

Research Article

# The Use of Narcotic Substances Among the Youth in the Tamale Metropolis Northern Ghana

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## Abstract

This study explores substance abuse among the youth in the Tamale Metropolis and identifies the various types of substances commonly used by the youth. The research employed a qualitative method. Snowballing sampling technique was used to identify 32 participants. Data were collected through interview guide and four focus group discussion sessions were held with youth groups residing in the Tamale Metropolis. Key themes that emerged from the data, included the Substance Abuse knowledge, personal experience with substance abuse, types of substances abused and solutions to substance abuse and its legal implications. The key themes that emerged from the FGDs were snuff consumption history, patterns of consumption, perceived risks and consequences of snuff use and attempts to quit and support systems needed to quit. The study revealed the following different types of narcotic substance used. These are marijuana, alcohol mixed with tramadol, tramadol itself, energy drink mixed with “wee”, dried moringa leaves mixed with tobacco and wee. It was equally realized that most participants had knowledge about the drugs they used. Some Recommendations were proposed to implement comprehensive drug prevention programs, improve access to substance abuse treatment facilities, and strengthen law enforcement efforts to combat drug trafficking. Additionally, raising awareness about the dangers of drug abuse and promoting community engagement are vital in tackling this complex issue. This study contributes to the existing body of knowledge on narcotic substance abuse and provides valuable insights for policymakers, healthcare professionals, and stakeholders working towards the prevention and intervention of drug abuse in the Tamale Metropolis. In conclusion, this study found out that narcotic substance use has heavily impacted negatively on the lives of the youth of the Tamale metropolis.

## Keywords

Narcotic, Substances, Youth, Addiction

## 1. Introduction

Globally, narcotic substance use among the youth is a growing public health concern, with detrimental consequences for individuals, communities, and nations [25]. While the specific context and contributing factors vary across regions, understanding the motivations and patterns of

substance use among young people is crucial for developing effective prevention and intervention strategies [23]. Despite Africa's economic growth, the continent faces a burgeoning crisis of substance use, particularly among youth, threatening development gains and jeopardizing public health [25]. This

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situation is compounded by limited access to prevention, treatment, and harm reduction services, exacerbated by stigma and socio-economic disparities. The Tamale Metropolis in Ghana presents a unique case within this global phenomenon. Evidence and initial studies suggest a concerning rise in narcotic substance use among youth in the region, particularly among males aged 15-25 [13]. [26], asserted that substance use does not only pose serious health risks to those engaged in the practice, but also disrupts the education and future prospects of many young people are engaged in its use. Tamale is a cosmopolitan community where people of different cultural background are found with these characteristics. This trend is alarming due to the potential negative contribution it has on the individual's health, education, social cohesion, including increased risk of HIV/AIDS, mental health and criminal behaviour [15]. Despite recognized urgency of the problem, understanding of the factors driving narcotic substance use among Tamale youth is currently lacking. This lack of knowledge hinders the development of interventions and evidence-based solutions. Addressing this gap requires in-depth research that explores the specific types of narcotic substances used by youth in Tamale, beyond the commonly cited marijuana and cocaine [11]. The motivations and risk factors associated with substance use such as peer pressure, socio-economic factors such as poverty, unemployment and cultural factors such as attitudes towards substance use, availability and accessibility of drugs, and the effectiveness of existing prevention and enforcement measures. Many youths, instead of being in school are on the streets of the Tamale Metropolis fending for themselves. Many are into the sale of second-hand clothing or operating tricycles.

Research suggests a link between drug use and increased involvement in criminal activities [20]. Most of the youth in the study area are engaged in the sale and use of narcotic substances, which put their health at risk and may affect their lives as well. The problem is further exacerbated by the fact that drug use often leads to social deviance and criminal activities such as theft, robbery, and violent behaviors. Drug use can impair an individual's coordination and reaction which may also lead to accidents and in worst cases death.

Instead of raising goal-oriented youths for a more challenging future, most of the present-day youths are backtracking and will definitely be misfits in a highly developed technological future. Narcotic substance users will neither be useful to themselves, nor useful to society at large. That means a bleak future for the Tamale Metropolis, and indeed in other areas where narcotic substances are abused.

This research therefore catalogues the types of narcotic substances used, sources of supply and why the adolescent's resort to the use of these narcotics.

Over the years, drug use in Ghana has undergone a significant transformation, affecting not only the affluent families but also the middle and low-income individuals across the country. Robert Fenning, the manager of the Compassion

Rehab Centre, indicates that nearly 90 percent of the patients seeking treatment at the centre over a span of five years belonged to low-income families [3].

One reason why narcotics consumption continues to exist in Ghana is the weak implementation of drug laws and inadequate law enforcement practices. Although there are strict laws in place to punish drug offenders, the lack of resources and corruption within the law enforcement agencies hinder the effective enforcement of these laws. [14] asserted that Ghana's law enforcement agencies are poorly equipped and lack the necessary training to effectively combat drug trafficking and substance abuse. This allows drug traffickers and dealers to operate freely without much fear of being apprehended or prosecuted. the high demand for drugs in Ghana plays a crucial role in the thriving narcotics trade. Factors such as poverty, unemployment, and social inequality contribute to the vulnerability of individuals to drug abuse. The availability of victims, especially among the youth, further fuels the demand for narcotics. Ghana has a high prevalence of drug use, particularly among the youth, due to various socioeconomic factors [22]. This high demand creates a profitable market for drug traffickers and dealers, who are attracted by the potential financial gains.

Tamale was once a peaceful and safe environment but with the current rate at which narcotics are used is worrying. At a young age of about ten, boys begin to emulate lifestyles from peers which include drug use. The substances used range from prescription drugs, snuffs, energy drinks laced with prescription drugs, injection drugs and inhalants. Apart from the health hazards the narcotic substances cause, the users are dragged into various social vices such as careless driving and riding, frequent brawls, stealing, murders and generally clashing with law enforcement agencies, often leading to fatalities and even loss of lives. If this trend is not checked, it will have serious repercussions not only for the users, but also for innocent and law-abiding citizens. Hence this study was conducted to find out the various types of narcotic substances used by the youth in the Tamale Metropolis.

### 1.1. Definition of Key Terms

1. Soobu: This is a mixture of moringa leaves, cocaine and tobacco.
2. Wee: These are dried leaves of marijuana Indian hem.
3. Moringa: This is a medicinal tree used for many purposes.

### 1.2. Contribution to the Field

The study has revealed information about the different types of narcotic substances the youth in the Tamale metropolis are engaged in and the places where these substances are purchased. This information has provided knowledge that would be used to design interventions to curb these problems in the Tamale metropolis.

In addition, this study will create an opportunity for health educators to design health education programs targeting the youth who are engaged in these practices for the purposes of enhancing their wellbeing and the health of the general population at large.

### 1.3. Theoretical Framework

A theoretical framework is a structure that provides a set of principles to guide research. [18] describes it as a guiding framework that helps researchers to identify relevant concepts, constructs and relationships to explore in the study. Symbolic interactionism serves as a valuable framework in narcotic substance abuse research as it helps researchers delve deep into the meaning of drug use and interactions amongst individuals engaged in it.

Symbolic Interactionism is a prominent sociological theory that was first propounded by George Herbert Mead and further developed by Herbert Blumer. Mead's work on the "self" and the concept of "taking the role of the other" laid the foundation for this theory, which emphasizes the social construction of meaning through human interactions. According to [17], individuals develop their sense of self through social interactions with others. They imagine how others perceive them and incorporate these perceptions into their self-concept, resulting in the formation of their identities. Building on Mead's work, [4] coined "Symbolic Interactionism" to define this meaning-making process through symbols and language. More informative the core premise of Symbolic Interactionism is that individuals attribute meanings to symbols, which can include words, gestures, objects, or abstract concepts. These symbols do not have meanings, we give them meanings through our way of talking and how we act. As people interact with one another, they negotiate and refine these meanings, leading to shared understandings and a shared social reality.

The theory of Symbolic Interactionism has been widely applied in sociological research across various domains. In family studies, authors such as [8] have explored how symbolic interactions shape family dynamics and communication patterns. In education, a study in Scotland examined how students and teachers negotiate meanings and identities within the classroom setting [9].

In the context of healthcare, Charmaz used Symbolic Interactionism to understand the experiences of individuals living with chronic illness and how they construct meanings around their health conditions in Guyana [7]. The theory has also been employed in studies related to deviant behaviour, with Becker using Symbolic Interactionism to examine the labelling processes and social reactions to deviant acts [2].

Regarding substance use, Symbolic Interactionism offers valuable insights into how individuals perceive and interpret drug use. Authors like Becker have applied this theory to understand the social processes involved in the creation and maintenance of deviant behaviours, including drug use [2].

Symbolic Interactionism continues to be a foundational theory in sociology, guiding researchers in understanding the intricacies of human social life and contributing to a deeper comprehension of the complexities of human behaviour and society. Its emphasis on the social construction of meaning and the significance of symbols and interactions provides a compelling perspective on the social nature of human behaviour.

## 2. Methodology

### 2.1. Study Setting

Tamale is a vibrant and rapidly growing urban center located in the Northern Region of Ghana. It serves as the capital and largest city of the Northern Region and strategically positioned along the main transportation routes that link the northern and southern parts of the country.

In 2020 PHC, the metropolis had an estimated population of 294,257, and the 2021 PHC, the population in Tamale was 374,744 with 185,051 being males and 189,693 being female. The population aged 0-14 accounted for 36.4%, those aged 15-64 constituted 131,826 (59%) of the population and 4.6% were aged 65 and above which is relatively low number [10]. Most of inhabitants speak Dagbani. agriculture and livestock rearing are significant economic activities for the population. Tamale is a home to a diverse range of ethnic groups, including the Dagomba, Mampruse, Nanumba, and many others. The population of the Tamale Metropolis has been steadily increasing due to factors such as rural-urban migration, economic opportunities, and the city's status as a regional hub.

### 2.2. Research Design and Sampling Techniques

Research design is the roadmap for a study, guiding data collection, analysis, and answers research questions [8]. A descriptive qualitative study approach was employed and the phenomenological design was used to identify current situation of narcotic substance abuse and the types of substances being used in the Tamale Metropolis. In a descriptive phenomenology design, researchers collected data in the natural environment of participants to understand and describe their experiences, thoughts, and actions related to a specific phenomenon [16].

According to Creswell, sampling is the process of selecting a portion of the population that represents the entire group, allowing researchers to make generalizations about the larger population based on the characteristics observed in the sample [8]. 32 interviews were conducted for this study more specifically 32 in-depth interviews and 2 FGDs. Each FGDs consisted of 8 people in a group.

In this study, snowball sampling was employed as the primary method for identifying participants who were engaged in narcotic substance use within the Tamale Metropolis. This

sampling technique was chosen due to the sensitive and hidden nature of the subject matter, as well as the challenges of directly accessing individuals who are involved in illegal drug use. Data collection continued until the point data saturation was achieved. These participants were recruited from 6 sub-areas in the metropolis; Sabongida, Kalpohini, Sakasaka, Aboabu, Lamashegu, and Nyohini. All participants were active substance users. Each interview lasted 30 to 45 minutes each while the FDGs lasted approximately 60 minutes each. The interviews conducted to help identify the present status of narcotic substance abuse and the various types of substance consumed by youth in the Tamale Metropolis. All focus group discussions were specifically centered on the topic of snuff use. The decision to narrow the focus solely on snuff use was made based on due to the high rise in snuff consumption in the study area. By concentrating on snuff use, the aim was to achieve a thorough understanding the reason of this particular type of substance abuse, its implications on the health and well-being of the participants.

The inclusion criterion for the sample was based on the youth who have been using narcotic substances with a limited age range between 15 to 35 years. The reason for choosing this age range was due to the fact that this group would more likely have a higher number of experienced substance abusers since they are easily exposed and much more vulnerable.

### 2.3. Study Population

The population of this included both young boys and girls aged 18-49 years who are involved in the use of narcotic substances.

### 2.4. Data Collection Tools

Interview guide and focus group discussion guide were used in data collection. Collaborating with respected community gatekeepers, individuals within the community served as bridges, introducing the researchers and facilitating introductions with potential participants. In qualitative research, community gatekeepers act as trusted bridges, opening doors and paving the way for connection with the community [14]. Interview details and date for interview was scheduled and participants were given the option of having the interview conducted wherever they chose to create a more comfortable and relaxed environment for discussion. The gate-keeper as well as one other male was present for safety precautions.

The focus group discussions on the other hand, involved participants who met the eligibility criteria from the interviews.

To protect participants' identities, real names were replaced with numbers to help in making identification easy and several steps were taken to ensure the ethical treatment of participants and the accurate representation of their re-

sponses.

Before initiating any data collection, the purpose and objectives of the study was explained to the potential participants. They were informed about the voluntary nature of their involvement and were assured that their participation would not have any impact on their rights or relationships. All participants provided informed consent, indicating their willingness to be part of the interviews or FDGs. Participants were fully informed of their right to discontinue participation at any point, without fear.

To ensure accuracy and preserve the participants' responses, all interviews and FDGs were recorded using audio recording devices. The use of recording equipment enabled the research team to capture the participants' exact words, expressions, and emotions during the discussions.

After the interviews and FDGs were completed, the recorded audio files were carefully transcribed. Transcription involved converting the spoken language into written text, preserving the content and nuances of the discussions.

The transcriptions were cross-checked by hired research assistants to ensure accuracy and consistency. Any unclear sections were verified with the audio recordings to capture the intended meaning.

Prior to the actual research, a pilot interview and FGD was conducted to identify any inconsistencies with the wording or structure of the questions and to remove any questions that could make a participant feel uneasy due to the sensitivity of the topic of substance use. The data collected during the pilot interview and FGD was not included in the final analysis, and the language used in both the interviews and FDGs was adjusted to each individual participant to ensure clarity and relevance to the topic at hand.

### 2.5. Data Analysis

Content analysis was employed as a method for analyzing the data. The recorded audio data was listened to and transcribed. This helped the researchers gain an in-depth understanding of the participants' perspectives and experiences related to drug use in the study area. Words and phrases that represented important ideas or feelings were noted. The important parts were grouped based on similar ideas or topics. This gave themes that showed what people commonly talked about and the original data was revisited to make sure themes were valid. Descriptive names were assigned to each theme, this helped the researchers remember what each theme was about. Themes were examined to gain insights into the participants' experiences. Detailed explanations and interpretations of each theme was provided. The results were reported clearly and comprehensively to communicate the depth of the participants' perspectives.

### 2.6. Rigor

The manuscript adopted Lincoln and Guba's assessment



procedure to evaluate data credibility, reliability and dependability [6]. Regarding reliability, interviews were conducted at the right time. Touching on the issue of transferability, a snowball sampling technique was adopted to elicit information from the participants [6]. On the issue of dependability, people with expertise knowledge in the subject matter were contacted during the preparation of the interview guide and analysis of the data.

In line with this, participants were debriefed after the interview session for each of them to check before the data was transcribed.

Kumekpor indicates that, several challenges occur during application of ethical issues in social sciences [12]. According to him, covert studies is appropriate and necessary for ascertaining deep insight of a social phenomenon, conducting research on social lives of drug dealers, drug users and prostitutes is an example of this phenomenon.

### 3. Results

#### 3.1. Types of Substances Abused

In relation to the types of substances used by the participants, there were a whole lot of varieties available. For example, 'wee', cocaine, tramadol "soobu" alcohol, energy drink mixed with tramadol, tobacco mixed with moringa leaves etc. There is a local preparation mixed with cocaine, 'wee' and moringa leaves, Paracetamol mixed with alcohol, energy drinks mixed with tramadol etc. It also included the frequency and duration of substance use, and the behavior after substance use on the user. While one user may behave abnormal, another may feel just fine.

The majority of participants reported using the above-mentioned item on a regular basis, with some using daily and others using several times a week. The duration of substance use varied among participants, with some reporting use for several years and others reporting use for only a few months.

A participant narrates how he used cocaine daily in an in-depth interview

*"I use cocaine several times a week, and I have been doing it for about two years now. This is my regular spot but sometimes when they are short in supply here, I go to a different base. After work I try to come around every day so I work hard to have a little money to be able to afford what I*

*need. On days I can't buy cocaine I resort to the prescription drugs. Something has to be in my system every day". (Participant 5)*

In a FGDs a participant asserted how he smokes 'wee' thus:

*"I smoke wee every day, and I've been doing it for the past five years I can't go a day without it. Although it is not the only thing I take, sometimes I mix it with other things to get me higher. But that is different, mixing it makes it lose the flavor so I always prefer it 'clean'. One drag of It gives me joy without it 'nka joy' (I have no joy)". (Participant 1)*

Participants reported experiencing a range of effects from substance use, including feelings of euphoria and pleasure in the short term, altered states of consciousness, physical and emotional changes, and addiction. Many reported that the effects of substance use had a negative contribution on their lives. They described personal experiences and how it affected them as individuals:

One participant has this to say in an in-depth interview as:

*"When I use drugs, I feel really good for a little while. But then I start to feel sick and tired. Most of the time I have fever, nausea, and a strange feeling which we call "turkey". This type of feeling is indescribable". (Participant 13)*

Participants expressed concern about what they thought the long-term effects of substance use would have on them. Some claimed they were worried about causing permanent damage to themselves and their health and others mentioned how the wide spread of these substances was affecting the youth as a whole:

A participant observed in FGDs thus:

*"Yes, I take these substances 'wee' 'tramadol', energy drinks, etc I know in the long run I might die or go mad so I am going to enjoy it while it lasts. Most of us are going to be affected but when the time comes, we would figure it out." (Participant 8)*

*"I have never thought about the long-term effects since I started using drugs. Now I'm worried that I've already done permanent damage to myself and being a burden to my family is not the best thing for me since times are hard now". (Participant 12)*

The substances were used in various forms, including smoking, snorting, swallowing, inhaling, drinking and injecting. The table below shows a list of these substances from data collected and their street names.

**Table 1.** Types of substances use in the study area.

Narcotic Substance	Types	Common forms	Common ways taken	Street Name (s)
Cannabis	Hash oil, Marijuana Hashish.	Dry shredded leaves, stems, seeds, sticky black liquid.	Smoked, vaped, eaten,	Wee "Vari" Indian Hemp Amnesia, Ashes Blue cheese
Cocaine		White powder, whitish rock crystal.	Swallowed, snorted, injected.	Coke Crack

Narcotic Substance	Types	Common forms	Common ways taken	Street Name (s)
Prescription drugs	Letalin, Benylin, Tramadol, valium, codeine, Diazepam/Valium, Codeine.	Pills, capsules, liquid.	Swallowed, snorted, injected.	225, 120, Tramol, Blue blue
Ecstasy		Tablets, capsules, powder, liquid.	Swallowed, snorted	Molly, beans.
Inhalants	Glue, paint thinner, petrol.		Inhaled through the nose or mouth	“Solusa”
Kath		Fresh or dried leaves	Chewed, brewed as tea.	khat
Tobacco	Cigarettes, hookah, smokeless tobacco (snuff)		Chewed, smoked, and snorted.	“Sundi” “Soobu”
Heroin		White or brownish powder or black stick substance (black tar heroin).	Injected, smoked, and snorted.	Snow, horse, beast, junk.
Methamphetamine		White powder or pill, rock shaped crystals.	Smoked, snorted, swallowed, injected.	Meth, chalk, crank, ice, crystal, and speed.
Cocktail of Energy Drinks		Liquid.		5 Star “Nana Addo” Storm xxx
Alcohol		Liquid.		

Source: Field work 2024

### 3.2. Personal Experience with Substance Use

Some participants shared their personal experiences with substance use, describing the circumstances that led to the use of drugs or alcohol. Some participants reported the use of substances as a way to cope with difficult life circumstances, such as peer pressure, stress, depression, trauma, or social pressures. Others reported using substances for recreational or experimenting, and finally developing a habit as a result.

*A participant has this to say in a FGDs*

*“I always felt like I had to hide my dependency on drug use from my family and friends. They did not understand what I was feeling and would just tell me to ‘snap out of it.’ It wasn’t until I found a support group that I felt like I could be honest about my struggles. And this “ghetto” is my support group. The drugs I take aren’t in excess so it doesn’t make me high or slow. I feel just okay and sometimes I “nod” (a slang for dozing off). I can’t eat if I don’t smoke or take some substances”. (Discussant 14)*

One participant stated how some mixtures were used to harm others.

*“We sometimes have to be careful of what we take. Just like you people have enemies we do too. We are not all good friends to each other so, when I come to the base and someone gives me a roll, I don’t take it you never know who is your enemy. What we do is, if you have a misunderstanding with someone, you can easily make them go mad. I just put a bit of A1 Maggi or a bit of my hair in to wee, roll it up, once the person smokes it, they would run mad. For the A1 Maggi*

*it is easily treatable but for the hair you would never be the same again” (Participant 31)*

### 3.3. Consequences of Substance Use

Substance use may have significant negative consequences for individuals, including physical, psychological, and social problems. Participants reported a range of experiences they have gone through including experiencing relationship problems, financial difficulties, and legal issues as a result of narcotic substances used.

The following was taking in an in-depth interview with a participant as:

*“I have been involved in motor accidents a few times while riding under the influence of tramadol. The scar you see on the right side of my head was as a result of one of those accidents. On that day I had taken “cat callow” (tramadol) at night and I was riding in town with my girlfriend when the accident occurred. Thankfully, she wasn’t hurt, but I had to spend a few weeks in the hospital”. (Participant 28)*

Another observation was made in a FGDs in the Aboaboo forest as:

*“I began using drugs because I felt so depressed. I lost touch with my friends and family, and I felt like I couldn’t relate to anyone anymore. Back in university I did not like going home during breaks, because I wouldn’t get the opportunity to freely use them. My family found out about this and took me for rehabilitation but I had a relapse and that is the reason I find myself here. My family is fed up now because they have tried all they can to help me out”. (Participant 29)*

## 4. Discussions

In this study, 32 participants were interviewed (7 females, 25 males) aged 15 to 35. Majority of the participants were Dagomba, with varying levels of education and employment statuses. Few participants came from different regions, and intended to stay in Tamale long-term. The study included respondents from six suburbs: Sabongida, Kalpohini, Sakasaka, Aboabu, Lamashegu, and Nyohini. Understanding the diverse backgrounds of those involved is crucial for interventions and harm reduction efforts in addressing polysubstance use.

### 4.1. Types of Narcotic Substances Abused

The findings indicated that marijuana, heroin, tramadol and cocaine, alcohol, mixture of energy drink and tramadol emerged as some of the most commonly consumed narcotics in the study area. However, most of the participants begin to use these substances at very young ages learning from smoking and proceeding to consuming it in various forms. The use of these substances is driven by the diverse range of forms and their adaptability to individual preferences. This finding is related to other studies conducted previously by Quaye [22]. In Ghana, where marijuana cast a long shadow over the youth with alarmingly teens as young as 10-12 years. Experimentation often marks the first step into it leading down to the path of dependency and harm. The age of incidence of the use of marijuana is relatively low, 10 -12 years and experimentation has been found to be the main reason for the start of the use. Other substances included Kath, crystal meth (methamphetamine), energy drinks, snuffs, ecstasy, glue and tramadol.

Compared to other substances, snuff was considered a more socially acceptable substance. Hence this encouraged them to use it more without fear of being ridiculed. This finding aligns with a study by Modern which indicated that youth substance use was associated with community cultures [19]. Most people use snuff as a form of treatment especially for headache in the Tamale Metropolis. Methamphetamine use was less compared to the likes of cocaine, marijuana and others. Crystal meth provided them with energy boost and its effects lasted longer than cocaine, it was noted that the effects were much worse and more dangerous than cocaine. Kath abuse was not very common in the Tamale Metropolis. It is not a substance that is widely known by non-drug users.

Another striking finding was the misuse of energy drinks. Although energy drinks are not classified as narcotics, mixing them with some prescription drugs heightened the effects of specific drugs or enable them work faster.

### 4.2. Drug Combinations

Findings indicated engagement in polysubstance use, which means combination of different drugs simultaneously

was very common. Reasons for doing so varied among individuals. Single drug use over time leads to tolerance, where they needed more of the same substance to achieve the desired effects. To counteract this tolerance, they start to experiment with mixing different drugs to experience something new and intense. Combination of drugs opened up a whole lot of possibilities, allowing them to have a feeling that a single substance cannot provide. This supports Boileau et al., 2022 who reported the various motivations for substance use which included, prolonging their high, counteracting effects and enhancing their high [5].

Overall, the findings suggest that substance use is a common among participants, with many reporting regular use of a variety of substances.

## 5. Conclusion

Based on the findings, the contribution of substance use on the youth in Tamale Metropolis is multifaceted. Physically, substance use has led to severe health complications such as respiratory issues, cardiovascular problems, and impaired cognitive functions and end stage renal failure which has recently become the number one medical condition in the Tamale metropolis. This finding aligns with the findings of OJJDP, which indicates that accidents, diseases, physical disabilities and possible overdosing may be the outcome of substance use by the youth in Nairobi [21].

The findings of this study showed that substance use has negative contribution on mental and emotional stability and increased risk of high mortality amongst the youth. Feelings of worthlessness, loss of identity, shame, depression, mental instability and a sense of powerlessness as a result of the dependence on substances.

The financial instability of drug users prevents them from accessing educational opportunities or investing in their skills development.

The findings equally reveals that most participants face social stigma within their communities. Society has labelled them as delinquents or criminals, which affects their employment opportunities and general social acceptance. This finding support Zimik and co. in their study on urban settings which confirms social exclusion intensifies the negative consequences individuals face [27].

## Abbreviations

FGDs	Focused Group Discussions
PHC	Popoulation and Housing Census

## Conflict of Interest

The authors declare no conflicts of interest.

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