

Availability of Substances and Preventive Strategies among Adolescent Students in Urban Schools in Cameroon

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ABSTRACT

Many unhealthy behaviours always start during adolescence and are a source of major health challenges. Adolescence substance abuse has impact on individuals, families, and communities. Most often, it contributes to social, physical, and psychological problems. Substance abuse among adolescents is a global problem and its prevalence is alarming. Its causes are numerous and varied. One of the causes of substance abuse among adolescents is availability. When substances are available, adolescents are motivated to consume them. It is important to seek ways to curb this ill that is threatening the welfare of Cameroonians. This study sets out to ascertain the extent to which availability of substances influence substance abuse among adolescents in urban schools in Cameroon, and to determine preventive strategies. The concurrent nested mixed method research design was used to carry out the study. The Simple Random sampling was adopted in the selection of public, mission and private schools from four regions of Cameroon. As a whole, 375 students. Were selected. Purposive sampling was used to select discipline masters and guidance counsellors. A questionnaire of 10 items was used to collect data from the students and an interview guide to collect data from the discipline masters and guidance counsellors. The hypotheses were tested at 0.05 level of significance using spearman rho test, through SPSS version 25. The findings showed that social media significantly predicted substance abuse among adolescent students ($R = -0.258^{**}$, $P = 0.000 < 0.05$). Finally, findings showed that at zero order correlation when the preventive strategies were not involved in the correlation analysis, the coefficient value was -0.374 but, when the correlation was controlled by the preventive strategies, the coefficient value increased from -0.374 to -0.908 of almost a perfect relationship (-1). The study concluded that the social media influence drug abuse among adolescent students in urban schools in Cameroon. From the study it was recommended that research be carried out to determine the effects of drugs on students' performance, health and the society.

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KEYWORDS: Adolescents, Substance abuse, drug abuse, availability of substances

INTRODUCTION

The use of hard drugs by adolescent students in Cameroon secondary schools has become an embarrassing occurrence to parents, schools, government authorities, and the society as a whole. The constant abuse of drugs among this group of students can cause psycho-social problems in society. Sina (2018) on CRTV magazine, a radio programme in Cameroon, emphasized the consumption of substances within school circles which is taking

alarming proportions with devastating effects on the consumers who are mostly adolescents in schools in Cameroon. The phenomenon has eaten deep into secondary schools in Cameroon. According to Emily (2018), a survey carried out by the Global Youth Tobacco Survey (2018) in Cameroon revealed that at least 44% of young students have tried hard substances at least once. They add that a similar study by Global Youth Tobacco Survey (2015) on the

abusive use of drugs by youths in Cameroon showed that 10% of youth of school age, poverty and people in precarious social conditions are regular users of substances, especially cannabis and tramadol.

Parry et al. (2003) state that urban areas in Africa and Cameroon are characterised by broken homes and bad parenting availability of substances and other factors place young people within contexts of greater risk for substance abuse. There is hardly lack of opportunities for youth to access alcoholic beverages and illicit drugs. Liquor outlets, authorized and unauthorized, are many. Also, the price of alcohol and cigarettes is not high (Parry et al., 2003). This easy access to alcoholic beverages coupled with disposable income for urban adolescents often given by parents as allowance or transport fare likely increases their chances of actual acquisition and abuse of alcohol, cigarette and other substances. Their availability has been on the increase as a result of laxity of border controls and the greater ease with which drugs are smuggled into the country.

Twaibu (2009) on the issue of prevention of substance abuse reiterated the involvement of the African Union's current Plan of Action on Drug Control and Crime Prevention whereby the African Union Commission has strengthened its cooperation in the areas of drug control and crime prevention with relevant international organizations such as the African Institute for the Prevention of Crime and the Treatment of Offenders and UNODC, and with the European Commission within the framework of the Africa-European Union Strategic Partnership. The regional economic communities in Africa are to play a key role in the implementation of the African Union Plan of Action.

Conceptually, substance abuse refers to the harmful use of psychoactive substances, including alcohol and illicit drugs. The most common substances abused in Cameroon are alcohol, marijuana, tramadol, various kinds of cough syrups, sedative tablets, brown sugar, heroin, cocaine, tobacco (cigarette,) etc. Substance abuse is also known as drug abuse. In simpler terms, any chemical that alters the physical or mental functioning of an individual is a drug. A drug may or may not have medical uses and its use may or may not be legal. The use of a drug to cure an illness, prevent a disease or improve health is known as drug use. But when a drug is taken for reasons other than medical, in an amount, strength, frequency or manner that causes damage to the physical or mental functioning of an individual, it becomes substance.

Availability and cost of substances is a predictor of substance abuse. (Kaguthi, 2006), noted that availability of illegal substances such as heroin,

cocaine and mandrax, together with the availability of legal substances such as cigarettes and alcohol may lead to substance abuse. The ready availability of most drugs appears to be the most important cause of the prevalence of substance abuse amongst adolescents. For instance, medicines (drugs) are purchased from chemists even without a physician's prescription. Kithi (2007) supports this by stating that addicts are reported to visit chemists to get close of Roche- a drug that should strictly be sold on prescription. Kaguthi (2006) established that widely used substances are grown in the country like marijuana, Khat (miraa) and Tobacco. As these substances are grown, manufactured and distributed, they are openly exposed to the youth. Cheap and unclean alcohol is readily available among students from the poor population. According to a survey by the National Authority for the campaign against alcohol and Drug Abuse (NACADA, 2014) on rapid situation assessment of the status of substance abuse, drug accessibility was found to be one of the major contributing factors of drug abuse.

This study was guided by Bronfenbrenner's ecological systems theory of human development and socialisation as it looks at individuals in their environments. The ecological systems theory maintains that an environment and its immediate settings actively shape the outcome of an individual's life. People do not live in isolation but rather within multifaceted structures that contain their immediate settings, social networks and traditional communities established in a wider social structure (Bronfenbrenner, 1989). One of the main assumptions of the ecological theory is that an individual and his background both have an impact on each

This model posits that multiple contextual factors, including peers, families, schools, and neighborhoods, shape adolescent development and health behaviour. These different contexts are viewed as "systems", which can either directly or indirectly affect the development of adolescents' health behavior, including substance use. The microsystem encompasses immediate socialization areas that affect the child directly (e.g., peers, siblings, parents). The mesosystem is comprised of the connections and interactions between the individual's microsystems (e.g., the interaction between the individual's peers and parents).

According to the Official Gazette of the Republic of Cameroon (1997), cannabis is one of the most widely produced and consumed drugs in Cameroon with a wide trafficking network, and the consumption of this drug is wreaking havoc among the youth. It is important to note that the cultivation and trafficking

of drugs, especially cannabis, significantly increases delinquency and violence and causes damage to persons and property. Thus, to effectively combat this scourge, Cameroon cooperates at the international level and has adopted internal laws to suppress substance-related actions.

STATEMENT OF THE PROBLEM

The extent of worldwide psychoactive drug use, according to World Health Organization (2002), is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users. In Cameroon, despite measures such as legal restrictions and sensitisation campaigns on the dangers of substance abuse, the problem of drug and substance abuse continue to be a major concern among young people in schools, colleges, and urban spaces. Some adolescents in Cameroon are involved in the use of illicit drugs because they want to reduce regular pressures around them, while others consume it because it is available around them. The damage caused by both licit and illicit drugs and substances of abuse to society, the labour force and the entire economy has been of much concern to the government of Cameroon. The problem of drug and substance abuse among young people/youth revolves around tobacco, alcohol, cannabis, marijuana, tramadol, stimulants, inhalants and tranquilizers. Drug and substance abuse is serious in Cameroonian secondary schools, high schools, Universities, urban and even rural areas. It does not only have negative effects on school performance scores, but also results in increases in crime, mental health challenges, juvenile delinquencies, and misbehaviours including rape, riot, and fighting. The 1997 Law on narcotic drug use is considered inadequate in handling and providing adequate sanctions against drug and substance abuse in Cameroon. Moreover, the border control system is corrupt and weak, enabling the smuggling of illicit drugs and its cultivation around the country, making the substances accessible to the youth. Although the youths have been educated on the dangers of substance abuse, most of the adolescents have little or no knowledge of how dangerous the vice is. It is against this background that this study investigates predictive factors and substance abuse: implication for preventive strategies among adolescent students in urban schools in Cameroon.

Specific objectives

- To investigate if availability of substances predict substance abuse among adolescents in urban schools.

- To determine preventive strategies against substance abuse among adolescents in urban schools in Cameroon.

Research Methodology

In this study, the main independent variables are the social media and prevention while drug abuse is the dependent variable criterion. This study made use of the concurrent nested mixed method research design. This study was carried out in Cameroon and specifically in Bamenda, Buea, Yaounde and Maroua urban (regional headquarters). The target population of this study encompasses 1.868982 youths from 12-22 years old, 5659 discipline masters and 799 guidance counselors in the ten regions of Cameroon. The age group 12-22 was preferred since it was assumed that they are at the peak of their adolescence, therefore more conversant with drug related issues in their respective schools and communities. The sample size was 375 adolescents and 28 counsellors and 28 disciplines masters. In this study, the simple random sampling and purposive or judgemental sampling techniques were used. The simple random sampling was used to select the population of the study which enabled the researcher to avoid bias. The regions or the area of study were selected using purposive sampling. This was to enable the four geographical regions of Cameroon (that is the grass field, the forest, the coastal and the Sahel regions) to be represented. The researcher also employed the simple random sampling for selecting the schools and students under study.

Students from form three, four, five and lower sixth were equally selected using purposive sampling techniques. These classes were selected because adolescents are mostly found there. For discipline masters and guidance counsellors, the simple random sampling was used in schools where there were many of them. In schools where there was one counsellor and two discipline masters, purposive sampling was used. The reason for using the purposive sampling technique was to directly meet with the population of interest. The simple random sampling technique was done as follows; Small pieces of papers were cut and folded, and the number cut and folded corresponded to the number of students in each class. The number of folded papers corresponding to the number of the students to be sampled in each class or level had the inscription "student" on it and the others were left empty. The folded papers were then put in a bag and each student was asked to pick up a folded paper and open. Those whose papers had the inscription "student" were asked to answer the questionnaire. Below is a table indicating the number of schools, and adolescent students sampled and used for this study.

Table 1 Distribution of the sample population

Regional head quarters	Schools	Adolescence	Sample for adolescents
Maroua	Catholic bilingual college Jacques de Bernon	1512	47
	GBHS Maroua	4050	47
Yaounde	Christ the king Anglo Saxon college Younde	613	31
	Government Bilingual high school Nkol Eton Yaounde (5115)	5115	31
	British college Yaounde	743	32
bamenda	Government High School Atiela (5520)	5520	31
	St Paul's college Nkwen (910)	910	31
	Progressive comprehensive college Bamenda 6533	6533	32
Buea	Presbyterian secondary school Buea (PSS)	476	31
	Government Bilingual Gramar school molyko	5461	31
	Salvation Bilingual grammar school Molyko	1243	31
Total		32167	375

The sample size was calculated using Krecjie and Morgan (1970) table of sample size calculation. This table states that the accessible population of 1,045,652 potential respondents required a sample of 375 respondents, 30 requires 28 respondents. To get the sample size of 94 youth from Adamawa, the accessible population of the Adamawa (3000) was divided by the overall population of the four Regions (12000) and multiplied by the overall sample size (375), this same procedure was done for Central Region, North West Region and South west Region that gave sample sizes of 94, 94 and 93 respectively.

The instrument for data collection for this study was a questionnaire and interview. The questionnaire items are rated on a Likert scale with different statements which measure feelings and opinions of the respondents. The instruments were specially designed for adolescents, guidance counsellors and discipline masters.

The instrument was made up of two parts; part I consisted of five items demanding the demographic data of the respondents and part II was made up of five sections, involving the possible factors that contribute to substance abuse among adolescent students. The close ended questions represented the five specific objectives from the independent variables (social media influence and prevention) and the dependent variable (substance abuse) of the study. Sections A to F contained ten items each that are directed towards the answering of the specific research questions and the verification of the specific research hypotheses.

The items were close – ended questions with likert – type response options ranging from strongly agree (SA) to strongly disagree (SD). The Likert-type close-ended items were used because of the ease of responding and the short time required responding. A four scale response option of strongly Agree (SA), Agree (A), Disagree (D), strongly disagree (SD) according to the likert scale was used. The respondents will be required to indicate their degree of agreement with a tick (✓) on the appropriate answer of their choice. Options such as never, sometimes, often and very often is also provided on the questionnaire for students. The questionnaire for students was made up of 76 items which are all close ended. There was equally an interview guide for discipline masters and guidance counselors.

The data collected from the field was first processed using EpiData software. This software was used to enter all the quantitative data collected for the study whereby, all the participants' responses were keyed in, in accordance with each of the test items. During this process of data entering, the demographic information and the test items were coded with numbers to facilitate the data entering and the questionnaires were also be assigned with serial numbers. The reason for coding and assigning each questionnaire a serial number was to ensure that on the data base, one should easily trace the individual responses of participants and to ease verification in areas of uncertainty if they arise. After the data were completely entered for all the participants, the data based was exported to SPSS version 25 for further consistency, data range and validation checks with the purpose to first identify invalid codes (data cleaning) with the aid of exploratory statistics. The data was analysed using SPSS version 25. The spearman rho and chi square tests were used to test the hypotheses and consequently to provide answers to the research question.

RESULTS

In aggregate, findings showed that 31.2% of adolescents accepted that substances are always available in their neighbourhood while 68.8% argued that substances are not in their neighborhood.

Specifically, the findings also showed that 36 % of the respondents approved that they always see people from whom they can buy substances. Finally, cumulatively, 11.5% of the adolescent students indicated that they take substances because they are always around them. The findings showed that 31.2% of adolescent students approved that substances are available in their neighbourhood while 68.8% of them disapproved. According to adolescent students' characterization of availability of substances in their neighbourhood, cumulatively, findings displayed that 14.1% of adolescent students said Marijuana is always available with 13.6% of participants who also approved that Tramadol is always available. The findings also showed that 21.6% of adolescent students indicated that Cigarettes is always available with 88 23.5% also indicated that Amphetamines is always available. The findings equally showed 66.0% of participants indicated that Alcohol is always available with 26.9% of respondents who approved that they can get any drug at any time. A majority of the adolescent students, 60.3% also indicated that substances are available in stores in their neighbourhood with 48.3% of the adolescent students who indicated that substances are sold at a low cost in their neighbourhood. This overall finding is also presented on the figure below.

Table 2 Cross tabulation between availability of substances and substance abuse

Availability of substance		Abuse substance		Total	Chi-square test (χ^2)
		Accepted	Rejected		
Accepted	n%	31	86	117	$\chi^2=21.42$ df=1 P=0.000
		26.5%	73.5%		
Rejected	n%	22	236	258	
		8.5%	91.5%		
Total	n	53	302	375	

Using cross tabulations, findings revealed that adolescent, 26.5% who abuse substances significantly come from neighborhoods that the substances are available ($\chi^2=21.42$ df= 1, P= 0.000, < 0.05) while those who do not abuse substance 91.5% come from neighbourhoods that substances are not available.

Comparing the adolescent' characterization of availability of substances in their neighbourhood by demographic data, findings showed that they do not significantly differ in their opinion (P> 0.05). Irrespective of sex, age school type, class, religion and region the adolescent students accepted that substances are available in their neighbourhood. This implies that the availability of substance in neighbourhood is a general issue as indicated by the adolescent students.

Interview responses on availability and substance abuse among adolescent students

Table 3 Guidance counsellors and discipline masters' opinions on availability of substances

Themes	Groundings	Quotations
Increase desire to taste	44	"Yes, anxiety to taste and feel how it works". "They are tempted to taste and soon become a habit". "Yes, the availability tempt adolescent to make trial". "Yes, because some circumstances around them makes them consume it". "Yes, because when they see them, they might want to taste maybe out of curiosity". "When substances are available, the adolescent might be more curious to taste it". "The smell and the curiosity to get the substances tasted". "Curiosity to try substances" "Yes, the availability of substances makes them to want to taste them because they see them around".
Negative influence	4	"They consume what they see". "Toxic substances like drugs and alcohol influence them negatively".

Based on the guidance counsellors and discipline masters' opinion of availability of substance influence on students toward substance abuse, findings showed that majority of the respondents said yes. They went further to say that when substances are available, the adolescents are more tempted to taste. Others said the adolescent desire, curiosity and anxiety to taste the substances will increase.

Verification of hypothesis: Availability of substances does not predict substance abuse among adolescents in urban schools in Cameroon.

Table 4 The relationship between availability of substances and substance abuse among adolescents

		Social factors	Substance abuse among adolescents
Spearman's rho	R-value	1.000	-.251**
	P-value	.	.000
	N	375	375

****.** Correlation is significant at the 0.01 level (2-tailed).

Statistically, the findings showed that availability of substances significantly predict the substance abuse of adolescents ($R = -0.251^{**}$, $P = 0.000 < 0.05$). The negative sign of the correlation implied that adolescent are more likely to engage in substance abuse when exposed to substances. In support of this, the descriptive findings showed that more of adolescent students who abuse substances 26.5% significantly come from neighbourhoods that the substances are available ($\chi^2 = 21.42$ df = 1, $P = 0.000$, < 0.05) while more of those who do not abuse substance 91.5% come from neighbourhoods that substances are not available. Therefore, the null hypothesis that stated availability factors do not predict substance abuse among adolescents in urban schools was rejected and the alternative that availability of substances predicts the substance abuse of adolescents in urban schools was retained.

Research question Two: What are the preventive strategies against substance abuse among adolescents in urban schools in Cameroon?

Based on adolescent students' characterization of preventive measures against substance abuse, findings showed that a majority of them 89.6% (336) indicated that counseling from guidance counselors can help to reduce or remedy drugs consumption. Also, 89.6% (336) of adolescent students approved that advice from parents can be helpful in preventing adolescents from taking drugs. Similarly, 89.9% (337) of the participants indicated that health education is one way of preventing adolescents from consuming substances. 52.3% (196) of adolescent indicated that punishing adolescents who consume drugs is one way to prevent substance consumption.

Also, 74.1% (278) of adolescents indicated that adolescents' advocates can help in reducing substance consumption. 81.3% (305) of adolescent students approved that the community can help to stop substance abuse among adolescents. Imitating good models was approved by 82.4% (309) of the adolescent students to help reduce substance consumption. The findings also showed that 84.5% (317) of adolescent students indicated that avoidance of temptation and peer pressure can help to curb or stop substance abuse among adolescents. In the same trend, 78.9% (296) of adolescent student indicated that seeking help for mental illness can help to stop substance abuse among adolescents. Finally, 80.3% (301) of adolescent students indicated that practicing stress management skills can help to overcome substance abuse. In aggregate, the findings showed that 80.3% of adolescent students see the above preventive measures; health education, counseling, parental advice, avoidance of temptation and peer pressure, imitating good models, community involvement, practicing stress and management skills, seeking help from mental illness, adolescent

advocates and punishing adolescent who consume drugs to help reduce/stop/curb substance abuse among adolescent students. These preventive measures are also presented on the table below as accepted by the participants.

Comparing adolescent students characterization of preventive strategies to remedy/curb/stop substance abuse by demographic data, findings showed that a majority of the students with percentage ranging from 73.6 to 86.9% irrespective of their sex, age range, class, school type, religion and region accepted that health education, counseling, parental advice, avoidance of temptation and peer pressure, imitating good models, community involvement, practicing stress and management skills, seeking help from mental illness, adolescent advocates and punishing adolescent who consume drugs can significantly reduce/remedy/curb substance abuse among adolescent students.

Statistically, testing the effect of the preventive measures on substance abuse by adolescent students, findings showed that at zero order correlation when the preventive measures were not involved in the correlation analysis, the coefficient value was -0.374 but, when the correlation was controlled by the preventive measures, the coefficient value increase from -0.374 to -0.908 of almost a perfect relationship (-1). This implied that if the above preventive measures are adopted and adequately implemented, substance abuse by adolescent students will significantly reduce.

Based on the guidance counsellors' and discipline masters' opinions on measures to prevent adolescent students toward substance abuse, findings showed that many of them said adolescents should be sensitized and educated by parents, teachers and through seminars on the dangers of substance abuse, the disadvantages, and it adverse effect on their

health. Also, many of them said adolescents should be counselled and that parents and teachers should strictly follow them up. The guidance counsellors and discipline masters also said religious studies should be brought back to schools, adolescents should avoid bad friends and the price of substances should be increased so that it becomes more expensive. The substances should be seized and destroyed when caught, legal actions be taken, adolescents be educated on citizenship education and be taken for spiritual deliverance as well.

Discussion of findings

Findings showed that 36 % of the respondents approved that they always see people from whom they can buy substances. Cumulatively, 11.5% of the adolescent students indicated that they take substances because they are always around them. The findings showed that 31.2% of adolescent students approved that substances are available in their neighbourhood while 68.8% of them disapproved. The findings revealed that despite the high rate of poverty, some adolescents in this study can afford to buy substances which seem readily available in their communities. Based on the adolescent students' characterization of availability of substances in their neighbourhood, findings showed that marijuana is always available while others said tramadol, cigarettes are equally always available. Another set of students said amphetamines and alcohol are always available and that they can get any drug at any time. A majority of the adolescent students indicated that substances are available in stores in their neighbourhood and are sold at a low cost. The respondents approved that they always see people from whom they could buy substances. This aligns with Gacacio (2003) who stipulates that only available drugs can be used. There are many situations where availability of drugs is very great. This is the case in poor neighbourhoods where marijuana, tramadol, heroin and other illicit drugs are available for sale. Finally, some adolescent students indicated that they take substances because they are always around them. Research supporting the idea that perceived availability was important in predicting drug use came from a study of high school students by Smart (1977). According to Okech (1997), availability of cash to the youths as pocket money especially if in excess may be redirected into purchasing of illegal drugs. Therefore, one may assume that there are too many outlets that sell alcoholic beverages and other substances and adolescents have the means to buy these substances either from their parents or from odd jobs. Furthermore, it implies that there are no laws

prohibiting the sale of substances to minors in Cameroon.

In addition, findings showed that availability of substances led adolescents toward substance abuse. Some respondents said when substances are available, the adolescents are more tempted to taste. Others said the adolescent students' desire, curiosity and anxiety to taste the substances increases when they see substances. This confirms a study by Obiayo and Gacacio (2003), who say the availability of drugs through cheap and local suppliers encourages students to abuse or indulge in substance abuse. The finding of this study on the other hand contradicts one study which states that the exposure to paternal alcoholism did not predict offspring alcohol abuse (Heath & True, 2006).

Demographically, findings showed that adolescent students in urban schools in Cameroon do not significantly differ in their opinion, as a significant proportion of the adolescent students irrespective of sex, age school type, class, religion and region accepted that substances are available in their neighbourhood. This means that the availability of substances in neighbourhoods is a general issue as indicated by the adolescent students. According to Majlis and bangsa (2006), as cited in Utusan Malaysia, easy accessibility of drugs has been one of the current situations among the youth. Rationally, when accessibility of drugs is easy, people can easily try it. This is the case with most Cameroonian students in urban schools who try drugs like tramadol, marijuana; heroin and other hot alcoholic beverages due to the fact that the drugs are available in the black markets or in their neighbourhoods. This has led to increased crime wave in schools and even in the communities. Recently, there has been the case of a student in Lycee Classique de Bafoussam who pierced the classmate with a knife due to the influence of drugs (The Post News Paper, 2022).

The findings of this study further showed that availability of substances significantly predict substance abuse among adolescent students in urban schools. The negative correlation implies that adolescent students are more likely to engage in substance abuse when exposed to substances. In addition, the descriptive findings show that adolescent students who abuse substances significantly come from neighbourhoods where substances are available while those who do not abuse substances come from neighbourhoods that substances are not available. Therefore, the null hypothesis that states that availability of substances does not predict substance abuse among adolescents in urban schools was rejected.

Conclusion

Availability of substances is a factor that contributed to substances abuse among adolescent students in urban schools in Cameroon. This means that curbing substance abuse requires the involvement of not only school managers, principals, teachers, students, but also parents/guardians and the government. Schools should develop policies, which bring on board these groups in the war against substance menace and guide their working relationships. A coordinated approach that involves all stakeholders would go a long way in strengthening the fight against the vice and in reducing substance abuse.

Furthermore, this study found out that family members and members of communities around schools were the sources of substances. This means that the family and support of local communities and businesses are key to the success of programmes that aimed at controlling substance abuse. School managers and principals should come up with a policy framework that involves parents, local communities and businesses. This will enable schools to involve them in their anti-substance abuse campaigns. The Cameroonian Government should also tighten policies regulating sale of prescription drugs such as emergency pills and tramadol, and mechanisms to enforce them. This will go a long way in controlling unauthorized access to such drugs.

References

- [1] American Psychological Association (APA). APA Rural Initiative: 1999 Year in Review. Washington, DC: APA, 1999. www.apa.org/rural/report99.html[accessed February 11, 202
- [2] Olawole I, O Ogundipe, O Amoo and Adeboye (2018). Substance use among adolescents in sub-Saharan Africa: A systematic review and meta-analysis. *A journal on Child Health* 2018; 12S79-S84:10.7196/SAJCH.2018.v12i2.1524.
- [3] Azofeifa A, Mattson ME, Shauer G, McAfee T, Grant A, Lyerla R, (2016). National estimates of marijuana use and related indicators — National Survey on Drug Use and Health, United States, 2002–2014, *MMWR Surveill. Summ* 65, 1–25. 10.15585/mmwr.ss6511a1
- [4] Babatunde, O. A., Elegbede, O. E., Ayodele, L. M., Atoyebe, O. A., Ibirongbe, D. O. (2012). Cigarette Smoking Practices and Its Determinants among University Students in Southwest, 2(2), 62–69.
- [5] Balogun, S. K. (2006) “Chronic intake of separate and combined alcohol and nicotine on body Maintenance among albino rats” *Journal of Human Ecology*, 19, (1), 21 – 24.
- [6] Bronfenbrenner U (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- [7] Brook JS, Brook DW, Zhang S, & Cohen P (2009). Pathways from adolescent pa Behaviour and Substance Misuse. *Journal of Adolescent Health* (2012). <http://www.jahonline.org/article/S1054139X12001462/fulltext>
- [8] Benen B. G. (2022). CRTV NEWS <<https://www.crtv.cm/crtv-news/>
- [9] Berk, L.E. (2018). *Development through the lifespan* (7th ed.). Boston: MA, Pearson.
- [10] Brown T.G, Seraganian P.J, Tremblay J, Annis H. (2002). Matching substance abuse aftercare treatments to client characteristics. *Addictive Behaviour*. ; 27:585–604.
- [11] Brown, S. A., Tapert, S. F., Granholm, E., Delis, D. C. (2000). Neurocognitive functioning of adolescents: effects of protracted alcohol use. *Alcohol Clin Exp Res*, 24(2), 164–171.
- [12] Burke, T., Lifebuoy Men, Lux Women: Commodification, Consumption, and Cleanliness in Modern Zimbabwe (1996) Duke University Press.
- [13] Caleb. T Carr and Rebecc, A. (2015). Defining, developing and divining. *Atlantic journal of communication*, 2015.10.1080/15456870.2015.
- [14] Cameroon Tribune (2018). Combating a massive destroyer by Ludovic Amara, January 24th.
- [15] Donald, D., Lazarus, S. & Peliwe, L. (2007). *Educational psychology in social context*. (3rd ed.). Oxford University Press.
- [16] Duggan M and Brenner J. (2013). *The demographics of social media users*. Pew Research
- [17] Écoles Au Cameroun: Reportage TV <<http://c3tcameroun.org/english-news-report-by-c3t-partner-tv-shows-how-serious-ti-advertising-and-promotion-is-around-schools/>
- [18] Eggert, L. L., Seyl., C.D., and Nicholas, L.J., (1990). Effects of a school-based prevention program for potential high school dropouts and drug users. *The International Journal of Addictions*, 25 (7), 773 – 801.

- [19] Gacicio E. (2001) *The Drug Menace*. (Paper Presentation). Drug Abuse Preventive Seminar Nairobi. Silver Spring Hotel 14th Nov, 2001 Nairobi.
- [20] Gilpin E, Pierce J. (1994). Measuring smoking cessation: problems with recall in the 1990 California Tobacco Survey. *Cancer Epidemiol Biomarkers Prev*, 3(7):613-61
- [21] Gilpin EA, Pierce JP. (2002). Demographic differences in patterns in the incidence of smoking cessation: United States 1950-1990. *Ann Epidemiol*, 12(3):141-15 Center's Internet & American Life Project.
- [22] Gittman E, Cassata M. (1994). A prevention program for middle-school high risk youth. Paper presented at the Annual Meeting of the Northeastern Educational Research Association. Ellerville.
- [23] Gunther, A. C., and Storey, J. D. (2003). The influence of presumed influence. *Journal of communication*, 532, 199-215
- [24] Haladu, A.A. (2003). Outreach strategies for curbing drug abuse among out-of-school youth in Nigeria: A challenge for community Based Organization (CBOS), in A. Garba (ed). *Youth and drug abuse in Nigeria: Strategies for counseling, management and control*. Matosa Press.
- [25] Hale, Sandra & Napier, Jemina (2013). *Research Methods in Interpreting. A Practical Resource*: Published in Meta 16:1. 485-487.
- [26] Hassan, A., Harris, S.K., Sherritt, L., Van Hook, S., Brooks, T., Carey, P., Kossack, R., Kulig, J., Knight, J. R. (2009). Primary care follow-up plans for adolescents with substance use problems. *Pediatrics*, 124:144-150.
- [27] Henriksen, L., & Roberts, D.F. (in press). Mass media, risk, and adolescents. In M.K. Rosenheim & M.F. Testa (Eds.), *Trends in the well-being of children and youth*. Sage.
- [28] Hinduja, S., & Patchin, J. W (2012). *School climate 2.0: Preventing cyberbullying and sexting one classroom at a time*. CA: Sage Publications.
- [29] Hinduja, S., & Patchin, J. W. (2013). Social influences on cyberbullying behaviors among middle and high school students. *Journal of Youth and Adolescence*, 42, 711-722
- [30] Jernigan, D. (2002). Executive summary. In R. Room, D. Jernigan, B. Carlini Marlatt, O. Gureje, K. Ma'kela, M. Marshall, M. E. Medina-Mora, M. Monteiro, C. Parry, J. Partanen, L. Riley, & S. Saxena (Eds.), *Alcohol in developing societies: A public health approach* (pp. 3-27). Finnish Foundation for Alcohol Studies in collaboration with The World Health Organization.
- [31] Kaguthi, J. (2004). Youth in Peril: Alcohol and Drug Abuse in Uganda 5, 12-20
- [32] Kumpfer, K., Alvarado, R. and Whiteside, H. (2003). Family-based interventions for substance use and misuse prevention. *Substance Use and Misuse*, 38 (11) 1759-1789.
- [33] Lenhart, A. & Madden, M. (2005). Teen content creators and consumers. Washington, DC: Pew Internet & American Life Project. http://www.pewInternet.org/PPF/r/166/report_display.asp
- [34] Lenhart, A., Madden, M. & Hitlin, P. (2005). Teens and technology. Pew Internet & American Life Project. <http://www.pewinternet.org/Reports/2005/Teens-and-Technology.aspx>
- [35] L'industrie du tabac continue de trouver des moyens pour infiltrer les stratégies de contrôle dutabac(2021)<http://c3tcameroun.org/category/publishing><<http://www.facebook.com/sharer.php?u=http://c3tcameroun.org/english-news-report-by-c3t-partner-tv-shows-how-serious-ti-advertising-and-promotion-is-around-schools>.
- [36] Litt, D.M., and Stock, M. L. (2011). Adolescent alcohol-related risk cognition: The roles of social norms and social networking sites. *Psychology of Addictive Behaviours*, 254,708-713 <https://doi.org/101037/a0024226>
- [37] Madden, M., Lenhart, A., Duggan, M., Cortesi, S, Gasser, U. (2013). Teens and Technology 2013. Report. http://www.pewinternet.org/files/oldmedia/Files/Reports/2013/PIP_TeensandTechnology2013.pdf
- [38] Macaskill, A. (2012). The Mental Health of University Students in the United Kingdom. *British Journal of Guidance and Counselling*, 41(4), 426-441.
- [39] Moreno, M. A., Parks, M. R., Zimmerman, F. J., et al. (2009). Display of health risk behaviours on MySpace by adolescents. *Archives of Pediatrics and Adolescent Medicine*, 163, 27-34

- [40] Morojele, N. K., & Ramsoomar, L. (2016). Addressing adolescent alcohol use in South Africa. *SAMJ: South African Medical Journal*, 106(6), 551-553. <https://doi.org/10.7196/samj.2016.v106i6.10944>
- [41] Mundt, M. P. (2011). *The impact of peer social networks on adolescent alcohol use initiation. Academic Pediatric*, 11(5), 414–421.
- [42] NACADA, (2014). *Alcohol, drug, and substance abuse in Kenya. Final national Baseline survey, on substance abuse in Kenya.* Government Printer.
- [43] Odejide, A. O. (2000). “*Research, prevention and treatment of alcohol and drug abuse in Nigeria Problem and Prospects*” (Paper presentation). 10th Anniversary Lecture of CRISA JOS
- [44] Odejide, O. A. (2006). Public health problems caused by harmful use of alcohol”. *African Journal of Drug & Alcohol Studies*.
- [45] Okech D.P. (1997) *Drug abuse and prevention schools.* (Unpublished) UNESCO.
- [46] Okoye, N. N., (2001). The adolescents and hard drugs: A psychological concern in R.U.N, Okonkwo & R. O. Okoye (eds.). *The Nigerian Adolescent in Perspective. A Publication of the Nigerian Society for Education*
- [47] Olawole I, O Ogundipe, O Amoo and Adelaye (2018). Substance use among adolescents in sub-Saharan Africa: A systematic review and meta-analysis. *A journal on Child Health* 2018; 12S79-S84:10.7196/SAJCH.2018.v12i2.1524
- [48] Olugbenga-Bello, A. I., Adebimpe, W. O., Abodunrin, O. L., (2009). Sexual risk behaviour Among in-school adolescents in public secondary schools in a southwestern city in Nigeria, *International Journal of Health Research*, 2, (3), 243 – 251
- [49] Orifa, N. (2005). Drug abuse and methods of prevention in mixed secondary school, Kiambere District, Kenya. Unpublished thesis. Department of Education, Kenyatta University
- [50] Parry CDH (2000). *Alcohol Problems in Developing Countries: Challenges for the New Millinium* *Suchtmed* 2(4) 216-220.
- [51] Parry, C. D. H. & Pithey, A. L. (2006). Risk behaviour and HIV among drug using population in South Africa. *African Journal of Drug and Alcohol Studies*, 5(2), 139-156.
- [52] Press Limited Staff, K., (2012). “Drug use on the rise among Nigerian youths” <http://news2onlinenigeria.com/news/top-stories/144286-drug-use-on-the-rise-amongNigeriayouths.html>
- [53] Preventing Drug Use among Children and Adolescents; A Research-Based Guide for Parents, Educators, and Community Leaders: in Brief. (2nd ed.). (2003). Bethesda, Md.: U.S. Dept. of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.
- [54] Romo, N., Meneses-Flaco’n, C., & Gil-García, E. (2014). Learning to be a girl: Gender, risks and legal drugs amongst Spanish teenagers. In T. Ortiz-Go’mez & M. J. Santesmases (Eds.), *Gendered drugs and medicine. Historical and socio-cultural perspectives* (pp. 217–236). Ashgate.
- [55] Sambo, S. (2008). *Understanding Guidance and Counselling*, Zaria: Ahamadu Bello University. Published by European Centre for Research Training and Development UK (www.ea-journals.org)
- [56] Sharma, M. (2015). Substance abuse in adolescents: Implications for research and practice. *Journal of Alcohol and Drug Education*, 59(1), 3-6.
- [57] Sina K. N. (2022). CRTV Magazine <<https://www.crtv.cm/crtv-news/>>
- [58] Silverman, D. (1993). *Interpreting qualitative data: Methods for analysing talk, text and interaction*: Sage Publications. Rapid assessment of substance abuse in Cameroon. From <http://www.substanceabuseinCameroon.html>.
- [59] Smart, R.G. (1997). Recent studies on validity and reliability of self-reported drug use. *Canadian journal on criminology and corrections*. 17:326-33.
- [60] Smith, L., Yonekura, M.L., Wallace, T., Berman, N., Kuo, J., and Berkowitz, C. (2003). Effects of prenatal methamphetamine exposure on fetal growth and drug withdrawal symptoms in infants born at term. *Journal of Developmental and Behavioral Pediatrics*, 24(1), 17-23.
- [61] Sue, D., Sue, D. & Sue, S. (1994). *Understanding abnormal behaviour*. (4th Ed.). Houghton Mifflin C.ompany.

- [62] Sue, D., Sue, D. W., Sue, S. (2009). *Understanding Abnormal Behaviour* (8th Ed.). Houghton Mifflin Company.
- [63] Sussman and Ames (2008). Drug abuse: concepts, prevention and cessation. Doi//1017/CB09780511500039.
- [64] Strasburger VC, Jordan AB, Donnerstein E. (2010). Health effects of media on children and adolescents. *Pediatrics*; 125(4):756– 767
- [65] Taylor, S. E., (2003). *Health Psychology* (5th Ed.). McGraw Hill.
- [66] Twaibu (2009) Executive Director of Uganda Harm Reduction Network. From <http://www.plusnews.org/Report.aspx?ReportId=7346>
- [67] UNODC, (2005). “World Health Organization Expert Committee on Dependence Producing Drugs. Fourteenth Report Urban Adolescent” *Child Development*, 61, 2032 – 2046.
- [68] Utusan Malaysia (2006). Prinsip Pencegahan Penyalahgunaan Dadah Satu Perspektif.
- [69] Vigh, H., (2012). “Critical States and Cocaine Connections,” in M. Utas, ed., *African Conflicts and Informal Power*. Big Men and Networks Zed Books.
- [70] Wakefield MA, Siahpush M, Scollo M, et al. (2002). The effect of a smoke-free law on monthly restaurant retail turnover in South Australia. *Aust N Z J Public Health*, 26(4):375-382. 2. Bah YM. Drug Abuse among Street Children. <https://www.mathewsopenaccess.com/full-text/drug-abuse-among-street-children>

