

**SUBSTANCE USE AND SUICIDAL TENDENCIES AMONGST THE YOUTH: A
CASE STUDY OF BUSIA MUNICIPALITY, BUSIA DISTRICT**

ZUBAYIRI MAVABI

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DECLARATION

I declare that this Research report comprises the original piece of my work and has not been duplicated in any way or academically credited from any other institution.

Signature

A rectangular box containing a handwritten signature in blue ink. The signature is stylized and appears to be 'Mavabi Zubayiri'.

Date: 1st APR 2026

Mavabi Zubayiri

APPROVAL

This is to certify that this research titled “Substance Use and Suicidal tendencies among the youth: A case study of Busia Municipality, Busia District, has been done under my supervision and is now ready for submission”,

Mr. Lewis Carl Kabanda

Signature 

Date: 10/04/2026

Supervisor.

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LIST OF ACRONYMS

UNDOC	UNITED NATIONS OFFICE ON DRUGS AND CRIME
WHO	WORLD HEALTH ORGANIZATION
UNHS	UGANDA NATIONAL HEALTH SURVEY
CDC	CENTRE FOR DISEASE CONTROL
ADARC	ALCOHOL DRUGS AND ADDICTION RESEARCH CENTRE
ISS	INSTITUTE FOR SECURITY STUDIES
IHME	INSTITUTE FOR HEALTH METRICS AND EVALUATION
CL	COMMUNITY LEADERS

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May God grace you all.

ABSTRACT

The study explored the relationship between substance use and suicidal tendencies among the youth of Busia district, a case study of Busia Municipality. The specific objectives were; to investigate the indicators of suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality, to analyze the association between alcohol use and other psychoactive substances on suicidal tendencies among the youth in Busia Municipality and to observe factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality. The study adopted a cross-sectional design with a mixed method where both Qualitative and Quantitative methods were used. A sample of 92 respondents comprising of 80 youths, and 12 community leaders were selected using simple random and purposive sampling techniques. Data collection was by the use of majorly closed-ended Likert scale questionnaire and an interview guide. The validity of the instruments had a total score of (0.80) whereas the reliability score of the instruments was (0.93). Quantitative data was recorded and tabulated. After data collection, items in the questionnaire were coded and information was entered in computer using SPSS software program version 20. It was used to generate frequency distribution tables. Descriptive statistics of frequencies and percentages was used to obtain specific findings, while Pearson correlation was used to analyze and obtain major findings in relation to specific objectives. Correlation Coefficients attained were significant and positive. The findings from the Pearson's correlation analysis reveal a statistically significant moderate positive relationship ($r = .451$, $p = .002$) between alcohol and psychoactive substance use and the indicators of suicidal tendencies among youth, understanding the association between alcohol and psychoactive substance use and suicidal tendencies among youth in Busia Municipality revealed a strong, positive, and statistically significant relationship. Specifically, the Pearson correlation coefficient was $r = .513$ with a p-value of .000, indicating that the more youth engage in alcohol and substance use, the higher their likelihood of experiencing suicidal tendencies and a strong and statistically significant positive correlation ($r = .721$, $p = .000$) between alcohol and psychoactive substance use and the underlying factors associated with suicidal tendencies among youth in Busia Municipality. Finally, the study recommends that school-based and community mental health programs be scaled up to identify and respond to early warning signs of suicidality and given the strong and statistically significant positive association between alcohol and drug use and suicidal tendencies among youth, there is a need for targeted substance abuse prevention and harm-reduction initiatives.

CHAPTER 1

INTRODUCTION

1.0 Introduction

This chapter provides for the study's key components relevant to the research proposal writing comprising of the background to the study, hypothetical perspective, conceptual framework, statement of the problem, purpose of the study, general objective, specific objectives, justification, and significance of the study.

1.1 Background of the study

Substance use and suicidal tendencies comprise major and related global public health challenges that disproportionally affect young people. Globally, the United Nations Office on Drugs and Crime (UNODC) estimates that approximately 292 million people aged 15-64 used drugs in 2022, representing a steady increase over the past decades (UNODC, 2024). Cannabis remains the most commonly used illicit drug worldwide, followed by opioids and amphetamines, while alcohol continues to account for the greatest share of substance-related morbidity and mortality. Alcohol and drug use collectively contribute to over 3 million deaths annually, with a substantial burden borne by low and middle-income countries (WHO, 2023)

Suicide remains a critical global concern linked to substance use. The World Health Organization reports that over 720,000 people die by suicide each year, with suicide ranking among the top three causes of death for individuals aged 15-29 years (WHO, 2021). For every suicide death, there are more than 20 suicide attempts, many of which occur under the influence of alcohol or other psychoactive substances that impair judgment, increase impulsivity, and intensify emotional distress (WHO, 2021; Turecki & Brent, 2016). Notably, approximately 73-80% of global suicide deaths occur in low and middle-income countries, where access to mental health and substance use services remains limited (WHO, 2021).

At the regional level, sub-Saharan Africa is experiencing a rapid increase in substance use driven by population growth, urbanization, poverty, unemployment and weak regulatory frameworks. The UNODC and the Institute for Health Metrics and Evaluation (IHME) report that about 41.6% of substance users globally reside in sub-Saharan Africa, with Central and Eastern Africa recording particularly high prevalence rates (UNODC & IHME, 2019). Projections indicate that the number of people using drugs in Africa could increase by up to 150% by 2050 if current trends persist (ISS, 2019). Alcohol, cannabis, inhalants, and emerging synthetic drugs dominate substance use patterns among adolescents and young adults, increasing vulnerability to mental health disorders and suicidal behaviours (ISS, 2019; ADARC, 2024).

At the national level, Uganda faces a growing burden of substance and suicide, particularly among young people. Uganda is consistently ranked among the countries with the highest per-capita alcohol consumption in Africa, with alcohol use increasingly beginning at a young age (WHO, 2022). National surveys indicate that a significant proportion of Ugandan youth engage in alcohol and drug use, with many identified as hazardous or harmful for consumption (UNHS, 2020). Suicide statistics further reveal a worrying trend, with an estimated 9.9 suicide deaths per 100,000 population and police records indicating an average of over 500 suicide-related cases reported annually between 2019 and 2021 (Uganda Police Force, 2021; WHO, 2021).

Recent media and academic reports suggest that substance use plays a central role in Uganda's suicide burden, particularly through its association with depression, unemployment, family conflicts and financial stress (Daily monitor, 2022). Mental health experts note that alcohol and drug use significantly worsen emotional regulation and coping capacity, increasing suicidal risk among vulnerable youth populations (Nyende, cited in Dailymonitor, 2022).

At the local level, Busia Municipality presents a uniquely high-risk context for youth substance use and suicidal tendencies. As a major Uganda-Kenya boarder town, Busia is characterized

by porous borders, intense trade activity, and easy access to alcohol, cannabis, miraa (khat), and other illicit substances sold at relatively low prices. Local authorities and media reports indicate that youth and even children are increasingly involved in cross-border smuggling and distribution of psychoactive substances, contributing to early initiation and sustained substance use (Dailymonitor, 2022). These conditions, coupled with unemployment, school dropout and limited mental health services, increase vulnerability to depression, hopelessness and suicidal ideation among the youth in the municipality.

Despite the presence of national policies and legal frameworks such as the Narcotic and Psychotropic Substances Act (2024) and ongoing mental health initiatives, suicide and substance use among Ugandan youth-particularly in border municipalities continue to rise. However, there remains limited empirical, context-specific evidence examining how substance use influences suicidal tendencies among youth in Busia Municipality. This gap undermines the development of targeted prevention and intervention strategies.

1.2 Statement of the problem

Substance use and suicidal tendencies are global public health concerns, for which most the young people are feared to have a scaring burden. Globally, over 292 million deaths annually are connected to alcohol and drug use, while over 720,000 people die by suicide each year (UNODC, 2024; WHO, 2021). Substantial evidence links substance use-particularly alcohol and other psychoactive drugs to increased suicidal ideation, attempts, and completed suicide due to impaired judgement, impulsivity, and exacerbation of underlying mental health disorders (WHO, 2021; Turecki & Bent, 2016)

In Uganda, substance use is widespread, especially among youth, with alcohol consumption rates among the highest in Africa (WHO, 2022). At the same time, suicide rates remain worrying, with hundreds of suicides and attempted suicide cases reported annually (Uganda

Police Force, 2021). Although national laws, policies and mental health programs exist, suicide and substance use trends among youth continue to rise.

The situation is particularly critical in Busia Municipality, a border town where porous borders facilitate easy access to alcohol and illicit drugs. Youth in the setting face compounded risks stemming from substance availability, and limited access to mental health services. Despite the academic and media reports linking substance use to rising suicide cases in the district, there is lack of empirical, localized research examining the relationship between substance use and suicidal tendencies among the youth in Busia Municipality.

If nothing is done most of youth may continue with the suicidal tendency syndrome hence, this study therefore seeks to fill this critical knowledge gap by examining the relationship between substance use and suicidal tendencies among youth in Busia Municipality.

1.3 General Objective

To examine the relationship between substance use and suicidal tendencies among the youth of Busia district, a case study of Busia Municipality.

1.3.1 Specific Objectives

The study consisted of the following specific objectives:

1. To explore the indicators of suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality.
2. To examine the relationship between alcohol use and other psychoactive substances and suicidal tendencies among the youth in Busia Municipality.
3. To describe factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality.

1.3.2 Research Questions

1. What are the indicators of suicidal tendencies manifested among youth who use alcohol and other psychoactive substances in Busia Municipality?
2. What is the relationship between the use of alcohol and other psychoactive substances and suicidal tendencies among youth in Busia Municipality?
3. What are the factors that influence the relationship between substance use and suicidal tendencies among youth in Busia Municipality?

1.4 Scope of the Study

The scope of the study comprised of the geographical, content, and time scope for the purposes of data collection.

1.4.1 Geographical Scope

Busia district as a targeted area of research has been selected because of it being a border district with porous border points which makes it easy for the youth to access the psychoactive substances from the smugglers who sell to them at relatively low prices thus displaying an increase in the number of new users of the substances that may contribute to other issues including the suicidal attempts.

Relatedly in terms of location, Busia district and Busia Municipal Council is approximately 196 kilometers, by road, East of Kampala, the capital and largest city of Uganda. This is approximately 28.5 kilometers, by road, South of the town of Tororo, the nearest large town in Uganda.

1.4.2 Content Scope

The study was limited to concluding the relationship between substance use and suicidal tendencies among the youth. The independent variable (IV) was substance use and the Dependent variable (DV) was suicidal tendencies. However, other variables of the intervening were among the few necessary and desired elements to examine as the researcher finds to

establish the relationship, or otherwise, that may exist between substance use and suicidal tendencies among the youth.

1.4.3 Time Scope

The study focused on the period from when the COVID-19 outbreak was first announced in the year 2019, which increased several psychological issues caused by poverty, unemployment, and difficulties in accessing basic needs.

Furthermore, it should be noted that many youths during the outbreak of COVID-19 experienced several functional impairments as most of their parents the only source of survival had declining capacities to keep caring for them due to the breakdown of businesses and loss of their jobs (WHO, 2021). Consequently, the situation dictated a new wave of personal care and the survival of the fittest which later on presumed to drag the youths into substance use, especially in Busia Municipality, Busia district.

1.5 Justification of the Study

The study on the relationship between substance use and suicidal tendencies amongst the youth is warranted due to the major sociological, physiological, psychological, and health concerns that arise out of the combination of the two phenomena that later affect the wider environment of society to the extent of causing its dysfunction hence making a point for it to stand.

The complex interplay between these two factors necessitates a comprehensive understanding to inform effective prevention and intervention strategies because they have caused increase in vulnerabilities of many people within Busia Municipality, most especially among the youth.

1.6 Significance of the Study

The social work practitioners might learn about the influencing factors of suicidal tendencies amongst the youth including alcohol use and this is so important in guiding the possible recommendations for the proper implementation of the policies developed by the government

to regulate better the exposure and the use of alcohol amongst the population more so targeting the youth in particular since they happen to be the most affected section of the wider population.

The study might help examine the specific mental health factors including stress, psychological trauma, and social disconnection as part of the factors that play a role in the relationship between substance use and suicidal tendencies that would later provide a guide on the possible ways of regulating the problem if the services are made available to the population hence a foundation to the management of the adverse concerns of substance use and suicidal tendencies.

This research might also present opportunities for balanced collaborations between the state, family, and other agencies as they engage with each other to implement the meaningful solutions through the identification of the barriers that limit their collaboration to reduce substance use amongst the youth.

The study might also help to inform the development of mental health services that might address the problems arising among the youth in the consumption of substances since most of the users are taken to be responsible for the use forgetting that other factors play a role in their use of the substances which the society hence the study might recommend the workable solutions to the problems arising from the interplay of substance use and suicidal tendencies.

The study might communicate the determinants of harm through which the substance use may live to affect the users including the mode of administration, frequency of use, general life situation of the person, type of substance in use, and the quantity used that plays a key role in the existence of the devastating effects to the youth that that identification of these factors could facilitate the reduction of the problems to exist.

1.7 Theoretical Framework

I. Thomas Joiner's interpersonal-psychological theory of suicide behavior

The interpersonal theory of suicide was first presented by Joiner (2005), who focused on providing explanations for why the large number of people who contemplate suicide do not actually commit suicide. This is an important concept and an advancement over previous theories of suicide. According to Thomas Joiner, there are various ways that suicidal ideation and harmful and non-destructive suicide behaviors are thought to arise. The interpersonal theory, which would later be called the feeling to end one's own life and attempt framework, was initially placed under the first theory of suicide (Nock et al., 2016).

A person will commit suicide if they have the will and ability to terminate their life, according to the interpersonal-psychological theory of suicidal conduct (Joiner, 2005). The hypothesis posits that suicidal intent is a combination of two interpersonal states: perceived burdensomeness and thwarted belongingness. However, for desire alone to result in suicide death, there must also be a third component: the acquired capability for suicide, which arises from continuous exposure and habituation to distressing and painful situations.

Some of the key assumptions that best explain the rate at which an individual can be motivated to develop suicide tendencies are;

Thwarted belongingness

Humans have an innate need to belong when unfulfilled, can result in many negative health effects (Smith, & Layton, 2010), such as an increase in the frequency of suicidal ideation, attempts, and fatalities (Turecki & Brent, 2015). Thwarted belongingness, is a major concept of the interpersonal theory, that reflects strong suicide risk factor. The lack of mutual care and loneliness are two aspects of dissatisfied belongingness. According to Van Orden et al. (2010), these dimensions include social disengagement, living alone, having fewer friends, self-reported loneliness, and family conflict.

Perceived burdensomeness

Perceived burdensomeness reflects a component of social distancing, specifically the known belief that one's life is worth less to others than one's death. It is crucial to stress that the perceived form is included in this construct. According to this construct, those who plan, attempt, and die by suicide do so because they misinterpreted their feelings of self-hatred as thoughts of expendability. Accordingly, feelings of guilt and self-loathing are among the aspects of perceived burdensomeness. Joiner et al. (2016) suggest that suicide could be a deviance from what is generally an evolutionarily adaptive set of behaviors that are frequently seen in eusocial species like humans. They draw comparisons between acute suicide risk factors (such as overarousal) and eusocial self-sacrificial behaviors seen in non-human animals. They also point out that perceived burdensomeness may be a deadly miscalculation made by suicidal people about the necessity of self-sacrifice.

Hopelessness

The theory's key prediction is that despair over the flexibility of both felt burdensomeness and thwarted belongingness increases the likelihood of suicide. Therefore, the review of this crucial component of the theory will contribute to the elucidation of the function of the interpersonal theory in suicide risk prediction.

Capability for suicide

This concept was first described as "acquired capability". The assumption depicts that the development of suicide capability occurs due to repeated exposure to upsetting and painful experiences (such as physical abuse, combat exposure, or prior suicidal behavior), which reduces one's fear of dying and increases one's ability to tolerate physical pain.

Therefore, Joiner (2005) attempted to outline several issues concerning the aspect of suicidal ideation and actions. And defined Suicidal desire in short, as thwarted belongingness and perceived burdensomeness. People who experience hopelessness regarding the flexibility of both these interpersonal and intrapersonal states go from passive to active suicidal wants. It is imagined that both non-damaging and damaging suicidal behaviors result from the interaction

between an enhanced capability for suicide and active suicidal desire, which is the result of thwarted belongingness, perceived burdensomeness, and hopelessness. Notably, the three dimensions are predicted by the interpersonal theory to be proximal predictors of suicidal behavior.

Bio-psychosocial model of addiction

According to the bio-psychosocial model of addiction, prevention and treatment initiatives must take into account the biological, psychological, and sociocultural elements that influence substance use. This indicates that the study of the various elements that influence substance use is given equal weight by the bio-psychosocial approach.

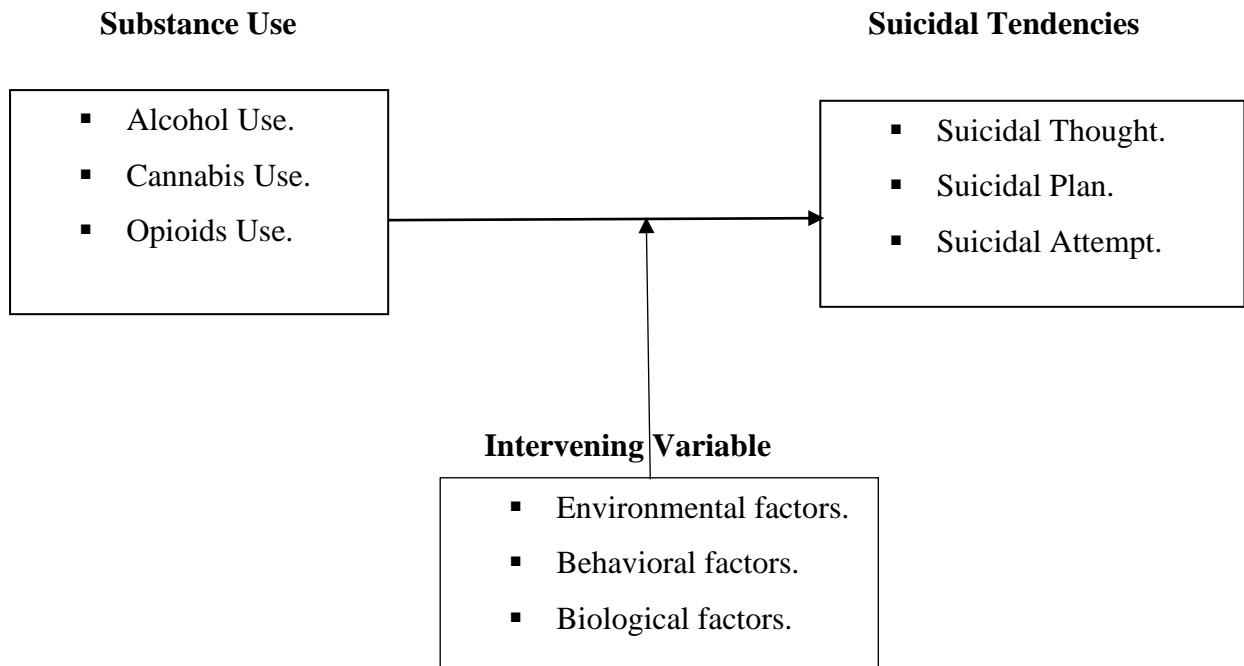
(Buckner et al., 2021), as those who revised the Bio-psychosocial theory discovered the consistent predictors of drug use initiation including the personality variables, learning factors, and the higher-order cognitive processes. Furthermore, they asserted that substance use is another highly comorbid behavior with affective disorders including depression and anxiety thereby causing an impaired feeling to the person using the substances. Therefore, this model establishes that the factors within bio-psychosocial theory contribute to the nexus that may exist between substance use and suicidal tendencies among the youth.

Conclusively, the Bio psychosocial theory highlights the complex interplay between the factors of biological, psychological, and sociocultural emphasizing that substance use and suicidal tendencies result from a dynamic interdependence of aforementioned influences. This comprehensive understanding guides the desired treatment approaches, acknowledging the need for individualized, multifaceted interventions addressing the unique interplay of factors contributing to substance use and suicidal tendencies.

FIG: 1.8 Conceptual Framework

Independent Variable

Dependent Variable



Data source: (Buckner et al., 2021)

The conceptual framework above shows a predictable relationship between the independent variable and the dependent variable. It displays the cause-effect relationship of the independent variable which is substance use with components like alcohol use. Cannabis use, and opioids whereas the dependent variable is suicidal tendencies with its indicators which may result from substance use including ideation, attempt, and behavior. Further still, the framework depicts that the action of the relationship to exist between the independent and dependent variable will depend on the mediating effect of demographics, environmental and biological being that these factors play a key role in the acceleration of the substance-suicidal tendency relationship.

1.9 Definition of Key Terms.

Substance Use: This is the administration of alcohol and psychoactive substances including chemicals, solvents, tobacco products, inhalants, and other drugs that can be inhaled, injected,

or otherwise absorbed into the body to change the taste, mood, thoughts, and feelings of an individual (*Substance Use: MedlinePlus Medical Encyclopedia*, n.d.) It should be noted that substance use is characterized by several negative effects for example psychological, social, and economic hazards that impact the members of the community.

Suicide: This is the thoughts to harm oneself (Suicidal ideation), minor actions of self-harm with intent to die (suicide attempt), and a dangerous act of self-harm leading to death (completed suicide). Additionally, the term suicide refers to a tragic and potentially preventable public health concern that involves the intentional taking of one's own life (NIMH, 2020). Suicide can also be understood as mortality caused by self-injurious behavior with the intention to die as a result of the behavior (CDC, 2020). Or an act of intentionally causing self-death (WHO, 2020).

Suicidal tendencies: It is a pattern of thoughts and behavior that increases a person's vulnerability of attempting suicide. American Psychological Association (2020), defines suicidal tendencies as thoughts, feelings, and behaviors that suggest a person is at risk of completing suicide. (*Why People Die by Suicide - Thomas Joiner - Google Books*, 2005), postulate that suicidal tendencies are behaviors that arise from social isolation and the capability for self-harm.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

This chapter reviews existing literature related to substance use and suicidal tendencies among youth. The review has been organized in line with the major themes constructed to suit the study's research questions and conceptual framework focusing on; patterns of substance use, suicidal tendencies, the relationship between substance use and suicidal behaviors and factors influencing the relationship between substance use and suicidal tendencies among the youth. The chapter further highlights gaps in existing literature that justify the need for the present study in Busia Municipality.

Theoretical Literature Review

The study adopted Thomas Joiner's interpersonal-psychological theory of suicide behavior and Bio-psychosocial model of addiction. The interpersonal theory of suicide was first presented by Joiner (2005), who focused on providing explanations for why the large number of people who contemplate suicide do not actually commit suicide. This is an important concept and an advancement over previous theories of suicide. According to Thomas Joiner, there are various ways that suicidal ideation and harmful and non-destructive suicide behaviors are thought to arise. The interpersonal theory, which would later be called the feeling to end one's own life and attempt framework, was initially placed under the first theory of suicide (Nock et al., 2016).

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(Buckner et al., 2021), as those who revised the Bio-psycho-social theory discovered the consistent predictors of drug use initiation including the personality variables, learning factors, and the higher-order cognitive processes. Furthermore, they asserted that substance use is another highly comorbid behavior with affective disorders including depression and anxiety thereby causing an impaired feeling to the person using the substances. Therefore, this model establishes that the factors within bio-psycho-social theory contribute to the nexus that may exist between substance use and suicidal tendencies among the youth.

Conclusively, the Bio psycho-social theory highlights the complex interplay between the factors of biological, psychological, and sociocultural emphasizing that substance use and suicidal tendencies result from a dynamic interdependence of aforementioned influences. This comprehensive understanding guides the desired treatment approaches, acknowledging the need for individualized, multifaceted interventions addressing the unique interplay of factors contributing to substance use and suicidal tendencies.

Empirical Review

The study reviewed literature based on specific objectives as follows;

2.1 Indicators of Suicidal tendencies among the youth using alcohol and other psychoactive substances.

The examination of indicators of suicidal tendencies among youth using alcohol and other psychoactive substances is central to the current study because the statement of the problem highlights increasing substance use alongside rising suicide-related behaviors in Busia Municipality. Indicators provide observable and measurable manifestations of suicidality,

which align with the dependent variable in the conceptual framework. Without clearly identifying these indicators, prevention and intervention strategies risk being ineffective or misdirected.

Empirical studies consistently demonstrate that substance use disorders are associated with elevated suicidal ideation, suicide planning, and attempts. Rioux et al. (2021) report that youth with substance use disorders exhibit significantly higher suicidality compared to non-users, largely due to impaired judgment and heightened impulsivity. However, most of these studies are conducted in high-income countries, limiting their contextual relevance to low-resource settings such as Uganda.

Psychological distress, particularly depression and hopelessness, is one of the most robust indicators of suicidal tendencies. Jones et al. (2022) establish that untreated psychological distress significantly predicts suicidal ideation among substance users. While this evidence is compelling, it largely focuses on adult populations. In Uganda, Kinyua et al. (2019) and Nalugya-Sserunjogi et al. (2021) document high levels of depression among youth, but these studies rarely disaggregate findings to examine how depression manifests specifically among substance-using youth, creating a contextual and population-specific gap.

Anxiety has been identified as both a predictor and mediator of suicidal tendencies among youth who use substances. Burke et al. (2020) and Wang et al. (2022) show that anxiety symptoms intensify the substance use–suicidality relationship. Nevertheless, these studies employ clinical or school-based samples, overlooking community-based youth who may not access formal mental health services. This omission is critical in Uganda, where many youth with anxiety remain undiagnosed.

Stress, trauma and maladaptive coping mechanisms further signal suicidal vulnerability. Evans et al. (2022) argue that chronic stress overwhelms internal self-regulation capacities, prompting youth to rely on substances as coping strategies. Although Ugandan reports such as UBOS

(2022) acknowledge stressors like unemployment and poverty, few empirical studies explicitly link stress-induced substance use to suicidal indicators among youth, particularly in border municipalities.

Social isolation and withdrawal are also prominent indicators of suicidality. Hill et al. (2020) associate substance use with diminished social support and increased loneliness, both of which heighten suicide risk. In Uganda, stigma surrounding substance use and mental health has been widely reported (Kigozi et al., 2021), yet empirical studies rarely examine social isolation as a distinct suicidal indicator among substance-using youth.

Trauma and adverse childhood experiences (ACEs) are strongly predictive of later substance use and suicidality. Kessler et al. (2020) and Tonmyr et al. (2020) demonstrate this link, while Nalugya-Sserunjogi et al. (2016) confirm similar patterns in Uganda. However, these studies tend to examine trauma and suicidality broadly, without focusing on how ACEs manifest as specific suicidal indicators among youth currently using alcohol and other psychoactive substances.

Although existing literature identifies several indicators of suicidal tendencies, there is limited empirical evidence from Uganda that systematically examines these indicators among community-based youth who use alcohol and other psychoactive substances. Moreover, few studies integrate psychological, social and trauma-related indicators within a single analytical framework. This gap necessitates the current study in Busia Municipality.

2.2 Association of alcohol use and other psychoactive substances on suicidal tendencies among the youth.

This section critically examines literature addressing the association between alcohol and other psychoactive substances and suicidal tendencies among youth, in line with the study's second

objective and hypothesized relationship. Establishing this association is essential for validating the assumed causal pathway proposed in the conceptual framework.

Global evidence strongly supports a positive association between substance use and suicidality. Chang et al. (2019) describe substance use as both a direct and indirect risk factor for suicide through mechanisms such as impaired judgment, emotional dysregulation and increased impulsivity. While these findings are consistent, much of the evidence relies on cross-sectional designs, limiting causal inference.

In Uganda, empirical studies similarly suggest a strong association. Bukuluki et al. (2021) report high prevalence of alcohol and drug use alongside suicidal thoughts among youth in Kampala. Nanvuma (2024) further documents widespread substance use disorders among university students, implying elevated suicide risk. However, these studies are institution-based and urban-centered, thereby excluding non-student youth and peripheral populations such as those in Busia Municipality.

Kirabira et al. (2024) demonstrate that substance use contributes to cognitive impairment and emotional instability, which are proximal predictors of suicidal behavior. Nonetheless, the focus on enclosed academic environments limits the applicability of findings to open community settings where substance access, supervision and stressors differ markedly.

Alcohol has been consistently linked to suicidal ideation, planning and attempts (Hawton et al., 2012; Nock et al., 2010). Neurobiological evidence indicates that alcohol and drug exposure disrupt adolescent brain development, particularly areas responsible for impulse control and emotional regulation (Squeglia et al., 2021). Genetic vulnerability further compounds this risk (Agrawal et al., 2021). Despite this robust evidence, few Ugandan studies integrate neurobiological explanations with social and psychological realities.

UBOS (2022) reports high levels of hazardous drinking among Ugandan youth, particularly in border districts. However, national surveys often report substance use and suicide indicators separately, failing to empirically test their association at the community level.

Although the association between substance use and suicidal tendencies is well established globally, there is limited community-based empirical evidence in Uganda that statistically examines this relationship among youth. Furthermore, existing studies rarely contextualize this association within border municipalities characterized by high substance availability. The current study addresses this gap by empirically testing the association in Busia Municipality.

2.3 Factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances.

Mansha, (2022). Her study stipulates that suicidal ideation is a result of a history of previous suicide attempts, demographic factors, and mental disorders. Many youths tend to have a continuous suicide plan after when they have ever had a prior suicide attempt which always presents a risk of death by suicide, the act is further accelerated if there is usage of alcohol, opioids, and marijuana. Relatedly, a study by Mars et al (2013) indicates a variation in the factors contributing to suicidal attempts as alcohol abuse, interpersonal differences, and physical and mental health problems hence the studies mentioned were conducted in Kenya which posits a question for the case of Uganda therefore the study in Busia Municipality.

Biological factors may relate to behavioral risk factors which include previous suicide attempts, depressive disorders, self-injury, substance abuse, and dependence all of which were depicted as factors that influence suicidal tendencies among the university students (Wesonga et al., 2021). This presents a gap in understanding the factors that may increase the problem within the other population composition including the youth hence the study on the association of suicidal tendencies in the youth using alcohol and other psychoactive substances.

Community factors. The community that offers support to its members in terms of ensuring access to the fundamental services that positively enhance their quality of life creates increased opportunities for achieving their full potential unlike when the community stands to be a hindrance to the survival of its members through easing the access to substances, limited adequate healthcare for mental health concerns and stigma associated with seeking care has ultimately increased many youth in seeking suicide attempts to address the problems within their environment (Wesonga et al., 2021). The gap exists where this study concentrated on students in Kampala hence not capturing other demographics in the other areas.

Individual factors. The personal inabilities existing among the youth of low self-esteem, and emotional dysregulation make them adopt the use of alcohol, opioids, and cannabis increasing their risk of suicidal thoughts, suicidal plans, and suicidal attempts due to some adopted methods of drug administration which sometimes are considered suicidal (Guo. L, 2021). However, the researcher skipped the most important citation of other elements that may try to moderate the relationship stating only about the gender differences as the risk factor to the increase in suicide tendencies and substance use.

Cultural factors. This includes all the bidding ethnic and social practices that set one group apart from another understood as language, shared practices, stamp foods, initiation ceremonies, and dress code. A study by (Gallagher et al., 2021), mentions that the demographic factor of ethnicity mediates the relationship indicating that certain ethnic groups (for example, Native American youth) do experience increased substance use and suicidal tendencies because of the pro-drug socialization amongst them characterized by early substance use for the members of the society which is a possible element of leading to abuse affecting the human functionality. This study's conclusion provides a further investigation to find out the existence of this nexus within the African setting because of the increase in the vice of suicidal tendencies among the youth.

Family structure. (Mao et al., 2022)., communicate that indeed other factors of family structure mediate the relationship between substance use and suicidal tendencies stating that the composition of the family is single-parent households, child-headed, grandparent, adoptive, extended and blended family settings accelerates family instability where sufficient support for the members becomes very difficult creating tension to the family motivating them to develop alternative strategies of satisfying the needs that they keep experiencing and their failure may prompt them to the substance use which is psychoactive in the guise of dealing with the situation hence damaging the state of the mind that leads to suicidal tendencies (Wang et al., 2022).

Education. This is where most of the people in the community get the opportunity of increased awareness, coping skills, social support, social capital, and the exploration of the world beyond limits by opening up and giving opportunities to read and learn about new experiences. Education can increase awareness about the risks associated with substance abuse and suicidal behaviors (Wang et al., 2020). However, other studies contend that creates unnecessary academic pressure which increases stress, anxiety, and substance use among youth (Liu et al., 2022) with the above it is clear that education though provides for a positive living can also be mud with several issues like academic pressure, bullying, social comparison and limited resources in schools worsen youth situations causing substance use that later affects them leading to suicidal behaviors.

In conclusion, several studies predict a link (Martínez-Torres et al., 2024) on understanding the role of other factors including individual factors, community, behavioral factors and cultural factors in substance use and suicidal relationships which is the first step to guiding the necessary strategies that would lead to workable interventions to reduce and eliminate the circumstances that lead to morbidity and mortality among the youth using alcohol and other psychoactive substances.

CHAPTER 3

METHODOLOGY

3.0 Introduction.

This chapter portrays the methodologies used in this study to investigate the relationship between substance use and suicidal tendencies among the youth. A thorough explanation of the research design, data collection methods, and data analysis procedures are provided to ensure transparency and validity. The methodology chosen was considered on the premise that substance use influences suicidal tendencies among the youth and guided by Joiner's interpersonal theory of suicide for a systematic and rigorous approach to exploring the research question.

3.1 Research Design.

According to Leedy (1997), a research design is the study's planning that offers a structure for gathering data. In order to answer the research questions, it can also relate to organizing the selection of research participants, research centers, and data collection methods (MacMillan and Schumacher, 2001:166). Research design is also described by Durrheim (2004:29) as a framework that is strategically prepared for action in order to bridge

For purposes of this study, the researcher adopted a cross-sectional research design using a mixed-methods approach, integrating both quantitative and qualitative techniques for purposes of easing data collection (Amin, 2005). This design was considered appropriate because it enabled the research to collect data from the study population at a single point in time (Creswell, 2012) hence examining the relationship between substance use and suicidal tendencies among youth in Busia Municipality.

The quantitative component of the design was used to measure the prevalence, forms, and patterns of substance use as well as indicators of suicidal tendencies among youth. This approach allowed for statistical analysis to establish the nature and strength of the relationship between substance use and suicidal tendencies, directly addressing the first research question.

Structured questionnaires were employed to generate quantifiable data that could be analyzed using descriptive and inferential statistical methods.

The qualitative component complimented the quantitative data by providing in-depth insights into the lived experiences of youth regarding substance use and suicidal thoughts. Qualitative methods were particularly useful in exploring how and why substance use influences suicidal tendencies, as well as the factors that shape this relationship. This approach addressed the probing of the second and the third research questions by capturing contextual and explanatory information that could not be adequately quantified.

The cross-sectional mixed-methods design was aligned with the study's conceptual framework, which conceptualizes substance use as the independent variable influencing suicidal tendencies, with factors acting as intervening variables. By collecting both numerical and narrative data simultaneously, the design enabled triangulation of findings, thereby enhancing the validity and reliability of the results.

Furthermore, the design was suitable for the study context of Busia Municipality, as it was cost-effective, time-efficient, and practical for assessing a population characterized by high mobility and accessibility challenges typical of border communities. The design also allowed the researcher to generate empirical. Context-specific evidence needed to address the identified knowledge gap and inform targeted interventions.

3.2 Area of the Study

The study took place in Busia district, one of Uganda's strongest border points, and provides easy access to goods and services to the people well known as a "One Stop Border Post". The statement a One Stop Border Post (OSBP) is a complex term that relates to the consolidation of the control and clearance of goods and services at a single location and the essence of the action of (OSBP) is to strike a balance between security, efficiency and trade facilitation in the country which in other wards has provided an opportunity for many youth working as off

loaders and cargo loaders getting access to the goods in transit including the substances which can increase their vulnerability to substance use. Statistics demonstrate an increasing burden of substance use amongst the youth of 15 and 29 years of age. (ADARC, 2024). Relatedly, the WHO ranks Uganda as the second in Africa about the consumption of alcohol. The Uganda Alcohol Report of 2022 indicates a high correlation between alcohol consumption and socio-economic problems that people face at various levels of the country. Therefore, the Busia district is found in the Bukedi region which accounts for statistical use of alcohol at 6.9% (UAR, 2022).

3.3 Population of the study

Koul (1998) defines population as any grouping of a particular human being. Such as a school, a region, and perhaps the cost of services. The research was conducted considering the youths at Busia community centre because most of them are well registered at the centre for rehabilitation on psychological issues. This was as a result of an observation the researcher carried out. Other respondents under this study population included community leaders (Local chairpersons, and the youth councilors).

3.4 Sample Size

The researcher utilized the Krejcie and Morgan (1970) table to determine the sample size for the identified group, bridging the gap for the increasing need for a representative statistical sample in empirical research. The following table aids in calculating the predetermined population's sample size;

Table 3.4: Showing Study Population, Sample Size and Sampling Techniques

Respondent	Population Size	Sampling Size	Sampling technique
Youths	93	80	Simple Random Sampling
Community leaders	12	12	Purposive Sampling
TOTAL	105	92	

Source: Krejcie and Morgan, (1970) for population and sample size determination.

3.5 Sampling Technique

This is an act of choosing a number of participants for a study so that they are representative of the sizable group from which they were drawn is known as sampling (Kothari, 2006). The study adopted the following sampling techniques;

3.5.1 Purposive Sampling: This was used to select the community leaders in Busia Municipality. The community leaders are those who have associated with the substance users. Purposive sampling also refers to purposeful sampling based on a specific purpose rather than randomly (Tashakkori & Teddhe, 2003). This sample acted as a key of the information about the topic under study. Therefore, all the community leaders such as Local chairperson, and their Councilors were subjected to purposive sampling.

3.5.2 Simple Random Sampling: This was used to select the youth so that each of them has an opportunity of being selected to participate in the study. This helped to avoid bias as highlighted by (Yamane, 1967). A third party was identified by the researcher to help in selecting the respondents. This person introduced the researcher to the community for ease of the work in distributing the questionnaires.

3.6 Procedure for data collection

The researcher collected the relevant information from the sources which have been defined as proof-driven to attach much value to the experiences found out from the respondents.

The data was collected after getting permission and consent from the various respondents so that they have an open mind to provide the necessary information regarding the study. This was strictly done before the actual interface with the respondents to ease the appointments.

The information to be provided by the respondents shall be kept private and used for academic purposes and they had also autonomy when engaged in the study.

3.7 Data collection instruments

The researcher used the acceptable tools of data collection under the quantitative and qualitative research designs to collect the required information from the respondents.

3.7.1 Questionnaire

Questionnaire is a powerful technique for gathering data in a variety of intricate research areas. The researcher benefited from the questionnaire's affordability, accessibility, and capacity to reach a large and varied audience, allowing for effective and thorough insights. Questionnaires help collect data by offering standardized questions. (Mohapatra, S., S. Sreejesh, & Anusree, 2014). The Questionnaire consisted of (5) vital sections relevant to the study.

The questionnaire (SSTQ) was for the youth in the collection of detailed information because the youth respondents can be the most reliable data sources given the fact that are the primary respondents who are directly affected by the relationship of the problems of substance use and suicidal tendencies hence the establishment of the conclusions on the problems in question with reductions on the ethical dilemmas to be experienced when carrying out a physical interfere with the respondent in providing the necessary data required in the study.

3.7.2 Interview Guide

The interview is a method of securing information that includes oral discussion between the researcher and respondent. The interview methods tend to be different; there is controlled which requires the subject to respond only to questions asked directly, whereas others are entirely unstructured and enable the respondent to speak freely about anything they want (Fox, 2009). The interview guide consists of (3) sections with a number of (15) specific questions to be responded to in regards to the study.

Similarly, the interview is a one-on-one engagement between the researcher and the respondents. The interview was strictly administered to the technical persons (community leaders) on matters regarding the issue of substance use and suicide tendencies among the youth.

3.8 Quality/ Error Control

The researcher developed supportive data quality control measures including randomization, counterbalancing and perhaps standardized procedures due to the other unexpected extraneous variables that can affect the data collection to minimize the fraudulent information that may be given by the respondents and some of these quality controls to be could be considered by integrating the aspect of validity and reliability. Employed by the research for relevant data collection including; the supervisory meetings, record keeping, and training of the research assistants who may support the study.

3.8.1 Validity & Reliability

To ensure the validity of the research instruments prior to data collection, several measures were undertaken. Content validity was established by developing the questionnaire and interview guide strictly in line with the study objectives, research questions, and conceptual framework. Each item was designed to adequately capture key constructs related to substance use and suicidal tendencies among youth.

The research instruments were subjected to expert review by supervisors and specialists in social work and mental health, who assessed the relevance, clarity, and appropriateness of the items. Their feedback was used to revise ambiguous, irrelevant questions, thereby ensuring that the instruments measured what they were intended to measure.

In addition, a pilot study was conducted among a small sample of the youth with characteristics similar to those of the population but not included in the final sample. The pilot study helped to identify weaknesses in question wording, sequencing, and comprehension. Findings from the pilot test informed further refinements of the instruments to improve clarity, accuracy, and consistency.

Relatedly, the Content Validity Index (CVI) was computed and the results indicated a validity index of 0.80 which made the instruments valid as guided by Amin (2005), who postulates that a tool is considered valid if it does not fall under 0.7.

Content Validity Index (CVI) = No. of items rated relevant

Total number of items rate

20/25

Therefore CVI= 0.80

Through these procedures, the study ensured that the research instruments possessed adequate validity and were suitable for collecting reliable and meaningful data on substance use and suicidal tendencies prior to the main data collection exercise.

3.9 Data processing and analysis

To ensure the accuracy, reliability, and validity of the findings that are to be collected, the questionnaire and interview guide were processed by cleaning, transforming, and data reduction are follows;

3.9.1 Quantitative Data.

In this study, the research regarding the processing of the quantitative data developed the questionnaires to distribute, collect, and entered them in SPSS to acquire the frequency distribution tables and later on analyze the data using the percentage scores. Presentation of findings was based on grouped scores like for frequencies and percentages of strongly disagree and disagree were grouped together to represent disagreement and so does those of strongly agree and agree to mean agreement. The researcher also tested the research questions by applying Person's Correlation Analysis.

3.9.2 Qualitative Data.

For this data set, the processing of the information was guided by conducting the interviews with the community leaders identified Guidance counselors at the Busia Community centre and the Division Local Council Chairperson where the sessions started by seeking approval and then recording and coding the responses to safeguard the respondent image. The researcher then sorted out the relevant responses to the study.

The research made inferences on the findings from the quantitative with the qualitative and make the conclusions given as triangulation.

3.10 Methodological Constraints

The sample Bias, this is so because identifying the representative sample of the youth populations in such sensitive topics becomes so difficult to achieve. This was addressed by considering the youth under rehabilitation in Busia Community Centre.

Prejudice from the respondents and declining confidence of the youths who use substances to share some information. This was addressed by fostering self-determination of the respondents which builds the confidence towards responding to the study.

3.11 Ethical Considerations

Consent. The study took into consideration the necessity of seeking the consent (informed consent) of the respondents before the information to the study is collected to enrich the

intention of the researcher. This happened after the purposeful engagements that will provide the respondent with prior information before the consent to inquire for the informed decisions to be provided for the study.

Privacy. The research treated and affirmed to the respondents that the information provided will be treated with utmost confidentiality and privacy. This involved the signing of the document to act as a contract to deter either party involved in the study to keep the information and use where it is due.

Prejudice. The researcher made attempts to decline all forms of practices that undermine the respondents because social workers by training are expected to provide a conducive working environment for everyone and this practice was greatly put to use for consistency in the information to be provided by the respondents.

Plagiarism. The researcher ensured that he obtains first-hand information from the respondents to address the cases of plagiarism which is considered to be an academic offense that can even attract a punishment. The Turnitin was used to identify all areas of similarities for purposeful rephrasing.

Autonomy. The researcher refrained from all means of coercion to seek information from the respondents but rather provided for the voluntary participation of those who may be willing to have input towards the study.

CHAPTER 4
PRESENTATION AND ANALYSIS OF DATA

The study observed the connection between substance use and suicidal tendencies among the youth of Busia district, a case study of Busia Municipality. The primary focus of this study was to investigate the indicators of suicidal tendencies, association between alcohol use and other psychoactive substances, as well as factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances. This chapter, however, begins by analyzing the questionnaire return rate and the demographic characteristics of the respondents. It then proceeds to present the study's findings based on the independent and dependent variables, addressing each research objective and subsequently responding to the research questions.

Response Rate

A total of 80 youths were selected for participation, out of which 79 successfully returned completed questionnaires, resulting in a response rate of approximately 99%. As noted by Cooper and Schindler (2001), a response rate of 75% or higher is considered commendable, thus the return rate in this study is regarded as highly satisfactory.

Table 4.1; Response Rate

Questionnaires Administered	Number of Questionnaires Returned	Response Rate (%)
80	79	99

Source: Researcher (2025)

Demographic Characteristics of Respondents

The researcher gathered background information from the respondents, as such data was expected to provide useful context and contribute to a deeper understanding of the research problem. These demographic details were considered important for offering possible insights or explanations related to the study's findings. The specific variables collected included gender, age, and academic level of the respondents, as detailed below:

Table 4.2: Gender of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	FEMALE	34	43.0	43.0	43.0
	MALE	45	57.0	57.0	100.0
	Total	79	100.0	100.0	

Source: researcher (2025)

Table 4.2 indicates that participants from both genders took part in the study, although male respondents were more represented. Specifically, 45 participants (57%) were male, while 34 (43%) were female. Despite the higher number of male respondents, the inclusion of both genders ensures that the study remains balanced and free from gender bias. Gender was taken into account to enhance the validity of the findings, as the selection of participants considered gender representation (Morgan, 1998).

Table 4.3: Age of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-18 YEARS	9	11.4	11.4	11.4
	19-21 YEARS	19	24.1	24.1	35.4
	22 ABOVE	51	64.6	64.6	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

Table 4.3 presents the age distribution of the respondents. Out of the total, 9 respondents (11%) were aged between 16 and 18 years, 19 (24%) fell within the 19 to 21-year range, and 51 (65%) were over 22 years old. The findings reveal that the majority of participants were between 22 years, suggesting that most respondents were likely mature enough to provide meaningful and relevant input for the study. As noted by Sarah (2010), age group distribution plays a crucial role in social science research, as it can influence the quality and perspective of responses.

Table 4. 2: Education level of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary	24	30.3	30.3	30.3
	Secondary	51	64.6	64.6	23.4
	University	4	5.1	5.1	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

Table 4.4 illustrates the academic levels of the respondents, with the majority (65%) being from the secondary category, while 30% were in primary and the least 5% were from university level. Regardless of their levels, all respondents demonstrated sufficient understanding of the questions, enabling them to provide accurate and relevant information for the study. The academic level of participants was considered a critical factor, as it was assumed to significantly influence the reliability and quality of responses in educational research (Basaza, 2016).

Table 4. 5: For how long have you been using drugs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-3 YEARS	43	54.4	54.4	54.4
	4-6 YEARS	14	17.7	17.7	72.2
	7+ YEARS	22	27.8	27.8	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

According to Table 4.5, the majority of the respondents 43(54%) have used drugs for 1-3 years, followed by 22(28%) who have used it for 7 and above years while the least 14(18%) have used it for 4-6years. This implies that the majority of the respondents had knowledge about substance abuse.

Table 4.6: Which drug do you take?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cocaine	4	5.1	5.1	5.1
	Marijuana	16	20.3	20.3	25.3
	Tina	9	11.4	11.4	36.7
	Alcohol	46	58.2	58.2	94.9
	Other Specify	4	5.1	5.1	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

According to Table 4.6, 4(5%) use cocaine, 16(20%) respondents use marijuana, 9(11%) use tina, 46(58%) take alcohol and 4(5%) use other drugs. This implies that each of the respondent has a specific drug he or she uses but the majority take alcohol.

Analysis of Specific Research Objectives

This section focuses on the presentation and interpretation of data in relation to the study's specific research objectives. Information was gathered through the use of questionnaires and analyzed using both descriptive statistics and Pearson's correlation analysis. The results are organized and presented in tables corresponding to each research objective.

Research Objective 1: Indicators of suicidal tendencies among the youth using alcohol and other psychoactive substances.

To explore this objective, five items related to the indicators of suicidal tendencies among the youth using alcohol and other psychoactive substances were included in a questionnaire based on a five-point Likert scale. The responses collected were analyzed and the summarized results are displayed in the tables below.

Table 4.7: I Sometimes Feel Hopeless or Worthless When I Use Alcohol or Drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	30	38.0	38.0	38.0
	D	12	15.2	15.2	53.2
	NS	13	16.5	16.5	69.6
	A	7	8.9	8.9	78.5
	SA	17	21.5	21.5	100.0

Total	79	100.0	100.0
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Source: Researcher (2025)

The findings reveal that while a majority (53.2%) of the youth in Busia Municipality disagreed with the statement “I sometimes feel hopeless or worthless when I use alcohol or drugs,” a significant 30.4% agreed, indicating clear psychological distress and potential suicidal tendencies. This suggests that although many youths may not openly acknowledge or be aware of these feelings possibly due to denial, stigma, or limited emotional awareness a notable proportion experience core indicators of depression such as hopelessness and worthlessness, which are closely linked to suicidal ideation. These results are supported by Esang and Ahmed (2018) who identified a strong relationship between substance use and emotional instability, often leading to suicidal thoughts. Qualitatively, community leaders were asked about what signs or behaviors have they observed among youth using alcohol and drugs that may indicate suicidal tendencies and one of them responded;

“Many of them act reckless and hopeless. they act as if they have nothing to lose” (CL4)

This therefore implies that majority of the youths in Busia municipality sometimes feel hopeless or worthless when they use alcohol or drugs indicating suicidal tendencies. This underscores the urgent need for targeted mental health interventions and community-based support systems to address the emotional well-being of substance-using youth

Table 4. 8: I often feel like withdrawing from friends and family after using alcohol or drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	39	49.4	49.4	49.4
	D	13	16.5	16.5	65.8
	NS	10	12.7	12.7	78.5
	A	7	8.9	8.9	87.3
	SA	10	12.7	12.7	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

The findings in Table 4.8 show that nearly half of the youth respondents (49.4%) strongly disagreed and 16.5% disagreed with the statement “I often feel like withdrawing from friends and family after using alcohol or drugs,” suggesting that 65.8% do not perceive social withdrawal as a consequence of their substance use. However, 21.6% (those who agreed or strongly agreed) reported feeling the urge to isolate themselves, while 12.7% were unsure, indicating a segment of youth experiencing emotional detachment a key indicator of suicidal tendencies. These results align with Hill et al., (2020) who explains that if people experiencing some troublesome situations within their lives are given a platform to be listened to and engaged in a community, they often display a stronger coping mechanism that makes them achieve their full potential as desired which is not the case for the people involved in substance use. It is indicated that circumstances of substance use increase devastating consequences to the youth leading to an increase in social isolation which is a measure of poor mental health which later increases the risk of substance and suicidal tendencies among the youth

Qualitatively, during interviews, community leaders mentioned that;

“Some youth separate themselves from others and become unusually quiet after using drugs”
(CL6)

These findings highlight the role of social isolation as both a symptom and a warning sign of deeper mental health issues. This underscores the importance of integrating peer support and community engagement into substance abuse and mental health interventions targeting youth.

Table 4. 3: I have had thoughts about death or suicide when under the influence of alcohol or drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	18	22.8	22.8	22.8
	D	23	29.1	29.1	51.9
	NS	17	21.5	21.5	73.4
	A	6	7.6	7.6	81.0
	SA	15	19.0	19.0	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

The findings reveal that while a majority of respondents (51.9%) disagreed with the statement “I have had thoughts about death or suicide when under the influence of alcohol or drugs,” a significant 26.6% admitted to experiencing such thoughts, and 21.5% were unsure an alarming indication of possible underlying mental health struggles. These results suggest that although many youths may not openly acknowledge suicidal thoughts, over a quarter do experience them, highlighting a serious risk factor associated with substance use. This aligns with WHO, (2021) which shows that psychoactive substances can intensify depressive symptoms and lower impulse control, making users more prone to suicidal ideation.

Interview with community leaders reinforces this finding, as some leaders reported cases where intoxicated youth expressed a desire to end their lives or showed reckless behavior that suggested a lack of concern for their safety. These insights underscore the urgent need for early identification of at-risk individuals and the integration of mental health screening into substance abuse interventions for youth in Busia Municipality.

Table 4.4: I sometimes engage in reckless or self-harming behaviours after using alcohol or drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	22	27.8	27.8	27.8
	D	12	15.2	15.2	43.0
	NS	24	30.4	30.4	73.4
	A	5	6.3	6.3	79.7
	SA	16	20.3	20.3	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

The findings in Table 4.10 show that 27.8% of respondents strongly disagreed and 15.2% disagreed with the statement “I sometimes engage in reckless or self-harming behaviours after using alcohol or drugs,” meaning that 43% do not associate their substance use with such

behaviors. However, 20.3% strongly agreed and 6.3% agreed making a concerning 26.6% who acknowledged engaging in risky or self-harming actions under the influence, while a notable 30.4% were uncertain. This uncertainty may indicate a lack of self-awareness or reluctance to disclose harmful behaviors, which are key psychological indicators of suicidal tendencies and emotional distress. The findings align with existing literature of Evans et al., (2022) that indicates that it is important to note that all people by their creation exhibit some regulating abilities within them as drives (self-regulation, self-esteem, and self-awareness) that minimize the effects that always arise from their immediate environment to the extent of causing dysfunction. However, due to incapacities these drives as coping capacities may be overridden by stress causing harm to an individual this is where the youth experiencing uncontrolled stress and trauma often seek substance use as a coping mechanism worsening mental health issues and leading to suicide.

Research Question 1: What are the indicators of suicidal tendencies manifested among youth who use alcohol and other psychoactive substances?

This research question aimed to determine whether there are indicators of suicidal tendencies displayed in youth using alcohol and other psychoactive substances. The outcomes analysis related to this question are presented in Table 4.11.

Table 4.11: Pearson Correlation Coefficients for the indicators of suicidal tendencies displayed in youth using alcohol and other psychoactive substances

		Indicators	Use
indicators	Pearson Correlation	1	.451
	Sig. (2-tailed)		.002
	N	79	79
Use	Pearson Correlation	.451	1
	Sig. (2-tailed)	.002	
	N	79	79

Correlation is significant at the 0.01 level (2-tailed).

Source: Researcher (2025)

The Pearson's correlation analysis shows a statistically significant moderate positive relationship ($r = .451, p = .002$) between the use of alcohol and other psychoactive substances and the indicators of suicidal tendencies among youth in Busia Municipality. This means that as substance use increases, the likelihood of experiencing suicidal thoughts and behaviors such as hopelessness, social withdrawal, and self-harm also increases. The findings are in line with World Health Organization (WHO), 2022) which indicates an increase in the consumption of alcohol a psychoactive substance in Uganda among the youths and underage children, and the older they grow the more they drink. This perhaps is what has increased an unsettling pattern of rising suicide cases observed in Kampala at a surprising rate. The age range most impacted was 20-40 years old. Male suicide rates were three times higher than female suicide rates. (Nilepost, 2024). The qualitative findings also confirm this through an interview conducted on community leaders who stated that

“Some youth who are constantly using drugs isolate themselves and are often heard saying things like, ‘I’m tired of life’ or ‘There’s nothing left for me.’ Others just sit alone for hours looking withdrawn.” (CL2)

These findings answer the question of; What are the indicators of suicidal tendencies manifested among youth who use alcohol and other psychoactive substances in Busia Municipality by confirming that substance use is a meaningful predictor of suicidal tendencies. These findings align with the research question by identifying substance-induced psychological distress as a key indicator of suicidal risk, emphasizing the need for integrated interventions that address both substance use and mental health challenges among youth.

Research Objective 2: Association between alcohol use and other psychoactive substances on suicidal tendencies among the youth.

To analyze the association between alcohol use and other psychoactive substances on suicidal tendencies among the youth in Busia Municipality, five related questions were included in a

questionnaire designed using a five-point Likert scale. The responses collected from participants were analyzed, and the results are presented in the tables below.

Table 4.12: When I use alcohol or drugs, I sometimes feel more depressed or anxious

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	42	53.2	53.2	53.2
	D	11	13.9	13.9	67.1
	NS	6	7.6	7.6	74.7
	A	8	10.1	10.1	84.8
	SA	12	15.2	15.2	100.0
	Total	79	100.0	100.0	

Source: researcher (2025)

The findings from Table 4.12 show that 67.1% of respondents rejected the statement, “When I use alcohol or drugs, I sometimes feel more depressed or anxious,” suggesting that most youth in Busia Municipality do not associate their substance use with increased feelings of depression or anxiety. On the other hand, 25.3% acknowledged experiencing such negative emotional effects, while 7.6% were undecided. These results reveal a notable contrast: while the majority may not be aware of or willing to admit to the psychological consequences of substance use, a significant minority do experience emotional distress such as depression and anxiety, which are commonly associated with suicidal tendencies. The findings are in agreement with National Institute on alcohol Abuse and Alcoholism (NIAA., 2020) who found out that alcohol and psychoactive substance consumption may be a risk factor for the mental health impairments that most of the youth experience more so in situations where they find hardships in learning which leads to poor grades among them. The study also found that alcohol use can worsen underlying mental health conditions causing depression, anxiety, and trauma, which are risk factors for suicidal tendencies.

Interview data from community leaders reinforce the quantitative findings, with leaders observing that;

“Some youth become emotionally unstable, regretful, or overwhelmed after using alcohol or drugs.” (CL5)

These behavioral observations align with the experiences of those who agreed with the statement, demonstrating how substance use is visibly linked to emotional changes in some individuals. This confirms that while most youth may deny emotional side effects of substance use, a meaningful portion clearly exhibit signs of psychological distress, pointing to a significant association between substance use and suicidal tendencies.

Table 4.13: I feel like alcohol or drug use makes my suicidal thoughts worse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	8	10.1	10.1	10.1
	D	16	20.3	20.3	30.4
	NS	26	32.9	32.9	63.3
	A	12	15.2	15.2	78.5
	SA	17	21.5	21.5	100.0
	Total	79	100.0	100.0	

Source: researcher (2025)

The findings in Table 4.13 indicate that 36.7% of respondents (15.2% agreed and 21.5% strongly agreed) believed that alcohol or drug use worsens their suicidal thoughts, while 30.4% (10.1% strongly disagreed and 20.3% disagreed) did not share this view. A significant 32.9% of respondents were unsure, suggesting confusion, denial, or lack of emotional awareness. These results reveal that a considerable proportion of youth in Busia Municipality experience intensified suicidal ideation due to substance use. The fact that more participants agreed than disagreed with the statement highlights a troubling association between psychoactive substance use and worsening mental health, particularly in relation to suicidality. This finding is consistent with recent literature that emphasizes the psychological effects of substance use on

youth. According to Gallagher et al. (2021), substance use among adolescents significantly increases the severity of suicidal ideation, particularly when pre-existing emotional distress is present. Similarly, Guo et al. (2022) found that alcohol and drug use impair emotional regulation, increasing impulsivity and the intensity of negative emotions, thereby heightening the risk of suicidal thoughts and actions. These studies affirm that substance use does not act in isolation but rather interacts with underlying psychological vulnerabilities to intensify suicidal tendencies.

Qualitative data from interviews with community leaders further confirm the statistical results. one community leader observed that;

“Intoxicated youth often appear more hopeless than usual, express thoughts like giving up on life or act recklessly as if they don’t care what happens.” (CL3)

These experiences strongly reflect the sentiments of those who agreed with the statement in the survey. Therefore, the quantitative and qualitative findings thus reinforce the evidence that alcohol and drug use exacerbate suicidal ideation among a significant portion of youth.

Table 4. 14: when i stop using alcohol or drugs, i experience negative emotions that make me feel suicidal.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	25	31.6	31.6	31.6
	D	24	30.4	30.4	62.0
	NS	10	12.7	12.7	74.7
	A	8	10.1	10.1	84.8
	SA	12	15.2	15.2	100.0
	Total	79	100.0	100.0	

Source: researcher (2025)

The findings from Table 4.14 reveal that a combined 62.0% of the respondents did not believe that stopping alcohol or drug use leads them to experience negative emotions that make them feel suicidal. However, 25.3% acknowledged that they do experience such suicidal feelings

during withdrawal, and 12.7% were unsure. These results suggest that while the majority of youth in Busia Municipality do not perceive a direct link between withdrawal from substances and suicidal thoughts, a significant minority face serious psychological challenges during periods of abstinence an indication of dependency and emotional instability associated with substance withdrawal. According to Nguyen et al. (2023), abrupt cessation of alcohol or psychoactive substances can trigger severe emotional responses such as anxiety, depression, and suicidal ideation, especially in youth who already rely on substances to cope. Likewise, Lopez et al. (2021) highlight that withdrawal-related mood swings can lead to heightened impulsivity and self-harm tendencies, particularly in individuals with limited psychosocial support. These studies emphasize that withdrawal can be as psychologically dangerous as active substance use, reinforcing the need to address the emotional toll of both substance use and cessation in youth interventions.

Interview responses from community leaders further validate the quantitative data. Some leaders noted that

“Certain youth become extremely irritable, isolated, or emotionally unstable when they try to stop using, and a few even reported cases where youth in recovery talked about ending their lives because they couldn’t cope without drugs.” (CL7)

This qualitative evidence aligns closely with the responses of the 25.3% who admitted to experiencing suicidal feelings during withdrawal. Triangulating the survey data with these real-world observations highlights the psychological risk of unmanaged substance withdrawal and the need for comprehensive addiction recovery programs that incorporate mental health support and suicide prevention strategies for youth in Busia Municipality.

Table 4.15: Alcohol and drugs sometimes make it harder for me to control my emotions or thoughts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	6	7.6	7.6	7.6
	D	9	11.4	11.4	19.0
	NS	28	35.4	35.4	54.4
	A	17	21.5	21.5	75.9
	SA	19	24.1	24.1	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

The findings from Table 4.15 indicate that a total of 45.6% of the respondents acknowledged that alcohol and drugs sometimes make it harder for them to control their emotions or thoughts. In contrast, only 19.0% did not perceive this effect, while a significant 35.4% were undecided. These results suggest that nearly half of the youth in Busia Municipality recognize a loss of emotional or cognitive control due to substance use an experience that heightens vulnerability to impulsive and potentially self-destructive behaviors, including suicidal tendencies. The high percentage of uncertain responses may reflect a lack of emotional self-awareness or reluctance to confront the psychological effects of substance use.

Table 4. 16: My friends or peers influence my decisions to use alcohol or drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	16	20.3	20.3	20.3
	D	4	5.1	5.1	25.3
	NS	11	13.9	13.9	39.2
	A	14	17.7	17.7	57.0
	SA	34	43.0	43.0	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

The findings from Table 4.16 show that a combined 60.7% of acknowledged that their friends or peers influence their decisions to use alcohol or drugs. In contrast, 25.4% denied peer

influence, while 13.9% were undecided. These results indicate that peer pressure plays a major role in shaping substance use behaviors among youth in Busia Municipality. The high level of agreement suggests that social environments and relationships significantly contribute to youth choices regarding drug and alcohol use, which can further influence emotional well-being and increase the risk of suicidal tendencies, particularly in individuals seeking acceptance or coping through peer-aligned behavior. This finding aligns with Ninnemann et al. (2021) who explains that peer influence is one of the most powerful social factors driving adolescent substance use, especially when youth are exposed to peer networks that normalize or encourage such behavior.

Research Question 2: How is the use of alcohol and other psychoactive substances associated with suicidal tendencies among youth in Busia Municipality?

This question sought to find out whether alcohol use and other psychoactive substances associate with suicidal tendencies in youth. Results of Pearson’s correlation analysis on this item are presented in the Table 4.17.

Table 4. 5: Regression Coefficients for Association Between Alcohol Use and Other Psychoactive and Suicidal Tendencies in Youths

		Use	Association
Use	Pearson Correlation	1	.513
	Sig. (2-tailed)		.000
	N	79	79
Association	Pearson Correlation	.513	1
	Sig. (2-tailed)	.000	
	N	79	79

Correlation is significant at the 0.01 level (2-tailed).

Source: Researcher (2025)

The findings from Table 4.17 present a Pearson correlation coefficient of 0.513 between alcohol and psychoactive substance use and suicidal tendencies among youth in Busia Municipality, with a significance level of $p = .000$. This indicates a strong positive and statistically significant relationship between the two variables at the 0.01 level. In practical terms, as the use of alcohol and other psychoactive substances increases, suicidal tendencies among youth also tend to increase. The correlation being both positive and significant implies that substance use is not

merely associated with but may play a contributing role in intensifying suicidal behaviors and thoughts in this population.

These findings are consistent with recent scholarly evidence from 2020 to 2025. For instance, Gallagher et al. (2021) and Guo et al. (2022) both found that substance use is strongly linked to increased rates of suicidal ideation, especially among youth populations facing emotional, social, or economic stressors. The neurochemical impact of substances like alcohol can worsen mental health conditions by reducing inhibition and increasing impulsivity, thereby heightening the risk of suicidal actions. The moderate correlation coefficient in this study affirms these scholarly conclusions, demonstrating a measurable and meaningful relationship between the two variables in the Busia context.

Qualitative findings from community leaders further validate the statistical relationship. Leaders noted that

“Some youth who frequently use substances often display reckless behavior, speak hopelessly about their future, or talk about ending their lives when under the influence.” (CL12)

This real-world testimony supports the survey’s output, suggesting that what is statistically evident is also observed in the community. Both quantitative and qualitative findings underscores the critical importance of addressing substance use as a central factor in preventing suicide among youth.

Research Objective 3: Factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances.

In order to observe factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances, five questions were also presented in a five Linkert scale questionnaire and the findings are summarized in the tables below;

Table 4.6: Problems at home or family conflicts make me want to use alcohol or drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	37	46.8	46.8	46.8
	D	10	12.7	12.7	59.5
	NS	5	6.3	6.3	65.8
	A	1	1.3	1.3	67.1
	SA	26	32.9	32.9	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

The findings in Table 4.18 reveal that 59.5% of the respondents did not believe that problems at home or family conflicts drive them to use alcohol or drugs. However, 34.2% admitted that family-related stressors influence their substance use, while 6.3% were unsure. These results indicate a significant divide among youth in Busia Municipality: while the majority do not associate their substance use with family issues, a considerable minority do, suggesting that domestic stress is a key contributing factor to substance use and, potentially, suicidal tendencies. The high proportion of strong agreement (32.9%) underscores the severity of the impact family conflict can have on vulnerable youth. According to Lopez et al. (2021), family dysfunction such as conflict, neglect, or abuse is strongly associated with increased risk of substance use among adolescents, often as a coping mechanism for emotional pain.

Qualitative data from community leader interviews align closely with these quantitative findings. One Leader shared that;

“Some youth come from broken homes or violent family environments, and as a result, they seek comfort in drugs or alcohol to escape the chaos at home.” (CL4)

Another noted that;

“Family neglect or lack of support pushes young people to the streets, where they pick up bad habits from peers.” (CL2)

These lived experiences validate the perspectives of the 34.2% of respondents who linked their substance use to family conflict.

Table 4. 7: Being unemployed or struggling financially increases my stress and substance use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	6	7.6	7.6	7.6
	D	17	21.5	21.5	29.1
	NS	27	34.2	34.2	63.3
	A	16	20.3	20.3	83.5
	SA	13	16.5	16.5	100.0
	Total	79	100.0	100.0	

Source: researcher (2025)

The findings from Table 4.19 reveal that a significant number of youth respondents in Busia Municipality perceive a link between financial struggles and substance use. Specifically, 36.8% (20.3% agreed and 16.5% strongly agreed) acknowledged that being unemployed or facing financial difficulties increases their stress and leads to increased alcohol or drug use. Meanwhile, 29.1% (7.6% strongly disagreed and 21.5% disagreed) did not believe unemployment contributes to their substance use, and a notable 34.2% were undecided. These results suggest that while opinions are mixed, over a third of the youth surveyed explicitly recognize financial hardship as a stressor that drives them toward substance use an important factor in understanding behaviors that can lead to suicidal tendencies.

Table 4. 8: I often feel lonely or lack support from friends and family when i have problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	18	22.8	22.8	22.8
	D	11	13.9	13.9	36.7

NS	21	26.6	26.6	63.3
A	19	24.1	24.1	87.3
SA	10	12.7	12.7	100.0
Total	79	100.0	100.0	

Source: Researcher (2025)

The findings in Table 4.20 show that 36.8% of the youth reported feeling lonely or lacking support from friends and family when they face problems, while 36.7% did not share this experience. Additionally, 26.6% were undecided. These results suggest that a significant proportion of youth in Busia Municipality experience social isolation or emotional neglect during difficult times, which is an important psychosocial factor linked to both substance use and suicidal tendencies. The fact that nearly equal proportions of respondents agree and disagree with the statement highlights the diversity of social support systems among youth and the varying levels of vulnerability within this population.

Qualitative findings from community leader interviews align with the quantitative data. One Leader observed that;

“Some youth feel abandoned by their families, or have no one to talk to when they’re in trouble, often leading them to seek comfort in peer groups that promote drug use.” (CL9)

This qualitative evidence supports the lived experiences of the 36.8% of respondents who acknowledged feeling unsupported.

Table 4.21: When I am sad or stressed, i turn to alcohol or drugs to cope.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	14	17.7	17.7	17.7
	D	9	11.4	11.4	29.1
	NS	9	11.4	11.4	40.5
	A	24	30.4	30.4	70.9
	SA	23	29.1	29.1	100.0
	Total	79	100.0	100.0	

Source: researcher (2025)

The findings in Table 4.21 reveal that a significant proportion of youth 59.5% reported turning to alcohol or drugs when feeling sad or stressed, while 29.1% did not rely on substances as a

coping mechanism. Additionally, 11.4% were undecided. These results suggest that stress and emotional distress are major drivers of substance use among youth in Busia Municipality. The high rate of agreement indicates that many young people may lack healthy coping strategies and resort to self-medication with alcohol or drugs to manage negative emotions, which can exacerbate their mental health challenges and increase the risk of suicidal tendencies. According to Owusu et al. (2021), emotional regulation difficulties are a key predictor of substance use among adolescents in sub-Saharan Africa, with those experiencing persistent stress more likely to engage in alcohol and drug use as a maladaptive coping strategy.

Table 4.22: Experiencing violence or abuse has made me think about using alcohol or drugs as an escape.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	18	22.8	22.8	22.8
	D	17	21.5	21.5	44.3
	NS	16	20.3	20.3	64.6
	A	8	10.1	10.1	74.7
	SA	20	25.3	25.3	100.0
	Total	79	100.0	100.0	

Source: Researcher (2025)

The findings in Table 4.22 indicate that 35.4% of the respondents admitted that experiencing violence or abuse had led them to consider using alcohol or drugs as an escape. Meanwhile, 44.3% denied such experiences influencing their substance use, while 20.3% were undecided. These results point to a substantial minority of youth in Busia Municipality who turn to alcohol or drugs as a coping mechanism in response to abuse or violent experiences behaviors that are strongly associated with increased vulnerability to suicidal tendencies, as also supported by research. According to Akena and Okello (2022), traumatic experiences such as physical abuse and domestic violence significantly increase the risk of substance abuse among Ugandan youth, often as a form of self-soothing or psychological escape. Further, Nabunya et al. (2021) reported that adolescents exposed to trauma were more likely to engage in substance use and

demonstrate suicidal ideation, especially in environments with limited access to counseling or mental health services. These findings corroborate the idea that substance use in this context may be less about recreation and more about psychological survival.

Research Question 3: What are the factors that influence the relationship between substance use and suicidal tendencies among youth?

This research question aimed to observe factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality. The outcomes of the analysis related to this variable are presented in Table 4.23.

Table 4. 9: Correlation Coefficients for factors associated with suicidality among the youth using alcohol and other psychoactive substances.

		Use	factors
Use	Pearson Correlation	1	.721
	Sig. (2-tailed)		.000
	N	79	79
Factors	Pearson Correlation	.721	1
	Sig. (2-tailed)	.000	
	N	79	79

Correlation is significant at the 0.01 level (2-tailed).

Source: Researcher (2025)

The results in Table 4.23 reveal a strong positive correlation ($r = .721$) between alcohol and psychoactive substance use and the factors associated with suicidal tendencies among youth in Busia Municipality. The correlation is statistically significant at the 0.01 level ($p = .000$), indicating a meaningful and reliable relationship between the two variables. This implies that as the presence or intensity of risk factors (such as family conflict, unemployment, loneliness, or exposure to abuse) increases, the likelihood of substance use also rises and vice versa further exacerbating suicidal tendencies.

This finding is in line with Okumu et al. (2023) who asserts that social and environmental stressors such as poverty, trauma, and lack of psychosocial support significantly increase both the risk of substance use and suicidal ideation among Ugandan adolescents. Similarly, Mugisha and Nalwadda (2021) emphasize that youth who experience multiple risk factors

simultaneously are more prone to develop maladaptive coping strategies, including substance abuse, which in turn magnifies their vulnerability to suicidal thoughts and behaviors. The strong correlation coefficient in this study aligns with such scholarly conclusions.

These quantitative results with qualitative data from interviews with community leaders reinforces this link. One leader stated;

“Many of the youths we counsel are not just addicted; they’re escaping real problems at home or in their communities. Without support, they lose hope.” (CL4)

Another noted;

“Unemployment and peer pressure drive many to drugs, but the deeper issue is often emotional pain.” (CL5)

The findings answer the question of; What are the factors that influence the relationship between substance use and suicidal tendencies among youth? These insights emphasize that substance use among youth is frequently symptomatic of deeper, unaddressed emotional and structural issues further validating the strong statistical relationship found in the correlation analysis.

CHAPTER 5

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the findings of the study on the relationship between substance use and suicidal tendencies among youth in Busia Municipality. The discussion is guided by the three specific objectives of the study. The findings are interpreted in light of the theoretical frameworks Thomas Joiner's Interpersonal-Psychological Theory of Suicide and the Biopsychosocial Model of Addiction as well as empirical literature reviewed in earlier chapters. The chapter further relates the findings to the study's prior assumptions and expectations, highlighting whether the results support or refute the propositions underlying the study.

5.1 Research Objective 1: To investigate the indicators of suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality.

The first objective sought to investigate the indicators of suicidal tendencies among youth using alcohol and other psychoactive substances in Busia Municipality. The study identified several key indicators, including feelings of hopelessness and worthlessness, social withdrawal, suicidal thoughts while intoxicated, and engagement in reckless or self-harming behaviors.

Although a majority of respondents denied experiencing some of these indicators, a substantial minority consistently reported clear signs of psychological distress, including hopelessness, emotional detachment, suicidal ideation, and risky behaviors when under the influence of substances. The statistically significant moderate positive correlation ($r = .451, p < .01$) confirms that substance use is meaningfully associated with the manifestation of suicidal tendencies among youth.

These findings strongly support Joiner's Interpersonal-Psychological Theory of Suicide, particularly the constructs of perceived burdensomeness and thwarted belongingness. Youth

who reported feelings of worthlessness and withdrawal from family and friends demonstrate classic symptoms of thwarted belongingness, while expressions of hopelessness reflect perceived burdensomeness. Substance use appears to intensify these interpersonal and intrapersonal stressors, thereby increasing suicidal desire. Furthermore, engagement in reckless or self-harming behaviors under intoxication aligns with Joiner's concept of acquired capability for suicide, where repeated exposure to pain, risk, and impaired judgment lowers fear of self-harm.

Empirically, these findings are consistent with WHO (2021) and Esang and Ahmed (2018), who established that psychoactive substances exacerbate depressive symptoms and impulsivity, increasing suicidal ideation and behaviors. The qualitative evidence from community leaders describing youth as reckless, withdrawn, and expressing fatigue with life further validates the quantitative findings and situates them within the lived realities of Busia Municipality.

The results therefore answer the question of; What are the indicators of suicidal tendencies manifested among youth who use alcohol and other psychoactive substances in Busia Municipality? that youth who use alcohol and other psychoactive substances are more likely to exhibit indicators of suicidal tendencies. While denial or lack of insight among some respondents was observed, the presence of significant distress among a sizeable proportion confirms the proposition that substance use is a critical marker for suicidal risk among youth.

5.2 Research Objective 2: To analyze the association between alcohol use and other psychoactive substances on suicidal tendencies among the youth in Busia Municipality.

The second objective examined the association between alcohol and other psychoactive substance use and suicidal tendencies among youth in Busia Municipality. The findings revealed a strong positive and statistically significant relationship ($r = .513, p < .01$), indicating

that increased substance use is associated with heightened suicidal thoughts, emotional dysregulation, depression, anxiety, and impulsivity.

Notably, a considerable proportion of respondents acknowledged that substance use worsened their suicidal thoughts, impaired emotional control, and intensified depressive symptoms. Even among those who were unsure or disagreed, qualitative data suggested observable behavioral changes during intoxication, such as emotional instability and expressions of hopelessness. This suggests possible underreporting or limited self-awareness among youth, rather than the absence of psychological effects.

These findings are strongly supported by the Bio-psychosocial Model of Addiction, which emphasizes that substance use interacts with psychological vulnerabilities (such as stress and depression) and social influences (such as peer pressure) to produce adverse mental health outcomes. The high levels of peer influence reported in the study further reinforce the social dimension of the model, showing how substance use is normalized within youth networks, thereby increasing exposure to suicidal risk factors.

Empirically, the findings align with Gallagher et al. (2021), Guo et al. (2022), and NIAA (2020), who found that alcohol and drug use impair emotional regulation, increase impulsivity, and worsen existing mental health conditions key pathways to suicidal behavior. The Busia findings are particularly important given the municipality's border context, where substance availability and peer networks amplify these risks.

The study's results fully provide answers to the question of; what is the relationship between the use of alcohol and other psychoactive substances and suicidal tendencies among youth in Busia Municipality, in that alcohol and psychoactive substances are significantly associated with suicidal tendencies among youth. Rather than acting as temporary relief, substances

appear to intensify emotional distress and suicidal ideation, confirming the proposition that substance use is a major contributing factor to youth suicidality in Busia Municipality.

5.3 Research Objective 3: To observe factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality.

The third objective sought to observe the factors associated with suicidal tendencies among youth using alcohol and other psychoactive substances. The study identified multiple interrelated risk factors, including family conflict, unemployment and financial stress, loneliness and lack of social support, emotional stress, exposure to violence or abuse, and maladaptive coping strategies.

The strong positive correlation ($r = .721, p < .01$) indicates that these psychosocial and environmental factors are deeply intertwined with substance use and suicidal tendencies. Youth experiencing multiple stressors were more likely to use substances as a coping mechanism, which in turn heightened their vulnerability to suicidal thoughts and behaviors.

These findings strongly reinforce both theoretical frameworks guiding the study. Within Joiner's theory, factors such as loneliness, family conflict, and lack of support directly contribute to thwarted belongingness, while unemployment and emotional distress contribute to perceived burdensomeness. The compounded effect of these factors, when combined with substance use, creates a high-risk pathway toward suicidal behavior. From the Biopsychosocial perspective, the findings demonstrate how biological vulnerability, psychological distress, and adverse social conditions converge to drive both substance use and suicidality.

Empirical studies by Okumu et al. (2023), Nabunya et al. (2021), and Mugisha and Nalwadda (2021) similarly highlight poverty, trauma, unemployment, and weak social support as central drivers of youth substance use and suicidal ideation in Uganda. The qualitative accounts from community leaders in Busia describing youth as “escaping real problems” and “losing hope

due to unemployment and neglect” further confirm that substance use is often symptomatic of deeper structural and emotional challenges.

The findings strongly answer the third research question that substance use among youth does not occur in isolation but is shaped by broader social, economic, and psychological factors. The proposition that these factors intensify suicidal tendencies is not only supported but reinforced by the strength of the observed relationships.

5.4 Overall Synthesis of the Discussion

Overall, the findings of this study are largely consistent with the reviewed theories and empirical literature. The results confirm that substance use is both a direct and indirect contributor to suicidal tendencies among youth in Busia Municipality. Alcohol and psychoactive substances interact with interpersonal, psychological, and socio-economic stressors to heighten emotional distress, reduce coping capacity, and increase suicidal risk.

The study’s assumptions and expectations were therefore largely validated, with no major findings refuting the proposed relationships. Instead, the findings extend existing knowledge by providing localized, context-specific evidence from a border municipality, highlighting how structural vulnerabilities such as porous borders, unemployment, and limited mental health services intensify the substance–suicide nexus among youth.

CHAPTER 6

CONCLUSION AND RECOMMENATIONS

Introduction

This chapter provides the conclusions drawn from the study. It also offers practical recommendations based on the findings and suggests potential areas for future research to build upon and expand the current study.

Summary and Conclusions of the Findings

This section outlines the key conclusions drawn from the study, based on the three primary research objectives that guided the investigation.

Research Objective 1: To investigate the indicators of suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality.

The study adopted a descriptive and correlational research design, using both quantitative and qualitative approaches. Data were collected from 79 youth respondents through questionnaires and from community leaders through interviews. Quantitative data were analyzed using descriptive statistics and Pearson's correlation analysis, while qualitative data were analyzed thematically to support and triangulate the quantitative findings.

The findings revealed that alcohol was the most commonly used substance among youth in Busia Municipality, followed by marijuana and other psychoactive substances. Several indicators of suicidal tendencies were identified among substance-using youth, including hopelessness, social withdrawal, suicidal thoughts while intoxicated, emotional instability, and engagement in reckless or self-harming behaviors. Statistical analysis showed a significant positive relationship between substance use and suicidal tendencies. Additionally, multiple psychosocial and environmental factors such as family conflict, unemployment, financial stress, loneliness, peer pressure, emotional distress, and exposure to violence were found to intensify both substance use and suicidal tendencies.

Research Objective 2: To analyze the association between alcohol use and other psychoactive substances on suicidal tendencies among the youth in Busia Municipality.

The study concludes that youth who use alcohol and other psychoactive substances in Busia Municipality exhibit clear indicators of suicidal tendencies. These indicators include feelings of hopelessness and worthlessness, social withdrawal, suicidal ideation, impaired emotional control, and engagement in risky or self-harming behaviors. Although some youth deny or are unaware of these experiences, a significant proportion demonstrate psychological distress that places them at elevated risk of suicide. Substance use therefore serves as a critical warning sign for underlying mental health challenges among youth.

The study further concludes that there is a strong and statistically significant association between alcohol and other psychoactive substance use and suicidal tendencies among youth in Busia Municipality. Increased substance use is associated with heightened depressive symptoms, anxiety, impulsivity, emotional dysregulation, and worsening suicidal thoughts. These findings confirm that substance use does not alleviate emotional distress but instead exacerbates mental health problems and increases vulnerability to suicidal behavior.

Research Objective 3: To observe factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality.

The findings provide clear evidence of a strong and statistically significant positive correlation ($r = .721, p = .000$) between alcohol and psychoactive substance use and the underlying factors associated with suicidal tendencies among youth in Busia Municipality. This high correlation coefficient indicates that as risk factors such as family conflict, unemployment, emotional neglect, loneliness, and exposure to violence increase, so does the youth's involvement in substance use. In turn, this dual escalation substantially heightens the risk of suicidal thoughts and behaviors.

In conclusion, the findings underscore the critical role that social and psychological stressors play in fueling both substance use and suicidality. It suggests the urgent need for multi-sectoral

interventions that address not only individual behaviors but also the contextual and structural drivers of distress among youth. Community mental health programs, peer support networks, and family counseling services should be intensified to reduce these risk factors and ultimately curb the dual crises of substance abuse and youth suicide in Busia Municipality.

Recommendations

This research recommended the following basing on the major objectives;

Research Objective 1: To explore the indicators of suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality.

- i. Based on the observed moderate but statistically significant relationship between substance use and suicidal indicators such as hopelessness, social withdrawal, and self-harm, it is recommended that school-based and community mental health programs be scaled up to identify and respond to early warning signs of suicidality.
- ii. Trained counselors, peer mentors, and social workers should be placed within schools and youth centers to conduct regular mental health screenings, offer confidential support, and link at-risk youth to appropriate services. These programs should incorporate psychoeducation on the dangers of drug use and emotional health, with a focus on resilience-building and coping skills.

Research Objective 2: Objective: To examine the relationship between alcohol use and other psychoactive substances on suicidal tendencies among the youth in Busia Municipality

- i. Given the strong and statistically significant positive association between alcohol and drug use and suicidal tendencies among youth, there is a need for targeted substance abuse prevention and harm-reduction initiatives. These should include awareness campaigns specifically addressing the mental health impacts of substance use,

alongside rehabilitation and behavior-change programs that integrate psychosocial support.

- ii. Interventions should be youth-centered, engaging peer educators and recovering substance users as champions, while involving families and schools in reinforcing positive behavior and mental wellness.

Research Objective 3: To describe the factors associated with suicidal tendencies among the youth using alcohol and other psychoactive substances in Busia Municipality

- i. Since the findings showed a very strong correlation between psychosocial stressors and substance use among youth with suicidal tendencies, it is recommended that interventions go beyond individual behavior to address structural and environmental challenges.
- ii. Community-based initiatives should promote family cohesion through parenting programs and conflict resolution workshops, while also creating economic empowerment opportunities for unemployed youth. Additionally, creating safe spaces and support networks where young people can freely discuss emotional challenges without judgment may help mitigate the compounded impact of these factors on their mental health and substance use behavior.
- iii. The study's recommendations call for integrated policy and social work responses to youth suicidality and substance use in Busia Municipality. Policymakers should develop comprehensive mental health and substance abuse policies emphasizing early detection, prevention, and accessible support services through schools and community centers.
- iv. Social workers, in turn, should adopt a holistic approach that addresses personal, family, and structural factors by conducting mental health assessments, promoting resilience, reducing substance-related harm, and strengthening family and economic stability. Together, these efforts can reduce suicidal risks and enhance youth well-being.

Areas for Further Research

The areas for further research according to the findings of this study includes the following;

- Future research should explore the causal relationship between alcohol and psychoactive substance use and suicidal tendencies among youth through longitudinal studies. While the current study established a significant positive correlation, it did not determine whether substance use causes suicidality.
- Another important area of study is the role of social, cultural, and gender-specific factors in influencing substance use and suicidal behavior. Studies that disaggregate data by gender can provide insights into how male and female youths differ in their experiences, coping mechanisms, and vulnerability to these challenges.
- Finally, further research is needed to examine the availability, accessibility, and utilization of mental health services among substance-using youth. Many young people experiencing suicidal thoughts may not seek professional help due to stigma, lack of awareness, or limited resources. Investigating barriers to mental health care and evaluating the effectiveness of school-based, community-based, and family-focused interventions would provide evidence for policy reforms.
- The recommendations derived from the study have direct implications for both policy formulation and social work practice in Busia Municipality. At the policy level, the findings underscore the need for comprehensive youth mental health and substance abuse policies that integrate early detection, prevention, and intervention strategies within schools, youth centers, and community programs. Policies should mandate the placement of trained counselors, social workers, and peer mentors to provide screening, psychoeducation, and psychosocial support, ensuring that services are youth-centered and accessible.

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- Yamane, T. (1967). *Statistics: An introductory analysis* (2nd ed.). Harper & Row.

APPENDIX: ONE Questionnaire for Youths on Substance Use and Suicidal Tendencies

Amongst the Youth

Dear Respondent,

I am a student, pursuing a master’s degree course in social work of Uganda Christian University. I am carrying out research on substance use and suicidal tendencies amongst the youth: a case study of Busia municipality, Busia district. You have been identified as one of the respondents whose response will be vital in the completion of this research process. You are therefore, requested to respond to the following questions. The information provided will be treated with utmost confidentiality and will only be used for the purpose of this study.

SECTION A: Demographic Information of Respondents

Gender: Male Female

For how long have you been using drugs? 1-3 Years 4-6 Years 7+ years

Age of respondents

below 15 years 16-18 years 19-21 years 22 and above

which drug do you take?

cocaine marijuana Tina alcohol Others specify.....

Which education level did you attain?

Primary Secondary Tertiary Institution University

Please indicate the extent to which you agree with the following statements that relate to the organizational citizenship behavior.

1 = SD	2 = D	3 = NS	4 = A	5 = SA
Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree

Section B: Indicators of Suicidal Tendencies Among Youth Using Alcohol and Other

Psychoactive Substances

Please respond to the following questions by ticking the best fitting number. There are no right or wrong answers for these questions. It is important that you respond to each question. Thank you for your time.

CODE	Question Item	1	2	3	4	5
IS1	I sometimes feel hopeless or worthless when I use alcohol or drugs.					
IS2	I often feel like withdrawing from friends and family after using alcohol or drugs.					
IS3	I have had thoughts about death or suicide when under the influence of alcohol or drugs.					
IS4	I sometimes engage in reckless or self-harming behaviors after using alcohol or drugs.					
IS5	My alcohol or drug use has affected my school, work, or daily activities.					

Section C: Alcohol Use and Other Psychoactive Substances Associated with Suicidal

Tendencies in Youth

CODE	Question Items	1	2	3	4	5
AU1	When I use alcohol or drugs, I sometimes feel more depressed or anxious.					
AU2	I feel like alcohol or drug use makes my suicidal thoughts worse.					

AU3	When I stop using alcohol or drugs, I experience negative emotions that make me feel suicidal.					
AU4	Alcohol and drugs sometimes make it harder for me to control my emotions or thoughts.					
AU5	My friends or peers influence my decisions to use alcohol or drugs.					

Section D: Factors that Contribute to Drug Addiction

CODE	Question Items	1	2	3	4	5
DA1	Problems at home or family conflicts make me want to use alcohol or drugs.					
DA2	Being unemployed or struggling financially increases my stress and substance use.					
DA3	I often feel lonely or lack support from friends and family when I have problems.					
DA4	When I am sad or stressed, I turn to alcohol or drugs to cope.					
DA5	Experiencing violence or abuse has made me think about using alcohol or drugs as an escape.					

Section E: Substance Use Among Youth

CODE	Question Items	1	2	3	4	5
SU1	I have used substances (alcohol, tobacco, or drugs) in the past					

SU2	I feel peer pressure influences my decision to use substances.					
SU3	I use substances to cope with stress, anxiety, or personal					
SU4	Substance use has negatively affected my health,					
SU5	I would like to stop or reduce my use of substances but find					

Thanks for sparing your time to fill this questionnaire.

APPENDIX: TWO Interview Guide for Community Leaders on Suicidal Tendencies Among Youth

Dear Community Leader, thank you for participating in this interview. Your insights are crucial in understanding the challenges youth face regarding substance use and suicidal tendencies in Busia Municipality. This discussion will be confidential and used only for academic purposes.

Section A: Indicators of Suicidal Tendencies Among Youth Using Alcohol and Other Psychoactive Substances

1. Based on your experience, what signs or behaviors have you observed among youth using alcohol and drugs that may indicate suicidal tendencies?
2. In your opinion, how does substance use contribute to mental health challenges among the youth in this community?
3. Are there particular emotional or psychological changes you notice in substance-using youth that might signal suicidal ideation?
4. Have you noticed any changes in school or work attendance among youth that could be linked to both substance use and suicidal thoughts?
5. What role do peer interactions play in either worsening or signaling suicidal behaviors among these youth?

Section B: Association Between Alcohol and Drug Use and Suicidal Tendencies

1. Do you believe that the severity of substance use affects the likelihood of suicidal tendencies? Why or why not?
2. Have you come across situations where youth under the influence of substances engaged in self-harming behaviors or suicide attempts?
3. How does the type of substance used (e.g., alcohol vs. cannabis vs. harder drugs) influence the risk of suicidal behavior?

4. In your opinion, does long-term substance use increase the risk of suicidal thoughts more than occasional use?
5. Can withdrawal or inability to access substances contribute to suicidal tendencies among youth?

Section C: Factors Associated with Suicidal Tendencies Among Youth Using Alcohol and Drugs

1. How do family-related issues contribute to youth engaging in substance use and experiencing suicidal thoughts?
2. What interventions or support systems exist in this community to help youth struggling with substance use and suicidal thoughts?
3. What recommendations would you suggest to address suicidal tendencies among youth involved in substance use in Busia Municipality?
4. What role do poverty and unemployment play in increasing the risk of suicidal thoughts among youth using substances?
5. To what extent do cultural or societal beliefs influence how suicide and substance use are understood and addressed in this area?

Thank you for your time

APPENDIX: THREE



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Office of the Vice Chancellor
Research Ethics Committee UG-026



11th September, 2025

MAVABI ZUBAYIRI
Uganda Christian University
mavabizubayiri@gmail.com
0774648714

UG-REC-026 APPROVAL NOTICE

To: Mavabi Zubayiri; Principal Investigator

Re: UCU-REC Application titled: *Substance use and suicidal tendencies amongst the youth: a case study of Busia municipality, Busia district.*

Application Number: UCUREC-2025-1835

Version: 4.1

Type of Review:

- INITIAL REVIEW
- Protocol Amendment
- Letter of Amendment
- Continuing Review
- Material Transfer Agreement
- Other, Specify:



I am pleased to inform you that the **UG-REC-026**; UCUREC under expedited review approved the above referenced application.

Approval of the research is for a period from 11th September, 2025 to 11th September, 2026.

This research is considered minimal risk category.

As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and additions to the protocol or the consent form must be submitted to the REC for re-review and approval prior to the activation of the changes. The REC application number assigned to the research should be cited in any correspondence.

Research and Ethics

P.O. Box 4, Mukono, Uganda, Plot 67-173, Bishop Tucker Road, Mukono Hill
Tel: +256 (0) 312 350 885 Fax: +256 (0) 4142 90 800 Email: rec@ucu.ac.ug Web: www.ucu.ac.ug
UCUREC is accredited by Uganda National Council for Science & Technology, FDA, and National Institutes for Health of the United States of America



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Research Ethics Committee UG-026



3. Reports of unanticipated problems involving risks to participants or other must be submitted to the REC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for REC review.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits.
5. Regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the REC eight weeks prior to the above expiration date of 11th September, 2026 in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.
6. The REC application number assigned to the research should be cited in any correspondence with the REC of record.
7. Your research is classified as master's degree work and the details have been communicated to the Executive Secretary of the Uganda National Council for Science and Technology (UNCST). In accordance with Section 6 of the UNCST Research Registration and Clearance Policy and Guidelines (July 2016), you are not required to obtain separate clearance from UNCST. Approval from the Research Ethics Committee (REC) is sufficient for you to proceed for data collection.

The following is the list of all documents approved in this application by UG-REC _026:

	Document Title	Language	Version	Version Date
1.	Protocol	English	1.0	2025-06-23
2.	Budget	English	1.0	2025-06-23
3.	Study work plan	English	1.0	2025-06-23
4.	Data collections tools	English	1.0	2025-06-23
5.	Informed Consent forms	English	1.0	2025-06-23

Signed and Stamped

Prof. Peter Waiswa.
UCUREC Chairperson,
pwaiswa@musph.ac.ug





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September 23rd, 2025

TO WHOM IT MAY CONCERN

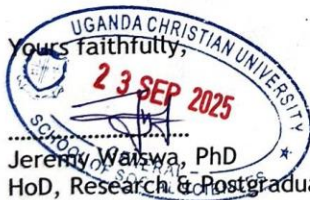
Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you **MAVABI Zubayiri** Registration number **KS21M31/002**, a student of Uganda Christian University, pursuing Master's degree in Social Work. He is expected to carry out research project in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above-mentioned award.

Topic: "Substance use and suicidal tendencies amongst the youth: A case study of Busia Municipality, Busia District."

The purpose of this communication is to request your office to allow him collect data from your organization. Any assistance rendered to him will be highly appreciated.



Jeremy Waiswa, PhD
HoD, Research & Postgraduate Studies
Tel: 0752319951
Email: jwaiswa@ucu.ac.ug

*The above is permitted to conduct the study from our faculty
B. Hir
20th Sep - 2025
Coordinator
B.C.C*

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APPENDIX: FIVE



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SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 27th / APRIL / 2026

Name of Candidate: MAYABI ZUBAYIRI Reg. No: KS21M31/002

Title of Dissertation: **SUBSTANCE USE AND SUICIDAL TENDENCIES AMONGST YOUTH: A CASE STUDY OF BUSIA MUNICIPALITY, BUSIA DISTRICT**

SN	COMMENTS BY EXTERNAL EXAMINER	Action Taken	INDICATOR
	Improve Statement of the problem by magnifying / visualizing how big is the problem.	Revised as Expected	Page 3

1

	"Despite the strategies developed by the government....., the problem still persists	Rectified	Page 3
	[PROVIDE RECENT STATISTICS on Substance use and suicidal cases among the youth]	Corrected	Page 1-2
	Research questions have no link with Statement of the problem. They	Corrected	Page 5
	Chapter II: Weak literature review; there should be relevant to Title, statement of the	Strengthened	Page 13-20
S	COMMENTS BY INTERNAL EXAMINER	Action Taken	INDICATOR
	Adhere to APA 7th edition writing style, paying attention to precision in language, coherence, citation and referencing, and punctuation.	Edited Correctly	All citations in the document
	Attend to the incomplete sentences in 3.1, ensure logical flow in 3.2, clean your citations in 3.5.2, change your tenses in 3.6	Cleaned	Page 21-25
	Include evidence from the literature on the rising suicide rates among	Evidences Indicated	Page 20

2

	youth in Busia.		
S N	COMMENTS BY VIVA VOCE PANNEL	Action Taken	INDICATOR
	Language on research question 2 change the way it is phrased.	Edited and changed	Page 5
	In the statistics they don't show the problem of suicidality of youth in Busia	Indicated	Page4
	Show the problem at the global scene, Africa, Uganda then Busia.	Indicated	Page 1-3
	Align your research questions to the problem statement.	Aligned correctly	Page 5
	<input type="checkbox"/> Discussion of results (Chapter 5) is missing in the slides	Added	Page 53-57

MAVABI ZUBAYIRI

KS21M31/002

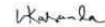
Candidate's Name



Signature

Mr. Lewis Carl Kabanda

Supervisor's Name



Signature