substance use and drug dependence have become the leading cause of mental impairment in the country among the youth and some of them choke the few psychiatric hospitals, rehabilitation centres, prayer camps, or end up on the streets [18]. Many who need appropriate interventions for addiction do not receive it because of limited state-funded care facilities and unaffordable private rehabilitation centres [11, 18]. This situation impedes national development.

Appropriate context-specific interventions must be evidence-based. Yet, there is a paucity of research on alcohol or drugs and substance use and related disorders in Ghana due to limited research, lack of opportunities for publication, and poor record-keeping in remote areas [19]. Admittedly there has been

considerable research in the last three decades on alcohol or drugs and substance use in some African countries though in small sample sizes. Resource constraints and documentation challenges regarding the true patterns of drugs and substance use and related risks or implication have hampered research in the area, making reliance on secondary sources a practice [19]. Yet, secondary sources fail to examine the knowledge and perception of the youth on drugs and substance use and the effects associated. This study sought to bridge this gap. From the perspective of the youth, in-depth information on the subject could help design programs that deter them from engaging in indiscriminate drugs and substance use.

Over the last two years, a number of the youth in the Kwabre-East Municipality within the Ashanti region have been involved in a riot and criminal behaviours which have mostly been attributed to the possible influence of drug and substance among the youth [20]. However, in the reports that followed, it appeared that the investigators failed to examine what led to the use of the drugs. Therefore, this study examined the perception of the youth on drugs and substance use-related effects on the lives of the youth in the Kwabre East Municipality of the Ashanti Region of Ghana.

Methods

The study employed a descriptive, qualitative design. In-depth understanding and description of the phenomenon understudy was facilitated by this approach [21].

Purposive and snowball sampling techniques were used to recruit people between the ages of 15 and 35 living in the Kwabre-East Municipality. Two categories of participants were used; those who had no known history of drugs and substance use those who had history of drugs and substance use and were undergoing recovery therapy. The inclusion criterion was that participants should have used drugs and substances and were undergoing recovery or know others who have or who are using drugs. In addition, they must live in the district and be within the desired age category. The researchers initially contacted the participants at their homes and workplaces. They explained the purpose of the study to them before scheduling a date for the interviews and focus group discussions. Participants gave their informed consent before participating in this study. Based on the 'Principle of Saturation' [22], a total of 35 participants (22 males and 13 females) participated in the study. Nine participants completed one-on-one interviews, whilst the remaining 26 participants were divided into two separate focus groups.

The data were collected in the local language (Twi) through face-to-face interviews and focus group discussions. The interview guide focused on the following areas: *knowledge of commonly used drugs, perceptions on drugs and substance use, factors that influence drugs and substance use, use and dependence, social and health effects of drugs and substance use, and the interventions for drugs and substance use.*

Principal investigators trained research assistants before data collection commenced to ensure consistency of procedure. The data was recorded with an audio recorder. Each interview and the focus group discussions lasted approximately 40 and 90 minutes, respectively. The interview took place in 6 communities within the district. Each interview or Focus Group Discussion was audiotaped and

transcribed verbatim, after which the data were coded and analyzed based on themes, using thematic analyses.

Data curation, once collected, included reading through the transcripts, highlighting codes that represented specific terms used by the participants to ascribe meaning to their thoughts, opinions, or actions, and spell checking to avoid misinterpretation of data. Five main themes emerged. Sub-themes were developed and linked together. Some of these sub-themes have been cited as quotations to support the findings.

Results

Socio-Demographic Characteristics of participants

The data from table 1 revealed that people who use drugs start at an early age, between 14 and 18 years of age. The data further revealed that about 80% of males use substances as against 20% of females. Most of the drugs are illegal, and it takes people who are brave to use them. Men are considered as risk-takers in Ghanaian societies, while women are considered vulnerable besides, it is very shameful for a woman to use drugs in public [23]. The data revealed that most of the women who use drugs hide doing it, and they use the drugs to be able to manage certain disorders. Some participants also shared that a person's religious background can deter them from using drugs. In addition, a person's marital and employment status can either deter or influence their drug use.

"... madam, I started using drugs when I was unemployed; I became frustrated, especially whenever my parents insult me and tell me to find a job to do. I started to use drugs to forget my frustrations..." (Male participant individual interview).

"...all the guys in my area who do drugs are single, and they have no meaningful job. I only see a few guys who are married and still do drugs..." (Male participant, focus group discussion).

"... I and my squad take drugs sometimes to prove who is a guy... when you cough it means you are a woman..." (Male participant, individual interview).

"...women feel shy to smoke or drink outside... they usually send their children to buy alcohol for them to gain an appetite for food..." (Male participant, focus group discussion).

Types of drugs and substances used by the youth

Most participants identified the following as drugs commonly used by the youth: "wee" (Marijuana), "Akpeteshie" (alcohol), cigarette, cocaine, pethidine, heroin, diazepam, tramadol, super glue, and gasoline products. Almost all the male participants agreed they had used one or more of the above drugs before. In addition, all the participants claimed that they know people who constantly use at least one of the above drugs.

"..I have smoked wee before, and I know many people who mix alcohol with wee, tramadol... they drink all the time; some also inhale the gas and dried faeces." (Male participant, individual interview).

"... my father will kill me if I ever use any drug; I know some guys in my area who sniff cocaine, and I have heard that some also inject pethidine whiles others inhale super glue ..." (Male participant, individual interview).

Drugs and substance use affects the individual's dressing and composure. The majority of the participants perceived drugs and substance users as "mad" people who have lost self-control and meaning in life. They openly admitted that they would not associate with drugs and substance users for fear that they may end up being like them. However, some of the participants who were drugs and substance users had a different opinion about themselves.

"...as for me, I cannot befriend someone who is a drug addict...they can easily hurt you besides my parents will not even approve our relationship if we should fall in love" (Female participant, focus group discussion).

"...sis! What are they saying...I have been taking tramadol and marijuana for years now, look at me, am I shabbily dressed?" (Male participant, focus group discussion).

"I know a lot of people who use substances, yet they're perfectly okay when you are not told you won't notice it..." (Male participant, focus group discussion).

Causes of Drugs and substance use and among the youth

The findings revealed that the use and use of drugs among the youth stem from social and economic factors. These factors are categorized under poor parental support, bereavement, peer influence and curiosity, strenuous work, job loss, unemployment issues, academic performance enhancement, overcoming stage fright, and imitating role models and health or medical reasons.

Poor parental support

The findings revealed that most parents lack basic parenting skills. Therefore there is little or no bond between them and their children, especially when the care of the child becomes one parent's responsibility due to divorce.

"...sister, it's not easy to be separated from your parents... I and my senior brother were brought up by our stepmother, who doesn't care about our movements, and as a result, my brother joined bad friends. My brother cannot live a day without wee, and I know it's because of my parents' separation" (Female participant, individual interview).

".....Most young people join friends to use tramadol and other drugs because their parents don't check their movement and besides there is no good relationship between them and their children" (Female participant, focus group discussion).

Bereavement

The participants shared that the bereavement of a loved one increases the desire for alcohol and other drug use, and dependence becomes a coping mechanism.

"I ... know a young guy who lost his family through a motor accident and he could not bear the pain and started drinking alcohol to forget his pain, and now he uses alcohol, wee, and tramadol" (Female participant, individual interview).

"I ... lost my mom almost two years ago, and during that time ... I couldn't accept she was gone like that, I thought of taking my life whenever I was alone and I started drinking alcohol to forget my pain." (Male participant, individual interview).

Peer influence and curiosity to implement

The findings further revealed that some of the youth join their peers to use drugs to fit in whilst others just want to experiment with dazedness. Some people also use drugs out of frustration.

"... I started smoking marijuana out of curiosity. I had often heard people say that the weed can make you feel high, and I wanted to experience that..." (Male participant, focus group discussion).

"... I know some guys who are doing drugs because their friends introduced them, and there are others too once you join their squad you will have to smoke wee and drink alcohol by all means" (Female participant, focus group discussion).

Strenuous work

Some of the participants revealed that some physical activities are very demanding and therefore many people turn to use different types of drugs to carry out the activities. Carving, Construction work, Sexual activity, Galampsey (manual mining), and Weaving are all examples of physical activities in which many people need drugs to boost their stamina. The following cites indicate participants shared opinions:

"...I once took quick action tablet to gain more energy to sit for a long time to weave many pieces of kente but I noticed I was becoming addicted and so I stopped, but some of my colleagues mix it with tramadol and other substances" (Male participant, individual interview).

"...some of us take tramadol and alcoholic drinks to gain stamina and to enhance sexual activities." (Male participant, focus group discussion).

Loss of job and unemployment issues

The findings also revealed that some youth who have either lost their job or are unemployed get frustrated and join other drugs and substance users in ghettos to run away from responsibilities and avoid family members who constantly remind them to look for a job.

"...my uncle was laid off permanently and after a while he became frustrated. He could no longer take care of his family. He spends most of the time smoking weed with his friends in ghettos and eventually his wife divorced him..." (Female participant, individual interview).

Enhancement of academic performance

The majority of the participants revealed that they used substances to enhance academic performance. They were of the view that substances like stimulants make them feel more alert and confident. It also helps them in long hours of studies without feeling tired. However, some of them also shared that drugs can make students go mad and end up performing poorly.

"... I have been smoking marijuana since Junior High School. and I cannot study without a puff... it helps me to study" (Male participant, focus group discussion).

"...in school, I had a friend who could take 3 bottles of energy drinks mixed with marijuana at a time to stay active and study overnight... his Cumulative Weighted Average dropped at the end and he started saying weird things and had to defer the course for treatment..." (Male participant, focus group discussion).

Overcoming Stage Fright and Imitating Role Models

The majority of the participants admitted that stage fright and role modelling lead to drugs and substance use and use. They explained that some celebrities cannot perform on stage without taking drugs. Some of these celebrities whom the youth look up to consistently post pictures of themselves drinking and getting high on various social media platforms. The youth who have some of these celebrities as their role models turn to use drugs intending to be like them (their role models). That notwithstanding, some also believe that certain advertisements on social media can lead to drugs and substance use among the youth. However, other participants did not see anything wrong with alcohol and drugs advertisement because it involves celebrities.

"... most of our upcoming celebrities are shy in nature and cannot take shows without taking drugs... some of the youth copy them blindly..." (Female participant, focus group discussion).

"Sister, as for me I can't stand the sight of beer advert on Television oo, especially when they pour it into the glass I start salivating..." (Male participant, focus group discussion).

" If alcoholic drinks are bad why do celebrities advertise on Television ...it means it's good and I can't stop drinking it." (Male participant, focus group discussion).

Health or Medical Reasons

Some participants also revealed that some people with disorders such as anxiety, depression, and sickle cell use drugs intending to alleviate psychiatric symptoms and pain; however, they end up abusing the

drug due to its constant use. They further indicated that when one takes a particular drug for some time, the body becomes immune to it, and the individual increases the dosage to have the same effect.

"...some of my colleagues with sickle cell have been spending all their salaries injecting pethidine and at times they steal that of other patients' because they have become addicted." (Female participant, focus group discussion).

Effects of drugs and substance use

The data revealed that drugs and substance use has several effects ranging from health, social, and economic with dire implications on the individual, their family, and society as a whole.

Individual-level health effects of drugs and substance use

The majority of the participants revealed that constant use of drugs could lead to loss of appetite for food, trembling, addiction, mental illness, and lung and liver diseases. Again, some participants added that alcohol use could lead to making bad decisions such as drunk driving, resulting in serious motor vehicle accidents. Some of the drugs also make people lose self-control and engage in unprotected sex, which could lead to the spread of sexually transmitted diseases.

"I work in a hospital, and I know that most of the psychiatric cases we record are due to drug injection because it goes straight into the bloodstream and it can collapse the vein..." (Female participant, focus group discussion).

"... My brother uses alcohol, and most of the time he doesn't eat; he is always shaking..." (Female participant, individual interview).

Health effects of drugs and substance use on the family and the society

Some participants added that the use of drugs could equally affect the users' families and society at large. For example, some families suffer from depression because of the stigma associated with addiction. Society also feels insecure because most drugs and substance users are perpetrators of violence. In addition, they engage in theft and robbery to be able to afford their drugs. Below are some of the quotes describing some of the participants' opinions on the health implications of drugs and substance use:

"My elderly sister died of lung cancer because she used alcohol and cigarette for a long time. My mother, who was a trader, spent her entire fortune treating her...my mother became depressed when she lost everything and finally died of stroke" (Female participant, individual interview).

"It is not easy to have a drugs and substance user in your family. We are from a wealthy family and my cousin uses tramadol and marijuana... he is always at the station trying to load passengers for coins. Sometimes I wish he is not living..." (Female participant, individual interview).

"... some wee smokers in our vicinity have been stealing people's property...your heart is always on fire when you step out; for fear that they will come and break your door open..." (Female participant, individual interview).

"... it is very cheap to sleep with women in the ghetto... I and my friends sometimes do sex gala (competition)..." (Male participant, focus group discussion).

Socioeconomic Effect of drugs and substance use

The users experience family exclusion or rejection. Most drugs and substance users are not invited during family gatherings or deliberations, and even when they happen to be around, their opinions are not considered because they are seen as 'mad'.

"my family does not invite me when they're discussing family issues...even when I am around, my views are not considered because they think that I'm under the influence of alcohol..." (Male participant, individual interview).

The data further revealed that drugs and substance use could lead to depletion of the users' income which, in effect, result in a lack of care for families and other responsibilities. Other participants also added that drugs and substance use leads to loss of jobs and unemployment due to the stigma associated with addiction.

"... my father spends all his money on alcohol...I have 3 siblings, and none of us was able to complete S.H.S." (Female participant, individual interview).

"I used to work as a sales personnel in a certain company, but now I am jobless because I have been taking alcohol and my boss fired me..." (Male participant, individual interview).

The data also revealed that the use of substances among the youth could lead to low productivity in the country; because the users' performance at work is usually compromised by hangovers, health complications, and lack of focus. Moreover, the cost of treating Drugs and substance use related effects is very high, and drugs and substance use also increases pressure on state owed rehabilitation facilities. Therefore, families are compelled to send them to private rehabilitation centres, which are usually very expensive. Aside from spending huge sums of money on Drugs and substance use related effects treatment, the family also spends huge sums of money on settling crime issues.

"... the youth are the future leaders of its nation, and therefore losing them to addiction implies that the nation has no future..." (Male participant).

Intervention for drugs and substance use

Some of the participants indicated that the ultimate intervention for drug addiction is in-patient rehabilitation. They also indicated that drugs and substance use and addiction are well managed with psychosocial therapies in rehab centres; however, they are inadequate in the district. Other participants

also added that even though rehabilitation is the best intervention for drugs and substance use, people in the rehab centres are usually labelled as "abnormal," which impedes rehabilitation progress and deters other people from seeking help.

"I did my NSS in a rehab centre, and I learned that psychiatric cases are different from drugs and substance use... counselling is used to manage drug issues...unlike psychiatric issues which are managed with medicine..." (Male participant)

"... I have been taking tramadol and wee, but I know it's not good for me. I want to stop, but I can't go for rehabilitation because people will start looking at me in some way..." (Male participant).

"...both drugs and substance users and people with mental illness are the same... they have all lost their mind and need to seek asylum...the treatment centres are very few that is why a lot of mad people are on the streets" (Male participant).

Discussion

The condition in which people find themselves could have some influence on their drug use, understanding, and perception about drugs and substance use and their related disorders. This finding confirmed that the possibility of a man becoming a drugs and substance user is three times that of a woman [25]. In addition, gender roles can influence drugs and substance use and use. Culturally, adventurous roles are reserved for men, and, therefore, they initiate and take in more drugs to prove how strong and brave they are. On the other hand, women are considered in society as faint-hearted and vulnerable. Consequently, shame and stigma are attached to their use or use of alcohol and drugs, and therefore it was not surprising that drugs and substance use and use are prevalent among men than women. However, the fact that the findings further confirmed the National Institute of Drugs and substance use [25] that most women hide using drugs to cope with pain, sleeping, and eating disorders means that drugs and substance use is also gradually becoming a growing problem among females. If care is not taken, the effect can be very dangerous as it could lead to fetal alcohol syndrome, birth defects and developmental disabilities in pregnant women.

Most drugs and substance users initiate the use between 14-18 years of age [12, 26]. The participants were very much aware of the different types of drugs that are used daily. The study revealed that aside from alcohol, cigarette, and marijuana, most of the youth also use opioid medication such as tramadol, diazepam, and pethidine and volatile substances, including glue and gasoline products. This confirms that marijuana is the major drug commonly used among the youth in Ghana [28]. However, it was also evident that tramadol and other volatile drugs and substance use have also gained popularity among the youth. Drugs and substance use is inherently linked to mental illness and the introduction of new drugs into society will increase mental illness and consequently bring pressure on public psychiatric hospitals [18]. It was not surprising that Equal [17] reported that about 90% of the psychiatric cases recorded at Komfo Anokye Teaching Hospital were drugs and substance use-related effects. Since the government subsidizes psychiatric treatment, the increase in psychiatric cases will increase government expenditure.

Resources that could have been invested in developmental projects to benefit the entire populace are spent on a minute population. This is a wake-up call for the Ministry of Health, Ghana Health Services, Narcotic and Drug Control Board, and other stakeholders who are interested in addressing drugs and substance use to come together and fight this social canker.

There are several reasons for which people use drugs. The findings affirm Alberta Alcohol and Drugs and substance use Commission, [25, 28, 29] that people with chronic health conditions such as depression and other psychiatric conditions use prescribed opioid pain relievers to alleviate their pain and the psychiatric symptoms which end up worsening their condition in the long run and consequently increase their risk of developing an addiction. The prolonged use of the drugs can also trigger certain mental conditions and make the individual develop dual diagnoses since drugs and substance use co-exists with mental conditions. The study further revealed that peer pressure and poor parental care are the most predominant factors for drugs and substance use and use among the youth. The study revealed that most of the youth who use drugs are lured into it by their friends though few of the youth on their own, experiment with the use of drugs "to feel high" because of the temporal euphoria associated with the use of these drugs [25]. This calls for appropriate parental supervision and control in the areas of discipline and constant monitoring of behaviours.

The findings confirm Clark, Thatcher & Maisto, [30] that poor parental supervision leads to adolescents' drugs and substance use and use. Similarly, the findings showed that parental supervision becomes a problem when the care of the child becomes the sole responsibility of one parent due to divorce. Therefore, the ministry of gender, children, and social protection, and other human rights activists must also come together to ensure that the care of children becomes a corrective responsibility.

Another major factor leading to drugs and substance use among the youth is overcoming stage fright and imitating role models. The findings showed that what the youth see on social media makes them susceptible to drug use and use [31]. Consistently, Hilliard finds that some celebrities consistently post pictures of themselves drinking and getting high on various social media platforms giving their followers, who are mostly the youth, the wrong impression that it is appropriate to do the same [31, 32]. Although Food and Drugs Authority (FDA) has banned celebrities from endorsing alcoholic drinks, some famous media presenters continue to endorse alcoholic drinks on their shows, and most youth look up to some of these personalities. It is a pity that the Food and Drugs Authority and Advertisement Regulatory bodies in the country are silent. There is no doubt whatsoever that the alcoholic industry can be a source of revenue for the government and help reduce the country's unemployment rate. Nevertheless, that is not worth the resources government spends in treating alcohol and drug-related diseases.

Moreover, the study results showed that the youth use substances to increase stamina and relieve stress. Some of these stressors which predispose the youth to drug use include loss of a loved one, unemployment, and loss of a job which usually results in poverty. These results from the study support what Amoakwa-Fordjour, and Appiah identified that living in poverty or social isolation, bereavement, being unemployed or highly stressed in work increase the desire for alcohol and other drug use especially

among the youth and subsequently addiction becomes a coping mechanism [5, 6]. The use of drugs will not completely take away the above stressors, and the repeated use of the drugs will only result in addiction and other chronic mental conditions. Besides, the resources that the family members and the government will have to spend in treating the individual are not worth the money that was used to buy the drugs. Family members, friends, and society have to support the youth to manage stress positively. Lastly, it was evident in the findings that the youth use substances to enhance academic performance. There is a clear line between long hours of study and concentration. Some drugs can stimulate a person to spend long hours studying without feeling tired, but that cannot be taken for concentration in studies. The repeated use of drugs can affect how the brain functions [32]. This is more likely to lead to drugs and substance use-related effects, which can also lead to theft, poor academic performance, and dropping out, as was evident in the findings.

The findings revealed that drugs and substance use is associated with a wide range of long-term and short-term health effects on the individual user. The effects of drugs and substance use do not only rest in the individual user but also the family and society suffer from it. The substance being chemicals can affect the individual's body and brain function depending on the type of drug, the quantity, and frequency of use. The effect of substances on the body includes mental illness, addiction, and sexually transmitted diseases since most drugs and substance users engage in unprotected sex and share the needle. This means that family members, friends, and people in society are at a higher risk of contracting infectious diseases. In effect, the rate of HIV/AIDS will escalate in the country, and the government will have to spend huge sums of money on managing it. Everyone in the country will be affected in one way or the other. Therefore the Government, Ministry of Health, Public Health Officials, and other stakeholders must come together to fight this drug issue. The socioeconomic effects of drugs and substance use on the individual user, their family, and society cannot be overemphasized. The findings revealed that most drugs and substance users usually lose their job due to poor performance, and they rely on their families, and the public for support whilst others end up on the streets and engage in theft and robbery to afford the drugs and also to survive. Some also experience societal exclusion, rejection by family members and friends. Drugs and substance use or addiction leads to a breakdown of family relationships and brings shame and disgrace to the family members due to the stigma associated with addiction. The findings also showed that addiction increases the crime rate in society. This means that the very existence and survival of society are threatened. This calls for serious collective efforts of all stakeholders who are working together to reduce the menace of drug use among the youth.

Many researchers have consistently shown that drugs and substance use is a public health concern [19, 23]. However, they failed to look at proper ways to manage the condition, and this study fills that gap. Every human being has struggles and needs help in one way or the other. The findings revealed that the best way to deal with Drugs and substance use related effects is to go for rehabilitation which includes psychosocial therapy and pharmacotherapy, which are usually undertaken in a residential facility. However, limited rehabilitation services in the country and the stigma associated with addiction make it very challenging. Therefore, it is not surprising that 1 in 7 individuals receive treatment for Drugs and substance use related effects each year [11]. Unlike the recent pandemic (coronavirus), cancer, and other

health conditions, it is pathetic that little attention is given to drugs and substance use and addiction, which can claim many lives. It is, therefore, necessary for the government, the Ministry of Health, and Public Health Officials to come together to sensitize the general public on the seriousness of drugs and substance use to deter people, especially the youth, from alcohol and drug use.

Limitations

The study was carried out in a single region and district, and hence the findings may not be a true reflection of what pertains to the entire youth population. Therefore it is recommended that researchers who are interested in conducting a similar study should at least consider more than half of the regions in Ghana.

Conclusion

The findings of the study confirmed that the gender and culture of a person could make one susceptible to drugs and substance use. Drugs and substance use is regarded as a risky activity. The findings also showed that there is a high awareness among the youth about different types of substances available and their general effects on the individual, family, and the nation. Therefore, such knowledge can be capitalized to serve as a protective factor against experimental drugs and substance use. Mass media campaigns can also be used to change norms regarding drugs and substance use. The study further revealed that poor parental supervision and peer influence are the main cause of drugs and substance use and use. It was also evident that HIV/AIDS, low productivity, insecurity, and humiliation remain the dominant effect of drugs and substance use. Moreover, the study showed that Rehabilitation remains the ultimate intervention for drugs and substance use related effects; however, limited rehabilitation facilities and stigma associated with drugs and substance use related effects interfere with treatment. The rate at which the youth is getting into drugs and substance use and use is becoming abhorring. It is, therefore, necessary for stakeholders such as Ghana Education Services, Ghana Health Services, Social Welfare Department, Parents, etc. to come together and set up home and school-based drug prevention units to educate the youth at a very tender age about drugs and substance use and its related disorders as well as the devastating consequences on the individual, family and the society as a whole.

Again, stakeholders interested in addressing drugs and substance use and its related disorders can also come together and use the media to reframe drugs and substance use related effects as a public health issue, enabling the government to allocate more funding towards drugs and substance use rehabilitation.

Finally, the study recommends that the Ministry of Health, Ghana Health Services, and other stakeholders should consider establishing rehabilitation support in communities to help drugs and substance users. The value of fines and prison sentences for civil penalties outlined in the Narcotics Commission Bill is not enough to deter people from drug use or reform prisoners who are convicted for drug use. It is, therefore, necessary for the government to set up affordable and effective residential rehabilitation facilities to offer focused-rehab programs or ongoing addiction support.

List Of Abbreviations

Abbreviations Meaning

DSM-V Diagnostic and Statistical Manual of Mental Disorders

KATH Komfo Anokye Teaching Hospital

Declarations

Ethics approval and consent to participate

Ethical approval was obtained from the Committee on Human Research, Publication and Ethics at the Kwame Nkrumah University of Science and Technology-Kumasi, Ghana. The participants were fully informed about the procedures and risks or benefits involved in the research. Formal written informed consent was signed between the participants and the researchers. For participants who were below the ages of 18 years, written informed consent was obtained from their parents/guardians who guaranteed on their behalf and allowed them to take part in the study. They had the opportunity to withdraw or cease their participation without any coercion. Anonymity was ensured as no identifying information was attached to their responses. The study was conducted in accordance with international ethical standard as contained in the Helsinki declaration.

Consent for publication

Not Applicable

Data Availability

The complete data can be accessed from the research repository of the Department of Health Promotion and Disability Studies, KNUST. <http://ir.knust.edu.gh>

Competing interest statement

The authors do not have any competing interests as far as this submission is concerned

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Authors' contributions

VK and EA conceptualized and prepared the study design and carried out the data collection exercise. FEO, MO, AG, and AUW did the analysis. All the authors took part in the preparation and of this manuscript

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Tables

Table 1
 showing the Demographic characteristics of
 participants.

DEMOGRAPHICS	SEX		TOTAL
	Male	Female	
Age Range			
Below 20 years	2	-	2
20 – 24 years	12	7	19
25 – 29 years	5	4	9
30 – 35 years	3	2	5
			35
Educational level			
Primary	2	-	2
J.H.S.	5	8	13
S.H.S.	6	1	7
Tertiary	9	4	13
			35
Employment status			
Employed	7	7	14
Unemployed	15	6	21
			35
Religion			
Islam	3	-	3
Christianity	15	17	32
			35
Marital Status			
Single	16	10	26
Married	6	3	9
			35
<i>Source: fieldwork, 2020</i>			