



# Substances Used among Junior High School Students: Basis for a Proposed Intervention Program

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**Abstract**-This study determined the factors influencing the substances used among Junior high school students. It focused in Sta. Lucia National High School utilizing the grade 9 and Grade 10 students as the research subjects during the school year 2017 – 2018. Case study was used as research design. Interview guide was utilized to determine the common substances used and the factors influencing the use of substances. The studies revealed that cigarette smoking followed by alcohol were the common substances used by students, where cigarette was the most prevalent used substance. The study further revealed that home environment including familial substance use, parental affective disorder, and peers significantly influenced the use of substance among Junior high school students. Peers were the most prevailing factor that significantly influenced the respondents to use substances. Based on the results of the study, an intervention program to stop students from using the substance is hereby proposed.

**Keywords**- *Substance Use, Home Environment Including Familial Substance Use, Parental Affective Disorder, Peers*

## I. INTRODUCTION

One of the serious problems worldwide is substance use among adolescents (Hassan, Csemy, Rappo, & Knight, 2009). This is defined as the use of illegal drugs or the misuse of legal drugs. The prevalence of substance use among youth is alarming. The problem not only harms individuals but also negatively affects families and society (Somani, & Meghani, 2016). Bjerkeset, Holmen, Lydersen, & Indredavik (2014) stressed that unhealthy behaviors such as smoking, drinking, and illicit drug use often begin during adolescence. According to Crowe (1998), young people who persistently abuse substances often experience an array of problems including academic difficulties, health related problems, poor peer relationships.

Lopes, Nobrega, Del Prette, & Scivoletto (2013) stated in their study that substance use may lead to academic issues and move adolescents away from activities important to their cognitive and emotional development. For example, it hinders vocational choices and interferes with the development of skills to deal with emotions. Prakas, Suhailah, Mohanan, Kundapur, & Badiger (2015) added that accidental and

intentional fatalities that are associated with drug and alcohol use represent one of the leading preventable causes of death for the 15 to 24-year-old population. Alcohol and other drug use in the adolescent population carries a high risk for school underachievement, delinquency teenage pregnancy, and depression.

Isaac Masiye and Daniel Ndhlovu (2009) further added that a total of 180 million people abuse drugs worldwide and the majority of these are youth. In addition, research indicates that alcohol, tobacco and marijuana are the most commonly abused substances by adolescents across the globe.

More adolescents drink alcohol than smoke cigarettes or use marijuana (Johnston, et. al., 2016). Some individuals may start hazardous alcohol consumption earlier in childhood. The prevalence of problematic alcohol use continues to escalate into the late adolescent and young-adult age range of 18 to 20 years Committee on Substance Abuse (2010). Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings (Drinking, 2006).

Swendsen, Burstein, Case, Conway, Dierker, He, & Merikangas (2012) in their study indicated that 78.2% of US adolescents had consumed alcohol, 47.1% had reached regular drinking levels defined by at least 12 drinks within a given year, and 15.1% met criteria for lifetime abuse. The median age at onset was 14 years for alcohol abuse with or without dependence. Estimates from major surveys in the United States, including the National Survey on Drug Use and Health (NSDUH), the National Health and Nutrition Examination Surveys (NHANES), and the Monitoring the Future study, indicate that by 17 years of age most adolescents (59% to 71%) had consumed alcohol.

Global School-based Student Health Survey (GSHS) in the Philippines (2003), among 18 – 24 year olds, 7.3% were heavy episodic drinkers (13.6% males and 0.9% females). 70 % of youth who were out of school accounted for a greater number of drinkers. Findings from the 2003–2004 GSHS - 18.9% of surveyed students were 13 years old or younger when they had their first drink of alcohol; 23.6% drank alcohol in the past 30 days; and 24.3% had engaged in heavy drinking (Miguel-Baguilod, 2004).

The World Health Organization (WHO) attributes some 4 million deaths a year to tobacco, a figure which is expected to rise to 8.4 million deaths a year by 2020. By that time, 70% of these deaths will be occurring in the developing countries. Studies in the developed countries show that most people begin using tobacco before the age of 18 years. Recent trends indicate an earlier age of initiation and rising smoking prevalence rates among children and adolescents. If these patterns continue, tobacco use will result in the deaths of 250 million of the people who are children and adolescents today, many of them in the developing countries (Warren, Riley, Asma, Eriksen, Green, Blanton, & Yach, 2000).

In 2014, cigarettes were the most commonly used tobacco product among middle (3.9%) and high (13.4%) school students. Between 2011 and 2014, statistically significant increases were observed among these students for current use of both cigarettes and hookahs, while decreases were observed for current use of more traditional products, such as cigarettes and cigars, resulting in no change in overall tobacco use (Arrazol, Singh, Corey, Husten, Neff, Apelberg, & McAfee, 2015).

Current use of electronic cigarettes increased among middle and high school students from 2011 to 2016. About 4 of every 100 middle school students (4.3%) reported in 2016 that they used electronic cigarettes in the past 30 days an increase from 0.6% in 2011. About 11 of every 100 high school students (11.3%) reported in 2016 that they used electronic cigarettes in the past 30 days an increase from 1.5% in 2011 (Jamal, 2017).

In the national scene, the Philippines' survey of adolescents' substance use done by the Dangerous Drugs Board (2002) as cited in Banaag and Daiwey (2003), showed that those aged 19 and below made up 18.49% of total patients in 1999, rising to 22.13% in 2001. The majority of patients in the Rehabilitation Centers are from ages 15 to 29 (61%).

More than one in every eight Filipino aged 13–15 years old have been found to be puffing tobacco products, according to the Youth and Tobacco in the Western Pacific Region: Global Youth Tobacco Survey (GYTS) 2005-2014 report of the World Health Organization (WHO). According to the latest GYTS report of the WHO Western Pacific Regional Office (WPRO), 13.7 percent of those aged 13 to 15 years old in the Philippines are using tobacco products. This makes the Philippines rank 15th among the highest out of the 22 countries subjected to the GYTS (SunStar Manila, 2016).

There are factors causing substance use among adolescents. Cretzmeyer (2006) showed that home environment, including familial substance use and parental affective disorder also caused adolescents' substance use. Leung, Toumbourou, & Hemphill (2014) added that one of the most salient and consistent predictor for substance use among young people is peer influence.

Similarly, Morello, Perez, Peña, Braun, Kollath-Cattano, Thrasher, & Mejía (2017) pointed out that having friends who smoke or drink, having permissive parents in terms of media use, and perceiving a low parental support and control are risk factors for adolescent substance use.

The researcher has observed that there were students used substances. This observation has prompted this researcher to discover whether substance use among Junior high school students exists in a public secondary school influenced by different factors.

#### A. *Perspective of the Researcher*

The researcher finished his tertiary education at Mountain View College, Valencia City, Bukidnon. He is a graduate of Bachelor in Secondary Education major in Religion. After graduation, he served as elementary teacher at a private school for 3 years. At present, he is employed at Sta. Lucia National High School and occupied the position as Head Teacher I. He handles all Values Education teachers. He has been in the public school service for more than 8 years. Within this span of years, he has observed and encountered many problems in the school especially when he was designated as Guidance Counselor. Until now, these problems in school still remain and one problem that became perennial and post danger to health and future of students is substance use.

In his observation, substance use was one of the major problems among students in the school. This observation was supported by a school data recorded in the guidance office. Many students were caught on using substance (cigarette) and reported by teachers to the Guidance Counselor of the school. The information prompted the researcher to undertake the problem as his master's thesis topic.

#### B. *Conceptual Framework*

In the studies conducted by Prakash, Suhailah, Mohanan, Kundapur, & Badigerb (2015), it was found out that many problem drug users start abusing drugs at an early age. Recent research, particularly in western countries, have shown that substance use started at early age (pre-teen or preadolescence) and has been associated with later suicidal behaviors (suicidal ideation and suicide attempts) during adolescence (Peltzer, & Pengpid, 2015). Individuals who begin using psychoactive substances at an early age, typically defined as prior to age 13 or 14 are at greater risk of negative psychosocial, educational and mental health outcomes. These early initiators typically begin their substance use with alcohol, tobacco and marijuana (Kingston, Cohen, & Knight, 2017).

Another significant finding of Boyd (2011), revealed that that peers have a large influence on drug-abusing behavior. Many teens use drugs for the first time to avoid being stigmatized by their friends or to impress others. Andrews, Tildesley, Hops, & Li (2002) emphasized that peer influence has contribution to young adult substance use. However, Strasburger (2010) reported that the causes of adolescent substance use are multifactorial and stresses that the media can play a key role.

The conceptual framework of this study is shown in Figure 1. The schema illustrates the concept that a lot of factors influencing substance use among adolescents, what are the substances, how they get involved, and the intervention program. Based on the findings, a guidance intervention to suppress substances use will be developed.

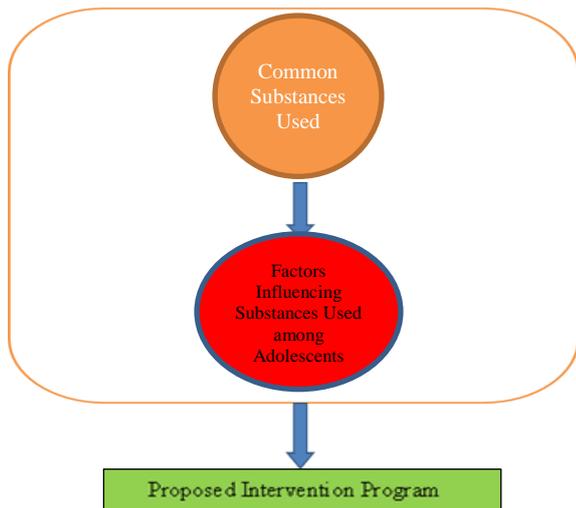


Figure 1. The Conceptual Framework of the Study

### C. Statement of the Problem

This study investigated the factors influencing the use of substances among Junior High School Students as basis for a proposed Intervention Program. The research environment was Sta. Lucia National High School of Pagadian City Division during the school year 2017 – 2018.

Specifically, the study sought to answer the following queries:

1. What are the common substances being used by the Junior High School Students?
2. What are the factors influencing substances used among Junior High School Students?
3. Based on the findings, what intervention program can be developed to minimize the use of the substances among junior high school students?

### D. Significance of the Study

The main rationale of this study was the formulation of an intervention program on substance use which is essential in the prevention of substance use. This study also sought to generate useful data on the causes and impact of substance use on Junior high school students.

*Teachers:* This group has a greater understanding of their students' behavior and made an essential contribution to the students' health and values. Teacher has recognized that a healthy life will lead to good performance in school.

*School Administration:* This group of individuals had benefited through the program that was developed based the result of this investigation to create a healthy and productive life of students.

*Parents:* This group profited from this study in terms of helping their children to abstain using substances. The result of this investigation enabled them to work with the school to make sure that their child will not anymore use substances.

*DepEd Officials:* The result of the study would be one of the bases to strengthen its National Drug Education Program (NDEP).

*Other Researchers:* This study had benchmarked information when they conduct similar studies in other school. Specifically, this study was beneficial to the following individuals and groups who were seen to be direct beneficiaries of the result of the study.

*Adolescents:* The inferences that were drawn in the study were of great help to understand why they should abstain from using substances.

### E. Scope and Limitations

The scope and limitations of the study involved the following unique features of the study and found its rightful place in the realm of educational research. The students, what substances are they using, how they get involved, and what are the common effects. Other aspects not mentioned are beyond the scope of this study.

*Subject Matter:* This study focused on Substance use among Junior High School students as basis for proposed intervention program.

*Research Environment and Timeline:* The research environment of this study was Sta Lucia National High School of Pagadian City Division during the school year 2017-2018.

*Research Participants:* The research participants of the study were the Grade 10 and 9 students of Sta. Lucia National High School who were enrolled in the school year 2017 – 2018.

*Research Design:* This study employed a case study qualitative research design.

*Research Instruments:* This study utilized the interview questions for individual interview prepared and developed by the researcher.

*Data Analysis:* The collected data on the case study was examined, categorized and analyzed through inductive and thematic analysis.

### F. Definition of Terms

The following terms were used in this study and construed according to their definitions given in this section.

*Abuse:* Deliberate use of substances (i.e. drugs, alcohol and other intoxicating chemicals) to induce physical and psychological effects for purposes other than therapeutic ones, resulting into functional impairment and adverse social consequences.

*Affective Disorder:* Mental disorder characterized by dramatic changes or extremes of mood. Affective disorders may include manic (elevated, expansive, or irritable mood with hyperactivity, pressured speech, and inflated self-esteem) or depressive (dejected mood with disinterest in life, sleep disturbance, agitation, and feelings of worthlessness or guilt) episodes, and often combinations of the two. Persons with an affective disorder may or may not have psychotic symptoms

such as delusions, hallucinations, or other loss of contact with reality.

*Alcoholism:* A disease that causes craving - a strong need to drink. Loss of control - not being able to stop drinking once you've started. Physical dependence - withdrawal symptoms.

*Guidance program:* A program that prepares individuals to apply the theory and principles of guidance and counselling to the provision of support for the personal, social, educational, and vocational development of students.

*Home Environment:* Refers to aspects of peoples domestic lives that contribute to their living conditions. These factors may be physical (poverty, psychological conditions due to parenting; social circumstances (Empty nest, living alone, or wider cultural patterns of life related to the location (Suburban environments, Urban environments).

*Intervention program:* An intervention program is a voluntary, confidential program whose purpose is to help take control of the problem while it is in its infancy. These are designed to try to achieve results the earliest available opportunity.

*Prevention:* A process that attempts to prevent the onset or limit the development of problems associated with using substances.

*Smoking:* The inhalation of the *smoke* of burning tobacco encased in cigarettes, pipes, and cigars.

*Substance use:* This refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

*User:* An individual who has engaged in illicit substance use one or more times.

#### G. Structure of the Thesis

The thesis has five chapters. Chapter 1 includes the introduction, perspective of researcher and conceptual framework. It also includes the statement of the problem, significance of the study, scope and limitations, definition of terms, and structure of the thesis.

Chapter 2 reviews the related literature. It synthesizes the different perspective that focus on factors why students get involved in substance use.

Chapter 3 explains and justifies the research design and methods employed for conducting the research. It describes the research environment and the process the target of subjects. It also shows the process of gathering and analyzing the data.

Chapter 4 presents, analyses, and interprets the gathered data on signs of substance use among adolescents.

Chapter 5 presents the summary of findings, the conclusions, and the recommendations based on the findings of the study.

## II. REVIEW OF RELATED LITERATURE

This chapter presents the review of related literature. The literature reviews the different perspective that focus on

substance use among adolescents that provide a general background to this study.

### A. Substance Use

Substance use is a patterned use of a substance in which the user consumes the substance in amounts or with methods which are harmful to themselves or others (Prakash, Suhailah, Mohanan, Kundapur, & Badiger, 2015). It is also defined in Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health (2003) as the inappropriate consumption of medicines, drugs, or other materials including prescription drugs, over-the-counter drugs, street drugs, alcohol, and tobacco. Substance use does not always lead to addiction; many people occasionally use alcohol or certain drugs without being addicted. However, substance use always comes with the risk that it might lead to addiction.

Adolescence is a unique developmental period characterized by major physiological, psychological, social, and brain changes, as well as an increased incidence of maladaptive, addictive behaviors (Wetherill & Tapert, 2013).

Adolescents are at risk for engaging in several risk behaviors as they are continuously exposed to a number of inducing influences, e.g., through mass media, publicity, video clips, celebrity media reports, and peer pressure. Furthermore, many adolescents engage in substance use for experimental purposes (Alwan, Viswanathan, Rousson, Paccaud, & Bovet, 2011).

Many unhealthy behaviors often begin during adolescence and represent major public health challenges. Substance abuse has a major impact on individuals, families, and communities, as its effects are cumulative, contributing to costly social, physical, and mental health problems. (Das, Salam, Arshad, Finkelstein & Bhutta, 2016)

Erik Erikson explains development in his theory of psychological development. A person's social environment plays an important role in development. The age of adolescence according to Erikson's theory falls in stage 5, Identity vs. Role Confusion. Experimentation is conducted in this stage in terms of job, love, drugs/alcohol, religion, organizations, sports, and interests/hobbies. During this stage individuals are exploring cited in exploring who they are in order to create their own identity. The most important factor in creating one's identity in this stage of development is peer relationships (Logan, 2014).

### B. Common Substances Used by Adolescents

Recent studies suggest that more than 80% of adolescents experiment with drugs or alcohol before adulthood. Psychoactive drug initiation, progression into more severe use patterns and dependency rates peak during adolescence and young adulthood, and adolescents have higher rates of substance use and addictive disorders compared to children and older adults. Early use of psychoactive drugs robustly predicts later drug addiction, psychopathology, and deficits in social and occupational functioning (Hammond, Mayes, & Potenza, 2014). Early initiation of substance use is usually associated with a poor prognosis and a lifelong pattern of deceit and irresponsible behavior (Tsering, Pal, Dasgupta, 2010).

Tobacco use and addiction most often begin during youth and young adulthood. Youth use of tobacco in any form is unsafe. Consequently, 4.6 million middle and high school students continue to be exposed to harmful tobacco product constituents, including nicotine. Nicotine exposure during adolescence, a critical window for brain development, might have lasting adverse consequences for brain development, causes addiction, and might lead to sustained tobacco use (Arrazol, Singh, Corey, Husten, Neff, Apelberg, & McAfee, 2015).

The main confounders for parental smoking were having an older sibling who smoked, smoking in the home, and having a best friend who smoked (Scragg & Laugesen, 2007).

Electronic cigarettes (e-cigarettes) were introduced into the US market in 2007 and have increasingly become a popular alternative to tobacco smoking. These devices simulate smoking by heating a nicotine-containing solution producing an aerosol that the user inhales. Increasing reports in the media have highlighted significant injuries following spontaneous explosion of these devices, however there has been limited mention in the medical literature to date (Kumetz, Hurst, Cudnik, & Rudinsky, 2016).

Inhalants are substances with significant acute and chronic toxicity that are abused for their intoxicating properties. They have a wide variety of chemical structures with the majority being hydrocarbons (aliphatic, aromatic, or halogenated), nitrites, or nitrous oxide. Inhalants are similar in that they are all volatile substances, highly lipid soluble, and readily absorbed across the pulmonary bed. Inhalant abuse is a common problem in adolescents due to several factors. Inhalants are readily accessible. An average home has between 30 and 50 products with abuse potential. They are inexpensive and legal to buy and possess. The perceived risk of use is low (Perry, H., Burns, M. M., & Wiley, J. F. (2014).

Inhalant abuse is a prevalent and often overlooked form of substance abuse in adolescents. Survey results consistently show that nearly 20 percent of children in middle school and high school have experimented with inhaled substances. The method of delivery is inhalation of a solvent from its container, a soaked rag, or a bag. Solvents include almost any household cleaning agent or propellant, paint thinner, glue, and lighter fluid. Inhalant abuse typically can cause a euphoric feeling and can become addictive. Acute effects include sudden sniffing death syndrome, asphyxia, and serious injuries (e.g., falls, burns, frostbite). Chronic inhalant abuse can damage cardiac, renal, hepatic, and neurologic systems (Anderson, & Loomis, 2003).

In 2015, about 684,000 adolescents aged 12 to 17 used inhalants in the past year. The types of inhalants adolescents used to get high varied. Felt-tip pens/markers, or magic markers were the most commonly identified types of inhalants adolescents used to get high in 2015 (Lipari, 2017).

In the Philippines, it has been reported that the number of street children in our country increase by 6,365 annually, and half of these children aged 8 to 20 have at least once sniffed Rugby and other inhalants. Aside from its easy accessibility and low cost, children and young adults resort to sniffing

Rugby alleviate hunger. However, many eventually become addicted, resulting to widespread abuse and crime committed to fund the addiction (Bridges of Hope, 2017).

Marijuana also called weed, herb, pot, grass, bud, ganja, Mary Jane, and a vast number of other slang term flowers of *Cannabis sativa*, the hemp plant. Some people smoke marijuana in hand-rolled cigarettes called joints; many use pipes, water pipes (sometimes called bong), or marijuana cigars called blunts (often made by slicing open cigars and replacing some or all of the tobacco with marijuana) (Timberlake, 2009).

In 2013, data from the National Survey on Drug Use and Health (NSDUH) indicated that approximately 2.4 million persons aged 12 years and above had used marijuana for the first time during the preceding 12 months, an average of approximately 6,600 new users each day. Among persons aged 12 years and above, approximately 8.1 million had used marijuana on 20 or more days during the preceding month, and approximately 4.2 million met the criteria for marijuana dependence and abuse during the preceding year (Azofeifa, 2016).

According to the Global School-Based Student Health Survey (2004), in the Philippines, marijuana was the most commonly used illicit substance.

Methamphetamine has long been a drug of abuse. The smokable form of methamphetamine hydrochloride, called "ice" on the street, is twice as toxic as amphetamine and has clinical effects similar to those of cocaine. In the United States, methamphetamine use has spread eastward from Hawaii and California. Ice is a strong central nervous system stimulant. Chronic use may result in serious psychiatric, cardiovascular, metabolic and neuromuscular changes (Beebe, D. K., & Walley, E. 1995). Data from the Substance abuse and mental Health Services Administration (SAMHSA) revealed that in 2013 there were 144,000 persons aged 12 years and older who had used metamphetamine for the first within the past 12 months, with 18.9 years old as the average age of first use. Data from the Monitoring the Future Study assessed drug use among eighth, tenth and twelfth graders (Park & Haning, 2016).

The Philippines has the highest abuse rate for methamphetamine hydrochloride, or shabu, in East Asia, according to the latest United Nations World Drug Report. The UN report was cited by the US Department of State in its 2012 International Drug Control Strategy Report, which is posted on the website of the US Embassy in Manila. The state department also disclosed that 2.1 percent of Filipinos aged 16 to 64 were using shabu, and domestic consumption of methamphetamine and marijuana continued to be the main drug threats in the Philippines (Philippine Daily Inquirer, 2012).

The use of other substances during adolescence is certainly of interest and importance, but samples from normal populations tend to report relatively low levels of use. For example, the MTF study reports current prevalence rates among adolescents of less than 4% for cocaine, less than 6% for ecstasy, and less than 10% for amphetamines. Similarly, UK data show that only 6.6% of young adults (aged 16-24)

report using any Class A substances within the past year (Stautz, 2013).

### C. *How Adolescents Get Involved in Substance use*

Substance use can take many forms, including one-off experimentation, infrequent recreational use, regular use, and dependence. There are three aspects of substance use namely: initiation, typical use, and problematic use (Stautz, 2013).

Studies have revealed that most of the drug addicts started smoking from their youths. As they grow older they seek new thrills and gradually go into hard drug abuse. No single factor could be defined as solely responsible for the abuse of drugs but the following are some of the causes of young people vulnerable to drug abuse. Curiosity and desire to find out the effectiveness of a particular drug, peer group Influence, environment, promotion and availability, enjoyment, lack of parental supervision, socio-economic status of the parents, self-medication of primary psychological disorders, pathological family background, and ignorance of the dangers of illegal drug use (Mamman, Othman, & Lian, 2014).

Strasburger, Hogan, Mulligan, Ameenuddi, Christakis, Cross, & Moreno (2013). reported that the causes of adolescent substance use are multifactorial, but the media can play a key role. Tobacco and alcohol represent the 2 most significant drug threats to adolescents. More than \$25 billion per year is spent on advertising for tobacco, alcohol, and prescription drugs, and such advertising has been shown to be effective. Digital media are increasingly being used to advertise drugs. In addition, exposure to PG-13- and R-rated movies at an early age may be a major factor in the onset of adolescent tobacco and alcohol use.

On the other hand, factors that were found to prevent substance abuse included functional family communication, effective family socialization, the ability to notice early warning signs for substance use, and religiosity (Layla et al, 2015).

### D. *Factors Influencing Substance Use among Adolescents*

The early interactions of children occur within the family and can be positive or negative. With this, factors that affect early development in the family are probably the most crucial.

Children are more likely to experience risk when there is lack of mutual attachment and nurturing by parents or caregivers, ineffective parenting, a chaotic home environmental, lack of a significant relationship with a caring adult, a caregiver who abuses substances, suffers from mental illness, and engages in criminal behavior (Robertson, David, & Rao, 2003). Yule & Wilens (2011) stated that the development of adolescent-onset substance use is influenced by both genetic and environmental risk factors. Familial environmental risk factors include behavioral modeling of substance use, parental attitudes toward substance use, and parental monitoring. Mokoena, (2013) stressed that, of the social environmental factors influencing adolescent drug abuse, the family is one of the strongest influences. Poor family relationships, particularly those characterized by poor communication between parents and their adolescent children, do contribute towards adolescent drug behavior.

Adolescents who experience their home environment as unstable often resort to drugs as a response to or an escape from their home situation. Kingston, Rose, Cohen-Serrins & Knight (2017) stressed that early initiators like later initiators often obtained substances from friends but more frequently reported that they stole substances from parents or guardians than later initiators. In some cases, participants were able to steal substances on a regular basis because their parent was frequently intoxicated and unable to monitor their own supply of alcohol, tobacco or other drugs.

Sussman, Skara, and Ames (2008) added that the family environment is important. Violence, physical or emotional abuse, mental illness, or drug use in the household increase the likelihood an adolescent will use drugs.

Research has also shown that adolescents ending up in a single parent family or a stepfamily after a parental divorce or separation are more likely to show delinquent behavior and to use substances than adolescents in intact families (Vanassche, Sodermans, & Matthijs, (2008). A study exploring the correlation between parental divorce and teen substance abuse was carried out by the Center for Population and Family Research at the University of Leuven in Belgium. The study concluded that teens who live with a single parent or in a stepfamily after a divorce or separation are more prone to substance abuse compared to teens from intact families. The research pointed out that drug use which may evolve into drug abuse usually starts off as a coping mechanism for adolescents. It is a way for them to deal with the adverse consequences related to a lack of a stable family environment (Tagliareni, 2016).

A study of family economic stability has been shown to play a crucial role in affecting a person's drug use. 3 out of the 7 participants mentioned that reasons of drug abuse were related to family poverty (Foo, Tam, & Lee, 2012). The study of Loke & Mak (2013) also pointed out that adolescents who have more unsupervised time from their parents were more likely than those with less unsupervised time from their parents to drink, smoke, and take illicit drugs. Another study showed that young adolescents who characterized their parents as neglectful were more likely to have tried smoking, drinking, and illicit drugs than adolescents with warm and directive (authoritative) parents.

Familial substance abuse increases the risk for adolescent alcohol and drug use (Robertson, Xu, & Stripling, 2010). Parent alcohol consumption is considered a strong precursor of child drinking behavior (Petraitis, Flay & Miller, 1995). Children of parents who consume alcohol on a daily basis are at increased risk for alcohol problems. These children tend to initiate alcohol use earlier and engage in heavy drinking at a younger age, than children whose parents do not frequently drink alcohol (Murray, 2015). Additionally, children of alcohol and drug users may learn to view unconventional behavior (excessive substance use) (Murray, 2015). Children learn to form their beliefs about substance use around their parent's views or actions. Therefore, adolescents of parents who use drugs and alcohol are more inclined to use these substances as well because they have become desensitized to it and believe substance abuse to be normal behavior (Murray, 2015).

Results indicated that not only did parents' influence specific to a given substance affect adolescent use of that same substance, but parents' nonspecific or generalized influence predicted the onset and maintenance of other substance use. Parent modeling, attitude, cautionary statements, and consequences were all significant predictors of adolescent initiation and maintenance of substance use (Andrews, Hops, Ary, Tildesley, & Harris, 1993). Children of depressed parents represent a vulnerable population, experiencing elevated risk for depression and a range of additional problems, including substance use (Mason, Fleming, & Goldstein, 2012). Adolescents who perceived their parents as authoritative (high control, low support) and neglectful (low support and low control) were three times more likely to engage in moderate or heavy alcohol use, substance use, and smoking (Loke, & Mak, 2013). Su Hoffmann, Gerstein, & Yang, (2005) added that parental substance use disorder and parental affective disorder influence adolescent substance use in terms of negative life events and lower family cohesion.

Peer influence is regarded as one of the strongest determinants of juvenile delinquency particularly adolescent substance use. A commonly held view is that social pressure from friends to use drugs and alcohol is a major contributor to substance use (Reed & Rountree, 1997). Whitesell, Bachand, Peel, & Brown (2013) also stated that the influence of peers on adolescent substance use often exists in the form of deviant peer relationships, wherein an adolescent associates with a group of people who use substances, or in the form of perceived popularity. Research has shown that deviant peer relationships are positively associated with adolescent substance use. It is possible that a shared inclination to use drugs and alcohol attracts deviant individuals to form peer groups or in order to gain social standing or join a group, individuals are motivated to use substances and thus form a deviant peer group. The association between substance use and affiliation with substance use promoting peers may be due to socialization processes, in which peers model substance use behavior, provide opportunities for substance use, and encourage attitudes, norms, and expectancies that are positive toward substance use. However, the relation between substance use and peer substance use may also be due to selection processes, in which individuals who use substances seek out peers who are similar to them in attitudes and/or behavior (Haller, Handley, Chassin, & Bountress, 2010).

Awareness of the harmful effects of substance use is high. A disturbing aspect that has been noticed is that despite having knowledge of substance use, adolescents initiate and continue its use. Efforts to control the problem in this age-group should also target their parents and other family members. The school being an essential part in a student's life can include and promote an effective and healthy life-style. Interventions that enhance parental self-efficacy in conveying and enforcing attitude shaping for their children could reduce adolescent substance use. Healthy substance use control programs, focusing on youth, are essential, to reduce the burden of related diseases. This review of literature will provide a broad strike to the phenomenon of substance use. The literature included here will offer general concepts on the phenomenon but as new

concepts emerge from the data, a further review shall be conducted relevant to the emerged concepts.

### III. RESEARCH METHODS

The chapter describes the research design and research methods adopted in this study. It also describes the research environment, research subjects, instrument, and the data gathering techniques employed in the investigation.

#### A. Research Design

Research design provided the framework for the collection and analysis of the data. This investigation utilized the explanatory case study as the research design. Yin (1984) as cited in Noor (2008) stressed that case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context and is most likely appropriate for studies that intend to answer the questions "why" and "how". As this study aimed to deal with "why" and "what" of substance use among Junior high school students, it is the most appropriate design to be utilized. The explanatory case study as its emphasis is on explaining the phenomenon of substance use rather than just describing it, although a good description of the phenomenon is required to provide its context.

#### B. Research Method

A research method is a strategy of enquiry which moves from the underlying philosophical assumption to the research design and data collection (Myers and Avison, 2002). Research method defines the techniques and procedures in collecting, analyzing and interpreting data. The researcher conducted an interview as the data collection instrument for this study. The identified substance users were interviewed. The interview questions were aimed at eliciting relevant information concerning substance use among Junior High School Students. Questions relating to substance use were asked during the interview. Data were analyzed based on a common set of principles and for interview data includes: transcribing the interviews, immersing oneself within the data to gain detailed insights into the phenomena being explored, developing a data coding system. Data were reviewed and summarized for the purpose of getting a conclusion.

#### C. Research Environment

The research environment of this study was Sta Lucia National High School of Pagadian City Division. The school has 21 sections for Junior High School and 1 section for Senior High School. The students come from different places of Pagadian City and having different religious and social backgrounds.

#### D. Research Participants

The research participants of the study were the Grade 9 and 10 students of Sta. Lucia National High School who were enrolled in the school year 2017 – 2018. Table 1 presents the list of students identified as substance users. They served as respondents to the interview.

TABLE I. RESEARCH PARTICIPANTS

Grade	Age	No. of Participants
9	14	1
10	15	1
	16	7
Total		9

As shown in the table, 9 students from two Grade levels were considered as participants of this study. Study codes were used in this study to protect the confidentiality of research participants. Study codes are used on data collection instruments in place of identifying information to protect participants' responses / data when data documents are stored or out in the open. Also, in the event that a data document is lost, stolen, etc. having the data protected by a study ID will prevent anyone who may view the data from determining the participant's identity. In this study, the codes were SU01 to SU09, male, G9 and G10. SU stands for Substance user, 01 to 09 stands for the number of participants, MALE stands for gender of participants and G9 and G10 for grade level of participants. Using individual interview, the students answered the open-ended research questions on substance use and describe as well their level of engagement on substance use.

#### E. Research Instrument

The use of interview guide questions was the main instrument used. In qualitative research, interview is a conversation where questions were asked to elicit information. The interviewer is usually a professional or paid researcher, sometimes trained, who poses questions to the interviewee, in an alternating series of usually brief questions and answers.

It also used the personal interview survey (Face to Face Method). This method is called as a face-to-face survey. It is utilized when a specific target population is involved.

In this study, the purpose of conducting a personal interview survey was to explore the responses of the participants to gather more and deeper information.

There were three main types of questions used during the interview. The following lists describe each type of question.

1. Engaging questions – Introduced the participants to the topic or subject and get them comfortable with the interview.
2. Exploratory questions – Designed to get to the heart of the interview and typically are open-ended.
3. Exit questions – Designed to see if any angle was missed during the interview.

All interviews were recorded in a good audio or video recorder. Transcription followed when the conversation was completed, so the nuances of the dialogue were not lost in the annals of time. The researcher took notes in the midst of the interview and after the episode with the interviewee. Reflective notes were made for robust qualitative data.

#### F. Data Gathering Technique

In collecting data for this study, interview with the identified substance users was conducted individually. The

participants of the study were interviewed in January 2018 to February 2018. Each interview was conducted face to face and lasted for 5-10 minutes. With the subject's permission, the researcher recorded the interviews to ensure accurate transcription. The researcher also took notes during the interview, which enabled him to track key points to return to latter in the interview or to highlight ideas of particular interest or importance. As a first step in the interview process, the researcher explained to the participants the purpose of the study, research procedures, expected benefits, and protection of confidentiality. Participants were also provided information about himself to establish rapport and gain their trust. Open-ended questions were used throughout the interviews to encourage respondents to respond freely and openly to queries. Probing and follow-up questions were used, when necessary, to encourage participants to elaborate on or clarify a response. The transcription process followed after each interview. To ensure transcript accuracy, the researcher reviewed each transcript while listening to the audio tapes. Interview responses were the transcribed in verbatim form and meanings were formulated.

#### G. Data Analysis

Once the data were transcribed, they were then coded, analyzed, and interpreted. They were properly processed to gain a deeper understanding in order to get accurate answers of the subject from repeatedly listening to and reading the transcribed interviews. Coding the data began once all the data was fully transcribed. The codes applied were keywords which were then used to categorize and organize responses and were considered an essential part of qualitative research. The data were then analyzed, categorized and organized into themes and further sub-themes which emerged through the coding process. The themes that emerged were assigned a specific code. The next stage involved was the interpretation of the data by identifying any reoccurring themes throughout and highlighting any similarities and differences in the data.

#### H. Ethical Considerations in Qualitative Research

As part of the research ethics, the researcher sent a communication to the Office of the Superintendent of the Division of Pagadian City asking for her consent and endorsement to conduct the study in the researcher's area. Upon the approval of the Schools Division Superintendent, communications were also sent to the Principal of the school whose students identified as substance users participated in the interview.

By administering the interview, all the research participants were requested to participate on their own will. No coercion was made to make the respondents participate in the interview. Harm was avoided by ensuring anonymity of participants' identity and respondents were not required to say their names during the interview and even taking a picture of them was avoided. Respondents were further assured of the confidentiality of their answers.

Denscombe and Jessop (2002) emphasized that social researchers should be ethical in the collection of their data, in the process of analyzing the data and in the dissemination of findings. At an utmost need, researchers were expected to

respect the rights and dignity of the research participants, safeguard the information on research participants from public disclosure, protect them from any harm due to their involvement in the research and perform the research project with prudence, honesty and integrity.

#### IV. PRESENTATION, ANALYSIS AND INTERPRETATION

This chapter presents, analyzes and interprets the data gathered on substance use among Junior high school students.

##### A. Common Substances Used

In research question 1, what are the common substances being used by the Junior High School Students? The researcher identified types of common substances being used by Junior high school students during the interview of the subjects and the observation of the researcher. When subjects were asked about the substances they have used, the following were the responses:

”Sigarilyo ra akoa sir. Inom wala ko ana og druga wala pod ko.” [Only cigarettes sir. I don’t drink and don’t do drugs.] (SU01, male, G10)

”Sigarilyo ra.” [Only cigarette] (SU04, male, G9)

”Iimnon og sigarilyo sir. Beer.” [Alcohol and cigarette. Beer] (SU05, male, G10)

”Nakagamit na sigarilyo.” [Have used cigarette] (SU06, male, G10)

”Sigarilyo.” [Cigarette] (SU07, male, G10)

”Dili ko moinom. Sigarilyo ra.” [I don’t drink. Only cigarette.] (SU08, male, G9)

”Nakagamit. Sigarilyo.” [Had used. Cigarette.] (SU09, male, G10)

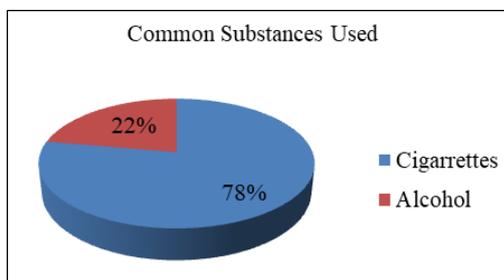


Figure 2. Common Substances Used

As shown in Figure 2, the data revealed that cigarettes and alcohol were among the substances being used by the students. There were 7 subjects used cigarettes and 2 subjects used alcohol. The subjects were all in the age range 14 – 16. The data also revealed that cigarette was the dominant substance used by the students.

In the news item published by Sunstar Manila (2016), it was revealed that more than one in every eight Filipino aged

13–15 years old has been found to be puffing tobacco products, according to the Youth and Tobacco in the Western Pacific Region: Global Youth Tobacco Survey (GYTS) 2005-2014 report of the World Health Organization (WHO). According to the latest GYTS report of the WHO Western Pacific Regional Office (WPRO), 13.7 percent of those aged 13 to 15 years old in the Philippines are using tobacco products. Thus, the present findings have supported the article published by the aforementioned newspaper. Smoking cigarettes was the most prevalent activity mentioned in the data.

##### B. Factors Influencing Substance Use

In research question 2, what are the factors influencing substance use among Junior High School Students? There are risk factors that contributed to the substance use of identified users. Herein, risk factors for substance use are divided into three categories: home environment including familial substance use, parental affective disorder, and peers.

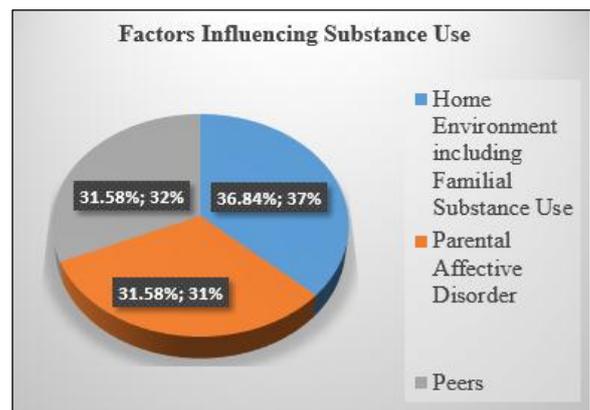


Figure 3. Factors Influencing Substance Use

##### C. Home Environment including Familial Substance Use

The development of adolescent-onset substance use is influenced by both genetic and environmental risk factors. Familial environmental risk factors include behavioral modeling of substance use, parental attitudes toward substance use, and parental monitoring (Yule and Wilens, 2011). The interview of the subjects proved these findings.

”Ang akong lolo mo sigarilyo og moinom.” [My grandfather smoke and drink] (SU01, male, G10).

”Makainom ko og makasigarilyo kay mosabay rako sa akona mga ig agaw og oyoan.” [I am able to smoke and drink when I am with my cousins and uncles] (SU02, male, G10)

”Dili malikayan sir. Pakisama lang ni akona sir. Total sila ra man pod akona kauban. Silingan ra man pod mi kaau sir.” [I cannot avoid it sir. This is just to please them. Anyway they are just the only ones I’ll be with. We are also neighbors.] (SU02, male, G10)

”Ang among silingan manigarilyoay. Ang akong ginikanan manigarilyoay. [Our neighbor smoke. My parents also smoke.] (SU03, male, G10)

Familial substance abuse increases the risk for adolescent substance use (Robertson, Xu, & Stripling, 2010). Parent substance consumption is considered a strong precursor of substance use behaviour (Petraitis, Flay & Miller, 1995).

“Pero Usahay ako man padagkoton. Inig sugoon ko palit sigarilyo, palit pod ko para akoo.” [Sometimes I am asked to light a cigarette. When I was asked to buy cigarettes, I also buy for myself.] (SU03, male, G10).

“Ok ra man sa ilaha sir. Paryente ra man gud akoo kauban. Moinom ma pod ang akoo papa og mosigarilyo. Ingon ra sila dili palabi. [It’s alright with them sir. They are my relatives. My father also smoke and drink. They’ll just say not too much.] (SU02, male, G10)

Kingston, Rose, Cohen-Serrins & Knight (2017) stressed that early initiators like later initiators often obtained substances from friends but more frequently reported that they stole substances from parents or guardians than later initiators. In some cases, participants were able to steal substances on a regular basis because their parent was frequently intoxicated and unable to monitor their own supply of alcohol, tobacco or other drugs.

“Inig kahubog sa akong papa, kuhaan dayon nako iyang sigarilyo. Usahay hutdon” [Whenever my father is drunk, I’ll get some of his cigarettes. Sometimes all of it. (SU07, male, G10)

Based on their answers, the subjects initiated substance use because their parents and relatives facilitated and influenced them to use. The subjects witnessed their parents’ substance use as a normal activity which motivates them to use the same.

Children learn to form their beliefs about substance use around their parent’s views or actions. Therefore, adolescents whose parents use substances are more inclined to use these substances because they have become desensitized to it and believe substance use to be normal behavior (Murray, 2015).

#### D. Parental Affective Disorder

The interview to the subjects pointed out that their parent’s style of parenting influenced them to substance use.

“Sige lang ta og kasab an mao na didto ta padung sa mga barkada”. [I am always scolded that is why I’ll go to my friends.] (SU05, male, G10).

“Walay pakabana murag walay mga anak”. [Show no concern as if they have no children.] (SU06, male, G10)

“Wala oy. pinasagdan raman mi.” [Not at all. We are just ignored.] (SU07, male, G10)

“Isog kaau akong papa.” [My father is very harsh.] (SU08, male, G9)

“Inig kahubog sa akong papa, mangasaba dayon usahay manumbag. Mao na didto ko padung sa barkada.” [When my father is drunk, he then started to scold us. That is why I go to my friends.] (SU07, male, G10)

“Istriktong kaau akong ginikanan dili jud mosugot molaag. Mao nga dili na lang mananghid.” [My parents are very strict.

They don’t want me to go out. That is why I sneaked out.] (SU06, male, G10).

Subjects suggested substance use may help to alleviate feelings of failure depression or loneliness.

“Adto sa barkada. Apil apil sigarilyo.” [I go to my friends. Join in smoking.] (SU07, male, G10)

Adolescents who perceived their parents as authoritative (high control, low support) and neglectful (low support and low control) were three times more likely to engage in moderate or heavy alcohol use, substance use, and smoking (Loke, & Mak, 2013).

Adolescents were considered less likely to use substances when their parents are dedicated, loving, caring, supportive and trustworthy and when they granted autonomy or trust on their children. Subjects indicated low parental monitoring which may place them at risk for substance use.

#### E. Peers

Peer influence is regarded as one of the strongest determinants of juvenile delinquency particularly adolescent substance use. A commonly held view is that social pressure from friends to use drugs and alcohol is a major contributor to substance use (Reed & Rountree, 1997). The researcher found out that most of the subjects’ answers pointed to peers.

“Mao jud na sir kay manigarilyohay man sila. Inig magtapok mi, sigarilyo dayon. Moapil na lang pod ko kay tagaan man pod ko. Kanyawan pod ko kong dili mosigarilyo. Tilaw tilaw ra man pod ni akoo sir.” [That’s true. They are all smokers. When we gather, we right away smoke. I have to join them because they will tease if I don’t join them.] (SU01, male, G10)

“Suon suon lang sa uban sir mga amigo og classmate. Ing ani mani sir basta high school. Naa na sigarilyo sigarilyo”. [Just imitating my friends and classmates. This is the trend in high school. There is smoking.] (SU03, male, G10)

“Barkada sir. Manigarilyo man sila. Inig tapok tapok naa pod dayon magsugod og dagkot. Para ok pod ta sa barkada, sigarilyo na lang pod. Sigarilyo ra bitaw.” [Friends sir. They smoke. When we gather, we lit right away cigarettes. To be in with friends, I smoke also. They are just cigarettes.] (SU04, male, G10)

“Akong mga barkada nanigarilyo man. Makasigarilyo pod ko.” [My friends smoke. I also smoke.] (SU07, male, G10)

“Nakasugod ko og panigarilyo tungod sa barkada.” [I started smoking because of friends.] (SU09, male, G10)

When adolescents associate with peers who use substances, they are much more likely to initiate substance use (Bahr, Hoffmann & Yang, 2005).

#### F. Intervention Program

In research question 3, it stated, based on the findings, what intervention program can be developed to prevent the respondents in using substances? An intervention program was developed to stop the respondents in using substances.

KRA	Objectives	Activities	Resources Needed	Persons Responsible	Timeline	Success Indicators
Engaging the Parents in Substance Use Prevention	To give parents a clear understanding of substance usage patterns among school-age persons	*Design pamphlets that answer the most commonly asked question *Participate in substances symposium *Offer parents drug information	Official time of parents and resource persons	Principal, Guidance Counselor, and Teachers	Summer 2018	Pamphlets distributed, information explained, and intervention initiated.
	To assist parents in forming a personal perspective on substances based on facts and to assist them in clarifying their attitudes and behavior	*Modelling responsible behaviours concerning: substance use, instituting family rules, and by maintaining communication within the family and with other parents and the school *Parental counselling concerning	Official time of parents, PF of Guest Speaker and food	Principal, Guidance Counselor, and Teachers	First semester 2018 - 2019	Enhanced attitudes and modified parenting attitudes and beliefs on substance use.
	To outline effective parent strategies for preventing or coping with substance use by their children	*Discussing the topic of substance use with children *Setting clear family rules about substance use *Parenting and monitoring of children's behavior	Official time of parents	Principal, Guidance Counselor, and Teachers	First semester 2018-2019	Planned strategies, improved interventions on substance use by their children

KRA	Objectives	Strategies	Resources Needed	Persons Responsible	Timeline	Success Indicators
Engaging the community in Substance use prevention	To prevent students from further exposure to substances in the community.	*Conducting drug-free activities for students *Sponsoring education for drug abuse prevention programs in schools	Official time of students and people, and activity cost	Principal, Guidance counselor, and teachers	First Semester 2018-2019	Students are able to know the effects of substance use.
	To save youth from the damaging consequences of use and addiction to substances.	*Attend in the teacher training workshops on substance use prevention *Attend a program conducted by the DOH	Official time of people involved and training/program cost	Principal, Guidance Counselor, teachers, and resource persons.	Second Semester 2018-2019	Oriented and informed on substance use prevention.
	To increase knowledge on health for children and youth in the community.	*Develop school-based drug abuse prevention policies, health programs and practices *Sponsor education for substance abuse prevention and health programs in schools	Official time of people involved and program cost	Principal, Guidance counsellor, and teachers	Second Semester 2018-2019	Preventive health policies and programs established.

KRA	Objectives	Activities	Resources Needed	Persons Responsible	Timeline	Success Indicators
Student Action on Substance Use	To instill a responsible attitude towards the social use of substances	*Promoting non-smoking male and female role models *Attend substance symposium *Establish non-smoking as the normative behaviour for most people	Official time of students and people involved	Principal, Guidance Counselor and Teachers	Second Semester 2018-2019	Followed and promoted guidelines towards the use of substances.
	To prevent the transition from substance use to substance abuse,	*Participate in youth substance prevention campaigns and strategies. *Join in peer counselors	Official time of students and people involved and campaigns cost	Principal, Guidance Counselor and Teachers	Second Semester 2018-2019	Participated in peer counselors activities.
	To promote critical responses to the advertising of substances.	*Using the school newsletter or magazine to promote drug-free messages *Create anti - substance use mural in school	Official time of students and teachers involved	Guidance Counselor, Teachers, School Editorial Staff	Second Semester 2018-2019	Articles published and mural painted.

Figure 4. Intervention Program

## V. SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This section presents the summary of findings, conclusions and recommendations based on the results of this investigation

### A. Summary of Findings

The summary of findings is arranged according to the arrangement of the questions in the statement of the problem.

1. What are the common substances being used by the Junior high school students?

The data on the types of common substances being used by Junior high school students were taken from the interviews of the subjects and the observation of the researcher. The data revealed that cigarettes and alcohol were common substances being used by Junior High School Students.

Smoking cigarettes was most prevalent among the students mentioned in the data.

2. What are the factors influencing substance use among Junior high school students?

There are risk factors that contributed to the substance use among Junior high school students. Herein, risk factors for adolescent substance use are divided into three categories: home environment including familial substance use, parental affective disorder, and peers.

The interview revealed that home environment including familial substance use, parental affective disorder, and peers influenced Junior high school students to use substances.

The interview further revealed that peers were the dominating factor that influenced the respondents to substance use.

3. Based on the findings, what intervention program can be developed to stop the respondents in using the substance?

Based on the findings, an intervention program was developed to stop the respondents in using substances.

### B. Conclusion

The study concludes that substance use exists among Junior high school students where majority are Grade 10 students. Using cigarettes was the common substance followed by alcohol predominantly used by the subjects. Using of drugs was found to be non-existent as revealed in the interview. It is also concluded that home environment including familial substance use, parental affective disorder, and peers greatly influenced the respondents in the use of substances.

### C. Recommendations

Based on the findings and conclusion of the study, the following recommendations are drawn:

1. Administrators, teachers, and parents must work hand in hand in implementing program about substance use, in which the student who is involved in substance use will undergo guidance and counseling with the presence of their parents.

2. The parents, as one of the most important stakeholders of the school need to participate intensively in cases of substance

use among students. This is to inform them about the behavior of their student in and outside of the school and for them to help in the process of prevention of substance use.

3. The guidance counselor has a challenging role in the prevention of substance among the students; hence, he needs to enhance the intervention strategies to address substance use. Since he is authorized to interfere in the prevention program, it is therefore necessary that he undergoes trainings and seminars about substance use and come up with strategies in the prevention of substance use among students.

4. The environment can also affect the behavior of the students in which proper guidance is very necessary for them not to be lured to substance using.

5. Monitoring (tracking and surveillance) of children's behavior is considered an essential parenting skill.

6. Influence students' willingness to talk openly about substance use. Future studies could ask young people about their own and their parents substance using.

7. Educate parents on the impact of substance use on wider family and dynamics (e.g. parental attitudes, impaired parenting).

8. Parents and teachers should monitor the company that the students keep to ensure they do not involve themselves with students or non-students who abuse substances.

9. The school through the guidance office should monitor the status of confirmed substance user and its physical, mental, social and intellectual aspects including health side effects brought about by substance using. Users with health side effects should be referred as soon as possible to health experts.

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