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Original Article

SUBSTANCE ABUSE AMONG YOUTH ATTENDING NDEJJE HEALTH CENTRE IV, MAKINDYE DIVISION, WAKISO DISTRICT, A CROSS-SECTIONAL STUDY

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ABSTRACT

Background

Page | 1 Globally, Substance use among youths and adolescents is a growing major public health concern in Africa with substance use being a key cause of disability-adjusted life years (DALYs) lost in young people; DALY rates in Africa are reported to be 2.5 times higher than in high-income countries. Despite the various side effects caused by substance abuse, there is a paucity of data regarding substance abuse among youths in Uganda. Therefore, this study aimed to assess the prevalence and factors contributing to substance abuse among youths attending Ndejje Health Centre IV, Makindye division, Wakiso district.

Methodology

A cross-sectional study involving 298 youths was conducted at Ndejje Health Centre IV, Makindye division using questionnaires. Data was analyzed using SPSS V. 23.0. Both descriptive and inferential statistics were computed, and the results were tabulated and expressed in graphs.

Results

Findings from the study revealed that the prevalence of substance abuse was 61.1%. Most commonly abused substance was alcohol 145(48.7%) followed by sedatives 62(20.8%). Bivariate analysis revealed that socio-demographic factors that were associated with substance abuse were male gender Muslim religion and tertiary education the behavioral factors associated with substance abuse were peer influence substance abuse by either parent or relative and staying with the parents.

Conclusion

Based on the study findings, substance abuse among youths attending Ndejje Health Centre IV is higher than in the previous studies conducted. The most abused substance among these youths is alcohol and the factors associated with substance abuse are both demographic and social in this context.

Recommendation

We therefore recommend the government, parents, and other responsible bodies to introduce health education, especially on substance abuse and its associated bad outcomes.

Keywords: *Drug Abuse, Youth, Substance use*
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Background of the study

Substance Abuse has become a growing public health concern in the world today and it poses a big threat to public and social health (Peacock et al., 2018). The United Nations statistics in the World Drug Report Substance Abuse revealed that in 2017, an estimated 271 million people, or 5.5 percent of the global population aged 15–64, had used substances in the previous year, and of these, about 467,000 comprising of youths aged 15-24 years that have used at least one drug (UNODC 2018). Drug abuse refers to the use of drugs for pleasure other than legitimate medical purposes (Chibaya et al., 2016). Substance abuse entails a maladaptive pattern of substance (drugs and alcohol) usage, ultimately leading to one's clinically significant impairment or distress. Medicine has revealed that while the majority of individuals begin substance usage due to peer influence and for recreational purposes, after some time, one becomes addicted to the sense of happiness they derive from substances and becomes dependent on them (NIDA, 2020). Common illicit drugs that have been noted to be of public health concern globally include mainly marijuana, hashish, and other cannabis-containing chemicals and stimulants such as cocaine, aviation fuel, alcohol amphetamines, and methamphetamines (meth). These agents are usually consumed for the main purpose of boosting one's energy, and mental focus and also to improve performance at work because they cause one to experience a sense of euphoria, and an increase in visual, auditory, and taste perception. These, however, are associated with short-term and

long-term side effects like dry mouth, slowed reaction time, an exaggerated craving for specific foods at unusual times, anxiety attacks, a decrease in productivity and performance at work, a loss of interest in socializing with friends and family, and mental retardation, dizziness, nausea or vomiting, arrhythmia, slurred speech, slow movements are also poor coordination. (WHO, 2016)

According to the World Health Organization, the use of psychoactive substances causes significant health and social problems for the people who use them, and also for others in their families and communities. A previous report showed that in 2008, 155 to 250 million people, or 3.5% to 5.7% of the world's population aged 15- 64 years used other psychoactive substances such as cannabis, amphetamines, cocaine, opioids, and non-psychoactive prescription medication with cannabis being the most commonly used (129- 190 million people) followed by amphetamine-type stimulants, then cocaine and opioids.

Most youths in their adolescence life start using drugs as young as 12 years of age (Bernard Wamalwa 2019). The problem of substance abuse usually starts with smoking cigarettes at the toilets during school breaks (Bernard Wamalwa 2019). These adolescents would then proceed to use other drugs such as

alcohol, cannabis, and hard drugs. Youths use substances for various reasons and contributing factors include their developmental stage, peer group pressure, family problems, and stress relief (Bernard Wamalwa 2019). These youths seem not to be considering the long-term effects of these drugs on their lives (NACADA, 2015). This is however seen from the validated global picture that shows that drug abuse was the main cause of death for 228,000 youths within the 15-24 age groups. In addition, a WHO 2016 report established that 5% of all deaths among youths aged 15-25 years were due to drug abuse, though the report indicated that the majority of related deaths due to drug overdose among the youth are more prevalent in developed countries than the developing ones (UNODC, 2019).

In Sub-Saharan Africa, about 28 million people are drug abusers and about 37,000 people in Africa die annually from diseases associated with drug abuse. A study revealed that Nigeria has the highest drug prevalence rate among the youth at 20.9% followed by South Africa at 15%. Further, based on a sample of 143,201 youths with a mean age of 17.5 years, established that the prevalence of drug abuse among youths in Sub-Saharan Africa was 41.6%. The drugs consumed by the youth in this study included; caffeine products (41.2%) but this was only in the West African countries. This was followed by alcohol (32.8%), tobacco products (23.5%), khat (22.0%), cannabis (15.9%), depressants (11.3%), amphetamines (9.4%), heroin (4.0%) and cocaine (3.9%). Similarly, a recently published systematic review found that the overall prevalence of 'any substance use' among adolescents in sub-Saharan Africa is 41.6%, with alcohol and tobacco being the highest prevailing substances (i.e. 40.8% and 45.6%, respectively) across the continent compared to any other substance us. (Olawole-Isaac et al., 2018).

Africa's population has grown by over 50% since 2000, and in this time, the number of years lost to disability because of mental and substance use disorders increased by 52% (Jumbe, S et al., 2021). Globally, Substance use among youths and adolescents is a growing major public health concern in Africa with substance use being a key cause of disability-adjusted life years (DALYs) lost in young people; DALY rates in Africa are reported to be 2.5 times higher than in high-income countries (Whiteford, 2013). Recent similar studies also indicate that there is a high prevalence of substance use among young people when compared to the general population, with associated physical and psychosocial problems such as fighting, vandalism, theft, engaging in unprotected sex, personal injury, medical problems, and impaired relationships with family and friends (Hoel E, 2014).

In East Africa, the prevalence rate of drug abuse among the youth is 45.5%. It was projected that East Africa will have a third of all drug abusers in Africa by the year 2050 due to a high level of urbanization. This is attributed to the easy availability and affordability of drugs facilitating the abuse of drugs among youths in East Africa (WHO, 2018).

In Uganda, the prevalence of drug abuse among youths aged 15-24 years was noted to be 73.7%. Of these, 39.1% use drugs regularly and the common drugs consumed include alcohol (23.3%), kuber (10.8%), khat (10.5%), aviation fuel (10.1%), Cannabis (9.2%), and cigarettes (5.9%). However, the occurrence of drug abuse in males was twice as much as in females who are usually initiated at a later stage (Abbo et al., 2016).

Specific Objectives

- To determine the prevalence of substance abuse among youth in Ndejje HCIV Makindye division, Wakiso district.
- To determine the factors contributing to substance abuse among youth attending Ndejje HCIV Makindye division, Wakiso district.

METHODOLOGY

Study Design

The study was a cross-sectional study design that employed a quantitative method of data collection.

Study site

The study was conducted at Ndejje HCIV, Makindye Division in Wakiso district. Makindye Division is located along Kampala Entebbe highway 8 km from the city centre of Kampala and the second largest town city in the metropolitan region. It is located on coordinates of 14'09.2'N32'34'55.2'E.

Study population

The study targeted a youth population of both male and female residents attending Ndejje HCIV Makindye division, Wakiso district aged between 18 and 30 years. This town also has highly populated higher institutions of learning (Ndejje Campus and several secondary and tertiary institutions dominated by youths making it an ideal catchment area.

Eligibility criteria

Inclusion criteria

All youths aged between 18-30 years irrespective of the sex who consented were included in the study.

Determination of sample size

The sample size determination was derived from the formula below.$N= (Z^2PQ)/D^2$

Where;

N- Sample size.

Z- Score at 2 standard deviations of a normal standard distribution curve (1.96).P- Estimated population size (73.7% or 0.737) (Abbo, et al 2016).

Q- 1-P (26.3% or 0.263).

D- Margin of error(0.05%)

Therefore:

Sample size (N) = [(1.96)2 * 0.737 * (1-0.737)]/(0.05)²

Sample size (N) = 298.

Therefore, 298 respondents participated in the study.

Sampling techniques and procedure

The sampling method which was used is random sampling where all participants had equal chances to be selected for the study.

Study variables

Independent variables

These included factors like; age, gender, education level, and religion. Socio factors like depression, heavy course workload, perceived mental illnesses, availability of the substances of abuse, peer influence, and previous use of substances of abuse.

Dependent Variable

This was substance abuse. It was categorized into cases (youth that practice substance abuse) and controls (youth that do not practice substance abuse).

Data collection method and instrument

Data was collected using a self-generated semi-structured questionnaire modified from (Annelize et al., 2019). The questionnaire comprised categories of questions assessing personal biodata, substance abuse, and factors associated with substance abuse. Data was collected through individual oral interviews. The responses from the participants or caretakers were filled into the corresponding questionnaires by the researcher or research assistants. All the questionnaires were filled out. To ensure a higher percentage of questionnaire completeness, hard copies were used.

Quality control

To ensure the quality of data collected, the researcher used a pre-tested questionnaire. In addition, the research assistants were trained in the data collection process.

Data management, analysis, and presentation

Data management

Collected data was checked for completeness and accuracy where it was entered into SPSS software and further cleaned and coded.

Data analysis and presentation

Data was coded and analyzed quantitatively/quantitatively based on the specific objectives. Both descriptive and inferential statistics were computed using the Statistical Package for Social Sciences (SPSS) version 23.0 computer program. Quantitative descriptive results were presented using frequencies, charts, and tables. Inferential statistics were done using logistic regression to understand the relationship between a particular independent variable and the dependent variable.

Ethical consideration

Approval

The research was conducted after the approval of the research proposal by the Research Board of the School of Health Sciences and an introductory letter was given to the researcher. Permission to collect data was obtained from the hospital administration.

Informed Consent

The researcher/research assistants asked the participants to consent before participating in the study. After obtaining the consent from the study participants, the researcher continued with the actual interview/study

Confidentiality

Before the study/interview was started, the researcher/research assistants assured the participant that the information was to be kept confidential and used for study purposes only and their details like the names were not to be used in the study.

Table 1: Demographic characteristics respondents (n=298)

Variable		Frequency (n=298)	Percentage
Gender	Male	197	66.1
	Female	101	33.9
Age	<18-19 Years	21	7.0
	20-25 Years	180	60.4
	26-30years	97	32.6
Religion	Catholics	191	64.1
	Anglicans	83	27.9
	Muslims	13	4.4
	SDA	4	1.3
	Others	7	2.3
Education level	Primary	18	6.0
	O' Level	55	18.5
	A' Level	26	8.7
	Tertiary level	199	66.8
Marital status	Married	78	26.2
	Single	210	70.5
	co-habiting	10	3.4
Occupation	Self employed	43	14.4
	Privately employed	141	47.3
	Not employed	80	26.8
	Employed by government	34	11.4
Place of residence	With/near parents	51	17.1
	Away from parents	247	82.9

RESULTS

Demographic characteristics of the respondents

From table 1, it can be seen that majority 197(66.1%) of the respondents were males whereas minority 101(33.9%) of the respondents were females. More than a half 180(60.4%) of the respondents were aged between 20-25 years while only 21(7.0%) of the respondents were 18-19 years. Similarly, it can be seen that more than a half 191(64.1%) of the respondents were

Catholics whereas only 4(1.3%) of the respondents belonged to SDA. Regarding highest education level attained, majority 199(66.8%) of the respondents had attained tertiary level whereas only 18(6.0%) had attained only primry level. Nearly three quarters 210(70.5%) of the respondents were single while only 10(3.4%) were cohabiting. One hundred and forty one (47.3%) of the particiants were privately employed whereas only 34(11.4%) were employed by the government. More than three quarters 247(82.9%) of the respondents were residing away from the parents while 51(17.1%) were residing with/near their parents.

General number of respondents who practiced substance abuse

Results in figure 2 show that, majority 182(61.1%) of the respondents practiced substance abuse while minority 116(38.9%) did not practice substance abuse.

Different substances of abuse

According to the results of the study in table 2, 53(17.8%) of the respondents abused tobacco while 245(82.2%) of the respondents did not abuse tobacco. It was found that nearly a half 145(48.7%) of the respondents abused alcohol whereas 153(51.3%) did not. More to that, 22(7.4%) of the respondents abused cannabis while 276(92.6%) of the respondents did not abuse cannabis. Furthermore, it was found that only 5(1.7%) of the respondents abuse cocaine while 293(98.3%) do not abuse cocaine. Also, it was found that only 10(3.4%) of the respondents abused amphetamines whereas 288(96.6%) of the respondents did not abuse amphetamines. It was found that inhalants are abused by 25(8.4%) of the respondents and 273(91.6%) of the respondents do not abuse inhalants. It was found that sedatives were abuse by 62(20.8%) of the respondents while 236(79.2%) of the respondents did not abuse sedatives. Hallucinogens were abused by 26(8.7%) of the respondents whereas 272(91.3%) did not abuse them. In a similar way, opioids were abused by 24(8.1%) of the respondents compared to 274(91.9%) of the respondents who did not abuse opioids. Thirteen (4.4%) of the respondents abused other substances like energy drinks while 285(95.6%) did not.

n=298

Figure 2: General number of respondents who practiced substance abuse

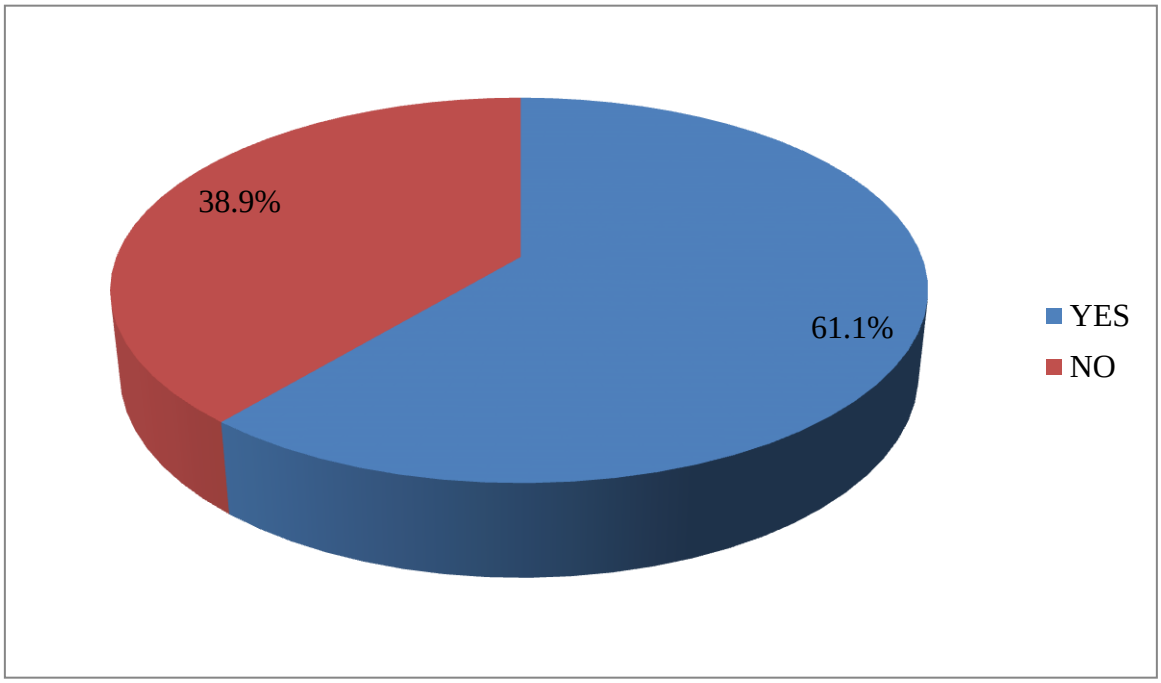
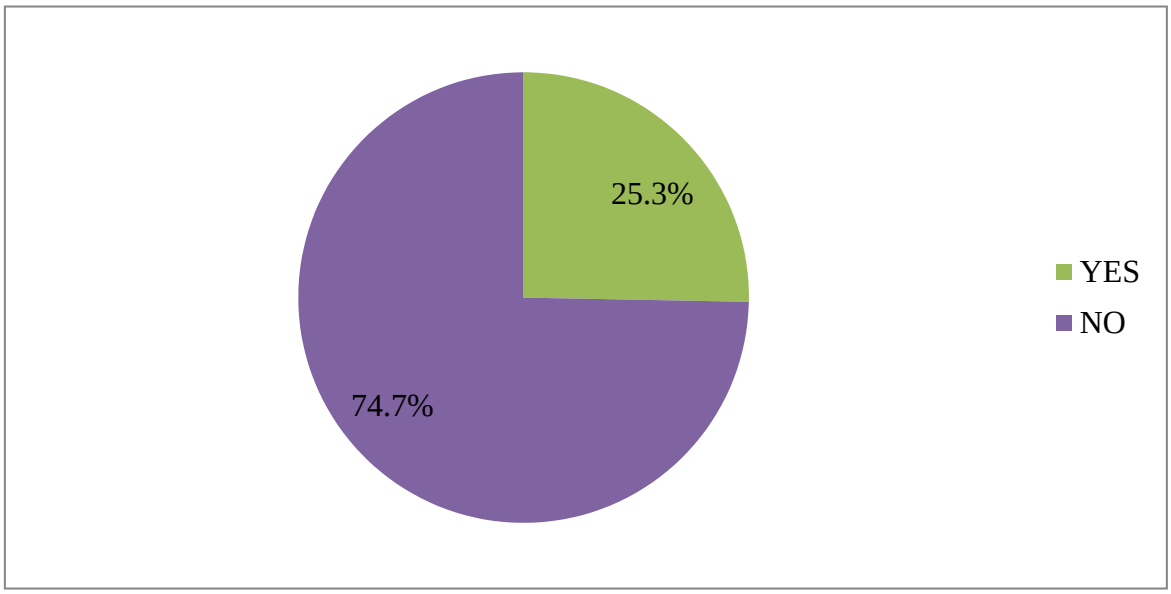


Table 2: Different substances of abuse

Variable		Frequency (n=298)	Percentage
Tobacco use	Yes	53	17.8
	No	245	82.2
Alcohol use	Yes	145	48.7
	No	153	51.3
Cannabis use	Yes	22	7.4
	No	276	92.6
Cocaine use	Yes	5	1.7
	No	293	98.3
Amphetamine use	Yes	10	3.4
	No	288	96.6
Inhalants	Yes	25	8.4
	No	273	91.6
Sedatives or sleeping pills	Yes	62	20.8
	No	236	79.2
Hallucinogens	Yes	26	8.7
	No	272	91.3
Opioids	Yes	24	8.1
	No	274	91.9
Others	Yes	13	4.4
	No	285	95.6

Figure 3: Substance abuse for medical reasons and prescribed by a qualified medical practitioner n=182



***Considered only drug abusers**

Table 3: Bivariate analysis of demographic factors associated with substance abuse amongyouths attending Ndejje HCIV, Wakiso district.

Variable	Category	Substance abuse	
		Yes	**No**
Gender	Male	135(65.5%)	62(31.5%)
	Female	47(46.5%)	54(53.5%)
Age	<18-19 Years	10(47.6%)	11(52.4%)
	20-25 Years	114(63.3%)	66(36.7%)
	26-30years	58(59.8%)	39(40.2%)
Religion	Catholics	123(64.1%)	68(35.6%)
	Anglicans	45(54.2%)	38(45.8%)
	Muslims	10(76.9%)	3(23.15)
	SDA	2(50.0%)	2(50.0%)
	Others	2(28.6%)	5(71.4%)
Education level	Primary	12(66.7%)	6(33.3%)
	O' level	34(61.8%)	21(38.2%)
	A' level	12(46.2%)	14(53.8%)
	Tertiary level	124(62.3%)	75(37.7%)
Marital status	Married	47(60.3%)	31(39.7%)
	Single	128(61.0%)	82(39.0%)
	Co-habiting	7(70.0%)	3(30.0%)
Occupation	Self employed	26(60.5%)	17(39.5%)
	Privately employed	89(63.1%)	52(36.9%)
	Not employed	43(53.8%)	37(46.2%)
	Gov't employed	24(70.6%)	10(29.4%)
Place of residence	With/near parents	34(66.7%)	17(33.3%)
	Away from parents	148(59.9%)	99(40.1%)

Table 4: Univariate analysis of social factors associated with substance abuse among youthsattending Ndejje HCIV, Wakiso district. (n=298)

Variable	Category	Frequency	Percentage
Poor self esteem	Yes	63	21.1
	No	235	78.9
Peer influence	Yes	127	42.6
	No	171	57.4
Staying with the parents	Yes	74	24.8
	No	224	75.2
Family structure	Single parent family	42	14.1
	Extended family	240	80.5
	Step parent family	8	2.7
	Street dweller	8	2.7
Substance abuse by either parent/relative	Yes	154	51.7
	No	144	48.3
Access to internet	Yes	293	98.3
	No	5	1.7
Boredom	Yes	36	12.1
	No	262	87.9
Good financial status	Yes	262	87.9
	No	36	12.1
Family problems	Yes	37	12.4
	No	261	87.6
Break ups from intimate relationships	Yes	120	40.3
	No	178	59.7
Awareness about government policy drug abuse	No	298	100.0
Rating accessibility of the substancesmentioned	Easy	238	79.9
	Hard	60	20.1

Substance abuse for medical reasons and prescribed by a qualified medical practitioner

As shown in figure 3, it was found that of those who had practiced substance abuse, majority 136(74.7%) did not get prescription from qualified medical personnel while only 46(25.3%) of them got prescription from qualified medical personnel.

Factors associated with substance abuse among youths attending Ndejje HCIV, Wakisodistrict.

Demographic factors associated with substance abuse among youths attending Ndejje HCIV, Wakiso district.

As shown in table 3, demographic factors that were associated with substance abuse as per research findings from the respondents were unemployment (53.8%), staying away from parents (59.9%), being at tertiary level of education (62.3%), and male gender (65.5%)

Social factors associated with substance abuse among youths attending Ndejje HCIV, Wakiso district.

From table 4, more than three quarters 235(78.9) of the participants had not had poor self- esteem while 63(21.1%) had had poor self-esteem. More than a half 171(57.4%) of the

participants had not experienced peer influence whereas 127(42.6%) of the participants did experience it. Slightly more than three quarters 224(75.2%) of the respondents do not stay with their parents whereas 74(24.8%) stay with their parents. More than three quarters 240(80.5%) of the respondents come from extended families while 8(2.7%) were street dwellers. More than a half 154(51.7%) of the participants had at least one of their parents/family relatives practicing substance abuse as opposed to 144(48.3%) whose parents did not. Majority 293(98.3%) of the participants had access to internet whereas only 5(1.7%) did not have internet access.More than three quarters 235(78.9) of the participants had not experienced boredom while 63(21.1%) had experience boredom. In addition, more than three quarters 235(78.9) of the participants had good financial status while 63(21.1%) did not have a good financial status. Majority 261(87.6%) of the participants did not have family problems whereas only 37(12.4%) of the participants had family problems. It was also found that more than a half 178(59.7%) of the participants had not had breaks from their intimate relationships while 120(40.3%) had the break ups. All 298(100.0%) participants knew the government policy about drug abuse. It the majority 238(79.9%) of the participants, it was easy to access substance of abuse whereas to 60(20.1%) it was not easy.

Table 5: Bivariate analysis of behavioral factors associated with substance abuse amongyouths attending Ndejje HCIV, Wakiso district.

Variable	Category	Substance abuse	
		Yes	**No**
Poor self esteem	Yes	45(71.4%)	18(28.6%)
	No	137(58.3%)	98(41.7%)
Peer influence	Yes	115(90.6%)	12(9.4%)
	No	67(39.2%)	104(60.8%)
Substance abuse by either parent	Yes	138(89.6%)	16(10.4%)
	No	44(30.6%)	100(69.4%)
Access to internet	Yes	180(61.4%)	113(38.6%)
	No	2(40.0%)	3(60.0%)
Staying with the parents	Yes	19(25.7%)	55(74.3%)
	No	163(72.8%)	61(27.2%)
Family structure	One parent family	25(59.5%)	17(40.8%)
	Extended family	146(60.8%)	94(39.2%)
	Step parent family	5(62.5%)	3(37.5%)
	Street dweller	6(75.0%)	2(25.0%)
Boredom	Yes	25(69.4%)	11(30.6%)
	No	157(59.9%)	105(40.1%)
Good financial status	Yes	164(62.6%)	98(37.4%)
	No	18(50.0%)	18(50.0%)
Family problems	Yes	28(75.7%)	9(24.3%)
	No	154(59.0%)	107(41.0%)
Break ups from relationships	Yes	71(59.2%)	49(40.8%)
	No	111(62.4%)	67(37.4%)
Accessibility to substances of abuse	Easy	148(62.2%)	90(37.8%)
	Hard	34(56.7%)	26(43.3%)

From research analysis, Behavioral factors/ social factors indicated that more than three-quarters 235(78.9) of the participants had not had poor self-esteem while 63(21.1%) had had poor self-esteem. More than half 171(57.4%) of the participants had not experienced peer influence whereas 127(42.6%) of the participants did experience it. Slightly more than three quarters 224(75.2%) of the respondents do not stay

with their parents whereas 74(24.8%) stay with their parents. More than three-quarters 240(80.5%) of the respondents come from extended families while 8(2.7%) were street dwellers. More than half 154(51.7%) of the participants had at least one of their parents/family relatives practicing substance abuse as opposed to 144(48.3%) whose parents did not. The majority 293(98.3%) of the participants had access to the internet whereas only 5(1.7%) did not have internet access. More than three-quarters 235(78.9) of the participants had not experienced boredom while 63(21.1%) had experience boredom. In addition, more than three quarters 235(78.9) of the participants had good financial status while 63(21.1%) did not have a good financial status. The majority 261(87.6%) of the participants did not have family problems whereas only 37(12.4%) of the participants had family problems. It was also found that more than half 178(59.7%) of the participants had not had breaks from their intimate relationships while 120(40.3%) had breakups. All 298(100.0%) participants knew the government policy about drug abuse. In the majority 238(79.9%) of the participants, it was easy to access substance abuse whereas in 60(20.1%) it was not easy.

The behavioral factors associated with substance abuse were peer influence, access to internet use, financial support, substance abuse by either parent or staying with the parents, and those who had trouble accessing the drugs.

DISCUSSION

Findings from the study revealed that 61.1% of the youths had practiced substance abuse. This percentage was higher than that in a study done by Kevin et al., (2018) among university students in Uganda (30%). It was also higher than that of research in western Uganda by Kitunzi et al., (2011) which indicated a drug addiction prevalence of 25% among young adults. However, it was lower than that according to a study conducted in Northern and Central Uganda by Abbo et al., (2016) which was 70.1 percent of students aged 12 to 24 years.

More to that, it was found that the most commonly abused substance was alcohol 145(48.7%) followed by sedatives 62(20.8%). Fifty-three (17.8%) of the respondents abused tobacco, cannabis 22(7.4%), cocaine 6(1.5%), amphetamines 10(3.4%) inhalants 29(7.4%), hallucinogens 26(8.7%), opioids 24(8.1%) while 13(4.4%) of the respondents abused other substances like energy drinks. The results of this study were similar to those of Odek-Ogunde et al., (2015) and Kevin et al., (2018) whose descriptive cross-sectional study among university students in Kenya and Uganda found that alcohol was the most abused substance with 84% and 35% respectively. However, they were contrary to those of another study conducted among university students in Sudan, in which tobacco (13.7%) was the most abused substance (Osman et al., 2016). This trend is due to weak government laws regulating alcohol production and consumption by the public in Uganda as stated by (Kevin et al., 2018).

Substance use is influenced by different factors, such as demographic characteristics, and social factors (Alebachew et al., 2019). From the study, it was revealed that the demographic factors associated with substance abuse among youths in Ndejje Hospital, Makindye division, Wakiso district are gender and Muslim religion. Male youths (135) were more than twice as likely to practice substance abuse compared to females (47). Muslim religion increased the likelihood of substance among youths 1.8 times. This finding was congruent with Abikoye (2015) whose cross-sectional study held in Harar town, Eastern Ethiopia, revealed that the use of khat was significantly associated with male gender and Muslim religion among students (Abikoye, 2015).

The social factors associated with substance abuse among youths in Makindye division include peer influence and substance abuse by either parent. Peer influence increased the likelihood of substance abuse more than 16 times. The university experience is unusual in that it gives students their first chance to be part of a bigger group of peers without the supervision of their parents. It also depicts the last era of freedom (as seen by students) before taking on the duties of adulthood. This finding was in agreement with Eriksen et al. (2015) whose study revealed a positive correlation between peer group influence and substance abuse.

Similarly, substance abuse by either parent increased the likelihood of substance abuse more than 19 times. This is because children whose parents practice substance abuse perceive it as normal hence copying the practice. This finding was congruent with Martinez-Montilla et al (2020) whose focused group discussion conducted among adolescent nurses revealed that participants whose parents practiced substance abuse were more likely to be drug addicts compared to those whose parents did not (Martinez-Montilla et al., 2020).

CONCLUSION

Based on the study findings, we concluded that substance abuse among youths in the Ishaka division is higher than the previous studies conducted. The most abused substance among these youths is alcohol and both demographic and social factors are associated with substance abuse.

RECOMMENDATIONS

I therefore recommend that the government, parents, and other responsible bodies introduce health education, especially on substance abuse and its associated bad outcomes at higher institutions of learning as well as incorporate it in the routine health education burdens.

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siblings, and classmates for the moral support and encouragement they have accorded to me throughout my career.

ABBREVIATIONS/ACRONYMS

CI: Confidence interval
DEA: Drug Enforcement Agency
HCPs: Health Care Professionals
MOH: Ministry of Health
NIDA: National Institute on Drug Abuse
OR: Odds ratio
SDA: Seventh Day Adventists
SDGs: Sustainable Development Goals
SPSS: Statistical Package for the Social Science
UDHS: Uganda Demographic and Health Surveys
UG: Uganda government
WHO: World health organization

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CONFLICT OF INTEREST

There was no conflict of interest

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