Dominic Sagoe

Ghanaian Youth's Drug Use: The Role of Stressful Life Events and Perceived Social Support

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N T N U

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Ghanaian Youth's Drug Use: The Role of Stressful Life Events and Perceived Social Support

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Author

DOMINIC SAGOE

DECLARATION

I, Dominic Sagoe, declare that except for references to other people's work which are duly acknowledged, I single handedly undertook this research work under the supervision of Prof. Birthe Loa Knizek at the Institute of Psychology of the Norwegian University of Science and Technology (NTNU), Trondheim, Norway, during the 2011/2012 academic year. In accordance with NTNU's academic regulations, this work has neither been submitted in whole nor in part for any degree in this university or elsewhere.

Signed: ..... Date:.....

Dominic Sagoe

(Student)

This work has been submitted in partial fulfilment of the requirements for the M.Phil degree at the Institute of Psychology, NTNU with my approval.

Signed: ..... Date:.....

Prof. Birthe Loa Knizek

(Supervisor)

DEDICATION

This thesis is dedicated to the memory of my late mum, Mary Ekua Obo, who recognized the quintessence of education and laboured to plant this seed of education in the early hours yet did not live long to reap the fruit of her labour.

Mum, **Gratias cum adoremus in aeternum**.

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ABSTRACT

Previous research examining the influence of stressful life events and perceived social support on youth's drug use have preponderantly been conducted in Western cultures, and employed quantitative techniques with samples being largely Caucasian. Thus, although much is known about the influence of stressful life events and perceived social support on youth's drug use in Western cultures, much less is known about the influence of stressful life events and perceived social support on the drug use of non-Western youth, particularly African youth. The current study employed a qualitative methodology to explore Ghanaian drug-using youth's perceptions of how stressful life events and social support influence their drug use behaviour. Using personal interviews with the aid of a semi-structured interview guide, data was collected from ten (10) male Ghanaian drug-using youth resident in the community of Amisano in Elmina, Ghana. Results from the analysis using the Interpretative Phenomenological Analysis (IPA) revealed five main themes: Ghanaian drug-using youth's perceptions of drug use, the trajectory of Ghanaian youth's drug use, stressful life events and drug use, perceived social support and drug use, and recommendations for aiding Ghanaian drug-using youth combat drug use. Findings are discussed in the light of relevant theories and related studies. Implications for drug use interventions and health praxis, and future research on drug use are also discussed.

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LIST OF ABBREVIATION

DAST-10: Drug Abuse Screening Test 10

GHS: Ghana Health Service

IPA: Interpretative Phenomenological Analysis

JHS: Junior High School

MoE: Ministry of Education

MoH: Ministry of Health

MoYS: Ministry of Youth and Sports

NTNU: Norwegian University of Science and Technology

NYC: National Youth Council

REK: Regional Committee for Medical and Health Research Ethics (REK), Norway

SHS: Senior High School

UN: United Nations

UNODC: United Nations Office for Drug Control and Crime

WHO: World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Background to the Study

> *"The growing trend in abuse and production of psychotropic substances must be reversed.....we must never give in to the human toll illegal drugs are taking on our societies. There are 21 million victims around the world who abuse cocaine and heroin, and 30 million who abuse amphetamine type stimulants. We cannot ease their suffering, or that of their loved ones, unless we fight this"* (Annan[1], 1998).

Drug use[2] is a global health and social problem which often creates difficulties for individuals who are using these drugs, their parents and families, schools, peers, and society as a whole (Bezinovic & Malatestinic, 2009; Choi, 2007; Haller, Handley, Chassin, & Bountress, 2010; Orford *et al.*, 2010; Velleman *et al.*, 2011). The use of psychoactive substances among youth has become a subject of public concern worldwide, partly because of its potential to contribute to both unintentional and intentional injury (Afandi, Chandra, & Kurniawan, 2009). Increasingly implicated in drug use risk are stressful life events (Schulenberg & Maggs, 2001), and perceived social support (Park, Kim, & Kim, 2009).

Associations between stressful life events and drug use have been established among youth in Western countries such as Norway (Nordfjærn, Hole, & Rundmo, 2010), Australia (Rose & Bond, 2008), the United States (Baldwin, Brown, Wayment, Nez, & Brelsford, 2011; Taylor, 2006) among others. Additionally, studies suggest that the experience of strained social relationships and a heightened sense of powerlessness or helplessness may

[1] United Nations Secretary-General Kofi Annan of Ghana, speaking at the opening of the United Nations General Assembly's 1998 Special Session on the World's Drug Problem.

[2] "Drug use" is used in this study to denote the use and misuse of drugs.

induce youth to rely more heavily on drug use as a means of emotional self-regulation which requires little effort and ability, promises instant effects, and provides a sense of control (Labouvie, 1986). Thus, stressful life events and perceived social support have been implicated in youth drug use in previous studies mainly conducted in Western countries.

Diurnal reports in Ghanaian newspapers and news websites give credence to the fact that drug use among Ghanaian youth is endemic. The increasing involvement of Ghanaian youth in drug use (Osei, 2010) is the "biggest national tragedy" (Sagoe[3], 2011) and a major threat to Ghana's development, family stability, and social security. If this problem continues to be neglected, today's drug use risks among Ghanaian youth may become tomorrow's drug use problems among adults.

A review of contemporary drug use literature reveals several gaps that the current study seeks to address. First, although insight into the aetiology of drug use has increased substantially, culturally sensitive research is lacking. Indeed, as indicated previously, much is known about the influence of stressful life events and perceived social support on youth's drug use in Western cultures (e.g. Baldwin, Brown, Wayment, Nez, & Brelsford, 2011; Rose & Bond, 2008, Taylor, 2006). In contrast, little is known about the influence of stressful life events and perceived social support on the drug use of a socially and economically disadvantaged population like the Ghanaian drug-using youth, who often elude population-based studies (Farrow, Deisher, Brown, Kulig, & Kipke, 1992).

Yet, accounting for these cultural factors in developmental models of problem behaviour would facilitate accurate interpretation and application of study findings to clinical practice (Lim, 2011). Moreover, the preponderance of previous studies in Ghana (Affinnih, 2005; Affinnih, 1999; Ghana Global School-based Student Health Survey, 2008; Nortey &

[3] Dr Kojo Sagoe is a Clinical Psychologist and Head of the Drugs and Alcohol Rehabilitation Centre of the Ankaful Psychiatric Hospital in Cape Coast, Ghana.

Senah, 1990) has examined the prevalence and correlates of drug use among Ghanaian youth. Indeed, to the researcher's knowledge, no study has examined the perceptions of Ghanaian drug-using youth regarding the influence of stressful life events and perceived social support on their drug use. Thus, the present study extends the literature on drug use by exploring Ghanaian drug-using youth's perceptions of the influence of stressful life events and perceived social support on their drug use behaviour.

1.2 Aims and Objectives

The main aims and objectives of this study were:

1. To investigate Ghanaian drug-using youth's perceptions of the influence of stressful life events on their drug use behaviour.
2. To examine Ghanaian drug-using youth's perceptions of the influence of family, peer, and significant others' support, on their drug use behaviour.

1.3 Research Questions

Proceeding from these aims and objectives, the following research questions were outlined.

1. Do Ghanaian drug-using youth perceive stressful life events as influencing their drug use? What are these stressful life events Ghanaian drug-using youth experience and perceive as influencing their drug use?
2. Do Ghanaian drug-using youth perceive family, peer, and significant others' support as influencing their drug use?

1.4 Relevance of the Study

Behavioural scientists continue to grapple with the causes of youth's drug use (Booker et al., 2007). Moreover, culturally sensitive research is lacking in the drug use literature. Yet, as noted previously, accounting for cultural factors in developmental models

of problem behaviour would facilitate accurate interpretation and application of study findings to clinical practice (Lim, 2011). Efforts to prevent or reduce drug use among (Ghanaian) youth require an understanding of the peculiar factors that influence drug use (Foster, Brennan, Biglan, Wang, & al-Ghaith, 2002). This study, by examining Ghanaian drug-using youth's perceptions of the influence of stressful life events, and perceived social support on their drug use behaviour might therefore contribute to the understanding of the factors associated with Ghanaian youth's drug use.

Additionally, parents, practitioners, and policymakers are recognizing the importance of young people's psychosocial health (Knopf, Park, & Mulye, 2008). A major reason for this trend of affairs is the realization that youth's psychosocial health problems, such as drug use, pose a significant financial and social burden on families and society in terms of distress, cost of treatment, and disability (Busch & Barry, 2007; Merikangas, Ames, Lihong, Stang, & Ustun, 2007). Studying the influence of stressful life events and perceived social support on the drug use of Ghanaian youth will hopefully produce findings that, when factored into preventive and therapeutic interventions, might help decrease drug use among Ghanaian youth, and ameliorate their psychosocial health in the long run. Moreover, findings from this study might assist in the planning of health services for Ghanaian youth engaged in drug use in particular, and the general population at large. Additionally, through the focus on protective factors, the findings might also contribute to goal direct preventive efforts.

1.5 Operational Definitions

Youth: An individual aged between 15 and 35 years (African Youth Charter, 2006).

Drug: Alcohol, cigarettes, and other illicit substances such as marijuana, cocaine, pethidine, glue, ecstasy, valium, madrax, amphetamines, and heroin.

Drug use: The use of (cigarettes, alcohol and) any substance under international control for any purposes other than medical and scientific, including use without prescription, in excessive dose levels, or over an unjustified period of time (United Nations Office for Drug Control and Crime, 2000).

Stressful life events: Occurrences likely to bring about readjustment-requiring changes in people's usual activities (Holmes & Rahe, 1967).

Perceived family support: The perception of support adequacy from family.

Perceived friends' support: The perception of support adequacy from friends.

Perceived significant others' support: The perception of support adequacy from significant others.

CHAPTER 2

LITERATURE REVIEW

2.1 Theoretical Framework

For several years, researchers have sought to understand youth's drug use. In this direction, several researchers have sought to account for how youth are exposed to drugs and initiated into drug use. Others have examined the influence of stressful life events and perceived social support on youth's drug use. Numerous theories have been propounded in this regard. These theories span from spiritual through medical/biological to psychological. Though no single theory or perspective is in itself full proof, the various theories and perspectives altogether provide important insights. Several of these theories on how youth are exposed to drugs and initiated into drug use, the developmental stages in the process of youth's drug use, and the influence of stressful life events and perceived social support on youth's drug use are discussed below.

2.1.1 Exposure to Drugs and Initiation into Drug Use

Several theories have been propounded to elucidate how youth get exposed to and are initiated into drug use. These include social learning theory propounded by Bandura (1986), perceived effects theory (Smith, 1980), peer cluster theory (Oetting & Beauvais, 1986), and availability-proneness theory (Smart, 1980)[4]. These theories are highlighted below.

2.1.1.1 Social Learning Theory (Bandura, 1986)

Albert Bandura in rejecting the behaviourist hypothesis developed social learning theory which establishes personality as an interaction between environment, behaviours, and

[4] I did an extensive review of recent literature on drug use and I found no recent relevant theories to use for this study apart from these classic theories propounded in the 1980's.

an individual's psychological processes. Also called observational learning, social learning theory emphasizes the importance of observing and modelling the behaviours, attitudes and emotional reaction of others. The modelling process is made up of the processes of attention, retention, reproduction and motivation. According to social learning theory, once a youth establishes a positive relationship with a role model, he or she tends to mimic the behaviours of the role model (Bandura, 1986). Thus, social learning theory posits that drug use is social learning, absorbed inchoately and unconsciously as part of the living experience (Zinberg, 1974). In this direction, a supportive relationship with parents and significant others who use drugs increases the likelihood of youth's experimentation with and use of these drugs.

Although Bandura's social learning theory provides a sound and popular explanation for youth's exposure to drugs and initiation of drug use, it has a few limitations. First, social learning theory is reductionist because it does not account for how cognitive skills such as reasoning, memory, and self-monitoring are modified through maturation and experience and, more importantly, how they influence youth's social behaviour such as their drug use. Additionally, social learning theory ignores other factors, such as genetic, which could influence youth's drug use. Moreover, Bandura's conception of modeling concentrated on affectional relationships and mechanisms of internalization. However, in his belief in the primacy of modeling, Bandura has been less concerned with reinforcement and punishment, which are central concepts of learning theory (Grusec, 1992).

2.1.1.2 Availability-Proneness Theory (Smart, 1980)

Availability-proneness theory developed by Smart (1980) is also connected to social learning theory. Most simply stated, the availability-proneness theory proposes that drug use occurs when a prone individual is exposed to a high level of availability of drugs (Smart, 1980). According to availability-proneness theory, youth will start using drugs because they

meet it in their everyday lives, for example, when their friends, associates, older siblings, or parents use these drugs. In order to begin drug use, proneness is also necessary. Proneness may consist only of an attitude of curiosity or a desire to experiment. Proneness may also be related to unusual stress, anxiety, or boredom (Robins *et al.,* 1974).

Smart (1980) argues that the availability of or ease of access to all drugs varies enormously, as does proneness to use of these drugs for social or psychological reasons. The tendency to use drugs varies directly with both availability and proneness, and the two sum up to create an "addiction tendency". Thus, both availability and proneness need not be high for all drug users. Where availability is excessively high, the level of proneness required among users could be lower than in situations of low availability. Where an individual's psychological or social proneness is very high, he or she may become a drug user in situations in which availability is low (Smart, 1976).

Although availability-proneness theory provides a good explanation for youth's exposure to drugs and drug use initiation, it has some limitations. First, the major concepts of "availability" and "proneness" espoused in the theory are not very specific and connote a variety of possible meanings. Additionally, there is empirical evidence of several situations in which availability is high but drug use is low. For instance not all opium or marijuana farmers use these drugs and it is difficult to believe that proneness is zero for these 'drug farmers' who do not try their own supply. Thus, other explanatory variables are required. Furthermore, the concept of "availability" is problematic because actual availability is almost never known for individual drugs.

2.1.1.3 Perceived Effects Theory (Smith, 1980)

Similar to social learning theory, perceived effects theory propounded by Smith (1980) posits that initiation into drug use depends, in part, on behaviour and attitudes

regarding drug use of role models and significant others. Perceived effects theory suggests that attitudes and behaviour regarding drug use on the part of friends, older siblings, parents, and salient members of reference groups influence the probability of initiation into drug use. If drug use is practiced by (or is acceptable to) such significant others, initiation into the use of these drugs is more likely.

Perceived effects theory is limited as a theoretical explanation of youth's exposure to drugs and initiation of drug use because like social learning theory, perceived effects theory is reductionist in discounting how cognitive skills such as reasoning, memory, and self-monitoring are modified through maturation and experience and, more importantly, how they influence youth's drug use. Additionally, perceived effects theory ignores genetic factors which could influence youth's drug use.

2.1.1.4 Peer Cluster Theory (Oetting & Beauvais, 1986)

Peer influence has been implicated in several theories, such as subculture theory (Cohen, 1955; Johnson, 1973), social learning theory (Bandura, 1986), the sociological perspectives of differential association (Sutherland & Cressey, 1970), and the psychological perspectives of operant conditioning (Skinner, 1959). These theories suggest that when youth associate with peers who share social definitions favourable to the performance of certain activities (including those that are contraindicated by societal norms), they are likely to engage in those activities, including the use of drugs that are disapproved by adult socializing agencies. Social definitions favourable to the use of drugs persist as part of ongoing peer subculture(s) which may endorse, if not require, use of drugs. Such subcultures serve as positive reference groups for a subset of the population (Kaplan, Martin, & Robbins, 1984).

Moved to maintain or gain social approval from those who share the subcultures, youth will adopt the standards of the subcultures and judge their own behavior according to

the degree to which it approximates these standards. Insofar as the subcultures endorse or require use of drugs, the peer culture as a positive reference group represents a motivational influence toward the adoption of such behaviours. While it is not always explicitly stated, such formulations often suggest that the peer subculture which endorses drug use also facilitates the behavior by making the drugs available and by providing an appropriate social setting and instruction for their use (Kaplan, Martin, & Robbins, 1984). Thus, according to peer cluster theory, as much as half of the variance in drug use is predicted by peer group association (Oetting & Beauvais, 1986). Indeed Kandel *et al.* (1978) suggests that pressure from a best friend has the strongest effect on drug use.

Peer cluster theory is a valid and potent theory of youth's exposure to drugs and initiation of drug use. The significance of peer cluster theory can be seen in the area of treatment of drug-using youth. Peer cluster theory suggests that treatment of drug-using youth is likely to be deficient unless such treatment also involves changes in the youth's peer cluster. This is because if the peer cluster is not changed or if the youth's relation to that cluster is not changed, the peer cluster will continue to encourage and maintain drug use. It is also plausible for an inventive therapist who has the ability to reach young people to treat the peer cluster instead of the individual youth. Proponents of this theory also suggest that peer counselors are much more aware of the beliefs, attitudes, and behaviors that occur in peer clusters in their environment and, thus, may have a better chance of tuning into and modifying the factors leading to drug use (Oetting & Beauvais, 1986).

2.1.1.5 Social Norms Theory (Perkins & Berkowitz, 1986)

Social norms theory posits that youth's drug use is influenced by their perception of their friends'/peers' and other members of their social group's drug use. According to social norms theory, youth tend to misperceive, i.e., exaggerate, the negative health behavior of

their peers. If youth think harmful behavior is typical, they are more likely to engage in that type of behaviour (Borsari & Carey, 2003). Albarracín, Johnson, and Zanna (2005) identified two types of norms that influence youth's drug use. These are descriptive and injunctive norms. Descriptive norms refer to the perception of other's quantity and frequency of drug use (the norms of "is"), and are based largely on observations of how people use drugs in certain situations. Injunctive norms, on the other hand, refer to the perceived approval of drug use (the norms of "ought"), and represent perceived moral rules of the peer group (Borsari & Carey, 2003). According to Cialdini, Kallgren, and Reno (1990), injunctive norms assist youth in determining what acceptable and unacceptable social behavior is.

Miller and Prentice (1996) posit that norms are built by assessing information from three primary sources: observable behaviours, direct and indirect communications, and knowledge of the self. The first source of normative information, observable behavior, is often the most available source of information about others. The second source of normative information, direct communication refers to what words actually mean to people, while indirect communication refers to what words imply to people. Moreover, personal attitudes and behaviours also influence the perception of norms. It is however important to note that observable behavior is prone to the fundamental attribution error, also called the correspondence bias, which describes the tendency for observers to attribute other people's behavior to internal or dispositional factors and to downplay situational causes (Gilbert & Malone, 1995).

The second source of normative information, direct and indirect communication, also has a limitation because information is susceptible to intentional or unintentional distortion. Moreover personal attitudes and behaviours also have a shortcoming referred to as the false consensus effect. False consensus refers to an egocentric bias that occurs when people estimate consensus for their own behaviours. Specifically, the false consensus hypothesis

holds that people who engage in a given behavior will estimate that behavior to be more common than it is estimated to be by people who engage in alternative behaviours (Mullen *et al.*, 1985).

These different sources of information are combined in an additive fashion (Miller & Prentice, 1996), sometimes leading to inaccurate estimates of others' behaviours and attitudes. Therefore, the information that one can utilize when evaluating others' behaviours and attitudes can be biased in a variety of ways (Borsari & Carey, 2003). Due to the fact that youth tend to view their peers as being more tolerant of drug use than themselves, vulnerable youth may be unaware of the deleterious effects of drug use. Indeed, being surrounded by peers perceived to approve of drug use has been found to directly influence youth's drug use even above other social background factors such as age, year in school, and number of close friends (Perkins, 2002).

Thus, if youth perceive others' drug use to be higher than their own, reductions in drug use is unlikely because youth perceive their personal drug use as less risky than the social norm. Conversely, if youth perceive their personal drug use to be higher than the norm, then re-evaluation of personal drug use habits is likely. Social norms theory thus provides a succinct and compelling explanation for how youth's perceptions or misperceptions of the drug use behaviour of their friends or peers and other members of their social groups influence their drug use.

2.1.2 Developmental Stages in the Process of Youth's Drug Use

Several theories have been propounded to highlight the developmental stages in the process of youth's drug use. These include gateway drug theory (Kandel, 1975), Dijk's

(1971) stages in the process of drug addiction, and problem behavior theory (Jessor & Jessor, 1997; Jessor, Jessor, & Finney, 1973)[5]. These theories are highlighted below.

2.1.2.1 Gateway Drug Theory (Kandel, 1975)

The gateway drug theory also referred to as gateway theory, gateway hypothesis and gateway effect suggests that the use of less deleterious drugs may lead to a future risk of using more dangerous hard drugs (Pudney, 2002). The gateway effect is often attributed to the use of several drugs including tobacco, alcohol, and cannabis (Choo, Roh, and Robinson 2008; Golub & Johnson, 2001). Kandel (1975) in developing gateway theory observed a systematic sequence in the use of psychoactive substances which runs from alcohol and cigarettes, then to cannabis, and finally to "hard" drugs such as cocaine, heroin and LSD. Kandel (1975) therefore suggests that cigarettes are a "gateway" to cannabis, which in turn is a "gateway" to hard drugs. It is important to state that not all cigarette smokers go on to use cannabis and *vice versa*. However, cigarette smokers have been found to be more likely to use cannabis subsequently than non-smokers. A similar concurrence applies to cannabis and hard drugs; cannabis users are more likely to use hard drugs eventually than non-users of cannabis, but not all hard drug consumers used cannabis first (Beenstock & Rahav, 2002).

The scientific literature on gateway drug theory can be divided into two main schools of thought. The first school of thought espoused by researchers such as O'Donnell and Clayton (1982) regards the gateway effect to be causal or generative. According to this school of thought, cigarette smoking induces marijuana use, while marijuana use induces hard drug consumption. The contending school of thought advocated by researchers such as Baumrind (1983) on the other hand posit the gateway effect to be merely predictive or even

[5] Again, my extensive review of literature on drug use produced no recent relevant theories on the developmental stages of drug use apart from these classic theories.

descriptive. This school of thought suggests that systematically sequencing cigarette use may help predict marijuana use, and marijuana use may help predict hard drug consumption.

It is however important to state there has been longstanding debate about gateway drug theory revolving around the identification problem: Does the fact that licit drug users are more likely to go on to use illicit drugs result from unobserved heterogeneity, i.e. people with a greater susceptibility to use licit drugs also have a greater susceptibility to use illicit drugs, or does it result from a treatment effect, i.e. exposure to use licit drugs (the treatment) induces illicit drug use (the outcome) (Beenstock & Rahav, 2002)? The vast number of empirical papers on gateway drug theory has not resolved this identification problem. Moreover, gateway drug theory has been contradicted by several studies. Mackesy-Amiti, Fendrich, and Goldstein (1997) found that only 33% of drug users followed the gateway theory sequence in their study of New York City heavy drug users. Additionally, Golub and Johnson (1994) found that a majority of drug users examined from the general population were experimental users, and thus relatively few individuals proceeded to regular use of hard drugs.

2.1.2.2 Dijk's (1971) Stages in the Process of Drug Dependence/Addiction

According to Dijk (1971), drug dependence as a behavioural syndrome is characterized by the fact that the person concerned cannot live without the drug he or she is dependent on. Dijk (1971) explains different forms and grades of dependence/addiction which depend, amongst other things, on the type of drug in use. In the case of alcohol, the alcoholic is able to abstain for days or weeks or even months. However, in the case of heroin, the heroin-dependent's ability to stop taking the drug is restricted to only a few hours only. It is important to note that in both cases, there arises spontaneously after a shorter or longer interval, a state of inequilibrium in which the addict feels an uncontrollable craving for the drug.

Dijk (1971) further suggests that apart from the type of drug used, these differences in drug dependence are influenced by the personality structure, social factors, and probably also by the duration of the state of dependence. It is also important to note that in some cases dependence is consistent with a more or less normal way of life while the same cannot be said of some cases. The clinical term "addiction" may be used to refer to the latter case. This definition of dependence and addiction does not include nor exclude physiological mechanisms. The terms "dependence" and "addiction" are used in a descriptive sense to characterize behavior or ways of living. Dijk (1971) developed a model for the natural history of the use of a drug leading to dependence. This is reproduced in Figure 1 next.

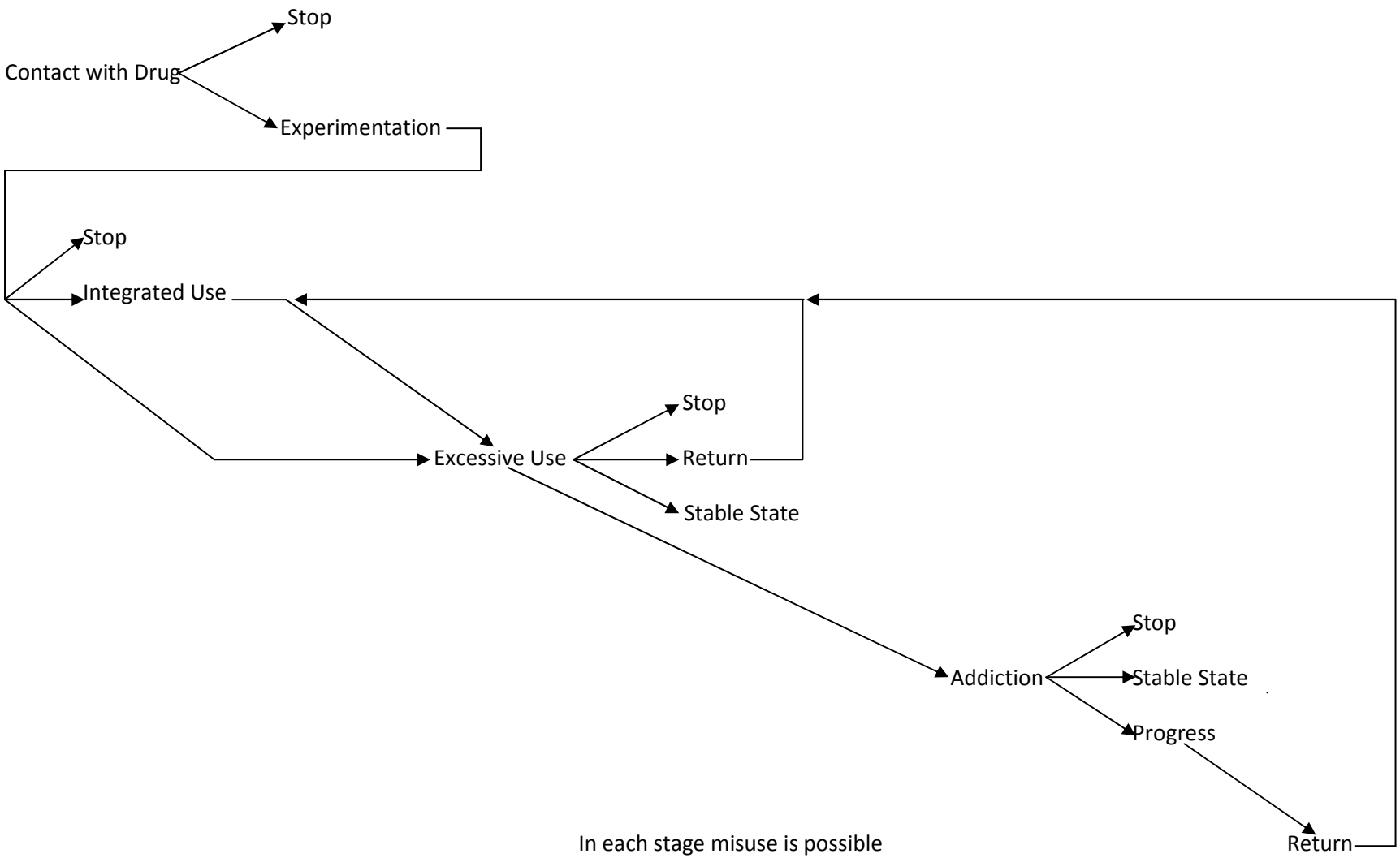


Figure 1: Stages in the Process of Drug Use (Dijk, 1971)

According to Dijk (1971), the first stage in the process of drug dependence/addiction is the contact with the drug, which may take place in either a medical or nonmedical setting. After several contacts, the process may come to an end or develop into another stage which is the stage of experimentation. The experimentation stage may take different forms in terms of strength and extent of duration depending on a variety of factors. With time, the stage of experimentation may fizzle out or develop into either another stage of socially tolerated use, which may be referred to as an integrated mode of use, or it may develop into the stage of excessive use.

The excessive use stage, characterized by the threat of an impairment of social, psychological, or physical functioning, is often accompanied by several hazards and damages which may be of a biopsychosocial nature. It is important that a distinction is made between the excessive use stage, and incidental or periodical excessive use. It is more or less a continuous state. In some cases, some people are able to stop their excessive use or revert to the stage of integrated use. However, the excessive use stage may develop into the syndrome of drug addiction, which is a more or less terminal state.

Addiction has broadly been defined by Angres & Bettinardi-Angres (2008) as the continued use of a mood altering addictive substance or behaviours despite adverse consequences. Feltenstein (2008) on the other hand defines drug addiction as a chronic relapsing disorder characterized by persistent drug-seeking and drug-taking behaviours. Drug addiction can be said to be the extreme form of dependence. According to Dijk (1971), addiction has three main features.

First, it is has deleterious effects on the individual. Second, addiction is relatively autonomous. This implies that once the progression has been made from the state of excessive use to addiction, a relatively stable state is attained which is more or less autonomous of the primary causal agents and conditions. In relation to the treatment of drug

addiction, relative autonomy implies that in the preponderance of cases, simply assuaging the initiating factors will be deficient. It is important that effective therapeutic measures be taken to treat the addiction as a syndrome.

Finally, the addiction syndrome is self-perpetuating with spontaneous recovery being rare and outstanding. Indeed, if no help is received, there is a tendency for further worsening of the drug-addiction syndrome. Furthermore, Dijk (1971) suggests that depending on the kind of drug involved, the personality of the user, and the user's social context, there could be differences in the course of the process of drug dependence among different individuals, the successive stages, and the final state. In the course of the development of drug dependence, several changes take place in the features of the various stages of drug use. These have been illustrated in figure 2 below.

Earlier Phases (Contact, Experimentation)		**Latter Phases** (Excessive use, Addiction)
More freedom	→	Lack of freedom
Less risks and damage	→	More damage
Abuse possible	→	Abuse present
No illness	→	State of illness
Operating factors linear	→	Vicious circles

Figure 2: Some Shifts in Characteristics of Stages of Drug Use (Dijk, 1971)

2.1.2.3 Problem Behavior Theory (Jessor & Jessor, 1997; Jessor *et al.*, 1973)

According to problem behavior theory, youth's progression from one drug to the next can be explained not only by the nature or kind of the first drug used, but also factors in the ephemeral system of which the youth is part. Thus, factors unique to some youth such as their key reference groups (e.g., peers and families), community-specific factors (e.g., levels of poverty and social disorganization in a neighborhood), organizational factors (e.g., schools, religion), and so forth interact to increase the risks of antisocial behavior including drug use and abuse (Choo, Roh, & Robinson, 2008). Similar to integrated systems theory (Robinson, 2004), the main assertion of problem behavior theory is that numerous factors at various levels of analysis - from cell to society - impact the likelihood of antisocial behaviour such as drug use (Robinson, 2004).

Problem behaviour theory builds on gateway drug theory (Kandel, 1975) and thus provides an all-encompassing explanation for youth's progression from the use of less deleterious drug to the use of more harmful drugs. Most significantly, in support of problem behaviour theory, studies consistently show that variations in individual level factors (e.g., genetic makeup, personality traits) and environmental factors (e.g., drug availability, peer influences) help explain why young people initiate drug use and move on to additional forms of drug use later in life (Robinson, 2004).

2.1.3 Stressful Life Events and Youth's Drug Use

According to Rice (1999), stress has been used to describe different constructs; external stressors or actual environmental experiences, demand from the environment as perceived by the individual or subjective evaluations of the stressfulness of a situation, and a physiological or biological response to threatening situations. Lazarus and Folkman (1984), two psychologists who have been important in developing a psychological theory of stress,

posit that stress is defined neither by an environmental demand nor a person's physiologic response to it. Rather, stress is defined by the person's perception of the environmental event (Lazarus & Folkman, 1984). This conceptualization permits separate consideration of (1) events that cause stress (stressors or stressful life events); (2) cognitive and affective processes evaluating the event and available coping resources (appraisal); (3) biological responses and adaptation needed to cope with the stressor; and (4) behavioural and cognitive response to the stressful event (coping) (Sinha, 2001).

The construct of stressors is fundamental to the field of developmental psychopathology which includes drug use (Grant *et al.*, 2006). At the theoretical level, most prevailing models of drug use such as the stress-coping model (Wills & Hirky, 1996; Wills & Shiffman, 1985), the stress response dampening model (Sher & Levenson, 1982), and chronobiological control theory (Hochhauser, 1978)[6] postulate that stressful life events play an important role in the motivation to use drugs. These theories are highlighted below.

2.1.3.1 Stress-Coping Model (Wills & Hirky, 1996; Wills & Shiffman, 1985)

The stress-coping model posits that the use of drugs serves to both reduce negative affect and increase positive affect, thereby reinforcing drug taking as an effective, albeit maladaptive, coping strategy (Shiffman 1982; Wills & Shiffman, 1985). The model also makes a distinction between stress coping skills and temptation coping skills. Stress coping skills are delineated as responses intended to deal with general life stress while temptation coping skills are defined as coping responses specific to situations in which there are temptations for drug use. Thus, the stress-coping model proposes that stress coping and temptation coping skills each make an independent contribution to the likelihood of drug use. From the perspective of the stress-coping model, drug use is viewed as a coping response to

[6] Once again, I did an extensive review of recent literature on drug use and I found no recent relevant theories to use for this study apart from these classic theories propounded in the 1970's and 1980's.

life stress that functions to reduce negative affect and/or increase positive affect (Wagner, Myers, & McIninch, 1999). Thus, the stress-coping model is very compelling and, indeed, one of the most popular cognitive-behavioural theories of the addictive process (Wills & Hirky, 1996).

2.1.3.2 Stress Response Dampening Model (Sher & Levenson, 1982)

Similar to the stress-coping model (Wills & Hirky, 1996; Wills & Shiffman, 1985), the stress response dampening model (Sher & Levenson, 1982) suggests that people use drugs to enhance mood and alleviate emotional distress. The stress response dampening model is built upon the tension reduction hypothesis (Conger, 1951, 1956) which states that drug use serves to reduce tension or anxiety. Drug use is thus reinforced by the tension reduction effects obtained. According to the stress response dampening model, the motivation to enhance mood is great in acute and chronic stress states. Initially a drug may be used to modulate tension or distress. Subsequently, with repeated success, it may become a more ubiquitous response for both stress relief and mood enhancement.

The stress response dampening model (Sher & Levenson, 1982) suggests that both negative reinforcement/relief from stress or positive reinforcement/mood enhancement can increase the vulnerability to drug use. Based on their findings, Koob and Le Moal (1997) postulate that stress leads to state-related changes in brain reward circuits resulting in a greater sensitivity to the reinforcing properties of drugs, and thereby increasing the motivation to use drugs compulsively. Thus, stress may act to "prime" brain reward systems, thereby enhancing the reinforcing efficacy of drugs, particularly in those vulnerable to drug use (Piazza & Le Moal, 1998). The stress response dampening model therefore provides a significant explanation for the transition from experimental drug use to chronic or regular drug use. Although the stress response dampening model was initially postulated to account

for alcohol use and addiction (Sher & Levenson, 1982), it has emerged as a potent theory that elucidates people's use and addiction to other drugs such as marijuana and cocaine.

2.1.3.3 Chronobiological Control Theory (Hochhauser, 1978)

Chronobiology is a field of biology that examines periodic or cyclic phenomena in living organisms and their adaptation to solar- and lunar-related rhythms (DeCoursey, Dunlap, & Loros, 2003). According to Hochhauser (1978), if drug use is viewed as a form of self-medication, it is then conceivable that some drug use represents an attempt on the part of the user to induce artificially certain rhythmic patterns where none have been before, or perhaps to re-establish such patterns when they have been lost. According to chronobiological control theory, an individual who perceives himself or herself in a helpless situation, in terms of either behavioural or internal events, may resort to drug use in an effort to achieve some degree of perceived control over these experiences.

In support of this theory, Orr (1976) posits that amphetamine use may represent an attempt by the drug user to get back to a regulated sleep-wakefulness schedule. Additionally, Gorsuch and Butler (1976) advocate that drug use may occur to respond to a state of physical pain, to deal with mental anguish, and to provide relief from boredom. Although not very popular among behavioural scientists, chronobiological control theory provides a very compelling elucidation of the influence of stressful life events in youth's drug use.

2.1.4 Perceived Social Support and Youth's Drug Use

According to Schwarzer and Knoll (2007), social support refers to the function and quality of social relationships, such as perceived availability of help, or support actually received. It may come from a spouse or companion, relatives, friends, co-workers, and community members. Social support is one of the most effective means by which people can

cope with and adjust to difficult and stressful events, thereby buffering themselves from the adverse physical and psychosocial health effects of stress (Cohen & Wills, 1985; Seeman, 1996). Perceived social support refers to the function of social relationships – the perception that social relationships will provide the resources such as emotional support or information (Cohen, 1992). Zimet, Dahlem, Zimet, and Farley (1988) identified three main sources of social support: social support from family, friends, and significant others.

For several years, there has been considerable interest in the role of perceived social support in youth's drug use. Several theories have been propounded to explain the role of perceived social support in youth's drug use. These theories include self-derogation theory (Kaplan, 1975), perceived effects theory (Smith, 1977), social development model (Catalano & Hawkins, 1996), and the theory of normative beliefs (Hansen, 1993)[7]. These theories are elucidated below.

2.1.4.1 Self-Derogation Theory (Kaplan, 1975)

From the perspective of self-derogation theory (Kaplan, 1975), sustaining self-devaluation in the course of membership group experiences results in (1) the loss of motivation to conform to and the acquisition of motivation to deviate from the normative structure, and (2) the disposition to seek deviant patterns through which an individual can achieve self-accepting attitudes. These outcomes anticipate the adoption of drug use and other deviant responses (Kaplan, Martin, & Robbins, 1984). Thus, according to self-derogation theory, drug use patterns are among alternative deviant patterns adopted in response to intense self-rejecting attitudes resulting from a history of being unable to forestall or assuage the self-devaluing implications of experiences in normative membership groups (family, school, peers, etc.).

[7] Again, I did an extensive review of recent literature on drug use and I found no recent relevant theories to use for this study apart from these classic theories propounded in the 1980's.

In sum, by virtue of (actual) association between past membership group experiences and the development of intensely distressful negative self-attitudes, youth lose motivation to conform to societal norms and become motivated to deviate from membership group patterns and thus engage in 'deviant' behaviours such as drug use. Although self derogation theory is popular in drug use research and has received extensive support (see Kaplan & Johnson, 1992; Kaplan, *et al*., 1986; Mason, 2001; Taylor, Lloyd, & Warheit, 2005), the theory is blind. This is because self derogation theory only applies to populations in which drug use is considered as deviant behaviour. It does not apply to populations in which drug use is uniformly approved and is thus not considered as deviant behaviour.

2.1.4.2 Social Development Model (Catalano & Hawkins, 1996)

The social development model (Catalano & Hawkins, 1996) is a general theory of human behaviour that hypothesizes similar developmental processes leading to either prosocial or antisocial outcomes. The model takes a developmental life course perspective (Elliott, 1994), specifying sub models for four periods in childhood and adolescence. The social development model suggests that successful bonding to the family, school, community and peers will provide young people with the best prospect of becoming strong and healthy adults. In contrast, poor bonding in these areas is more likely to lead to deviant behaviour and drug use.

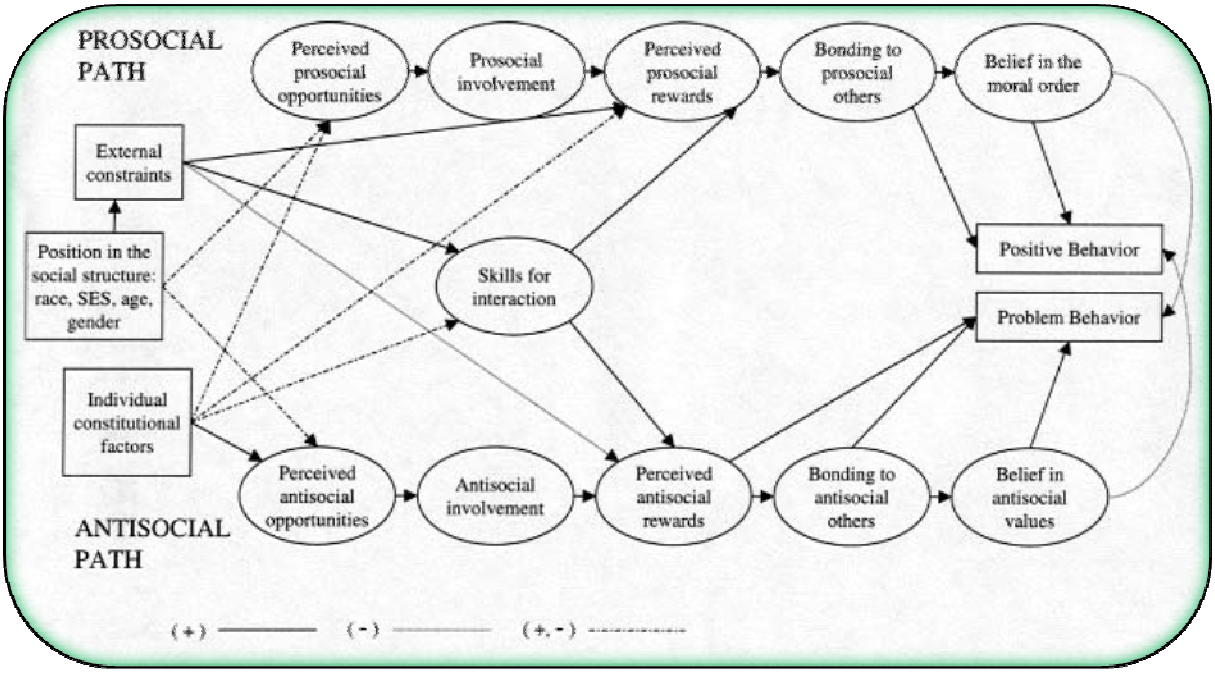


Figure 3: The Social Development Model (Catalano & Hawkins, 1996)

According to the social development model, children must learn patterns of behaviour, whether prosocial or antisocial. Children learn these patterns of behaviour from socializing units of family and school, with peers playing an increasing role. The socialization follows the same processes of social learning whether it produces prosocial or problem behaviour. Children are socialized through processes involving four constructs: (1) perceived opportunities for involvement in activities and interactions with others; (2) the degree of involvement and interaction; (3) the skills to participate in this involvement and interaction; and (4) the reinforcement they perceive from this involvement and interaction. When socializing processes are consistent, a social bond of attachment and commitment develops between the individual and the socializing unit. Once strongly established, this social bond mediates the effects of the four social learning processes. The social bond inhibits behaviours inconsistent with the beliefs held and behaviours practised by the socialization unit through establishment of an individual's stake in conforming to the norms, values and behaviours of the socializing unit.

Thus, with reference to the social development model, the behaviour of an individual will be prosocial or antisocial depending on the predominant behaviours, norms and values held by those individuals or institutions to which the individual is bonded. While departing from traditional control theory which asserts that bonding always inhibits deviance, the social development model builds on evidence that bonds with drug-involved family exist and are associated with increased levels of deviance (Foshee & Bauman, 1992; Fleming *et al.*, 1997). Thus, the social development model suggests that bonds are expected to inhibit problem behaviours only if those to whom a youth is bonded hold norms clearly opposed to the problem behaviours and model behaviour consistent with these norms.

Youth who develop bonds to drug-using, violent, or criminally involved families are expected to be encouraged – through opportunities presented, involvement, skills learned and reinforcement provided – to engage in problem behaviour. Thus, two paths are proposed with similar socialization processes operating on each: a prosocial path and an antisocial path. Youth are proposed to be influenced by both types of forces, and a youth's behaviour depends on the predominance of influences. Although the social development model provides a valid and potent theoretical account of youth's drug use, it is limited because like social learning theory and perceived effects theory, it is reductionist in discounting how cognitive skills such as reasoning, memory, and self-monitoring are modified through maturation and experience and, more importantly, how they influence youth's drug use. Additionally, the social development model ignores genetic factors which could influence youth's drug use.

2.1.4.3 Normative Beliefs Theory (Hansen, 1993)

Normative beliefs theory (Hansen, 1993) similar to social norms theory (Perkins & Berkowitz, 1986) bases itself on social ecology theories, which postulate that instead of looking for causes within the individual, or even in the individual's way of interacting

socially, we should focus on the social system itself and how that system affects individuals (Hansen, 1993). The term 'normative belief' refers to an individual's perception about how much his or her close friends use drugs and approve of such behaviour. A person who sees the peer group as positively inclined towards drug use is characteristically motivated to use drugs as a way of gaining social acceptance. Similarly, those who belong to groups not inclined towards drug use will most likely be inhibited from using drugs because of implied and real sanctions from their peer group. Normative beliefs theory thus provides significant insight into how social systems, specifically the drug use behaviour of youth's friends or peers and salient members of social groups, influence youth's drug use.

2.2 Review of Related Studies

Several researchers have conducted studies to understand the trajectory of youth's drug use, and the influence of stressful life events and perceived social support on youth's drug use behaviour. Altogether, these studies provide significant insights regarding how youth are exposed to drugs, how youth are initiated into drug use, and the influence of stressful life events and perceived social support on youth's drug use. Several of these studies are reviewed below.

2.2.1 Exposure to Drugs and Initiation into Drug Use

Researchers have conducted several studies to examine how youth get exposed to drugs and are initiated into drug use. In Ghana, the Ghana Ministry of Health in collaboration with the Ghana Health Service, and the World Health Organisation conducted a national survey on the prevalence and social consequences of drug use among Ghanaian youth in 2003. The study was a single cross-sectional qualitative type to cover selected schools and out of school youth in Ghana. Data was collected using interviews, focus group discussions, and observation at vending points. Participants were aged between 15 and 24 years**.** It was

found that the types of drugs commonly used by the youth are alcohol, cigarettes, cannabis, cocaine, tranquilizers, and heroin.

Again, it was found that the age at first use of drugs ranges between 14-19 years, with extremes of 6 and 23 years. It was also found that although there is high awareness among the youth of types of drugs used and their general effects on the individual, family and community, the youth find it difficult standing up to peer pressure to engage in drug use. Regarding initiation into drug use, respondents were of the opinion that youth are initiated by observation, serving as errand boys to purchase alcohol, cigarettes, and other drugs for their parents and others, smelling, and eventually experimenting with the drug(s). Moreover, a higher proportion of respondents (1946, 57.2%) felt that youth that use drugs are introduced to it by their friends, 172 (5.1%) by distant relatives, 269 (7.9%) by their fathers and 188 (5.5%) by drug pushers. Some respondents also answered that some people secretly lace food with drugs such as marijuana for the youth to eat over a period of time leading eventually to the introduction of youth to the actual use of drugs.

With reference to the purchase of the drugs, 1304 (57.3%) of respondents were of the opinion that friends are those who commonly are the buyers of the drugs, 838 (36.8%) of the respondents felt that users buy the drugs themselves, whilst 85 (3.7%) said drug pushers purchase the drugs for them. As to whether drug use is more common in the school or at home, majority (2354, 55.3%) indicated that it is common both at home and in school, 623 (26.5%) said it is more common in the schools, whilst 429 (18.2%) were of the opinion that it is more common in the home than in schools. Regarding alcohol use in particular, most respondents 31.4% (166) recognised the major role played by friends, social pressure 29.4% (155), and parental example (52, 9.8%). Though drug pushers were mentioned as influencers, they formed a very small number (13, 2.5%). Again, some youth (99, 18.8%) were of the

opinion that their colleagues take up drinking on their own without anybody influencing them.

In a recent study, Abadi, Shamblen, Thompson, Collins, and Johnson (2011) investigated the influence of risk and protective factors on substance use outcomes among youth and young adults. Data was collected from samples of youth (ages 11–18; N = 38,268) and young adults (ages 18–24; N = 602) across 30 Tennessee counties using surveys and telephone interviews. Findings for the youth sample suggested that perceived availability, positive community norms, risk of getting caught, having a family member with an alcohol and other drugs problem, number of friends using drugs, and perceived risk all significantly predicted substance use. Findings for the young adult sample also indicated that the number of friends using a substance, perceived availability, positive community norms, risk of getting caught, and having a family member with an alcohol and other drugs problem were significant predictors of several substance use outcomes.

Comparative analyses further suggested that the number of one's friends drinking alcohol was much more influential on binge drinking for young adults than for youth. Furthermore, perceived availability and the number of one's friends using marijuana had a stronger impact on lifetime use of marijuana for youth than for young adults. However, having a family member with an alcohol and other drugs problem had a greater impact on lifetime marijuana use for young adults than for youth.

Olds, Thombs, and Tomasek (2005) in another study examined the relations between normative beliefs and intentions to initiate cigarette, alcohol, and marijuana use among adolescents. An anonymous questionnaire was administered to 6,594 seventh- to twelfth-grade students in northeast Ohio. Separate analyses were conducted on sub-samples of respondents reporting no prior use of each substance. Within each of these 3 sub-samples,

respondents were classified as holding high-risk intentions if they reported that they intended to begin using that particular substance within the next 6 months or were "not sure" of their intentions. Those reporting that they did not intend to start using a substance were classified as holding low-risk intentions.

Multivariate logistic regression analyses examined the relations between normative beliefs and intention status (low- vs. high-risk), while accounting for socio-demographic characteristics. Across all 3 substances, normative beliefs were stronger predictors of intention status than socio-demographic variables. Higher levels of perceived acceptability and perceived prevalence were found to be associated with holding high-risk intentions. Additionally, normative belief measures assessing close friend and sibling reference groups were much more important in explaining intention status than those assessing other reference groups (e.g., same age peers). Moreover, among participants with no prior use, normative beliefs concerning close friends and siblings were found to play an important role in the catalysis and support of intentions to initiate substance use.

Another study was conducted by Chassin, Flora, and King (2004) who did a longitudinal investigation of the trajectories of substance use and dependence from adolescence to adulthood. At Time 1 (T1), there were 454 adolescents ranging in age from 10.5 to 15.5 years (M = 13.22), 246 of whom had at least one alcoholic biological parent who was also a custodial parent and 208 demographically matched adolescents with no alcoholic biological or custodial parents (control group). There were three annual assessments (T1–Time 3 [T3]) of the adolescents and their parents and two long-term follow-ups (Times 4 and 5 [T4, T5]). The follow-ups were conducted when the original adolescents were in emerging adulthood (T4: ages 18–23, Mdn = 20) and in young adulthood (T5: ages 22–30, Mdn = 25).

Data were collected with computer-assisted interviews at families' homes or on campus. Identified consumption groups included heavy drinking/heavy drug use, moderate drinking/experimental drug use, and light drinking/rare drug use. Dependence groups included alcohol only, drug only, and comorbid groups. The heavy drinking/heavy drug use group was found to be at risk for alcohol and drug dependence and persistent dependence and showed more familial alcoholism, negative emotionality, and low constraint. The moderate drinking/experimental drug use group was also found to be at risk for alcohol dependence but not comorbid or persistent dependence and showed less negative emotionality and higher constraint. Moreover, familial alcoholism raised risk for alcohol and drug use and dependence in part because children from alcoholic families were more impulsive and lower in agreeableness.

In a similar study, Brook, Kessler, and Cohen (1999) investigated the onset of marijuana use from preadolescence and early adolescence to young adulthood. This study was a follow-up of 976 youngsters residing in two counties in upstate New York. Survival analysis was applied to a sample of nonusers of illegal drugs, followed from age 9 years to the 20s. It was found that youngsters who are unconventional are at a higher risk for marijuana initiation. It was also found that youngsters who associate with peers who use marijuana or who smoke tobacco themselves are at increased risk for marijuana initiation. Furthermore, it was found that youngsters who have functional relationships with parents who are not engaged in marijuana use are less likely to begin marijuana use.

The above studies highlight the diverse kinds of drugs used by Ghanaian youth and youth in other parts of the world. They also highlight how Ghanaian youth and youth in other parts of the world are exposed to drugs and initiated into drug use. However, with the exception of the study conducted by the Ghana Ministry of Health, the Ghana Health Service,

and the World Health Organisation (2003) which has been reviewed above, the other studies are preponderantly quantitative in nature and were conducted in western cultures.

Moreover, the study conducted by the Ghana Ministry of Health, the Ghana Health Service, and the World Health Organisation (2003) which has been reviewed above, although qualitative in nature, failed to account for the underlying factors which influence Ghanaian youth's drug use. This study therefore builds on the above studies by employing a qualitative methodology to examine Ghanaian drug using youth's perceptions of how they were exposed to drugs, how they were initiated into drug use, how they transited into the use of other drugs, and the role of stressful life events and social support on their drug use behaviour.

2.2.2 Developmental Stages in the Process of Youth's Drug Use

Several studies have been conducted to investigate the developmental stages in the process of youth's drug use. Swift *et al.* (2011) conducted a 13-year prospective population-based study on cannabis use and progression to the use of other substances among young adults. Participants were secondary school students in Victoria, Australia. Data were collected in six waves from adolescents (mean age 14.9-17.4 years). Additional data were then collected in three waves in young adulthood (mean age 20.7, 24.1 and 29.0 years).

Predictive relationships was conducted using discrete-time proportional hazards models to assess cannabis use frequency in 1,756 participants in earlier young adult waves and subsequent cigarette, alcohol and other drugs use in later young adult waves. It was found that never use of cannabis provided the strongest protection from uptake of all drugs. It was also found that quitting cannabis use lowered rates of illicit drug use uptake. Moreover, it was found that weekly cannabis users had two to three times the rates of illicit drug use uptake, while daily users had six times the rate of uptake of cigarette smoking. Furthermore, never use of cannabis was found to be associated with higher rates of cessation from licit

drug use, while daily cannabis use predicted lower cessation rates for all drugs except cocaine.

In a similar study, Lessem *et al.* (2010) investigated the relationship between adolescent marijuana use and young adult illicit drug use. The researchers examined three components of the gateway theory, which suggests that the use of less deleterious drugs may lead to a future risk of using more dangerous hard drugs (Pudney, 2002), among adolescents. The components of the gateway theory examined in relation to marijuana use were: (1) whether adolescent marijuana use predicts young adult drug use, (2) whether this association persists when controlling for similar family background, (3) whether common genetic or environmental factors contribute to the association.

Component 1 was tested in 18,286 subjects, component 2 in sibling pairs (n=360) discordant for marijuana use, and component 3 in a genetically informative sub-sample (n=4846). It was found that marijuana users are twice as likely to use illicit drugs as young adults than non-users. Moreover, shared environmental factors mediated much of the relationship between adolescent marijuana use and young adult drug use. Furthermore, the association remained, however, even when controlling for familial environmental and other measured factors. Again, these findings provide tacit support for the gateway drug theory.

Choo, Roh, and Robinson (2008) also tested the "gateway hypothesis" among secondary school youth from a nonmetropolitan area in Tennessee. To reiterate, the "gateway hypothesis" posits a sequence of drug use that begins with alcohol and tobacco experimentation, moves on to early marijuana use, and then continues on with use of harder drugs such as cocaine and heroin (Choo, Roh, & Robinson, 2008). In this study, a survey was conducted in three public middle and high schools in Tennessee. Participants were 869 students from 8^{th}, 10^{th}, and 12^{th} grades mostly (95.3%) aged between 12 and 18 years old.

Data were collected using self-administered questionnaires which measured use of alcohol, cigarettes, ecstasy, methamphetamine, LSD, cocaine, heroin and other drugs.

It was found that if youth knew adult(s) who smoked marijuana or lived in a neighborhood characterized by high crime and drug peddling, the risk of marijuana use increased significantly. Indeed it was found that knowing adult(s) who used hard drugs significantly increased the risk of hard drug use by youth. Prior use of marijuana, controlled only by gender and race, was also found to be significantly related to risk of hard drug use. Consistent with the gateway theory (Pudney, 2002), youth with prior marijuana use showed a greater risk of hard drug use than those who had not smoked marijuana and prior marijuana use increased the hazard rate by 358%. Unlike the results for the risk of marijuana use, the association between prior marijuana use and the risk of hard drug use remained significant. Moreover, the risk of hard drug use was also 4.58 times greater for youth with a best friend who used hard drugs, and 2.88 times greater for youth who thought their use of hard drugs was perceived as "cool" by their peers as compared to each reference group.

Choo, Roh, and Robinson (2008) also found evidence that what differentiates those who move from initial marijuana use to use of harder drugs are risk factors unique to individuals and their environments. It was found that the risk of drug use increases gradually as age increases. Moreover, while the amount of increase in the risk of marijuana use was found to be greatest between the ages of 15 and 16 years, the largest increase in the risk of drug use was found to occur from 14 to 15 years. It was also found that prior licit drug use is positively associated with the risk of later marijuana use. Additionally, it was found that the strongest predictor for the risk of marijuana use is a best friend who smokes marijuana, with a 764% increase in the hazard rate if youth has such a friend.

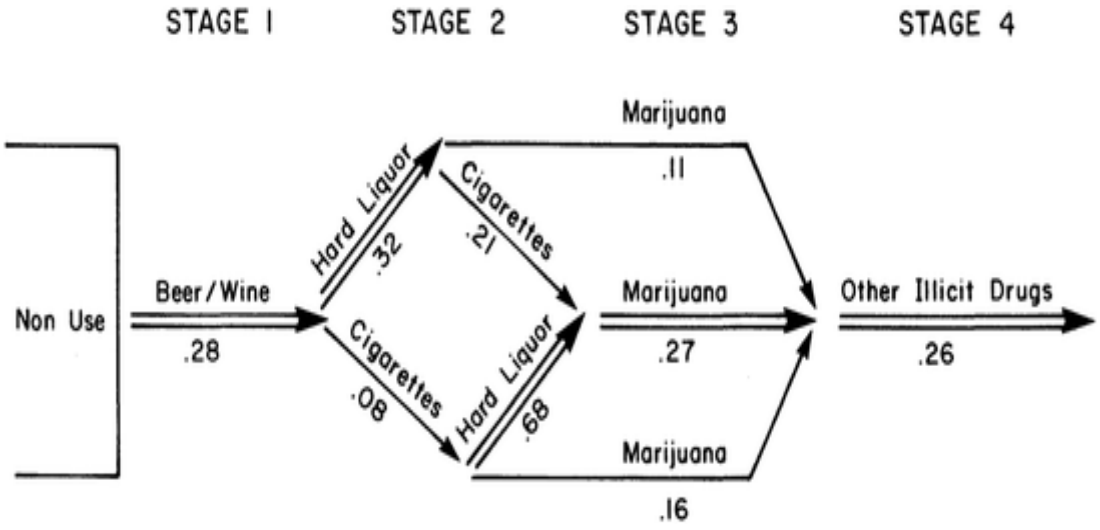
In another study, Ellickson, Hays, and Bell (1992) conducted a longitudinal scalogram analysis of the initiation and regular use of drugs among youth. In the study, the researcher examined the pattern of drug involvement among 4,145 adolescents over the 4-year span from Grades 7-10 in urban, suburban, and rural communities in California and Oregon. Each youth in the sample filled out a survey four times between Grades 7 and 10 and provided complete data on the analysis variables. The average age of the respondents at the baseline of the study (Grade 7) was 12.73 *(SD* = 0.52). Youth completed self-administered surveys about their drug use and related behavior at each wave of data collection.

In this study, alcohol, cigarettes, and marijuana were found to be the most popular drugs among youth. Alcohol was found to be the initial drug of choice among these young people. Over three quarters had tried alcohol by Grade 7, a proportion that grew to encompass nearly all of them by Grade 10. It was also found that nearly half of respondents had tried cigarettes by Grade 7 and over 70% had smoked by Grade 10. Additionally, although less than 15% of respondents had tried marijuana by Grade 7, over 40% had experimented with it within the next 3 years.

Ellickson, Hays, and Bell (1992) however found experimentation with other drugs, including cocaine, to be far less common. Additionally, by Grade 10, more than three times as many students had tried marijuana as had tried cocaine; more than twice as many had tried marijuana as had tried pills. The researchers also found that increased involvement with legal drugs precedes use of most hard drugs. Overall, the prevalence data suggested the following drug use sequence during early adolescence: (a) initiation of drugs that are legal for adults (with alcohol preceding cigarettes), (b) initiation of marijuana, (c) increased levels of drinking, (d) use of pills, (e) increased levels of cigarette use (weekly), (f) initial use of cocaine, and (g) initial use of other illicit drugs followed by regular marijuana use.

Consistent with Donovan and Jessor's (1983) finding, Ellickson, Hays, and Bell (1992) found that regular alcohol use is a step along the drug involvement scale. Increased involvement with alcohol was found to herald cannabis initiation and preceded experimentation with all harder drugs for Blacks, Hispanics, and non-Hispanic White adolescents. According to Ellickson, Hays, and Bell (1992), this study provides the first evidence that regular smoking constitutes a separate stage of drug involvement that precedes the onset of hard drug use (other than pills).

In a similar classic study, Kandel (1975) in postulating the gateway drug theory conducted an extensive analyses of cross sectional and longitudinal data on patterns of drug use in adolescence. Four distinct developmental stages in adolescent use of legal and illegal drugs were identified by Kandel (1975): (1) beer or wine, (2) cigarettes or hard liquor, (3) marijuana, and (4) other illicit drugs. This is reproduced in figure 1 below.



Probabilities of moving from one stage to another have been delineated in figures.

Figure 4: Major Stages of Adolescent Involvement in Drug Use (Kandel, 1975)

Thus, in support of the gateway hypothesis, legal drugs were found to be necessary intermediates between non-use and marijuana use. For example, whereas 27% of the high school students who had smoked and had drunk hard liquor progressed to marijuana within the five-month follow up period, only two percent of those who had not used any legal substance did so. Marijuana, in turn, was a crucial step on the way to other illicit drugs. While 26% of marijuana users progressed to LSD, amphetamines, or heroin, only one percent of nonusers of any drug and four percent of legal users did so. The supporting evidence for this model was twofold: (a) results of analyses of hierarchical and sequential patterns of drug use, and (b) results of longitudinal analyses where different variables identify adolescents at risk who progress from one stage to the next.

A similar order was reported by Goldstein *et al.* (1975) in their study among college students where they analyzed self-reported time of initial use of eight drugs. A matrix of pairwise comparisons among the drugs was created according to the order of first use for each drug in a pair. Beer and liquor appeared to precede tobacco, followed by marijuana and by other illicit drugs. However, the order of tobacco and liquor was somewhat ambiguous: Among those students who had used both drugs, the same proportion reported having used each first. Intentions for future use followed the hierarchical pattern of use with "the more unusual drugs . . . most often . . . desired only after acquaintance with the more common substances" (p. 26).

In sum, the studies reviewed above provide credence for the concept of developmental stages in the process of youth's drug use as encapsulated in the gateway drug theory (Kandel, 1975) by Choo, Roh, and Robinson (2008). They confirm that legal drugs such as alcohol and cigarettes are necessary intermediates between non-use and drug use. They also confirm that increased involvement with alcohol and cigarettes herald marijuana initiation which in turn precedes and heralds experimentation with 'harder' drugs.

It is however important to state that the studies reviewed above employed quantitative techniques and were preponderantly conducted in western cultures. It is therefore unclear whether the same situation pertains in a non-Western cultural context such as in Africa, and specifically Ghana. The current study therefore builds on the above studies by employing a qualitative methodology to understand Ghanaian drug-using youth's developmental stages in the process of their drug use behaviour.

2.2.3 Stressful Life Events and Youth's Drug Use

A milestone review of "empirical evidence" on the association between chronic and acute stress and drug use was conducted by Sinha (2001). Sinha's (2001) review found evidence of a positive association between adverse life events, chronic distress and increased drug use. Sinha (2001) also found in the review that individuals with early physical and sexual abuse histories are at risk to use drugs and report an earlier age of onset of drug use (Dembo *et al.*, 1988; Harrison *et al.*, 1997; Widom *et al.*, 1999). Additionally, Sinha's (2001) review of longitudinal studies of adolescents found that higher levels of stress and maladaptive coping, coupled with low parental support, predict an increase in nicotine, alcohol and marijuana use (Kaplan *et al.*, 1986; Newcomb & Bentler, 1988; Kaplan & Johnson, 1992; Wills *et al.*, 1996). Alcohol consumption was also found in Sinha's (2001) review to be positively associated with stress levels, lack of social support and avoidance coping (Aro, 1981; DeFrank *et al.*, 1987; Chassin *et al.*, 1988; Pohorecky, 1991).

Moreover, Sinha (2001) found from a review of human laboratory studies that there is an increase in drug use after exposure to stressful situations as opposed to non-stressful situations. Sinha (2001) found that in social drinkers, smokers and alcoholics, stress exposure enhances drug self-administration. This conclusion emanated from evidence that in social drinkers, exposure to stressors such as fear of interpersonal evaluation, anger due to

provocation by a confederate and failure feedback on exposure to insolvable problems, led to increased alcohol consumption as compared to drinking behavior in non-stressful situations (Higgins & Marlatt, 1975; Marlatt *et al.,* 1975; Hull & Young, 1983). Sinha's (2001) conclusion also emanated from evidence that alcoholics, as compared to non-alcoholics, are also known to increase alcohol intake in response to stressful situations (Miller *et al.,* 1974), and in smokers, smoking increases after exposure to high anxiety as compared to low anxiety provoking situations (Pomerleau & Pomerleau, 1987).

In a recent 3-year longitudinal study, Blomeyer *et al.* (2011) examined whether age at first drink interacts with stressful life events and/or with daily hassles regarding the impact on drinking patterns among young adults. In 306 participants of an epidemiological cohort study, age at first drink was assessed together with stressful life events during the past 3 years, daily hassles in the last month, and drinking behavior at age 22. As outcome variables, 2 variables were derived, reflecting different aspects of alcohol use: the amount of alcohol consumed in the last month and the drinking frequency, indicated by the number of drinking days in the last month.

Linear regression models revealed an interaction effect between the continuous measures of age at first drink and stressful life events on the amount of alcohol consumed. It was found that young adults drink disproportionately more alcohol the earlier they had their first alcoholic drink and the higher the levels of stressful life events they were exposed to. Additionally, drinking frequency was not affected by an interaction of these variables, while daily hassles and their interaction with age at first were unrelated to drinking behavior. These findings highlight the significance of early age at drinking onset as a risk factor for later heavy drinking under high load of stressful life events.

King and Chassin (2008) also tested adolescent externalizing and internalizing symptoms as competitive mediators of the effects of stressors on young adult's drug dependence. Data were collected from offspring of alcoholics (n = 223) and matched controls (n = 204). Data were collected in two annual interviews in adolescence and two follow-ups in young adult hood. It was found that having alcoholic parents (odds ratio [OR] = 2.32, $p < .01$) was related to higher odds of developing drug dependence. Additionally, it was found that experiencing an increase of one stressful life event in adolescence increased the odds of developing a drug-dependence disorder by young adulthood by 25% (OR = 1.25, $p < .001$), over and above the covariates.

In another study, Rose and Bond (2008) investigated the relationships between identity status, stress, and substance abuse, and the mediating effect of personal psychological resources on these relationships. Participants comprised a sample of 179 Australian youth aged between 18 and 25 years. A questionnaire comprising sociodemographic questions and measures of identity status, life event stress and perceived stress, substance abuse, and mastery was administered. It was found that both life event stress and perceived stress are consistently associated with substance abuse. It was also found that both coping ability and mastery offered some protection from substance abuse. Furthermore, mastery was found to provide modest protection against the adverse effects of greater life event stress on the experience of substance abuse.

The studies reviewed above suggest that stressful life events negatively influence youth's drug use. It is however important to add that there have been some contradictory findings regarding the above-established negative influence of youth's stressful life events on their drug use. Indeed, some studies report a lack of association between stressful life events and youth's drug use. Some of these studies are reviewed below.

Rohsenow (1982) conducted a qualitative investigation of social anxiety, daily moods, and alcohol use among social drinking young men. In the study, 36 heavy social drinking young men were made to keep daily records of their drinking, anxiety, unhappiness, and anger for about 7 months from the start of the study. From the analysis, it was found that trait social anxiety had a consistent but unexpected relationship to drinking. That is, the less socially anxious the men were, the more they drank over time. Drinking and/or intoxication rates were also related to having more social supports and to traditionally masculine interests. However, no significant correlations were found between the frequency and intensity of any of the daily moods and drinking rates or intoxication frequency, either concurrently or within a few days or weeks. Additionally, drinking was unrelated to general trait anxiety, depression, stressful life experiences, and locus of control.

These findings were corroborated by Schwartz, Burkhart, and Breen (1982) who investigated sensation-seeking and anxiety as factors in social drinking by young men. 40 18–29 year old young men were administered the Sensation Seeking Scale (SSS) and the Profile of Mood States. They were then divided into high and low sensation seekers and observed in an experimental situation. Participants were led to expect either a high- or low-restraint situation and were given access to an "alcoholic" placebo. The amount of beverage consumed every 15 minutes during a 45-minute period was observed and recorded unobtrusively as the dependent variable. Results, as analyzed by ANOVA (high and low sensation-seeking, high and low restraint, and the 3 measures of beverage consumed), showed that regardless of situational expectancy, high scorers on the Sensation Seeking Scale consumed more beverage than low scorers. However, this relationship did not account for much of the variance, and further analysis revealed a significant quadratic relationship between general sensation seeking and drinking. Furthermore, no relationship was found between anxiety level and drinking behavior.

It can be gathered from the preponderance of studies reviewed above that stressful life events negatively influence youth's drug use. Thus, these studies reveal that stressful life events are a risk factor for youth's initiation into drug use. Some studies have however been reviewed above which are contradictory of the above-established relationship between stressful life events and youth's drug use. However, all the studies employed quantitative techniques and were conducted in western cultures. The current study therefore builds on the above studies by employing a qualitative methodology to understand Ghanaian youth engaged in drug use's perceptions of how stressful life events influence their drug use behaviour.

2.2.4 Perceived Social Support and Youth's Drug Use

Several studies have been conducted to examine the role of perceived social support in youth's drug use. Basu, Das, Mitra, Ghosh, Pal, and Bagchi (2011) in a recent cross-sectional study examined the prevalence and determinants of smoking practices among undergraduate medical students. Data were collected using a predesigned and pretested semi-structured self-administered anonymous questionnaire. Among 182 participants, 55 (30%) were smokers; 85.45% were regular smokers; majority in the age group 20-22 years (70%); mostly males (98%). Peer pressure was found to be significantly high in smokers (83.6%). Additionally, the effect of parental smoking on smoking habits of the participants was also found to be quite evident among smokers (82%), which was significantly higher than nonsmokers ($\chi^2 = 63.49$, $P < 0.05$). Moreover, peer pressure was the most important risk factor (57.69%) of initiation of smoking habit followed by parental influence (16.49%).

Another study was conducted by Trucco *et al.* (2011) wherein they examined the relationship between perceived peer substance use or approval of substance, use and adolescent intentions to initiate alcohol and cigarette use. The researchers also investigated

how social goals moderate the relationship between perceived peer substance use or approval of substance use, and adolescent intentions to initiate alcohol and cigarette use. Participants were part of a 3-year longitudinal study investigating behavior problems and substance use initiation. Interviews were conducted in a research laboratory on a university campus. It was found that social goals moderate the relationship between perceived peer substance use or approval of substance, use and adolescent intentions to initiate alcohol and cigarette use. Peer use and approval of cigarette use was also found to be positively correlated with future intentions to smoke for adolescents with strong agentic goals. It was also found that peer use and approval of alcohol is positively correlated with intentions to drink for adolescents with strong communal goals. Moreover, the study found that adolescents reporting perceived peer approval or use of cigarettes were more likely to intend to use cigarettes.

In another study, Nyamathi, Hudson, Greengold, Slagle, Marfisee, Khalilifard, and Leake (2010) examined the correlates of substance use severity among homeless youth. A sample of 156 homeless youth aged 15–25 years was surveyed. Eligibility criteria included being homeless, aged 15–25 years, and actively engaged in substance use for the last 6 months. It was found that higher drug-use severity scores were independently related to maladaptive coping strategies. Poor emotional well-being was also found to be another correlate of substance-use severity. Moreover, participants reporting poor emotional well-being also had greater substance-use severity scores compared with those with better emotional well-being scores.

Afandi, Chandra, and Kurniawan (2009) also investigated the correlation between social support and the Drug Abuse Screening Test-10 among adolescents in Indonesia. This cross sectional study was designed to investigate correlation between social support with Drug Abuse Screening Test-10 (DAST-10) and association of social support with treatment evaluation. Subjects included 210 senior high school students in Pekanbaru, Riau. Data

obtained from Adolescents Social Support (ASS) questionnaire included social supports, and from DAST-10 included severity and treatment evaluation of drug abuse. This study showed family support, school environment and peer group support were significantly associated and significantly correlation to DAST-10 with strong correlation (0.718, 0.720 and 0.727, respectively) in negative direction. This study supports previous findings that indicate that social support is a protective factor for youth's drug use.

Another study was conducted by Park, Kim, and Kim (2009) who examined the roles played by parental alcohol abuse and social support, peer substance abuse risk and social support, and substance abuse risk among adolescents in South Korea. Informants were adolescents between the ages of 15 and 22 years. Logistic regression results suggested that adolescents who received less parental support were more likely to meet criteria for substance abuse, and those who perceived higher peer support were also more likely to meet criteria for substance abuse.

A similar study by Taylor (2006) investigated the influence of life events and peer substance use on substance use problems in 616 college students. Informants completed measures assessing substance use problems, life events, and substance use among peers. Alcohol use problems were found to be significantly associated with higher drug use problems and regular use of illicit drugs among friends. Results indicate that youth who experience multiple negative life events and/or affiliate with substance using friends and romantic partners may be at risk for developing a substance use problem.

Wills and Vaughan (1989) also investigated the influence of social support on adolescent substance abuse. In data from two cohorts of urban adolescents, measures of coping through support-seeking from peers and adults were related to indices of cigarette smoking and alcohol use. Peer support was found to be positively related to substance use,

whereas parental and other adult support was inversely related to substance use. Moreover, peer support had interactive relationships (positively weighted) with peer smoking and alcohol use. Additionally, support had no effect when there were no friends who smoked/drank but had an increasingly greater effect for higher levels of peer smoking/drinking. Adult support also had a similar (negatively weighted) interactive effect in relation to peer smoking and alcohol use. Furthermore, peer and adult support interacted, with an increasingly greater effect of peer support on substance use for subjects with lower levels of adult support.

Furthermore, Averna and Hesselbrock (2001) examined the relationship of perceived social support to substance use among adolescents. A sample of 144 adolescent offspring of alcoholic fathers and a control group (n = 125) were assessed in relation to substance use and their perceived social support from both family and friends. Participants were categorized into having a having a family history of alcohol dependence or without a family history of alcohol dependence.

Overall, friend perceived social support was higher than family perceived social support, regardless of paternal history. Older adolescents (19–21 years old) also perceived higher social support from friends than younger adolescents (14–15 years old). Additionally, heavy marijuana and tobacco users reported lower family and friend perceived social support than light users, while heavy alcohol users reported higher friend perceived social support than light users. Moreover, young adolescents with a family history of alcohol dependence reported using marijuana at an earlier age than young adolescents without a family history of alcohol dependence.

In conclusion, the studies reviewed above suggests that association with drug using and misusing peers, family, and significant others are a risk factor for initiation into drug use

and the consequent habitual use of these drugs. They also reveal that functional association with peers who have negative attitudes towards drug use, supportive family relationships, and supportive relationships with significant others are protective factors for initiation into drug use. However, the studies reviewed above employed quantitative techniques and were preponderantly conducted in western cultures. The current study therefore builds on the above studies by employing a qualitative methodology to understand Ghanaian youth engaged in drug use's perceptions of how social support from family, friends, and significant others influence their drug use behaviour.

CHAPTER 3

METHODOLOGY

3.1 Research Setting

The research setting for this study is Amisano. Amisano is a semi-rural community near Elmina in the Central Region of Ghana. Amisano has a population of about 3000 people[8]. The inhabitants are primarily farmers with a few engaged in white-collar work outside the community in metropolitan towns such as Elmina and Cape Coast. Amisano is especially well suited for this study due to the perception[9] of the increasing involvement of youth in the community in drug use and other deviant behaviours.

3.2 Informants/Sample

Informants comprised 10 male Ghanaian drug-using youth resident in the community of Amisano. They ranged in age from 18 to 29 years[10]. Informants were illiterate and engaged in blue-collar work[11]. One informant was married/cohabiting and had children while the others were either in relationships or single and had no children. Personal experience as a long-time resident in the community, and consultation with youth and opinion leaders in the community revealed that females seldom use drugs such as marijuana, heroin, and other illicit drugs. Thus, only male drug-using youth were recruited for the study.

3.3 Sampling Techniques

Due to the sensitive nature of the study, the snowball sampling technique was employed for the recruitment of informants. Thus, the researcher contacted a youth leader of

[8] Due to lack of formal demographic data on Amisano, oral accounts of a community leader was sought.
[9] This is the perception of the Assembly Member of Amisano, opinion leaders, and youth in the community.
[10] These are considered youth as they fall between the 15 and 35 years age bracket defined as youth by the African Youth Charter (2006).
[11] Such work includes working as labourers on people's farms and constructiong sites, mining and selling sand, pushing trucks, cracking rocks for sale to contractors and people who need rocks for their building projects *etc*.

Amisano community for the recruitment of the informants. The first informant was then recruited who identified and assisted in the recruitment of the other informants for the study. The researcher's familiarity with the youth leader and prospective informants in terms of living with them in the community for many years boosted their trust in the researcher and facilitated the recruitment of informants.

3.4 Design

This study is qualitative in design. The qualitative approach was used for this study in order to explore and gain insight into Ghanaian drug-using youth's perceptions of how stressful life events and perceived social support influence their drug use behaviour. This is because as suggested by Limb and Dwyer (2001), in qualitative research, there is a subjective understanding of knowledge, where the goal is to gain an in-depth understanding of a theme. Additionally, as indicated by other researchers such as Kitzinger (1995) and Toomela (2007), qualitative research allows for the study of areas that are not feasible with quantitative research, and has the added merit of discovering issues and concerns that are not expected or taken for granted by the researcher which is a limitation inherent in the use of quantitative method. Furthermore, as put forward by Wright and Schmelzer (1997), qualitative research is an excellent strategy for exploring new areas of study. As indicated previously, the area of Ghanaian drug-using youth's perceptions of the influences and patterns of their drug use behaviour is very grey. Thus, the qualitative method was the best approach to use under these circumstances.

3.5 Materials

A semi-structured interview guide was used to gather data on informants' thoughts and feelings. The interview guide primarily had a narrative part where the informants were asked to tell their story about how they became involved in drug use. This part of the

interview guide sought insight into the trajectory of informants' exposure to drugs and their use, and informants' initiation into drug use. The narrative part was followed by other questions that sought the views of informants regarding the influence of stressful life events and perceived social support on their drug use behaviour. An audio recorder was used to record interviews for later transcription. This enabled the researcher to concentrate fully on the conversation with the respondent while ensuring that the conversational rapport was maintained (Wright, Klee, & Reid, 1998). A notebook was also used to make notes of observations and informal conversations to serve as supplementary information to the recorded interviews

3.6 Procedure

Informants were recruited through mediation by the youth leader in Amisano. The researcher contacted the youth leader of the community and informed him about the study. After he had acquiesced to the request to recruit participants for the study, the researcher asked him to initiate the recruitment of informants. After some weeks, the youth leader put the researcher in contact with prospective informants who had agreed to participate in the study. Prospective informants were made aware of the aims of the research and also the planned use and confidentiality of the data to be collected. They were also strongly advised to desist from engaging in substance abuse prior to their interviews.

Consent forms were then given to informants. On scheduled dates and times convenient for informants, interviews were conducted in either the privacy of informants' homes or in a private room in Amisano community centre when informants did not feel comfortable having the interviews at home. The researcher had previously communicated with the Assembly member of Amisano community who acquiesced to the request for using

the venue for the study. The researcher had no cause to reschedule interviews for the reason that informants exhibited signs of being under the influence of a drug(s).

3.7 Transcription and Analysis of Data

Word-for-word transcription was conducted to transcribe collected data. This enabled the researcher to attain an almost complete representation of the verbally collected material. The Interpretative Phenomenological Analysis (IPA) developed by Smith, Harré, and Van Langenhove (1995) was then used to analyze the data collected.

The IPA's theoretical underpinnings stem from the phenomenology that originated with Husserl's (1970) attempts to construct a philosophical science of consciousness, with hermeneutics (the theory of interpretation) and with symbolic interactionism, which posits that the meanings an individual ascribes to events are of central concern but are only accessible through an interpretative process. The IPA is preferred because it allows for a rigorous exploration of idiographic subjective experiences and, more specifically, social cognitions (Biggerstaff & Thompson, 2008). Moreover, the IPA was chosen for this study because its main currency is the meanings particular experiences, events, and states hold for informants (Smith & Osborne, 2008).

In using the IPA for the analysis, I read through the interview transcripts several times. This provided me an overall sense of the data and helped my identify themes in the transcripts. These themes were inserted in the transcripts next to the specific section of the transcripts they relate to. Once I had coded the entire transcript in this way, I extracted and listed the themes. I then looked for connections between the themes and clustered them together to make meaning from them. At this stage I identified the overarching themes by looking at what the sub-themes had in common. I then constructed a separate table linking each overarching theme to their respective sub-themes. Once tables of clusters of themes had

been developed using data from every interview in the data-set, a master list of themes for the group were then drawn up. Overarching themes included in the final master list were those that contained examples of sub-themes from each interview. The final master list of themes and their sub-themes will be discussed later in Chapter 4.

3.8 Reliability and Validity

According to Patton (2002), validity and reliability are two factors which any qualitative researcher should be concerned about. Hammersley (1992) defines reliability as the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions. LoBiondo-Wood and Haber (1998) also express reliability as the consistency or constancy of a measuring instrument. Brink (1991) proposed three criteria for establishing reliability in qualitative research. These are stability, consistency and equivalence. Stability is established when asking identical questions of an informant at different times produce consistent answers (Brink, 1991).

In this study, stability was achieved by the use of the same interview guide during the interviews. According to Brink (1991), when the integrity of issues within a single interview is assessed so that an informant's answers on a given topic remain concordant, then consistency is established. Except for a few responses that were found to lack integrity, most responses sounded coherent when subjected to rigours of qualitative interrogation. Equivalence is tested by the use of alternative forms of question with the same meaning during a single interview or by concurrent observation by two observations (Brink, 1991). Equivalence in this study was achieved by the reshaping and rewording of questions on the interview guide to convey the same question.

The concept of validity is described by a wide range of terms in qualitative studies. Validity is not a single, fixed or universal concept, but "rather a contingent construct,

inescapably grounded in the processes and intentions of particular research methodologies and projects" (Winter, 2000, p.1). According to Silverman (2000), validity in qualitative research means truth. Pervin (1984) also describes validity as the extent to which a method investigates what it is intended to investigate and the extent to which observations indeed reflects the phenomena or variables of interest.

Communicative validation techniques helped establish validity in this study through meaningful dialogue by minimizing researcher bias, checking for representativeness, and checking out rival explanations (Miles & Hubernan, 1984). Additionally, the themes according to which the data were analysed were formed by and emerged from the data itself. Validity of research findings were also established through the interpretation of the narrative quotes against theory with insightful comments from colleague master students and experts in qualitative research.

3.9 Ethical Considerations

Prior to data collection, ethical clearance for the project was sought from the Ethical Committee in Norway at the Regional Committee for Medical Research Ethics (REK) (Appendix III). Additionally, the researcher sought ethical clearance in Ghana from the Department of Psychology, University of Ghana (Appendix IV).

3.9.1 Informed Consent

Informants were made aware of the aims of the research, the content of the interviews, and the planned use of the research findings. Informed consent from the informants was also sought as well before interviews were conducted. To demonstrate their consent, informants signed a consent form (Appendix II).

3.9.2 Confidentiality

Before the commencement of interviews, informants were assured of their personal anonymity and the confidentiality of information they disclosed. The researcher therefore did not request identity information such as name, residential address *etc*. Informants were also asked to use pseudonyms instead of real names during interviews. During transcription of interviews and data analysis, informants were designated pseudonyms. The interviews have also been secured. Furthermore, informants' identities have not been revealed in this dissertation.

3.9.3 Debriefing

As indicated previously, to avoid or reduce discomfort and boost trust during interviews, interviews were conducted in either the homes of informants or in a private room in the community centre. After each interview, the researcher had debriefing sessions with each informant to help deal with any obscure discomfort informants may have gone through during the interviews and to further allay their fears regarding the sensitive data that they had disclosed.

All informants revealed during debriefing sessions that they had not felt uncomfortable during the interviews. Indeed participants revealed that they felt very much empowered and privileged in serving as informants in such a study and being given the opportunity to air their views on their drug use behaviour. As part of the debriefing sessions, the researcher counseled informants on the debilitating effects of drug use and advised them to quit their drug use behaviour. Finally, as was done before the commencement of interviews, informants were assured of their personal anonymity and the confidentiality of information they had disclosed during interviews before ending each interview session.

CHAPTER 4

RESULTS AND DISCUSSION

This study interviewed Ghanaian drug-using youth regarding their perceptions of the role of stressful life events and social support from their families, friends, and significant others in their drug use behaviour. Interviews were recorded and subsequently transcribed word for word. Analysis of the transcripts was conducted using the Interpretative Phenomenological Analysis (Smith, Harré, & Van Langenhove, 1995). Five main themes emerged from the analysis. These are Ghanaian drug-using youth's perceptions of drug use, the trajectory of Ghanaian youth's drug use, stressful life events and drug use, perceived social support and drug use, and recommendations for aiding Ghanaian drug-using youth combat their drug use. These themes are discussed below.

4.1 Ghanaian Drug-Using Youth's Perceptions of Drug Use

Fundamentally, it was found from the analysis that Ghanaian drug-using youth perceive their drug use behaviour as dreadful and regrettable. According to E, 29 years[12], *"…drug use is bad"*. Similarly, C, 22 years opines that:

> *"I think its bad because when you use drugs, it brings so many negative things into your life. For example, I have never smoked marijuana but I despise how people behave after smoking marijuana"*.

Additionally, D, 28 years avers that *"using drugs is not good"*. Indeed, F, 27 years asserts that *"I wish I had not started (using drugs)"*. In the light of this negative appraisal of drug use by informants, they provided advice for Ghanaian youth who are not engaged in drug use. E's advice to them is that

[12] Ages of informants accompany their respective pseudonyms in first comments. Ages of informants will however not accompany the pseudonyms of informants in subsequent comments.

> *"...drug use is bad so they should not engage in it because I wish I could find somebody to help me come out of this behaviour. They should therefore not engage in such behaviour"*.

D also remarks that *"Sometimes I tell them (young people) that using drugs is not good. I tell them not to emulate those of us engaged in this behaviour"*. Thus, informants' advice to Ghanaian young people is that they should not attempt experimenting with drugs because of the debilitating effects of drug use.

4.2 The Trajectory of Ghanaian Youth's Drug Use

It emerged from the analysis that the main kinds of drugs used by Ghanaian youth are marijuana, alcohol, valium, cigarettes, and snuff (diazepam). It was also found that the main settings where Ghanaian youth are exposed to these drugs and their use are in their homes, farms and other work places, recreational centres, and venues for social activities such as naming ceremonies[13] and funerals[14]. This is in line with the findings of the study conducted by the Ghana Ministry of Health in collaboration with the Ghana Health Service, and the World Health Organisation in 2003. Additionally, it emerged from the analysis that the main agents of Ghanaian youth's initiation into drug use are their families and friends.

The significance of Ghanaian youth's families as agents of their (youth's) initiation into drug use is underscored by E who avers that *"I used to go to farm with my dad. He enjoyed smoking marijuana and while he was away weeding, I used to smoke the pieces of*

[13] In Ghanaian society, especially among the Akan ethnic group, ceremonies are organized for infants on the eighth day after they are born where the infants are formerly given their names. During naming ceremonies, a respected elder of the community dips his/her finger into water and drops it on the tongue of the baby. He/she next dips the finger into alcohol and drops it on the tongue of the toddler. The elder then says to the infant "When you see water say it is water and when you see alcohol say it is alcohol". The significance of this rite is to give the new-born baby his/her first lesson in honesty and truthfulness. Thus, naming ceremonies can be said to be the first point at which the Ghanaian of Akan ethnicity is initiated into alcohol use.

[14] In Ghanaian society, funerals are a popular communal activity and all elderly members and youth of the community are expected to participate and pay their last respects to the deceased. Like all social activities, alcohol use is an integral part of Ghanaian funeral ceremonies.

marijuana he had left on the floor". E's comment suggests that he initiated his marijuana smoking behaviour by observing his father engaged in marijuana smoking and subsequently modelled his father's marijuana smoking behaviour. E's comment is in line with social learning theory (Bandura, 1986) which emphasizes the importance of observing and modelling the behaviours, attitudes and emotional reaction of others in the learning process. E's initiation of marijuana use by modelling the marijuana smoking behaviour of his father is also collaboration of Zinberg's (1974) position that drug use is social learning, absorbed inchoately and unconsciously as part of the living experience.

A, 28 years also makes the point regarding the significance of family as an agent of the initiation of Ghanaian youth into drug use in expressing that as children, his father had him and his siblings drinking alcohol sometimes before having their meals. He adds that:

> *"There was a time I was drinking palm wine[15] with my brothers. After drinking the palm wine, we had a meal and I enjoyed the meal very much. I said to myself that this nice feeling you get after drinking alcohol explains why my dad enjoys alcohol"*.

Thus, A makes the point that he, and his brothers and sisters, were formally introduced to alcohol use by their dad. He further highlights the influence of his brothers in his initiation into alcohol use when he makes the point that he drank palm wine with his brothers before a meal and was excited by the feeling he got after drinking the palm wine. A's sentiment, similar to E's comment above, is in consonance with perceived effects theory (Smith, 1980) which suggests that attitudes and behaviour regarding drug use on the part of friends, older siblings, parents, and salient members of reference groups influence the probability of initiation into drug use. Perceived effects theory is relevant as an explanation for A and E's initiation of alcohol and marijuana use respectively through the influence of their fathers (and also brothers in A's case) because perceived effects theory suggests that if drug use is

[15] Palm wine is an alcoholic wine extracted from the palm tree.

practiced by (or is acceptable to) such significant others as parents and siblings, initiation into the use of drugs is very likely. This finding is also corroboration of Choo, Roh, and Robinson's (2008) finding that knowing adult(s) who use drugs significantly increases the risk of drug use by youth.

The significance of Ghanaian youth's peers or friends as agents of their initiation into drug use also emerged from the analysis. This point is underscored by F who affirmed that:

> *"I had a friend in Kumasi. We were taking a stroll one day when he told me he wanted to smoke marijuana. He took out the marijuana, folded and lighted it and started smoking. After smoking it for a while, he handed the piece to me and I took it and smoked it"*.

F reveals that he initiated his marijuana use through the influence of his friend who handed him a piece of marijuana to smoke. F's remark is in line with the social development model (Catalano & Hawkins, 1996) which suggests that bonding with a drug-involved friend is associated with increased levels of deviance (Fleming *et al.,* 1997). In the light of the social development model, F's relationship or bonding with his marijuana-using friend influenced his initiation into marijuana use.

E makes a similar point regarding the influence of Ghanaian youth's friends or peers as agents of their initiation into drug use in remarking that:

> *"My uncle used to have a pub and a friend used to operate that pub. He (my friend) used to get me to drink alcohol in private before we went to farm. Because I was not used to it, I drank whatever amount he gave me which made me weak and inefficient at the farm. So I used to sleep while he (my uncle) worked but eventually I became used to drinking alcohol. That is how I started drinking alcohol"*.

E remarks that he was introduced to alcohol use by a friend who used to operate his uncle's pub. His comment also highlights the importance of friends or peers in Ghanaian youth's

initiation into drug use. E's comments above corroborate normative beliefs theory (Hansen, 1993) which postulates that a person who sees his/her peer group as positively inclined towards drug use is characteristically motivated to use drugs as a way of gaining social acceptance.

Furthermore, evidence was found in this study in support of the gateway drug theory (Pudney, 2002) and the concept of developmental stages in the process of youth's drug use. It emerged unanimously from the analysis of informants' preliminary narratives on the trajectory of their initiation into drug use that the first drug they used is alcohol. One narrative that underscores this point is given by A that:

> *"About 3 months before I completed JSS[16], a friend told me there was something much better than alcohol and when you use it, it will not have any negative effects on you but people have a negative attitude towards it....I said I had heard smoking marijuana could have negative repercussions on me but he insisted I could chew it while he smokes it. I protested but he insisted that even in his school, he used marijuana for his sauce. I therefore chewed it. That is how I started using marijuana"*.

A's narrative reveals that he was already engaged in alcohol use before he was introduced to marijuana use by his friend who claimed that marijuana *"is much better than alcohol"*. As in A's case, it emerged from informants' narratives regarding the trajectory of their drug use that alcohol use preceded the use of marijuana, cigarettes, snuff and all other drugs in this study. As indicated above, this finding provides support for the concept of developmental stages in the process of Ghanaian youth's drug use as posited by the gateway drug theory (Kandel, 1975) which suggests that the use of less deleterious drugs such as alcohol leads to a future risk of using more dangerous hard drugs (Pudney, 2002) such as marijuana and

[16] JSS is an acronym for Junior Secondary School. It is currently referred to as Junior High School in Ghana.

cocaine. This finding is also in line with the findings of Choo, Roh, and Robinson (2008), Ellickson, Hays, and Bell (1992), and Donovan and Jessor (1983) who found that increased involvement with legal drugs such as alcohol precedes initiation into the use of most hard drugs.

4.3 Stressful Life Events and Ghanaian Youth's Drug Use

Ghanaian drug-using youth's perceptions of the influence of stressful life events on their drug use behaviour also emerged during the analysis. It emerged from the analysis that the main kinds of stressors experienced by Ghanaian drug-using youth are financial problems, maladaptive relationships with spouses or partners, low family support, major changes in the health or behavior of family members, and major personal injury. One main subtheme emerged from the analysis regarding the influence of stressful life events on Ghanaian youth's drug use. This is drug use as a maladaptive coping strategy. This is discussed next.

4.3.1 Drug Use as a Maladaptive Coping Strategy

It emerged from this subtheme that Ghanaian youth engage in drug use as an effective means, albeit maladaptive, of coping with stressful life events. From the analysis, three other subthemes emerged under this subtheme. These subthemes are drug use as a maladaptive coping strategy against life stress, drug use as a maladaptive coping strategy against/during blue-collar work, and drug use as tension reduction. These subthemes are discussed next.

4.3.1.1 Drug Use as a Maladaptive Coping Strategy against Life Stress

Youth's psychosocial health is affected by experiences in two main ways; through external influences and internal influences. A major external determinant of youth's psychosocial health is stress (Grant *et al.*, 2004) and youth's response, either adaptively or

maladaptively to stress, has consequences for their psychosocial health. It surfaced from this subtheme that Ghanaian youth engage in drug use as a maladaptive means to enhancing their mood and alleviating the psychological and emotional distress arising from stressful events in their lives. E emphasizes this point when he asserts that *"Recently my wife was detained at the hospital. Whenever I returned home after visiting her, I felt lonely and unhappy so I resorted to smoking marijuana and drinking alcohol to make me happy"*. Here, E highlights the point that he engaged in marijuana and alcohol use in order to deal with the negative and stressful impact of his wife's hospitalization on his psychological and emotional health. Similarly, B, 29 years articulates Ghanaian youth's use of drugs as a means to enhancing their mood and alleviating psychological and emotional distress arising from life stress in commenting that:

> *"When I have certain problems and I do not drink some alcohol, I am unable to deal with that problem. When I drink some alcohol, notwithstanding the seriousness of the issue, I will be able to deal with it. My mind travels very fast so I am even able to say things I ordinarily wouldn't be able to say"*.

B in this comment reveals how he is unable to deal with certain problems unless he drinks alcohol. He also reveals how he is able to overcome any issue no matter how serious it is when he drinks alcohol. B further reveals how psychologically and linguistically efficient he becomes after drinking alcohol. E's comment, that he resorted to marijuana and alcohol use in order to deal with his wife's hospitalization, and B's comment that he is unable to deal with certain problems unless he drinks alcohol provide credence for chronobiological control theory (Hochhauser, 1978) which suggests that an individual who perceives himself or herself in a helpless situation, in terms of either behavioural or internal events, may resort to drug use in an effort to achieve some degree of perceived control over these experiences. In the light of chronobiological control theory (Hochhauser, 1978), E and B resorted to

marijuana and alcohol use in an effort to achieve some degree of perceived control or equilibrium in their lives. This finding is also in line with the findings of Rose and Bond (2008) that both life event stress and perceived stress are associated with drug use.

Moreover, Ghanaian youth's use of drugs as a means to alleviate the psychological and emotional distress arising from stressful events in their lives is confirmed by F who avers that:

> *"I had a certain girlfriend. This girl dumped me one day. On that day, I smoked a lot of marijuana and drank a lot of alcohol. I did a lot of thinking and many negative and positive ideas came into my mind"*.

F in this comment reveals how he resorted to smoking "a lot of marijuana" and drinking "a lot of alcohol" in order to deal with the negative affect arising from his jilting or broken heart by his girlfriend. He further reveals that he did much thinking about many negative and positive ideas. The many "negative ideas" F reflected upon after his jilting by his girlfriend and his misuse of a lot of marijuana and alcohol can be interpreted to mean his suicidal ideation and other injurious intent. F's sentiment is not surprising given Knizek, Kinyanda, Owens, and Hjelmeland's (2011) recent finding in their study among Ugandan men that disharmonic relationships such as problems with family or friends as well as broken hearts, and the misuse of drugs and alcohol are perceived as major causes of suicide. However, the many "positive ideas" that came into F's mind helped him deal with his suicidal ideation and other injurious intent. E's marijuana use is profound and he needs the marijuana in order to be comfortable:

> *"Yes, unless I smoke marijuana, I will feel uncomfortable the whole day...Since this morning, I have not smoked any marijuana so I feel uncomfortable"*.

He remarks that unless he smokes marijuana, he will feel uncomfortable the whole day. This remark reveals that E is addicted to marijuana because his day is uncomfortable unless he

smokes marijuana. This statement reveals E's use of marijuana as an appetizer and as a means of feeling comfortable. These experiences expressed by F and E[17] reveal that stressful life events have a debilitating effect on Ghanaian youth's psychological and emotional health. They also reveal that Ghanaian drug-using youth perceive their drug use behaviour as a means of dissuading the deleterious effect of stressful life events on their psychological and emotional health. This finding corroborates the stress response dampening model (Sher & Levenson, 1982) which posits that people use drugs to enhance their mood and alleviate emotional distress. This finding also underscores Sinha's (2001) finding that there is a positive association between adverse life events and increased drug use.

4.3.1.2. Drug Use as Coping Strategy Against/During Blue-Collar Work

As indicated previously, informants were mostly youth engaged in blue-collar work. Such work includes working as labourers on people's farms and building sites, mining and selling sand, pushing trucks, cracking rocks for sale to contractors and people who need rocks for their building projects *etc*. The role of Ghanaian youth's drug use behaviour in their kind of work emerged during the analysis. A makes the point that:

> *"When I smoke marijuana at dawn before work, I am able to work happily for a very long time. Marijuana does not make me work harder.[18] It just gives me a sweet mind so I am able to think about some of my friends who have travelled to different places in Europe and the United States. Such thinking motivates me to work harder[19] so I can also get to where my friends have reached. So my mind concentrates on something*

[17] I refer to E's first comment indicated previously under this subtheme that he engaged in the use of a lot of marijuana and alcohol in order to deal with his wife's hospitalization.

[18] The informant contradicts himself here with this comment. Nevertheless, this comment is understandable when interpreted in the light of the informant's full comment because he makes the point that when he smokes marijuana before working, it gives him a "sweet mind" to "work happily for a very long time".

[19] The informant means 'working hard in life' here.

> *else instead of the tedious nature of the job. By so doing, my mind is buffered from the tedious nature of the job"*.

A reveals how after smoking marijuana before or during work, he gets a "sweet mind". He reveals that this "sweet mind" helps him think about his friends who have travelled to different places in Europe and the United States of America[20] while working. This 'sweet-minded thinking', precipitated by A's marijuana use, in his view helps him deal with the tedious nature of his work and motivates him to work harder in life so he can also travel to Europe and the United States of America like his friends.

In corroboration of the sentiment expressed by A, E asserts that:

> *"When I am going to work, and I have not smoked any marijuana, I am unable to work well unless I smoke some marijuana. When I smoke marijuana on the job, I work very efficiently"*.

E explains his perceived efficiency at work when he does or does not smoke marijuana before working. He reveals in this remark that his marijuana use can be explained by his perceived ability to work harder when he smokes marijuana before working. E indicates that in contrast to when he doesn't smoke marijuana before working, he perceives himself as performing better on the job when he smokes marijuana before working.

The experiences expressed by A and E reveal that Ghanaian drug-using youth involved in blue-collar work perceive their drug use behaviour as a means of suppressing fatigue and overcoming the stressful and tedious nature of their kind of work. This finding backs up the tension reduction hypothesis (Conger, 1951, 1956) which states that drug use serves to reduce tension or anxiety. With reference to the tension reduction hypothesis,

[20] Many Ghanaian youth, both skilled and unskilled, perceive Europe and the United States of America as the land of 'greener pastures' and have very high regard for their friends and people who have travelled to Europe and the United States of America. Thus, it is the ultimate dream of many Ghanaian youth to immigrate to and settle in Europe and the United States of America (Arthur, 2008).

Ghanaian drug-using youth engaged in blue-collar work engage in their drug use behaviour to reduce the exhaustion resulting from the tedious nature of their kind of work. This result therefore supports the finding of Alti-Muazu and Aliyu (2008) who identified that suppression of fatigue is an important factor that influences drug use among Nigerian (blue-collar-working) commercial motorcyclists.

4.3.1.3 Drug Use and Tension Reduction

Cameron (2000) observed that humans live in a "communication culture" where people aspire, or think they ought to aspire, to communicate better. Ghanaian youth's drug use as a means of reducing tension and overcoming shyness to facilitate confrontation or communication also emerged from the analysis. A pointed out that *"When I drink alcohol, I am able to "bark"[21]. So I am able to 'make noise'[22]"*. A makes the point here that after drinking alcohol, he becomes very eloquent and is able to communicate better. In corroboration of A's point, D expressed that:

> *"Sometimes I feel shy confronting some people I have worked for to demand my financial entitlements. Then I decide that I need to drink some alcohol to stimulate me. After drinking alcohol, I am able to confront these people without feeling shy and claim my money"*.

D, 28 years reveals in this remark that he in some instances feels shy confronting 'tight-fisted' employers to demand his remuneration after completing work he has been contracted

[21] A, 28 years' literal use of "bark", synonymous to the barking sound dogs make, represents a sort of noisy and boisterous eloquence that he gets after drinking alcohol. A, 28 years' use of "bark" also has philosophical connotations in traditional Ghanaian philosophy. In traditional Ghanaian society, especially among the Akan, dogs are the epitome of shamelessness because they mate and defecate in public view. The axiom "W'amen b ɔdɔm n'enyiwa", to wit, "To swallow a dog's eye" in Akan Fante simply means "To be shameless". Thus, A, 28 years' remark about his ability to "bark" after drinking alcohol indicates that he becomes 'shameless' or brazen and is therefore able to communicate better even with people he would ordinarily shy away from under the influence of alcohol.

[22] "make noise" is literally translated from the Akan Fante (language of informant) phrase "yɛ dede" which denotes the shift from a more silent mode to a more vocal and eloquent mode during communication.

to do for them. He therefore drinks some alcohol to kindle or boost his confidence so he is able to confront these employees to demand his wages.

A and D's comments reveal how they drink alcohol or smoke marijuana in order to overcome their shyness and gain the eloquence, "energy", or confidence to confront people to make their legitimate demands. These experiences expressed by informants reveal that Ghanaian drug-using youth also perceive their drug use behaviour as a means of reducing tension, and overcoming shyness and boosting confidence to confront problems. Again, this finding corroborates the tension reduction hypothesis (Conger, 1951, 1956) which states that youth engage in drug use in order to reduce tension or anxiety. Furthermore, this finding is in line with Craig's (2005) point that boosting the communication techniques of drug-users and vulnerable youth, as well as that in/and of their families, is "a potent remedy" for combating the deleterious effects of drug use.

4.4 Perceived Social Support and Ghanaian Youth's Drug Use

Ghanaian drug-using youth's perceptions of the influence of perceived social support on their drug use behaviour also emerged as a theme during the analysis. Three main subthemes emerged under this theme. These are the influence of families on Ghanaian youth's drug use, the influence of peers and friends on Ghanaian youth's drug use, and the influence of significant others on Ghanaian youth's drug use. These subthemes are discussed next.

4.4.1 Family Influence and Ghanaian Youth's Drug Use

The fundamental unit of all societies is the family (Carlson, 1999). The family in all societies and cultures plays a key role in the development of individuals by providing the necessary environment where children can be nurtured in love, friendship and discipline. In Ghana, the family defines social and moral norms and safeguards material and spiritual

customs and traditions as well as providing a variety of role models preparing the way for adulthood. It is significant to state that this system with the dominance of the elders has a relatively high degree of social control on the individual, especially the youth (Degbey, 1997). Children occupy a central place in the Ghanaian family structure and the responsibility for the social development of the child is shared by members of the community (Nukunya, 2003). It is in this respect that it could be said that in the traditional Ghanaian society, there is hardly an 'illegitimate' child because even where parents are dead, a child would always have other "parents" in society to help him/her. It emerged from the analysis that Ghanaian drug-using youth perceive their families as having a significant influence on their drug use behaviour. F makes this point in asserting that:

> *"I think about the poor relationship between myself and my family. I don't understand why my family has neglected me and why they sometimes insult me in public. This pushes me to use drugs. I get depressed upon thinking about the behaviour my family puts up towards me"*.

F underscores the point that he is perturbed by the poor relationship between him and his family. He reveals that his family's public behaviour towards him in for instance insulting him in public is very depressing to him. He asserts that this behaviour put up by his family towards him influences him to use drugs. E also expressed a similar sentiment that:

> *"I think about why I respond positively to my uncles' demands to help them work but why they ignore me when I need help. So I sit down and think about this situation a lot and it makes me smoke marijuana"*.

E reveals that he responds to his uncles' demands to help them when they are working but feels let down when he needs some assistance from his uncles. He explains that he ponders over this situation and this thinking influences him to smoke marijuana. The remarks made by F and E reveal that Ghanaian youth perceive lack of social support from their families as

influencing their drug use. This finding is in line with self-derogation theory (Kaplan, 1972) which posits that poor relationships between youth and their families results in the disposition to adopt deviant behaviours such as drug use. Thus, the poor relationships between F and E, and their respective families influence their drug use behaviour according to self-derogation theory (Kaplan, 1972). This finding also corroborates Averna and Hesselbrock's (2001) finding that heavy marijuana and tobacco users have lower perceived family support. C also expressed a similar view that:

> *"When I completed school[23] in 2009, I took my results to my dad and he said he will get back to me. Since then I have contacted him many times but I have not had any positive feedback from him and I do not understand. So if my dad does not help me, how can I continue my education? And I think I am very intelligent and can make it in school...So I am saddened and therefore I engage in drinking alcohol and sniffing snuff sometimes".*

C remarks that he has the competence to succeed in school and therefore has a strong ambition of pursuing secondary level education. C suggests that the lack of support from his dad in his education contributes to his use of alcohol and snuff. Again, it can be inferred from C's experience that Ghanaian drug-using youth perceive poor relationships with their families, or low perceived support from their families, as influencing their drug use behaviour.

This finding is also in line with chronobiological control theory (Hochhauser, 1978), which suggests that an individual who perceives himself or herself in a helpless situation, in terms of either behavioural or internal events, may resort to drug use in an effort to achieve some degree of perceived control over these experiences. C's alcohol and snuff use could

[23] The informant is a Junior High School graduate aspiring to continue his education in Senior High School. He therefore uses "school" here in reference to Junior High School.

therefore be seen as a means to achieving some degree of perceived control over his perceived low support from his dad. This finding also supports Park, Kim, and Kim's (2009) finding that youth who receive less parental support are more likely to meet criteria for substance abuse.

4.4.2 Peer Influence and Ghanaian Youth's Drug Use

Parents have a strong influence on their children's attitudes and behaviors in the early years (Kandel & Andrews, 1987). However, as they get older, children spend less time with their parents and more time with friends (Csikszentmihalyi & Larson, 1984), resisting the attempts of parents to control the selection and association of these friends (Smetana & Asquith, 1994). Thus, peers become increasingly important and youth become relatively independent of parental oversight or control (Brown, Dolcini, & Leventhal, 1997). Ghanaian drug-using youth's perceptions of the influence of their friends/peers in their exposure to drugs and initiation into drug use, and their consequent habitual use of these drugs also surfaced from the analysis. It is worthy of note from the analysis that Ghanaian youth involved in drug use appreciate a distinction between deviant friends and 'positive' or 'good' friends. C makes this point in asserting that:

> *"You know we have categories of friends. For some friends, when you discuss your problems with them they help you while others go around telling other people about your predicament"*.

In C's view, friends who reveal secrets or 'confidential' problems to other friends are bad friends. However, friends who help you when you reveal your problems to them are good friends. B also corroborates C's appreciation of a distinction between deviant friends and 'positive' or 'good' friends in expressing that:

"Some friends influence you positively, others negatively. That is why I stopped moving with friends. When I stopped drinking "agbaa"[24] in Accra[25], I was moving alone. I came back home when I stopped and I have not tried it again".

B remarks that some friends are good influence whiles others are bad influence. He reveals that he stopped moving around with friends when he appreciated this distinction. It can thus be inferred from the analysis that Ghanaian drug-using youth appreciate a distinction between deviant friends and 'positive' friends which suggests that they understand the outcomes of deviant or 'positive' peer association. However, some youth's constant association with deviant peers, despite their appreciation of the detrimental effects of such association, reveals the power or influence of peer clusters as encapsulated in peer cluster theory (Oetting & Beauvais, 1986). This also provides insight in line with the suggestion of peer cluster theory that treatment of drug-using youth is likely to be deficient unless such treatment also involves changes in the youth's peer cluster.

It also emerged from the analysis that Ghanaian youth engaged in drug use perceive their friends as playing a significant role in their initiation into drug use. B remarks in his initiation into marijuana smoking that:

"I was with my friends...My friends asked me why I was unable to smoke marijuana when I am very strong[26]. I told them I cannot because I am very strong and I may hurt or injure somebody after smoking. They persuaded me and gave me a joint...I took the marijuana and smoked it."

[24] "Agbaa" is a very potent local alcoholic drink brewed from palm wine.
[25] Accra is the capital city of Ghana located in the Greater Accra Region of Ghana.
[26] There is the perception among Ghanaian youth that marijuana smoking is the preserve of strong people. This perception is emanates from the many cases of youth who end up with various psychiatric or psychological disorders after marijuana use. This view is next affirmed by the informant when he says that he could "hurt or injure somebody" after smoking marijuana. Similarly, people who smoke marijuana without experiencing any psychiatric or psychological disorders are deemed to be strong.

At first, B rejected the idea of smoking marijuana but upon further persuasion, he initiated his marijuana use. Thus, due to the influence of his deviant friends, B initiated his marijuana use.

It emerges from this analysis that Ghanaian drug-using youth perceive their friends and peers as playing a significant role in their exposure to and experimentation with drugs. This finding supports normative beliefs theory (Hansen, 1993) which postulates that youth who perceive their peer group as positively inclined towards drug use are motivated to use drugs as a way of gaining social acceptance. In the view of normative beliefs theory (Hansen, 1993) therefore, F and A may have initiated their marijuana use as a means to gaining social acceptance from their friends. This finding is also in line with peer cluster theory (Oetting & Beauvais, 1986) which suggests that when youth associate with peers who engage in the use of drugs they are likely to engage in drug use. This finding also corroborates the finding of Basu, Das, Mitra, Ghosh, Pal, and Bagchi (2011) that peer pressure is the most important risk factor of the initiation of smoking habit.

It also surfaced from the analysis that apart from playing a significant role in Ghanaian youth's initiation into drug use, friends and peers also influence Ghanaian youth's continued habitual use of drugs. D in supporting this view avers that:

> *"They (my friends) sometimes approach me and tell me I have a roll of marijuana so lets go have a smoke and I join them. They also sometimes invite me to join them to drink alcohol and I join them"*.

D explains that his friends also contribute to his continued use of drugs because they sometimes invite him to smoke marijuana and drink alcohol, offers which he accepts. It can therefore be deduced that apart from playing a significant role in Ghanaian youth's initiation into drug use, friends and peers also significantly influence Ghanaian youth's habitual use of drugs. This finding is in line with peer cluster theory (Oetting & Beauvais, 1986) which suggests that as much as half of the variance in drug use is predicted by peer group

association. It also corroborates the social development model (Catalano & Hawkins, 1996) which postulates that the behaviour of the individual will be prosocial or antisocial depending on the predominant behaviours, norms, and values held by those individuals to whom the individual is bonded such as peers or friends. This finding is also in line with Kandel *et al.*'s (1978) finding that pressure from a best friend has the strongest effect on drug use.

4.4.3 Significant Others' Influence and Ghanaian Youth's Drug Use

As noted previously, the Ghanaian family has a relatively high degree of social control on youth and provide a variety of role models or significant others in society who guide the child into adulthood (Degbey, 1997). Indeed, as noted by Nukunya (2003), the responsibility for the upbringing of the Ghanaian child is shared by members of the community. The importance of significant others in Ghanaian society is encapsulated in the Akan Fante proverb *"Ɛna bi wu a, Ɛna bi tse ase"*. To wit *"A mother dies, a mother lives"*. Thus, in the traditional Ghanaian society, there is hardly an 'illegitimate' child because even where parents are dead, a child would always have other 'parents', in significant others in society, to lend a helping hand to him/her. Ghanaian drug-using youth's perceptions of the influence of significant others in their drug use behaviour also came out from the analysis. A makes this point in asserting that:

> *"It is through some of these people (significant others) that I realized that drugs will not help me in life...It will be very good if every person has some of these people because they help in diverse ways. These people help me enormously and I interact with them a lot. With specific reference to EFAT*[27]*, I used to go to her regularly to have discussions with her and she advised me a lot which helped me"*.

A states that it is through his significant others that he realized that drug use is deleterious. He also avers that it will be very good for every individual to have such significant others

[27] EFAT is a pseudonym.

because of the enormous support they provide. A further adds that he has many discussions with his significant others which helps him a lot in his life. B expressed a similar view that:

> *"He (one significant other) helps me minimize my use of these drugs. He advices me to stop using these drugs because he detests that behaviour. He advices me about drug use and I always tell them that I will try and stop using drugs...They (my significant others) help me. They really help me"*.

In B's view, his significant other helps him reduce his drug use behaviour and counsels him to combat his drug use. It can be inferred from the views expressed by A and B that Ghanaian drug-using youth perceive significant others as very important figures who provide significant support to them in helping them to cease or minimize their drug use behaviour. Ghanaian drug-using youth's perception of the importance of significant others in helping them to cease or minimize their drug use behaviour is expressed by E who avers that *"I wish I had such a person (significant other) in my life because such a person would help me stop or minimize using these drugs"*. In E's view, he has no significant other but he wishes he had one because of his belief that such a person would have helped him combat his drug use. E's comment reveals his conviction in the ability of significant others to help youth combat their drug use behaviour.

This finding that Ghanaian drug-using youth perceive significant others as very important figures who provide considerable support to them in helping them to cease or minimize their drug use behaviour corroborates social learning theory (Bandura, 1986) which suggests that once a youth establishes a positive relationship with a role model, he or she tends to mimic the behaviours of the role model. Thus, Ghanaian drug-using youth's association with significant others or role models who have negative attitudes towards drug use, and the tangible and emotional support these Ghanaian youth receive from these significant others helps them minimize or cease their drug use behaviour. This finding also

corroborates previous studies such as Klepp, Halper, and Perry (1986), and Botvin et al. (1994) that have provided evidence that youth who associate with positive significant others have decreased intentions of drug use.

4.5 Recommendations for Aiding Ghanaian Drug-Using Youth Combat their Drug Use

In the light of informants' unanimous negative perception of drug use, they made recommendations for helping themselves and other Ghanaian drug-using youth reduce or give up their habitual drug use. It is worthy of note that informants expressed some sense of apathy regarding how to help their colleagues reduce or quit their habitual drug use. B expressed apathy in commenting that:

> *"Well there is little we can do. We cannot advice them because some of them are used to using these drugs and when you advice them, they will tell you that you should first advice your parents and elders. They will not listen to your advice"*.

B reveals a certain apathy regarding the efficiency of advice in helping Ghanaian drug-using youth to minimize or quit their drug-use behaviour in asserting that Ghanaian drug-using youth will reject and ignore such advice.

However, informants also made some insightful recommendations regarding how to guide and counsel Ghanaian drug-using youth to minimize or quit their drug-use behaviour. B in contrast to the apathetic remark he made above, however remarked that *"...If somebody who they respect and hold dearly advices them, they may stop"*. F made a similar suggestion that:

> *"Left to me alone, my opinion is that drug using youth need to be counselled because not many of them have counsellors who counsel them about stopping the drug use. Even we the youth can counsel each other"*.

In F's view, most Ghanaian drug-using youth do not have significant others who guide and counsel them about their drug-use behaviour. He also reveals his confidence in peer counselling as a means of helping Ghanaian drug-using youth minimize or quit their drug-use behaviour. B and F in the sentiments expressed above, express some confidence about the effectiveness of guidance and counselling in helping Ghanaian drug-using youth to minimize or quit their drug-use behaviour in remarking that if a significant other guides and counsels them, they will heed advice and quit or reduce their drug-use behaviour.

E's suggestion is that *"There has to be a gathering where all such youth will be invited and the negative effects of drug use discussed with them"*. E, 29 years reveals his belief in the efficiency of public forums and campaigns as a means of helping Ghanaian drug-using youth to minimize or quit their drug-use behaviour. F also adds that *"It depends on their occupation and how the family, especially the mother and father, take charge and help the person"*. In F's view, occupation or the kind of work Ghanaian youth engage in influences their drug use behaviour. Thus, in his view, in helping Ghanaian drug-using youth minimize or quit their drug use behaviour, their occupation has to be taken into consideration. F further adds that increasing family support, especially parental support, is an important means of combating drug use among Ghanaian youth.

In sum, the suggestions made by informants reveal their perception of the significance of public forums and campaigns on the health-debilitating effects of drug use as a means of combating drug use among Ghanaian youth. Additionally, these submissions reveal informants' perceptions of the effective role of significant others and/or counsellors including peer counsellors in abetting drug use among Ghanaian youth. Moreover, F's expression that *"It depends on their occupation"* highlights his perception of the influence of occupation or the kind of work Ghanaian youth engage in on their drug use behaviour. Furthermore, these

submissions reveal Ghanaian youth's perceptions of the important role of family support, especially parental support, in combating drug use among their peers.

CHAPTER 5

GENERAL DISCUSSION AND CONCLUSION

5.1 Overview of Findings

This study sought to examine whether Ghanaian drug-using youth perceive stressful life events as influencing their drug use behaviour. Moreover, the study sought to find out which kinds of stressful life events Ghanaian drug-using youth experience. Additionally, Ghanaian drug-using youth's perceptions of the influence of their families on their drug use behaviour was explored. Again, this study examined whether Ghanaian drug-using youth perceive their peers and friends as influencing their drug use behaviour. Furthermore, the perception of Ghanaian youth engaged in drug use regarding the influence of significant others on their drug use behaviour was investigated.

First of all, it was found that Ghanaian drug-using youth perceive drug-use behaviour as dreadful and regrettable. Results also indicate that the main kinds of drugs used by Ghanaian youth are marijuana, alcohol, valium, cigarettes, and snuff (diazepam). It was also found that Ghanaian drug-using youth perceive their drug use behaviour as a means of overcoming shyness and boosting confidence to confront their problems. Support was also found for the gateway drug theory[28] in this study as alcohol use was found to precede experimentation with and initiation into the use of 'harder' drugs among Ghanaian youth. It was also found that the main settings where Ghanaian youth are exposed to these drugs and their use are in their homes, farms and other work places, recreational centres, and venues for social activities such as naming ceremonies and funerals. Furthermore, the main agents of Ghanaian youth's initiation into drug use were found to be their families and friends/peers.

[28] As indicated previously, the gateway drug theory posits a sequence of drug use that begins with alcohol and tobacco experimentation, moves on to early marijuana use, and then continues on with use of harder drugs such as cocaine and heroin (Choo, Roh, & Robinson, 2008).

It also emerged that the main kinds of stressors experienced by Ghanaian drug-using youth are financial problems, poor relationships with spouses or partners, major changes in the health or behavior of family members, and major personal injury. Moreover, it was found that Ghanaian drug-using youth perceive stressful life events as influencing their initiation and consequent habitual use of drugs. It again emerged that Ghanaian youth engage in drug use as a maladaptive means to enhancing their mood and alleviating the psychological and emotional distress arising from stressful events in their lives. Similarly, it was found that Ghanaian drug-using youth involved in blue-collar work perceive their drug use behaviour as a means of suppressing fatigue and overcoming the stressful and tedious nature of their kind of work.

Additionally, it was found that Ghanaian drug-using youth perceive their families as having a significant influence on their initiation and consequent habitual use of drugs. Again, it was found that Ghanaian drug-using youth perceive their peers and friends as having a significant influence on their initiation and consequent habitual use of drugs. Moreover, it was found that Ghanaian drug-using youth perceive significant others as very important figures who provide enormous support to them in helping them cease or minimize their drug use behaviour.

5.1.1 Conceptual Framework of the Trajectory of Ghanaian Youth's Drug Use

The trajectory of Ghanaian youth's drug use, accounting for the influence of stressful life events and perceived social support, from family, friends, and significant others, is summarized in the conceptual model below.

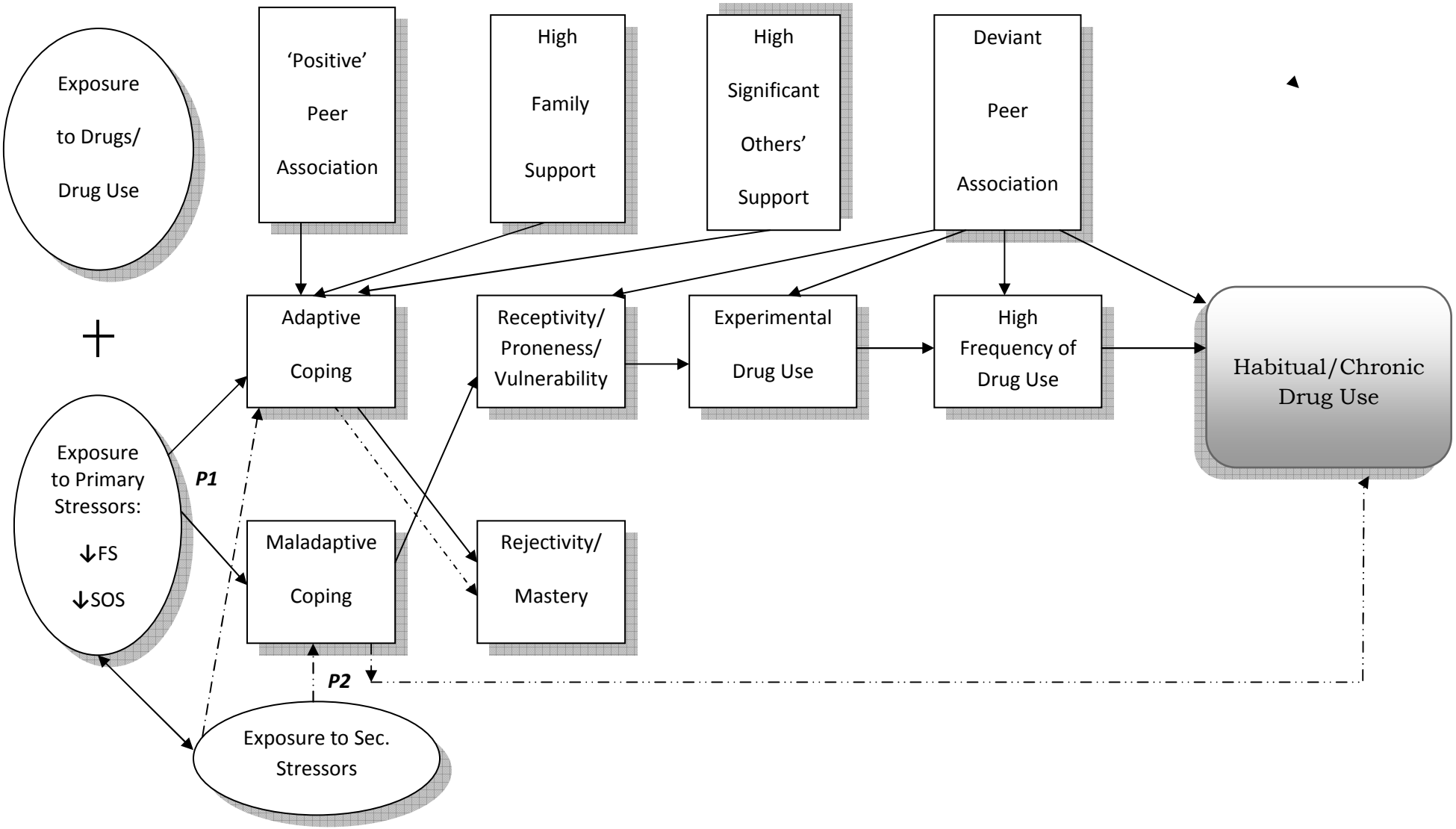


Figure 5: Conceptual Model of the Influence of Stressful Life Events and Perceived Social Support in the Trajectory of Ghanaian Youth's Drug Use

From this model, there are two pathways to Ghanaian youth's habitual/chronic drug use. In the first pathway, Ghanaian youth's exposure to primary stressors[29] such as low family support, and low significant others' support (which are associated with exposure to secondary stressors[30] such as financial problems, maladaptive relationships with spouses or partners, major changes in the health of family members) combined with Ghanaian youth's exposure to drugs and/or drug use (in their homes, farms and other work places, recreational centres, and venues for social activities through their families and friends/peers) leads to either adaptive coping or maladaptive coping/maladaptive stress response.

Adaptive coping occurs for Ghanaian youth who associate with 'positive' peers/friends, who perceive high family support, and who perceive high significant others' support. When these Ghanaian youth cope adaptively with the combined influence of drug exposure and exposure to primary and secondary stressors, they tend to 'reject' or 'master' the temptation to use drugs, and therefore avoid drug use. This phenomenon of rejecting or mastering the temptation to use drugs is referred to as 'rejectivity' or 'mastery'.

However, Ghanaian youth's exposure to primary and secondary stressors combined with their exposure to drugs and/or drug use also leads to maladaptive coping/maladaptive stress response for some youth. Maladaptive coping then leads to receptivity/proneness/vulnerability to drug use. It is important to state that receptivity/proneness/vulnerability to drug use is influenced again by deviant peer association and the debilitating influence of exposure to stress (both primary and secondary). Receptivity combined with deviant peer association then leads to experimental drug use. Experimental drug use again combined with deviant peer association then leads to frequent drug use.

[29] They are primary stressors in the sense that these stressors emerge early in life from the youth's immediate environment.

[30] They are secondary stressors in the sense that these stressors emerge later in life from the youth's external environment.

Frequent drug use again combined with deviant peer association then leads to habitual or chronic drug use among Ghanaian youth.

After these Ghanaian youth become habitual or chronic drug users, they develop a second less-sophisticated pathway of drug use. In the second pathway, when Ghanaian habitual drug-using youth are exposed to secondary stressors, (which are associated with primary stressors) some cope maladaptively or have a maladaptive stress response. These habitual drug-using youth who cope maladaptively or have a maladaptive stress response then engage in habitual/chronic drug use as a means of dealing with these stressful life events. However, some habitual drug-using Ghanaian youth who are exposed to secondary stressors, (which are associated with primary stressors) cope adaptively to these stressors when they associate with 'positive' peers/friends, and unlike during their initiation into drug use, come to perceive high family and significant others' support. As noted previously, these habitual drug-using Ghanaian youth then 'reject' or 'master' the temptation to use drugs, and therefore avoid drug use.

5.2 Limitations of the Study

The recruitment of only male drug-using informants is a weakness of this study. Female drug-using youth were not found to participate in this study as informants. It is therefore unclear if the results obtained would be the same if female drug-using youth had participated in the study. Another limitation of this study is that informants were only illiterate blue-collar-working drug-using youth. This is because it was difficult finding literate and white-collar-working drug-using youth for the study.

5.3 Strengths of the Study

Due to the sensitive nature of this study, trust between the researcher and informants is an important strength of this study. According to Renzetti and Lee (1993), the development of trust is an essential component of interviewing on sensitive issues. Indeed, when interviewing about illegal activities, establishing the interviewee's confidence is of vital importance (Wright, Klee, & Reid, 1998). Initial mediation between the researcher and informants by a youth leader in the community was useful in encouraging trust in the study. Moreover, the researcher's familiarity with the youth leader and informants in terms of living with them in the community for many years boosted their trust in the researcher: an indispensable ingredient of sensitive studies as the present one. In a few cases where home interviews were not possible because respondents did not want to be interviewed at home, interviews were conducted in a private room in the community centre further boosting trust.

Additionally, the present exploratory study highlights the main kinds of drugs used by Ghanaian youth, and the settings and agents where and through whom respectively Ghanaian youth are exposed to drugs and initiated into drug use. This study also highlights the main kinds of stressors experienced by Ghanaian drug-using youth and provides enormous insight into Ghanaian drug-using youth's perceptions of the role of stressful life events on their initiation and consequent habitual use of drugs.

Moreover, this study provides the first known evidence in support of the gateway theory[31] of drug use, in the researcher's view, among Ghanaian youth. Additionally, this study elucidates Ghanaian drug-using youth's perceptions of the role of social support from families, friends/peers, and significant others in their initiation and consequent habitual use of

[31] As indicated previously, the gateway theory posits a sequence of drug use that begins with alcohol and tobacco experimentation, moves on to early marijuana use, and then continues on with use of harder drugs such as cocaine and heroin (Choo, Roh, & Robinson, 2008).

drugs. Furthermore, this study might provide a theoretical model on the trajectory of Ghanaian youth's drug use.

5.4 Potential and Future Directions

5.4.1 Research on Drug Use

For future research on drug use, it is recommended that researchers strive to recruit female drug-using youth as participants. This would present a gender-balanced and much richer data for researchers. This would also ensure that the perspectives of female drug-using youth are brought to light. Additionally, researchers must strive to recruit literate and white-collar-working drug-using youth to participate in future studies. Again, this would present researchers a much richer data and highlight the viewpoints of literate and white-collar-working drug-using youth.

Moreover, it is recommended that future researchers investigate the association between personality variables and initiation into drug use and the subsequent habitual use of drugs. Such research might contribute to knowledge on the personality variables that serve as risk factors of youth's drug use. Again, although this study provides some insight into the trajectory of youth's drug use, it is recommended that future researchers in investigating the trajectory of youth's drug use investigate the various stages of drug use, and the specific drugs which youth use first and the probabilities of further engaging in the use of other drugs. Such research will contribute to existing knowledge on the pattern and direction of youth's drug use.

Research is also needed that explores the role that specific familial factors such as family violence, the breakdown of the extended family system, the changing role of mothers within the family system, and family's socioeconomic status, play in the initiation,

continuation, escalation, and cessation of youth's drug use. Again, such research will contribute extensively to knowledge on familial factors associated with youth's drug use.

Furthermore, future research with varying age groups and clinically diagnosed substance abusers is necessary in establishing the influence of stressful life events and perceived social support on drug use. Together, the above recommendations will contribute to the development of a broader theory of how stressful life events and perceived social support influence drug use. Ultimately, such knowledge might strengthen the theoretical basis for designing effective interventions aimed at preventing or reducing drug use.

5.4.2 Drug Use Interventions and Health Praxis

Based on the findings of this study, the following recommendations are outlined to guide behavioural scientists and agencies interested in the combating of drug use among Ghanaian youth. First, it is recommended that in designing interventions aimed at preventing or reducing drug use among Ghanaian youth and the general population at large, behavioural scientists must recognize the significant etiological role of stressful life events in youth's drug use. This will result in an improvement in the quality of care in healthcare, and for social services and counselling dealing with drug-using youth in particular, and developing systems to serve this population and the wider population at large.

Ghanaian youth must also be taught stress management techniques in order to cope adaptively with stressful life events instead of relying on drug use as a maladaptive means to enhancing their mood and alleviating the psychological and emotional distress arising from stressful events in their lives. It is also important that Ghanaian drug-using youth are helped to acquire efficient social or communication skills so that they may interact or communicate adaptively instead of relying on drug use as a means of overcoming shyness and boosting confidence when socializing and communicating. Again, there is the need for campaigns

targeting Ghanaian drug-using youth involved in blue-collar work. These campaigns must educate these youth about the harmful effects of drug use so that they may avoid drug use as a maladaptive means of suppressing fatigue and overcoming the stressful and tedious nature of their kind of work. Ghanaian drug-using youth's perceptions that drug use gives them extra energy to enable them work hard also needs to be demystified by behavioural scientists. They must be educated about the deleterious effects of drug use so that these youth may not engage in the detrimental use of drugs under the guise of suppressing fatigue during work.

In addition, this study reveals that families play significant roles in Ghanaian youth's initiation and consequent habitual use of drugs. There is therefore the need through all avenues to educate parents on how sending their kids on errands to purchase alcohol, cigarettes, and other drugs, and their (parents') drug use influence their children's drug use. Parents must also be encouraged to effectively play their roles in improving their relationships with their children by using positive reinforcement, listening, communication and problem solving skills, providing consistent discipline and rulemaking, monitoring their children's activities especially during adolescence, advising their children, teaching their children the benefits of good habits and positive relationships and also the debilitating effects of drug use.

Moreover, this study revealed that Ghanaian youth's peers and friends significantly influence their initiation and consequent habitual use of drugs. It emerged from this study that such exposure to drugs and initiation into drug use by youth's peers and friends occur at youth's work places, recreational centres, and venues for social activities. It is recommended that law enforcement agencies be made to monitor youth entertainment programmes in order to ensure that drugs are not sold there to entice vulnerable youth. Additionally, law enforcement agencies must hasten their efforts in seeking, arresting and prosecuting all drug offenders appropriately to deter drug use among youth. It is also important that empowerment

training is organised to help youth resist peer pressure to engage in drug use and other deviant behaviours. Given the importance of peer educators or counsellors in combating drug use as identified by Klepp, Halper, and Perry (1986) it is recommended that peer educators/counsellors be trained and made available in youth institutions and groups to act as support and positive pressure for vulnerable youth and those who desire to keep away from drugs. According to Oetting and Beauvais (1987), peer counselors are much more aware of the beliefs, attitudes, and behaviors that occur in peer clusters in their environment and, thus, may have a better chance of tuning into and modifying the factors leading to drug use.

Additionally, treatment of drug-using youth must take cognizance of their peer clusters. Otherwise, treatment is likely to be of limited value. The peer cluster is a dominant force in a youth's life which functions to norm attitudes, values, beliefs, and behaviors, including those related to drug use. Thus, conformity to the values and behaviors of the peer cluster is extremely high and is not likely to be changed by any realistically brief treatment or therapy. If the peer cluster is not changed or if the youth's relation to that cluster is not changed, the peer cluster will continue to encourage and maintain drug use. If a youth is sent away for treatment and then returns, the peer cluster will draw the youth back into drug use (Oetting & Beauvais, 1987).

It also emerged from the study that significant others are very important figures who provide enormous support to youth in helping them cease or minimize their drug use behaviour. The significance of significant others in helping youth minimize and quit drug use has been previously underscored. Thus, therapeutic interventions aimed at minimizing Ghanaian youth's drug use must incorporate the important buffering element of support from significant others. This will strengthen drug-use interventions and make them more efficient in preventing and reducing drug use. Significant others must also be trained in communities and empowered to use counselling skills in helping youth in their communities avoid,

minimize, and ultimately quit using drugs. Through this initiative, adolescents' wellbeing can be improved.

It is also important that Ghanaian communities play a role in helping prevent or minimize drug use. This is because drug-using and vulnerable youth live in communities. Thus, there should be campaigns in communities to make members aware of all related issues to youth's exposure to drugs and initiation in drug use. This will be helpful in designing community programmes that will address those issues and to re-channel youth energies positively. There is also the need for the establishment of self help groups or rehabilitation centres within communities for the rehabilitation of drug-using Ghanaian youth. Youth-related institutions such as the National Youth Council (NYC) and the Ministry of Youth and Sports (MoYS) and their affiliated youth groups also need to design programmes for youth in communities as a way of preserving and re-channelling their energies usefully. Education on drug use must also target the perceived benefits of drug use that are used to convince vulnerable youth into drug use.

Also, empirically, Ghana is a very religious country with numerous religious institutions and churches. The importance of religion in preventing drug use and helping Ghanaian drug-using youth minimize and quit their drug use behaviour cannot be underestimated. Thus, a recent study by Kovacs, Piko, and Fitzpatrick (2011) found that religiosity is an important protective factor against drug use. Indeed, numerous studies (e.g., Booth & Martin, 1998; Cotton *et al.*, 2006; Piko & Fitzpatrick, 2004; Schlundt *et al.*, 2008; Wallace *et al.*, 2007) have found that religiosity plays an important role in the prevention of drug use and other health risk behaviours.

It is therefore important that Ghanaian youth are encouraged to collaborate or associate more with religious organisations in order to imbibe the religious traits that help in buffering the temptation to engage in drug use. Additionally, churches within communities

should be involved in youth education against drugs and also support rehabilitation centres and self help groups in the communities in which they reside. Moreover, in designing interventions aimed at preventing or reducing drug use among Ghanaian youth and the general population at large, behavioural scientists must recognize the significant influence of religion. This will strengthen drug use interventions and make them more efficient in preventing and reducing drug use.

Moreover, the government must play a very essential role in helping prevent or minimize drug use among Ghanaian youth. Thus, all government agencies and youth related institutions such as the National Youth Council (NYC) and the Ministry of Youth and Sports (MoYS) must have programmes directed at addressing the problem of youth's drug use as part of their activities. The suggestions made by informants reveal their perception of the significance of public forums and campaigns on the health-debilitating effects of drug use as a means of combating this maladaptive behaviour among Ghanaian youth. Thus, health and security agencies of government must organize regular public forums and inform youth about the debilitating effects of drug use and empower them to stay away from drugs.

Furthermore, commercial advertising of legal drugs such as alcoholic beverages and cigarettes that target youth must be critically examined and censored in the light of the support found for the gateway theory of drug among Ghanaian youth. Although government generates revenue from the sale of alcohol and cigarettes, it is important that government restricts their mode of advertising and sale through the enactment and enforcement of appropriate laws. Furthermore, law enforcement on the sale of drugs as well as the arrest and prosecution of users must be strictly enforced to serve as deterrence. These measures, it is hoped, will decrease the gateway phenomenon among Ghanaian youth, in which Ghanaian youth's regular use of legal drugs such as alcohol, cigarettes, and valium leads to their consumption of 'harder' drugs such as marijuana, cocaine, and heroin.

5.5 Conclusion

Previous researchers have examined the influence of stressful life events and perceived social support on youth's drug use. However, these studies have preponderantly employed quantitative techniques. Additionally, these studies have preponderantly been conducted in Western cultures and have employed preponderantly Caucasian samples. Indeed, although much is known about the influence of stressful life events and perceived social support on youth's drug use in Western cultures (e.g. Baldwin, Brown, Wayment, Nez, & Brelsford, 2011; Rose & Bond, 2008, Taylor, 2006), much less is known about the influence of stressful life events and perceived social support on the drug use of Ghanaian youth. The current study therefore builds on the above studies by employing a qualitative methodology to understand Ghanaian drug-using youth's perceptions of how stressful life events and social support influence their drug use behaviour.

It was found that the main agents of Ghanaian youth's initiation into drug use are their families and friends/peers. It was also found, in support of gateway theory (Kandel, 1975), that increased alcohol use precedes experimentation with and initiation into the use of 'harder' drugs among Ghanaian youth. Again, it was found that Ghanaian drug-using youth perceive stressful life events as influencing their initiation and consequent habitual use of drugs. It also emerged that Ghanaian youth engage in drug use as a maladaptive means to enhancing their mood and alleviating the psychological and emotional distress arising from stressful events in their lives, suppressing fatigue and overcoming the stressful and tedious nature of blue-collar work, and overcoming shyness and boosting confidence to confront their problems. Additionally, it was found that Ghanaian drug-using youth perceive their families and peers/friends as having a significant influence on their initiation and consequent habitual use of drugs. Moreover, it was found that Ghanaian drug-using youth perceive significant

others as very important figures who provide enormous support to them in helping them cease or minimize their perceived dreadful and regrettable drug use behaviour.

It is therefore recommended that in designing interventions aimed at preventing or reducing drug use among Ghanaian youth and the general population at large, behavioural scientists must recognize the significant etiological role of stressful life events, low family support, and deviant peer association in youth's drug use. Behavioural scientists must also acknowledge the significant protective or buffering influence of significant others and religiosity in youth's drug use in designing interventions aimed at preventing or reducing drug use among Ghanaian youth. This will strengthen drug-use interventions and make them more efficient in preventing and reducing drug use. This will also result in an improvement in the quality of care in healthcare, and for social services and counselling dealing with drug-using youth in particular, and developing systems to serve this population and the wider population at large. In sum, Ghanaian youth's drug use is "(Ghana's) biggest national tragedy" (Kojo Sagoe[32], 2011) and needs to be addressed by all sectors of society, and involve government and the entire community from all angles. This will maximize the effectiveness of drug use interventions targeted at Ghanaian drug-using youth.

[32] Dr Kojo Sagoe is a Clinical Psychologist and Head of the Drugs and Alcohol Rehabilitation Centre of the Ankaful Psychiatric Hospital in Cape Coast, Ghana.

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APPENDICES

Appendix I

Semi-Structured Interview Guide

A) i) How old are you?..... **ii) Sex**.....

B) The focus of this interview is drug use. I am interested in knowing how young people themselves experienced and perceive how and what has happened. Can you please tell me about the circumstances around which you started to use drugs and how your environment reacted to this?

C) Drugs

1. Which of the following drugs have you ever used, even if only once?

1.1 Which of them do you still use?

( ) Marijuana ( ) ( ) Heroin ( ) ( ) Snuff ( )

( ) Cocaine ( ) ( ) Alcohol ( ) ( ) Cigarettes ( )

1.2 Which other drugs(s) have you ever used or still use that has not been mentioned above?

3. Stressful Life Events and Drug Use

2.1 Have you ever used the drug(s) mentioned above because you felt nervous?

2.1.1 Tell me about one such situation and what happened.

2.2 Do you sometimes use the above-mentioned drug(s) because you are unable to deal successfully with irritations in your life?

2.2.1 Tell me about one such situation and what you did.

2.3 Have you ever used the above-mentioned drug(s) because difficulties were piling up so high that you could not overcome them?

2.3.1 Tell me what happened in that instance?

2.4 Have there been situations when you have used the above-mentioned drug(s) because you did not have confidence in your ability to handle your personal problems?

2.4.1 Tell me about one such situation and what happened?

2.5 Have you ever used the above-mentioned drug(s) because things that happened were outside of your control?

2.5.1 Tell me what happened in one such situation?

D) Perceived Social Support and Drug Use

1. Perceived Family Support and Drug Use

1.1 Do you have family with whom you can share your joys and sorrows?

1.2 Do you think your family helps you?

1.3 Do you think you can talk about your problems with your family?

1.4 How does your relationship with your family influence your use of the above-mentioned drug(s)?

2. Perceived Friends Support and Drug Use

2.1 Do you have friends with whom you can share your joys and sorrows?

2.2 Do you think your friends help you?

2.3 Do you think you can talk about your problems with your friends?

2.4 How does your relationship with your friends influence your use of the above-mentioned drug(s)?

3. Perceived Significant Others' Support and Drug Use

3.1 Apart from your friends and family, do you have any special person(s) who is/are around when you are in need and who is/are a real source of comfort to you?

3.2 Do you think this/these person(s) help(s) you?

3.3 Do you think you can talk about your problems with this/these person(s)?

3.4 How does your relationship with this/these person(s) influence your use of the above-mentioned drug(s)?

E) Stressful Life Events

The Holmes-Rahe Life Stress Inventory

1. Which of the following has happened to you within the last twelve months?

Death of spouse		100
Divorce		73
Marital Separation from mate		65
Detention in jail or other institution		63
Death of a close family member		63
Major personal injury or illness		53
Marriage		50
Being fired at work		47
Marital reconciliation with mate		45
Retirement from work		45
Major change in the health/behavior of a family member		44
Pregnancy		40
Sexual Difficulties		39
Gaining a new family member (birth, adoption, in law)		39
Major business readjustment		39
Major change in financial state		38
Death of a close friend		37
Changing to a different line of work		36
Major change in arguments w/spouse or partner		35

Taking on a mortgage (for home, business)		31
Foreclosure on a mortgage or loan		30
Major change in responsibilities at work (promotion or demotion)		29
Son or daughter leaving home (marriage, school, adoption)		29

0 – 149: No Significant Problem
150 – 199: Mild Stress
200 – 299: Moderate Stress
300+: Major Stress

F) Debriefing

Appendix II

Information Letter and Consent Form

Request for participation in a research project

"Ghanaian youth's drug use: The role of stressful life events and perceived social support"

Background and purpose

This is a request for you to participate in a research study that intends to investigate the role of stressful life events and perceived social support in Ghanaian youth's drug use. You have been selected to participate in this study as a Ghanaian youth engaged in drug use. The researcher, Mr. Dominic Sagoe, will be responsible for this study.

What does the study entail?

The study will involve interviewing Ghanaian youth involved in drug use (with their consent, and that of their parents and/or guardians if necessary). The interviews will be audio recorded so that responses can be accurately documented. This will enable the researcher to transcribe the responses later for analysis. Your participation is possible only if you are willing to have the interview recorded.

Potential advantages and disadvantages

By taking part in this study, you will be helping psychologists and health professionals understand the causes of Ghanaian youth's drug use. Second, you will contribute to produce findings that, when factored into preventive and therapeutic interventions, will help prevent and decrease drug use among Ghanaian youth and improve their health in the long run. Participating in this study will have no discomfort, risks, or negative effects on you.

What will happen to the samples and the information about you?

The data that is gathered from you will only be used in accordance with the purpose of the study as described above. All the data will be processed without name, ID number or other directly recognisable type of information. A code number links you to your data through a list of names. Only authorised project personnel will have access to the list of names and be able to identify you. The information gathered about you during the study will be deleted in June, 2011 when the entire research is over. It will not be possible to identify you in the results of the study when it is published.

Voluntary participation

Participation in this study is voluntary. You can withdraw your consent to participate in the study at any time and without stating any particular reason. This will not have any consequences for your further treatment. If you wish to participate, sign the declaration of consent on the final page. If you agree to participate at this time, you may later on withdraw your consent without your treatment being affected in any way. If you later on wish to withdraw your consent or have questions concerning the study, you may contact me at sagoedominic@yahoo.co.uk**,** or by telephone, 0242913905. You can also contact my supervisor, Prof. Birthe Loa Knizek at birthe.loa.knizek@svt.ntnu.no

Further information on the study can be found in Chapter A – *Further elaboration of what the study entails.*

Further information about biobank, privacy and insurance can be found in Chapter B – *Privacy, biobank, funding and insurance.*

The declaration of consent follows Chapter B

Chapter A – Further elaboration of what the study entails

- **Criteria for participation**

  You have been selected to participate in this study as a Ghanaian youth engaged in drug use.

  Background information about the study

  Daily reports in Ghanaian media indicate that drug use among Ghanaian youth is widespread. Drug abuse is a global health and social problem. Many researchers have found that stressful life events and lack of social support influence youth's drug use in western countries such as Australia, the United States, among others. However, whether a similar situation exists among youth from other non-western countries, such as Ghana, is unknown. This study addresses this gap in the literature by investigating the influence of stressful life events and lack of social support on Ghanaian youth's drug use.

- **Alternative procedures or treatment the participant receives if he or she chooses not to participate in the study**

  You are free to decide whether to participate in this study or not. If you decide not to participate in this study, you will not be interviewed.

- **Schedule – what happens and when does it happen?**

  If you decide to participate in this study, you will be interviewed about your experiences with drugs. The interview will be audio recorded so that the researcher can replay it and transcribe it for analysis.

- **Potential advantages**

  By taking part in this study, you will be helping psychologists and other health professionals understand the causes of Ghanaian youth's drug use. Second, you will contribute to produce findings that, when factored into preventive and therapeutic interventions, will help prevent and decrease drug use among Ghanaian youth and improve their health in the long run.

- **Potential adverse events**

  Participating in this study will have no adverse effects on you.

- **Potential discomforts or disadvantages**

Participating in this study will have no discomfort, risks, or negative effects on you.

- **The participant's responsibility**
  Your responsibility shall be to honestly answer questions in an interview with the researcher.

- You as a participant (and your parent/guardian where applicable) will be informed as soon as possible in case new information becomes available that might influence your willingness to participate in the study
- You as a participant (and your parent/guardian where applicable) will be informed about potential decisions/situations that entail that your participation in the study might be ended earlier than planned

Chapter B – Privacy, biobank, funding and insurance

Privacy

Information that will be registered about you is your responses during the interview. Your responses will not be added to any law-regulated registries, or medical records in other agencies.

Releasing material and data to other parties

If you agree to participate in the study, you also consent to de-identified data being released to my supervisor, Birthe Loa Knizek.

Right to access and right to delete your data and samples

If you agree to participate in the study, you are entitled to have access to what information is registered about you. You are further entitled to correct any mistakes in the information we have registered. If you withdraw from the study, you are entitled to demand that the collected data are deleted, unless the data have already been incorporated in analyses or used in scientific publications.

Funding

This study has not received funding from any agency.

Insurance

No insurance scheme applies when participating in the study.

Information about the outcome of the study

As a participant, you are entitled to receive information regarding the results of this study.

Consent for participation in the study

I am willing to participate in the study.

(Signed by the project participant, date)

Proxy consent when this is warranted, either in addition to or in place of the participant's consent.

(Signed by representative, date)

I confirm that I have been given information about the study.

(Signed, role in the study, date)

Appendix III

Ethical Clearance from the Regional Committee for Medical and Health Research Ethics (REK), Norway

Vår ref. nr.: 2011/969
Prosjekttittel: Ghanaian Youth's Substance Abuse: The Role of Stressful Life Events and Perceived Social Support
Prosjektleder: Birthe Loa Knizek

Birthe Loa Knizek and Dominic Sagoe,

The Regional Committee for Medical and Health Research Ethics, Central Norway, evaluated the project in its meeting on May 28, 2011. The project was accepted with some comments. The response to our comments and the revised information letter was approved June 28, 2011.

The project can now be completed as planned.

Best regards

Sven Erik Gisvold
Professor
Leader of the Committee

Anneli Pellerud
Secretary of the Committee

post@helseforskning.etikkom.no
T: 73597509

Regional komité for medisinsk og helsefaglig forskningsetikk REK midt-Norge (REK midt)
http://www.helseforsking.etikkom.no

REK
REGIONALE KOMITEER FOR MEDISINSK OG HELSEFAGLIG FORSKNINGSETIKK

Appendix IV

Ethical Clearance from the Department of Psychology, University of Ghana, Ghana

UNIVERSITY OF GHANA
DEPARTMENT OF PSYCHOLOGY

Tel: (233-0302) 500381 Ext.3754/3310
028 955 04 63

P. O. Box LG 84, Legon, Ghana

e-mail: psychology@ug.edu.gh

Our Ref. No:.....

23rd June, 2011

To Whom It May Concern
Introduction of Researcher and Confirmation of Research Protocol

I hereby introduce Mr. Dominic Sagoe as the researcher on the topic *"Ghanaian Youth's Substance Abuse: The Role of Stressful Life Events and Perceived Social Support"*. Mr. Sagoe is a former Bachelor of Arts Honours Degree student at the University of Ghana, and now a student in the Master of Philosophy in Human Development program at the Department of Psychology, Norwegian University of Science and Technology, Trondheim, Norway. This letter confirms that his research protocol has been duly evaluated, approved and cleared by the Regional Committee for Medical Research Ethics (REK) in Norway and the Department of Psychology, University of Ghana, Legon.

Your support and cooperation with him towards a successful data collection is implored.

Thank you.

Dr. Samuel Atindanbila
Lecturer

UNIVERSITY OF GHANA-LEGON
DEPARTMENT OF PSYCHOLOGY