**RESEARCH REPORT OF A PROJECT CONDUCTED ABOUT THE EFFECTS OF DRUG AND SUBSTANCE ABUSE IN EDUCATION SYSTEM.**

INTRODUCTION

Drug can be defined as; Any substance that is used to prevent, diagnose, treat, or relieve symptoms of a disease or abnormal condition. Drugs can also affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior. Some types of drugs, such as opioids, may be abused or lead to addiction. When the drug is used for the wrong purpose, then it’s called drug abuse. A research project on the effects of drug and substance abuse to learners was conducted using opinion polls on WhatsApp’s groups and Facebook pages which consisted of all learners from the primary school, secondary school and tertiary level of learning.Young people who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships, and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society.

Academics

Declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent substance abuse. Hawkins, Catalano, and Miller (1992) cite research indicating that a low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Cognitive and behavioral problems experienced by alcohol- and drug-using youth may interfere with their academic performance and also present obstacles to learning for their classmates (Bureau of Justice Statistics, 1992).

Physical health

Injuries due to accidents (such as car accidents), physical disabilities and diseases, and the effects of possible overdoses are among the health-related consequences of teenage substance abuse. Disproportionate numbers of youth involved with alcohol and other drugs face an increased risk of death through suicide, homicide, accident, and illness.

The Drug Abuse Warning Network (DAWN) study -- in a representative sample of hospitals throughout the United States -- reports trends in people seeking emergency department treatment related to illegal drug use or nonmedical use of legal drugs. Preliminary 1994 estimates indicate drug-related emergency department episodes for youth ages 12 to 17 increased by 17 percent from 1993 to 1994. This increase was greater than for any of the older age groups reported. Significantly, emergency department visits related to marijuana/hashish for youth ages 12 to 17 increased 50 percent between 1993 and 1994 (McCaig, 1995). Ninety-one youth between the ages of 12 and 17 died of drug abuse in 1993 (Office of Applied Studies, 1994).

Transmission of HIV/AIDS primarily occurs through exposure to body fluids of an infected person during sexual contact or through sharing of unsterile drug-injection equipment. Another primary means of transmission is from mothers to infants during pregnancy or the birth process. Many substance-abusing youth engage in behavior that places them at risk of contracting HIV/AIDS or other sexually transmitted diseases. This may include the actual use of psychoactive substances (particularly those that are injected) or behavior resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances. Rates of AIDS diagnoses currently are relatively low among teenagers, compared with most other age groups. However, because the disease has a long latency period before symptoms appear, it is likely that many young adults with AIDS were actually infected with HIV as adolescents.

Although alcohol-related traffic fatalities for youth have declined, young people are still overrepresented in this area. In 1995 alone, more than 2,000 youth (ages 15 to 20) were killed in alcohol-related car crashes (National Highway Traffic Safety Administration, 1997).

These limited examples illustrate the catastrophic health-related consequences of substance abuse among adolescents. Besides personal and family distress, additional healthcare costs and loss of future productivity place burdens on the community.

Mental health

Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions frequently are linked to substance abuse among adolescents. Substance-abusing youth are at higher risk than nonusers for mental health problems, including depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development also may be influenced (Bureau of Justice Statistics, 1992).

Peers

Substance-abusing youth often are alienated from and stigmatized by their peers. Adolescents using alcohol and other drugs also often disengage from school and community activities, depriving their peers and communities of the positive contributions they might otherwise have made.

Families

In addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol- and drug-involved youth (Nowinski, 1990). Substance abuse can drain a family's financial and emotional resources (Bureau of Justice Statistics, 1992).

Social and economic consequences

The social and economic costs related to youth substance abuse are high. They result from the financial losses and distress suffered by alcohol- and drug-related crime victims, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth (Gropper, 1985).

Delinquency

There is an undeniable link between substance abuse and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many youth engaged in alcohol and other drug use. It cannot be claimed that substance abuse causes delinquent behavior or delinquency causes alcohol and other drug use. However, the two behaviors are strongly correlated and often bring about school and family problems, involvement with negative peer groups, a lack of neighborhood social controls, and physical or sexual abuse (Hawkins et al., 1987; Wilson and Howell, 1993). Possession and use of alcohol and other drugs are illegal for all youth. Beyond that, however, there is strong evidence of an association between alcohol and other drug use and delinquent behavior of juveniles. Substance abuse is associated with both violent and income-generating crimes by youth. This increases fear among community residents and the demand for juvenile and criminal justice services, thus increasing the burden on these resources. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse.

The DUF study found the highest association between positive drug tests of male juvenile arrestees and their commission of drug-related crimes (e.g., sales, possession). However, a substantial rate of drug use also was found among youth who committed violent, property, and other crimes (National Institute of Justice, 1996). These data

**Body**

Ultimately, family history plays a major role in addiction risk in numerous ways. Of course, genetics is a major factor; however, substance abuse and drug addiction are complex when it comes to genetics.

A tremendous amount of research has recently been completed that has identified countless genes and variations of those genes that can be associated with substance abuse and addiction. For example, one specific gene may impact someone’s ability to metabolize alcohol, impacting how it impacts the nervous system. Another gene may impact how nerve cells signal one another when they are exposed to addictive substances.

Because these genes can be passed down from one generation to the next, this may be one example of how family history plays a role in addiction. We offer the following types of treatment for teens struggling with the following issues. Based on WhatsApp’s opinion polls,there are number of factors which predisposes the youths to drug and substance abuse.some of the factors and it’s statistics are discussed below.friends will judge how drinking effects them and gauge if it’s worth trying. Whether or not this process is conscious doesn’t matter, they begin learning and often mimicking the behaviors of their in-group.

**Different Types Of Peers**

The power of peer pressure doesn’t apply equally to all kinds of peers. Studies and surveys find close friends hold more sway over behavior compared to acquaintances or strangers. More people reported trying alcohol at gatherings with close friends rather than large parties filled with strangers. Peer pressure still exerted an effect in scenarios with fewer close friends, but the connection of friendship empowered the effect.

**College And Drinking**

When discussing peer pressure, the emphasis usually falls on young people. Students’ social circles include similarly minded and similarly aged people. The uniformity created within these groups leads to a stronger peer pressure effect. Experts generally agree that, in relation to alcohol, college age kids are most at risk for peer pressure influencing them into substance use.

Researchers describe this age as the “window of vulnerability” because of the increased rate of alcohol consumption and its role in the robust social component of college life. Layer these factors on the significant changes in day-to-day life and you have a heightened risk for alcohol use. In order to avoid the traumatizing consequences of problematic drinking on college campuses, researchers have been pushing for more programs that target college students and their predilection for overusing alcohol.

The specific aim of this research was to examine the effects of drug and substance abuse on primary school pupils’ academic performance in Kakuma Refugee Camp, Turkana County, Kenya. The objectives of study was to determine the degree of drug and substance abuse among primary school pupils; establish whether peer influence leads to drug and substance abuse among pupils in public primary schools; and determine whether parents who take drugs influence their pupils to abuse drugs in Kakuma Refugee Camp. The investigation was guided by Albert Bandura’s social cognitive theory of 1986 which postulates that social behaviours are acquired from other people in a social context. The research used descriptive survey design and stratified sampling technique. The sample size was 200 pupils in class 7, 20 guiding and counseling teachers, 10 headteachers and 1 education officer of the primary schools. The study used primary data collected through questionnaires. The quantitative data was analyzed and presented using frequency tables and graphs, and qualitative data was analyzed through content analysis. The analysis was done using Statistical Package for Social Sciences (SPSS) version. The findings indicated that alcohol was the generally abused drug among the drugs and substances abused among the pupils and was most commonly available. Other drugs and substances abused include tobacco, bhang and khat. Parental influence was one of the reasons explaining why pupils engage in drug abuse. The influence of extended family members, idleness and availability of drugs in schools also included reasons why the pupils also engaged in drug abuse. The findings on the peer influence on drug and substance abuse among pupils indicated that the source of drugs was from the school at 60%. Drug abuse among the pupils makes them not able to handle class activities after taking drugs. Drug abuse causes low concentration in class activities, causes failure to understand during lessons, and leads to fighting with other children and pupils rudeness to teachers. Pupils are likely to be involved in crime, sexual activities, suffer from HIV/AIDS diseases, drop out of school, poor academic performance, becoming a street child and violent behavior. Pupils would get 201-250 marks at Kenya Certificate of Primary Education in 2017. This indicates that the pupils might hardly pass the average mark in their KCPE. Majority of the parents and guardians had secondary level of education. Fathers had a higher level of education than the mothers and guardians. The findings on the extent of drug and substance abuse among primary school pupils indicated majority 55% of the guiding and counseling teacher’s respondents that alcohol was commonly abused and is the most commonly available. Alcohol is followed by tobacco as indicated by 45% teacher respondents then bhang as indicated by 35%. A few of the teachers 25% indicated that Khat was available and is abused by the pupils. The findings on the peer influence and drug and substance abuse among pupils indicated that majority of the respondents indicated that the source of drugs was from the school. Majority (65%) of the respondents also indicated that the drugs are sold at the market. Majority disagreed that the drugs used by the pupils are available at home. The findings on the parents taking of drugs and their pupil’s drug abuse revealed that 34% of the parents and guardians had secondary level of education as indicated by the pupils’ respondents while 22% had college/diploma level. A few of the parents 22% had primary level of education. The parents should be counseled on the impact of drug and inviting motivation speakers to advise the parents on how to handle the children in relation to drug and substance abuse.Although these chemical intoxicants may temporarily relieve symptoms, they can also make depression more severe and trigger or intensify the negative feelings and self-destructive behaviors associated with depression.People who have depression are at an approximately 10% lifetime risk of suicide, a risk that increases to 25% if substance abuse is added to the equation.The substances can also become addictive, with the body becoming more dependent on their effects, the more a person uses them. In this way, depression and substance abuse feed into each other, with one condition often making the other condition worse.Over time, substance abuse may not only intensify depressive symptoms but also eventually lead to health problems such as brain damage.Physical dependence involves becoming tolerant to a substance. This means that more of the drug or substance is needed to obtain the same effect. When people stop taking the substance, they suffer withdrawal symptoms that can include shaking, headaches, behavioural changes, and diarrhea. Drug withdrawal can even be life-threatening. Mental or psychological problems such as depression and anxiety can also occur during drug withdrawal.

Some people can be physically dependent on a substance without being psychologically dependent on it, especially when a medication is being used for a valid medical condition.

Psychological dependence involves feeling that a substance is needed to feel good and function. With psychological dependence, people often crave the substance and will go to great lengths to acquire the substance to fulfill their craving. Substances that cause psychological dependence usually act on the brain and have one or more of the following effects:

changes in mood (e.g., feeling "high")

reduced anxiety

feelings of superior abilitieseffects on the senses (sight, hearing, etc.)

There are many complications to substance use problems. They can cause physical problems such as liver disease, lung disease, heart disease, vitamin deficiencies, and brain damage. Some substances can cause birth defects and others can damage the immune system, increasing the risk of infections.People using amphetamines can suffer from heart attacks, strokes, severe anxiety, and paranoia. Hallucinogens, because they distort reality, can make people temporarily psychotic or make them try things they can't realistically do, like flying. Conditions such as AIDS or hepatitis transmitted through shared, dirty needles are another possible complication. Overdoses of certain substances can even lead to death.

Suicide in adolescents is a national tragedy and a major public health problem. It is the third most common cause of death in adolescents (Anderson, 2002). Although studies have shown that substance abuse is a risk factor for completed suicide (Brent, 1995; Shaffer, 1988; Shaffer & Fisher, 1981; Shaffer, Gould et al., 1996), as well as for suicide attempt and ideation (Goldman & Beardslee, 1999; Gould et al., 1998; Levy & Deykin, 1989), rarely have the independent contributions of specific substances been the focus of inquiry (Garrison, McKeown, Valois, & Vincent, 1993; Kandel, 1988; Kandel, Raveis, & Davies, 1991). Studies on completed suicide have not had sufficient statistical power to detect differences between types of drugs used, due to small sample sizes (Shaffer, Gould et al., 1996). In some epidemiological studies of suicidal behaviors and substance use (Garrison et al., 1993; Kandel, 1988; Kandel et al.,1991), psychiatric disorders, highly associated with both suicidal behaviors and substance use/abuse, were not assessed or taken into account. To date, little is known about the independent contribution of each substance to suicidal behaviors (e.g., cigarettes, alcohol), controlling for the use of other substances and other psychiatric disorders. Such knowledge would help us to understand the etiology of suicide and consequently, to facilitate its prevention. It is hoped that by using large-scale epidemiological survey data with detailed measures of suicidal behaviors, substance use/abuse, and psychiatric disorders, this study will make a contribution toward filling this knowledge gap.

There are several theories regarding the relationship between suicidal behaviors and substance abuse, including: (1) The effects of acute intoxication lead to high-risk behavior; (2) substance abuse disorders in youthful suicide completers may be secondary to affective illnesses, such as depression (Berman & Schwartz, 1990; Bukstein et al., 1993; Deykin, Levy, & Wells, 1987); and (3) as self-destructive behaviors, suicidal behaviors and substance abuse share common biological, behavioral, and environmental origins or result from common vulnerabilities (Forman & Kalafat, 1998). Risk factors that are associated with suicidal behaviors include psychopathology, stressful life events, physical/sexual abuse, poverty, and family history of suicidal behaviors and psychiatric disorders, as well as biological factors such as serotonergic abnormalities (Gould et al., 2003; Shaffer & Greenberg, 2002). Many of these are also risk factors for adolescent substance use and abuse (Giovino, Henningfield, Tomar, Escobedo, & Slade, 1995; Hawkins, Catalano, & Miller, 1992; Kaminer, 1994; Virkkunen & Linnoila, 1993; Weiss & Hufford, 1999).

icide is a leading cause of premature death in young adults. Data from the World Health Organization indicate that the rate of completed suicide for the world’s population is 16 per 100,000 inhabitants, which means that each year more than a million people in the world commit suicide. Suicide attempts are five to twenty times more common than the completed suicide (1,2). Based on the data from the research community, approximately 5% of adults attempts suicide at least once in their lifetime (3).

Mental health problems are the most common and best explored risk factor associated with suicidal ideas, suicide attempts and completed suicide. About 90% of all people who commit suicide met the diagnostic criteria for one or more psychiatric disorders (4). People who abuse alcohol and/or drugs or are dependent on them, attempting suicide nearly six times more often than people who do not abuse these substances. The rate of completed suicide among addicts is 2 to 3 times higher than among the males who are not addicts. Among women, the use of substances increases the risk of suicide for 6.5 to 9 times compared to women non addicts (5,6).

In most cases, drug addicts attempt suicide by overuse of drugs that is an overdose, or a combination of drugs and tablets, while in a few cases the manner in which the suicide is attempted is not directly related to drugs (7). Although there is a correlation between the disorder caused by the use of substances and suicidal behavior, a large number of addicts will never attempt suicide. It is therefore important to identify those individuals with the disorder caused by the use of substances that may be at higher risk for suicide (8,9).

Many risk factors for suicide in the general population also apply to drug addicts. The older drug addicts are at higher risk for attempts and suicides than younger addicts (10,11). Previous suicide attempts there represent a strong risk factor for repeated suicidal attempts (12). Affective disorders in general, and particularly depressed mood is a risk factor for suicidal behavior in the general population and among addicts (3,6,10). Another very important fact when it comes to suicide attempts is the drug used. It is known that heroin and sedatives are substances with which suicide attempts suicide are most often made, while other drugs are less characteristic (9). Suicidal addicts tend to have certain emotional problems and behavioral problems that strongly affect their activities, primarily as impulsive reactions and the inability to control behavior (13).

The goal of this study was to determine the characteristics and risk factors of opiate addicts who have attempted suicide compared to addicts who have not attempted suicide

This study included 200 opiate addicts who have been in the recovery phase on a substitution treatment. Respondents agreed to participate in this study, with the permission of centers for treatment of drug addicts in Novi Sad, where the research was conducted. The survey was conducted from January to April 2015.

The experimental group consisted of 100 opiate drug users who have had a history of suicide attempts, and a control group of 100 opiate addicts who had no history of suicide attempts. Inclusion factor for both groups was the opiate addiction by ICD-10 criteria, while excluding factors were: organic and symptomatic mental disorders, schizophrenia, schizoid personality disorder and insane mental disorders, mood disorders and mental retardation

Truants are more than five times as likely to take drugs than other schoolchildren, according to research published today.

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Results of a study of career criminals indicate that different levels of use of such drugs as heroin were directly related to individual criminality and that a history of drug abuse was one of the best predictors of serious career criminality. Another study found that the intensity of criminal behavior, especially property crime, was directly related to drug use status. Users' crime rates dropped to relatively low levels during periods of little or no narcotics use and increased four- to sixfold during periods of active addiction. Street level heroin abusers were found to engage in a variety of criminal behaviors to support their drug habits. Compared to regular (3 to 5 times per week) and irregular heroin users, daily heroin users had the highest crime rates and committed more violent crimes. Daily users consumed over $17,000 worth of drugs per year and gained over $11,000 cash income per year from crime. The annual costs imposed on society by daily heroin users totaled about $55,000 per offender. Overall, cumulative evidence is clear that there is a consistent pattern of correlation between drug abuse and crime that reflects a real, albeit indirect, causal link. Implications of this finding are that treatment and education programs targeted toward reducing drug use by the most frequent and intensive users could result in more significant reductions in drug-related crime than those aimed towardl.

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