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Jacques Wihoreye Sharo,
Phd Student, Department of Community Health and Development, Great Lakes University of Kisumu, City: Kisumu, Country, Nairobi, Kenya

Corresponding Author:
Jacques Wihoreye Sharo
Phd Student, Department of Community Health and Development, Great Lakes University Of Kisumu, City: Kisumu, Country, Nairobi, Kenya

Drugs used by young people: the effects of parental monitoring and supervision on prevention in Buzi, Kalehe territory

Jacques Wihoreye Sharo

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Abstract
Drug use and abuse carries risk in people of all ages. All countries of Africa, DRC included, youth and adults, rich and poor, rural and urban people abuse drugs. Drug use continue to exacerbate instability and inequality, while causing untold harm to people's health, safety and well-being. It is in the best interests of every nation, including DRC, to take a firm stand in combating all aspects of drug abuse. It has been noted that drug abuse is fast spreading to rural areas especially Buzi in Kalehe Territory. The aims of our study were: i. To establish the causes of drug use by young people aged 14 to 24 in BUZI. ii. To determine the consequences of drug use by young people aged 14 to 24 in the BUZI in Kalehe territory, DRC. iii. To identify practical strategies for sharing information between parents and young people on the prevention of drug and substance abuse. This was a mixed methodological approach based on a community survey with quantitative data collection methods, including a cross-sectional descriptive design. The surveys provided information on the prevalence and types of drugs used by young people. The study was both quantitative and qualitative, using a survey questionnaire, while the qualitative part used focus group discussion for data collection. In view of the results obtained in the field, these results have shown that the prevalence of drug addiction is much higher among young people in the Kalehe territory, 98.8% of whom use drugs. According to our results, 98.88% of those questioned said they were ready to stop taking drugs if certain precautions were taken. 93.82% of those surveyed claimed that parents and/or other family members had already engaged in therapeutic dialogues and discussions with their children (young people).

Keywords: Drugs used, young people, effect, parental, monitoring, prevention

1. Introduction
The country with the highest drug consumption is often considered to be the United States. Drug use is dangerous in people of all ages however, it is known that adolescents are particularly susceptible to substance misuse, and a number of adolescents will develop problems associated with the use of various drugs (Kim Usher *et al.*, 2005). In 2021, nearly 90,000 drug-related deaths were reported in North America, with other countries such as Canada and Australia also showing high levels of consumption. There is an association between drug use disorders and social disadvantage, including low educational attainment, increased difficulty in finding and remaining in employment, and financial instability and poverty (UNODC, 2020). To better respond, governments and other stakeholders have been urged to determine how this transnational threat can be combated through transnational responses based on awareness, prevention, and international and regional cooperation. Three-quarters of consumers aged 18 to 25 in France in 2017 reported having consumed alcohol in the past 12 months to make the parties more successful. Taste remained the main motivation cited for drinking (92.2%). Young people who regularly drink alcohol and who say they drink for festive reasons or for the pleasure of the taste, drink on average 4 to 5 glasses per occasion and between 90 and 110 days per year. Long considered a mere transit zone, West and Central Africa has also become a region of high drug consumption, according to the United Nations Office on Drugs and Crime (UNODC, 2020).
In Africa, young people and adults, rich and poor, rural and urban dwellers use drugs (United Nations Drug Control Program, 1998). They add that drug abuse is more common among men than women, but the situation is changing rapidly, as substance abuse among women is less visible and more private. Beer is found to be preferred by young men, but wine is preferred by women, young drinkers, educated people and those with little illness. Alcohols are preferred by men, heavier drinkers, less educated people, middle-aged and older people and those at higher risk of serious illness. In recent years, many African countries, including

Kenya, have experienced a surge in the production, distribution and consumption of drugs and substances, with young people being the most affected. Many of these countries have become markets for drugs due to the activities of organizations and individual traffickers who use Africa as a transit point in their trade with countries in the Global North (Mondester, 2016). All countries, including the DRC, are vulnerable. It has been noted that the DRC is one of the developing countries in Africa that has recently experienced a rapid increase in local drug production and consumption of multiple addictive drugs. In the face of this challenge, a wide cross-section of the world community has expressed great concern about the problem. It is in the interest of every nation, including the DRC, to take a firm stand in the fight against all aspects of drug abuse. Warlords and militia leaders have been distributing drugs to young fighters to help them overcome their fear and compunction (IRIN, 2007).

In the DRC, cases of mental disorders related to drug use have increased significantly in recent years. The caregivers of the Neuropsychiatric hospital center in the groups (health zones) who alert on this issue, are worried about the effects despite this ascending issue, the marketing and consumption of drugs is observed in our country the DRC, particularly in the group of Buzi, Territory of Kalehe, province of South Kivu whose victims are young people aged between 14 and 24 years (Kivu Nyota, 2020).

From the above, a questioning was very important to allow us to go all the way with our research:

- What are the types of drugs consumed by young people in the Buzi group?
- What are the effects of information sharing practices between parents and young people on the prevention of drug addiction and psychoactive substance abuse among young people?
- What are the effects of parental monitoring and supervision practices on the prevention of drug and psychoactive substance abuse among young people in Buzi?
- In the light of this questioning, the following hypotheses formed the common thread of our work:

1. The types of drugs consumed by young people would be alcohol, Kargazoke, PREMIDIS drugged beer, cigarettes, Kasusu/Kindingi, local cigarettes, hemp
2. Positive changes in youth behavior, reduced frequency of drug and psychoactive substance use, involvement in youth responsibilities within their household, and improved academic performance would be the effects of information sharing practices between parents and children on the prevention of drug and psychoactive substance abuse among youth.
3. The effects of parental monitoring and supervision practices on the prevention of drug and psychoactive substance abuse among youth would be lower levels of psychoactive substance use, better academic performance of youth, greater socialization skills, and fewer depressive symptoms, as well as protection from dangerous situations.

2. Materials and Methods

2.1. Study area: This study was conducted in the Democratic Republic of Congo, South Kivu province, Kalehe territory, in the Buzi grouping. The Buzi Grouping is a political and administrative entity in the Kalehe territory, in the South Kivu Province, Democratic Republic of Congo. Buzi is located at the northern end of the Kalehe territory. Its surface area is 9200 km2.

2.2. Study population and Target group (key informants): Our study population is made up of the young population of the Buzi group. with the ability to work and produce enough but not having had opportunities before the survey

Our target population is made up of young people from the Buzi group aged 14 to 25.

2.3. Sample size determination: To find the sample size of our survey we used the random sample determination size because it was difficult to estimate the exact number of young people due to the state of insecurity and recently the whole entity was in mourning because of drowning that took place in Lake Kivu. That is why we took a sample of 80 young people living in this entity and 20 parents who had observed that situation for long time. That give the total of 100 people.

2.4. Data Collection technics: The questionnaire was used and adapted to the different variables defined in the conceptual and operational framework of the study. The survey used the KOBOL Collect Application to facilitate the collection of digital data. The qualitative Data Collection technics was based on the Focus Group Discussion using types of questions called open-ended questions.

Quantitative Data collection methods included cross-sectional descriptive surveys that helped to know the prevalence and types of drugs used by the youth. Data collected used methods that included mechanisms of improving skills of communication among Parents and youths involved in drugs and substance abuse.

4. Results

Table 1: Distribution of respondents by gender

Sex	Frequency	Percentage
Male	70	70
Female	30	30
Total	100	100

In view of this table, it appears clearly that out of 100 respondents, 70 respondents or 70% were male, 30 respondents or 30% were female, this justified the evidence that suggests that males are more likely to be regular drug users than females (Al Kandari *et al.* 2001).

With regard to this table, it appears clearly that out of 100 respondents, 62 respondents or 62% are aged 18 to 25, 18 respondents or 18% are aged 26 to 35, 14 respondents or 14% are aged 36 to 45 and 4 respondents or 4% are over 46.

Table 2: Distribution of respondents by age group

Age variation	Frequency	Percentage
18-25 years	62	62
26 -35 years	18	18
36 - 45 years	14	14
46 and more	6	6
Total	100	100

62 % of respondents are aged between 18 and 25. Other age groups were under-represented (26 to 35 (18%), 36 to 45 (14%);...).

Table 3: Distribution of respondents according to the civil status variable

Civil status of respondents	Frequency	Percentage
Single	80	80
Married	19	19
Divorced	00	00
Widowed	1	1
Total	100	100

It also emerges that 80 people or 80% are single, 19 people or 19% are married, 1 person or 1% is widowed.

Table 4: Level of education of respondents

Level of education	Frequency	Percentage
No level	23	23
Primary	7	7
Secondary	52	52
University	18	18
Total	100	100

In view of this table, 52 respondents or 52% of respondents had a secondary education level and 23 people or 23% had no level, 18 respondents or 18% were university graduates, 7 people or 7% had a primary education level.

3.1. Results Obtained from Young People

Table 5: Knowledge of having already used the drug

Knowledge of having already used the drug	Frequency	Percentage
Yes	80	100
No	00	0,0
Total	80	100

Out of 80 people surveyed, 80 respondents, or 100% of respondents, confirmed having already used the drug.

Table 6: Age of starting drug use

Age of starting drug use	Frequency	Percentage
12 to 14 years	45	56.2
16 to 18 years	10	12.5
Over 18 years	25	31.5
Total	80	100

Out of 80 people surveyed, 45 respondents or 56.2% of respondents had used drugs between the ages of 12 and 14, 25 respondents or 31.5% of respondents had used drugs between the ages of 18 and over, 10 people or 12.5% of respondents had used drugs between the ages of 16 and 18.
The data in this table clearly show that 37.5% of respondents said they had consumed alcohol in the last 12 months. While 26.25% of young people surveyed said they had consumed Kargazoke in the last 12 months. 18.75% said they had consumed Kasusu/Kindingi in the last 12 mont

Table 7: Drugs used by young people in the last 12 months

Drugs used by young people	Frequency	Percentage
Alcohol	30	37.5
Kargazoke	21	26.25
Kasusu/Kindingi	15	18.75
Drugged beers from PREMIDIS	6	7.5
Cigarettes	4	5
Hemp	2	2.5
46 birds (Plants with seeds)	1	1.25
Local cigarette/Birenga	1	1.25
Total	80	100

The data in this table clearly show that 37.5% of respondents said they had consumed alcohol in the last 12 months. While 26.25% of young people surveyed said they had consumed Kargazoke in the last 12 months. 18.75% said they had consumed Kasusu/Kindingi in the last 12 months. 7.5% say they have consumed PREMIDIS drugged beers in the last 12 months. 5% confirm they have smoked cigarettes in the last 12 months. 2.5% say they have smoked hemp in the last 12 months. 1.25% of our respondents think they have experimented with 46 birds (plants with seeds) in the last 12 months, and 1.25% say they have smoked local and Birenga cigarettes in the last 12 month.

Table 8: Causes of drugs used by youths

Causes of drugs use	Frequency	Percentage
The environment without employment	18	22.5
Bad company and peer pressure	12	15
Ignorance	24	30
Stress	12	15
Curiosity	10	12.5
Unemployment	4	5
Total	80	100

Out of 80 people surveyed, 24 respondents or 30% consume drugs out of ignorance, 18 respondents or 22.5% say they have consumed drugs because of the environment, 12 respondents or 15% of respondents blame bad company and and peer pressure; 12 respondents or 15% consume drugs because of stress, 10 respondents or 12.5% consume out of curiosity and 4 respondents or 5% consume drugs because of unemployment.

Table 9: Knowledge of the socio-sanitary consequences of drug use

Socio-sanitary consequences of drug use	Frequency	Percentage
Diseases	24	30
Death,	18	22.5
Poor health	5	6.25
Juvenile delinquency	22	27.5
Depravity of morals	11	13.75
Total	80	100

Out of 80 people surveyed, 24 respondents or 30% said that diseases were socio-sanitary consequences of drug use; 22 respondents or 27.5% affirmed juvenile delinquency; 18 respondents or 22.5% said that this could lead to death; 11 respondents or 13.75% confirmed the depravity of morals; 5 respondents or 6.25% affirmed the mediocrity of health.
This table shows that 92.5% of respondents confirmed that one of the parents or another family member has tried to talk to young people about the abuse of drugs and psychoactive

substances by their young children. Whereas 7.5% of respondents say they have never initiated any kind of discussion with young people about drug use and its devastating effects.

Table 10: One of the parents or another family member tried to discuss with their youth about the abuse of drugs and psychoactive substances by young people your age.

Discussion between a parent or other family member and the youngsters on this subject	Frequency	Percentage
Yes	74	92.5
No	06	7.5
Total	80	100

Table 11: Knowledge of possible solutions to address this problem of drug consumption in the Buzi group

The possible solutions to address this problem	Frequency	Percentage
Raising awareness among young people in the Buzi group about the harmful effects of drug use,	52	65
Creating jobs for young people.	21	26.25
Banning the sale of drugs to young people in the Buzi group, in the Kalehe territory.	7	8.75
Total	80	100

Out of 80 people surveyed, 52 respondents or 65% confirmed that the awareness of young people in the Buzi group on the harmful effects of excessive drug consumption, 21 respondents or 26.25% request the creation of jobs for young people, 7 respondents or 8.75% confirm the ban on the sale of drugs to young people in the Buzi group, in the Kalehe territory.

Parental monitoring and supervision of young people to prevent drug use

a) Monitoring parenting

Table 12: Parents often informed about the whereabouts of their young children

Parents often informed of their young children's whereabouts	Frequency	Percentage
Sometimes	35	43.75
Not really	25	31.25
Never	10	12.5
Often	8	10
Always	2	2.5
Total	80	

The table shows that 43.75% of respondents sometimes informed their parents of their whereabouts. 31.25% of our respondents do not really inform their parents of their whereabouts. 12.5% of our respondents never inform their parents of their whereabouts. Whereas 10 % of respondents often inform their parents of their whereabouts. Finally, 2.5 % of respondents say they often inform their parents of their whereabouts.

Table 13: Parents know where their young children are when they go out at night

Parents know where their young children are when they go out at night	Frequency	Percentage
Sometimes	32	40
Not really	29	36.25
Never	10	12,5
Often	7	8,75
Always	2	2.5
Total	80	100,00

The data in the table above indicate that 40% of our respondents say that their parents know sometimes where their young children are when they go out at night. 36.25% of respondents said that their parents don't really know where their young children are when they go out at night. 12, 5% of respondents said that parents never know where their young children are when they go out at night. While 8, 75% of respondents said that parents often know where their young children are when they go out at night. Finally, 2.5 % of respondents confirmed that parents always know where their young children are when they go out at night.

b) Unsupervised negotiated time

Table 14: Knowledge of the existence of a place in the home where young people are allowed to spend time with their friends, where their parents don't disturb them.

Knowledge of the existence of a place in the home where young people are allowed to spend time with their friends	Frequency	Percentage
Sometimes	25	31.25
Often	19	23.75
Never	15	18.75
Not really	14	17.5
Always	07	8.75
Total	80	100

The table shows that 31.25% of respondents said that there was sometimes a place in the house where young people are allowed to spend time with their friends, where their parents don't disturb them. 23.75% of respondents said that there was often a place in the house where young people are allowed to spend time with their friends, where their parents don't disturb them. 18.75% of respondents said that there was never a place in the house where young people are allowed to spend time with their friends, where their parents didn't bother them. 17.5% of respondents affirmed that there wasn't really such a place in the house. Finally, 8.75% of respondents said that there was always a place in the house where young people are allowed to spend time with their friends, where their parents don't bother them.

3.2. Results obtained from parents

Table 15: Number of times parents have observed a problem with the prevalence of drug use among Young aged 14-24 year in Kalehe

Number of times parents have observed a problem with the prevalence of drug use among young people	Frequency	Percentage
More than 5 times	10	50
1 to 5 times	07	35
Often	02	10
Never	01	5
Total	20	100,00

The table shows that 50 % of respondents said they had observed the prevalence of drug use among young people more than 5 times. 35% of respondents observed the prevalence of drug use among young people 1 to 5 times. 10% of respondents often observed this problem of drug use among young people. Finally, 5% of respondents say they have never observed this problem of the prevalence of drugs and psychoactive substances among young people.

Table 16: Topics of discussion between parents and young people for rectifying the situation

Topics for discussion between parents and young people	Frequency	Percentage
Drugs cause illness (respiratory depression, intoxication, contamination, overdose, psychological or physical vulnerability, dependence, loss of appetite, memory loss, depression, cancer).	10	50,00
Drugs are an obstacle to normal growth	9	45
Drugs contribute to poor behavior and failure at school, loss of interest in work, delinquency, academic failure and the destruction of families through rape and theft.	1	5
Total	20	100,00

This table shows that 50% of respondents said that the topic of discussion was drugs as a cause of illness (respiratory depression, intoxication, contamination, overdose, psychological or physical vulnerability, dependence, loss of appetite, memory loss, depression, cancer). 45% of respondents said that the topic of discussion was drugs as an obstacle to normal growth. Finally, 5% of respondents said that the topic of discussion was drug use as a contributor to bad or poor behavior and failure at school, loss of interest in work, delinquency, failure at school and the destruction of families through rape and theft.

Table 17: Lack of monitoring and supervision by parents to solve their children's drug use problem

Lack of follow-up and supervision of parents to resolve their children's drug use	Frequency	Percentage
Yes	19	95
No	1	5
Total	20	100,00

The table shows that 95% of respondents said they are partly responsible for this situation, because at one time parents were able to solve their children's drug use problem, but were unable to do so due to a lack of the follow-up and supervision. Whereas 5% felt that they were not partly responsible for this situation.

Table 18: Acceptance of improving communication-exchange skills between parents and young people in their family on the subject of drug use

Agreeing to improve communication skills	Frequency	Percentage
Yes	19	95
No	1	5
Total	20	100,00

From this table, it emerges that 95 % of our respondents said that they are willing to improve the skills of communication-exchange between parents and young people in their family on the subject of drug use, because in the past parents did not believe that this would produce a positive change, hence the need to always try to engage in family discussions whenever necessary. While 5% of the parents felt that this could not produce any results and that their young people were intenable-aggressive drug addicts.

Table 19: Assessment of the use of communication techniques based on peer behaviour therapies targeting the risk factors at the level of the individual and the social network of the family's social ecology

Assessment of the implementation of communication techniques based on behavioural therapies	Frequency	Percentage
Yes	18	90
No	2	10
Total	20	100,00

From this table, 90% of our respondents appreciated the implementation of communication techniques based on peer behaviour therapies to target risk factors at the level of the individual and the social network of the family's social ecology. 10 % of respondents did not appreciate the use of communication techniques based on behavioural peer therapy.

Table 20: Assessment of plans to organize supervision and follow-up sessions for young people to promote their behavioural and mental health and prevent drug use problems

Assessment of the plan to organise supervision and monitoring sessions for young people	Frequency	Percentage
Yes	17	85
No	3	15
Total	20	100,00

From this table, it can be seen that 85% of our respondents said that it was still very necessary for the whole community to organize supervision and monitoring sessions for young people in order to promote their behavioural and mental health and prevent behavioural problems. 15% of our respondents said the opposite.

Table 21: Accuracy of ensuring multiple long-term behavioural outcomes with lasting effects will be tracked effectively, including parental self-efficacy in managing young people's behaviours, self-regulation in young people and improvement in a range of problem behaviours in young people

Precision to ensure that multiple long-term behavioural outcomes with lasting effects are tracked	Frequency	Percentage
Yes	16	80
No	4	20
Total	20	100,00

The results of this table show that 80% of respondents say they are confident that multiple long-term behavioural outcomes with lasting effects will be effectively monitored by parents, including parental self-efficacy in managing young people's behaviour, self-regulation in young people and improvement in a range of problem behaviours in young people. 20 % of respondents said no.

4. Discussion

Beyond the presentation of the results, we now turn to the discussion of the results.

Referring to the above results, we note that out of 80 people surveyed, 24 respondents (30%) said they had taken drugs out of ignorance, 18 respondents (22.5%) said they had taken drugs because of the environment, 12 respondents (15%) said they were in bad company, 12 respondents (15%) said they had taken drugs because of stress, 10 respondents (12.5%) said they had taken drugs out of curiosity, and 4 respondents (5%) said they had taken drugs because of unemployment.

Previous similar studies have shown correlations, for example, between parental substance use and children's use of tobacco and alcohol (Hawkins *et al.*, 1992), which is consistent with such a modeling process. Based on this modeling process, some children may also learn to use alcohol and other drugs to cope with stressors, if their parents, peers or significant others in their environment show them that drug use is a coping mechanism. According to the World Health Organization (WHO) (2011), South Africa has one of the highest rates of substance abuse in the world. This is similar to what is stated in one study, namely that in rural areas there is a high prevalence of highly addictive drugs (opium, cannabis, crystal meth, heroin, etc..) and a high prevalence for light drugs (cigarettes, hookah and alcohol) (Aliakbar Refahi, Saeid Mohtasham and Mohammad Reza Raeisoon, 2018), and other drugs are consumed by young people such as nicotine, alcohol, over-the-counter medicines, prescribed medicines, alcohol decoctions, as well as the use of illicit drugs because of life's problems, pressure from friends, imitation and getting over the multiple problems of stressful life. A national survey indicates that 34% of 6th graders have experienced peer pressure to drink dagga, while 51% have experienced pressure to drink alcohol from family members (Department of Social Development, 2013).

The socio-sanitary consequences of drug use by young people in the Buzi grouping are: 30% said death; 25% said illness; 15% confirmed juvenile delinquency, 15% have spoken of poor health and 15% said depravity of morals. The types of drugs experienced and the level of prevalence of drug use can be seen in problems related to academic failure, demotivation during productive work, reckless driving, suicide, mental illness, aggressive behavior, vandalism, high-risk sexual behavior, etc. Based on a National Institute on Drug Abuse (NIDA) report, the prevalence of drug abuse is 51% among students in the US and 43% among students in the UK.

One study sought to establish the effects of the drugs as a contributing factor to poor performance by students in some Universities of Nairobi. Substance use among college and university students predicts substance related problems in later life (PATRICIA, 2014).

In addition, 52 respondents (65%) confirmed that young people in the Buzi grouping should be made aware of the harmful effects of excessive drug use, 21 respondents (26.25%) called for jobs to be created for young people, and 7 respondents (8.75%) confirmed that the sale of drugs should be banned for young people in the Buzi grouping, in the Kalehe territory.

Those ideas are well illustrated by other researchers' as Lavrant Karila (2009), who proposed the solution for protecting young people from an early age and support parents in their educational role. He also suggests sharing data and social issues relating to addictions at local level, in order to promote a common public discourse among the population and raise collective awareness.

This is all the more relevant as this approach is well illustrated by theorists who assert that it is important to realize that efforts to reduce substance use among young people are ongoing. There have been failures, but also small and large successes. The difference seems to lie in the approach to prevention efforts (Tara Woodward,2021). This literature covers interventions with minimal or short-term impact, as well as unique prevention approaches that have achieved long-term, sustainable reductions in substance use among young people. The Icelandic prevention model, an intervention focused on changing the social environment surrounding school, peers, family and leisure in young people's lives, has not only been successful in reducing drug use in Iceland, but has also shown great promise in a diverse group of other cultures (Sigfusdottir *et al.*, 2020) [10]. One of the unique aspects of this approach is its emphasis on structured leisure (Tara Woodward, 2021).

After establishing a relationship of trust with a young person, these role models can gradually modify attitudes towards drug use and steer the young person towards education through sharing information on the effects of drugs, supervision and parental monitoring of young people's activities once out of school or away from home. This approach makes it possible to reach young people who have dropped out of school. It also benefits local communities by reducing crime and anti-social behaviour (Cahill & Helen W., 2007) [2]. Previous research on drug education has shown that effective drug education must involve interactive and engaging learning strategies that stimulate higher-order thinking, promote learning and are transferable to real-life circumstances

5. Conclusion

In conclusion, there was a significant appreciation when involving heads of household in sharing information about drug addiction and monitoring young people and did not

lead to drug addiction prevention among young people aged 14 to 24 years.

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