

Drug Abuse Among Street Children

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ABSTRACT

In The Gambia like all nations, drug abuse is seen as a social and health problem that has many serious implications for the physical, social, psychological and intellectual development of the victims more especially, the children. Therefore, it continues to be a concern to families, community leaders, educators, social workers, health care professionals, academics, government and its development partners. Though there some studies on drug abuse, there is none on children and drug abuse focusing on the street children the most vulnerable category. Street children are hypothesized to be more at risk of any epidemic including drug abuse. This study sought to determine the risk and prevalence of drug abuse among street children focusing on those in the car parks. The research was focused on six critical areas: knowledge of drug abuse, perception towards it, knowledge of the causes, knowledge of negative impacts of it, knowledge of the preventive methods; and knowledge of the support services needed by abusers

A structured questionnaire was used to collect the data from thirty five participants (i.e. one driver and six casual apprentices from each of the five car parks) were interviewed. The data was presented and analyzed using tables and percentage. The findings revealed among others, that there is high level of awareness of drug abuse but the feelings towards it is mixed. Like other children, street children are abusing drugs mainly due to peer influence with the ultimate objective of getting high to relief stress, group recognition, trusted by peers, etc. Similarly, participants are highly aware of the negative impacts encompassing fighting, stealing, mental illness, etc. To finance the behavior, victims are engaged in all types of dangerous antisocial behavior including romantic ones exposing them to a range of diseases including STIs and HIV/AIDS. Marijuana is the most commonly abused drug. Though in the minority, some have started experimenting cocaine/coke, hashish and heroin. While participants have good knowledge of the critical methods to fight drug abuse, the support services needed by victims, victims are mostly reluctant to seek the services not only because they are hard to find but fear societal stigmatization, exclusion and discrimination and professional's maltreatments.

KEY WORDS

Drugs; Abuse; Street Children; Casual Van Apprentice; Commercial Van Driver.

INTRODUCTION

Drug abuse, the once silent killer is claiming more victims than ever before, and in horrific manners. In 2016, according to UN 250 million people between the ages of 15 and 64 used at least one drug in 2014 and more than 29 million are suffering drug use disorders compared with 27 million in 2013.

Africa now occupies second position worldwide in the trafficking and consumption of illegal drugs. The UN estimate in 2014, there were 28 million drug users in Africa and 37,000 people die annually from diseases associated with the con-

sumption of it. The children are identified as the most vulnerable, especially those who cannot resist peer pressure, DW Made for Mind (2013).

The Gambia has witnessed increased in the abuse of cannabis, heroin, cocaine, ecstasy and other stimulant drugs were noted in the country, United Nations (2003) as in Anderson, Z. (2004). It is estimated more than 40% of illicit drugs users are under the age of 20 years to escape social problems (State house, 2003; United Nations, 2003; International Youth Parliament, 2004) as in Anderson, Z. (2004). Because children are

the source of hope and inspiration for the society and need to be protected. Unfortunately, children do not only live in poverty but tens of millions of them around the world find themselves living or working in the streets as street children. However, research shows that the street children phenomenon is not a new socio-economic problem, De Moura, (2005) as in Molahlehi, L. A. (2014).

Although the number is unknown, existing estimates suggest that tens of millions of children are street-based and their numbers are rising secondary to global population growth, HIV epidemic, migration, and urbanization, UNICEF. The state of the world's children, (2012) as quoted in Woan, J. et al., (2013). To survive they roam the streets of urban areas begging and looking for jobs in order to obtain food and other basic necessities. They usual work in poor conditions, dangerous to their health, and starve some days.

The Gambia government, in response to the concerns, has developed numerous policies and laws to tackle it. Along with the government legislations and programmes, NGOs provide need support, Anderson, Z. (2004). Despite few studies reporting prevalence there are no pooled data on the types of substance abused, reasons for abuse by children including the street children. Therefore, there is an urgent need to study street children and drug abuse to both understand the magnitude of the problem and design programmes for prevention and rehabilitation.

RESEARCH METHODOLOGY

Area of Study

The study was conducted in five car parks, Serekunda, Coastal road, Bundung, Banjul; and Brikama car park. In view of the volume of commuters, these car parks have become one of the busiest places in towns and growth centers and becoming favorite places for all types of children including street children scavenging for better life through casual employment and petty trading.

Sample and sampling procedure

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

Sampling procedure

Because the study was solely sponsored by the researcher and to be executed within six months the sampling procedure was

kept simple without comprising quality and as such all major car parks in three main councils (Banjul, Kanifing and Brikama) were put together and five car parks were randomly selected by balloting. The total number of drivers in each was obtained from the car pack managers. The participating drivers and casual apprentices were equally chosen by simple random sampling to obtain the required sample.

Recruitment and eligibility of participants

Two retired drivers and a social worker with experience working with this population assisted in recruiting the participants. Casual apprentices were eligible to participate only if they were:

1. Between 7 to 17 years.
2. Not permanently engaged by a driver or enrolled in school;
3. Spending majority of their time in car parks working or roaming.
4. Having limited or no contact with a family and spend both days and nights in the car park returning to a family or a guardian.

Data collection methods

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

Data analysis methods

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

Limitations of the study

Literature: though there are many similar studies in this area but few are on the studied population and none was conducted in The Gambia.

Funding: there was not a single financial support from any institution or individual despite all efforts.

Sensitivity of the topic: because of the sensitivity of the topic, I have encountered many problems in getting respondents especially the casual apprentices who are willing to talk to me without unnecessary delay.

OBJECTIVES OF THE STUDY

The rationales were to research into drugs abuse by street children focusing on those in the car parks and commercial drivers.

Significance of the study

1. Contribute to existing knowledge.
2. Act as an input for policy and law makers.
3. Provide a base for the protection of children.
4. Will be useful to child rights advocates.
5. Will increase people knowledge of the risk of drug abuse by children in car parks.

Definition of concepts

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

Abuse: a drug is considered abused by a person when s/he deliberately uses it for non-medical purposes, as well as the arbitrary use without medical prescription.

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

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

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

Ethical consideration

Thought the study was non-invasive, to accord priority to respondent's welfare, major ethical consideration was made. Explaining study objectives to obtain verbal permission, participant's determining interview venues and right to stop participating at any time.

DATA PRESENTATION, INTERPRETATIONS AND DISCUSSIONS

Hence adolescence is a critical stage in life and is the most transformative period it is fundamental that children are protected from the devastating effects of drug abuse. To protect them, it is critical that among others, knowledge of drug abuse, causes, negative impacts, preventive methods, support services needed by abusers and perception towards it is scientifically documented.

KNOWLEDGE OF DRUG ABUSE

In reacting to whether they have ever heard of drugs, all responded in the positive. However, they reacted differently

in commenting what it means: smoking illegal substances 18(31.03%), drinking illegal drinks 11(18.96%), misused of drugs 8(13.79%), excessive drug use 7(12.06%), unauthorized drugs use 6 (10.34%), and others specified 5 (8.62%). In a following up question as to whether they know any type of drugs in the community, they reacted with opium 17 (26.15%), marijuana 13(20.00%), alcohol 9(13.84%), inhalant 7(10.76%), hashish 5 (7.69%), antibiotics 3(4.61%), etc.

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

PERCEPTION TOWARDS DRUG ABUSE

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

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

Commenting on how they view abusers in the community, they reacted as sometimes dangerous 27(23.88%), thieves

and unreliable 12(10.61%), always dangerous, aimless and wasteful 11(9.73%) respectively, sometimes friendly 9(7.96%), useless and wealthy 7(6.19%) respectively, sympathetic and cursed 5(4.42%) respectively; and other specified 2(1.76%)

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

Reacting to why children, abuse drugs, respondents felt differently. Peer influence 29(14.87), pleasure and brevity seeking 24(12.30), poor academic achievements 22(11.28), unstable/broken home environment 21(10.76), easy affordability 19(9.74), ignorance and poverty 17(8.71), curiosity and weak law enforcement 16(8.20), easy accessibility 14(7.17), not fearing of parents/adults in the community 11(5.64), to work hard and for long hours 10(5.12) respectively; and others specified 2(1.02). Commenting on where the children mostly abuse drugs, participants opined. Peer's homes 26(19.25%), street corners 25(18.51%), car parks 21(15.55%), night and video clubs and ghettos and during parties 14(10.37%) respectively, schools and beach sides 9(6.66%), their own homes 4(2.96%), and other specified 2(1.48%).

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

CAUSES OF STREET CHILDREN ABUSING DRUGS

Commenting on why children in the car parks abuse drugs, respondents reacted differently. Peer influence and group recognition 33(15.63%), lack of parental supervision 27(12.79%) curiosity 23(10.90%), lack of stable home environment 21(9.95%), to work hard and for long hours 20(9.47%), to relieve stress and ignorance 19(9.00%) respectively, easy ac-

cessibility 18(8.53%), for seeking pleasure and relaxation 17(8.05%), easy affordability 12(5.68%); and others specified 2(0.94%). Reacting to perceived benefits of drugs abuse by the children in the car parks, respondents felt as follows: feeling high 31(19.62%), feel accepted and trusted by peers 29(18.38%), drowsiness 26(16.45%), ability to work hard and for long hours 25(15.82%), brevity 19(12.02%), ability to focus or concentrate 18(11.39%), ability to think/memorize quickly 7(4.43%) and others specify 3 (1.89%).

NEGATIVE IMPACTS OF DRUG ABUSE

In addition to vast majority 25(83.33%) subscribing to drug abuse having negative impacts on the street children, in a follow up question regarding the negative impacts, participants reacted as mapped. Mental illness 31(16.14%), aggressive behavior 27(14.06%), problems and fighting at work place 24(12.50%), endless problems with peers and colleagues 22(11.45%), frequent fighting and stealing 20(10.41%), becoming a school drop-outs 19(9.89%), endless family problems 18(9.37%), getting diseases (e.g. HIV/AIDS, TB, STIs, etc.) 12(6.25%), road accidents 9(4.68%), stroke 5(2.60%) and other specified 4(2.08%). Lamenting on the types of drugs mostly abuse by the street children, respondents opined differently. Marijuana 27(23.07%), inhalant 26(22.22%), alcohol 17(14.52%), antibiotics 13(11.11%), opium 11(9.40%), diazepam 7(5.98%), hashish and heroine 5(4.27%) respectively, others specified 4(3.41%) cocaine and paracetamol 1(0.85%).

PREVENTIVE METHODS OF DRUG ABUSE

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

Lamenting on the best methods they ascribed to different strategies. Regular sensitization campaigns 36(9.83%), avoidance of bad peer group 34(9.28%), strong personalities and resistant skills 32(8.74%), self-esteem building techniques 31(8.46%), family support services provision 30(8.19%), strong parent-child relationship 28(7.65%), always monitoring children's activities and maintaining open line communication with children 27(7.37%), always engagement in useful activities 26(7.10%), Always being closed to responsible

adults 25(6.83%), mainstreaming drug abuse in curriculum 23(6.28%), one-on-one discussions with children regularly 21(5.73%), application of good parenting skills/methods constantly 18(4.91%), provision of gainful employment 5(1.36%) others specified 3(0.81%).

SUPPORTED SERVICES NEEDED BY ABUSERS

While all 30(100%) agreed that victims of drug abuse need support services, they reacted differently when it comes to the types of support services. Behavioral counseling or therapy 31(14.48%), support groups including spiritual ones 29(13.55%), supportive friends and family environment 27(12.61%), a sober living environment 24(11.21%), regular family support 23(10.74%), a sober social network and peers 21(9.81%), regular and affordable medical treatments 19(8.87%), uninterrupted educational services 17(7.94%), traditional or herbal treatments 12(5.60%), vocational training or skills 9(4.20%); and others specified 2(0.93%). Commenting on who should provide such support, participants felt as captured. Government institutions 36(16.21%), local government authorities 26(11.71%), united nations agencies 24(10.81%), support groups 24(10.81%), mosques/marabouts/churches 23(10.36%), community based organizations (CBO) 20(9.00%), the community and the family 19(8.55%) respectively, non-governmental organization (NGOs) 18(8.10%), faith based organizations (FBO) 12(5.40%) and others specified 1(0.45%).

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

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

In addition to majority 18(60.00%) attesting to have tested

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

Data Interpretation and Discussions

Knowledge of Drug Abuse

The results indicate a high level of awareness of drugs in the community since all the participants have not only heard of them but have personally seen them and are well familiar with the different varieties available in the community and above all have seen people abusing them. With such degree of awareness, it is anticipated that participants will do all it takes to avoid abusing them despite being young, although age is found to be a strong risk factor. Rambaree, K. et al., (2017), the strongest predictor of reporting drug use was age. Somani, S. et al., (2016), predisposing factors for substance abuse among adolescents are age, gender, family structure and relations, poverty, availability and accessibility of drugs. Chie, Q.T. et al., (2015), participation in awareness raising project was associated with a decrease in willingness to experiment with drugs, even though all groups showed strong negative attitudes towards drug use.

However, the degree of knowledge and awareness of a particular phenomenon does not automatically guarantee people completely avoiding it or a behavioral change. Majelantle, R. G. et al. (2014), increased in knowledge about the disease is not a predictor for behavioral change, although knowledge about the disease is prerequisite for change. Njord, et al., (2010) as in Embleton, L. et al., (2012), street children have a moderate degree of awareness about the negative health outcomes associated with drugs use, yet they continued to use inhalants.

Furthermore, findings revealed that in the community children as young as nine years are abusing drugs. This concurs with the age of initiation of substance abuse using non-drugs like glue was 9 years old, Ramlagan, S. et al., (2010). The age of initiation was between 10 and 13 for street children who commonly use and abuse substance like alcohol, cigarettes, inhalants, cocaine, marijuana, heroin, shoemakers glue, correction fluid, paint thinner and coca paste (Nada, K.H. et al., 2010; Hillis, S.D. et al., 2011; Elkoussi, A. et al., 2011) as in Cumber, S. M., et al., (2015). Sampasa-Kanyinga, H. et al. (2018), some students reported having tried cannabis for the first time as early elementary school.

Similarly, the results revealed that marijuana, alcohol, opium, cocaine, inhalant, and antibiotics are one of the most commonly abused drugs in the community, concurring with cannabis remains the most common illegal drug in African countries, United Nations (2003) as in Anderson, Z. (2004). Cannabis is both the most abuse drug and the primary illicit substance at admission to South African drug treatment centers, Peltzer, K. et al., (2010). The most common and available drugs of abuse is still cannabis, which is known to be a contributing factor to the occurrence of a schizophrenic-like psychosis, Rhodes, T. et al., (1998) as in Sereta, B. N. et al., (2016).

In the same vein, the findings revealed that the common abuse of these drugs was largely due to quick “highness” or drunkenness, making one work hard and long, easy accessibility and affordability, long term drunkenness, drunkenness being not easily noticed, etc. which dovetails with drugs make individual strong to do hard work, boost appetite to eat, to study to pass examinations, overcome problems, confidence to rape girls, work more to generate income for the family, provide protection for the family due to being feared by others, Ministry of Health/Ghana Health Service World Health Organization Ghana, (2003). Access to alcohol and other drugs is positively associated with their abuse Brook et al., (2005) as in Morojele, N. et al. (n.d.).

Bailey et al., (1992) as in Patrick, M. E. et al., (2011), ever getting high (i.e. stoned) was associated with continued use of marijuana. Parry (2004) as cited in Anderson, Z. (2004), increase development leads to better technology like refrigeration which may lead to increase heavy drinking in areas where it was not often seen before because previously alcohol beverages did not last long in very warm climates.

Perception towards Drug Abuse

The results indicate a mix feelings towards drugs abuse with very bad and normal at the top which is very encouraging and at the same time discouraging in the fight and total elimination of the menace in the society especially among the children last hope of all nations. Regarding the phenomenon as evil in the society occurs with the public possess a negative attitude towards dependents, Low, W. et al., (1995). Attitudes towards drug addicts or who use it were largely negative and unsympathetic, and were characterized by fear and a desire to avoid such individuals, Bryan, A. et al., (2000).

Equally viewing the phenomenon as normal in the society in light of the unprecedented developments taking place nearly everywhere concurs with adolescent’s involvement in drug abuse and selling of drugs routinely is regarded as natural, Filho, F. E.A. et al., (2015). Substance initiation is viewed as a normal adolescent behavior that is expected to produce pleasurable

physical and psychoactive effects, Kingston, S. et al., (2017). However, since majority viewed the phenomenon as negative, a strong hope exist that the battle to save our children is winnable.

Furthermore, the findings revealed negative and stigmatizing attitudes towards the abusers both by the community and participants which for some can be supportive in the fight but it can equally be destructive as the more they feel ostracized, the more they are likely not to seek treatments. Above all, it affects resources allocation at various levels. For instance, labeling them as criminals and thieves, dangerous, lazy and unproductive, aimless and good for nothing, cursed and a societal burden, disbelievers and evils, shameless and disappointing, failures, etc. does not denied them community support, push them into hiding, make them reluctant or even afraid to seek treatments, skip appointments, etc. but make their situations worse. This findings is strongly supported by local people saw cannabis users as being immature and incapable of looking after their self, Anderson, Z. (2004).

Societal negative attitudes serve to exacerbate the plight of the drug abusers by increasing their sense of alienation, thus discouraging from seeking help for their problems (Power, 1989; Rhodes, 1990) as in Bryan, A. et al., (2000). The inability to share their concerns and problems out of fear of punishment from well-wishers as well as blackmailers, rejection, blame and guilt coupled with ignorance, they shun from seeking social support both from the family, friends and other authorities forced them to accept the situation as helplessness and above all making it more complex, Singh, B. et al., (2017). However, Rapp, R. et al., (2006) found contrary, the barriers that interfere with treatment entry are a part of most substance abuser’s life styles, as well as substance abuser’s treatment.

The results furthermore, unearthed different types of children being engaged in drug abuse or are at the risk of it, school drop outs, street children, children of jobless parents, children of drug abusers, children from poor family, children of homeless parents, poor performing students, orphans, single parent children, children of divorced parents, etc. which is in agreement with youth of single parent are at high risk for drug abuse as compare to adolescent with dual parents because single parents have financial crises and have less time to monitor their children Hemovich, V. et al., (2011) as in Somani, S. et al., (2016).

The causes of drug abuse among children are adults marital conflicts, limited time for socialization, being orphans, selling and consuming drugs within the confines of households, peer influence, poverty, joblessness which result into idling,

(Kudrati, M. et al., 2008; Nada, K.H. et al., 2010; Morakinyo, J. et al., 2003) as in Cumber, S. M., et al., (2015).

Although all participants subscribed to children abusing drugs, the rationales advanced were mixed. Peer influence and media, pleasure and brevity seeking, poor academic achievements, unstable home environment, easy affordability and living with abusers, ignorance and poverty, curiosity and weak law enforcement, easy accessibility and public acceptance, not fearing of parents and adults, lack of parental supervision; and to work or study hard for long hours, etc. The findings is supported by, numerous factors can enhance the risk for initiating or continuing substance abuse including socioeconomic status, quality of parenting skills, peer group influence, and biological/inherent predisposition towards drug addiction, National Institute on Drug Abuse, (2010) as in Das, J. K. et al. (2016).

The major determinants of substance abuse include desires to relax or sleep after hard day's job, work hard, relieve stress; and pleasure is the major factors associated with the abuse of substances by respondents, Yunusa, U. et al., (2017). The motives for using alcohol include staying awake in order to study at night, to forget problems, alleviate anxiety, enjoy festival, non-existence of alcohol control policies increasing its availability and peer pressure, Dumbili, E.W. (2015).

Children in The Gambia misuse illicit drugs to escape problems, such as poverty, failure in school and unemployment, Youth Front Against Drugs and Alcohol Abuse, (2004) as in Anderson, Z. (2004).

In addition, findings revealed different places where children mostly abuse drugs peer's homes, street corners, car parks, night and video clubs, ghettos and during parties, schools, beach sides areas, children's own homes, etc. This concurs with schools are known to be the temples of knowledge and wisdom but they do not have power to closely monitor the life activities and events of students to a check against smoking, drinking, sex or poor eating patterns and others, Singh, B. et al., (2017). Traditional illicit drugs, cocaine misuse is very high in club culture, Vento, A.E. et al., (2014). The most common place for initiation of substance abuse was recreational avenues for males and homes for females, Sarangi, L. et al., (2008).

Similarly the results revealed that children obtain drugs through various means peers offering them, buying them jointly, adults abusers offerings them, picking remains in streets, ghettos, stealing, gifts for services to sellers, buying them individually, payment for services and including romantic ones, etc. This is supported by drugs initiators often ob-

tained substances from friends but more frequently they stole them from parents or guardians, Kingston, S. et al., (2017). Panhandling is the most common source of income for homeless adolescents; however, they also earn income through prostitution, drug distribution, stealing, trading sex for money and from parents/other family members or friends (O'Grady, B. et al., 2004; Farrow, J.A. et al., 1992; Unger, J.B. et al., 1998) as in Gomez, R. et al., (2010).

Causes of Street Children Abusing Drugs

The findings revealed that street children like others are engaged in drugs abuse and for numerous reasons, peer influence, group recognition, lack of parental supervision, curiosity, residing adult abusers, lack of stable home environment, to work hard and for long hours, to relieve stress, ignorance, easy accessibility, for seeking pleasure and relaxation, easy affordability, etc. as unearthed by street children use psychoactive substance for coping and fitting into street life circumstances, boldness to withstand violence, survival sex, pleasure, to curb hunger, to induce sleep, to numb emotions and for entertainment (Kudrati, M. et al., 2008; Nada, K.H. et al., 2010; Morakinyo, J. et al., 2003) as in Cumber, S. M., et al., (2015). The most common reasons for substance abuse were due to peer pressure, experimentation or to boost self-confidence, Abhay, M. et al. (2007). Factors influencing adolescent drug abuse include poor self-image, low religiosity, poor school performance, parental rejection, family dysfunction, abuse, under or over-controlling by parents, and divorce (Block, B.J. et al., (1988); Brown, K.S.G. et al., (1983) as in Shinitzky, H.M.E. et al., (1998).

Similarly, the study revealed different perceived benefits for street children abusing drugs like feeling high, to feel accepted and trusted by peers, drowsiness, ability to work hard and for long hours, brevity, ability to focus or concentrate, ability to think and memorize quickly, etc. This concurs with the use of drugs and alcohol gives children the necessary courage to engage in violent behaviors and to instill fear in people, Salaam, A.O. et al., (2011). Patrick, M. E. et al., (2011), use of cannabis was significantly associated with to get high, because of boredom, to relax, because of anger or frustration, and the increase the effects of other drugs.

Negative Impacts of Drug Abuse

The findings indicate participant's strong awareness of the negative impacts of street children engagement in drug abuse. For instance, mental illness, aggressive behavior, frequent problems and beating by others, endless problems with peers, frequent stealing and fighting, hatred towards school, endless family problems, diseases (e.g. HIV/AIDS, TB, STIs, etc.), road accidents, stroke, etc. These revelations support street chil-

dren are exposed to an assortment of risks to resilience that characterize their lives such as drug abuse, violence, gangs, HIV infection, illiteracy, incomplete schooling, delinquency, neglect, poor health and nutrition Montane, (2006) as in Mollahlehi, L. A. (2014). Substance abuse leads to road crashes, conduct problems, attentional problems, suicide, homicide, a range of injuries, poisoning; and spread of infectious diseases (Fergusson, D.M. 2007; Toumbourou, J.W. et al., 2007) as in Lucchetti, G. et al. (2014).

Similarly, the findings revealed the following drugs; marijuana, inhalant, alcohol, antibiotics, opium, diazepam, hashish, heroin, cocaine and paracetamol, etc. being among the most commonly abuse drugs by street children concurring with Drug Law Enforcement Agency the Gambia (DLEAG) (2017), in The Gambia, while there is a presence of other hard drugs like cocaine, heroin, clonazepam, diazepam, bronazepam; marijuana is the most commonly abuse illicit drug simply because of its affordability, availability and accessibility as it is grow locally and easily trafficked from western Senegal

Preventive Methods of Drug Abuse

The results indicate that participants have a good knowledge of some of the critical methods in the fight against drug abuse like, avoidance of bad peer groups, regular education and sensitization campaign, closeness to responsible adults, mainstreaming drug abuse in school curriculum, engagement in self-esteem building activities, provision of gainful employments and family support, engagement in productive activities, effective law enforcement agencies, good parenting skills, tough laws, storing drugs safely, etc. This is in agreement with social bond and attachment with parents can decrease the consumption of drug among youth Aliiaskarov, B. et al., (2013) cited in Somani, S. et al., (2016).

In the campaign of reducing substance abuse in adolescents, the media needs to be involved from the start till the end of the campaign as they need to telecast talk shows, announcements related to the programs, conferences, story making, newspaper article coverage and commercials to prohibit substance use among youth, Somani, S. et al., (2016). Preventive programmes for high school students should increase academic and social competence with the following skills: study habits, communication, peer relationships; self-efficacy and assertiveness, drug resistance skills, reinforcement of antidrug attitudes; strengthening of personal commitment against drug abuse (Botvin et al., 1995; Scheier et al., 1999) as in National Institute on Drugs, (2003).

Similarly, regular sensitization campaigns, avoidance of bad peer group, development of strong personalities and resistant skills, self-esteem building techniques, strengthening of

family support programmes, promotion of strong parent-child relationship, regular monitoring of children's activities and ensuring open line communication with children, regular engagement in useful activities, all the time closeness to responsible adults and religious persons, mainstreaming drug abuse in school curriculum, frequent one-on-one discussions, good parenting skills, provision of gainful employments for families, etc. were recognized as the most effective ways of preventing drug abuse among children. This concur with

Governments in collaboration with NGOs should create employment opportunities to the people, established enough rehabilitation and correction centers, schools, health facilities, more campaigns for the rights of street children rights, commemorate "street children's Day" (31st January) and empower street children by providing outreach education, training, food and health services, Poni-Gore, et al. (2015). Alhyas, L. et al., (2015), multifactorial prevention programmes that address social norms, gender role image, and incorporate drug policy, religion, family and school would be more effective and would have better protective outcomes.

Support Services Needed by Abusers

The results revealed high level of awareness of the support services needed by victims of drugs of abuse such as like providing them with behavioral counseling or therapy, support groups including spiritual ones, supportive friends and family environment, a sober living environment, regular family support, a sober social network and peers, regular and affordable medical treatments, uninterrupted educational services, traditional or herbal treatments, vocational training or skills, etc. concurring with social support has been associated with better quality of life both among substance users and individuals with mental disorders, (Brennan et al., 1990; Nelson, 1992; Laudet et al., 2000) as in Laudet, A. B. et al., (2006). Living in sober houses is beneficial and effective in assisting the reduction of substance use (Polcin, D.L. et al., (2010); Jason, L.A. (2007) as in Tracy, k. et al., (2016). Treatment works with the support of the family and the community, therefore empowering the community to mobilize around alcohol and related issues can be a powerful strategy (Rataemane, 2004) as in Setlaltoa, M. et al., (2015).

Furthermore, findings revealed government institutions, local government authorities, UN, support groups, mosques/marabouts/churches, CBO, the community, the family, NGO's FB'Os etc. as the fundamental providers of these services and treatments which strongly allied to a collaborative approach to engage the community in addressing substance abuse, Windsor, L.C. et al., (2012). Kelly, S. M. et al., (2010), individuals who were in treatment, as compared with those who were out of treatment, perceived significantly greater support from their

partners or family with whom they lived, family members outside the home, friends, and their communities at treatment entry.

However, majority claimed the support do not exist in their society concurring with Naamara, W. et al., (2014), there is a lack of rehabilitation services in local communities and alcohol problems are usually ignored. Sodano, R. et al., (2010), the substance abuse treatment workforce of South Africa appears to be young and educated, yet only one third of the counselors had any formal training in Cognitive Behavioral Therapy. Liranso G. et al. (2017), drug addiction and mental health treatment is limited in the region, and therefore the phenomena are poorly understood and lack attention. Scott, C. K. et al., (2011), there is a need for more aggressive screening, early intervention, adequate initial treatment, ongoing monitoring, disease management skills, and better linkage to recovery support services and mutual aid groups that help sustain recovery.

Interestingly, results indicated that the street children do not seek support services due to fear of societal stigma and discrimination, not wanting to be known, fear of peers rejection, the services providers not child friendly, fear of being reported to security agencies, supports are expensive, not trusting service providers, services not effective, not easily accessible, etc. which concurs with inability to share problems with others and stigma are the two major barriers in both groups, Cunningham et al., (1993) as in Rapp, R. et al., (2006). Grant, (1997) in Rapp, R. et al., (2006), their lack of confidence in the effectiveness of alcoholism treatment, stigmatization, and denial as conditions that would interfere with linkage.

Furthermore, finding revealed street children including commercial vans casual apprentices like others are abusing drugs mainly due to peer influence, seeking pleasure and relaxation, to work hard and for long hours, curiosity, ignorance, easy accessibility and Lack of stable home environment, lack of parental supervision, easy affordability, etc. This concurs with Boys, A. et al., (2001), the most popular function for drug use to relax, become intoxicated, keep awake at night while socializing, enhance an activity and alleviate depress mood. Cumber, S.N. et al., (2015), street children use psychoactive substance for coping and fitting into street life circumstances, boldness to withstand violence, survival sex, pleasure, to curb hunger, to induce sleep, to numb emotions and for entertainment. Psychological distress, including low self-esteem and depression, contribute to the initiation and maintenance of drug use (Gezanhegn, T. et al., 2014) quoted in Tulu, S. K. et al., (2015).

SUMMARY AND CONCLUSION

The findings revealed high awareness of drug abuse, its causes, impacts, methods of financing and prevention. The attitudes towards it is mixed. Children including street children are abusing it. Urgent actions needed to rehabilitate and protect them.

RECOMMENDATIONS

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

PARENTS SHOULD

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

COMMUNITY

1. The children 'being communitie's children' especially the most vulnerable revived.
2. Continue to be engaged in awareness raising activities to eliminate drug abuse in the society and equally fight stigma and discrimination.
3. Adults continue to engage the adolescents to build that required bonds with responsible adults to avert relying on peers for critical information.

GOVERNMENT AND DEVELOPMENT PARTNERS

1. Continues to fund regular sensitization campaigns to raise public awareness.
2. Mainstream drug abuse in school curriculum
3. Support reunification of street children with their families while creating more opportunities for them to go back to school to learn some skills including livelihood ones.
4. Fund family strengthening support programmes especially for those living in extreme poverty.
5. Formulate and ensure stricter enforcement of laws and policies against drug trafficking and its abuse, etc.

REFERENCES

1. Abhay M, Syed ZQ and Zodpey S. (2007). Substance abuse among street children in Mumbai. Retrieved. 3(1): 42-51.
2. Adebisi AO, Owoaje O and Asuzu MC. (2008). Relationships as determinants of substance use amongst street children in a local government area in south-western Nigeria.

3. Alhyas L, Ozaibi NAI, Elarabi H, El-Kashef A. (2015). Adolescents' perception of substance use and factors influencing its use: a qualitative study in Abu Dhabi. *6*(2): 1-12.
4. Aliiaskarov B and Bakiev E. (2013). The social learning and social control determinants of alcohol use among youth in Kyrgyzstan. *21*(3): 205-210.
5. Anderson Z. (2004). An investigation into the problems associated with substance use in a developing country – The Gambia, West Africa.
6. Blas E and Kurup AS. (Eds.). (2010). World Health Organization: Equity, Social Determinants and Public Health Programmes.
7. Boys A, Marsden J and Strang J, (2001). Understanding reasons for drug use amongst young people: a functional perspective. *16*(4): 457-469.
8. Bryan, A, Moran R, Farrell E and O'Brien M. (2000). Drug-Related Knowledge, Attitudes and Beliefs in Ireland: Report of a Nation-Wide Survey. Dublin: The Health Research Board.
9. Chie QT, Tam CL, Bonn G, Wong CP, et al. (2015). Drug abuse, relapse, and prevention education in Malaysia: perspective of university students through a mixed methods approach. *Front. Psychiatry* 6:65. doi: 10.3389/fpsyt.2015.00065.
10. Cumber SM and Tsoka-Gwegweni JM, (2015). The health profile of street children in Africa: a literature review. *6*: 566.
11. Das JK, Salam RA, Arshad A, Finkelstein Y, et al. (2016). Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews. *The Journal of Adolescent Health* 59.4 Suppl (2016): S61–S75. PMC.
12. Drug Law Enforcement Agency the Gambia (DLEAG) (2017). Drug Abuse Situation in The Gambia.
13. Dumbili EW. (2015). A review of substance use among secondary school students in Nigeria: Implications for policies. *22*(5): 387-399.
14. DW Made for Mind. (2013). Illegal drug use on the rise in Africa.
15. Embleton L, Mwangi A, Vreeman R, Ayuku D, et al, (2013). The epidemiology of substance use among street children in resource-constrained settings: a systematic review and meta-analysis. *Addiction (Abingdon, England)*, 108(10), 10.1111/add.12252.
16. Filho FEA, Queiros PS, Medeiros M, Rosso CFW, et al. (2015). Perceptions of adolescent students about drugs. *Rev Bras Enferm.* 68(4): 457-63.
17. Gomez R, Thompson SJ and Barczyk AN. (2010). Factors associated with substance use among homeless young adults. *Substance Abuse : Official Publication of the Association for Medical Education and Research in Substance Abuse.* 31(1): 24-34.
18. Hemovich V, Lac A and Crano WD. (2011). Understanding early-onset drug and alcohol outcomes among youth: the role of family structure, social factors, and interpersonal perceptions of use. *16*(3): 249-267.
19. (2009). Integrated Regional Information Networks (IRIN). Street children persist despite crackdown.
20. Kelly SM, Kevin E. O'Grady, Robert P. Schwartz, James A. Peterson, et al. (2010). The relationship of social support to treatment entry and engagement: The Community Assessment Inventory. *Substance Abuse : Official Publication of the Association for Medical Education and Research in Substance Abuse.* 31(1). 43-52.
21. Kingston S, Maya Rose, Julian Cohen-Serrins and Emily Knight. (2017). A Qualitative Study of the Context of Child and Adolescent Substance Use Initiation and Patterns of Use in the First Year for Early and Later Initiators. *PLoS ONE.* 12(1): e0170794.
22. Laudet AB, Keith Morgen and William L. White. (2006). The Role of Social Supports, Spirituality, Religiousness, Life Meaning and Affiliation with 12-Step Fellowships in Quality of Life Satisfaction Among Individuals in Recovery from Alcohol and Drug Problems. *Alcoholism Treatment Quarterly.* 24(1-2). 33-73.
23. Liranso G and Yosph Dagne M. (2017). Drug Addiction and Mental Illness Treatment in Sub Saharan Africa.
24. Low W, Siti Norazah Zulkifil, Khairuddin Yusof, Saroja Bantumalai, et al. (1995). Knowledge, Attitudes and Perceptions Related to Drug Abuse in Peninsula Malaysia: A Survey Report.
25. Lucchetti G and Alessandra Lamas Granero Lucchetti. (2014). Spirituality, Religiosity and Substance use: Evidence and Proposed Mechanisms.
26. Majelantle RG, Keetile M, Bainame K and Nkawana P. (2014). Knowledge, Opinions and attitudes towards HIV and AIDS among Youth in Botswana.
27. Mamat bt CF, Jamshed SQ, Syed TEI, Khan TM, et al. (2015). The use of psychotropic substances among students: The prevalence, factor association, and abuse. *Journal of Pharmacy & Bioallied Sciences.* 7(3). 181-187.
28. Ministry of Health/Ghana Health Service World Health Organization Ghana. (2003). A National Survey on Prevalence and Social Consequences of Substance (Drug) Use Among Second Cycle And Out Of School Youth in Ghana.
29. Morojele N. (n.d.). Alcohol and Drug Use.
30. Naamara W and Wilson Winstons Muhwezi. (2014). Factors Associated With Alcohol Dependence Among Adult-Male Clients in Butabika Hospital, Uganda, *Journal of So-*

- cial Work Practice in the Addictions. 14(3). 322-326.
31. National Institute on Drugs. (2003). Preventing Drug Use among Children and Adolescents.
32. Niazi MR, Khallid Zaman and Waseem Ikram. (2009). Is Poverty to Blame for Narcotic Abuse: Case Study of Pakistan? 9(10).
33. Patrick ME, John E. Schulenberg, Patrick M. O'Malley, Lloyd D. Johnston, et al. (2011). Adolescents' Reported Reasons for Alcohol and Marijuana Use as Predictors of Substance Use and Problems in Adulthood. *Journal of Studies on Alcohol and Drugs*. 72(1). 106-116.
34. Peltzer K, Shandir Ramlagan, Bruce D. Johnson and Nancy Phaswana-Mafuya. (2010). Illicit Drug Use and Treatment in South Africa: A Review, *Substance Use & Misuse*. 45(13). 2221-2243.
35. Poni-Gore, Richard Lado Loro, Emmanuel Oryem, Romanya Edi Iro, et al. (2015). Phenomena of Street Children Life in Juba, the Capital of South Sudan, a Problem Attributed to Long Civil War in Sudan.
36. Ramlagan S, Karl Peltzer and Gladys Matseke. (2010). Epidemiology of drug abuse treatment in South Africa.
37. Rambaree K, Fariba Mousavi and Fereshteh Ahmadi. (2017). Sports participation and drug use among young people in Mauritius, *International Journal of Adolescence and Youth*. 23(2).
38. Rapp R, Jiangmin Xu, Carey A. Carr, D. Tim Lane, et al. (2006). Treatment barriers identified by substance abusers assessed at a centralized intake unit. *Journal of Substance Abuse Treatment*. 30(3). 227-235.
39. Salaam AO. (2011). Street Life Involvement and Substance Use Among "Yandaba" In Kano, Nigeria. 10(2).
40. Sampasa-Kanyinga H, Hayley A. Hamilton, Allana G. LeBlanc and Jean-Philippe Chaput. (2018). Cannabis use among middle and high school students in Ontario: a school-based cross-sectional study. 6(1).
41. Sarangi L, Himanshu P Acharya and Om P Panigrahi. (2008). Substance Abuse Among Adolescents in Urban Slums of Sambalpur. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*. 33(4). 265-267.
42. Schensul JJ and Gary J. Burkholder. (2005). Vulnerability, Social Networks, Sites, and Selling as Predictors of Drug use among Urban African American and Puerto Rican Emerging Adults. 35(2). 379-408.
43. Jean J. Schensul and Gary J. Burkholder (2005). Vulnerability, Social Networks, Sites, and Selling as Predictors of Drug use among Urban African American and Puerto Rican Emerging Adults. 35(2): 379-408.
44. Christy K. Scott, Michael L. Dennis, Alexandre Laudet and Rodney R. Funk, et al, (2011). Surviving Drug Addiction: The Effect of Treatment and Abstinence on Mortality. *American Journal of Public Health*, 101(4): 737-744.
45. Ben Nyachwaya Sereta, Fred A Amimo and Peter Ouma. (2016). An Assessment of Effectiveness of Drug Rehabilitation Programs in Kisii County-Kenya. *J Health Edu Res Dev* 4:165.
46. Marilyn Setlalentoa, Elma Ryke and Herman Strydom. (2015). Intervention Strategies Used To Address Alcohol Abuse In The North West Province, South Africa. 1(1).
47. Belcher HM and Shinitzky HE. (1998). Substance Abuse in Children Prediction, Protection, and Prevention. *Arch Pediatr Adolescent Med*. 152(10): 952-960.
48. Bhawani Singh Rathore, Uma Joshi and Aditya Pareek. (2017). Substance Abuse among Children: A Rising Problem in India. 5(1).
49. Sodano R, Donnie W. Watson, Solomon Rataemane, Lusanda Rataemane, et al., (2010). The Substance Abuse Treatment Workforce of South Africa. *International Journal of Mental Health and Addiction*, 8(4): 608-615.
50. Somani S and Meghani S. (2016). Substance Abuse among Youth: A Harsh Reality. *Emerg Med (Los Angel)*. 6:330.
51. Kathlene Tracy, and Samantha P Wallace, (2016). Benefits of peer support groups in the treatment of addiction. 7: 143-154.
52. Shimelis Keno Tulu¹ and Wosen Keski. (2015). Assessment of Causes, Prevalence and Consequences of Alcohol and Drug Abuse among Mekelle University, CSSL 2nd Year Students. 3(3): 47-56.
53. Windsor L.C and Vithya Murugan. (2012). From the Individual to the Community: Perspectives about Substance Abuse Services. *Journal of Social Work Practice in the Addictions*. 12(4): 412-433.
54. Woan J1, Lin J and Auerswald C. et al, (2013). The Health Status of Street Children and Youth in Low- and Middle-Income Countries: A Systematic Review of the Literature. 53(3): 314-321.
55. Umar Yunusa, Umar Lawal Bello, Munir Idris, Mahfuz Muhammad Haddad, et al. (2017). Determinants of Substance Abuse among Commercial Bus Drivers in Kano Metropolis, Kano State, Nigeria. *American Journal of Nursing Science*. 6(2): 125-130.