

UNIVERSITY OF CAPE COAST

**FACTORS INFLUENCING DRUG ABUSE AMONG STUDENT CLIENTS
OF ANKAFUL PSYCHIATRIC HOSPITAL IN THE CAPE COAST
METROPOLIS**

WILLIAM JOHNSON

2012

UNIVERSITY OF CAPE COAST

FACTORS INFLUENCING DRUG ABUSE AMONG STUDENT CLIENTS OF
ANKAFUL PSYCHIATRIC HOSPITAL IN THE CAPE COAST
METROPOLIS

BY

WILLIAM JOHNSON

Dissertation submitted to the Institute for Educational Planning and Administration of the Faculty of Education, University of Cape Coast, in partial fulfilment of the requirements for awards of Master of Education Degree in Education Administration

November 2012

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature: Date:

Name: William Johnson

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.

Supervisor's Signature: Date:

Name: Prof. Yaw AfariAnkomah

ABSTRACT

The main purpose of this study was to find out the critical factors influencing drug abuse among student clients of Ankafu psychiatric hospital in the Cape Coast Metropolis. Specifically, it sought to find out the causes of drug abuse, types of drugs students' abuse, effects of drug abuse as well as measures to prevent drug abuse. The study was non-experimental in nature and the descriptive survey design was used to carry out the study. The population comprised all student clients of Ankafu psychiatric hospital. The purposive sampling technique was used to select the 50 students' clients who participated in the study. Questionnaire was administered to collect data. Descriptive statistics (frequencies, percentages, means and standard deviations) was employed to analyze the data.

The study revealed that an overwhelming majority of the 50 student clients of Ankafu Psychiatric Hospital in the Cape Coast Metropolis involved in the study identified the causes of drug abuse to include their use of drugs to feel accepted by peers, to facilitate their learning, to enable them to relieve unpleasant feelings and emotions, to have divine vision and to attain enlightenment, as well as being forced into drug use by senior colleagues in school. It was recommended that the national drug law and enforcement agency should aim at establishing, maintaining and securing communication to facilitate the rapid exchange of information concerning offences, and improving international co-operation in the suppression of illicit traffic in narcotics drugs and psychotropic substances.

ACKNOWLEDGMENTS

I owe a special word of gratitude to my supervisor, Prof. Yaw Afari Ankomah for his useful guidance in the preparation of this special study. I am also thankful to Dr. Amarah Alu, psychiatrist in charge of Ankafu psychiatric hospital for providing an enabling administrative environment during this study.

I wish to commend individuals who contributed in diverse ways to the success of this write up in one way or the other. I am grateful to Dr. Akwesi Osei, National Chief Psychiatrist, Dr. A. L. Dare, a Senior Lecturer in IEPA, UCC and Dr. Kojo Sagoe, Clinical Psychologist of Ankafu Psychiatric Hospital. Without their support, I doubt very much if I could have completed this dissertation. To you and all those I cannot put down your names here I say thank you.

DEDICATION

To my son Eric Johnson.

TABLE OF CONTENTS

	Page
DECLARATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
DEDICATION	v
LIST OF TABLES	ix
CHAPTER	
ONE INTRODUCTION	1
Background to the Study	1
Statement of the Problem	4
Purpose of the Study	5
Research Questions	5
Significance of the Study	6
Delimitation of the Study	7
Limitation of the Study	7
Definition of Terms and Abbreviations	7
TWO REVIEW OF RELATED LITERATURE	9
Why do People Including the Youth Abuse Drugs	11
Drug Abuse among Students and Related Problems	15
Identifying the Drug Abuser	24
Prevention of Drug Abuse	27

Drug Abuse and Its Adverse Effects	30
Summary of Review	32
THREE METHODOLOGY	33
Research Design	33
Population	34
Sample and Sampling Procedure	34
Research Instrument	35
Pilot-Testing of Instrument	36
Data Collection Procedure	36
Data Analysis	38
FOUR RESULTS AND DISCUSSION	39
Demographic Information of Respondents	39
Main Results and Discussions	41
Research Question 1: What are the causes of drug abuse among student clients of the Ankaful Psychiatric Hospital in the Cape Coast Metropolis?	42
Research Question 2: What drugs do students clients of the Ankaful Psychiatric Hospital in the Cape Coast Metropolis abuse?	45
Research Question 3: What are the perceptions of students about the adverse effects of drug abuse?	47
Research Question 4: What measures can be put in place to prevent drug abuse among student clients of the Ankaful	50

Psychiatric Hospital in the Cape Coast Metropolis?

FIVE SUMMARY, CONCLUSIONS AND	
RECOMMENDATIONS	53
Summary of Research Process	53
Summary of Key Findings	54
Conclusions	56
Recommendations for Practice	57
Areas for Further Research	58
REFERENCES	59
APPENDICES	65

LIST OF TABLES

Table	Page
1 Distribution of Respondents by Wards	35
2 Gender Composition of Respondents	40
3 Age Classification of Respondents	40
4 Educational Background of the Respondents	41
5 Students' Views on the Causes of Drug Abuse	42
6 Respondents Opinions About the Drugs they Abuse	45
7 Students Views About the Effects of Drug Abuse	47
8 Students' Views Regarding Measures to Reduces Drug Abuse	50

CHAPTER ONE

INTRODUCTION

Background to the Study

Drug abuse is a worldwide malady. It wrecks families, ruins health and kills. Its tentacles spread virtually into every village, town and city. Drugs destroy those who abuse them and to a large extent all other relatives in various forms. Drug abuse affects adults, the youth, and even children.

Drugs are a pervasive part of our society. Certain mood altering drugs are quite socially acceptable and are used moderately by the majority of Americans; they include alcohol, caffeine, and nicotine. Society has even developed a relative indifference to an occasional abuse of these drugs (Townsend, 1993). Drug abuse has its health, sociological and economic effects. Many people are alarmed of the growing incidence of drug abuse and many people give different reasons for abusing drugs. In Ghana, marijuana, alcohol, tobacco and caffeine are the most widely abused drugs since they are easily and readily available and less costly as compared to cocaine or heroin. Drug abuse is on the ascendancy. The youth all over the world are becoming more and more exposed to drugs.

According to (Belkin, 1975), both developed and less developed countries are caught up in the web of illicit use of drugs. A study of clients entering Phoenix House Foundation, a therapeutic community for drug abusers in the

United States, showed 17% had both a drug diagnosis and another psychiatric diagnosis. For example, depression and antisocial personality disorder (McFarland & Thomas, 1990).

Drug abuse disorder has been on the increase at the Ankafu Psychiatric Hospital. In the year 2000, a total of 1455 admissions, made up of about 20 different diagnoses were made. Four hundred and sixty or 32% of the admissions were drug abusers. In 2001, 519 or 34% out of 1525 admissions were drug abusers. In 2004, 835 or 53% out of 1562 were drug abusers. In 2005, 793 or 59% out of 1396 admission were drug abusers (Boachie, 2005). Many of these clients were students.

According to Stuarts and Sundeen (1995), psychoactive drugs when abused may cause Psychoactive Drug Use Disorders leading to Psychoactive Substance –Induced Organic Mental Disorders, or serve as precipitating factors to some mental disorders like schizophrenia, depression, mania and many others. It is in view of these disorders that it is important to undertake an explorative study into the factors influencing drug abuse of student clients of Ankafu psychiatric Hospital. The extent of psychoactive drug use can be measured through economic cost. Studies show that the total annual cost of drugs which are abused is close to 100 billion dollars and problem drinkers are 21% less productive than other works. Failure rate of known student drug abusers has increased in some schools (American Psychiatric Association, 1987).

In Ghana, drug abuse has assumed such a piloting dimension that the country has joined the rest of the world in a collaborative attempt to combat its

effects more especially on the youth. A member of parliament for Sunyani West, Kwadwo Adjei-Darko, speaking at the 46th anniversary of the Sunyani Secondary school in Sunyani, expressed dismay about the practice of some students taking hard drugs which influence them to defy school regulations. (Daily Graphic, Thursday, March 23rd, 2006).

The Ghanaian Times reported on June 21st that two men, Eric Goka, 46 years, a Ghanaian and Tony Onwuchakwa, 43 years, and a Nigerian were arrested at the Accra International Airport for attempting to travel to Holland with 364.9193 grams of cocaine, concealed in their stomachs. The two men were taken to the 37 Military Hospital for X-ray examination which revealed that Goka was carrying 37 pellets of cocaine and Onwuchakwa carrying 60 pellets of cocaine. They expelled the pellets three days after their arrest. They were later prosecuted and jailed 10 years each.

The "Daily Graphic" reported on July 3rd 2006, of the arrest of a renowned Ghanaian musician, Daasebre Gyamena at the Heathrow Airport and remanded in custody by the Uxbridge Magistrate court in London for attempting to smuggle cocaine into the United Kingdom. The lives of the people of the world are in such jeopardy that governments, communities, families and individuals cannot overlook the dangers posed by drugs and their abuse. Many governments have also become so concerned about the activities of some countries in South America namely, Bolivia, Peru, and Columbia (countries which produce the largest quantity of the world's cocaine) that are situated in America. President George

Bush initiated the campaign against drug abuse by forming the first Anti-drug cartel (“Daily Graphic” February 19th, 1990).

Drug abuse brings problems such as indiscipline behaviour, delinquencies; decline in academic performance, riots, demonstrations and leaving most of the youth insane, and as such destroying the youth who are the future leaders. Therefore, drug abuse among students should be studied in order to determine how best it can be eliminated or controlled among students through appropriately designed integrated drug education programme for schools.

Statement of the Problem

Drug abuse has become a widespread problem. The rate of increase is alarming among Ghanaian youth, leading to increased admission rate of students at the Ankaful Psychiatric Hospital. From January 2001 and December 2005, there were 1525 drug abusers admitted, and 25% were students (Boachie, 2005). It is believed that the problems which result from drug abuse include anti-social acts such as stealing, assault, cheating, damaging school property, truancy, violence, unrest and disrespect for authority. It is further believed that student drug abusers maltreat their juniors at school by bullying them and sometimes indulging in serious sexual crimes such as rape. Some students claim that they take drugs to harden them up and make them fearless to indulge in such malpractices. Student drug abusers developing some mental disorders and admitted at the psychiatric hospitals are a burden to their parents and the state. If one considers that students in institutions and the youth in general, who are the future leaders of the country, and forms the most productive sector of the society,

then drug abuse among these people should be viewed with great concern. If the youth should become a liability as a result of drug abuse and its consequent addition and mental disorders, then, the overall national development will surely be adversely hampered. What then are the factors that cause students to indulge in drug use in spite of the many negative consequences?

Purpose of the Study

The study seeks to explore the factors influencing drug abuse among student clients of the Ankaful Hospital, discover the types of drugs which students abuse and the effects of these drugs on its abusers, as well as suggest ways by which drug abuse can be checked in schools.

The objectives of the study were to:

1. Identify the factors influencing drug abuse among student clients of Ankaful Psychiatric Hospital.
2. Discover the types of drugs which student abuse.
3. Examine the effects of drug abuse among students.
4. Suggest ways by which drug abuse can be checked in schools.

Research Questions

The following research questions were set to guide the study.

1. What are the causes of drug among student clients of the Ankaful Psychiatric Hospital in the Cape Coast Metropolis?

2. What drugs do student clients of the Ankafu Psychiatric Hospital in the Cape Coast Metropolis abuse?
3. What are the perceptions of students about the adverse effects of drug abuse?
4. What measures can be put in place to prevent drug abuse among student clients of the Ankafu Psychiatric Hospital of the Cape Coast Metropolis?

Significance of the Study

This study is being carried out with the hope that the result would help to unearth the state of drug abuse in schools and that the current number of student drug abusers will reduce, while future drug abusers will reduce, while future drug abusers would be saved from its attendant agony. Based on this study, heads or administrators of educational institutions, especially second cycle institutions, will be aware of some of the factors influencing drug abuse among students and carry out measures to prevent them.

The study would add new knowledge to current experiences of health workers in dealing with matters of drug abuse. This would eventually help to eliminate riots and demonstrations which are drug induced from the schools. The suggestions of the study could be of immense benefits to counselors, teachers and community nurses. It would help parents to be aware of some of the factors influencing drug abuse and carry out measures to prevent it from occurring in their children.

It would also help students to be aware of the risks involved in drug abuse, so as to say 'No' to hallucinogenic drugs. It would also make people appreciate

the efforts of all concerned parties such as the Police, Narcotic Control Board, religious bodies and individuals who desire to change the state of affairs.

Delimitation of the Study

The study was limited to student clients of the Ankaful Psychiatric Hospital in the Cape Coast Metropolis in the Central region of Ghana. Respondents for the study were student clients of Ankaful Psychiatric Hospital who abuse drugs.

Limitation of the Study

The research was restricted to the student clients of the Ankaful Psychiatric Hospital in the Cape Coast Metropolis who abuse drugs and they were selected through simple random and stratified sampling techniques. This may have an effect on the generalisation to be made for all the drug abusers in the Cape Coast Metropolis. Many challenges were encountered during the administration and collection of the questionnaires. A number of questionnaires were not returned by the respondents. Also some even misplaced the first questionnaires given them and we had to replace them. Some of the respondents were aggressive so the researcher had to be extra careful during the data gathering also, because the respondents were mental patients, the researcher could not cover a large sample since much time had to be spent on each respondent in order to get enough information needed for this research. These limitations may have effects on the result and findings of the research.

Definition of Terms and Abbreviations.

To understand the study, a number of terms and abbreviations are to be used in a special way. These include the following;

1. **Foetal Alcohol Syndrome:** effects of heavy abuse or addiction to alcohol during pregnancy on the foetus, resulting in the baby being born with mental retardation, abnormal behaviour, abnormal features of the face and head, and growth retardation.
2. **Drug Pusher:** any person who sells illicit drugs, from example narcotic drugs.
3. **Psychoactive Substance Use Disorders:** refers to the maladaptive behaviour associated with more or less use of the substances.
4. **Psychoactive substance induced organic mental disorders:** Are direct acute or chronic effects of substances on the central nervous system.
5. **D. S. M:** Diagnostic and statistical Manuel of Mental Disorders.
6. **A. P. A.:** American Psychiatric Association.
7. **Alcoholics Anonymous (A. A):** A major self-help organisation for the treatment of alcoholism.
8. **Blue Cross:** Is a non-profit organisation that provides hospital insurance to the sick including drug abusers.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter deals with the review of related literature on drug abuse, and factors influencing it. It also deals with the adverse effects of drug abuse. The review will be treated under the following heads.

1. Theoretical frame work
2. Why do people including the youth abuse drugs
3. Drug abuse among students and related problems
4. Identifying the drug abuser
5. Prevention of drug abuse
6. Drug abuse and its adverse effects.

The Concept of Drug Abuse

In the society, the use of certain substances to modify mood or behaviour under certain circumstances is generally regarded as normal and appropriate. Such use include recreational drinking of alcohol, in which majority of adults, the youth, especially students participate in the use of caffeine or tea as stimulant for studying. On the other hand, many people including students use various illegal substances for mood altering effects and relief of tension. Substances or drugs used including alcohol, marijuana, cocaine, heroin, caffeine, valium, pethedine.

The uses of these drugs affect the central nervous system leading to behavioural changes in the individual. These behavioural changes are viewed as extremely undesirable in almost all cultures. These behavioural changes are conceptualized as mental disorders (American Psychiatric Association, 1962). When drug abusers are found exhibiting psychiatric symptoms, they are diagnosed as having psychoactive substance induced organic Mental Disorders or Psychoactive Substances Use Disorders. Psychoactive Substance Use disorder is associated with more or less regular use of the substance whereas Psychoactive Substance-Induced Organic Mental disorders, describes these direct acute or chronic effects of such substances on the central nervous system. Almost invariably, people who have a Psychoactive Substance Use Disorders will also have a Psychoactive Substance-Induced Organic Mental Disorder, such as Intoxication or withdrawal. Substance use patterns vary according to age, sex, and ethnic background. Females generally have less reported drug abuse and dependence than males. About 25% of all those with a diagnosis of drug abuse who are in treatment are females (McFarland & Thomas, 1990). However, there has been an increase in drinking and smoking among students, especially amongst males.

There is higher rate of alcohol use and abuse among Hispanic males, American Indians and Alaska native than the general public in the world. Black men drink less than white men but black women who drink, consume more than white women who drink. Cannabis is abused more in the West Indies, the East Indies and Africa than other parts of the world (American Psychiatric Association,

1984). In Ghana, cannabis is grown on a large scale in the remote areas of Kade, Somanya, the Afram plains and Ejura. It is used more in the urban areas of Ghana. Psychoactive substance use disorder is usually found with people who abuse cannabis (Fascian, 1996).

Why do People Including the Youth Abuse Drugs

A survey carried out by David and Cowley (1980) in one East Lancashire Secondary School in the United Kingdom indicated that some of the students were addicted to cigarette smoking and they concluded that it would be unrealistic to expect them to stay without having a cigarette for a whole day. Another survey carried out by Martino and Truss (1973) indicated that when an interviewer asked students questions regarding type and extent of drug on 20 campuses in the United States, 60 percent of the selected sample reported having tried marijuana. Gordon (1975) advanced some reasons for the increased drug use and smoking habit of adolescents. Among the reasons were affluence, rock music, television advertisements, competition, and risk taking behaviour. From the catalogue of reasons, he concluded that smoking and drug use were mainly caused by environmental factors.

Drug abuse results from complex interactional factors such as natural endowments, behaviour, motives, social and psychological determinants. Several researches have revealed the reasons why people, more especially the youth, abuse drugs. According to Odejide (1990), the youth abuse drugs in order to be accepted by their peers, keep awake from certain events, strengthen their in

wardwill power for courage and make them less fearful. He posits that the youth claim that drugs facilitate learning, and sometimes make them feel happy when they have become frustrated, or just a little bit disturbed. Odejide states further that the youth abuse drugs to satisfy their curious desires, overcome shyness, frustration, alienation from one's parents or as a result of poor family relationship.

Glynn (1981) concluded that both peer and parent influences were important and that their relative importance varied with the use of different substances. Family and peer influences were found to be nearly equivalent to alcohol use, peer influences pre dominated the use for marijuana. It is thus clear that both peer and parental influence play important roles in determining a number of important adolescent behaviours.

According to Hassan (1982), gratification in terms of relief from agony, some personal in ward conflict or a pleasurable feeling constitute other motives for drug abuse among the youth, He states further that, some illicit users claim the abuse of drugs can enhance thinking and help solve certain difficult problems that they may face in their life time. Aduku (1991) shares the same view, but he explains that the youth purport that, drugs help them to move freely in the company of the opposite gender. He also concedes people abuse drugs so that they becomes slim and thin while others do so because they are unemployed. The causes of psychoactive substance use disorders' which may lead to Psychoactive Substance- Induced Organic Mental Disorders have been found to include hereditary factor. According to Stuart and Sundeen (1995), drug abuse is believed to run in families. Most genetic research focused on alcoholism. An abnormal

gene from the alcoholic to the offspring, block feelings of well-being in the brain. This results in a tendency towards anxiety, anger, low self-esteem or negative feelings leading to a craving for a substance that will take the bad feelings a way. Psychoanalytic theorists, see alcoholics and other drug abuses as being fixated at the oral stage of development, thus seeking need satisfaction, through oral behaviours such as drinking, smoking, or chewing (Stuart & Sundeen, 1995). They also said that some individuals getting involved in stressful situations become disturbed and develop a level of anxiety. Drug abuse in the form of alcohol in take or other drug use becomes a coping mechanism. Beschner and Friedman (1985) said that drugs provide a reliable, quick, easy and cheap way to feel “good”. They contend that drugs are used as a coping mechanism. Also, drugs are abused because they are readily available so the youth abuse them. They also report that drugs help to relieve unpleasant feelings and emotions, also depression, reduce tension and help its users to cope with pressure psychologically. Beschner and Friedman (1985) reveal that about twenty-five percent (25%) of school children feel pressured to try beer, wine and marijuana.

In Ghana, the study of Sennah (1980) indicates that 17% of students in his sample were with the view that drug abuse leads to delinquent activities such as rioting and demonstrations. The study revealed that the youth abuse drugs in order to help them commit crimes such as arson and burglary. Also, states that adolescents smoke drink and use various kinds of drugs because they want to copy with situations and for curiosity.

According to Stuart and Sundeen (1995), feeble minded persons are easily influenced by others to take to psychoactive drugs especially when the drugs are free. They also state that some occupations are such that there are the availability of psychoactive drugs. With curiosity, some of the workers may take to drugs. Professionals who fall victim include doctors, nurses, pharmacists, drinking bar keepers, soldiers and mortuary- keepers. They also related drug abuse to advertisement on the media about psychoactive drugs like alcohol, which may influence people to start using them as some of the youth take the advertisers as their role models. Ignorance is also said to be a factor.

Townsend (1993) states that people abuse drugs to escape mental boredom, out of intellectual curiosity, to solve cognitive problems; to gain new understanding in the world of ideas, to study better, to improve creativity in the arts, to enhance enjoyment of art already produced (e.g. music). She also states that spiritually and mystically, people abuse drugs to transcend orthodox religion to develop spiritual insights, to reach higher levels of consciousness, to have divine visions, to communicate with God, to augment yogic practices to get a spiritual shortcut, to attain enlightenment and to attain spiritual powers.

Anumonye (1980) said no single factor could be defined as solely responsible for the abuse of drugs but listed the following factors as frequently found among both Nigerians and other nationalities.

1. Defective personality, including chronic inadequacy, poor frustration tolerance, insensitivity and egocentricity.

2. Widespread belief in the magic of medicines.
3. Enjoyment of indeed euphoria and excitement
4. Dissatisfaction and disillusionment of young persons.
5. Search for sharpened perception, especially by music lovers
6. Self- medication of primary psychological disorders.
7. Lack of alternatives for various cultural changes (p.56)

A survey conducted by Fatoye and Morakinyo (1997) on substance use among secondary school students in rural and urban communities in South Western Nigeria with a sample size of 542, made up 266 males and 276 females, found that the prevalence rate of current drinking was 13.4%. Thursday also found that the prevalence rate of alcohol use was 26.4%. And that the most commonly used alcoholic beverage was palm wine (60.1%), followed by beer (20.8%), and then locally fermented wine and locally distilled gin (14.7%).

Drug Abuse among Students and Related Problems

Traditionally, they youth are seen as the key to the successful future of any society. Drug abuse is considered as a threat to the healthy development of the youth and consequently a threat to society. Therefore, the greatest focus of recent studies has been on the youth, particularly, student and drug abuse.

According to Sennah (1980), a significant number of students in Ghana have had knowledge of marijuana, cigarettes and alcoholic substances. The findings further revealed that the youth have abused various types of amphetamines, pepol and dexamphetamine. These views were also expressed in

the findings of Yangyuoru (1993) who focused on the attitude of Catholic youth towards the use of psychotropic substances. He states, inter alia that, drug use among the youth is gender-based and that in Ghana while female youth prefer amphetamines and barbiturates like pepol and valium, male youth feel at home with tobacco, alcoholic beverages and narcotics. Sennah (1980) states that the abuse of drugs may not be accompanied by awareness of any adverse effects but Blume (1970) on drug use in Society and Drug reported that drugs make the youth ill and upset. They were, however, interested in drugs such as heroin, tobacco, alcohol, and Lysergic acid Di-Ethyl Amide (I. S. D) which they described as euphoriates.

Glynn, (1981) stressed that the use and misuse of drug thus has noticeable regional and international variation and consequently the type of problems seen are often different. Users in New York injecting cocaine 10-20 times in one day will have a different pattern of problems from a London user-inhaling heroin twice a week or a Nigerian user-smoking 2-5 wraps of marijuana a day. The other drugs used, depending on local availability, will have some effect on the pattern of illegal drug use. It is important to know what is available and therefore likely to be misused in a particular area.

There are large numbers of potential drugs of misuse. The single most important result of poly drug use and misuse is the possible interaction of a combination of substance. Recent information has suggested that many deaths in drug users are due to the toxic effects caused not by one drug but a combined damaging effect of two or more drugs taken at the time or closely together.

Belkin (1975) observes that drug abuse is escalating among the youth and it is no longer confined to a few schools in the urban environs but the problem has spread to all schools in the suburbs. Hitherto, drug abuse was concentrated in the high schools and whereas only a few individual cliques in each school were involved in it entire population of schools practice it currently. Belkin's major interest however in the drug culture is the role of schools in the prevention of drug abuse. Agyeman (1985) looks at the social problems of drugs addiction and states that the problem exists when the addict must concentrate all his efforts towards obtaining the opiate. He concedes that the opiate addict when bound by his insatiable quest for drugs tends to make his pursuit of the cause for tragedy and pain. Agyeman however, makes suggestions for rehabilitating the drug abuser

Hassan (1985) opines that drug abuse by the youth may lead to psychological dependence or habituation and to addiction, that is, physical dependence or a physiological state of adaptation to the drug. This he claims sometimes results in a condition of latent hype excitability of the central nervous system when the user continues to use the drug. According to Hassan, continuous intake of hard drugs and the abuse of common drugs have not only ended some students in prisons, but have many of them mad. The drug abuse warning network system also states that one-third or more of the drug-related emergency room visits in 1980 for marijuana use and phencyclidine (p.c.p) use involve youths aged ten (10) to nineteen (19) (Glynn,1981)

Holland and Griffin (1984) also found that adolescents were more likely to have experienced negative consequences of alcohol abuse. Their findings further

indicate that teenaged driving was responsible for 44% of all the fatal crashes at night where alcohol was involved. They explained that drunken driving accidents were the leading cause of death among people aged 16 to twenty-four 24 years and that alcohol was found in the blood of 58% of teenagers killed in traffic accidents while 43% of those were drunk.

Gonzales (1983) also states that college students who began drinking during their elementary and middle school years had significantly higher levels of alcohol-related problems than did those students who started drinking during their high school or college years. These are not all, Deleon and Deitch (1984) compared adult and youth drug treatments and found out that youth intreatment had more disorganisation in the family, received psychological treatment at an earlier age, and responded more to pressure exerted by the family. They add that educational needs and assistance as well as family support played a great role in their treatment.

Unfortunately, in Ghana there has not been any systematic study of drug abuse related problems until Sennah (1980) came out with his findings. However, it is worthy to note that there had been few articles written on the problem. For example, in an article entitled “Ghana Education Service expresses concern about Drug abuse in schools”, Joe Isaac Haizel stated that Professor G. C. F. Lokko, then Acting Director-General of Ghana Education Service, expressed concern about the alarming rate at which drug abuse and its consequent addiction had gained currency among students in the country. He called for a concerted action to ameliorate the situation the situation. The Acting Director-General noted that

about 30% of students were compulsive and habituated to the abuse of drugs. He made the call in a speech read on his behalf by Edward Osei Owusu at the speech and Prize giving Day of the O'Reilly Secondary School in Accra. The Director-General observed that, it has been established that students who had taken to the abuse of drugs have regrettably become irresponsible liabilities and a danger to their schools and society (People's Daily Graphic; May 21, 1990).

In March 1990 at the World's Ministerial Summit on Drug Demand Reduction, the then British Prime Minister, Mrs. Margaret Thatcher warned that the youth of the world should be educated on the terrible hazards of drug abuse on their health, job prospects, and hopes for a normal and happy life. She warned that there was no glamour in drugs, but only depravity and despair.

Similarly, the Director-General of the International Labour Organisation, M. Michael Hansenne, (1990) at the same World's Summit on Drug Demand Reduction held in London on April 9, stated that the abuse of drugs at the work place reduced productive, increased absenteeism and accidents. He also attributed many of today's most serious social problems such as community violence, road accidents, family disruptions, crime, terrorism and AIDS to drug abuse. Virgillio B. Vargas in 1990, the then president of Columbia, in the same vein condemned the disastrous nature of drug-related behaviour throughout the world and made a plea to drug consumers to realize that the world was at the brink of disaster. The President stated that drug abuse was fostering violence, crime and corruption through the world. This was contained in a speech he delivered on April, 9, 1990 at the World's Summit on Drug Demand Reduction held in London.

To crown it all, Javier Perez De Cuellar, one time Secretary-General of the United Nations at the World's Ministerial Conferences on Narcotic Drug Demand Reduction also explained in an address, how drug trafficking affects world trade. He estimated that trafficking in illicit drugs amounted roughly to \$US 500 billion annually. he asserted further that only the arms trade exceeded it and that the sad state of mankind at the end of the twentieth century was that the bulk of the world's vast productive energies were devoted to manufacturing nothing but destruction. a universal concerted front immediately comes to mind as a result of the effects of drug related behaviour. In the light of this effort towards prevention, L. T. Jerry John Rawlings then Head of State cautioned all Ghanaian during the occasion of the Diamond and Founders day Celebrations of Accra Academy in July 1991, that the upbringing of the youth and the attempt to curb the menacing drug culture should be the joint responsibility of parents and schools (People's Daily Graphic, July 20, 1991). In the United Nations' guidelines for tackling the drug problem as advocated under the comprehensive multi-disciplinary approach, the P. N. D.C government enacted P. N. D. C Law 236 that established the Narcotics Control Board spells out its functions. These include the enforcement and control measures aimed at reducing the supply of illicit drugs in the society at large. Educative and preventive measures aimed at the general public as well as target groups such as students, workers and law enforcement personnel on the harmful effects of drug abuse constitute some of the major roles of the board.

In an interview presented by the Pharmacy Practice Research Group, two drug addicts in Accra narrated their personal experiences. The first addict narrated

the drug he used, when he started and how. He mentioned that he used to smoke marijuana when he was in sixth form but had changed to heroin. He stated that his own brother introduced him to heroin and he could not survive without it. He recalled that he had been on the drugs for eight years and they were the most horrible years in his life. He confessed that he began with just one or two boosters a day but by the time he was completing his National Service he was hitting 12 plus and all his services allowances went in a couple of days. When he was asked if the drugs affected him, he answered in the affirmative and added that without the drugs he felt he could not last a day. He realized that he was losing weight rapidly and he was facing lot of psychological and physical problems. When he was asked whether he had ever used cocaine and what the drug problem looked like in Accra, the addict disclosed that he had avoided the use of cocaine because its addictiveness seemed faster and it killed very fast. He asserted that one could spend GH¢ 50.000.00 at a sitting and that heroin and cocaine had flooded Accra. He further recalled that most of those he started with had ended up at the psychiatric hospitals completely insane. He asserted that others were mad men on the streets and some had lost their lives. The addict claimed that on the streets of Accra, heroin was the commonest, next to marijuana. According to him, there were not many cocaine users because it was almost unaffordable except those from very rich families. The addict cautioned that he knew of a few who had to sell almost all they possessed to maintain the habit.

Another addict who had run away from the psychiatric hospital claimed he used to sniff cocaine which he received from friends who used to deal in the drug.

He put it that his life had been completely messed up and he wondered if he would ever be well physically and mentally. When he was asked about the drug situation in Accra he expressed that the situation was bad and could get worse. The addict put figures at 50, 000 including occasional abusers. He explained that just in a place like Accra New-Town alone a single pusher could push about 300 boosters in about 3 hours. He added that there were several of such pushers in the neighbourhood including those coming from outside. Such a place he claimed could have about 3000 to 4000 abusers. The addict cited major areas of abuse in Accra which include Nima, Tudu, Accra Central, Adabraka, Kaneshie, Bubuashie, Laterbiokorshie and Jamestown. Commenting on the effect of the drugs on him personally and whether he ever thought of quitting, he explained that there were times he felt really bad, lost his mental presence, appetite and weight and even had hallucinations. He further expressed that when the drug wore away then he needed another booster. If he could not get it, he got a type of feeling he described as “cold turkey” which is likened to severe headache, shivers and feverishness, nervousness and serious diarrhoea. He added that there were feelings of depression and agitation and that he would like to quit but it was impossible. He blamed it on the society which he hinted had no places where one could voluntarily go to seek help under such circumstances. He confessed that in trying to quite, it was really painful and this he claimed was unbearable because once a person got hooked and did not get a boost when necessary, the pain that came with the “turkeying” was more than that of rheumatism (The mirror Sat., July 10, 1993).

According to an article in the Free Press of January 20 to 26 headlined “the agony of a student and drugs”, Osei Boakye exposed the nefarious activities of certain foreign nationals and their consequent effects in some citizens of this country. Osei Boakye states that in 1986 one Miss Joyce Stephens then a mirror and student of Achimota School was allegedly seduced and introduced to harmful drugs by a Lebanese national, Mohammed Fouah Saydaul of Terrycott industries Ltd in Accra. The drug completely rendered Joyce mentally insane and persistently appealed to the man for financial assistance to cater for her needs. According to a medical report on the condition of Joyce which was signed by Pupilampu, a neurosurgical consultant, Joyce manifested a permanently deranged mental status with severe personality and mental aggression as a result of psychic trauma and drugs. The Medical Doctor rated her at 80% permanent mental disability. the victim’s three months old pregnancy with Saydaoul had to be aborted for fear of abnormalities. (Free Press, January 20 to 26, 1996).

In July, 1993, the “Mirror” also carried an article written by one Micheal Crabbe entitled “Drug Abuse Threat” in which he explains that large farms of “wee” had been destroyed at Abombosu, Somanya, Blekuso, Kade and some parts of Ashanti and Western Regions between 1990 and 1993, he states that investigations had revealed that many Ghanaian nationals were languishing in jail because they ventured into illicit trafficking of drugs. He claimed that in June 1993, 251 persons were arrested. This included 28 women. Out of this, 29 were convicted, while the remaining was waiting for the final preparation of their dockets. it is worthy to note that out of 28 women, 15 were other nationals with

majority of them being Nigerians and others from Burkina Faso, Benin, and Togo who were in transit.

Again, according to Alfred Tamakloe, a Ghanaian Reverend Minister, Rev. Boateng of the Voice of God Ministry at Gomoa Amanfi in the Central Region and seven others including a house wife, were arrested by the Nigerian drugs law enforcement agency in Lagos in a group of 10 Ghanaian travelling from Rio de Janeiro to Accra via Lagos in Verig Flight R. G. 794. When the group was searched and X-rayed, they were found to have cocaine concealed internally in different quantities ranging from 364 grams to 1.23 kilograms (Ghanaian Times, December 24, 1993).

Identifying the Drug Abuser

There are some behaviour characteristics which are normal of the youth at certain times but the frequencies of such behaviour occurrences are indicative of possible substance abuse. According to (Aduku, 1991), bad body and mouth odour, sometimes with coloured teeth and unkempt hair could be signs of drug abuse. He enumerates characteristics such as dirty coloured finger-nails, poor appetite for food which may lead to loss of body weight, changing style of friends, code and interests. He hold the view that drug abusers are often less responsible, less affectionate and less co-operative. They easily become irritated and are often defending the privileges of the youth.

Moreover, they often ostracise themselves and lack confidence in other people. They always talk about bad habits of adults and give many excuses for staying out too late. They are very much aggressive, rude and seek undue

audacity. Aduku states further that drug abusers look clumsy and careless in dressing and in speech. They also have very red eyeballs and are often seen wearing sunglasses even at night. Above all, they are secretive and less communicative with their parents. Beschner and Friedman (1985) warn that parents should show concern when they notice items such as money, prescriptions drug missing or if they received invitations and calls from school that their wards were missing classes, exhibiting abusive behaviour, or find drug paraphernalia. They concluded that legal problems should also give clues for suspicion. Pattson et al.(1977) state that depressive mood was related to adolescent drug abuse. Beschner and Friedman (1985) support the view above when they state that psychological symptoms such as anxiety, obsessive and hostility reactions, agitation, excitement and violent reactions are significantly higher among student drug abusers than in students who do not abuse drugs.

The state certain classroom signs. These include;

1. Sudden drop in grades
2. Bloodshot eyes (grass)
3. Smell
4. Defensive behaviour
5. Leaving classroom often
6. Incomplete assignments
7. Dress (e.g. T-shirts with slogans sometime (s) about drugs)
8. Verbal abuse of teachers or classmates.

Their findings revealed that vandalism, advertently destroying private or public property, forged notes from home to school, and giving in to peer pressure are features of drug abusing behaviour. Drugs of abuse fall into three categories:

1. Depressants (e.g. heroin, barbiturates)
2. Stimulants (e.g. cocaine, crack, amphetamines) and
3. Hallucinogens (e.g. marijuana, ecstasy, LSDI), and are either ingested, inhaled, smoked, injected or snorted.

Depressants are sedatives which act on the nervous system. Artificial relaxation and relief from anxiety and mental stress tend to produce psychological dependence and withdrawal from heavy use is severe. Stimulants are agents that activate, enhance, or increase neural activity. They include amphetamines and synthetic appetite suppressants such as phenmetrazine or methylphenidate. They can give rise to symptoms suggestive of intoxication, including tachycardia, pupillary dilation, elevated blood pressure, nausea or vomiting and abnormal behaviour such as fighting. Agitation and impaired judgement. A full-blown delusional psychosis may occur. Hallucinogens are a chemically diverse group which produce profound mental changes such as euphoria, anxiety, sensory distortion, vivid hallucination, delusion, paranoia and depression. They include mescaline and LSD.

In Kenya, studies show that more than a fifth (22.7%) of primary school children use alcohol, a figure that rises to more than three-quarters (68%) for university students. A large number of students across all age groups have been

exposed to alcohol, tobacco, *miraa* (khat) glue sniffing, bhang (marijuana) and even hard drugs such as heroin and cocaine. According to Siringi (2001), 22% of secondary school students were on drugs and males had a higher exposure to *miraa* and inhalants. In addition, the study also found out that the prevalence of drug abuse increased from primary to tertiary institutions. Alcohol was the most frequently abused drug followed by *miraa*, tobacco and bhang. The students staying with friends were most at risk followed by those staying with either a sister or a brother. Students staying in towns were also reported to have a two fold risk of having tasted alcohol, tobacco, *miraa*, bhang and inhalants (glue) compared to those in rural areas. This survey demonstrated that the youth in the urban areas, due to their lifestyles, are more predisposed to drugs compared to those in rural areas.

Olatunde (1979) stated that Nigerian students take drugs such as amphetamines and pro-plus as aid for success in examinations. He postulated that those who take drugs as aid for studies toward examinations are those with poor academic records, a history of instability and family/social problems while others, he contended, use drugs to increase their self-confidence, heighten pleasure, cope with feelings of depression and inadequacy and to facilitate communication.

Prevention of Drug Abuse

Health education on adverse effects of drug abuse should be giving at churches, Mosques, Social gatherings, schools etc. Through health talks, film shows, distribution of leaflet and on the media e.g. the public have knowledge

about drug abuse, and abstain from it. Banning the sale of hard drugs will put fear in those selling to put a stop to it. Hard drugs must be sold by qualified pharmacist only so that quack-pharmacists do not come in to encourage drug abuse. Cultivators and traffickers of hard drugs are to be arrested and prosecuted at the law courts so that it will serve as a lesson to others. There are also strategies teachers can use to extend prevention activities to the community, including community service projects conducted by whole classrooms or in small groups. These projects can reinforce personal and social skills training. Students practice decision-making, goal setting, problem solving, communication and social skills in conducting their projects. At the same time, they allow students to target needs in the community. For example, students might design a poster campaign to increase awareness in the community about the dangers of under age drinking. Teachers can also invite representatives of the community, such as police officers, health professionals, and local officials, to speak to the class about local issues related to drug use. These forums could be used as opportunities to develop a partnership between the school and community.

Flynn (1994) reports that media interventions presented in conjunction with a school-based curriculum had a stronger impact on smoking behaviour than a school program in isolation. Families and communities must be involved in a partnership with schools to optimize program effects, so that norms and skills learned in school are developed and reinforced at home and in other community settings. Ideally, prevention strategies should affect all of the settings in which young people spend their time.

Schools can play a powerful role in preventing drug abuse. Research clearly shows that attachment to school and student participation in conventional activities and institutions (such as school or religious institutions) help protect young people, and reduce tobacco, alcohol and other drug use (Hawkins et al, 1992). Research also shows that certain types of classroom- based prevention programs at least modest reductions in student alcohol, tobacco and other drug use and abuse (Dusenbury& Falco, 1995).

There should be job avenues so that people will get occupied and not to idle about and take to drugs. There should be recreational facilities in the communications and in schools to occupy the youth to have their minds diverted from hard drugs to recreational activities. Parents must serve as good role models to their children and create conducive home environment, where the children can be educated to say “No” to drugs. Drug abuse and its prevention should be taught in schools. Teachers must identify students with drug abuse problems for counseling. Students found abusing “hard drugs” should be punished, to serve as lesson to other students.

The research by Pentz (1983), tests a prevention approach that is based on a social competence model of substance use. Substance use in early adolescence, according to this model, is a joint product of social influences (e.g. parental smoking, peer smoking) and poor social assertiveness skills that are relevant for dealing with situations in which individuals may experience social pressure to smoke, drink, or use drugs.

Drug Abuse and Its Adverse Effects

Drug abuse has been a major problem in Ghanaian schools and the world at large. Apart from serving as a precipitating factor of mental disorders in individuals, it also destroys the brain cells causing organic mental disorders. Hereditary, ignorance, peer pressure and lack of education on drug abuse and mental health are some of the factors leading to increased rate of admission of drug abusers.

In Ghana, research has been done on Factors Leading to Drug Abuse but not on Factors Leading to Drug Abuse Student Clients at the psychiatric hospital. There is therefore the need to carry out this study to aid in the education of the public especially students on drug abuse and mental health. The issue of AIDS and drug abuse raises a number of concerns for both medical and mental health. Professionals, intravenous drug abuse are a factor in 25% of all cases of AIDS. The HIV seroprevalence in this population varies from 50% to less than 1%. Once HIV infection becomes established in a geographic area, drug users become a primary source for heterosexual and in-utero transmission. Drug abuse is thought to be factors that increase an HIV infested person's risk for developing AIDS, (MacFarland, 1990).

Oshikoya & Alli (2006) in their studies on perception of Drug Abuse amongst Nigerian undergraduates identified dependence and addiction as one of the major consequence of drug abuse, characterized by compulsive drug craving seeking behaviours are use that persist even in the face of negative consequences.

These changes are maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm.

Esen (1979) stated that Nigerian secondary school students under the influence of Indian hemp shed all inhibitions and produce behaviour that is inconsistent with school discipline. He went further to observe that the increasing incidence of drug abuse among secondary school students is a contributory factor in the ugly confrontation between school administration and students.

Smoking habit is insidious and difficult to give up because of the dependence effect of nicotinic products released into the body tissue (Davies, 1968). “Vested interest” people who grow, process and sell tobacco are always at pains to deny and discredit the fact that there is abundant evidence to show that habitual cigarette smoking is conducive to cancer of the lungs and that it increases indigestion, cough, catarrh and bronchitis. Cigarette smoking, according to Hammond (1987), and his associates of the American Cancer Society, is known to cause coronary heart diseases, emphysema, chronic bronchitis and is a major factor in premature deaths. Drugs when abused, on the other hand, are known to reduce appetite, increase heartbeat, raise blood pressure, induce restlessness, increase susceptibility to infection and promote unusual delusion. Despite all these grave effects, cigarette-smoking and drug use are known to be tremendously on the increase worldwide. Students, especially secondary school, tend to see the smoker and drug user as one who is tough, bold and “mean”. Invariably, those who smoke and use drugs see themselves as possessing these characteristics which they guard very jealously. Many youngsters have been known to use drugs

or smoke cigarettes at the instance of peers, elders, siblings or significant” others. Students who usually feel inadequate have been known to smoker or use drugs to achieve social acceptance.

Summary of Review

An individual is considered to be dependent on a drug when he or she is unable to control its use, even knowing that it interferes with normal functioning. Drugs commonly abused include cocaine, marijuana and alcohol. This review focused on the main issues underlying the study in terms of literature available. It had a theoretical framework. Other issues that were looked at included, reasons why people abuse drugs, drug abuse and it related problems, identifying the drug abuser, prevention of drug abuse and lastly the effects of drug abuse.

CHAPTER THREE

METHODOLOGY

This chapter describes the procedures and techniques which were used to carry out the study. The discussion centres on the research design, population, sample and sampling technique, research instruments, validity and reliability of instruments, data collection procedure and data analysis.

Research Design

The research would employ the descriptive survey of factors influencing drug abuse of student clients of Ankafu Psychiatric Hospital. The researcher employed the qualitative research design as it is more flexible with respect to sampling techniques than quantitative research. This flexibility reflects the emergent nature of qualitative research design which allows researchers to modify methodologies as data are collected (Denzin & Lincoln, 2000). Little is known about the factors leading to increased rate of admission of student drug abusers at the Ankafu Psychiatric Hospital, because it was the first time such a study was carried out at the hospital.

According to Patton (1987), the qualitative method allows the researcher to study selected issues, cases or events in detail to explore and describe. It also enables the researchers to study issues which occur in their natural setting where human behaviour occurs. In a study of this nature, the researcher is interested in

understanding the complex nature of drug abuse in educational institutions leading to increased admission rate of these students at the Ankafu Psychiatric Hospital.

Population

The population for this study would comprise student drug abuse clients of Ankafu Psychiatric Hospital. The researcher decided to carry out the study at Ankafu Psychiatric Hospital. The researcher had nursed psychiatric patients, including drug abusers including students. Another reason was that abuse is rampant in schools and many of the educational institutions in Ghana are found in Cape Coast and its environs where Ankafu Psychiatric Hospital is situated.

Sample and Sampling Procedure

The study involved 50 student drug abuse clients of Ankafu Psychiatric Hospital. The respondents were at four of the hospital wards, namely: Foster ward, Sangmuah ward, Aggrey ward and Nightingale ward. The first two were in the male ward and the last were of the female wards. Numbers of respondents at the various wards were as follows: 20, 27, 1 and 2 respectively. The distribution of respondents by ward is shown in the Tables 1 and 2 respectively. They are made up of 47 (94%) males and 3 (6%) females.

Table 1: Distribution of Respondents by Wards

Ward	No. of Drug Abusers	No. of Student Drug Abusers	Proportion in Sample %
Foster Ward	35	20	57
Sangmuah Ward	38	27	71
Aggrey Ward	4	1	25
Nightingale Ward	5	2	40
Total	82	50	61

In Table 1 the respondents were selected according to diagnosis and educational status at the time of interview. In Foster ward there were thirty-five (35) drug abuse clients with 20 (57%) being students. In Sangmuah ward there were 38 drug abuse clients with 27(71%) being students. In Aggrey ward, there were 4 drug abusers with one (25%) being a student. In Nightingale ward, there were 5 drug abuse clients, with (40%) being students.

Research Instrument

A self-developed questionnaire for students' client was the instrument used to collect data for the study. The questionnaire assumed the closed ended format. The closed form provided check-mark responses. The use of questionnaires enabled me to collect factual information on drug abuse among students' clients. The use of the questionnaire also allowed the respondents to

complete it at their own convenient time, and they were offered a greater assurance of anonymity with regard to whatever information they provided.

The self-developed questionnaire was divided into various sections. The 34-item questionnaire for the students' clients was structured into Sections A, B, C, D, and E. Section A, which contained three items numbered from 1-3, was designed to elicit data on the biographical characteristics of the 50 students' clients, the remaining sections corresponded to the four research questions that were formulated to guide the study. The Sections, B, C, D, and E were captioned as follows: causes of drug abuse among students, types of drugs that students abuse, effects of drugs abuse among students and measures to prevent drug abuse. This was to help me collect data in order to answer all the research questions.

Pilot-Testing of Instrument

There was a pilot test which preceded the main study. Discharged drug abuse clients of the hospital in the Cape Coast Municipality and its environs, were involved in the pilot test. This test helped to ensure that the items in the questionnaire were comprehensible, that there were no ambiguities in the instrument during the main study.

Data Collection Procedure

The researcher set out in the first week of August 2006 for the investigation, when the respondents were on admission. In July 2006, the researcher himself sent a letter of introduction to the Medical Director of the hospital for the study to be conducted in the hospital. Due to the health of

respondent who were on admission at the psychiatric hospital, the researcher had to spend much time to administer the instrument. The researcher explained to the Medical Director, the ward in charges, respondents and their relatives that the study was mainly an academic exercise, and that the results would not be used to implicate the respondents.

The researcher interviewed the respondents as individuals at four of the hospital's admission wards. About 30 minutes was spent on each respondent during the interview sessions. The wards treatment rooms would be used for the interviews. Each respondent was interviewed at a time without interruptions from other clients and staff at the wards. The role each respondent was to play was outlined to them, for the successful completion of the study. All the respondents were interviewed by the researcher himself to lessen cost and in order to sustain the confidentiality which the researcher kept on emphasizing. Rapport was also established with the respondents so as to maintain the confidentiality. The researcher also assured them that the findings would be treated in the same way.

Apart from the questionnaires, official records (clients' folders, ward report books, changes books and admission books) were thoroughly observed as part of the examination of documents. The records were used to reinforce information given by the respondents in determining the state of drug abuse so that the extent to which drugs were abused was revealed. This helped the researcher to suggest the appropriate interventions that might help to control or prevent drug abuse.

Data Analysis

The data analysis of this study was quantitative. Simple frequencies, percentage and cross tabulations were used to analyse the data gathered. The data were synthesized and transformed into tabular form to illustrate relative proportions where applicable. Triangulation, that is, the method of using structured interview schedule questions and examining documents was resorted to.

CHAPTER FOUR

RESULTS AND DISCUSSION

The study sought to examine the critical factors that influence drug abuse among students in the Cape Coast Metropolis. A researcher-developed questionnaire for students' drug abusers was used to collect data. The data gathered were analyzed using a combination of descriptive statistics (frequencies and percentages, means and standard deviations). The values assigned to the various mean scores are as follows: 1.0-1.4 = Strongly Disagree, 1.5-2.4 = Disagree, 2.5-3.5 = Agree and 3.5-4.0= Strongly Agree.

This chapter focuses on the presentation and discussion of the results that emerged from the study. The results are discussed in accordance with the various research questions that guided the study. The results are interpreted in the trend of the existing literature that has been reviewed to indicate whether the new findings are confirming or disconfirming the results of previous studies. The first section of this chapter deals with the gender of the sample while the latter aspect concentrates on the major findings of the study.

Demographic Information of Respondents

Items were developed to collect information on the demographic characteristics of the student drug abusers who participated in the study. The

demographic information comprised the gender of the respondents, age and educational background. Table 2 shows the distribution of the sample by gender.

Table 2: Gender Composition of Respondents

Gender	No:	%
Male	47	94
Female	3	6
Total	50	100

The results in Table 2 indicate that out of the 50 students drug abusers who participated in the study, a majority of 47 (94%) of them were males while 4(6%) were females. The study clearly shows that drug abuse among students is common with the male sex. The age classification of the respondents is presented in Table 3.

Table 3: Age Classification of Respondents

Age classification	No:	%
15-20 years	25	50
Female	21	42
26-30 years	4	8
Total	50	100

From Table 3, majority 25(50%) of the respondents are aged between 15-20 years while 21(42%) were aged between 21-25 years and only 4(8%) of the

respondents were aged between 26-30 years. Majority of the drug addicts are very young and this could affect the nation's labour force in the year future. The educational background of the respondents is presented in Table 4.

Table 4: Educational Background of Respondents

Gender	No:	%
Tertiary	29	58
Secondary	12	24
JHS	9	18
Total	50	100

It stands out from Table 4 that 29(58%) of the respondents have acquired tertiary level of education, 12(24%) of them with secondary level of qualification and 9(18%) of the respondents had JHS qualification. It is surprising that this significant majority of the respondents who have acquired tertiary level of qualification are involved in drugs upon their knowledge on drugs and its consequences. I expected that majority of them would have been in JHS but it turned out to be the opposite.

Main Results and Discussions

This session covers the results and discussions of the data gathered from the field. The subsequent discussion is based on the research questions of the study.

Research Question 1: What are the causes of drug abuse among student clients of the Ankaful Psychiatric Hospital in the Cape Coast Metropolis?

This research seeks to find out the causes of drug abuse among students. Mean and standard deviations were used to analyze the data that were collected from the 50 respondents. Table 5 shows the means (M) and standard deviations (SD) of the results that were obtained.

Table 5: Students' Views on the Causes of Drug Abuse

Statement	Mean	Std. Deviation
I use drugs in order to be accepted by my peers	2.50	.89
Drugs facilitates my learning	2.50	1.16
I use drugs because it enables me move freely in the company of the opposite gender	2.06	.96
Drugs enables me overcome anxiety, anger and low self-esteem.	2.10	.95
Drugs help me cope with situations or I want to know what is contained in the drugs	2.16	.91
Drugs enable me to relieve unpleasant feelings and emotions	2.78	.91
My parents introduced me to drugs	2.22	.76
My senior colleagues in school force me to take drugs	2.52	.91
I take drugs to have divine vision and to attain enlightenment.	2.80	.88

It is evident from Table 6 that the students who were surveyed agreed ($M = 2.50$, $SD = 0.89$) with the statement that they use drugs in order to be accepted by their peers. Many young people take drugs because they find it hard to resist peer pressure. Those who lack self-esteem or feel cut off from others may feel that drug taking will get them friends. The views being espoused by the students is similar to an earlier finding by Odejide (1990) that the youth abuse drugs in order to be accepted by their peers, keep awake from certain events, strengthen their inward will for courage and make them less fearful.

Moreover, item 5 was designed to elicit responses from students with regard to the causes of drug abuse. The study revealed that drugs facilitate students learning. Although the students differed entirely in their agreement with the statement (as indicated by $M = 2.5$, $SD = 1.16$), it is obvious from Table 6 that they supported the idea that drugs facilitate their learning. The recent finding supports the work of Odejide (1990), where he posits that the youth claim that drugs facilitate learning, and sometimes make them feel happy when they have become frustrated, or just a little bit disturbed.

Notwithstanding the afore-mentioned views, the students were of the opinion that drugs do not enable them move freely in the company of the opposite gender. This sharply contradicts a previous study by Aduku (1991) who shares the view that drugs help the youth to move freely in the company of the opposite gender.

It is also clear from Table 5 that the students agreed that drugs enable them to relieve unpleasant feelings and emotion (M= 2.78, SD = 0.91). Many drug abusers start to take drugs to escape from problems. For some people, drugs create a sense of euphoria. Euphoria is a feeling of great happiness or well-being. Other people take drugs to forget reality. This finding corroborates an earlier research by Beschner and Friedman (1985) where they reported that drugs help to relieve unpleasant feelings and emotions, also depression, reduce tension and help its users to cope with pressure psychologically.

Again it emerged from the study that anxiety, anger and low self –esteem were not factors that will cause students to abuse drugs and is indicated by (M= 2.10, SD= 0.95). They apparently disagreed (M= 2.22, SD= 0.76) that their parents introduce them to drugs. Some parents tolerate a small amount drug abuse and do not think it will get out of hand. Studies show that the children in such families are more likely to use illegal drugs than those in stricter families. Teenagers may follow the example of a brother a sister who abuse drugs. The respondents however believe that their parents have influences on them in some other aspects of their social life but not in terms of drugs.

The respondents indicated that they take drugs to have divine vision and to attain enlightenment (M=2.80, SD= 0.88). The students responses were closely varied represented by a SD=0.88. Divine vision and the need to attain enlightenment necessitated the students to abuse drugs. They hold the notion that drugs open one's mind so that he/she can communicate with supernatural forces. The views expressed by the students bear similitude with Townsend (1993), noted

that spiritually and mystically, people abuse drugs to transcend orthodox religion to develop spiritual insights, to reach higher levels of consciousness, to have divine visions, to communicate with God, to augment yogic practices to get a spiritual shortcut, to attain enlightenment and to attain spiritual powers.

Research Question 2: What drugs do students clients of the Ankaful Psychiatric Hospital in the Cape Coast Metropolis abuse?

This research seeks to find out the types of drugs that students’ abuse. In order to find out these drugs the students were asked to respond to item 12-19 by agreeing or disagreeing with each statement. The mean scores (M) and standard deviations (SD) were computed for the four-point Likert-type scale in order to provide an in-depth understanding of the students’ responses. Table 6 shows results that were collected.

Table 6: Respondents Opinions About the Drugs they Abuse

Type of drug	Mean	Std. Deviation
I use alcoholic drinks	3.22	.65
I use marijuana (Wee)	3.06	.77
I use cocaine	2.68	1.02
I use heroin	3.16	.87
I use valium	2.50	.97
I use tobacco	3.18	.75
I use pepol	2.48	1.01

The overall mean ($M= 2.90$, $SD = 0.86$) as depicted in Table 6 indicates that the students teachers agreed with all the statements (drugs) which they most often use. The respondents agreed ($M= 3.22$, $SD = 0.65$) that they use alcoholic drinks. These include beer, shakis booze, sapele water, wine, whisky etc. These are often available in most drinking spots and there are no restrictions regarding the kind of people these drinks are sold. Abuser of these drugs experience staggering, happy, slurred speech and bad breath.

It is also clear from the results in table 6 that, the students were in support of the view that they use marijuana (Wee) as type of drug ($M = 3.06$, $SD = .77$). This is a common type of drug among drug abusers and mostly sold by their clients who hide in shops and transact their business. There some common names they give to it Ganja, Hash, Grass, Kaya etc. Those who abuse this drug have impaired concentration, cough and increased appetite. This finding buttress a previous study by Sennah (1980) who noted that a significant number of students in Ghana have had knowledge of marijuana, cigarettes and alcoholic substances.

The findings further revealed that the youth have abused various types of amphetamines, pepol and dexamphetamine. The respondents again agreed ($M= 2.68$, $SD = 1.02$)that they use cocaine. However, these students varied markedly in attesting to the fact that they use cocaine as in indicated by the standard deviation ($SD= 1.02$).

Furthermore, it is observed from the Table that the respondents agreed that they abuse heroin ($M = 3.16$, $SD = 0.87$). That is to say that the respondents have access to most of these drugs in the market and as such abuse them.

To add to the above a significant majority of the respondents disagreed that they abuse pepol ($M= 2.48$, $SD= 1.01$). This might be due to the unavailability of it and probably its expensive nature that makes the respondents unable to afford it. The views of the students were however varied remarkably by a standard deviation ($SD = 1.01$)

Research Question 3: What are the perceptions of students about the adverse effects of drug abuse?

This research seeks to find out the effects of drug abuse among students. The results concerning the effects of drug abuse generated by the questionnaire are presented in Table 7.

Table 7: Students’ Views About the Effects of Drug Abuse

Statement	Mean	Std. Deviation
Drugs make me feels ill and upset	2.90	.81
Drugs can destroy my brain cells	2.28	.95
Drugs make me feel happy and able to communicate with the opposite sex without shyness	3.04	.89
Drugs abuse can lead to demonstrations and rioting among students	3.00	.78
Drugs hampers my academic performance	2.28	.84

Table 7 continued

It leads to stealing among students	2.54	.91
It enables me maltreat juniors by bullying them	2.96	.92
Drugs make me less responsible, less affectionate and less co-operatives	2.50	.95

The overall opinion of the students as shown by a mean of means of 2.73(SD= 0.88) indicates that drugs have side effects on the individual. They agreed to most of the statements outlined as the effects of drugs. As shown in Table 10, the students variedly supported (M = 2.90, SD = 0.81) the statement that the use of drugs make ill and upset. Damage can be caused by the way a drug acts on the body. Many drugs can lead to depression, initiate mental illness. The recent result is in consonance with the finding of Sennah (1980) which states that the abuse of drugs may not be accompanied by awareness of any adverse effects but Blum et al (1970) on drug use in Society and Drug (1970) reported that drugs make the youth ill and upset. The same finding contradicts the finding of Beschuer and Friedman (1979) who said that drugs provide a reliable, quick, easy and cheap way to feel “good”.

The findings of the study revealed that drugs cannot destroy students brain cells as indicated by M= 2.28 and SD= 0.95. These students did not consider the long term effects of drugs and only concentrated on the immediate benefits they get at the expense of their health.

Again, the respondents agreed ($M= 3.04$, $SD= 0.86$) with the statement that drugs make them feel happy and able to communicate with the opposite sex without shyness. This is common in most educational institutions because the victims usually claim that it makes them not shy so that they can stand to lure the opposite sex. The recent findings is consistent with Aduku (1991) who explains that the youth purport that, drugs help them to move freely in the company of the opposite gender.

Furthermore, the respondents agreed that drug abuse among students can lead to demonstrations and rioting as indicated by ($M= 3.00$, $SD= 0.78$). The results of this current study supports that of Sennah (1980), which indicates that seventeen percent (17%) of students in his sample were with the view that drug abuse leads to delinquent activities such as rioting and demonstrations. The study revealed that the youth abuse drugs in order to help them commit crimes such as arson and burglary.

In furthermore of the above results, the students admitted that drugs hampers their academic performance as well as encourage stealing among students (as indicated by $M= 2.58$ $SD= 0.84$ and $M= 2.54$, $SD= 0.91$ respectively). Crime is often associated with drug taking. Many young people will steal to obtain money for drugs and will also deal illegal drugs. The high cost of these drugs means that users sometimes resort to prostitution, burglary or shoplifting.

Finally, it came to light that drugs make students less responsible, less affectionate and less co-operatives and indicated by ($M= 2.50$, $SD= 0.95$) This

finding confirms a previous study by Aduku (1991) who holds the view that drug abusers are often less responsible, less affectionate and less co-operative. They easily become irritated and are often defending the privileges of the youth.

Research Question 4: What measures can be put in place to prevent drug abuse among student clients of the Ankaful Psychiatric Hospital in the Cape Coast Metropolis?

Drug usage and misuse is an international global problem. But the decision to use or avoid drugs begins with individuals. Recognizing signs of drug abuse early is very important in helping someone with a drug problem. This research seeks to find out the views of respondents on measures as to how drug abuse among students can be prevented. The results of the respondents are presented in Table 8.

Table 8: Students’ Views Regarding Measures to Reduce Drug Abuse

Statement	Mean	Std. Dev
Banning the sale of hard drugs can help prevent drug abuse	3.04	.97
Cultivators and traffickers must be arrested and prosecuted at the law courts	3.22	.79
Health talks, film shows, distribution of leaflets will all help prevent drug abuse	2.42	1.11
Availability of job avenues will make people occupied and not idle to take drugs.	2.60	1.03
Teachers must identify students drug abusers and give them the necessary punishment	3.16	.87

Table 8 continued

Hard drugs should be sold by qualified pharmacist	2.68	.98
Parents must serve as good role models to their children and create conducive home environment	3.14	.88
School counsellors should organize forums for students on the harmful effects of drugs abuse	2.88	.96

From Table 8, it could be seen that majority of the students agreed with the statements stated as measures that can help prevent drug abuse. Initially, regarding the statement banning the sale of hard drugs can help prevent drug abuse. Majority of the respondents agreed to this statement as indicated by $M= 3.04$ and $SD = 0.97$. This means that government should institute policies that ban the sale of hard drugs and those caught dealing in drugs dealt with appropriately. Controlling the advertising of alcohol and increasing the cost of alcohol and tobacco through the imposition of taxes so that they are beyond the financial reach of young people. Again, the respondents disagreed with the statement that health talks, film shows, distribution of leaflets will all help prevent drug abuse ($M= 2.42$, $SD= 1.11$). The students have varied responses as indicated by $SD= 1.11$. The results of this finding contradicts a previous study by Robertson (1987) where he stressed that information which is misleading may discredit the information source in the eyes of the recipient. Education has an important role to play in any sophisticated or civilized society in reducing drug abuse.

Furthermore, with the statement parents must serve as good role models to their children and create conducive home environment as a measure to prevent

drug abuse. Majority of the students support this position. Parents should be good role models, your attitude towards alcohol and drugs affect young people more than anything you can say. Talk to your children, give them you full attention, and let them see that you are for them and that they can confide in you without fear of rejection.

That aside, in response to the statement school counsellors should organize forums for students on the harmful effects of drugs abuse. The students agreed that it can help prevent drug abuse as represented by ($M = 2.88$, $SD = .96$). At such forums counsellors should talk about the negative effects of drugs and relate it to people in society that suffered some of the consequences of drugs. When necessary, the counsellor may interact with the client and members of his or family or involve friends and colleagues of the client. In furtherance of the above, the respondents agreed that teachers must identify drug abusers and give them the necessary punishment. When these drug abusers are identified they might influence their colleagues to also take drugs and in the end majority of them will be involved in drugs. Severe punishment by teachers will serve as a deterrent to other students.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The use of drugs is as old as the history of human kind. Age long; drugs have evolved from crude natural herbs to more sophisticated synthetic chemicals in use today. This vast usage has resulted in drugs playing good role in therapy of disease, as well as in criminal use to elevate mankind from realities of life into an euphoric state; a major psycho- social hazard. Consequently, this study sought to find out the effects of drugs abused among student clients of Ankaful Psychiatric Hospital in the Cape Coast Metropolis. This final chapter seeks to present a summary of the research process as well as the key findings that emerged from the research. This chapter also contains the conclusions and recommendations that were made based on the findings of the study. Regarding the findings of the study, I have also suggested a number of areas for further research studies to be carried out.

Summary of Research Process

The study was a descriptive survey which was primarily designed to find out the effects of drug abuse among students clients in Ankaful Psychiatric Hospital in the Cape Coast Metropolis. The study addressed the following specific research questions:

1. What are the causes of drug abuse among students?

2. What drugs do students abuse?
3. What are the students' perceptions about the adverse effects of drug abuse?
4. What measures can be put in place to prevent drug abuse among students?

A descriptive survey design was adopted as the study design and the target group for the study comprised student clients of Ankafu Psychiatric Hospital in the Cape Coast Metropolis. Fifty students constituted the sample that participated in the survey. A structured questionnaire for the students was self-developed, validated through expert judgment, pilot-tested and used as the instruments for data collection. Due to the descriptive nature of the study, descriptive statistics (frequencies, percentages, means and standard deviations) were used to analyze the quantitative data that were collected.

Summary of Key Findings

The essential findings of this study can be summarized as follows:

1. An overwhelming majority of the 50 students' clients of Ankafu Psychiatric Hospital in the Cape Coast Metropolis identified the causes of drug abuse to include: use drugs in order to be accepted by peers, drugs facilitates their learning, drugs enable them to relieve unpleasant feelings and emotions, they take drugs to have divine vision and to attain enlightenment, their senior colleagues in school force me to take drugs however they identified the following not to be the causes of drug abuse including enables them overcome anxiety, anger and low self-esteem,

drugs help them cope with situations or they want to know what is contained in the drugs, their parents introduced them to drugs.

2. The students strongly acknowledge that they abuse the following drugs alcoholic drinks, marijuana (Wee), cocaine, heroin, valium, caffeine (Coffee, Cola nuts) and tobacco.
3. The study also brought to light the effects of drug abuse including drugs make students feel ill and upset, drugs make them feel happy and able to communicate with the opposite sex without shyness, drugs abuse can lead to demonstrations and rioting among students, drugs hamper students' academic performance, it leads to stealing among students, it enable seniors maltreat juniors by bullying them, drugs make students less responsible, less affectionate and less co-operatives.
4. Finally, the results showed that banning the sale of hard drugs can help prevent drug abuse, cultivators and traffickers must be arrested and prosecuted at the law courts, availability of job avenues will make people occupied and not idle to take drugs; teachers must identify students drug abusers and give them the necessary punishment, parents must serve as good role models to their children and create conducive home environment, school counselors should organize forums for students on the harmful effects of drugs abuse will all go a long way to preventing drug abuse among students.

Conclusions

First, the students identified that the causes of drugs abuse to include drugs facilitates their learning, drugs enable them to relieve unpleasant feelings and emotions, they take drugs to have divine vision and to attain enlightenment and their senior colleagues in school force me to take drugs. Second, the common types of drugs that students abuse are alcoholic drinks, marijuana (Wee), cocaine, heroin, valium, caffeine (Coffee, Cola nuts) and tobacco. Third, the students indicated the effects of drugs abuse to include drugs make students feel ill and upset, drugs make them feel happy and able to communicate with the opposite sex without shyness, drugs abuse can lead to demonstrations and rioting among students, drug hamper students' academic performance, it leads to stealing among students, it enable seniors maltreat juniors by bullying them, drugs make students less responsible, less affectionate and less co-operative.

Finally, the study brought to light that drugs abuse can be prevented by the following measures banning the sale of hard drugs can help prevent drug abuse, cultivators and traffickers must be arrested and prosecuted at the law courts, availability of job avenues will make people occupied and not idle to take drugs; teachers must identify students drug abusers and give them the necessary punishment, parents must serve as good role models to their children and create conducive home environment, school counselors should organize forums for students on the harmful effects of drugs abuse will all go a long way to preventing drug abuse among students.

Recommendations for Practice

Based on the findings of the study and the conclusions that have been drawn, the following recommendations are made:

1. The national drug law and enforcement agency should aimed at establishing, maintaining and securing communication to facilitate the rapid exchange of information concerning offences and improving international co-operation in the suppression of illicit traffic in narcotics drugs and psychotropic substances.
2. The United Nations Office on Drugs and Crime (UNODC) should collaborate with the United Nations Children's Fund (UNICEF), the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, WHO, relevant non-governmental organizations and the private sector to develop, promote and disseminate resources to help Governments strengthen the quality of their primary prevention work.
3. Peer educators/counsellors must be available in each youth institution or group to act as support and positive pressure for those who desire to keep away from drugs. It is important that empowerment training are organized to help the youth resist peer pressure that lead to deviant behaviours.
4. There is a need for the establishment of self-help groups or rehabilitation centers within the community so that past drug users who have as yet not developed psychiatric conditions could be re-oriented into positive activities. Communities must be aware of all related issues to youth

involvement into drugs. This will be helpful in designing community programmes that will address those issues and to re-channel youth energies positively.

5. The Ministry of Education must as a matter of urgency add to their curricular- drug education for both the primary and post primary schools, along their lectures, rallies, seminars and film shows for the Nigeria youths on the adverse effects of drug abuse.
6. Parents should sincerely re-orientate their children on the adverse effects of drug abuse on their health, society and human dignity, since charity, they say begins at home.

Areas for Further Research

It is worthwhile and interesting if further research is conducted into whether students in urban nursing colleges abuse drugs more than those in rural areas.

Secondly, investigations should be done into the problems militating against the effective prevention and control of drug abuse among students in nursing colleges.

REFERENCES

- Aduku, K. (1991). *Youth and drug abuse*. London: Longman.
- Agyeman, O. A. (1985). *Promoting rational drug use in Ghana*. Accra: Ministry Health Ghana.
- American Psychiatric Association (1962). Practice guideline for the treatment of patients with nicotine dependence. *American Journal of Psychiatry* 153 (10), 1-31
- American Psychiatric Association (1984). *Diagnostic and statistical manual of mental disorders* (3rded). Washington, DC: American Psychiatric Association.
- Anumonye, A. (1980). *Drug use among young people in Lagos*. UNODC Bulletin on Narcotics.
- Belkin, E. M. (1975). *Foundations of psychiatric mental health nursing*. London: W. B. Saunders.
- Beschner, N. & Friedman, Y. (1985). *Youth and alcoholic drinks*. London: Longman.
- Blume, S. B. (1970). Chemical dependency in women: Important issues. *American Journal of Drugs and Alcohol Abuse*, 16, 297-307.
- Boachie, P. A. (2005). *Medical systems in Ghana*. Accra: Ghana Publishing.

- David, K. & Cowley, J. (1980). *Pastoral Care in school and colleges with specific reference to health education and drugs alcohol and smoking*. London: Edward Arnold.
- Davies, M. B. (1968). *Hygiene and health education for Colleges of Education*. London: Longman.
- De Leon, G., & Deitch, N. (1984). Residential therapeutic communities for female substance abusers. *Bull N Y Acad Med* 67(3): 277-290.
- Denzin, N., & Lincoln, Y. (1984). *Handbook of qualitative research* (2nded). Thousand Oaks, C A: Sage Publication.
- Drug Abuse (1990, February 19). *Daily Graphic*. (No. 1503782) p. 10
- Drug Abuse High in schools. (1993, July 10). *The Mirror* (No. 1502) p. 11.
- Drug Baron Arrested (1996, January 20 to 26). *Free Press* (No. 31SSN 0855-1685).
- Dusenbury, L. & Falco, M. (1995). Eleven components of effective drug abuse prevention curricula. *Journal of School Health*, 65, 420-425.
- Esen, A. J. A. (1970). Discipline in Schools. *Journal of the Cross River Educator*, 1(1), 40.
- Fascian, J. (1996). *Facts about drug abuse*. Accra: University of Ghana Press

- Fatoye, F. O & Morakinyo, O. (2002). Substance use amongst secondary students in rural and urban communities in South Western Nigeria. *East African Medical Journal*, 79(6): 299-305
- Flynn, B. S. (1994). Mass media and school interventions for cigarette smoking prevention. Thousand Oaks, C A: Sage Publication.
- Glynn, T. J. (1981). From family to peer: A review of transitions of influence among drug abuse using youth. *Journal of Youth and Adolescence*, 10, 363-383
- Gonzalez, T. F. (1983). On the computational complexity of clustering and related problems. In Proc. I & h IFIP Conf: on system modeling and optimization 174-182. The complexity of near-optimal graph. London: The MacMillan Press.
- Gordon, I. J. (1975). Human Development: *A transaction perspective*. New York: Harper & Row.
- Hassan, T. B. (1982). Diagnostic indicators in the early recognition of severe cocaine intoxication. *J Accid Emerg Med*; 13: 261-3
- Hawkins, J. D., Catalano, R. F., Morrison, D. M., O'Donnell, J., Abbott, R. D. & Day, L. E. (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviours. In J. McCord & R. E. Tremblay (Eds.) *Preventing Antisocial Behavior:*

Interventions from Birth through Adolescence. Pp. 139-161. New York:
The Guilford Press.

Holland, S. & Griffin, A. (1984). Adolescent and adult drug treatment clients:
patterns and consequences of use, *Journal of psychoactive drugs*, 16,
79-89.

MacFarland, G. K. (1990). *Abuse during pregnancy: A protocol for prevention
and intervention*. White Plains, NY: The March of Dimes Births Defects
Foundation.

Martino, E. R. & Truss, C. V. (1973). Drug use and attitude towards social and
legal aspects of marijuana in a large metropolitan university. *Journal of
Counselling Psychology*, 20(2), 120-126.

McFarland W. N. & Thomas, K. (1990). A study of the effects of anaesthetics on
the behaviour and physiology of fishes. *Publications of the Institute of
Marine Sciences*, 6: 22-55.

Michael, H. J. (1990). *The world of youthful drug use*. University of California:
Addiction Centre Project.

Odejide, G. A. (1990). *Drugs, man and society*. Lagos: Nigeria Drug Resource
Ltd.

Olatunde, A. (1979). *Self medication: Benefits, precautions and dangers*. London:
The MacMillan Press.

- Oshiokoya, W. Okoye, A. & Olu, S. (2006). Perception of Drug Abuse Amongst Nigerian undergraduates. *World Journal of Medical Science* 4(5), 45-59.
- Patton, M., Q. (1987). *How to use qualitative methods in evaluation*. California: Sage Publications, Inc.
- Pentz, M. A. (1983). *Social skills training: A preventive intervention for drug use in adolescent*. Paper presented at the annual meeting of the American Psychological Association, Washington, DC.
- Renown Mucisian Busted. (2006, March 23). *Daily Graphic* (NO. 9642), p. 7.
- Sennah, H. S. (1980). *Psychiatric nursing*. Menlo, Park, California: Addison-Wesley. Co.
- Siringi, S. (2003). Alarm Over Drugs: Nacada Study Cites Rampant Drug Abuse. *Daily nation (Kenya) Monday, 27th.October*.
- Stuart. G. W., & Sundeen. S. J. (1995). *Principles and practice of psychiatric nursing*. St. Louis U. S. A: M. Mosby Co.
- The Dangers of Drug (1993, December 24). *Ghanaian Times*. (No. 15522) p. 5
- Townsend, M. C. (1993). *Psychiatric and mental health nursing*. Philadelphia: F. A. Davis Company.
- Two Busted at Kotoka (1991, July 20). *Daily Graphic* (NO. 2811) p. 34

Virgillio, B. V. (1990). *Brian minded behaviour and the effects of psychoactive drugs*. New York: American Journal of Nursing company.

Yangyuoru, Y. (1993). *The drug nexus in Africa project-Ghana Situation report*
UNDCP/ Department of Sociology, University of Ghana.

APPENDIX A

UNIVERSITY OF CAPE COAST

INSTITUTE FOR EDUCATIONAL PLANNING AND ADMINISTRATION

**QUESTIONNAIRE FOR STUDENT CLIENTS OF ANKAFUL
PSYCHIATRIC HOSPITAL**

This questionnaire is to seek information from Drug Abuse Student clients of Ankafu Psychiatric Hospital; with the aim of suggesting appropriate strategies for the prevention of drug abuse, leading to mental disorders. All information provided will be treated with utmost confidentiality. Thank you.

SECTION A

Background Information of Respondents.

1. Sex: (a) Male [] (b) Female []

2. Age:
 - (a) 15 -20 []
 - (b) 21-25 []
 - (c) 26-30 []
 - (d) 31-35 []
 - (e) 36 and above

3. Educational Background
 - (a) Tertiary []
 - (b) Secondary []
 - (c) J. S.S []
 - (d) Other (Specify []

SECTION B

CAUSES OF DRUG ABUSE AMONG STUDENTS

Please, tick [√] in the appropriate box to indicate your degree of agreement or disagreement with each of the following statements about the causes of drugs abuse by using the key: **SD = Strongly Disagree, D = Disagree, A= Agree, SA= Strongly Agree.**

Statement	SD	D	A	SA
4. I use drugs in order to be accepted by my peers.				
5. Drugs facilitates my learning.				
6. I use drugs because it enables me move freely in the company of the opposite gender.				
7. Drugs enables me overcome anxiety, anger and low self-esteem.				
8. Drugs help me cope with situations or I want to know what is contained in the drugs.				
9. Drugs enable me to relieve unpleasant feelings and emotions				
10. My parents introduced me to drugs				
11. My senior colleagues in school force me to take drugs				
12. I take drugs to have divine vision and to attain enlightenment.				

SECTION E

Types of drugs that students abuse

Please, tick [√] in the appropriate box to indicate your degree of agreement or disagreement with each of the following statements about the effects of drug abuse among by using the key: **SD = Strongly Disagree, D = Disagree, A= Agree, SA= Strongly Agree.**

Statement	SD	D	A	SA
13. I use alcoholic drinks.				
14. I use marijuana (Wee)				
15. I use cocaine				
16. I use heroin				
17. I use valium				
18. I use caffeine (Coffee, Cola nuts)				
19. I use pepol				
20. I use tobacco				

SECTION C

Effects of drugs abuse among student

Please, tick [√] in the appropriate box to indicate your degree of agreement or disagreement with each of the following statements about the effects of drug abuse among by using the key: **SD = Strongly Disagree, D = Disagree, A= Agree, SA= Strongly Agree.**

Statement	SD	D	A	SA
21. Drugs makes me feels ill and upset				
22. Drugs can destroy my brain cells				
23. Drugs make me feel happy and able to communicate with the opposite sex without shyness				
24. Drugs abuse can lead to demonstrations and rioting among students				
25. Drugs hampers my academic performance				
26. It leads to stealing among students				
27. It enables me maltreat juniors by bullying them.				
28. Drugs make me less responsible, less affectionate and less co-operatives				

SECTION D

Measures to prevent drugs abuse

Please, tick [√] in the appropriate box to indicate your degree of agreement or disagreement with each of the following statements about the measures to reduce drugs abuse among students by using the key: **SD = Strongly Disagree, D = Disagree, A= Agree, SA= Strongly Agree.**

Statement	SD	D	A	SA
29. Banning the sale of hard drugs can help prevent drug abuse				
30. Cultivators and traffickers must be arrested and prosecuted at the law courts				
31. Health talks, film shows, distribution of leaflets will all help prevent drug abuse				
32. Availability of job avenues will make people occupied and not idle to take drugs				
33. Teachers must identify students drug abusers and give them the necessary punishment				
34. Hard drugs should be sold by qualified pharmacist				
35. Parents must serve as good role models to their children and create conducive home environment				
36. School counsellors should organise forums for students on the harmful effects of drugs abuse				

