

Youth Substance Abuse Prevention: A Case Study at Logwood, Enmore, East Coast Demerara, Region Four, Guyana

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Abstract: This study examined the effectiveness of community-based approaches to preventing substance abuse among youths in Logwood, Enmore, Region Four, Guyana. Youth substance use remains a growing concern in Guyana, with recent data indicating increased early initiation, particularly involving alcohol and marijuana. Using a mixed-methods design, the study collected quantitative data through structured surveys with 25 youth aged 15–25, and qualitative data via semi-structured interviews with six key informants, including educators, community leaders, and program facilitators.

Findings revealed that peer pressure, family influence, emotional stress, and cultural normalization are primary contributors to substance use. Despite the existence of prevention programs, youth engagement was low, with only 40% aware of such efforts and just 20% having participated. Stakeholders confirmed that most programs were short-term, inconsistently delivered, and lacked youth involvement.

The study concludes that while some initiatives exist, they are insufficiently structured and disconnected from the lived realities of the youth. Recommendations include expanding school-based education, improving counseling services, enhancing recreational opportunities, and increasing family and community involvement. The findings underscore the need for a more coordinated, youth-centered, and culturally responsive approach to substance abuse prevention in semi-urban Guyanese communities.

Keywords: Youth, Substance Abuse, Prevention, Community-Based Programs, Guyana, Mixed-Methods.

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I. INTRODUCTION

Substance abuse among youths poses a significant challenge to communities worldwide, impacting health, education, and social stability (World Health Organization [WHO], 2021). Globally, an estimated 13% of adolescents engage in harmful substance use, with alcohol, cannabis, and tobacco being the most prevalent substances (WHO, 2021). In the Caribbean, a study by the Caribbean Public Health Agency (CARPHA, 2022) found that approximately one in five adolescents reported using illicit substances before the age of 16.

In Guyana, national trends echo these concerns. According to the Ministry of Public Health (2023), over 35% of secondary school students in urban and peri-urban communities reported experimenting with alcohol or marijuana, with increasing rates of early initiation noted in areas like Logwood and Enmore. These patterns suggest a growing public health concern, particularly in communities

with limited recreational resources, economic instability, and weak institutional support systems.

Given this context, this study evaluated the effectiveness of community-based prevention strategies in Logwood, Enmore. It sought to assess how existing interventions address risk factors, the extent of youth engagement, and opportunities for improvement through more integrated, youth-centered approaches.

➤ Background of the Study

Substance abuse among youth is a critical global issue with far-reaching social, economic, and health-related consequences. According to the World Health Organization (2021), approximately 13% of adolescents worldwide engage in substance use, with alcohol, cannabis, and tobacco being the most commonly abused substances. Research from the National Institute on Drug Abuse (2020) links youth substance use to peer pressure, mental health challenges, and adverse social environments.

In the Caribbean, the situation is similarly alarming. The Caribbean Public Health Agency (CARPHA, 2022) found that nearly 20% of adolescents initiate substance use before the age of 16, often in environments shaped by poverty, inadequate supervision, and drug availability. School-based interventions exist but often lack cultural relevance and sustainability.

In Guyana, the Ministry of Public Health (2023) reported an increase in adolescent substance use, particularly in urban and semi-urban areas like Logwood, Enmore. Economic challenges, family instability, and limited access to recreational or counseling services contribute to early substance experimentation. Although community-based prevention programs are being piloted, issues such as low youth engagement, limited resources, and weak program evaluation hinder their overall effectiveness. These gaps highlight the urgency of investigating the specific dynamics of substance use in Logwood, Enmore, and evaluating whether current interventions are effectively addressing the issue.

➤ *Problem Statement*

Despite national and regional efforts to reduce substance abuse among youth, the issue remains deeply entrenched in communities such as Logwood, Enmore. The Ministry of Public Health (2023) has reported a steady increase in alcohol and marijuana use among adolescents in semi-urban regions, with early exposure often beginning before the age of 16. While some community-based programs have been introduced, they are often underfunded, poorly coordinated, or limited in scope.

Many of these initiatives fail to address root causes such as peer pressure, family influence, and socio-economic hardship. Furthermore, limited data exist to evaluate the actual effectiveness of these programs in local contexts. In Logwood, Enmore, anecdotal evidence suggests low youth engagement and weak community collaboration, resulting in minimal impact. These concerns underscore the need for a systematic assessment of existing community-based interventions, particularly those targeting youth populations in vulnerable environments.

➤ *Purpose of the Study*

The purpose of this study was to evaluate the effectiveness of community-based approaches to preventing substance abuse among youth in Logwood, Enmore, Region Four. By understanding the current interventions and their outcomes, this research aimed to offer evidence-based recommendations for strengthening youth prevention programs.

➤ *Research Objectives*

The specific objectives of the study were to:

- Identify the most commonly abused substances among youth in Logwood, Enmore.
- Examine the factors contributing to substance abuse among youth in the community.

- Evaluate the effectiveness of existing community-based prevention programs.
- Propose actionable recommendations to strengthen substance abuse prevention strategies.

• *Research Question and Hypothesis Research Question:*

- ✓ How effective are community-based interventions in reducing substance abuse among youth in Logwood, Enmore?

• *Hypothesis:*

- ✓ Community-based interventions significantly reduce the incidence of substance abuse among youth in Logwood, Enmore.

➤ *Significance of the Study*

This study holds significant value for policymakers, educators, and community leaders. It contributes to a deeper understanding of the youth substance abuse issue specific to Logwood, Enmore, and evaluates the strengths and limitations of existing interventions (Smith, Brown, & Taylor, 2021). Additionally, the study provides evidence-based recommendations that can guide the development of more effective, culturally relevant, and sustainable community programs.

➤ *Scope and Delimitations*

The scope of this study was limited to youth aged 15–25 residing in Logwood, Enmore, Region Four, Guyana. The study focused specifically on evaluating community-based prevention efforts, excluding hospital-based or institutional rehabilitation services. Data were collected through structured surveys of youth participants and semi-structured interviews with community leaders, educators, and program facilitators. Focus groups were not used in this study.

Delimitations include: i. The localized focus on Logwood, Enmore only. ii. Voluntary participation, which may result in a non-representative sample of all youth in the area.

➤ *Definition of Key Terms*

For the purpose of this study, the following terms are defined:

• *Substance Abuse:*

The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (American Psychiatric Association, 2013).

• *Community-Based Approaches:*

Strategies and interventions implemented at the community level to address social issues such as substance abuse (World Health Organization, 2021).

• *Youth:*

Individuals aged 15–25 years old (United Nations Department of Economic and Social Affairs, 2013).

- *Prevention Programs:*

Organized initiatives aimed at reducing the risk of substance abuse through education, awareness, and support services (United Nations Office on Drugs and Crime (UNODC), 2020).

II. LITERATURE REVIEW

➤ *Introduction*

This chapter reviews relevant literature on youth substance abuse, focusing on theoretical foundations, key risk and protective factors, prevalence, existing policy interventions, and gaps in research. It is structured into three sections: the theoretical framework, the conceptual framework, and the review of related studies. Understanding these foundations provides a solid basis for evaluating community-based substance abuse prevention efforts in Logwood, Enmore.

➤ *Theoretical Framework*

The theoretical framework offers perspectives that help explain youth substance abuse behaviors and guide the development of prevention strategies.

➤ *Social Learning Theory*

Albert Bandura's Social Learning Theory posits that individuals learn behaviors through observation, imitation, and reinforcement (Bandura, 1977). Youth exposed to substance use by peers, family members, or media are more likely to adopt similar behaviors. Observational learning within the social environment plays a critical role in the initiation and maintenance of substance use.

➤ *Strain Theory*

Robert Merton's Strain Theory suggests that when individuals experience a disconnect between societal expectations and their ability to achieve success legitimately, they may resort to deviant behaviors, including substance abuse (Merton, 1938). In communities such as Logwood, Enmore, economic hardships and limited opportunities can lead youth to view substance use as a coping mechanism.

➤ *Health Belief Model*

The Health Belief Model (HBM) explains that an individual's decision to engage in health-related behaviors, including substance avoidance, is influenced by their perceived susceptibility, severity, benefits, and barriers (Rosenstock, 1974). Effective community-based interventions must therefore increase awareness of the risks of substance abuse while promoting the perceived benefits of healthy lifestyles.

➤ *Ecological Systems Theory*

Bronfenbrenner's Ecological Systems Theory highlights that human behavior is shaped by multiple layers of environmental influence, including family, peers, community, and broader societal factors (Bronfenbrenner, 1979). Youth substance use is thus best understood within the context of these interconnected systems, emphasizing the need for multi-faceted prevention strategies.

➤ *Conceptual Framework*

The conceptual framework illustrates how various factors interact to influence youth substance abuse and prevention efforts. It emphasizes three main dimensions: risk factors, protective factors, and community-based interventions.

➤ *Risk Factors*

Numerous studies have identified critical factors that increase youth vulnerability to substance abuse. According to the National Institute on Drug Abuse (2020), peer pressure is one of the most influential drivers, with adolescents often conforming to social norms and behaviors modeled by friends. Family influence, including parental substance use and lack of supervision, was also highlighted by Smith, Brown, and Taylor (2021) as a significant risk factor contributing to early initiation and normalization of drug use within households.

Economic instability further exacerbates the problem. Brown, Johnson, and White (2020) found that youth in low-income communities often experience heightened stress and reduced opportunities, making them more susceptible to substance use as a coping mechanism. The WHO (2021) noted that mental health challenges, such as anxiety and depression, are closely linked with substance use among adolescents, particularly when support systems are lacking. Finally, exposure through social media, according to CARPHA (2022), glamorizes drug use and encourages imitation, especially when messages go unchallenged by parents or schools.

➤ *Protective Factors*

Protective factors serve as buffers that reduce the likelihood of youth engaging in substance abuse. Education and awareness programs, such as school-based curricula, have been shown to increase knowledge and reduce risky behavior when delivered consistently and age-appropriately (UNODC, 2020). The Ministry of Health (2022) emphasized that access to counseling and mental health services improves coping skills and emotional regulation among at-risk youth.

Kristjansson et al. (2020) demonstrated that recreational and skill-building opportunities, as seen in the Icelandic Prevention Model, effectively redirect youth energy toward positive outlets and reduce idle time. Additionally, strong family and community support networks were associated with lower rates of drug use, as they provide supervision, emotional stability, and reinforcement of positive behaviors (Smith et al., 2021).

➤ *Community-Based Interventions*

Community-based interventions play a critical role in preventing youth substance abuse by leveraging local structures and relationships to promote positive behaviors. Research by CARPHA (2022) highlights that school-based prevention initiatives, when combined with community involvement, are more effective in delaying substance use among adolescents. Similarly, UNODC (2020) emphasizes the importance of outreach and awareness programs that are participatory and culturally grounded.

Kristjansson et al. (2020) demonstrated that the success of the Icelandic Prevention Model is rooted in its emphasis on structured after-school activities, parent involvement, curfews, and collaboration between schools and local agencies. These strategies reduced youth substance use significantly over 15 years.

In the Guyanese context, while such programs exist, their scope and sustainability are often limited. The Ministry of Health (2022) notes that prevention programs are frequently implemented as short-term campaigns with minimal follow-up or monitoring. This study assessed how community-based efforts in Logwood, Enmore, align with international models, and whether they effectively address the needs and realities of the youth in that setting.

➤ *Review of Related Studies*

• *Prevalence of Substance Abuse Among Youth*

Youth substance use is a global issue with severe public health implications. The World Health Organization (2021) estimates that over 13% of adolescents globally have engaged in substance use, particularly involving alcohol, marijuana, and tobacco. Research by Volkow et al. (2020) indicates that early initiation increases the risk of long-term dependence and social dysfunction.

In Latin America and the Caribbean, CARPHA (2022) and the Inter-American Drug Abuse Control Commission (CICAD, 2020) report that 1 in 5 youth try drugs before the age of 16. Edwards and Prescott (2021) assert that urban poverty, unemployment, and the influence of pop culture contribute significantly to early substance use. In Jamaica, Clarke and Johnson (2019) observed rising cannabis use among boys aged 13-17 due to peer influence and school disengagement.

In the Guyanese context, the Ministry of Public Health (2023) confirms an uptick in marijuana and alcohol use among adolescents in semi-urban areas, including Logwood, Enmore. Youth are exposed through familial settings, community environments, and social media. Ali and Tularam (2022) note that parental silence or participation in casual drinking often reinforces permissive norms.

➤ *Policy Interventions and Global Best Practices*

The UNODC (2021) and WHO (2018) advocate for early, school-based drug education programs, paired with community outreach and support systems. One of the most cited success stories is the Icelandic Prevention Model, which combines recreational programming, youth monitoring, parent-school partnerships, and nationwide curfews to reduce substance use (Kristjansson et al., 2020; Sigfusdottir et al., 2018).

In the United States, Botvin et al. (2015) demonstrated that life skills training reduced smoking and marijuana use among middle school students by 40%. Similarly, Hawkins and Catalano's (2005) Communities That Care model has proven effective when implemented with fidelity and local adaptation.

In the Caribbean, however, most programs are event-based and underfunded. Singh and Wilkinson (2021) found that Guyana's national school awareness campaigns lacked curriculum integration and teacher preparation. Ali and Edwards (2023) stress that meaningful youth engagement is rarely achieved due to adult-centric planning and short project timelines.

In Trinidad and Tobago, Mahabir et al. (2020) reported that peer mentorship programs reduced drug experimentation, especially among females, yet these programs were rarely scaled due to a lack of policy support. In Guyana, the Ministry of Health (2022) has piloted peer educator clubs, but evaluation remains minimal.

➤ *Cultural and Demographic Dimensions*

Culture, ethnicity, and gender deeply influence how youth interact with drugs and prevention services. According to UNICEF (2019), Black youth are more likely to be criminalized than rehabilitated in drug-related offenses, while Indigenous and rural youth may face access barriers to support programs.

Ali and Edwards (2023) argue that Guyanese prevention frameworks fail to address ethnic and religious diversity, leading to one-size-fits-all strategies that ignore local customs and family practices. For example, rum consumption in Afro-Guyanese celebrations and ceremonial smoking in Amerindian communities are rarely problematized in national campaigns.

Gender also matters. Girls may face additional stigma when engaging in drug use, leading to underreporting and exclusion from support. Boys, on the other hand, are often treated more harshly through punitive systems, as noted by Kristjansson et al. (2020) and Clarke and Johnson (2019).

➤ *Gaps in Existing Research*

Research on substance abuse in Guyana remains limited and fragmented. Studies tend to rely on quantitative snapshots, with few exploring lived experiences or localized cultural dynamics (Ali & Tularam, 2022). Disaggregated data by age, gender, ethnicity, or education level is rare, weakening the case for targeted programming.

Furthermore, few studies explore the youth perspective on existing programs, making it difficult to gauge effectiveness beyond official reporting. Singh and Wilkinson (2021) recommend participatory program design as a way to increase engagement, yet few models in Guyana have adopted this approach.

There is also limited research on program evaluation frameworks. Most prevention initiatives are donor-driven or part of one-off campaigns. As Mahabir et al. (2020) point out, evaluation and follow-up are essential for sustainable impact but are rarely prioritized in the Caribbean region.

➤ *Summary*

This chapter provided a comprehensive review of the theoretical and conceptual foundations for understanding

youth substance abuse, alongside empirical literature addressing risk and protective factors, prevalence trends, policy interventions, and existing research gaps.

The reviewed literature highlights that peer influence, family environment, mental health, and socio-economic stress are significant contributors to adolescent substance use both globally and regionally. Protective factors such as education, recreational opportunities, and strong community networks can reduce this risk, especially when implemented through culturally relevant, youth-focused programs.

Global models, such as the Icelandic Youth Prevention Model, show promising outcomes when interventions are sustained, inclusive, and well-funded. In Guyana, although some community-based programs exist, they are often under-resourced and lack rigorous evaluation. Specific issues affecting the Guyanese context include poor outreach to out-of-school youth, limited demographic data, and a lack of culturally responsive strategies.

These gaps underscore the need for localized research, particularly in semi-urban communities like Logwood, Enmore. This study sought to address those gaps by using a mixed-methods approach to evaluate how current interventions align with international best practices and respond to the lived realities of youth in the community.

III. METHODOLOGY

➤ Introduction

This chapter outlines the methodology employed to evaluate the effectiveness of community-based approaches to preventing substance abuse among youth in Logwood, Enmore. It describes the research design, population and sample, data collection methods, data analysis techniques, ethical considerations, and limitations of the study. A mixed-methods approach was selected to gather both quantitative and qualitative data, ensuring a comprehensive understanding of the research problem.

➤ Research Design

This study adopted a mixed-methods research design, integrating both quantitative and qualitative techniques to provide a comprehensive understanding of youth substance abuse and the effectiveness of community-based interventions. A mixed-methods approach is especially appropriate for complex social issues, as it allows for the collection of both numerical data (to identify patterns) and narrative data (to explore lived experiences and meanings) (Creswell & Creswell, 2018).

According to Johnson, Onwuegbuzie, and Turner (2007), mixed-method research provides the strength of both paradigms, quantitative precision and qualitative depth, while offsetting their individual weaknesses. It allows for triangulation, where findings from one method validate or enrich those from the other, increasing the credibility and validity of results (Tashakkori & Teddlie, 2010).

In the context of this study, structured surveys were used to collect data from youth on substance use patterns and perceptions of prevention programs. Simultaneously, semi-structured interviews with educators, program facilitators, and community leaders were used to gather deeper insights into the design, implementation, and limitations of existing community-based strategies. This dual approach provided both breadth and depth to the research, ensuring that findings reflect not only statistical trends but also the contextual realities influencing youth behavior in Logwood, Enmore.

➤ Population and Sampling Population

The target population comprised youths aged 15-25 years residing in Logwood, Enmore, as well as community stakeholders actively involved in youth development and substance abuse prevention efforts. Including both groups allowed for a multi-perspective evaluation of community-based interventions.

➤ Sampling Technique and Sample Size

A purposive sampling technique was used to select participants who were directly relevant to the research objectives (Etikan, Musa, & Alkassim, 2016). This approach ensured that data were collected from individuals with firsthand knowledge or lived experience related to youth substance use and prevention.

For the quantitative component, a total of 25 youth aged 15-25 years from Logwood, Enmore were selected based on residency, age group, and willingness to participate. This sample size was appropriate for basic statistical analysis and manageable given the scope of the study.

For the qualitative component, semi-structured interviews were conducted with 6 key informants, including community leaders, educators, and program facilitators actively involved in youth development and prevention efforts. Limiting the number of informants allowed for rich, detailed data while ensuring that transcription and analysis remained feasible within the available timeframe and resources.

➤ Data Collection Methods Surveys

Structured questionnaires were administered to the selected youth participants. The survey collected data on:

- Types of substances commonly abused,
- Frequency and patterns of use,
- Contributing social, economic, and psychological factors,
- Awareness and perceptions of community-based prevention efforts.

The questionnaire included both closed-ended and limited open-ended questions to allow for quantitative analysis while capturing nuanced participant perspectives (Creswell & Creswell, 2018).

➤ Semi-Structured Interviews

Semi-structured interviews were conducted with six key informants, including community leaders, educators, and program facilitators involved in youth development and

substance abuse prevention in Logwood, Enmore. This method allowed for the exploration of complex issues with flexibility, enabling participants to elaborate on their experiences and provide context-specific insights (Patton, 2015).

Youth were not included in the interview sample in order to maintain clear ethical boundaries, particularly as some participants may be minors and might find in-depth interviews intrusive or uncomfortable. Instead, youth perspectives were captured through anonymous, structured surveys that allowed them to express themselves more freely without the potential pressure of a recorded discussion.

The semi-structured interviews explored:

- The design, implementation, and perceived effectiveness of existing community-based programs,
- Challenges faced in outreach, funding, and engagement,
- Cultural and environmental influences on youth behavior,
- Recommendations for improving prevention strategies.

This qualitative data complemented survey results by adding depth and context, particularly regarding the institutional and community-level dynamics that influence program success or failure.

➤ *Data Analysis Quantitative Data Analysis*

The quantitative data collected from youth surveys were entered and analyzed using Statistical Package for the Social Sciences (SPSS) version 27. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize responses related to types of substances used, age of initiation, contributing factors, and awareness of prevention programs.

Where appropriate, cross-tabulations and chi-square tests were applied to explore relationships between demographic variables (e.g., age, gender, and education level) and substance use patterns. These tests helped identify whether significant associations existed between youth characteristics and behaviors.

The results were presented in the form of tables, bar charts, and pie charts to facilitate clarity and visual interpretation. The use of SPSS ensured accurate computation and enhanced the reliability of the statistical analysis.

➤ *Qualitative Data Analysis*

The qualitative data gathered through semi-structured interviews were analyzed using thematic analysis following the six-phase framework outlined by Braun and Clarke (2006). This process involved:

- Familiarization with the data,
- Generating initial codes,
- Searching for themes,
- Reviewing themes,
- Defining and naming themes,
- Producing the report.

All interviews were manually transcribed by the researcher to ensure close engagement with the data. The transcripts were then coded using NVivo 12, a qualitative data analysis software, to assist in organizing, categorizing, and retrieving thematic patterns. NVivo facilitated the management of large amounts of text and supported transparency and rigor in qualitative interpretation.

Thematic findings were triangulated with quantitative survey results to provide a comprehensive, integrated analysis of youth substance use and the effectiveness of community-based interventions in Logwood, Enmore.

➤ *Ethical Considerations*

This study adhered strictly to the ethical standards of the University of Guyana and international research protocols involving human participants. The following measures were implemented to ensure participant protection and ethical integrity:

- *Informed Consent:*

All participants received detailed information about the study's purpose, procedures, risks, and benefits. Youths aged 18 years and older provided direct written consent. For participants below age 18, parental or guardian consent was obtained, along with the youth's assent, before participation. This dual process ensured ethical compliance and respected the rights of minors to voluntarily engage in research.

- *Confidentiality:*

All data were anonymized. Participants were not identified in any written or verbal reports, and coded identifiers were used in data storage and analysis.

- *Voluntary Participation:*

Participation was entirely voluntary, with the option to withdraw at any time without penalty or explanation.

- *Ethical Approval:*

The research proposal was submitted to the University of Guyana's Institutional Review Board (IRB) for formal ethical clearance prior to data collection (Babbie, 2021).

➤ *Limitations of the Study*

Although the study was carefully designed, several limitations were encountered during the research process. First, the scope of generalizability was limited, as the findings reflect the experiences of youth and stakeholders specifically within the Logwood, Enmore community, and may not apply to other regions in Guyana.

Second, the study relied on self-reported data, which may have been affected by social desirability bias or underreporting, particularly in relation to sensitive topics such as drug use. Despite assurances of anonymity, some participants may have withheld information.

Third, resource constraints such as limited time and financial support reduced the sample size and narrowed the breadth of data collection. This impacted the ability to

conduct follow-up interviews or extend the research to other communities.

Lastly, the absence of a longitudinal component meant that the study could not track behavior change over time. Future studies may consider follow-up designs to evaluate the long-term impact of prevention strategies.

➤ *Summary*

This chapter outlined the methodology used to evaluate community-based approaches to youth substance abuse prevention in Logwood, Enmore. A mixed-methods design was adopted to capture both the statistical prevalence and contextual insights related to youth substance use.

The study involved structured surveys with 25 youth participants and semi-structured interviews with six key informants, including educators, community leaders, and program facilitators. A purposive sampling technique was employed to ensure participants were relevant to the study’s objectives.

Quantitative data were analyzed using SPSS version 27, with descriptive and inferential statistics (such as chi-square tests) applied. Qualitative interview data were manually transcribed and coded using NVivo 12 through thematic analysis.

Ethical protocols included informed consent, parental consent for minors, confidentiality safeguards, and IRB approval from the University of Guyana. Limitations such as generalizability, self-report bias, and resource constraints were acknowledged.

Together, the chosen methods provided a comprehensive, ethical, and context-sensitive approach to exploring the effectiveness of substance abuse prevention strategies in the selected community.

IV. RESULTS AND DISCUSSION

➤ *Introduction*

This chapter presents and analyzes the findings from both quantitative (survey) and qualitative (interview) data to evaluate the effectiveness of community-based interventions in preventing youth substance abuse in Logwood, Enmore. The results are interpreted in relation to the study's objectives, contextual realities, and theoretical frameworks. The mixed-methods approach allowed for both a statistical understanding and a contextualized narrative of the issue.

➤ *Quantitative Data Results (Survey Findings)*

Table 1 Demographic Profile of Youth Respondents (n = 25)

Variable	Frequency	Percentage
Age 15 - 17	7	28%
Age 18 - 20	8	32%
Age 21 - 23	6	24%
Age 24 - 25	4	16%
Male	15	60%
Female	9	36%
Other	1	4%
Secondary School	18	72%
Tertiary	5	20%
Primary	2	8%

• *Interpretation:*

The majority of participants (60%) identified as male, followed by 36% female and 4% identifying as other. The sample included youth from ages 15 to 25, with the highest representation between ages 18-20 (32%) and 15-17 (28%). Most respondents (72%) were enrolled in or had completed secondary school, with only a small percentage (8%) having completed only primary education.

• *Analysis:*

This demographic distribution highlights that substance use in Logwood, Enmore spans both mid- and late adolescence. The male majority aligns with literature suggesting a higher prevalence of substance use among males in Guyanese and Caribbean contexts. The high proportion of secondary school respondents suggests that school-based interventions may still be relevant to this group.

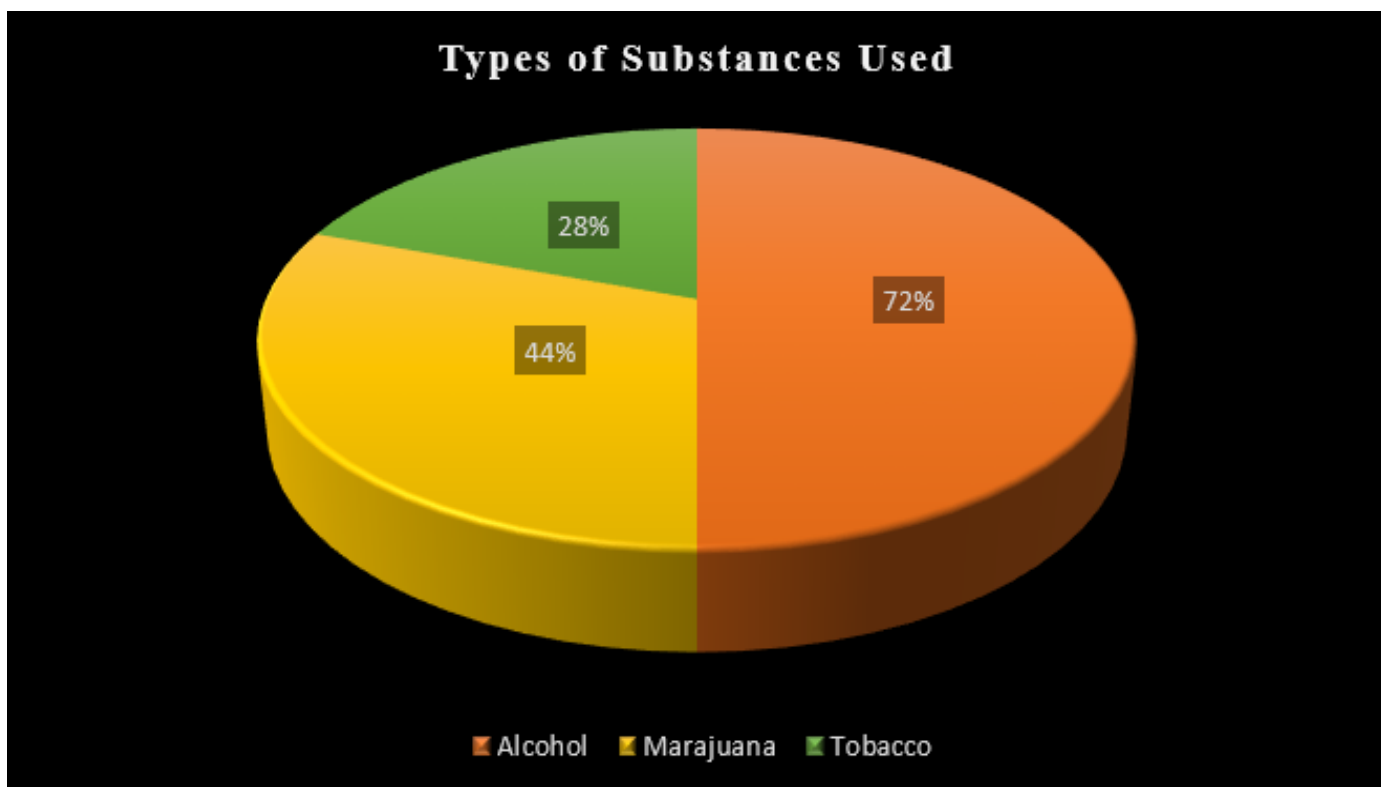


Fig 1 Types of Substances Used by Respondents

• *Interpretation:*

Alcohol was the most frequently used substance among youth (72%), followed by marijuana (44%) and tobacco (28%).

marijuana as the most accessible and commonly abused substances among adolescents in semi-urban Guyanese communities. The prominence of alcohol use also reflects cultural normalization, which has been cited as a risk factor in both regional (CARPHA, 2022) and local studies.

• *Analysis:*

These findings are consistent with national data (Ministry of Public Health, 2023), which identify alcohol and

Table 2 Age of First Substance Use

Age Range	Frequency	Percentage
10 - 12	5	20%
13 - 15	10	40%
16 - 18	7	28%
19+	3	12%

• *Interpretation:*

The most common age of first use was between 13-15 years (40%), followed by 16-18 (28%) and 10-12 (20%). Only 12% reported initiating substance use after age 18.

WHO (2021) and emphasizes the need for early prevention strategies, ideally introduced before age 13. The small proportion initiating use after 18 suggests that once youths reach legal adulthood, new experimentation becomes less common.

• *Analysis:*

The data show that substance use often begins during early adolescence. This supports global trends reported by

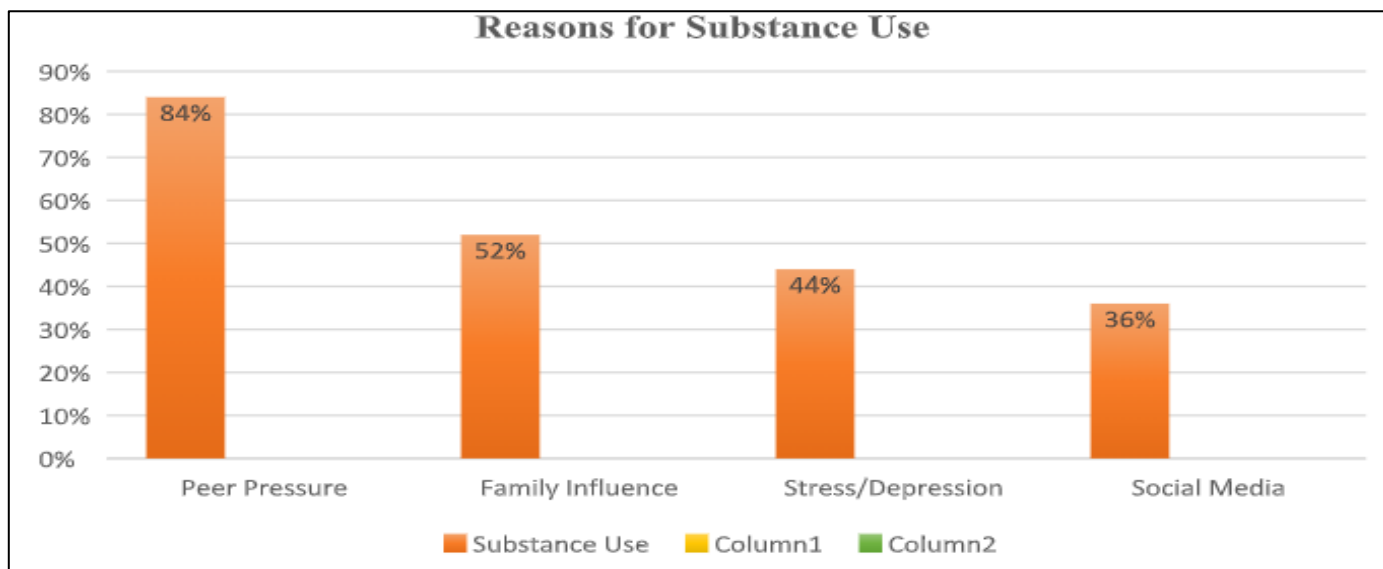


Fig 2 Reasons for Substance Use

• Interpretation:

Peer pressure was the leading reason for substance use (84%), followed by family influence (52%), stress or depression (44%), and social media exposure (36%).

• Analysis:

Peer influence remains a dominant social factor. This finding aligns with Bandura’s Social Learning Theory, where

behavior is modeled and reinforced by social groups. Family influence, cited by over half the sample, reveals the significance of home environments in shaping attitudes toward drug use. Mental health challenges and social media, while less frequent, still represent meaningful risk factors and should not be overlooked in community programming.

Table 3 Awareness and Perceived Effectiveness of Prevention Programs

Question	Yes	No
Aware of any programs?	10	15
Have you participated in a program?	5	20
Found the program effective (of 5)	2	3

• Interpretation:

Only 40% of respondents were aware of substance abuse prevention programs in their area, and just 20% had participated. Of the five who participated, only two (40%) found the programs effective.

• Analysis:

These results suggest low visibility and limited reach of existing programs in Logwood, Enmore. Moreover, even

among participants, the perceived impact is mixed. This aligns with critiques from Singh and Wilkinson (2021), who argue that Guyanese prevention initiatives often lack structure, follow-up, and youth-centered design.

Table 4 Preferred Prevention Strategies

Strategy	Selected by (n = 25)	Selected by (%)
More education in schools	20	80%
Access to counseling	16	64%
More recreational opportunities	13	52%
Stricter enforcement/laws	11	44%

• Interpretation:

Most respondents (80%) recommended more education in schools. Access to counseling (64%), recreational activities (52%), and stricter enforcement (44%) were also widely supported.

• Analysis:

The preferences strongly support preventative and supportive interventions rather than purely punitive measures. Youths called for more engagement, mental health services, and structured activities, all of which align with protective factors identified in the literature (Kristjansson et al., 2020; UNODC, 2021). This data should inform future program planning in Enmore and similar communities.

➤ *Qualitative Data Results (Interview Themes)*

• *Theme 1: Lack of Sustainable and Visible Community Programs Quote (Community Leader):*

“We may have drug education sessions here and there, but they disappear after a month or two. The youths don’t even know they happened.”

✓ *Interpretation:*

Participants expressed concern that most community programs are short-term, inconsistent, or poorly advertised, making it difficult to sustain impact or build trust among youth.

✓ *Analysis:*

This theme reinforces the quantitative finding that only 40% of youth were even aware of prevention programs. It also aligns with Singh and Wilkinson (2021), who critique the episodic nature of Guyana’s intervention models.

• *Theme 2: Cultural Normalization of Substance Use Quote (Teacher):*

“It’s not unusual to see alcohol at family events. Sometimes the very people trying to stop kids from drinking are the ones handing them a beer.”

✓ *Interpretation:*

Interviewees described a cultural contradiction: substance use, particularly alcohol, is socially normalized within families, yet those same adults may expect abstinence from youth.

✓ *Analysis:*

This reflects the family influence factor reported by 52% of youth in the survey and underscores a key gap in prevention: adult modeling of behavior. This also supports the need for family-based interventions.

• *Theme 3: Youth Need More Positive Engagement Opportunities Quote (Youth Officer):*

“When young people have nothing to do, they turn to what’s easy: liming, smoking, or drinking. We need to give them something better.”

✓ *Interpretation:*

There is a strong desire for structured recreational and skill-building programs as alternatives to idle time that can lead to substance use.

✓ *Analysis:*

This supports the quantitative data, where 52% of youth suggested recreational activities as a preferred strategy. It also ties to Kristjansson et al.’s (2020) work on the Icelandic model, which emphasizes community involvement and after-school engagement.

➤ *Integration of Quantitative and Qualitative Findings*

The integration of quantitative and qualitative findings in this study offered a more comprehensive understanding of youth substance abuse and the effectiveness of community-based prevention strategies in Logwood, Enmore. The quantitative data provided broad patterns and frequencies,

while the qualitative interviews offered deeper insight into the underlying causes, perceptions, and institutional realities shaping youth behavior.

One of the clearest points of convergence between the two datasets was the dominant influence of peer pressure. Survey responses indicated that 84% of youth identified peer pressure as a primary reason for substance use. This was echoed in the interviews, where key informants described how substance use is often normalized within social groups, and resisting peer influence is particularly difficult for adolescents in loosely supervised environments.

Another key area of alignment was the limited awareness and participation in prevention programs. Quantitative findings showed that only 40% of youth were aware of local programs, and only 20% had participated. Interview participants confirmed that most initiatives are inconsistent, poorly advertised, and short-lived, with little structured follow-up or community buy-in. This triangulation reinforces the conclusion that the current prevention landscape is fragmented and inadequately promoted.

The role of the family also emerged across both datasets. Just over half of the youth (52%) cited family influence as a reason for substance use, while qualitative data revealed that alcohol is often normalized in household and cultural settings, creating mixed messages for young people. This suggests that any successful intervention must go beyond schools and include family-oriented strategies that address intergenerational habits and beliefs.

Finally, both sets of findings highlighted the lack of meaningful engagement opportunities for youth. In the surveys, 52% identified the need for more recreational activities, while interviewees emphasized that the absence of structured outlets leaves youth vulnerable to negative influences. This shared perspective underscores the need for comprehensive, long-term investment in youth development infrastructure.

Together, these integrated findings confirmed the value of a mixed-methods approach, offering both measurable trends and contextual depth. They revealed that while some community efforts exist, they lack consistency, visibility, and cultural alignment with the lived realities of youth in Logwood, Enmore.

➤ *Summary*

This chapter presented the findings from both the quantitative and qualitative components of the study. The quantitative data, collected through structured surveys with 25 youth, revealed high rates of substance use, with alcohol (72%) and marijuana (44%) being the most commonly used substances. Peer pressure, family influence, and emotional stress emerged as the most significant reasons for initiation, while awareness and participation in existing prevention programs were notably low.

The qualitative data, derived from six semi-structured interviews with key community stakeholders, offered

valuable insights into the challenges facing current prevention efforts. These included the short-term nature of programs, cultural acceptance of alcohol use, and the absence of sustainable recreational or engagement opportunities for youth. Informants consistently pointed to a lack of coordination, funding, and youth involvement in the design of community-based interventions.

The integration of both data sets demonstrated a strong alignment between youth perceptions and institutional observations, reinforcing the study's core argument: that while some preventive efforts exist, they are insufficiently structured, inconsistently delivered, and culturally misaligned. The findings underscore the need for more visible, sustainable, and youth-centered approaches to address substance abuse in Logwood, Enmore.

V. CONCLUSIONS AND RECOMMENDATIONS

➤ Introduction

This chapter discusses the major findings of the study within the context of the research objectives, relevant theories, and reviewed literature. It evaluates the implications of the results, presents practical and policy-oriented recommendations, and highlights the study's limitations. The chapter concludes with suggestions for future research and a summary of the study's contributions.

➤ Discussion of Findings

The findings of this study demonstrated that youth substance abuse in Logwood, Enmore, is influenced by a combination of social, psychological, and environmental factors, consistent with the principles of Social Learning Theory and Ecological Systems Theory.

Peer pressure emerged as the most dominant reason for substance use among youth (84%). This supports Bandura's (1977) assertion that behavior is learned through observation and imitation, especially when reinforced by peers. Qualitative data reinforced this, with informants noting that group acceptance often outweighs formal messaging about the risks of drug use.

Family influence (52%) and the normalization of alcohol within households also played significant roles, echoing Bronfenbrenner's (1979) ecological model, which emphasizes the influence of immediate environments (family, community) on individual behavior. These cultural dynamics were particularly evident in interviews, where informants described contradictory messages from adults regarding substance use.

The findings also indicated that youth are largely disconnected from prevention programs; only 40% were aware of such efforts, and just 20% had ever participated. This highlights a key breakdown between program design and delivery and aligns with the literature (e.g., Singh & Wilkinson, 2021; UNODC, 2021), which points to weak outreach and underfunded implementation in the Guyanese context.

The youth's preference for school-based education, counseling, and recreational activities confirms previous research that protective strategies are most effective when rooted in education, engagement, and emotional support (Kristjansson et al., 2020). The absence of these services, along with inadequate parental guidance and a lack of follow-up evaluations, contributes to a fragmented prevention landscape in Enmore.

These findings also validated the usefulness of a mixed-methods approach, as the qualitative insights added rich context to the quantitative data. For example, while statistics revealed low program participation, the interviews explained why, citing short-lived campaigns, low visibility, and youth exclusion from planning.

Overall, the study underscored the need for more integrated, culturally sensitive, and youth-centered interventions, as current approaches are misaligned with the social realities and emotional needs of young people in Logwood, Enmore.

➤ Recommendations

Based on the findings from both the quantitative and qualitative phases of the research, the following recommendations are proposed to strengthen community-based approaches to youth substance abuse prevention in Logwood, Enmore, and similar communities:

- *Strengthen School-Based Education Programs:*

Schools should expand and institutionalize comprehensive drug education in the curriculum, starting from early secondary levels. This should include not only factual information about substances but also training in decision-making, emotional regulation, and peer resistance. Educators should be trained to deliver this content in an age-appropriate and culturally relevant manner.

- *Establish Youth Counseling and Mental Health Support:*

Many youths identified stress and emotional hardship as triggers for substance use. The Ministry of Education and the Ministry of Health should collaborate to place trained youth counselors in schools and community hubs. These professionals can offer individual or group counseling, trauma support, and referrals for more specialized care.

- *Expand Recreational and Life Skills Programs:*

Idle time and lack of engagement were repeatedly highlighted by both youth and informants. Community-based organizations should partner with local government and NGOs to establish sustainable after-school programs, sports leagues, arts and culture clubs, and skills-training workshops tailored to youth interests.

- *Enhance Parental and Family Education:*

Since family influence was a key risk factor, parenting programs should be offered to help adults understand the impact of their behavior, build stronger communication with their children, and model healthier lifestyles. Faith-based and community organizations could play a strong role in delivering these sessions.

- *Increase Visibility and Sustainability of Prevention Programs:*

One of the study's clearest findings was the limited awareness and impact of existing initiatives. Prevention programs must be consistent, well-publicized, and evaluated regularly. Community outreach using social media, peer ambassadors, and school visits can boost visibility. Ongoing funding and monitoring frameworks should be established to ensure continuity.

- *Youth Involvement in Program Design:*

Young people should not only be targets of intervention but active contributors. Local councils and NGOs should create youth advisory groups to co-design programs and offer feedback on what works. This participatory approach increases relevance, ownership, and engagement.

- *Implications for Practice*

The findings from this study have several important implications for practice, particularly for stakeholders involved in youth development, education, health services, and community planning in Guyana.

- *For Educators and Schools:*

Teachers and administrators play a vital role in prevention. The strong support for school-based education among youth suggests that structured, age-appropriate drug education should be integrated into the curriculum. Teachers need adequate training in delivering these programs, along with tools to recognize and respond to early warning signs of substance use.

- *For Mental Health and Social Services:*

Emotional stress was cited as a significant driver of drug use. Therefore, counseling services, whether school-based or community-accessible, must be expanded. Practitioners should also adopt trauma-informed approaches, recognizing the emotional burdens many youths carry due to poverty, family instability, or violence.

- *For Families and Caregivers:*

The research confirms that home environments strongly influence youth behavior. Parents must be included in substance abuse prevention strategies through community-based workshops, family education programs, and support networks. These should address not just discipline, but also communication, role modeling, and the dangers of normalized alcohol use at home.

- *For Community Organizations and Local Leaders:*

The low visibility and impact of current programs suggest the need for better collaboration among community-based organizations. Leaders should engage youth directly in planning and running programs, increasing both relevance and ownership. Additionally, program continuity must be prioritized through consistent funding and follow-up.

- *For Policymakers and National Agencies:*

There is a clear disconnect between national policy intent and localized implementation. Policies must go beyond

one-off awareness campaigns and instead fund long-term, measurable, and culturally sensitive programs. A national monitoring system could help track effectiveness, identify gaps, and ensure equitable distribution of services across communities like Logwood, Enmore.

Overall, this study highlights the need for a multi-sectoral, youth-centered approach, where practice is informed by lived experiences and grounded in long-term community engagement.

- *Limitations of the Study*

Despite careful planning and execution, the study encountered several limitations that must be acknowledged. First, the findings were specific to youth and stakeholders in Logwood, Enmore, and may not be generalizable to other communities in Guyana.

Second, the use of self-reported data introduced the possibility of response bias. Some participants may have underreported their involvement in substance use due to social stigma, even with confidentiality assurances in place.

Third, the scope of the study was limited by time and resource constraints, which affected the number of interviews and prevented broader geographic coverage.

Lastly, the research design was cross-sectional and therefore could not assess changes in behavior or program effectiveness over time. A longitudinal study may provide deeper insights into how youth substance use evolves and how interventions perform in the long term.

- *Suggestions for Future Research*

Given the limitations and scope of this research, several areas warrant further investigation:

- *Longitudinal Research:*

Future studies should consider tracking youth over time to evaluate the long-term effectiveness of prevention programs. This would offer deeper insights into behavioral change and the sustainability of interventions.

- *Comparative Studies Across Communities:*

Research that compares different regions or demographics within Guyana (e.g., rural vs. urban, Afro-Guyanese vs. Indo-Guyanese youth) could identify patterns in risk exposure, substance preferences, and access to support services.

- *Youth-Centered Program Design Models:*

There is a need for applied research that explores how youth-led or co-designed programs function in community settings, and whether such approaches improve engagement and outcomes.

- *Parental Influence and Household Norms:*

Given the strong influence of family highlighted in this study, more research should explore the role of intergenerational behavior, family beliefs about alcohol and

marijuana, and how parenting styles affect substance use trajectories.

• *Evaluation of Specific Prevention Strategies:*

Studies that focus on measuring the impact of existing interventions, such as peer mentorship, life skills training, or school-based counseling, could guide program design and policy investment.

These areas of inquiry would not only fill current gaps in the literature but also help shape more targeted, inclusive, and effective responses to youth substance abuse in Guyana and the wider Caribbean region.

➤ *Conclusion*

This study investigated the effectiveness of community-based approaches to preventing substance abuse among youth in Logwood, Enmore, Region Four, Guyana. Grounded in a mixed-methods design, the research provided both statistical insights and a contextual understanding of the factors influencing youth substance use and the limitations of current prevention strategies.

The findings revealed that youth in this community are exposed to early substance use, primarily driven by peer pressure, family influence, and emotional stress. While prevention programs do exist, they are often short-term, inconsistently promoted, and culturally disconnected from the lived experiences of the youth they aim to serve. Interview data further exposed systemic issues such as the normalization of alcohol in homes and the absence of sustainable youth engagement opportunities.

This research contributes to local and regional understanding by offering a focused analysis of substance abuse in a semi-urban Guyanese setting, an area often underrepresented in national studies. By integrating youth perspectives with stakeholder insights, the study also reinforces the importance of inclusive, coordinated, and youth-centered prevention efforts.

Ultimately, addressing substance abuse among youth in Guyana requires more than awareness campaigns. It demands long-term investments in education, mental health, family engagement, and youth empowerment. The study's findings should serve as a foundation for designing more responsive and effective interventions, while also encouraging ongoing research, evaluation, and dialogue among all stakeholders.

REFERENCES

- [1]. Ali, A., & Edwards, L. (2023). *Cultural barriers in substance prevention strategies: Lessons from Guyana*. Caribbean Journal of Social Development, 45(1), 45–59.
- [2]. Ali, A., & Tularam, R. (2022). *Parental roles and adolescent drug use in semi-urban Guyana*. Journal of Youth Studies, 28(3), 110–124.
- [3]. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- [4]. Babbie, E. (2021). *The practice of social research* (15th ed.). Cengage Learning.
- [5]. Bandura, A. (1977). *Social learning theory*. Prentice Hall.
- [6]. Botvin, G. J., Griffin, K. W., & Williams, C. (2015). Preventing daily substance use through school-based programs: A longitudinal evaluation. *Journal of Adolescent Health*, 56(2), 123–129. <https://doi.org/10.1016/j.jadohealth.2014.09.002>
- [7]. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- [8]. Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- [9]. Brown, T., Johnson, P., & White, A. (2020). Socioeconomic influences on youth substance use in low-income communities. *Journal of Substance Abuse Prevention*, 45(1), 12–25. <https://doi.org/10.1016/jsap.2020.45>
- [10]. Caribbean Public Health Agency (CARPHA). (2022). *Substance use and abuse among adolescents in the Caribbean*. CARPHA Publications.
- [11]. Clarke, R., & Johnson, T. (2019). School disengagement and cannabis use among adolescents in Jamaica. *Caribbean Journal of Psychology*, 12(1), 24–38.
- [12]. Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- [13]. Edwards, L., & Prescott, R. (2021). Urban poverty and drug use among Caribbean youth. *Caribbean Journal of Social Issues*, 37(4), 22–39.
- [14]. Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1–4. <https://doi.org/10.11648/j.ajtas.20160501.11>
- [15]. Hawkins, J. D., & Catalano, R. F. (2005). *Communities that care: Prevention strategies for youth substance abuse*. Jossey-Bass.
- [16]. Inter-American Drug Abuse Control Commission (CICAD). (2020). *Youth drug trends in Latin America and the Caribbean*. Organization of American States.
- [17]. Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research*, 1(2), 112–133.
- [18]. Kristjansson, A. L., Sigfusdottir, I. D., Thorlindsson, T., & Mann, M. J. (2020). Population trends in adolescent substance use across 15 years: The Icelandic model of primary prevention. *Preventive Medicine*, 132, 105990. <https://doi.org/10.1016/j.ypmed.2020.105990>
- [19]. Mahabir, R., James, D., & Ramcharan, P. (2020). Peer mentorship and youth drug prevention in Trinidad. *West Indian Medical Journal*, 69(2), 90–101.
- [20]. Merton, R. K. (1938). Social structure and anomie. *American Sociological Review*, 3(5), 672–682.

- [21]. Ministry of Health, Guyana. (2022). *Annual report on substance abuse and prevention programs in Guyana*. Georgetown: Ministry of Health.
- [22]. Ministry of Public Health, Guyana. (2023). *Trends in adolescent substance use: A national review*. Georgetown: Ministry of Public Health.
- [23]. National Institute on Drug Abuse. (2020). *Preventing drug use among children and adolescents: A research-based guide*. National Institutes of Health. <https://nida.nih.gov>
- [24]. Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). SAGE Publications.
- [25]. Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health Education Monographs*, 2(4), 328–335.
- [26]. Sigfusdottir, I. D., Kristjansson, A. L., Gudmundsdottir, M. L., & Allegrante, J. P. (2018). Iceland's model for preventing adolescent substance use: Primary prevention grounded in community collaboration. *Health Promotion Practice*, 19(1), 89–96. <https://doi.org/10.1177/1524839917696712>
- [27]. Singh, K., & Wilkinson, C. (2021). Challenges in implementing school-based prevention programs in Guyana. *Journal of Caribbean Social Research*, 15(1), 67–82.
- [28]. Tashakkori, A., & Teddlie, C. (2010). *Mixed methodology: Combining qualitative and quantitative approaches*. SAGE Publications.
- [29]. UNICEF. (2019). *Addressing structural inequalities in adolescent justice systems*. UNICEF Regional Reports.
- [30]. United Nations Department of Economic and Social Affairs. (2013). *Definition of youth*. <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>
- [31]. United Nations Office on Drugs and Crime (UNODC). (2020). *Youth and drug prevention: A global strategy*. UNODC Publications.
- [32]. United Nations Office on Drugs and Crime (UNODC). (2021). *World drug report 2021*. UNODC Publications.
- [33]. Volkow, N. D., Han, B., Einstein, E. B., & Compton, W. M. (2020). Prevalence of substance use disorders in adolescence. *New England Journal of Medicine*, 382(11), 989–991. <https://doi.org/10.1056/NEJMp1918430>
- [34]. World Health Organization. (2021). *Global status report on substance abuse*. WHO Publications.