

Prevalence, causes and impact of substance use among adolescents and young adults aged 18-25 years in Kapaapi Parish, Kigolobya Sub-County, Hoima District

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ABSTRACT

This study aimed to determine the prevalence, causes and effects of substance use among adolescents and young adults aged 18-25 years in Kapaapi, Kigolobya Sub-County, Hoima District. 323 participants were enrolled, cluster sampling method was used in which specific locations such as boda-boda stages, washing areas, markets, beverage establishments, schools, health centers, etc., selected by simple random sampling. A cross-sectional study in which quantitative and qualitative data were collected using a questionnaire consisting of closed-ended and open-ended questions. Data were analyzed quantitatively for the first specific objective (prevalence of substance use) and quantitatively for the second and third specific objectives (causes and effects of drug use) narcotics). Descriptive and inferential statistics were calculated, coded, and analyzed using the Statistical Package for the Social Sciences (SPSS) version 20.0 computer program. Quantitative and qualitative results are presented using frequency tables. This study found that >70% of respondents had used more than one substance in their lifetime. The rate of drug addiction is: alcohol 29.93%, tobacco 22.09%, marijuana 24.14%, amphetamine 3.45%, inhalants 0.0%, cocaine 0.0%, sedatives 15.0%, hallucinogens 0.0%, opioid 14.29% and others 37.5%. Peer pressure, idleness, curiosity, availability, affordability, parental influence, celebration and chronic pain are the reasons for drug use in this group. Issues like health problems, financial problems, unproductive lifestyle and fights with friends, loss of respect, domestic violence, family neglect, sexual harassment, job loss and being arrested by the police is a problem caused by drug use.

Keywords: Use of alcohol, Adolescence, Early Adulthood, Tobacco smoking, Peer pressure.

INTRODUCTION

Substance abuse by people in all parts of the world, particularly adolescents, has long been of scientific, political and public concern [1]. This concern is due to the potential short-term and long-term adverse effects associated with the use of substances such as cigarettes, drugs, cannabis etc., on individual well-being. The modern era of drug abuse and substance use began with the use of drugs for medical purposes for instance during the American civil war; the use of injectable morphine to ease the pain of casualty soldiers was so extensive that its addiction among the war veterans was referred to as the soldiers' disease [2]. Globally, tobacco, alcohol and illicit drugs were respectively ranked 2nd, 9th and 20th leading causes of mortality to the extent that tobacco smoking would

lead to 1 billion deaths globally during the 21st century [3]. According to the United Nations; globally, cannabis is a widely consumed illicit drug although it is not the primary drug of abuse in most nations such as; Europe, America, Australia or Asia with the exception of Africa, especially among young people [4]. Total alcohol per capita consumption in the world's population over 15 years of age rose from 5.5 litres of pure alcohol in 2005 to 6.4 litres in 2010 and was still at the level of 6.4 litres in 2016 [5]. In 2016, the harmful use of alcohol resulted in some 3 million deaths (5.3% of all deaths) worldwide and 132.6 million disability-adjusted life years (DALYs) and the age-standardized alcohol-attributable burden of disease and injury was highest in the WHO African Region [5].

An estimated a quarter of a billion people in the global adult population used drugs at least once in 2015, more worrisome is the fact that about 29.9 million of the users, or 0.6% of the global adult population, suffer from drug use disorders [6]. Adolescents represent approximately 20% of the population in most countries and play important economic, educational and social roles in the future of their societies [7]. Various studies have revealed that substance use amongst adolescents may lead to poorer health and negative social consequences. For instance, substance abuse is associated with unintentional injuries, cancer, homicides and suicides, depression, personality disorder, unplanned sexual activity and increased sexually transmitted diseases [8]; [7]. Moreover, substance abuse is documented to be a major contributor to the high rate of school dropout, unemployment, high level of crime as well as poverty, which in turn affects the economy of a country [9]. The magnitude of the harm caused by illicit drug use is underlined by the estimated 28 million years of "healthy" life (DALYs) lost worldwide in 2015 as a result of premature death and disability caused by drug use and of those years lost, 17 million were attributable solely to drug use disorders across all drug types [6]. According to the United Nations's statistics 2013, 37,000 people in Africa die annually from diseases associated with drug abuse. The UN estimates that there are 28 million drug users in Africa [4]. An International conference on drug abuse in Kampala in 2013 reported that young people in consumption countries were the most vulnerable section of the population and advocated for an immediate strong intervention to reverse the trend [10]. The use of alcohol and other substances during adolescence and early adulthood has become a serious public health concern in Uganda [11]. A study conducted in 2018 found that the prevalence of substance abuse among university students in Uganda is 30%, amounting to 3 out of every 10 students that practice substance use which

exposes most of the students to chronic disease and low academic performance [12]. A similar study was conducted in Northern and Central Uganda amongst secondary school students aged 12 to 24 years, and found that about 70.1% had ever used alcohol and substances. The commonest substance used was alcohol (23.3%), followed by kuber (10.8%), khat (10.5%), aviation fuel (10.1%), cannabis (9.2%) and cigarettes (5.9%) [11].

It is evident that drug use and abuse is still a problem in Hoima District despite the various measures taken to curb it. According to the United Nations (UN) statistics 2013, up to 37,000 people in Africa die annually from diseases associated with drug abuse. The UN estimates that there were 28 million drug users in Africa [4]. Up to 70.1% of secondary school students in Central and Northern Uganda were found to have ever used alcohol and substances of abuse, [11]. Drug abuse menace has strangled the youthful population both secondary school students and nonstudents reducing them to dummies, zombies and drooling figures as well as wasting their lives at the age at which they are most needed in society [13]. The high rate of school dropout, unemployment, high level of crime as well as poverty, child and family neglect etc. which in turn affect the economy of a country [9] are very common among this population. Considering the fact that more than half of Uganda's population is young [14], this will mean the future leaders, civil servants, parents etc. of our country would be at stake if the vice is allowed to continue unchecked. Since not much is understood about the current level of substance use in western Uganda. I strongly believe that by identifying the precise prevalence, causes and severity of effects of substances used locally. It is against this background that this study aimed to investigate the prevalence, causes and effects of substance use among teenagers and young adults in Kapaapi parish, Kigolobya sub-county Hoima District.

METHODOLOGY

Study Design

This was a cross-sectional study where both quantitative and qualitative data

were collected by using questionnaires consisting of both closed and open-ended questions.

Area of Study

The study was conducted in Hoima district which is located in mid-Western Uganda approximately 200km from Kampala the capital city of Uganda. It shares borders with Bulisa and Masindi districts in the North, Kyankwazi in the East, Kikuube, Ntoroko, Kakumiro and Kagadi districts in the South. It stretches to the national boundary of the Democratic Republic of Congo in the Western. Hoima district covers a total area of 5735.3 square kilometres.

Study Population

The study involved persons/participants aged 18 to 25 years who reside in Kapaapi parish kidology sub-county, Hoima district.

Inclusion Criteria

- i. Age 18 to 25 years
- ii. Resident of kapaapi
- iii. Must be of sound mind

Exclusion Criteria

Persons who were ill, unable to talk, unable to hear, unable to see and those are Kapaapi but not residents of the area and those who are below or above 18 to 25 years of age.

Sample Size Determination

The sample size was determined by using Kish and Leslie's sample formula, which states:

$$N = \frac{Z^2 pq}{d^2}$$

Where: N= sample size

Z= 1.96 (statistical constant at 95% confidence interval) d = 5% precision (0.05) sample error

p = 30%

q = (1- 0.3) = 0.7

Then N= [(1.96)² x 0.3 x 0.7]/ (0.05)²

N= 323

Sampling Techniques and Procedure

A cluster sampling method was employed where specific places such as boda-boda stages, washing bays, markets, drinking joints, schools, health centres etc., were selected by

simple random sampling.

Independent Variables

These included factors like; culture, school dropouts, mental illnesses, availability of the substance and poverty.

Dependent Variable

Substances used like alcohol, marijuana, khat, tobacco, opium etc.

Data Collection Methods

Data was collected using both self-administered and interviewers structured questionnaires, which comprised questions related to substance use.

Data Collection Instruments

A well-structured questionnaire that comprehensively provides answers to research questions was used.

Pre-Testing (Validity and Reliability)

The validity of the data collection methods was pre-tested in Lusaka central sub-ward, Hoima city with a sample size of 10% of the total sample size (30 participants).

Data Management

Questionnaires were pre-tested before the data collection. The data was kept in hard and soft copies in a safe place under lock and key. Unauthorized persons were prohibited from accessing. Research assistants were trained to translate the questionnaire into the Lunyoro language. At the end of a day's work, questionnaires were checked for completion and counted to ensure the quality of the data.

Data Analysis

Data was analyzed quantitatively for specific objective one (prevalence of substance use) and qualitatively for specific objectives two and three (causes and impact of substance use). Both descriptive and inferential statistics were computed, coded and analyzed using Statistical Package for Social Sciences (SPSS) version 20.0 computer program.

RESULTS

Prevalence of use of different Substances

Table 1: Prevalence of use of different Substances

Substance use	N (%)
Tobacco products	
No	237 (72.37)
Yes	86 (26.63)
Alcoholic products	
No	185 (57.28)
Yes	138 (42.72)
Cannabis products	
No	294 (91.02)
Yes	29 (8.98)
Amphetamines	
No	294 (91.02)
Yes	29 (8.98)
Inhalants	
No	319 (98.76)
Yes	4 (1.24)
Sedatives	
No	303 (93.81)
Yes	20 (6.19)
Hallucinogens	
No	322 (99.69)
Yes	1 (0.31)
Opioids	
No	309 (95.67%)
Yes	14 (4.33)
Others	
No	315 (97.52)
Yes	8 (1.00)

Table 2: Grading of substance use

Grade of use	N (%)
Tobacco products	
Occasionally substance use	14 (16.28)
Frequent substance use Substance abuse	53 (61.63)
	19 (22.09)
Alcoholic products	
Occasionally substance use Frequent	34 (24.82)
substance use Substance	62 (45.26)
abuse	41 (29.93)
Cannabis products	

Occasionally substance use	Frequent	3 (10.34)
substance use Substance		19 (65.52)
abuse		7 (24.14)
Amphetamines		
Occasionally substance use	Frequent	5 (17.24)
substance use Substance		23 (79.31)
abuse		1 (3.45)
Inhalants		
Occasionally substance use		1 (25.00)
Frequent substance use		3 (75.00)
Sedatives		
Occasionally substance use	Frequent	6 (30.00)
substance use Substance		11 (55.00)
abuse		3 (15.00)
Hallucinogens		
Frequent substance use		1 (100.00)
Opioids		
Occasionally substance use		6 (42.86)
Frequently substance use	Substance	6 (42.86)
abuse		2 (14.29)
Others		
Occasionally substance use		2 (25.00)
Frequently substance use	Substance	3 (37.50)
abuse		3 (37.50)

Reasons for use of Substances
Most of the participants had more than one reason for the use of substances,

and the bar graph below shows the number of times different reasons were used by the participants.

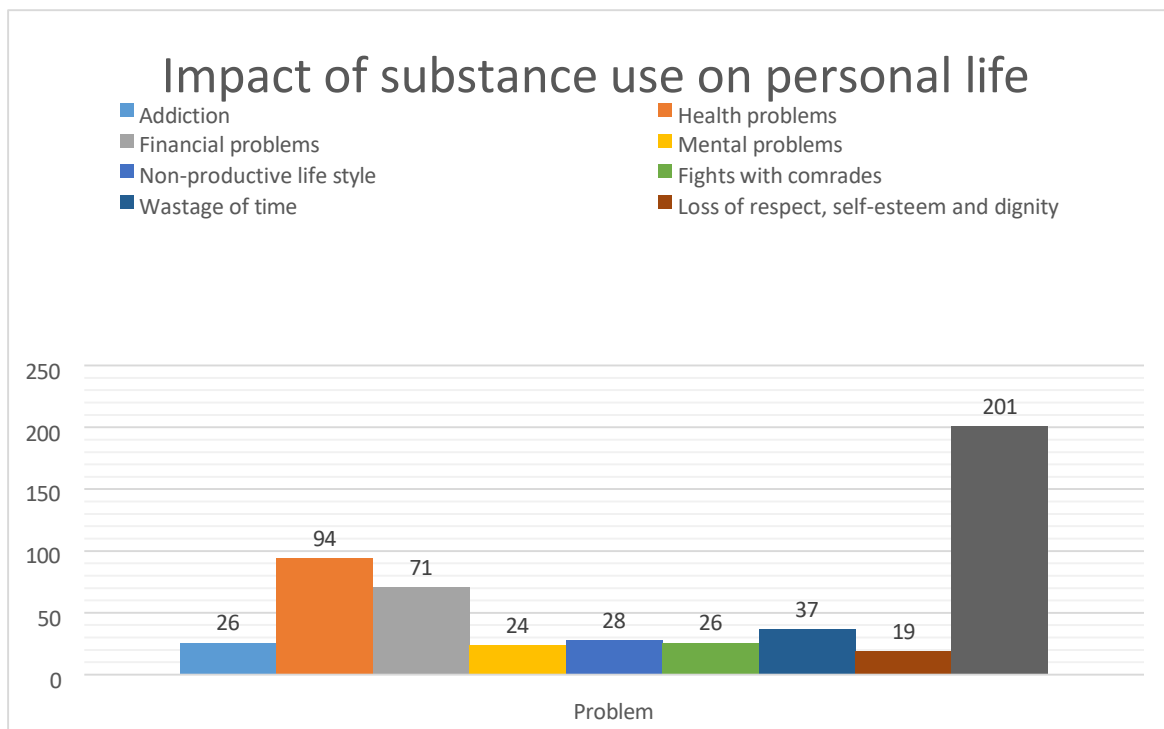


Figure 1: Impact of Substances on personal life

Impact of substance use on Family life

To the participants, substance use impacted their families in more-than

one way. The chart below shows the different ways substance use impacted their family life.

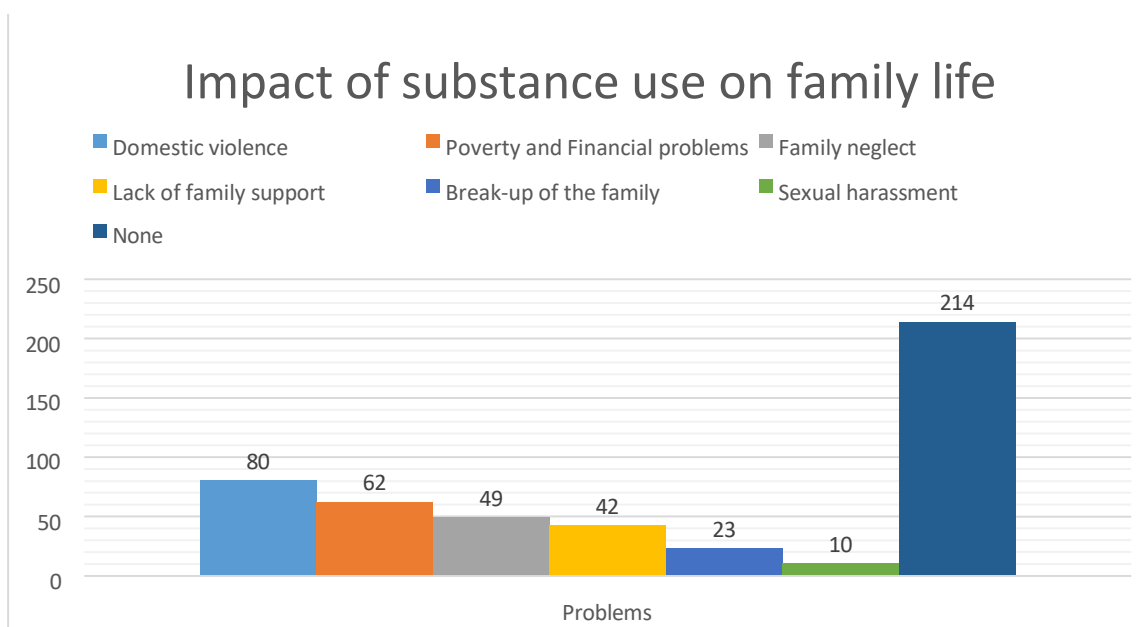


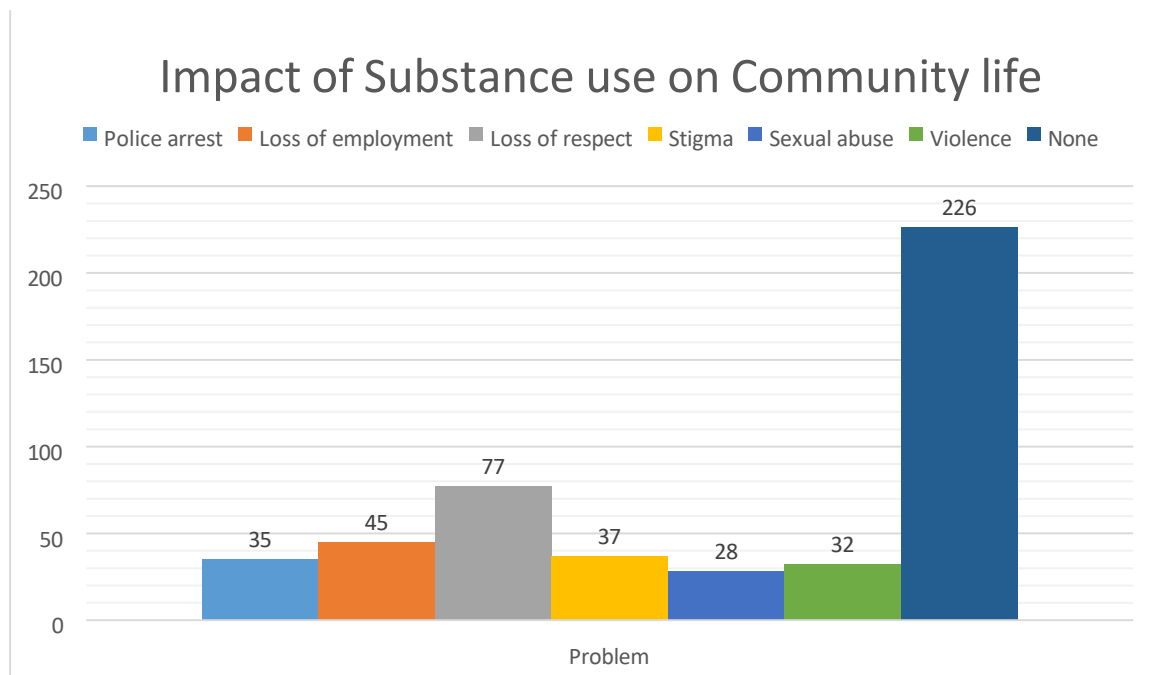
Figure 2: Impact of substance use on Family life

Impact of Substance Use on the Community Life

The participants encountered more-

than one impact on the community due to substance use. The chart below shows the different impacts.

Figure 3: Impact of substance use on the community life



DISCUSSION

This study sought to determine the prevalence, causes and impact of substance use among teenagers and young adults aged 18 to 25 years in Kapaapi, Kidolobya sub-county.

Prevalence of substance use amongst teenagers and young adults aged 18 to 25 years in Kapaapi, Kidolobya sub-county, Hoima district.

In this study, the results indicated that the majority of the participants (>70 %) at least used more than one substance corroborating a study conducted in Northern and Central Uganda which found that 70.1% of individuals aged 12 to 24 years have at least ever used alcohol and substances [11]. Alcohol was the most widely used with 42.72%, followed by tobacco at 26.3%, cannabis and amphetamines at 8.98% each, sedatives at 6.19%, opioids at 4.33%, inhalants at 1.2%, hallucinogens at 0.3%, cocaine at 0% and others at 1.0%. This correlates with a study in northern and central Uganda where the commonest substance used was alcohol (23.3%), followed by kuber (10.8%), khat (10.5%), aviation fuel (10.1%), cannabis (9.2%) and cigarettes (5.9%) with respondents from Hoima district being twice more likely to use all substances [11]. The study found the prevalence of substance abuse was: alcohol 29.93%, tobacco 22.09%, cannabis 24.14%, amphetamines 3.45%, inhalants 0.0%, cocaine 0.0%, sedatives 15.0%, hallucinogens 0.0%, opioids 14.29% and others 37.5%. These results showed that this population are actually exposed to, using and abusing a variety of substances with the exception of cocaine, which could not possibly, be available in Uganda.

Causes of substance use amongst teenagers and young adults between 18 -25 Years

In this study, results showed that the most common reason for the use of the various substances was peer pressure with up to 128 participants reporting. This was because a friend or peer

group is likely to be the source of information for drug users about the availability of drugs and the alleged effects [13] and the interest and expectation of the peer groups have an important bearing on whether or not a person will try dependence or be lured to taking drugs [15]. 48 participants reported the availability of the different substances as a cause of involvement in substance use. In Hoima, literally, every shop has alcohol, cigarettes etc. fully displayed and sold to everyone irrespective of age though the law does not allow it. According to [16] the availability of alcohol in close proximity to the school is associated with higher incidences of drug abuse. Another strong reason for the use of substances was idleness with up to 51 respondents reporting. This could have been amplified by the lockdown due to COVID 19 where all schools and institutions were closed, leaving this age group bored and idle. This adds up to this study [17], where boredom was associated with dropping out of school, which is in turn caused by joblessness, further putting youth at risk of substance abuse. On the other hand, parents in the face of tough economic times are spending less time with their adolescent children, leading to boredom, frustration and depression and increased substance use problems [18]. The other reasons reported for the use of substances included affordability (32 reported), celebrations (24 reported), curiosity (37 reported), parental influence (21 reported) and chronic pain reported by seven participants. All the above reasons are consistent and corroborate earlier literature. For instance, Globalization with greater access to drug markets with the high circulation of people acting as key drivers of drug trade and consumption [19], Sensation seeking on the other hand describes a tendency to enjoy and pursue activities that are exciting and openness to trying new experiences that may or

may not be dangerous. It has been noted that children from homes where parents take drugs tend to imitate their parents' behaviours and by modelling, they also start using drugs [13].

Impact of Substance Use amongst Teenagers and Young Adults between 18 -25 Years

Impact of Substances on personal life

Most of the participants experienced more-than one impact of the substance on their personal life. The most reported was financial problems with 201 participants reporting in terms of reckless spending, too much borrowing with lots of debts, this is consistent with a study which found that Substance use is linked with unemployment and poverty with family members being forced to borrow money as a result of drug use in the family [6]. 91 participants reported health problems, which included poor appetite, poor hygiene, bad breath, headache, hangover, injuries from accidents and a few with blackouts and brief psychosis secondary to heavy use. This corroborates a study that found that the Drug abuse menace had strangled youthful populations both secondary school students and non-students reducing them to dummies, zombies and drooling figures as well as wasting their lives at the age at which they are most needed in society [13] and [20]. Other problems encountered included addiction reported by 26 participants, non-productive lifestyles (28 participants reported), time wastage (37 participants reported), fights with comrades (26 respondents reported) and loss of self-respect (19 respondents reported). These findings are more specific to this study.

Impact of substance use on Family life

To the participants, substance use affected their families in more than one way. Domestic violence was the number one impact on the family and 80 participants reported this. This is consistent with a study conducted by [6] which found that drug use leads to

domestic violence. Poverty and financial problems are the second most effect reported with 62 participants acknowledging this, this is consistent with a study which found that Substance use is linked with unemployment and poverty with family members being forced to borrow money as a result of drug use in the family [6]. This study found that family neglect and lack of family support resulted from substance use which was reported by 49 and 42 participants respectively. This is in line with a study which found that children were forced to leave school as a result of drug use by a family member and some children were forced to work because a family member was using drugs [6]. 23 and 10 respondents respectively reported family breakups and sexual harassment. This is consistent with a survey by [21] which found teenagers engaged in sex while on drugs do it unwillingly. This acts further exposes them to the contraction of sexually transmitted infections like HIV, syphilis etc.

Impact of substance use on the community

The participants encountered more-than one impact on the community due to substance use. 77 participants reported a loss of respect. This was two-way in that the drug user could not respect people in the community and vice versa, consistent with a study which found that drug abuse resulted in a lack of morals and deteriorating learning standards and led to strikes in secondary schools characterized by violence, destruction of school property and in some cases loss of lives [22]-[25]. 45 respondents reported a loss of employment due to absenteeism, late coming, use of drugs at workplaces, and indiscipline including aggressiveness and fights with workmates, this is consistent with a study which found that Substance use is linked with unemployment [6] 37 respondents reported stigma, 35 reported having encounters with police

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which resulted into arrest due to driving while drunk, 32 reported violence involving public property demolitions and vandalism like boreholes, school

property, and sexual harassment was reported by 28 participants this was from drug gangs.

CONCLUSION

The findings showed that > 70% of respondents used more than one substance in their lives. prevalence of substance abuse was: alcohol 29.93%, tobacco 22.09%, cannabis 24.14%, amphetamines 3.45%, inhalants 0.0%, cocaine 0.0%, sedatives 15.0%, hallucinogens 0.0%, opioids 14.29% and others 37.5%. These results showed that this population are actually exposed to, using and abusing a variety of substances with the exception of cocaine. Peer pressure, idleness, curiosity, availability, affordability, parental influence, celebration and chronic pain are reasons for drug use in this population. Problems such as health problems, financial problems, non-productive lifestyles,

fight with comrades, loss of respect, domestic violence, family neglect, sexual harassment, loss of employment and police arrest are some of the problems faced. The Division and Government at large should sensitize the youths and strengthen the implementation of laws against substances. Furthermore, youths should be supported to create self-employment and creativity.

Recommendations

I would like to recommend that future studies should include teenagers under 18 years since this population is highly exposed and very vulnerable and a large-scale study involving all the divisions to have a more representative sample size.

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