FACTORS CONTRIBUTING TO DRUG ABUSE AMONG YOUTHSOF NAKASEKE TOWN COUNCIL, NAKASEKE DISTRICT, A CROSS-SECTIONAL SURVEY.

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ABSTRACT

Background
(WHO, 2017) defines drug abuse as the harmful or hazardous use of psychoactive substances including alcohol and illicit drugs. It eventually leads to dependence, a cluster of behavioral, cognitive, and physiological phenomena after repeated substance use despite the harmful consequences.

Objectives
The study aimed to determine how peer group formation among youths, parental supervision, and drug control laws and policies contribute to drug abuse among youths in Nakaseke town council.

Research methods
The researcher used a descriptive cross-sectional study design. The targeted population was the youths in Nakaseke town council. The sample size was 100 determined by Kish and Leslie's method. Data was collected using questionnaires and interviews.

Results
It was revealed that the majority of respondents have peer groups, while 38% of the respondents misuse drugs. Alcohol is the most abused drug followed by Tobacco, marijuana, and others (which included codeine, morphine, tramadol, & NSAIDs). The study findings showed that most people misuse drugs due to peer pressure 34%, depression 21.1%, media influence 18.4%, curiosity 10.5%, and others (such as excitement, passing time, etc.). Many of the respondents knew individuals counseled for getting involved with drugs, 30% knew those who were imprisoned, 22% were not aware of any punishment given to the victims of drug abuse, and 10% of the respondents mentioned that some would undergo mob justice when they are caught.

Conclusion
The study concluded that in contrast to peer group formation among youths and drug control laws and policies, parental supervision does not have a significant impact on drug abuse.

Recommendations
Youth-based & non-governmental organizations, county & national governments, as well as other relevant stakeholders, should devote maximum attention and resources towards factors against drug abuse effectively. Town council-level strategies also influence the relationship of the other factors with drug abuse.

Keywords: *Drug Abuse, Youth, Drug Control, Laws and Policies, Parental Supervision*

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Background of the study

(WHO, 2017) defines drug abuse as the harmful or hazardous use of psychoactive substances including alcohol and illicit drugs. This can lead to dependence, a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use. Moreover, a typically strong desire to take the drug, difficulties in controlling its use, & continuing despite the harmful consequences.

In 2018, the UN estimated that 192 million persons used cannabis in that year. The prevalence of past-year cannabis use varies substantially across countries and regions, with higher estimated use in North America (12.4%), West & Central Africa (12.4%) and Oceania (10.3%) than across Asia (1.8%), North Africa (4.3%) and Eastern & Southern Europe (2.4%). Within Europe, the Western and central regions have higher rates of use than the Eastern and southeastern regions. Cannabis use has been stable in Western and Central Europe over the past decade. In relation to other continents, Asia has a low prevalence of cannabis use (Conner,2021).

In the United States of America, drug abuse is often attributed to the lack of willpower or self-control, genetic factors as linked to the euphoric responses to the drugs, and decreased ability to feel negative responses to the drugs. Moreover, a desire for performance enhancement, for example in sports and academic, and genetic predisposition (Boyd, 2017)

According to the Journal of Psychosocial Research 2018, the use of tobacco, alcohol, and other substances is a worldwide problem and affects many children and adolescents. All around the world, consumption of both legal and illegal

narcotics has risen dramatically (Tsering, 2010). The World Bank has reported that nearly 82000 to 99000 children and adolescents all over the world begin smoking every day. Nearly fifty percent are expected to continue smoking throughout adulthood, and half of the adult smokers are likely to pass away early in life from smoking-related diseases. (Janeswar,2019). Nearly 250 million children are expected to die from tobacco-related causes worldwide if present smoking trends continue (Chadda, 2002). Adolescents are the most vulnerable group to initiate drug use.

According to the International Journal of Public Health 2017, substance abuse continues to be one of the most serious problems facing communities throughout the world. In Kenya, drug abuse is one of the major social problems with common and easily identifiable manifestations in public health (Health, 2017). Drug abuse reduction necessitates the use of strategies that are focused on tackling the risk factors.

In Uganda, there is a rise in alcohol and other drugs of abuse in the country but the details of practice are scanty. Traditional environments, extended family background, living in slum areas, adolescent sex (particularly male sex), and inappropriate drug control policies are strongly linked to substance abuse. On the other hand, religion and ethnicity are some of the protective factors against drug abuse. There is a lack of data on how the COVID-19 epidemic impacted the large proportion of young people suffering from substance use disorders (Kaggwa, 2022). Yet, the country had its schools closed for almost two years with no online studies or other means, thus removing this known protective factor (staying in school and school connectedness) against substance use among adolescents (Muwanguzi, 2022).

In western Uganda, factors influencing drug abuse among university students were categorized into demographic-related factors (age, gender, religion), social factors (family influence, peer influence, mass media, lack of appropriate laws, and poor enforcement of laws), behavioral (rebelliousness, one drug leading to use of the other, anti-social behaviors like theft, tendency to seek excitement, curiosity and night clubbing), and individual characteristics (stress, poverty). (Zachary Donnefeld, 2017)

However, there is no published study on the factors contributing to drug abuse in the Nakaseke district especially in its town council.

General objectives

Assessed the factors contributing to drug abuse among youths in Nakaseke town council, Nakaseke district

Specific objectives

Assessed how the peer group formation contributes to drug abuse among youths in Nakaseke town council, Nakaseke district

Assessed how parental supervision contributes to drug abuse among youths in Nakaseke town council, Nakaseke district

Assessed how the laws and policies contribute to drug abuse among youths in Nakaseke town council, Nakaseke district.

Methodology

Study design

The study was a descriptive cross-sectional study design, in which the condition and the potentially related factors are measured at a specific point in a time for a defined population. This will clearly show the pattern and characteristics of the condition in a population for a particular point in time. This study design has been selected because it will assist the researcher in gathering all the required information from the respondents.

Study area

The study was conducted in Nakaseke district. Nakaseke district is located in central Uganda; it was named after Nakaseke the largest town in the district. However, its district headquarters are located in Butalangu. Nakaseke is approximately 66 kilometers (41 mi) by road, northwest of Kampala, the capital and largest city of Uganda. The road from Kampala to Wobulenzi, a distance of about 47 kilometers (29 mi), is all-weather tarmac, with the last 19 kilometers (12 mi) to Nakeseke on a gravel-dirt road. The coordinates of the town are 0°43'48.0"N, 32°24'54.0" E (Latitude: 0.7300; Longitude: 32.4150). Nakaseke Town sits at an average elevation of 1,276 meters (4,186 ft.) above mean sea level. During the national census and household survey of 27 and 28 August 2014, the Uganda Bureau of Statistics (UBOS), enumerated the population of Nakaseke at 7,238 people. Baganda are the main inhabitants of the Nakaseke district and the majority are Christians with the main language being Luganda

In 2015, UBOS estimated the population of Nakaseke Town at 7,400. In 2020, the population agency estimated the mid-year population of the town at 8,600. UBOS calculated the rate of population growth of Nakaseke Town to average 3.05 percent annually, between 2015 and 2020.

Study population

The study mainly constituted the youths of Nakaseke town council who consented, many youths in Nakaseke are unemployed, they like gambling, and many are school dropouts. Nakaseke town council has a population of 2000 youths according to Uganda census data from 2014

Sample size determination

A sample size(n) of 100 respondents was selected following the statistical formula used by Kish and Leslie for calculating sample size in surveys, which is given by:

$S=[Z2p(1-p)]/ d2$

Where; Z; is the confidence interval

p; is the population with desired characteristics S; is the sample size

d; allowable margin of error accepted in this study Therefore;

Z= 1.96(standard normal deviation at 95% confidence interval) P= 0.5(estimated prevalence 50%)

d= 10% (0.1)

So, S= 1.962*0.5(1-0.5)/0.12 S= 96.04

Therefore approximately 100 respondents will be interviewed

Sampling techniques

In this study, participants were selected using the convenient sampling method which is a non-probability sampling method in which data collection relies on population members who are available to participate in the study. I decided to use this method because data collection can be facilitated in a short duration of time and is cheap to implement.

Sampling procedure

Nakaseke town for example had a population of 2000 youths and it was our target population; a sample of 100 youths was selected by allowing the youths that were available to participate until we made a total of 100.

Data collection

I employed self-administered questionnaires for literature and interview schedules for illiterates. This is because of the nature of the data that was to be collected that is qualitative data, time available, as well as objectives of the study.

Data collection tools

Questionnaires with both open and closed-ended questions were given to all respondents who could read and write, and interview schedules for those who couldn't read and write were used as the main tools for data collection. I together with a few research assistants distributed the questionnaires to individuals who were literate to fill and also read for the illiterates and then after filling they were collected.

Data collection procedure

After notifying the local authorities, a convenient time for the interview was fixed and all respondents were informed. In-depth interviews were conducted and respondents were interviewed in the languages they knew most. Data was collected with the help of questionnaires written in English and I translated in Luganda which is the local language spoken in the study area in case of the failure of the respondents to get the meaning of the questions well. I trained the research assistants who helped him in the data collection.

Piloting study

I collected a pre-test pilot study on a small number of youths. The pilot study helped to test the feasibility of the study techniques and to perfect the questionnaire concepts and wording.

Quality control

Aimed at achieving quality for the research study, pretested questionnaires were used to collect data and I recruited and trained a research assistant who helped me in asking questions on the questionnaires as well as interpreting the questions in the local language for the respondents. The questionnaires were allocated numbers to avoid errors during data analysis. There was the use of a fieldwork manual to guide research assistants in collecting data.

Data processing

Data processing started right from the field by checking for data completeness that is at the end of each interview and also data consistency that is two or more questions were asked at the beginning and then at the end. Then data sorting is numbering questionnaires of different categories, and then data was entered into a data master sheet.

Data analysis

The collected data was tallied and then presented in the form of tables, charts, graphs, percentages, and numbers.

Ethical consideration

The study was conducted after receiving a letter of permission from the research committee of Kampala School of Health Sciences which I presented to the town clerk who offered me

permission to collect data. I only proceeded after the objectives of the study had been explained well to the respondents and only when they had understood and consented to the study. All the information that was collected from respondents was considered confidential and kept safely.

Presentation of Data

TABLE 1 Demographic data

Age		
Variable	Respondents	Percentage response (%)
15-20	25	25
20-24	45	45
25-29	20	20
30-35	10	10
Total	100	100
Sex		
Male	80	80
Female	20	20
Total	100	100
Education levels		
None	08	08
Primary	34	34
Secondary	38	38
Tertiary	20	20
Total	100	100
Religion		
Catholic	42	42
Protestant	20	20
Muslim	26	26
Others	12	12
Total	100	100
Marital status		
Married	14	14
Single	36	36
Divorced	12	12
Others	38	38
Total	100	100
Occupation		
Un employed	48	48
Peasant	17	17
Civil servant	04	04
Business person	31	31
Total	100	100

TABLE 2 shows respondents who have friends

Variable	Respondents	Percentage response (%)
Yes	70	70
No	30	30
Total	100	100

FIGURE 1 illustrates the variation of respondents with the response
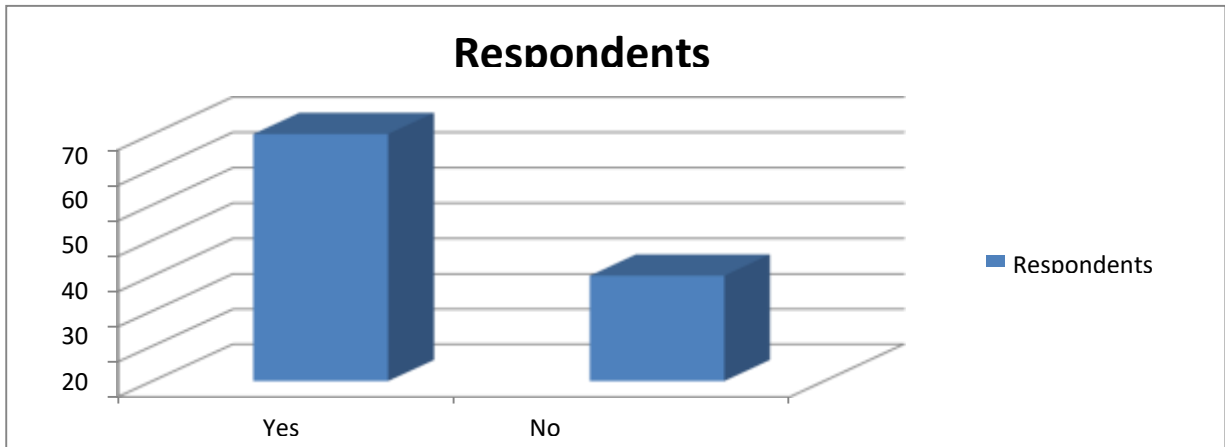
TABLE 3 shows the respondents who either know youth misusing drugs or not

Variable	Respondents	Percentage response (%)
Yes	38	38
No	62	62
Total	100	100

FIGURE 2 represents the respondents who either know any youth missusing drugs or not
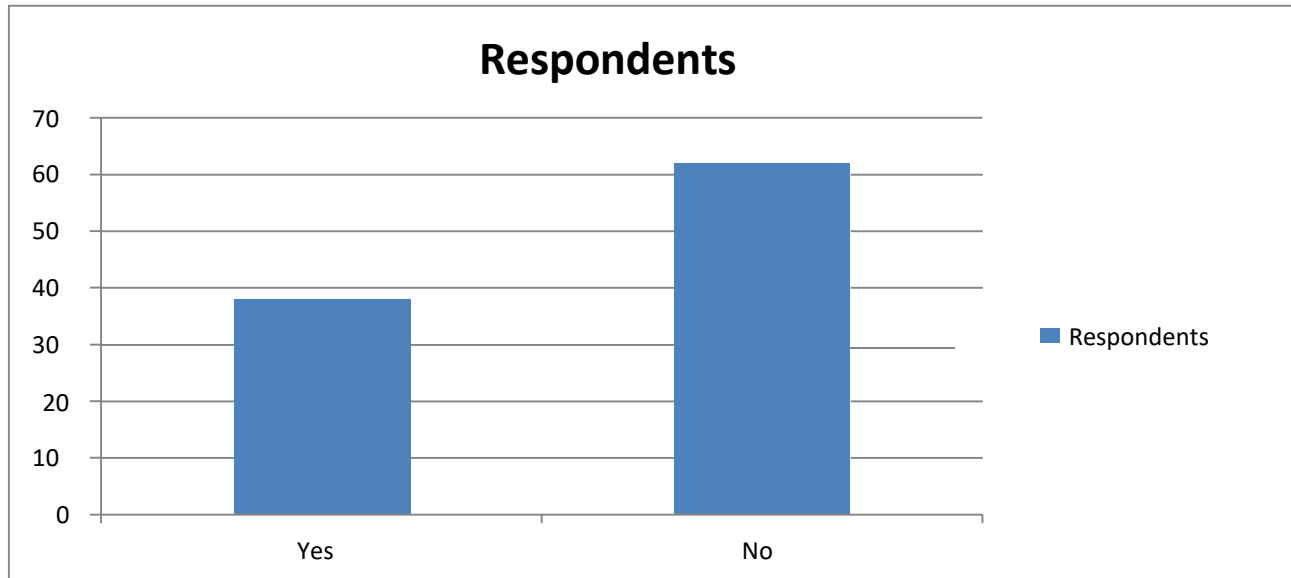
TABLE 4 shows which drug is misused by the respondents

Drug	Respondents	Percentage response (%)
Marijuana	20	20
Tobacco	25	25
Alcohol	40	40
Others	15	15
Total	100	100

FIGURE 3 displays which drugs are misused by the respondents
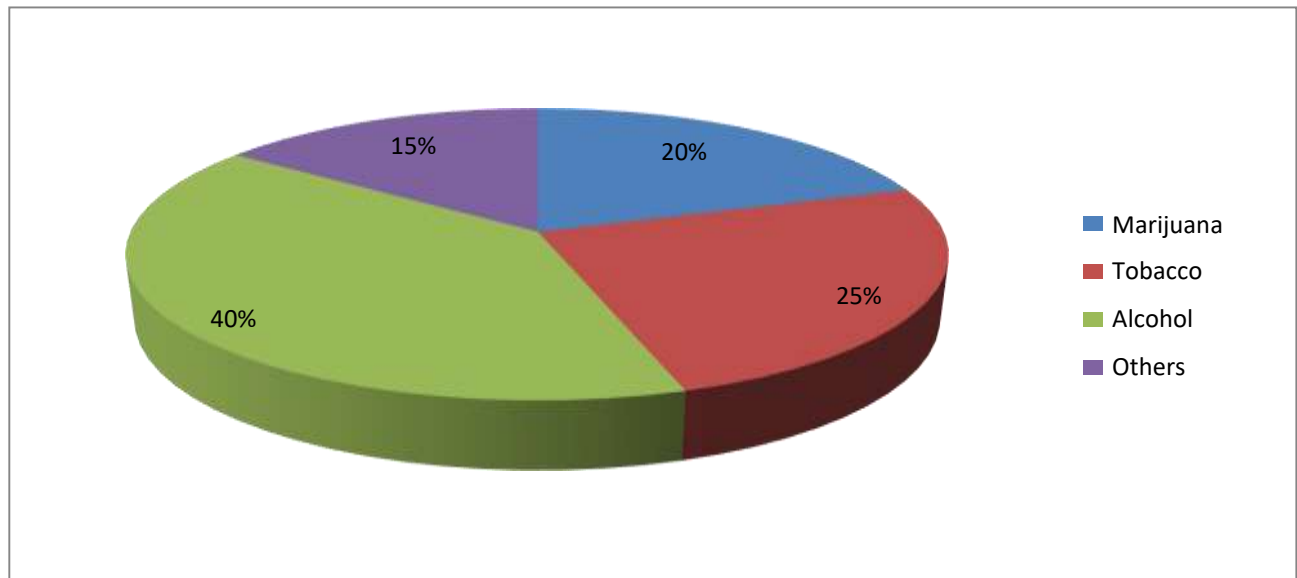
TABLE 5 shows why people in the community abuse drugs

Variable	Respondents	Percentage response (%)
Depression	8	21.1
Curiosity	4	10.5
Peer pressure	13	34.2
Media influence	7	18.4
Others	6	15.8
Total	38	100

FIGURE 4 illustrates why people in the community abuse drugs
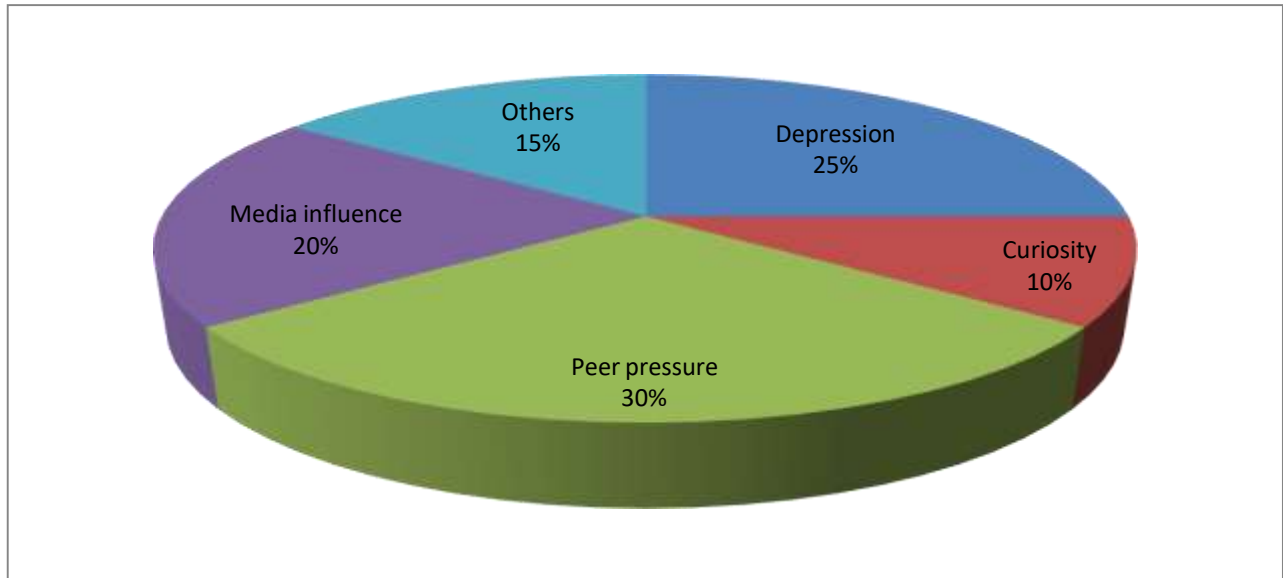
TABLE 6 Table below shows whether the respondents grew up with their parents

Variable	Respondents	Percentage response (%)
Yes	64	64
No	36	36
Total	100	100

FIGURE 5 shows the variation of respondents with response
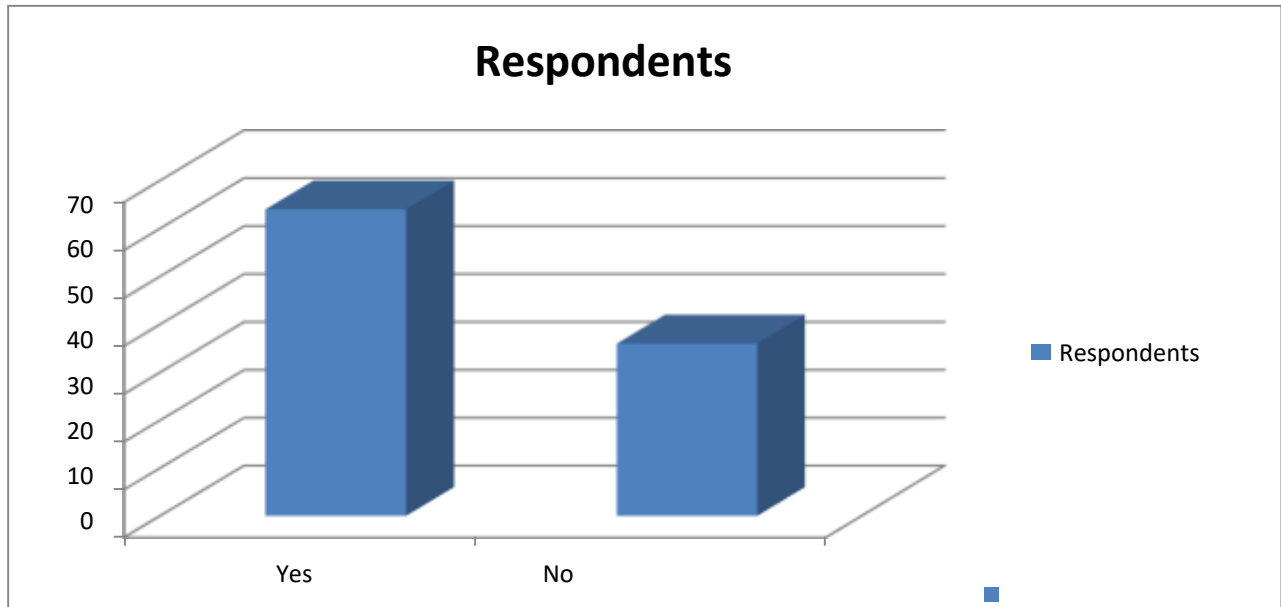
TABLE 7 shows whether parents of the respondents misused drugs

Variable	Respondents	Percentage response (%)
Yes	20	20
No	80	80
Total	100	100

FIGURE 6 displays the variation of respondents with response
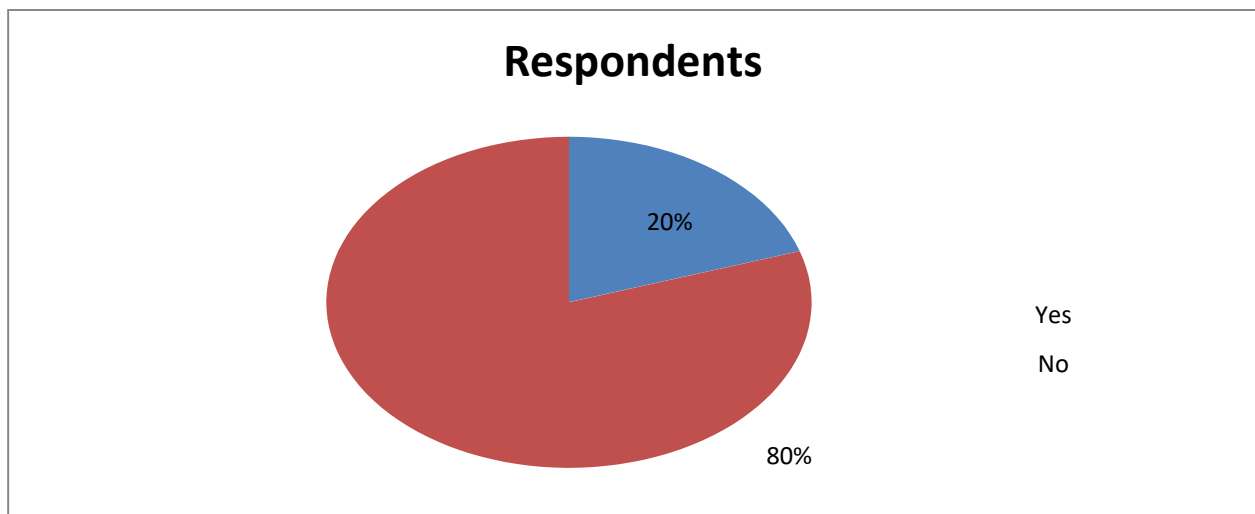
TABLE 8 represents whether some respondents were counseled by their parents

Variables	Respondents	Percentage response
Yes	40	40
No	60	60
Total	100	100

FIGURE 7 represents the variation of respondents with response
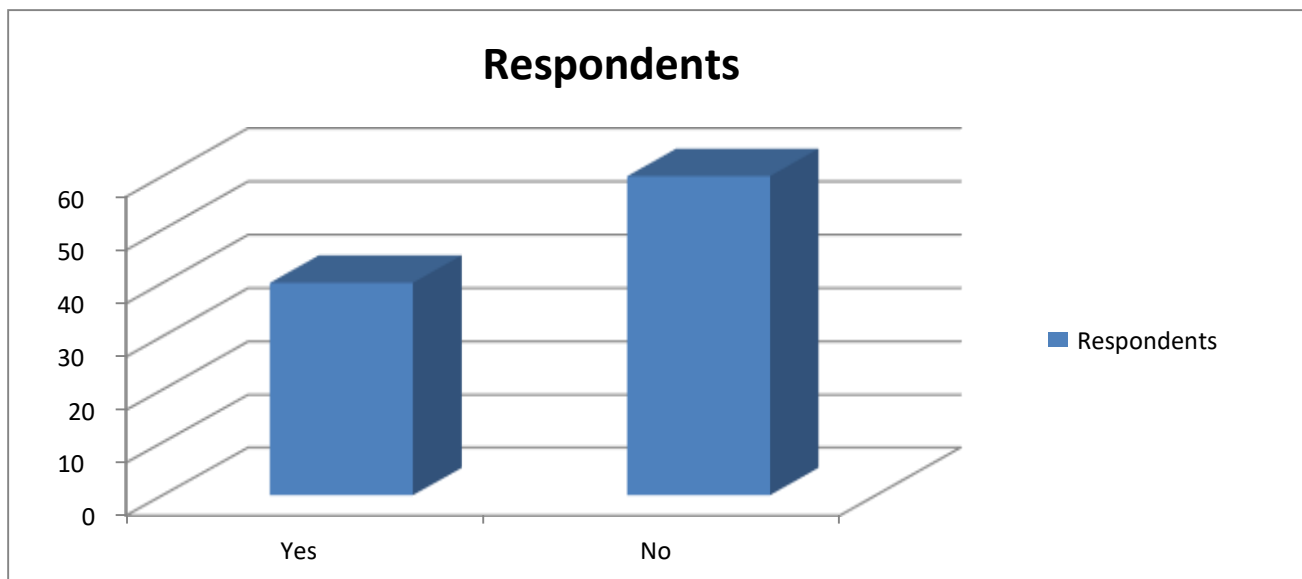
TABLE 9 shows whether drug abuse is accepted in the community

Variable	Respondents	Percentage response (%)
Yes	5	5
No	95	95
Total	100	100

FIGURE 8 illustrates whether drug abuse is accepted in the community
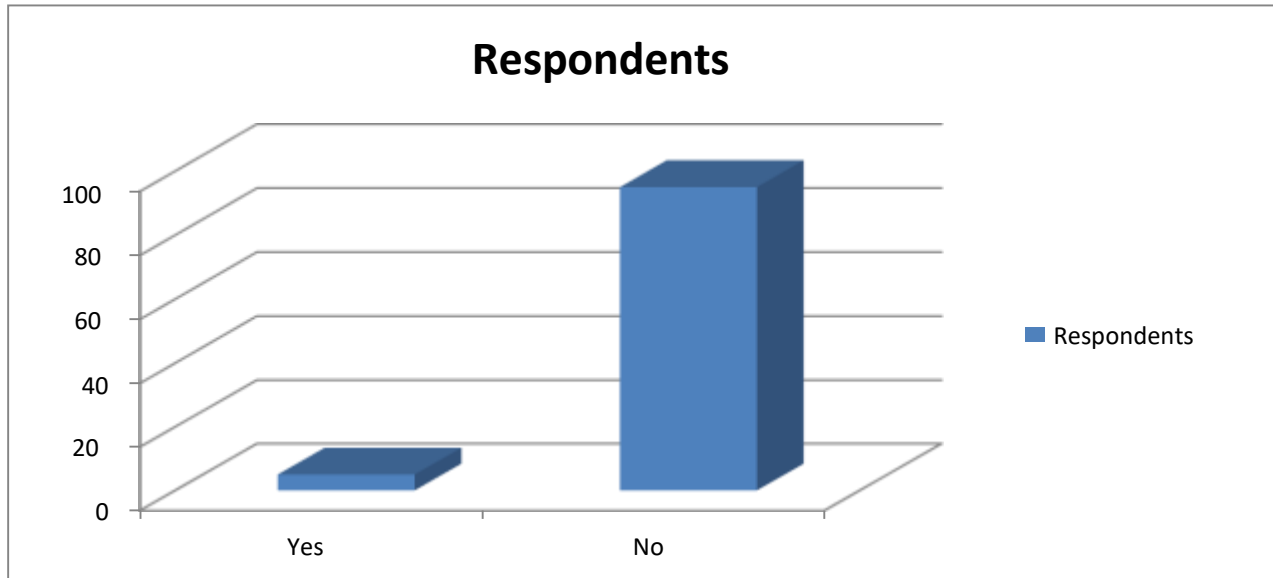
TABLE 10 shows whether the respondents find it easy to access drugs inthe community

Variable	Respondents	Percentage response (%)
Always	20	20
Sometimes	48	48
Never	32	32
Total	100	100

FIGURE 9 represents whether the respondents find it easy to access drugsin the community
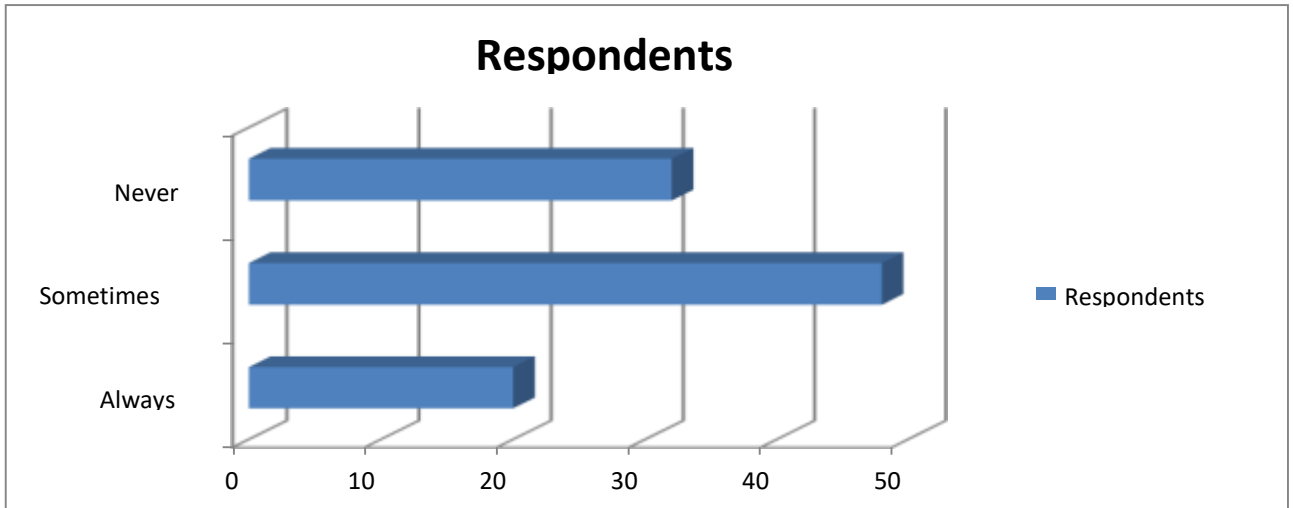
TABLE 11 shows which punishments are given against possession and use of drugs in the community

Variable	Respondents	Percentage response (%)
Imprisonment	30	30
Counseling	38	38
Mob justice	10	10
I don't know	22	22
Total	100	100

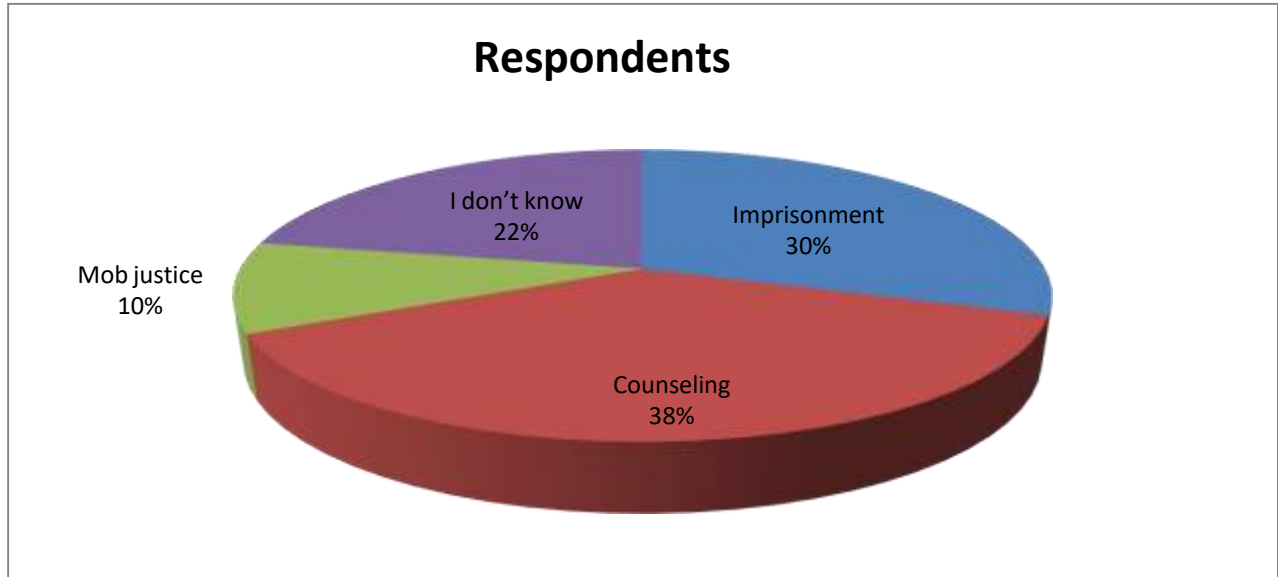**FIGURE 10 illustrates which punishments are given against possession and use of drugs in the community**

Respondents

- I don't know 22%
- Imprisonment 30%
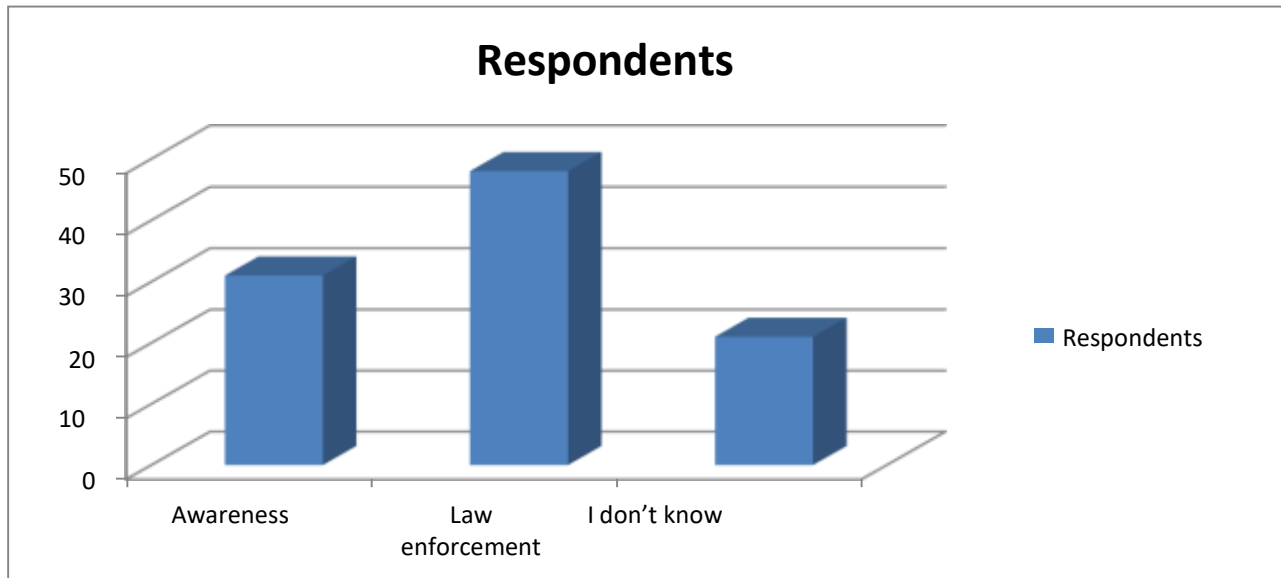- Mob justice 10%
- Counseling 38%

TABLE 12 shows what else the respondent would to the leaders insolving the problems of drug abuse among youths

Variable	Respondents	Percentage response (%)
Awareness	31	31
Law enforcement	48	48
I don't know	21	21
Total	100	100

FIGURE 11 shows what the respondents would to the leaders in solving the problems of drug abuse among youths

Explanation of Results

Peer pressure

The study's objective was to establish how Peer group formation contributes to drug abuse among youths in Nakaseke town council, Nakaseke district. Data analysis and interpretation revealed the following major findings. It revealed that 70% of respondents have peer groups and 30% don't. 38% of the respondents misuse drugs and 62% don't use drugs. Alcohol is the most abused drug with 40%, followed by Tobacco at 25%, marijuana at 20%, and others that include codeine, morphine, tramadol, and NSAIDs at 15%. The study findings revealed that most people misuse drugs due to peer pressure 34%, depression 21.1%, media influence 18.4%, curiosity 10.5%, and others that include excitement, passing time, and so on with 15.8%. Adolescent substance use and juvenile crime are both believed to be strongly influenced by peer pressure (Reed, 1997). A commonly held view is that social pressure from friends to use drugs and alcohol is a major contributor to substance use and peer pressure is considered a common motive for its time drug and alcohol abuse. The study findings were that peer group formation with regards to drug abuse in Nakaseke Sub County, Nakaseke district exhibited to a large extent and it exhibits a link and significant relationship with drug abuse

Parental supervision

The study's objective was to establish how Parental supervision contributes to drug abuse among youths in Nakaseke town council, Nakaseke district. Data analysis and interpretation revealed the following major findings. The results showed that 64% of the respondents grew up with

their parents and 36% of the respondents didn't grow up with their parents. Some respondents had their parents who misuse drugs 20% and 80% of the parents do not misuse drugs. The results some respondents received counseling from their parents about drug abuse and others were not which accounted for 40% and 60% respectively. The study findings were that parental supervision on drug abuse in Nakaseke town council, Nakaseke district is exhibited to a large extent, and counseling exhibits a link and significant relationship with drug abuse. Parenting plays a big influence on the child's predisposition for drug abuse, some parents tend to leave prescription drugs within easy access to youths, and their failure to oversee their children's activities can play a big role in developing a tendency for youth's drug addiction parents and guardians are often held as responsible for drug abuse among youths on the assumption that opportunities to consume drugs arise when supervision is inadequate, insufficient parental monitoring increases the likelihood of affiliation with deviant peers who encourages illicit drug use, low monitoring may be a response by the parents to child's negativity or refusal to disclose information both of which foster disengagement.

Drug control laws and policies

The study's objective was to establish how drug control laws and policies contribute to drug abuse among youths in Nakaseke town council, Nakaseke district. Data analysis and interpretation revealed the following major findings. The

results showed that 5% of the respondents revealed that drug abuse is accepted in their community, and 95% revealed that drug abuse is not accepted in their community. 48% of the respondents sometimes find it easy to access drugs in their community, 32% of the respondents completely have no access to drugs in the community and 20% of the respondents always have access to drugs in the community. 38% of the respondents revealed that individuals who are found involved in drug abuse are counseled, 30% revealed that they were imprisoned, 22% were not aware of any punishment given to the victims of drug abuse, 10% of the respondents revealed that some individuals undergo mob justice when they are caught. Some respondents were ready to help the forces in handling drug abuse by suggesting enforcement of laws and creating awareness in the individuals within the community i.e. 48% and 31% respectively, 21% of the respondents had no suggestion about control of drug abuse. Lack of funds and inadequately trained personnel have made it difficult to implement drug control programs, and apart from the formal legislation, there are also informal ways of controlling drug abuse like in churches, schools, and work environments. It is suggested that in Uganda, efforts should be put into strengthening both formal and informal regulations and policies.

Conclusion

The overall objective was to investigate the factors contributing to drug abuse among youths in Nakaseke town council, Nakaseke district, and evaluates current responses and strategies in place to counter the prevalence of the drug and substance abuse trend among youth in Nakaseke town council, Nakaseke district. The study concluded that parental supervision does not have a significant impact on drug abuse. However, peer group formation among youths and drug control laws and policies have an impact on drug abuse. Town council-level strategies also affect the relationship of other factors with drug abuse. The conclusions are in tandem with the social bonding theory which is a sub-set of the theories of delinquency, where from a social learning perspective; the focus will be directed toward intimate groups and the acquisition of values and beliefs favoring deviance and crime (peterson, 2020).

Limitations of study

The limitations of the study included the following;

• Non-respondents. This was because some respondents were biased about the study or may have not understood well the study objectives and hence failed to cooperate fully.

• Time limitation. This was a result of limited time allocated for data collection, data analysis, data processing, and writing reports.

• Financial limitation. This was because am a student, so I might have failed to raise sufficient funds to meet the costs required for accomplishing this study.

However, these study limitations were tackled by providing adequate explanations to the respondents on the objectives of the study, proper training of the researcher assistants, and formulating a work plan and a budget respectively

Recommendations

Parental supervision has no significant impact on drug abuse, thus the youth-based organization and other non-governmental organizations, county government, national government, and other relevant stakeholders do not need to focus on these factors. However, peer group formation among youths, drug control laws and policies, and town council-level strategies have a significant impact on drug abuse. Town council-level strategies also influence the relationship of the other factors with drug abuse. Thus, the stakeholders should devote maximum attention and resources to these factors.

Recommendations for Further Study

The influence of relevant factors on drug abuse study findings is of great importance to policymakers and county health management teams. The same study could be carried out across other localities in Nakaseke district and other counties in Kenya and DRC to eradicate the drug menace in Kenya and DRC.

Acknowledgement

List of Abbreviations

WHO: World Health Organization

UN: United Nation

MOH: Essential Medicines List Uganda

WHOEML: World Health Organization Essential Medicines List

UNODC: United Nations Office on Drugs and Crime

EMCDDA: European Monitory Center for Drugs and Drug Addiction

ESPAD: European Survey Project on Alcohol and Drugs

NDLEA: National Drugs Law Enforcement Agency

NSAIDS: Non-Steroid Anti-Inflammatory Drugs

DRC: Democratic Republic of Congo

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