

**SUBSTANCE USE AMONG STUDENTS AT THE KAMPALA CAMPUS OF  
UGANDA CHRISTIAN UNIVERSITY**

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**UGANDA CHRISTIAN  
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### DECLARATION

I declare that this dissertation is my original work and to the best of my knowledge, has not been previously published or presented elsewhere for any award, be it academic or otherwise, in any college, institution and university or at any conference/seminar. I also declare that any assistance received in the preparation of this work is fully acknowledged and disclosed in this report. All sources used in this report are also clearly cited.

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## ACRONYMS

AA	Alcoholics Anonymous
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organizations
HIV	Human Immune Virus
INCB	Internal Narcotics Control Board
LSD	Lysergic Acid Diethylamide
MoH	Ministry of Health
NACADA	National Agency for the Campaigns against Drug Abuse
NCC	National Care Center
NDLEA	National Drug Law Empowerment Agency
NIDA	National Institute on Drug Abuse
UAPA	Uganda Alcohol Policy Alliance
UCU	Uganda Christian University
UK	United Kingdom
UNDCP	United Nations Drug Control Program
UNODC	United Nations Office in Drugs and Crime
URN	Uganda Radio Network
UYDEL	Uganda Youth Development Link
WHO	World Health Organization.
NCHS-	National Center for Health Statistics.
NCHE	National Council for Higher Education

## DEFINITIONS OF TERMS

**Drug-** a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body.

**Drug abuse-** is the compulsive, excessive, and self- damaging use of habit forming drugs or substance, leading to addiction or dependence, serious physiological injury( such as damaging to kidneys, liver, heart) and/ or psychological harm(such as dysfunctional behavior patterns, hallucinations, memory loss), or death.

**INCB-** Is the independent and quasi- judicial control organ for the implementation of the United Nations drug conventions. It plays an important role in monitoring enforcement of restrictions on narcotics and psychotropic and in deciding which precursors should be regulated.

**Substance abuse-** Substance abuse refers to chronic or habitual use of any chemical substance to alter states of body or mind, other than medically warranted purposes leading to effects that are detrimental to the individual's physical or mental health or the welfare of others (De Miranda, 1987; Kring et al., 2007; Rice & Dolgin, 2008; Drug Addiction and Drug Abuse, 2008). In this study, substance abuse refers to the misuse of legal products (prescription medications) and illegal products such as cocaine and cannabis, which are harmful to adolescents' well-being as well as the welfare of the society.

**Substance dependence-** refers to the uncontrollable craving and use of substances despite the potential or actual harm to the person and society that may result from it.

**Substance use-** In this study, substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects in the last 12 months. (NCHS, 2023).

**Youth-** WHO defines a "youth" as any person between the ages of 15- 24 years.

**Illicit drugs-** these are substances that either stimulate (such as cocaine or amphetamines) or inhibit (such as heroin or sedative-hypnotics) the central nervous system or cause hallucinogenic effects (such as marijuana or LSD). Their use has been prohibited globally.

## ABSTRACT

### **Introduction**

Substance use among the youth is a major public health problem facing the world today. The WHO statistics report of 2023 showed that the per capita consumption of alcohol in Uganda was 12.21litres of alcohol per year. This is much higher than the African region average consumption of 6.3 litres and the global average of 6.18litres of alcohol per person per year. Furthermore, the national referral hospital Butabika showed that 40% of all its hospital admissions were related to drug use with over 35% of its clients from tertiary institutions. Of the 35%, college and university students are the bigger proportion of substance use. Although substance use is a growing problem in institutions, there is limited information about its magnitude and the predisposing factors. This study sought to examine the prevalence and determinants of substance use among students at Uganda Christian University Kampala campus

**Methods-**A quantitative cross-sectional study was used to collect data from 300 respondents between the ages of 18 and 30 years. Sample size was determined using Krejcie and Morgan 1970 formula for cross- sectional studies. A multi-stage sampling technique was used to determine the study participants. The data was analyzed using SPSS version 26

**Results-** The findings revealed that the overall prevalence for substance use among students at Uganda Christian university at Kampala campus was 91.3% and among the factors influencing substance use; peer pressure was ranked highest followed by recreation or source of enjoyment. Escape from stress related factors was also mentioned as one of the other factors that attributed to substance usage. Alcohol was the major substance used followed by cigarette smoking and marijuana.

**Conclusion.** The study concluded that it was clear that a greater proportion of students in the sample, (91.3%) used substances and that the respondents who had friends that used substances were more likely to use or start using. This implies that peer influence and socio influence were among the major factors influencing substance use among students.

## CHAPTER ONE:

### 1.0 Introduction

Substance use, also known as drug use is the compulsive, excessive, and self-damaging use of habit forming drugs or substances, leading to addiction or dependence. Alcohol and illicit drug use are a major threat to health, education and the economy contributing to 5.1% morbidity and 5.3% mortality worldwide (WHO 2018). According to the 2021 United Nations office on drugs and crime (UNDC) report, the global burden of illicit drug and alcohol used was estimated at 275 million people, an increase of 21.7% from 226 million people in 2010. (kalungi,2023). In 2015, illicit drug use cost the human population tens of millions of Disability adjusted life years (DALYs) with over 450,000 people dying from illicit drug use. 37.3% of these deaths were a direct result of drug use disorders (UNDC 2015). Alcohol specifically resulted in 5.2 million accident injuries and 1.8 million deaths worldwide each year.

WHO (2018) showed that drug related deaths were on the rise in Uganda. The world health statistic report shows staggering levels of alcohol use in Uganda with per capita consumption of 12.21 litres of alcohol per person per year. (WHO 2023). Also The national mental health hospital, Butabika shows that 40% of its hospital admissions these days are related to drug abuse (Kato, 2018). In Uganda, a study by Nwanna 2018 noted that among the youth, 19% of the secondary school students and about 35% of the students in tertiary institutions including medical schools smoked cigarettes. This was attributed to a lot of tobacco products being advertised in relation to style/ fashion and peer influence.

Substance use among the Ugandan's population has also been particularly cited in Rubaga divisions where UCU is located and the key challenge, among others, is the negligence of parents over their children yet no efforts have been made to address this problem as a matter of urgency. In a study by Abbo(2017), where 2902 students aged between 12 and 24 years from Gulu and Kampala schools were asked whether they had ever used alcohol or illicit drugs, over 70% said they had, while 39.1 % said they regularly used substances. The victims of substance consumption show signs of cultural influence. Most tribes in Uganda have a culture of dealing and brewing substances in their homes thus exposing the youth to such substances at an early age. As young people reach adolescence, substance consumption increases due to peer pressure. Young people

prefer strong local spirit which is easily accessible in miniature sachets at very low prices and other drugs like cannabis, tobacco, khat, “Mairungi” and heroin.

The main factors that perpetuate substance use amongst the youth in Kampala generally are their affordability and easy accessibility. Young people like taking drugs to feel high, relieve stress, relax, prove their maturity and for adventures sake.

The university’s mission is “to equip students for productive, holistic lives of Christian faith and service”. This is in line with alcohol and drug (AOD) prevention programme whose major purpose is to empower the target groups with skills and knowledge so as to resist and fight substance abuse.

### **1.1 Background of the study**

Globally, substance use among adolescents and the youth remains a major public health issue. In 2011, it was estimated that between 3.6%–6.9% of the adult population aged 15-64 years had ever used an illicit substance. (WHO, 2011). According to World Health Organization estimates for 2015, psychoactive substance use is responsible for more than 450,000 deaths per year and the drug-attributable disease burden accounted for about 1.5% of the global burden of disease. The same report indicated that a significant percentage (45%) of this population comprise of students in colleges and universities.

Also according to the World Health Organization (WHO, 2009) report, 10% to 69% of suicides are committed annually under the influence of substances.

In The world health statistics 2023 report showed staggering levels of alcohol use in Uganda with a per capita consumption of 12.21litres of alcohol per year. This is much higher than the African region average of 6.3litres and the global average of 6.18 litres of alcohol per person per year reflected in the WHO global status report on alcohol and health 2018. After Uganda, Seychelles and Tanzania were found to be the countries with the second and third highest alcohol use in Africa.

Sub-Saharan Africa, most countries are experiencing rapid economic, social, and cultural transitions which have created favorable conditions for increase in substance use. Several studies have indicated that tobacco, alcohol, cannabis, inhalants, tranquilizers, heroin, and cocaine are

common in secondary schools and some higher educational institutions. Both alcohol and tobaccos are regarded as “gateway drugs” to other substances.

Uganda has weak and poorly enforced laws on drugs and substance use, thereby providing a fertile ground for their availability and accessibility. Uganda Christian university- Kampala campus is located in Kampala district, Rubaga division along ring road. A total of over 27 courses (masters, undergraduate, diploma and certificate levels) are offered at Kampala campus. According to Ndyabangi (2016), Rubaga division reports to have the second biggest number of victims of substance use among the youth in the country, second to Kawempe division. This is due to the fact that the biggest number of its residents are youth school dropouts who are also unemployed. A considerable number of young people in this division often use substances and are faced with many challenges including involvement in criminal activities among others. Studies done by J.Ngure et al (2019). & Cohen et al (2013) found that neighborhood factors for example liquor stores, tobacco outlets among others were associated with increased substance use among adolescents. These studies demonstrated that neighborhood factors played a significant role in shaping substance use behaviors among the youth and that understanding these relationships could help inform the development of effective prevention and intervention strategies

A study done by J.Ngure et al.(2019) on undergraduates in Kenya examining undergraduates in Kenya found that students especially adolescents are more vulnerable to substance use due to factors like, age (they are young), peer influence, academic pressures and search for relief from stress/mental health issues

A study done by Nwanna 2018 about the prevalence and risk factors for substance abuse among university students in Kampala, Uganda revealed that 30% of university students had practiced substance abuse. 3 out of every 10 students in Uganda practiced substance abuse, this prevalence is averagely high. The high prevalence of alcohol consumption was attributed to peer pressure, poor self-esteem, learned family behavior, cultural emphasis on drinking, trauma, missing skills set like (coping skills, stress management, leisure, financial management, life skills, employment skills) among others. University study is a period when students experience independence and freedom from family supervision. This period is characterized with self-decision-making, intense academic pressures, sharing of living quarters with strangers, formation of new social groups, balancing social engagements with academic and other life responsibilities. This is also the time

of transition from the watchful eye of their parents to a more self-directed life influenced by the university environment. Another study published in the journal of adolescent health found that students' transition to university is a critical period for substance use initiation. This transition is often accompanied by increased independence, which can lead to experimentation with substances.

These perceived norms motivate the youth to indulge in unhealthy behaviors such as smoking, alcohol and drug use. Hence, the risk of abusing substances is increased in university environments.

People with substance abuse disorder are more likely to die younger and are more likely to have a psychiatric disorder than people without substance use disorder. Use and eventual abuse of substances among adolescents is associated with a broad range of high-risk behavior. This type of behavior can have profound health, economic and social consequences, for example, some adolescents participate in deviant peer groups, unprotected sexual intercourse, interpersonal violence, destruction of property and perform poorly in their studies (De Miranda, 1987; Jaffe, 1998; Substance Abuse and HIV/AIDS, n.d.). This problem affects everyone including parents, children, teachers, government officials, taxpayers and workers (Patricia, 2014).

The Uganda Christian University's code of conduct stipulates that the church of Uganda traditionally promotes a policy of total abstinence from alcohol, (except for liturgical purpose in such quantities as may be prescribed by the church authorities), tobacco and other addictive substances. The university affirms the position of the church and declared the university campus as a substance free zone.

Despite the various laws and policies against substance use that have been set up across the world; there are still increased cases of drug and substance abuse especially in developing countries where there are few interventions towards its prevention. (UNDCP, 2010).

## 1.2 Country profile

Although WHO reported a reduction in Uganda's per capita consumption of alcohol among adults aged 15 years and above from 13.3 litres in 2010 to 9.6 litres of pure alcohol in 2018, the country is still ranked among the highest alcohol consuming countries in Africa with an average of 6.3 litres of alcohol (WHO, 2018).

Statistics at Police Narcotics department indicate that by the end of 2016, police had arrested over 2,163 drug users and traffickers. The traffickers included 10 Nigerians, four South Africans, three Kenyans, and eight Ugandans. The age range for those arrested ranged between 14 and 35 years and 95% of them were arrested in Kampala. (Nyangoma, 2015).

According to the Health Management Information System Surveillance report on alcohol and drug use, the consumption rates for each region in the country are ;39% for central region, northern region at 24.2%, eastern at 20%, western at 17 %.( Nyangoma, 2015). Alcohol and drug use in Uganda is not considered a social problem culturally and yet it causes serious social economic problems that include financial and employment, criminal, health HIV/AIDS, violence, accidents, addiction, family disruptions, mental disorders among others.

A study by Immaculate Nakibuuka et al. (2022). Showed that the major substances that were commonly used in Uganda especially in Kisenyi included; khat (52.6%), alcohol (25.6%), and marijuana (15.4%). While these are locally produced, the study also indicated an increase in the use of other substances such as cocaine, heroin and methamphetamines. Other substances or drugs that were commonly abused are prescription medicines including pethidine (a pain killer) and Ephedrine.

According to Dr. Juliet Nakku, the Butabika mental health hospital director, data from the hospital in 2022 showed that 25% of young adults had been admitted for alcohol and substance use disorders. Butabika hospital's alcohol and drug unit recorded 778 and 829 alcohol and other drug use disorders respectively between 2020 and 2022.

However, even with the passing of the 2015 narcotics drug and psychotropic substance control Act, which imposed tougher punishments such as a three year minimum sentence for the users and life imprisonments for the traffickers; there are still increasing cases of abusers of these substances. A study done by Stacey Blows and Serena Isaacs (2022) revealed that substance use is a public health concern in many countries across the globe. But among the general public, institutions of higher learning have developed a reputation for inducing new substance use among students. In

addition to socio-demographic factors, substance use and abuse among university students often appear to be related to psychological stressors typically related to the demand to adapt to the new environment and the pressures associated with academia.

### **1.3 Problem statement**

The use of substances such as alcohol, khat and tobacco has led to a rise of major public health and socio economic problems worldwide (Gezahegn, 2014). Substance use has contributed to increased crime rates, many different medical conditions and disruption of society. However even with such knowledge of the negative effects of substances, many youth continue to use substances which further exposes them to both health and social problems.

Nyangoma, (2015), reported that substance use was the leading cause of student's school dropout with over 80% of all clients at the NCC (National Care Center) being school drop outs between 18 & 23 years of age. NCC is one of the few private drug rehabilitation centers in the country.

In Uganda, most students join university at the age of 18 years and above which is the age at the highest risk of substance use (NCHE, 2021). This is because joining university often leads to new opportunities, independence from family control, self-decision making, and peer-pressures to use or abuse alcohol and other substances. But although substance use is a growing problem in Uganda, there is scanty information available about the magnitude of the problem and factors contributing to its use especially among university students. Consequently knowledge of the prevalence and predictors of substance use behavior among university students is important for designing more effective control programs. At the UCU health facility, Kampala campus, it was observed that 2 students out of 10 students presented with substance related challenges as opposed to other medical conditions.

Uganda Christian University Kampala campus is located in Kampala city, Rubaga division, along ring road neighboring Kisenyi slum. A study by Nakibuuka 2022 revealed that over 70.1% of the youth in this area use substances. Given UCU's proximity to the slum, its students are predisposed to a number of challenges including substance use. However no study has been done to systematically establish the magnitude of this problem. The researcher therefore sought to investigate the factors related to substance use among UCU students at Kampala campus

#### **1.4 General objective of the study**

The general objective of this study was to assess the prevalence of substance use among students of Uganda Christian University and establish the predisposing factors

##### **1.4.1 Objectives**

- i. To assess the prevalence of substance use among UCU Kampala campus students.
- ii. To identify the determinants of substance use among UCU Kampala campus students

##### **1.5 Research questions**

- I. What is the prevalence of substance use among students at Uganda Christian University Kampala campus and what substances are used by students at Uganda Christian university Kampala campus?
- II. What factors predispose students to use substances at Uganda Christian university Kampala campus?

##### **1.6 Scope of the study**

This study was carried out from Uganda Christian University Kampala campus during the May semester between the months of May, June and July 2019 and only included undergraduate students.

##### **1.7 Justification of the study**

Substance abuse is a major global public health issue. This study is being carried out as a prerequisite for the partial fulfillment of a master in public health. Additionally, although there are a number of studies about substance abuse globally, there is limited data available about the prevalence of substance use especially among university students. The study will enable government of Uganda assess the challenges of drug and substance abuse among the youth and come up with more effect control measures to this problem

This study will also set out to not only classify the prevalence of substance use among UCU Kampala campus students but also the rational for their use among students and the youth in general.

## **1.8 Significance of the study**

The use of alcohol and substances during adolescence and early adulthood has been a serious public health problem in Uganda. According to PMC 2016, the global burden of disease projected that tobacco, alcohol and illicit drugs were respectively the 2<sup>nd</sup>, 9<sup>th</sup> and 20<sup>th</sup> leading causes of mortality globally.

The WHO global status report on alcohol and health 2014 stated that Uganda is one of the leading consumers of alcohol and substances in the world. With over a 43million people (Uganda demographic survey 2017), more than half of the population is aged below 25 years with school going and young adults making the biggest part of this statistic. Also2 according to the daily monitor 2016, a study done on drug and substance abuse in schools of Kampala and Wakiso found that between 60 %- 70% of students that used an illicit drug or alcohol.

Substance use is known to have many dangers. When alcohol and drugs are used excessively and abused, there are many consequences. Substance use and consequently abuse can lead to many different medical conditions depending on the substance being abused. These consequences may include premature aging, cardio vascular diseases; affect the liver and other internal organs among others. Other problems associated with alcohol and substance abuse are legal troubles. Although alcohol is considered a legal substance, it can cause legal problems such as driving under the influence of alcohol, accidents or drunk in public.

Given the seriousness of the consequences of substance abuse, considerable efforts should be directed towards programs and services for prevention of use, treatment and rehabilitation of adults who have developed health problems, but also policy makers to enact policies to curb the vice especially among students and young adults.

Thus this study is important for creating awareness and priotising measures for the protection of the health of this particular population by preventing and reducing the harmful use of alcohol and other substances in the community so as to reduce on the health and social burden resulting from their use.

## 1.9 Conceptual framework

Independent variables

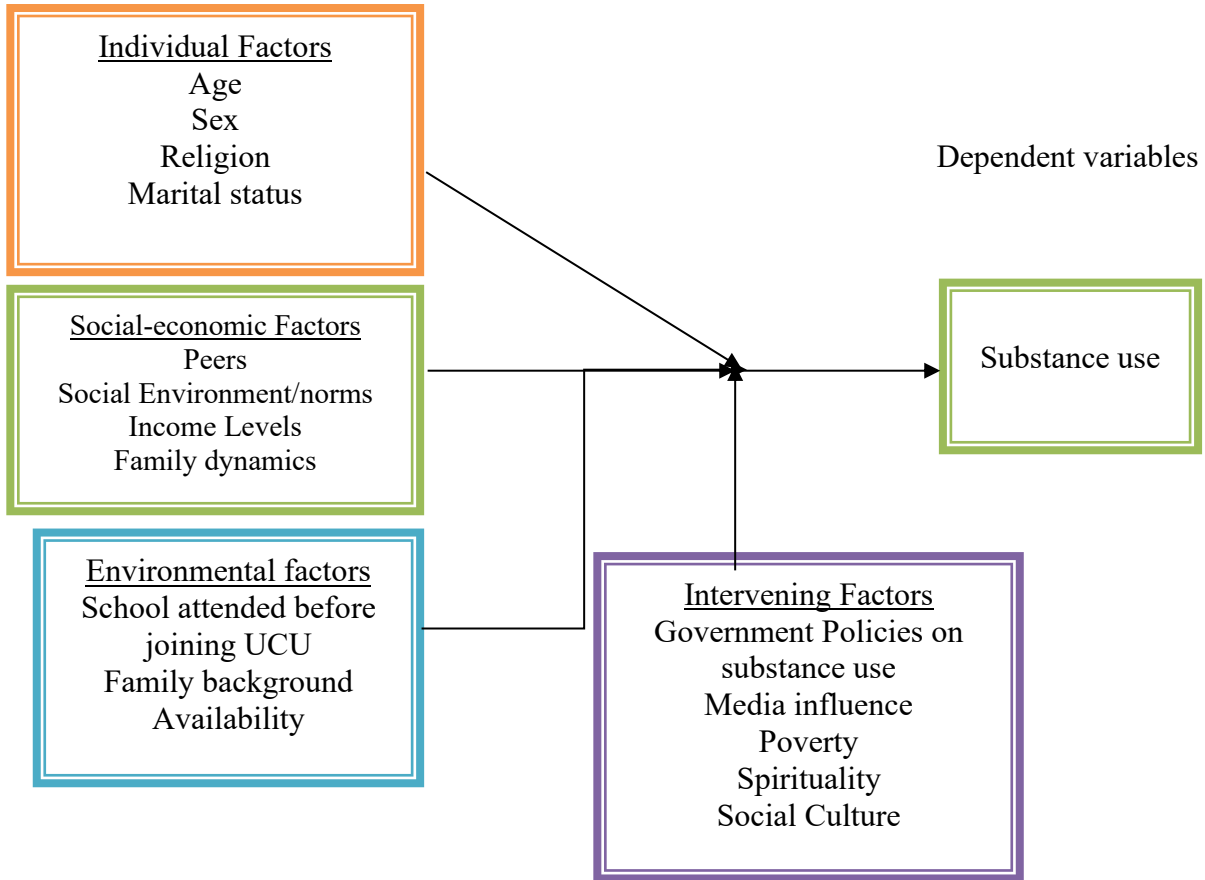


Figure 1: Conceptual Framework showing the factors influencing the use of substances among university students at Uganda Christian University

### **1.9.1 Interpretation/ Narrative to conceptual framework**

The conceptual framework in figure 1 above illustrates the numerous factors which may influence the use of substances among students at Uganda Christian University Kampala campus. It shows the independent variables; namely- socio-economic factors like peer pressure, socio environment and income levels. The amount of money spent by the student was used as a proxy for the house hold income. These variables have a direct effect on the dependent variable (substance use) hence determine whether a person can start using substances. Other variables like age and sex also have a direct influence on substance use among university students while other factors like family background, and school attended before joining university may have an indirect influence on substance use.

## CHAPTER TWO: LITERATURE REVIEW.

### 2.1 Prevalence of substance use.

Psychoactive substance use poses a significant threat to the health, social and economic framework, communities and nations. The extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users. (WHO, 2000). A study by Gezahegn (2014) states that the global burden of disease attributable to alcohol and illicit drug accounts for 5.4% of the total burden of disease. Another 3.7% of the global burden of disease is attributed to tobacco use alone. Disorders due to psychoactive substance use including alcohol, drug, and tobacco dependence are the main underlying conditions ultimately responsible for the largest proportion of the global burden of disease attributable to substance use (Gezahegn, 2014).

World health organization estimates that there are 2 billion people worldwide who consume alcoholic beverages daily. Of the estimated 2 billion people who consume alcohol globally, almost 80 million have diagnosable alcohol-use disorders. In the year 2000, 3.2% of all deaths globally could be attributed to alcohol consumption. The national institute on alcohol abuse and alcoholism classifies alcohol as follows

Moderate drinking	2 drinks or less for men 1 drink or less for females	Daily daily
Binge drinking	5 drinks or more for men 4 drinks or more for females	In about 2 hours or in a single sitting
Heavy drinking	5 drinks or more for men	On a day
	15 drinks or more	Per week
	4 or more drinks for female	On a day
	8 or more drinks for female	Per week

**(Source: Understanding Alcohol Drinking Patterns, NIAAA, 2023)**

The World Health Organization’s global status report 2014 stated that Uganda had one of the highest alcohol and substance abuse rates in the world. Uganda has previously been reported to have one of highest levels of alcohol consumption in the East African region, with an annual per capita alcohol consumption of 23.7 liters. Some studies have also associated alcohol use with an

increased risk of road traffic accidents, HIV infection, risky sexual behaviors, sexual coercion, and intimate partner violence.

However, most of these studies were conducted on limited population groups' in particular geographic locations using differing methodologies and are therefore not sufficient for clarifying the national prevalence of alcohol use.

## **2.2 Prevalence of substance use among university students.**

According to Tarig (2016), youth are a high risk group for use of substance. Among the youth, substance use is a worldwide epidemic generally, that can impact negatively on their health, family, society, educational and professional life. Drug abuse among college and university students remains an important area of concern due to the implications of early drug dependence on the future of the youth

In the United Kingdom, a report by UNODC (2012) showed that the prevalence of substance and illicit drug use among university students stood at 35% and was still increasing. A study by Khattak, Iqbal & Ullah, 2012 in Pakistan showed that; approximately 25% to 44% of students reported alcohol and/or illicit drug use, and prevalence rates on the increase.

In Africa, the problem of drug abuse among students has been a constant presence for years. In Nigeria for instance, abuse of drugs such as alcohol, tobacco, bhang and Khat have been on the increase among college and university students with varying prevalence rates found for both overall and specific drug of abuse (Oshodi, Aina & Anajole, 2010; Abasiubong, Alphonsus & Uwemendimbuk, 2012).

A study done by Stacey et al on the prevalence and factors associated with substance use among university students in South Africa: implications for prevention found that 62.7% of students had used a psychoactive substance in the past 12 months.

A study conducted by Oshikoya and Ali (2006) at the Ilorin University of Nigeria on drug abuse showed that, the lifetime prevalence rate of substance use among university students was found to vary between 5.0% for tobacco, 47% for alcohol, 3.5% for bhang while cocaine and heroin varied at 1.5%. In Sokoto a cross-sectional study by Sue (2014) among the undergraduate students in Usmanu Danfodiyo University revealed an increase in prevalence rates of drug abuse from 10.9% to 17.8%.

On the other hand, Maxwell (2009) reported an increasing prevalence rate from 19.5% to 50.7% in Rivers State College of Science and Technology in the Niger Delta region of Nigeria. South African study found an alcohol use prevalence rate of 39.1% and a cigarette use prevalence rate of 10.6% among high school adolescents.

In Tanzania, a study carried out by Simbee (2012) revealed that in Dar es Salaam, the prevalence of current drug abuse among students was 5.1% and that the abuse was higher by 6.2% among male students compared to female students 3.9%. The same study revealed that 39.7% of students abused drugs daily, 10.8% once in a month and 8.6% abused drugs more than three times in a year. A study conducted by Wood, Nagoshi and Dennis (2013) among Ugandan undergraduate students revealed that 17% of students were currently abusing cannabis, 5.5% abused inhalants, 2.0% opiates, 1.2% cocaine and 2.5% abused hypo-sedatives.

In Uganda, the prevalence of drug abuse among youths is 70.1% which is a lot higher than that of east Africa which is approximated at 45.5%. In Uganda, the burden of substance use is high among school going individuals, slum dwelling youths and young women involved in sexual behaviors yet this population remains understudies. A study done in northern and central Uganda found that two thirds of school going adolescents had ever used substances. (Kalungi, 2019). According to available research, the prevalence of substance use among university students in Uganda is relatively high, with studies reporting alcohol use rates ranging from 31% to over 50%, with alcohol being the most commonly used substance, followed by tobacco and cannabis at significantly lower rates; most studies indicate that a substantial proportion of university students in Uganda engage in substance use, particularly alcohol consumption.

### **2.3 Major substances used**

According to WHO (2000), tobacco, Alcohol and illicit drug use contributed 12.4% of the global burden of disease in the year 2000.

Adolescents abuse both legal and illegal substances. Legal substances are socially acceptable psychoactive substances (De Miranda, 1987; Parry, 1998), and include over the counter and prescription medicines, such as pain relievers, tranquilizers including benzodiazepines, cough mixtures containing codeine and slimming tablets (Craig & Baucus, 2001; Conger, 1991; Rice,

1992). Illegal substances are prohibited in use, possession. Trading of these substances constitute a criminal offence (De Miranda, 1987). These substances include cocaine powder, crack cocaine, heroin, ketamine, cannabis, ecstasy, fentanyl, morphine, methaqualone (Mandrax), opium, flunitrazipam (Rohypnol), methamphetamine and Wellconal (Craig & Baucum, 2001; De Miranda, 1987; Parry, 1998).

The global disease burden attributable to alcohol and illicit drugs is estimated at 5.4%, while 3.7% is attributable to tobacco use alone. Of the illicit substances, the main drugs used are opiates in European and Asian countries and cocaine in South America and in Africa the preferred drug is cannabis. Alcohol was the commonest substance used and abused. WHO (2014) estimated that the people who consume alcohol around the world stands at 2 billion. According to Nordegren 2002, people who consume alcohol may become abusers or become addicted to it. Although some people use the term “alcohol abuse” and addiction interchangeably, they are not the same.

Alcohol abuse is the habitual excessive and destructive pattern of alcohol use leading to significant social, occupational, or medical impairment. Signs of alcohol abuse may include; excessive drinking despite resulting in social, legal or interpersonal problems, harmful use of alcohol that results in mental and physical damage and alcohol consumption to cope with psychological or interpersonal problems among other signs while alcohol addiction is a disease that results from dependency on alcohol. It is an extreme form of alcohol use. Marijuana use was more widely reported worldwide, and the United States had the highest rate of use at 42.4% compared with 41.9% of New Zealanders (Warner, 2008).

According to the MoH (2015), drugs that are commonly used in Uganda include: alcohol, marijuana and Khat (Mairungi). A study by ABBO (2016) revealed that the commonest substance was alcohol, 23.3%, kuber 10.8%, khat 10.5%, aviation fuel 10.1%, cannabis 9.2% and cigarettes 5.9%. While these are locally produced, the report also indicates that there is an increase in the use of hard drugs such as cocaine, heroin and methamphetamines. Another study by Immaculate Nakibuuka et al. (2022). Showed that the major substances that were commonly used in Uganda especially in Kisenyi included; khat (52.6%), alcohol (25.6%), and marijuana (15.4%). While these are locally produced, the study also indicated an increase in the use of other substances such as cocaine, heroin and methamphetamines. Other substances or drugs that were commonly abused are prescription medicines including pethidine (a pain killer) and Ephedrine.

A study done on drug and substance abuse in schools of Kampala and Wakiso found that between 60 to 71% of students used illicit drugs with alcohol and cannabis taking the biggest percentages. Substances commonly abused range from glue-sniffing substances to hard core heroin and cocaine. (NACADA, 2005). Other drugs that are commonly used in these settings include cannabis, inhalants, tranquilizers, heroin and cocaine, among others (Peter, 2008).

### **Tobacco smoking**

According to a study by Abbo (2016), tobacco smoking alone was projected to lead to 1 billion deaths globally during the 21<sup>st</sup> century. The Uganda Demographic and Health Survey, 2006 revealed that 22% and 4% of Ugandan males and women respectively between 15 and 49 years were using tobacco.

The Global Youth Tobacco Survey, 2007 revealed that 5.5% of 13-15 years old students smoke cigarettes, while 13.9% of them use other tobacco products

## **2.4 Factors associated with substance use among university students.**

Substance use among youths is a worldwide pandemic. Young people start to use substances, singly or in combination, at early ages, and they report many different reasons for using them. Despite the harm that substances can and do cause, many students continue to use them. These factors can be sub-divided into individual, socio economic and intervening factors.

### **2.4.1 Individual factors**

Overall, most studies indicates that age of onset of substance abuse is adolescence. There are both personal and social factors responsible of substance use in which peer influence plays a major role. Many initiate and continue to use substances despite being cognizant about the harmful effects of substances. However, much of this knowledge comes from the studies focusing on the substance users only. To get a holistic picture, it is equally important to understand why some people never initiate or refrain from substance use (hereafter, non-users). This study will aim to examine the reasons for the use of substances among university students. Studies indicate that substance abuse behaviors generally begin during adolescence whose consequences pose important public health problems. As Ahmad *et al.* found that substance abuse was negligible among 10-13 year old but a bit marked among 14-15 year old and maximum in 16-19 years of age.

According to NACADA (2012) drug abuse continues to emerge as a strategy for most students to cope with their prevailing problems such as sexual abuse, poor academic performance, and financial difficulties.

Peer group influence has been noted as a key factor to drug abuse among the youth. In the social learning perspective (Akers et al. 1977) adolescents learn delinquency by modeling-exposure to friends' delinquent behavior, peers' social approval of delinquent acts, and anticipated rewards for engaging in delinquency. Peer group influences on deviance are especially likely when there is weak bonding to the family and school (Elliott et al. 1985; Kandel 1980; Jessor and Jessor 1977; Hirschi 1969). Similarly, peer group influence is one of the biggest challenges of drug abuse in Kawempe division.

#### **2.4.2 Socio economic factors**

The rapid economic, social, and cultural transitions that most countries in sub-Saharan Africa are now experiencing have created a favorable condition for increased use of drugs and alcohol. Substance misuse is a growing problem in Uganda, as in many other developing countries.

According to Tarig Osman et al. (2016), among the users, the gender differences were significant with regard to the magnitude of substance used but not the choice of substances. The daily monitor(2018) stated that the initial reasons for substance abuse among the adolescents and university students was peer pressure, but it was duly attributed to many other reasons such as sources of enjoyment (e.g. partying, celebrating festivals) as well as to escape stress related to love failures, parental pressure (particularly from fathers) and family problems, etc. Both peer and family played a vital role in the initiation and continuation of substance abuse. Also a study done by Katende (2019) on stress, peer pressure and substance abuse among adolescents in Bwaise slums, Kawempe division showed that there is a positive correlation between peer pressure and substance use.

A study by Nanna et al (2019), on whether there was a correlation between religiosity and health related risk behaviors in a secular culture found that religion had a positive effect on health by directly influencing the health habits of individuals through the prohibition of health damaging behaviors such as smoking and or the prescription of health enhancing behaviors such as vegetarianism. Individuals with higher levels of religious involvement have lower rates of abuse and addiction and are more likely to find long-lasting success if they ever struggled with any of these behaviors.

Marrimedia examination on the effects of religious practice on substance abuse concluded that religious practice substantially contributes to physical and mental health. Regular religious practice lessens depression, promotes self-esteem, and builds familial and marital happiness. Religious worship also increases longevity, improves an individual's chances of recovering from illness, and lessens the incidence of many diseases.

Studies from the West found that the most popular functions for the use of substances were to relax, become intoxicated, keep awake at night while socializing, enhance an activity and alleviate depressed mood. Nevertheless, peer behaviors and attitudes were found to be very influential on socially impermissible behaviors as substance abuse.

Laura et al (2013) examine the impact of substance use disorder (SUD) on families and children. In their study, it is estimated that more than eight million children younger than age 18 live with at least one adult who has a SUD that is a rate of more than one in 10 children. The majority of these children are younger than age 5 (U.S. Department of Health and Human Services [USDHHS], 2010). The studies of families with SUDs reveal patterns that significantly influence child development and the likelihood that a child will struggle with emotional, behavioral, or substance use problems

According to NORC's analysis of the National survey on drug use and health, most affected jobs are in informal employment that is construction, transportation, installation and repair workers. Occupations with a percentage of males' workers in many cases, younger men have higher rates of substance use. According to NORC, their percentage are twice higher than those in formal employment like teachers, architects, engineers, doctors, nurses, librarians among others.

## **Intervening factors**

### **Government / institutional policies**

Government policies can have a significant impact on substance use among university students. For example policies that increase awareness about the dangers of substance use and abuse can significantly reduce the public health problems attributable to substance use, while interventions policies at the health care system level can work towards the restoration of health in affected individuals.

Globally there are a number of policies and acts against the use of substances in the population. Different governments set up stricter laws and enforcement policies to reduce the availability of substance use among its people. This can include increasing the penalties for possession and distribution. For instance, Universities in Nigeria (Abia State University, Anambra State University and Adamawa State University) adopted the policy established by the National Drug Law Enforcement Agency (NDLEA) in order to deter university students from drug possession, trafficking and consumption. The policy advocated that trafficking of cocaine, Lysergic Acid Diethylamide (LSD), heroin and similar drugs is punishable by life imprisonment (NDLEA, 1990). In the United Kingdom (UK), drug abuse reduction among university students involved formulation of drug abuse legislations such as Criminal Justice Act of 2000 and Drug Acts of 2005 (UNODC, 2010). These Acts introduced compulsory drug testing on any student who was found with a criminal offence. Consequently, the analysis of the UK drug report (2012) showed a 10% decrease in alcohol and drug abuse among the university students' population. Although there are many policies against the use of substance and drugs at global and national levels, there are no policies against the use of drugs and substances among university students.

To reduce the cases of drug abuse, the Kenyan government established National Agency for the Campaigns against Drug Abuse (NACADA) in March 2001. The organization was given the mandate to provide drug abuse education, develop an action plan and sensitize parents on drug abuse among students all over the country (NACADA, 2010).

Uganda doesn't have an effective law though one has been on the shelves since 2005. The National Drug Authority Act 2000 is weak and comprehensive. The tobacco control act was also enacted in 2000 to curb and control the use of drugs and substances in the population. In 2015, the narcotics drug and psychotropic substance control act was passed with tougher punishments such as three year minimum sentence for users and life imprisonment for traffickers. On November 20, 2024, the parliament of Uganda passed the Narcotic Drugs and psychotropic substance (control) bill, also known as the narcotic law. The law purports in reducing drug abuse by penalizing possession of illicit drugs with 10-25 years in prison while trafficking which encompasses everything from small sales to international export is punishable with life sentence. All this is intended to reduce the control of substance use in Uganda. (Lubega Andrew, 2024).

In summary, several psychosocial factors have been associated with substance abuse. Particularly, peer pressure, media portrayal of substance-use by celebrities, lucrative advertisements, attractive

packaging and expectations of joy are commonly associated with the initiation and harmful use of substances by the youth especially university students. In general, it is widely accepted that peers, social environment, family and subjective factors play a vital role in substance abuse behaviors among the young.

Additionally, there are a number of policies both at national and university level that forbid students from possession and consumption of substances. However even with such policies and knowledge, there are increasing numbers of students who continue to use and abuse substances.

**Media influence-** media plays a significant role in influencing substance use, particularly among the adolescents and young adults. Social media can significantly influence substance use by portraying substance use positively, normalizing it or even glamorizing it especially in movies, TV shows and music which can lead to increased perceptions of acceptability and potentially encourage experimentation, especially among young people susceptible to media influence; this can include desensitizing viewers to the negative consequences of substance use .is a notable factor as it can normalize substance use and encourage peer pressure. A study done by Kristina M Jackson et al (2019) on media/marketing influences on adolescent and young adult substance use found that exposure to substance use related media and advertising significantly influences young adults and adolescents consumption of alcohol and other substances in such a way that the content portrays themes that are appealing to youth such as glamour, independence, rebelliousness, romance, socializing and celebrating but the negative effects are rarely depicted. Additionally, with tobacco, alcohol and e-cigarette industries using social media in their marketing strategies, many young people are exposed to substance use on social media in numerous ways that are all very hard to regulate. Several studies have tried to determine the link between social media use, alcohol addiction and drug addiction. study showed that teenagers who regularly used social media were five times more likely to buy cigarettes, three times more likely to drink and twice as likely to use marijuana

**Religion-** Like religiosity, religious affiliation has been shown to have a relationship with substance use. A study of a large public university, for example, determined that among 263 alcohol-using college students, those with no religious affiliation reported higher levels of drinking

frequency and quantity, getting drunk, celebratory reasons for drinking, and perceived pro-drinking norms than those of either a Catholic or a Protestant religious affiliation

Religion has a positive impact on substance use. Religiosity in the form of religious beliefs and practices is viewed as a strong resilience and restraining factor (protective factor) against substance use. This implies that belonging to a particular religious affiliation either increases or reduces the chances of one using substances. A study by Koenig, H.G. (2009). found that religion had positive effects on substance use including- spiritual coping- by providing a sense of belonging, purpose, meaning and coping mechanisms which can help individuals manage stress and negative emotions, reducing the likelihood of substance abuse. Additionally, religion offered, social support in such a way that religious communities offer social support, which helped individuals recover from substance abuse and maintain sobriety. Religion also offered moral guidance and values that discourage the use of substances.

Religiosity acts as a protective factor. Additionally, a study by Lindsey (2021), revealed that the role of religiosity as a protective factors in many different aspects of life. Religion affects all facets of life especially the social sphere (work, family, relationships, education etc.). It gives people feeling of purpose and control. Religion helps one to cope with their struggles in life and gives one's suffering content or meaning. Furthermore, a study by Zila Van Der Meer Sanchez (2009) found that 81% of non-substance users believed in and practiced a religion whereas only 13% of the users considered themselves to be religious. Additionally, religion was associated with a higher subjective sense of happiness and fulfillment. Furthermore, a high religiosity was associated with higher self-control, higher self-esteem, a healthier life style and a tendency to avoid risky behaviors.

**Poverty-** poverty is a significant risk factor for substance use. A number of studies have demonstrated a strong correlation between poverty and substance use. A study by Hill & Williams, (2017) showed that poverty leads to chronic stress which may increase the likelihood of substance use as a coping mechanism. The same study also showed that people living in poverty may experience higher rates of trauma, such as domestic violence, abuse, or neglect, which can contribute to substance use. Overall, the literature suggests that poverty is a complex and multifaceted issue that contributes to substance use through various pathways. Addressing poverty

and its associated factors such as domestic violence and stress is crucial to preventing substance use, abuse and treating its disorders

## **2.5 Summary literature review**

Substance use, also known as drug use is the compulsive, excessive, and self-damaging use of habit forming drugs or substances, leading to addiction or dependence. Alcohol and illicit drug use are a major threat to health, education and the economy contributing to 5.1% morbidity and 5.3% mortality worldwide (WHO 2018). According to the 2021 United Nations office on drugs and crime (UNDC) report, the global burden of illicit drug and alcohol used was estimated at 275 million people, an increase of 21.7% from 226 million people in 2010. (Kalungi, 2023).

The WHO statistics report of 2023 showed that in Uganda, the per capita consumption of alcohol was 12.21 litres of alcohol per year. This is much higher than the African region average consumption of 6.3 litres and the global average of 6.18 litres of alcohol per person per year

According to Tariq (2016), the youth are a high risk group for use of substance. Among the youth, substance use is a worldwide pandemic generally, that impacts negatively their health, family, society, educational and professional life. The WHO global status report 2018 stated that Uganda had one of the highest alcohol and substance users in the east African region with an annual per capita alcohol consumption of 12.2 litres of alcohol per person per year. The national psychiatric referral hospital Butabika shows that 40% of all its admissions were related to substance use with over 35% of its clients from tertiary institutions. Of the 35% college and university students are the bigger proportion of substance use. Alcohol, cigarette smoking, marijuana and khat-(Mairungi) were identified as some of the major substances used by university students (MoH, 2015). A study by Abbo (2016) revealed that the commonest substances were alcohol, 23.3%, kuber 10.8%, khat 10.5%, aviation fuel 10.1%, cannabis 9.2% and cigarettes 5.9%. While these are locally produced, the report also indicates that there is an increase in the use of hard drugs such as cocaine, heroin and methamphetamines.

Studies by WHO 2018, Tariq 2016, Abbo 2016 among other scholars have been done to examine the factors that predispose the youth to using substance. Tariq Osman et al. (2016) identified some of these including, peer pressure, social environment and others but there is scanty information about the factors that predispose specifically the youth at university level into using substances.

This study therefore sought to examine the factors that predisposed university students into using substances.

## CHAPER THREE: METHODOLODY

### 2.0 Introduction

This chapter sets out the study design and methods. It briefly outlines the overall study design, and the section after that describes the process of selecting the study participants. The following sections describe the strategy that was used to collect data, and its analysis.

### 3.1 Study Design

A quantitative cross sectional study design was adopted.

### 3.2 Study area

The study area was Uganda Christian University, Kampala campus. Uganda Christian University is located along musajja'lumba road in Rubaga division neighboring kisenyi slum.

### 3.3 Study Population

All undergraduate students at Uganda Christian University who were on during the May semester of 2018 were the study population.

The study focused on undergraduate students since most of them are aged between 18 and 25 years of age and according to Abbo (2016), this is the age group that is most affected and prone to substance use.

### 3.4 Sample Size Determination

The total population of UCU Kampala campus undergraduate students was 700 in the May semester of 2018. The sample size of this study was calculated using the Krejcie & Morgan, 1970 formula for cross-sectional studies.

$$S = \frac{X^2NP(1-P)}{d^2(N-1)+XP(1-P)}$$

Where:

N= total number of undergraduate students. (Population size)

S= required sample size

X = Z value (e.g. 1.96 for 95%confidence level)

P= Population proportion (expresses as decimal) (assumed to be 0.5(50%)

d= Degree of accuracy (5%), expressed as a proportion (.05); it is a margin of error.

The calculated sample size was 300 students.

$$s = \frac{X^2NP(1 - P)}{d^2(N - 1) + XP(1 - P)}$$

N=700, X=1.96, P=0.5, d=0.05

$$s = \frac{1.96^2 \times 700 \times 0.5(1 - 0.5)}{0.05^2(700 - 1) + 1.96^2 \times 0.5(1 - 0.5)}$$

$$s = \frac{672.28}{1.7475 + 0.49}$$

$$s = 300.46$$

$$s = 300$$

### 3.5 Sampling Procedure

Multistage sampling technique was used to select the study participants. First, students were stratified according to their faculty. Then, further stratification was done based on the course of study within the faculty. Finally, using class lists for each course, systematic random sampling was used to select students in each year of study. Students from each year of study were allocated proportionally to their class size.

According to records, Kampala campus had a population of 700 students. Therefore to get the sample size from the law faculty-

Records from the law faculty showed that the faculty had about 500 students. So the proportion of sample which was from law was  $(500/700) \times 100 = 71.43\%$ . Thus the law faculty contributed  $(71.43/100) \times 300 = 214$  participants

The school of Business had about 100 students. So the proportion of sample from the school of business was  $(100/700) \times 100 = 14.28\%$ . The business faculty contributed  $(14.28/100) \times 300 = 43$  participants

The faculty of Social Sciences had 100 students. So the proportion of sample from this faculty was  $(100/700) \times 100 = 14.28\%$ . The social sciences faculty therefore contributed  $(14.28/100) \times 300 = 43$  participants

To determine the sampling interval for law,  $500/214 \approx 2$ . Meaning that every 2<sup>nd</sup> student on the class list was approached to participate in the study.  $100/43 \approx 2$  for business and  $100/43 \approx 2$  for social sciences. Therefore the questionnaire was given to every 2<sup>nd</sup> person on the class list and this was done by their class representatives. All consented to the study.

### 3.6 Data Collection Procedure and Tools

A questionnaire was developed after extensive review of literature and adaption of similar study tools used by Abbo, 2016 and Bwanika 2014.

The data collectors were class representatives who had been guided through the questionnaire and these helped guide other fellow students to complete the questionnaire and give any necessary help. The data collectors were responsible for the distribution of the questionnaires which took approximately 5 minutes to be filled and its collection after being filled. They were also responsible for explaining the purpose of the study to the participants to help them understand the objectives and rationale behind the questions well. The representatives were mentored through a pre-study session of orientation on how to select the participants using the class lists

Informed consent was sought from each of the participants who had been selected systematically. To ensure that the questionnaires were fully and completely filled, the class representatives were responsible for handing and collecting the questionnaires to the participants face to face. The questionnaires were prepared in English because it is the medium of instruction at universities in Uganda.

### **3.7 Method of data collection**

An institution based survey was conducted on 300 students.

A structured questionnaire was developed and was distributed by the class representatives. Data was analyzed using SPSS version 20.

### **Data management**

Data from the questionnaire was entered into a secure data base, cleaned to check for missing/inconsistent and incomplete data and later the completed questionnaires were stored in a secure locked cabin. With the help of a statistician, Data was analyzed using SPSS version 20. Consent forms were verified to ensure that every participant had signed the consent and each consent form had a personal identification number to ensure confidentiality. They were later locked away in a sure cabin.

### **3.8 Eligibility criteria**

#### **3.8.1 Inclusion criteria**

All undergraduate students who were on semester during the May semester of 2018 and consented to the study. The researcher focused on undergraduates because they are usually between the ages of 18 and 25years which is the age that is most affected by substance use.

#### **3.8.2 Exclusion criteria**

Undergraduate students who were sick, physically or mentally and were unable to fill in the questionnaire.

### **3.9 Data Quality Assurance**

The questionnaire was pretested on students of UCU main campus before the actual collection of data. The data collectors (class representatives) were trained and proper instruction were given before the survey. The collected data was reviewed and checked for completeness and correctness before data entry.

### **3.10. Study Variables**

#### **Independent Variables.**

Socio-demographic characteristics (age, sex, religion, marital status), socio- economic characteristics such as (peers, social environment, income levels), other intervening factors such existing government policies, knowledge or social cultural issues. Other factors as family background and school attended before joining UCU Kampala campus were considered.

#### **Dependent Variable.**

The dependent variable was substance use.

### **3.11. Data analysis**

Results were analyzed according to the study objectives. . Data was analyzed using SPSS version 20. Categorical variables were summarized using frequencies and percentages, while the continuous variables were summarized using median and interquartile range. The modified Poisson regression model was used to determine the factors associated with substance use because the outcome was not rare (above 25%). At Bivariate, variables with p-values less than 0.2 were considered for the multivariate analysis. At multivariate, variables with p-value less than 0.05 were considered to be associated with the outcome (substance use).interaction was assessed by comparing the full model and the reduced model using the Chunk test. A difference of 10% between the crude model and the adjusted model confirmed confounding.

### **3.12. Presentations of findings**

The findings from the study were presented in two main formats; oral presentation to the university administration and through a written paper.

The data was presented in forms of text, tables and figures. The data collected was able to answer the research questions identified earlier.

### **3.13. Ethical Approval**

Ethical clearance was obtained from the university's Research Ethics Committee (REC). Written informed consent was obtained from all the participants. Participation was voluntary and the students had the autonomy to withdraw from the study at any time without explanation and without penalty or loss of benefit.

Confidentiality was assured and no personal details were recorded or produced on any documentation related to the study. Permission was obtained from the administration of Kampala campus before carrying out the study. In report writing, individual identities were not be revealed. Those who were found to be dependent or using any substances were referred to counseling department or any other institution of their preference for further assistance.

A contact was included on the questionnaire for assistance in case anyone is dependent on any substance.

## **CHAPTER FOUR: PRESENTATION OF FINDINGS**

### **CHAPTER FOUR:**

#### **4.0 RESULTS**

##### **4.1 Descriptive statistics of the participants**

The study sampled 300 students from the population of 750 students. The majority were females, 61% (n=185), and the age category of 21-24 years, 47% (n=142), dominated. The Anglican and catholic religions were the most frequent, 34% (n=102) and 32% (n=96) respectively. 84% (n=254) of the participants were single, and 30 % ( n=90) were staying with either of the parents. At least 33% (n=100) of the participants had family or friends taking substances. Many of the participants, 60% (n=182), were not employed, and most, 51% (n=145), earned less than 200,000 a month on average. Most of the participants were aware of the effects of substance use, 65.3% (n=196), as well as the policies against substance use, 83% (n=249). (Table 1)

**Table 1: Socio-demographic characteristics of 300 participants**

<b>Variable</b>	<b>Frequency (n)</b>	<b>Proportion (%)</b>
<b>Sex</b>		
Male	115	38.3
Female	185	61.7
<b>Age, years</b>		
15-20	48	16.0
21-24	142	47.3
25-30	60	20.0
Above 30	50	16.7
<b>Religion</b>		
Anglicans	102	34.0
Catholics	96	32.0
Muslim	24	8.0
Born again	61	20.3
Others	17	5.7
<b>Marital status</b>		
Single	254	84.7
Married	46	15.3
<b>Family/ friends using substances</b>		
Yes	100	33.3
No	200	66.7
<b>Lives with who at home</b>		
Both Parents	87	29.0
Either of the parents	90	30.0
Relative	47	15.7
Independent	76	25.3
<b>Current Substance use (use of substance in the last 12 months)</b>		
Consumes substance	274	91.3
Not consuming substance	26	8.7
<b>Type of school attended</b>		
Private school	139	46.3
Public school	161	53.7
<b>Status of school attended</b>		
Day school	74	24.7
Boarding school	226	75.3
<b>Monthly income (UGX)</b>		
Below 200,000	153	51.0
200,000 to 600,000	78	26.0
Above 600,000	69	23.0
<b>Employment status</b>		
Employed	118	39.3

Not employed	182	60.7
<b>Kind of family do you come from</b>		
Nuclear	160	53.3
Extended	140	46.7
<b>Awareness of the side effects of substance use</b>		
Yes	196	65.3
No	104	34.7
<b>Awareness of policies against substance use</b>		
Yes	249	83.0
No	51	17.0

### Characteristics related to substance use

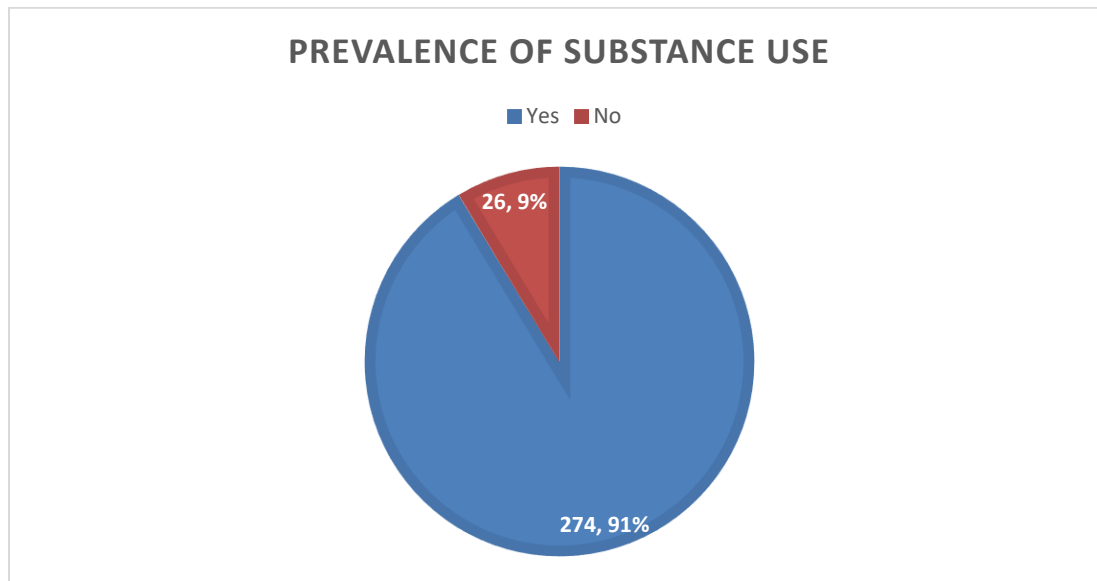
Among the 274 participants using substances, alcohol, 56.9% (n=156), followed by shisha, 22.6% (n=62), were the most commonly used substances. The majority of the participants, 58.8% (n=161), had used the substance for less than a year, and 53.6% (n=147) reported peer pressure as the reason for use of a substance. (Table 2)

**Table 2: Characteristics related to substance use among UCU students at Kampala Campus**

Variable	Frequency (n)	Proportion (%)
<b>Substances used</b>		
Alcohol	156	56.9
Cigarettes	30	11.0
Marijuana	15	5.5
Cocaine	3	1.1
Shisha	62	22.6
Khat	8	2.9
<b>Duration of Substance Use</b>		
Less than 1 year	161	58.8
1 to 2 years	29	10.6
More than 2 years	84	30.6
<b>Reasons for substance use</b>		
Peer pressure	147	53.6
Source of enjoyment	87	31.8
Escape stress	28	10.2
Others	12	4.4

#### 4.2 Prevalence of substance use among UCU students

The prevalence of substance use among UCU students at Kampala campus was 91.3% (95% CI 88.1 – 94.5) as shown in Figure 1.



**Figure 1:** Prevalence of substance use among UCU students at Kampala campus

#### 4.3 Bivariate analysis for factors associated with substance use among UCU students.

At bivariate analysis, the factors associated with substance use were age, religion, status of the high school attended, monthly income, employment status, awareness of the effects of substance use, and awareness of the policies against substance use. (Table 3)

**Table 3. Bivariate analysis for factors associated with substance use among UCU students.**

Variables	Substance use		Prevalence ratio (PR)	95% Confidence Interval	P-value
	No n (%)	Yes n (%)			
<b>Gender</b>					
Female	14(7.6)	171(92.4)	Ref		
Male	12(10.4)	103(89.6)	1.03	0.96-1.11	0.410
<b>Age</b>					
21-24	17(12)	125(88.0)	Ref		
15-20	3(6.3)	45(93.8)	1.07	0.97-1.17	<b>0.194</b>
25-30	4(6.7)	56(93.3)	1.06	0.97-1.16	0.207
Above 30	2(4)	48(96)	1.09	1.004-1.19	<b>0.041</b>
<b>Religion</b>					

Protestants	5(4.9)	97(95.1)	Ref		
Catholics	3(3.1)	93(96.9)	1.02	0.96-1.08	0.524
Muslims	5(20.8)	19(79.2)	0.83	0.68-1.03	<b>0.087</b>
Born again	11(18.0)	50(82.0)	0.86	0.76-0.98	<b>0.021</b>
Others	2(11.8)	15(88.2)	0.93	0.78-1.11	0.413
<b>Marital status</b>					
Single	23(9.1)	231(90.9)	Ref		
Married	3(6.5)	43(93.5)	1.03	0.94-1.12	0.530
<b>Family/ friends using substances</b>					
No	16(8.0)	184(92.0)	Ref		
Yes	10(10)	90(90)	0.98	0.91-1.06	0.577
<b>Whom do you live with</b>					
Either of the parents	9(10)	81(90)	Ref		
Both parents	6(6.9)	81(93.1)	1.04	0.95-1.13	0.459
Relative	4(8.5)	43(91.5)	1.02	0.91-1.14	0.773
Independent	7(9.2)	69(90.8)	1.03	0.91-1.11	0.863
<b>Type of school attended</b>					
Public school	14(8.7)	147(91.3)	Ref		
Private school	12(8.6)	127(91.4)	1.001	0.93-1.07	0.985
<b>Status of school attended</b>					
Boarding school	15(6.6)	211(93.4)	Ref		
Day school	11(14.9)	63(85.1)	0.91	0.82-1.01	<b>0.075</b>
<b>Monthly income</b>					
Below 200,000	17(11.1)	136(88.9)	Ref		
200,000 to 600,000	8(10.3)	70(89.7)	1.01	0.92-1.11	0.841
Above 600,000	1(1.5)	68(98.5)	1.11	1.04-1.18	<b>0.001</b>
<b>Employment status</b>					
No	20(11.0)	162(89.0)	Ref		
Yes	6(5.1)	112(94.9)	0.94	0.88-1.002	<b>0.057</b>
<b>Kind of family you come from</b>					
Nuclear family	16(10)	144(90)	Ref		
Extended Family	10(7.1)	130(92.9)	1.03	0.96-1.11	0.376
<b>Awareness of side effects of drugs of substance use</b>					
Yes	22(11.2)	174(88.8)	Ref		
No	4(3.8)	100(96.2)	1.08	1.02-1.15	<b>0.013</b>
<b>Awareness of policies against substance use</b>					
Yes	24(9.6)	225(90.4)	Ref		
No	2(3.9)	49(96.1)	1.06	0.99-1.14	<b>0.081</b>

#### 4.4 Multivariate analysis for the factors associated with substance use among UCU students

The only factors associated with substance use were: having a high monthly income [PR=1.12, 95% CI (1.05-1.21)], not being aware of the effects of substance use [PR=1.08, 95% CI (1.04-1.20)]. Belonging to the born-again religion was protective of substance use [PR=0.86, 95% CI (0.78-0.99)]. (Table 4)

**Table 4: Multivariate analysis for the factors associated with substance use among UCU students at Kampala Campus**

<b>Variables</b>	<b>Prevalence ratio (PR)</b>	<b>95% Confidence Interval</b>	<b>P-value</b>
<b>Religion</b>			
Protestants	Ref		
Catholics	1.03	0.98-1.09	0.311
Muslims	0.84	0.69-1.04	0.098
Born again	0.86	0.78-0.99	<b>0.017</b>
Others	0.91	0.78-1.09	0.277
<b>Monthly income</b>			
Below 200,000	Ref		
200,000 to 600,000	1.001	0.92-1.09	0.977
Above 600,000	1.12	1.05-1.21	<b>0.001</b>
<b>Awareness of the effects of substance use</b>			
Yes	Ref		
No	1.08	1.04-1.20	<b>0.013</b>

## CHAPTER 5: DISCUSSION OF FINDINGS

### 5.0 Introduction

This chapter presents the discussion of the findings which were obtained by the researcher. The chapter discusses the significant results in relation to what other scholars found out.

#### 5.1. Prevalence of substance use among UCU Kampala campus students.

The study observed that the prevalence of substance use among UCU Kampala campus students in the past 12 months was 91.3 % (n=274). This means that 91 out of every 100 students at the university were taking at least one of the substances listed i.e. (alcohol, cigarette smoking, cannabis, marijuana, khat, cocaine, prescription drugs). The prevalence in the current study is possibly high because of the university's proximity to the Kisenyi slum area which is known to be a hub for substance trade and use among both youth and adults. Studies done by Koning et al (2018). & Cohen et al (2013) found that neighborhood factors for example liquor stores, tobacco outlets among others were associated with increased substance use among adolescents.

The prevalence of the current study is almost similar to the study done by Babalola et al 2013 that found the prevalence of psychoactive substance use among university students in South-Western Nigeria to be 78%.

Contrary to the current study findings, a systematic review conducted by Francis et al (2014) in eastern Africa among young people aged between 15-24 years observed a pooled prevalence of substance use of 50%. However in this study, only alcohol use was considered as a substance and the population included non-university students.

While establishing the commonest used substances, the study found that alcohol 56.9% (n=156) was the most used substance. This is consistent with a study done by ABBO (2016) that revealed that the commonest substance was alcohol, at 23.3%.

While establishing the reasons for substance use among students at UCU Kampala campus, it was revealed that the commonest factor was peer influence 53.6 % (n=147). This is consistent with a study done by Tariq (2016) which showed that the initial reason for substance use among the adolescents, and the youth was peer pressure. Additionally, a systematic review conducted by Stefanie.R.Mathew. (2020) on the social influences in adolescent substance use reported that peer influence was the major reason for substance use among adolescents

## **Factors influencing substance use among students at Uganda Christian University Kampala campus.**

### **Religious affiliation.**

The study observed that there was an association between substance use and religion. The prevalence of substance use among the born agains was 14% less compared to the Anglicans. This implies that being Born Again was protective against substance use among university students at UCU Kampala campus. This is possible because, the teachings among the born again discourage the use of substances among their followers.

The findings of the current study are consistent with a study done by Lindsey et al (2021), that was conducted among civilian, noninstitutionalized individuals over the age of 18 in the United States with the aim of assessing the role of religiosity in drug use observed that revealed that religiosity in the form of religious beliefs and practices had a strong resilience and restraining factor against substance use.

Additionally, a study done by Marripedia et al (2023), showed that a higher level of religious involvement was associated with a reduced likelihood of abusing alcohol or other substances.

### **Awareness of the side effects of substance use**

The study observed that there was an association between substance use and being aware of the side effects of substance use among university students. The prevalence of substance use among students who were not aware about effects of substance use was 8% higher than among those who were aware about the effects of substance use. This is possible because students who are not aware of the effects of substances are more likely to start using it and get addiction and related morbidities.

This was consistent with a study conducted by Divya et al 2020 among adolescent students in selected high schools in Belgaum district, India that observed that there was positive correlation between awareness of the ill effects of substance use and attitudes towards substance use. Additionally, the study findings were consistent with a study done by Awosusi, & Adegboyega, (2013), on the knowledge of the health effects of substance use among students in tertiary institutions in southwest Nigeria that found that higher knowledge of health effects of is associated with lower substance use among university students.

## **Income**

The study revealed that there was an association between substance use and average monthly income of students. The study revealed that the prevalence of substance use among students who earned shs.600, 000/= and above was 12% higher than those that earned below shs.200, 000/=. This implies that the more money the student earned, the more, they were likely to afford and use the substances. The findings in the current study were consistent with a study done by Yasemin et al (2016) among university students on Alcohol and psychoactive substances and related parameters that showed that higher income and education levels among university students are associated with increased alcohol and psychoactive substance use.

Similarly, the study conducted by Martin et al. (2018) among US undergraduates on high economic status that revealed that high socio economic status predicted higher rates and levels of drug and alcohol consumption.

## **CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS**

### **6.0 Introduction**

This chapter presents the conclusion and recommendations drawn by the researcher regarding the study variables and this was done in respect to the study objectives.

### **6.1 Conclusions**

The study was carried out at Uganda Christian University and it enabled the researcher to achieve all the objectives and aims of the study and the following findings were appreciated:

The study revealed that the prevalence of substance use among students at UCU Kampala campus was 274(91.3) % which is higher than the national prevalence. Alcohol was the most common substance used among university students at UCU Kampala campus.

Among the factors influencing substance use among university students, the study established these to be; having a higher average monthly income, and not being aware of the effects of substance use were associated with substance use. Belonging to the Born-Again religious affiliation was protective from substance use among UCU Kampala campus students.

## **6.2 RECOMMENDATIONS**

Basing on the findings, the following are the recommendations which the researcher thinks that different stakeholders can work upon for the betterment of our community. These stakeholders include; community members, local leaders, training institutions, substance sellers and government departments among others.

### **To the university**

The study recommends that the university should set up a strong substance and illicit drug control unit within the counseling department. This will help take care of students with emotional needs that they wish to share in confidence but lack the platform to do so and in return end up using substances.

Since being born again is protective from substance use, the university should in cooperate religious teachings in its curriculum.

Health education about the side effects of substance use to increase awareness.

### **To the parents**

This study recommends further research undertaking regarding parental support during adolescence. The university should support parents through holding training for implementation of parenting skills focusing on increasing positive parental practices to mitigate risk of substance use and other ill behaviors among their children since “charity begins at home.” The study also recommends health education talk to students concerning substance use.

### **To the government**

There should be a regulation on the number of substance sellers in the university’s neighborhood. This will limit access to substances to students on the same note, the government should charge high license fees to substance sellers around university neighborhoods. This is intended to make it hard for these sellers to operate from university neighborhood to limit or reduce chances of university students having access and consuming substances.

There should be a limit on the amount of message put on air inform of substance adverts especially alcohol adverts. The government of Uganda through Uganda Communications Commission should put strict measures on broadcasters like radio stations and television stations to regulate the message of substance adverts put on air. This can reduce on information flow reaching students about substances.

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## 7.1 APPENDICES

### Appendix I: Informed Consent Form

Informed Consent Form for students participating in the research on substance use among students at Uganda Christian University.

This informed consent form has two parts which include the information sheet (to share information about the study with you) and the certificate of Consent (for signatures if you agree to participate). You will be given a copy of the full Informed consent form.

#### **Part I: Information Sheet.**

I am Lillian Nakiwala, a Master of Public health student at Uganda Christian University, Kampala Campus. As a requirement for completion on this course, I am required to conduct research in an area that is relevant to the health of people in Uganda. To this effect, I am conducting a research on substance use among students at Uganda Christian University- Kampala campus. The purpose of this study is purely for academic purposes and not for publication with any media.

***Purpose of the study:*** *The purpose of the study is to assess the prevalence and determinants of substance use among students at Uganda Christian University Kampala campus.*

***Type of research intervention:*** *An interview will be conducted with each participant using a developed questionnaire.*

***Selection of participants:*** *participants will be selected using a multistage sampling technique and later systematic random sampling technique will be employed to select the exact student to participate in the study.*

***Voluntary participation:*** *As a student, you have the authority not to or to participate in the study.*

***Risks and Discomforts:*** *The name and details of the participant will not be recorded anywhere and the interview will take about 15 minutes of your time. If you do not wish to answer any of the questions during the interview, feel free to say so and the interview will move on to the next question. The interview will take place at the university.*

***Benefits:*** *participants will have an opportunity to know the cons of substance use. The information collected will be used to design interventions to help those that are abusing substances and illicit drugs. The study is purely for academic purposes.*

***Confidentiality:*** *The information recorded is confidential, and no one else except the researcher will have access to the information documented during the interview. The interview sheets will be destroyed after the dissertation has been approved by the University.*

*Sharing of research findings: The research findings will be presented to the University and copies of the findings will be kept in the University library. The findings will be shared more broadly in conferences and publications, but the confidentiality of the participants will always be observed.*

*Right to refuse or withdraw: You have the right to choose not to participate in this stud. Also, you may stop participating in the interview at any time.*

**Who to contact**

*The proposal has been reviewed and approved by Uganda Christian University ethical committee who ensure that the research participants are protected from harm. For more information, the University can be contacted on ..... or the researcher on 0782227608/[lillianx4z@gmail.com](mailto:lillianx4z@gmail.com).*

**Part II: Certificate of Consent**

I have read/ been read to the foregoing information related to this study on substance use among students at Uganda Christian university Kampala campus. I have had the opportunity to ask questions about it and all the questions have been answered to my satisfaction. I therefore consent voluntarily to participate in this study.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_ (Day/month/year)

**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the person understands that an interview will be conducted. I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Print Name of Researcher/person taking the consent \_\_\_\_\_

**Appendix II: study tools.**

**Study questionnaire**

The following questions concerns information about your potential involvement with the use of alcohol and other drugs during the past 12 months.

**QUESTIONNAIRE**

**SECTION 1: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

**1.1 Sex of respondent**

Male

Female

**1.2 Age of respondents**

15-20

21-24

25-30

Above 30 years

**1.3 Religion of the respondent**

Catholics

Anglicans

Moslem

Born again

Others

**1.4 Marital status of the respondents**

Single

Married

Divorced

**SECTION 2: PREDICTORS OF DRUG CONSUMPTION AMONG UCU KAMPALA CAMPUS**

**STUDENTS**

**2.1 Type of school attended by respondents**

Private school

Public school

2.2 status of school attended by respondent

Day scholar

Boarding school

2.3 Whom do you live with at home?

Both parents

Either of the parents

Relative

Independent

Others

2.4 What is your average monthly income (inform of pocket money)

Below Shs 200,000/=

Shs 200,000/= and Shs 400,000/=

Shs 400,000/= and Shs 600,000/=

Shs 600,000/= and Shs 800,000/=

Shs 800,000/= and Shs 1,000,000/=

Above Shs 1,000,000/=

2.5 What is your employment status?

Employed

Non employed

SECTION 3: PREVALENCE OF DRUG CONSUMPTION AMONG UCU KAMPALA  
CAMPUS  
STUDENTS.

3.1 Are you currently consuming any substance other than that prescribed by medical  
personnel?

Yes

No

3.2 What types of substance are you consuming?

Alcohol

Cigarette smoking

Marijuana

Cannabis

Cocaine/heroine

Shisha smoking

Khat

3.3 For how long have you been consuming this substance?

Below 1 year

Between 1 and 2 years

More than 2 years

3.4 Reasons for substance consumption

Peer pressure

Source of enjoyment

Escape stress related

Others

3.5 What is the nature of occupation of your parents?

Formal employment

Informal employment

Self-employment

Non employment

3.6 What is the highest level of education attained by your parents?

Primary

Secondary

University

Tertiary

3.7 Is any of your family members using alcohol or any substance?

Yes

No

3.8 What kind of family do you come from?

Nuclear family

Extended family

Foster family

3.9 Are you aware of any side effects of substance consumption?

Yes

No

3.10 Are you aware of policies and laws against substance usage in UCU and Uganda at large?

Yes

No

Appendix III: PROPOSED BUDGET

<b>Item</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
Photocopying Paper	1	20,000	20,000
Pens	5	500	2,500
Flash Disk	1	60,000	60,000
<b>Typing Services</b>			
Questionnaire	450	500	225,000
Proposal	4	12,000	48,000
Report	4	12,000	48,000
Binding (Proposal and Report)	8	15,000	120,000
<b>Data Collection</b>			
Training study assistants(class representatives)	20	20,000	400,000
Transport	1	300,000	300,000
<b>Grand Total</b>			<b>1,223,500</b>

Appendix IV: work plan.

Month	April	May	June	July	August	September	October
Activity	Data collection			Data analysis	Dissertation writing.		