DRUG ABUSE AND MORALS OF YOUTHS; A CASE STUDY OF UGANDA.

BY

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A RESEARCH REPORT SUBMITTED TO THE DEPARTMENT OF ECONOMICS AND APPLIED STATISTICS IN THE FACULTY OF ECONOMICS AND MANAGEMENT IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF A BACHELOR'S DEGREE IN STATISTICS FROM KAMPALA INTERNATIONAL UNIVERSITY (KIU), KANSANGA.

APRIL 2019
DECLARATION

I, LUTIMA LAWRENCE, hereby declare that this Research Report is my original work and has not been published or submitted to any university or institution of higher learning for the award of any degree or any other academic award.

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I, the university supervisor, have approved this report titled "Drug Abuse and Morals of Youths: A Case Study of Uganda" to be submitted to the College Of Economics and Management, Kampala International University;

Signature

Date
DEDICATION
I would like to dedicate this research to my parent/guardian/sponsor Mrs. Ritah. B. Boules for her prayers and continuous support financially, ethically, and morally. My success counts on your endless support you have provided me to this stand. I’m so grateful.
ACKNOWLEDGEMENT

Let me take the opportunity to thank the almighty God, the most high, creator of the Heaven and Earth for having given me the gift of life, wisdom, love and knowledge that have been a step stone for my success in my education career especially enabling me complete this research report.

I extend my gratitude to my dear lecturers for their moral and academic support during my stay at Kampala International University.

I am so greatly indebted to my supervisor Mr. Kawiso Martin Wilfred for his expert advice, encouragement, guidance and sincere dedication during the production of this research report.

I thank my dear mom/sponsor, guardian Mrs. Ritah B. Boules who has stood by me through the everlasting and continuous support, and encouragement given to me no matter the arising situation.

I thank all my friends and the entire 3rd years class especially the BSTAT class with which we have worked as a team so as to achieve our common goal.
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ABSTRACT
The study aimed at investigating the relationship between drug abuse and youths morals; a case study of Uganda. It examined the level of usage of drugs by the youths, the level of drugs influence on youths morals, and the relationship between drug abuse and youths morals. The study used the descriptive research design and adapted cross sectional survey design because it was conducted across participants over a short period of time. An overall sample size was 122 participants. The study adopted cluster sampling and simple random sampling where by the researcher subdivided the study area into four clusters where by each sampling unit had an equal chance of being selected. The study used self administered questionnaires and an interview guide to collect data. To ensure consistency in the study, the researcher used reliability and validity of instruments, data was processed to ascertain the accuracy, consistency, uniformity, proper arrangement and completeness of data, the researcher used the computer for data entry, editing (cleaning), data coding (categorization), data summarization, data presentation took from frequency tables and pie charts and analyzed data using SPSS. The study discovered that the relationship between drug abuse and youths morals in Uganda was positive. The study recommended that there is need for drug abuse programs to address the causes and effects of drug abuse for the problem of drug abuse was integral to the morals of Youths.
CHAPTER ONE

1.0 Introduction
This study sought to assess the influence of drug abuse on the morals of the youths who reside in Uganda. This introductory chapter covers the background of the study, problem statement, areas of study, scope of the study, general objectives of the study, hypothesis, significance of the study, limitations of the study and definition of terms. The study was conducted in one of the slums that present a high number of jobless youths who also double as drug abusers specifically Uganda.

1.1 Background of the Study
In the latest global peace index Malaysia has been placed the most peaceful and the fourth safest country in the Asia Pacific zone (The Star Online, 2011). According to the survey of Sydney-based Institute for Economics and Peace, Malaysia places 19th safest and the most peaceful out of 153 countries in the globe (Borneo Post Online, 2011). Like other developing countries, Malaysia is also facing some social problems. One of them is drug addictions, which has long been recognized as a serious problem since the early 1970s (Nazar et al., 2005). Drugs were considered as nation’s number one enemy and the battle against drug addiction was conducted seriously to increase the awareness throughout all age levels (Ibrahim et al. 2011).

According to Malaysian Psychiatric Association (2006) drug misuse has been known as the nation’s most severe health problem as it strains the health care system which has a negative effect on family, society and the country’s overall economy. Moreover, this severe problem spreads very fast with the country’s social development and it becomes a serious threat in Malaysia (Fauziah et al., 2011). According to the National Anti-Drug Agencies of Malaysia a total of 12079 people was involved with drugs in January to June 2010. However, this serious disease of addiction is not limited in Malaysia only; rather it spreads to all over the world. Drug use has now been reported in more than 140 countries, with an estimated number of 13.2 million injection drug users (IDUs) worldwide. Of these, more than three-fourths live in developing countries; 3.1 million live in Eastern Europe and Central Asia, 3.3 million in South and Southeast Asia, while 2.3 million live in East-Asia and the Pacific (Aceijas et al., 2004). The study stated that perhaps the most prominent change in the pattern of drug abuse among young generation around the world since 1990s, and it has been increased vastly due to the popularity
of “party drugs” which is resisted by the coming out of a new dance club culture (Parker et al., 1998; Wijngaart, 1999; Weber, 1999 and Parker et al. 2002;). This Western party drug and dance club culture is spreading so rapidly to Asian societies, for instance, Tokyo, Kuala Lumpur, Hong Kong and other countries (Hunt, 2003).

According to WHO, drug abuse is defined as a maladaptive pattern of continued use of drugs despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use of recurrent use in situations in which it is physically hazardous. It is a residual category, with dependence taking precedence when applicable. The term “abuse” is sometimes used disapprovingly to refer to any use at all, particularly of illicit drugs. Because of its ambiguity, the term is not used in ICD-10 (except in the case of non-dependence- producing substances); harmful use and hazardous use are the equivalent terms in WHO usage, although they usually relate to effects on health and not to social consequences. In other contexts, abuse has referred to non-medical or unsanctioned patterns of use, irrespective of consequences. Thus the definition published in 1969 by the WHO Expert Committee on Drug Dependence was persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice.

Drug abuse, and particularly heroin addiction, has been spreading in Pakistan at a fast rate since the late 70’s. It has now become a serious social problem. The increase of 10,000 addicts per year has become an alarming issue of the society (Ghulam, 2003). The trafficking and the use of illicit drugs are significant social issues in Vietnam (OSI, 2009).

Over the previous two decades, the use of drugs such as smoking opium, heroin injecting, methamphetamine and other psychotropic substances had increased rapidly (Reid et al., 2006). The reasons behind rapid increment of drug addiction among adolescents were interpreted by British scholars, Howard Parker and his co-worker (1998, 2002). They found that drug misuse had become more widespread in conventional English adolescences of a different social upbringings based on the data from a nine-year study of British high school students. Moreover, Brook and his co-worker (2001) stated that high school students had inadequate knowledge on drug misuse and they become more generous with the age increases. Other researchers also indicated that certain variants increase the risk of drug abuse which was more prone to teenager
(Royo-Bordonada et al., 1997). In addition, the most vulnerable youth group (age 12-25 years old), highlighted the threats linked to the family, school and peer groups. It is considered that consumption of illegal drug, to a certain extent is a complex problem.

According to the World Health Organization (WHO) November 2014, drug abuse (substance abuse) refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome- a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Policies which influence the levels and patterns of substance use and related harm can significantly reduce the public health problems attributable to substance use, and interventions at the health care system level can work towards the restoration of health I affected individuals.

The substance abuse problem in Ghana is not different from the other countries though there maybe variations in the magnitudes of the problem. It is therefore difficult to say when it actually became a problem in Ghana, currently; use and abuse of drugs have expanded to include the youths.

In March 2014, WHO stated that drug abuse has become a global phenomenon affecting almost every country though the extent and characteristics vary depending on the country in question. The most commonly used and abused substances are cigarettes, cannabis, cocaine, marijuana and alcohol. Alcohol and other related problems are becoming more and more a public health concern and they represent one of the leading causes of preventable death, illnesses and injuries.

In August 2003, WHO funded a study to determine the prevalence and social consequences of substance use amongst the youths in Ghana. Any evidenced-based intervention program directed at empowering the youth to stay away from drugs cannot be effectively designed without a baseline data providing evidence on the existing problem and the extent to which the youths are failing victims to substance abuse. Much of Liberia’s cannabis is grown in southern Liberia or trafficked in from Sierra Leon, Guinea and Nigeria according to DEA’s Taye. Since June, the
agency with help of the police from the UN mission in Liberia (UNMIL) has destroyed more than 400,000 cannabis plants in Bong and Nimba counties, according to DEA. At any given time, there are at least 140 people admitted to Butabika hospital over drug abuse, most of them are youths between 18 and 25 years, the hospital acting executive director has said.

“Drug abuse is on the rise world over and here in Uganda we are facing the same problem. We have had to put some patients on the waiting list for admission because the bed capacity is not enough,” Dr. Basangwa said. Drug abusers contribute 20 percent of patents admitted to Butabika usually as a result of severe mental illness.

Dr. Basangwa (2010) said that most drug abusers start while at school or university, they get messed up, drop out of school and usually from the highest percentage of gangsters.

Mr. Bennett Alinda (2008), the executive director of the United Initiative Alliance for Youth, an organization that educates youths against using and abusing of drugs said most students engage in the vice because it has become “the new cool” in schools. Mr. Alinda himself a student said during his time at school, most students started taking drugs because they wanted to keep up with peer groups, feel good and appear bold.

The principal medical officer, Mental Health and Control of Substance at the ministry of Heath, Dr. Sheila Ndyanabangi (2012) said weak laws against drug traffickers, lack of awareness of both parents and pupils were some of the bottlenecks to raising a drug free society.

According to Medicinenet.com, in October 2014, Drug abuse also called substance abuse or chemical use is a disorder that is characterized by a destructive pattern of using a substance that leads to significant problems or distress. Teens are increasingly engaging in prescription drug abuse, particularly narcotics (which are prescribed to relieve severe pain) and stimulant medications which treat conditions like attention deficit disorder and narcolepsy.

According to Aging and Heath in March 2012, most drugs and other chemical substances are helpful when used properly. Alcohol, for example, may offer cardiac benefits when consumed in moderation and can help promote relaxation and reduce anxiety.

Unfortunately, the misuse of medication and drugs both legal and illegal, as well as alcohol and tobacco is a growing problem in the older population. The terms “drug abuse” or “substance
"abuse" is defined as the use of chemical substances that lead to an increased risk of problems and an inability to control the use of the substance.

Dependence (getting “hooked”) on a drug or alcohol is particularly dangerous in older people because they tend to have more harmful effects from these substances than young people. These effects include; mental problems, kidney and liver disease and injuries from fall. Dependence can occur even in older people who have never had an addiction problem before.

1.2 Statement of the Problem
According to the Ministry of Health (MoH, Report, 2006), about 70% of the youths’ social behavior in Uganda has deteriorated greatly and its believed that due to drug abuse caused by increased number of slum areas. The most commonly used and abused substances are; cigarettes, cocaine and alcohol and these have caused a great influence to the youths’ social way of behaving in society through committing various crimes such as robbery, murder and rape. This study will be done basing on available data of Uganda.

1.3 General Objectives of the Study
The study will assess the influence of drug abuse on morals of the youths particularly in Uganda.

1.3.1 Specific Objectives of the Study
i. To determine the level of usage of drugs by youths.
ii. To find out the level of drugs influence on youths morals.
iii. To establish the relationship between drug abuse and youths morals.

1.4 Area of Study
In order to study this problem into detail and depth, the researcher chose Uganda as his study area. Uganda is a land locked country found in the east of Africa. It is bordered the East by Kenya, to the North by South Sudan, to the West by Democratic Republic of Congo, to the South West by Rwanda, and to the South Tanzania.

1.5 Scope of the Study
1.5.1 Subject Scope
The study covered the impact of drugs on the morals of youths in Uganda with youths morals being the dependent variables and drugs, group influence, education level being the independent variables.
1.5.2 Geographical Scope
The study was conducted in Uganda which is one of the suburbs in Uganda well known for having a high number of people both youths and adults who a good number of them use drugs.

1.5.3 Time Scope
The study was conducted for a period of four months commencing from January to April 2019.

1.6 Research Hypothesis

$H_{01}$: There is no relationship between drug abuse and the morals of youths.

1.7 Significance of the Study

- The research findings will enable the government to know the effects of drug abuse on the social behaviors of the youths.
- The data will help other researchers in making more advanced decisions on drug abuse concerning the youths for future analysis so as to enable proper formulation of policies and decision making.
- The study will also act as a benchmark for the future researchers who will like to undertake this topic on the district level.

1.8 Limitations of the Study

- The level of response wasn’t convincing.
- Limited time since the researcher had to go to the field in order to collect data from the respondents where some were interviewed and for the case of FGD it took most of the researcher’s time in coming with this study.
- There wasn’t enough financial support that could assist the researcher in carrying out this study. The researcher had to solicit for funds.
- Some of the respondents weren’t cooperative.

1.9 Definition of Operational Terms

1. Drug abuse. This is the excessive, maladaptive or addictive use of drugs for non-medicinal purposes.

2. Youths. These are persons between the age of 15 and 35 years.

3. Cannabis. A tall plant with a stiff upright stem, divided serrated leaves, and glandular hairs. It is used to produce hemp fiber and as psychotropic drug.
1.10 Conceptual Framework
A conceptual framework refers to a group of concepts that are organized in providing focus, rationale and the tools for the interpretation of information. It is illustrated as below;

The Figure below is Showing a Conceptual Framework of the Study

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Independent Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Youths Morals</td>
<td>• Drugs Usage</td>
</tr>
<tr>
<td></td>
<td>• Age</td>
</tr>
<tr>
<td></td>
<td>• Parental guidance</td>
</tr>
<tr>
<td></td>
<td>• etc</td>
</tr>
</tbody>
</table>

source: Researcher 2019

Explanation of the Conceptual Framework
The conceptual framework consists of the dependent variable youths morals and independent variable drugs usage. The independent variable is operationalized by age, parental guidance and education level.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
This chapter contains a survey of the most important, relevant and related literature to the field of study providing the context for the problem and consolidates the necessity of the study.

2.1 Theoretical Review
Drug Abuse

Drug abuse and the concept of addiction are explored utilizing Martha E. Rogers' conceptual system of unitary human beings, resulting in a novel and thought-provoking view of this health behavior. Following an overview of Rogers' concepts, principles, and theories, the example of the heroin addict is reviewed, conceptualizing the addict as a high-frequency, diverse human energy field integral with a low-frequency, impoverished environmental field. Drug use provides an alternative way to participate in the mutual process. The drug "high" is conceptualized as providing a means to increase one's awareness of the four-dimensional nature of reality. The integral nature of human and environment is illustrated with examples of increasing diversity in each due to human drug use. Addiction is discussed as are other aspects of the environmental field. Finally, nursing interventions at the individual and environmental levels are presented.

Morals

According to Piaget's Theory of Moral Development, Morality refers to the way people choose to live their lives according to a set of guidelines or principles that govern their decisions about right versus wrong, and good versus evil. As youths' cognitive, emotional, social development continues to mature, their understanding of morality expands and their behavior becomes more closely aligned with their values and beliefs. Therefore, moral development describes the evolution of these guiding principles and is demonstrated by ability to apply these guidelines in daily life.

 Teens must make moral judgments on a daily basis. When children are younger, their family, culture, and religion greatly influence their moral decision-making. However, during the early adolescent period, peers have a much greater influence. Peer pressure can exert a powerful influence because friends play a more significant role in teens' lives. Furthermore, the new ability to think abstractly enables youth to recognize that rules are simply created by other people. As a
result, teens begin to question the absolute authority of parents, schools, government, and other traditional institutions.

By late adolescence most teens are less rebellious as they have begun to establish their own identity, their own belief system, and their own place in the world. Some youth who have reached the highest levels of moral development may feel passionate about their moral code; as such, they may choose to participate in activities that demonstrate their moral convictions. For example, some college students may organize and participate in demonstrations and protests while other students may volunteer their time for projects that advance the ethical principles they hold important.

Unfortunately some youth have life experiences that may interfere with their moral development. Perhaps they survived some traumatic experience such as physical, emotional, or sexual abuse; the death of a family member or close friend; or were witness to senseless violence. These types of experiences can cause them to view the world as unjust and unfair. Or perhaps they observed the adults in their life making immoral decisions that disregarded the rights and welfare of others, leading these youth to develop beliefs and values that are contrary to the rest of society. Lacking a moral compass, these youth may never reach their full potential and may find it difficult to form meaningful and rewarding relationships with others. Thus, while parents may find this process of moral development difficult or challenging, it is important to remember that this developmental step is essential to their children's well-being and ultimate success in life.

2.2 Conceptual Review
2.2.1 Youths Morals
One concept that has received little attention in public health research and intervention strategies is that of personal morality. Personal morality is typically referred to as one's judgment of right versus wrong and what one 'ought' to do. The lack of attention to morality is surprising given the historical links between health and (religious) morality and the fact that Fishbein's TRA, one of the most widely KAB change models applied to health issues 'originally' included the concept of moral or personal norms. In both the original and present TRA behavioral intention (BI) is the proximal determinant (or cause) of volitional behavior. BI, in turn, is a joint function of the attitude towards performing a particular behavior in a given situation (Act) and of the norms
perceived to govern that behavior. However, in the original theory, the normative component distinguished between personal normative beliefs and social normative beliefs about how one ought to behave (Parker et al., 1986). Personal norm 'reflects an individual's internalized moral rules' about what he/she should do in a given situation, while social norm 'reflects the individual's perception about what others would want him/her to do' [12, p 129]. In an empirical test of the above TRA model, Ajzen and Fishbein [27] found that moral norms were too highly correlated with BIs and, subsequently, were dropped from the TRA model as unnecessary.

**Morality** can be a body of standards or principles derived from a code of conduct from a particular philosophy, religion or culture, or it can derive from a standard that a person believes should be universal. **Morality** may also be specifically synonymous with "goodness" or "rightness".

The interest in morality spans many disciplines and specializations within psychology (e.g., social, cognitive, and cultural). In order to investigate how individuals understand morality, it is essential to consider their beliefs, emotions, attitudes, and behaviors that contribute to their moral understanding. Additionally, researchers in the field of moral development consider the role of peers and parents in facilitating moral development, the role of conscience and values, socialization and cultural influences, empathy and altruism, and positive development, in order to understand what factors impact morality of an individual more completely.

### 2.2.2 Drugs Usage

22 June 2017 - In 2015 about a quarter of a billion people used drugs. Of these, around 29.5 million people - or 0.6 per cent of the global adult population - were engaged in problematic use and suffered from drug use disorders, including dependence. Opioids were the most harmful drug type and accounted for 70 per cent of the negative health impact associated with drug use disorders worldwide, according to the latest World Drug Report released today by UNODC.

Disorders related to the use of amphetamines also account for a considerable share of the global burden of disease. And while the market for new psychoactive substances (NPS) is still relatively small, users are unaware of the content and dosage of psychoactive substances in some NPS. This potentially exposes users to additional serious health risks.
The Report finds that hepatitis C is causing the greatest harm among the estimated 12 million people who inject drugs worldwide. Out of this number, one in eight (1.6 million) is living with HIV and more than half (6.1 million) are living with hepatitis C, while around 1.3 million are suffering from both hepatitis C and HIV. Overall, three times more people who use drugs die from hepatitis C (222,000) than from HIV (60,000). However, the Report stresses that despite recent advances in the treatment of hepatitis C, access remains poor, as treatment remains very expensive in most countries.

This year marks 20 years of the World Drug Report, which comes at a time when the international community has decided to move forward with joint action. UNODC Executive Director Yury Fedotov highlighted that the outcome document of the 2016 landmark UN General Assembly special session on the world drug problem contains more than 100 concrete recommendations to reduce demand and supply, however he acknowledges that more needs to be done.

"There is much work to be done to confront the many harms inflicted by drugs to health, development, peace and security, in all regions of the world," said Mr. Fedotov.

2.2.3 Age

While daily marijuana use has been steadily increasing in prevalence among young adults over the past decade, the level has reached an all-time high in non-college young adults to nearly three times that of their college peers. The biggest division between the groups, however, was seen in annual, past month, and daily cigarette smoking rates.

The National Institute on Drug Abuse (NIDA) announced that the latest Monitoring the Future (MTF) survey results on substance use trends as teens transition to adulthood are now available online, comparing substance use patterns of full-time college students to their non-college peers. Most notably, more than 13 percent of young adults not in college report daily, or near daily, marijuana use; alcohol use is more common among college students; some opioid use is declining in both groups, and the most sizeable difference is the higher rate of cigarette smoking in the non-college group.
Age is an important factor in forming moral concepts and moral behaviors. As the individual passes from infancy to adolescence, he becomes more tolerant towards certain ideals which sometimes do not tally with what he thinks to be good.

From unconditional obedience of his seniors in early and late childhood, the individual becomes critical and defiant in early adolescence. But in later adolescence he comes to accept many things which he had earlier rejected.

2.2.4 Parental Guidance

Although teenagers may not have the same decision-making capacity as adults, parental influences can affect the way that a teen behaves and makes choices. In particular, parental behavior plays an important role in how teenagers make decisions. For example, if a teenager sees his parents smoke or drink or making poor choices such as neglecting household responsibilities or skipping work, the teen might believe that he is entitled to make similar choices. Similarly, parents or caregivers abuse or neglect children, they may develop immoral or impulsive behaviors, explains the Child Welfare Information Gateway.

2.3 Review of Specific Literature

This section reviews major issues of existing literature of specific objectives as studied by different scholars.

2.3.1 Level of Usage of Drugs by the Youths

The teenage years are typically a period of experimentation, regardless of parenting skills and influence. Cannabis is the most common illegal drug used by teenagers, with around one in five having tried it at least once.

Parents typically worry about their child becoming dependent on drugs, such as methamphetamines (speed and ice), ecstasy, heroin and cocaine. However, the more likely threat to any teenager’s health is the use of legal drugs such as alcohol and tobacco.

Data for the 28 States members of the European Union, plus Norway and Turkey, show that the life-time use in those countries of amphetamines and “ecstasy” is between two and three times
higher among those aged under 35 than among older people. Past-month use of most drugs is up to seven times higher among young people. However, current use of “ecstasy” is nearly 20 times higher among people aged 15–24 than among those aged 45–54. By contrast, the rates of lifetime prevalence of cocaine in Europe among those aged 15–24 and those aged 45–54 are comparable, while lifetime use of cannabis is much higher among those aged below 35. This may reflect differences in the age of initiation for those substances, as well as different historical levels of use among young people in Europe. In England and Wales, the annual prevalence of drug use was highest in the 20–24 age groups for all drug types in the period 2016–2017. For those aged 45 and older, the annual prevalence of drug use was considerably lower.

Data on drug use among the general population in the United States from 2017 show differences in the lifetime, past-year and past-month use of people aged 18–25 years compared with that of people aged 50–54. These differences are partly explained by the cohort effect. The cohort effect is visible in the lifetime prevalence of those who were young in the late 1960s and in the 1990s, which were times when an increase occurred in the use of numerous drugs by young people. Lifetime use of substances that have an established use over decades, such as cannabis, opioid painkillers, tranquilizers and inhalants, is comparable among those aged 50–54 and those aged 18–25. For example, almost half of people in both age groups have used cannabis at least once in their lifetime. This pattern is different for cocaine and stimulants. The lifetime prevalence of cocaine among those aged 18–25 years is half of that among those aged 50–54 years. This is probably the result of a combination of factors, including the declining trends in cocaine use that were observed in the United States at the beginning of 2000 and the sharp decline in such use that was observed in 2006. Conversely, the lifetime non-medical use of stimulants and “ecstasy” among 18–25 year-olds is nearly three times that of the older cohort, reflecting the more recent appearance of these substances in the market. The extent of past-month use of most drugs remains up to three times higher and that of stimulants up to seven times higher among those aged 18–25 than among those aged 50–54. Hardly any current use of “ecstasy” is reported among those 50 years and older.
in the late 1960s and in the 1990s, which were times when an increase occurred in the use of numerous drugs by young people. Lifetime use of substances that have an established use over decades, such as cannabis, opioid painkillers, tranquillizers and inhalants, is comparable among those aged 50–54 and those aged 18–25. For example, almost half of people in both age groups have used cannabis at least once in their lifetime. This pattern is different for cocaine and stimulants.

In Kenya, older people report a higher use of established substances such as khat in different forms (miraa and muguka) and cannabis (bhang and hash-ish), while drugs that have become available in Africa more recently, such as cocaine and heroin, are reported to be used more frequently among those aged 18–24. Among the general population, khat and cannabis remain the two most commonly used substances, with the highest lifetime and past-year use among those aged 25–35. Conversely, the life-time use of cocaine, heroin and prescription drugs is nearly three times higher among people aged 18–24 than among those aged 36 years and older.

The use of alcohol and other substances during adolescence and early adulthood has become a serious public health problem in Uganda. The global burden of disease projected that tobacco, alcohol and illicit drugs were respectively the 2nd, 9th and 20th leading cause of mortality globally. A study projected that tobacco smoking alone would lead to 1 billion deaths globally during the 21st century. The World Health Organization’s global status report on Alcohol, 2004 stated that Uganda had one of the highest alcohol and substance abuse rates in the World. With over half of Uganda’s population aged below 24 years, school going adolescents and young people are part of these statistics. 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.

Given the serious consequences of drug and alcohol abuse, considerable effort has been directed toward adults who have developed health problems with the low success rates. In research and clinical studies, adolescent alcohol and substance use has been relatively neglected. In Uganda, there is a paucity of services and treatment programs, with the few available treatment programs and models targeting adults without appropriate attention to different developmental and child
protection needs. In addition, there is no policy to guide any implementation of services to control alcohol and illicit substance use among children and adolescents in Uganda.

The continued use of these substances of abuse has a spectrum of adverse outcomes including psychological, physical, social and legal problems. Among adolescents with substance use problems, co-occurring mental disorders are common and serious. In general, research has shown that individuals with co-occurring disorders (also called dual diagnosis) have more severe psychiatric symptoms, are more difficult to treat, incur greater costs, and have worse overall outcomes than persons with only one disorder.

2.3.2 Level of Drugs Influence on Youths Morals
Researchers from University College London found that healthy people given the selective serotonin reuptake inhibitor citalopram (Celexa) were more likely to avoid harming themselves or others than those given placebo—whereas the Parkinson’s disease drug levodopa tended to make healthy people more selfish, eliminating the usual altruistic tendency to prefer harming oneself over others.

Levodopa boosts dopamine levels, whereas citalopram enhances serotonin levels. Serotonin and dopamine levels have both been linked to aggressive and antisocial behavior.

In the study 89 healthy volunteers received either placebo or 30 mg of citalopram, and 86 healthy volunteers received either placebo or 150 mg of levodopa. All participants had their individual pain threshold determined by an electric shock stimulus delivered to their wrist. The shock was set at a level that was mildly painful but not intolerable.

The participants then went into a room alone with a computer terminal and each took part in 170 decisions involving trade-offs between profits for themselves and pain for either themselves or an anonymous other receiver.

People given a placebo were prepared to pay about 35p (£0.50; $0.55) a shock to prevent harm to themselves and 44p a shock to prevent harm to others. Those on citalopram were more likely to avoid harm, being willing to pay an average of 60p a shock to prevent harm to themselves and 73p a shock to prevent harm to others. Over the course of the experiment this meant that people
on citalopram delivered an average 30 fewer shocks to themselves and 35 fewer shocks to others than those on placebo.

But those given levodopa were not willing to pay any more to prevent shocks to others than to prevent shocks to themselves. On average they were prepared to pay 35p a shock to prevent harm to themselves or to others. Overall they delivered 10 more shocks on average to others during the experiment than those in the placebo group did. They were also less hesitant to deliver shocks to others, making the decision more quickly than those on placebo.

Molly Crockett, lead author, said, “Our findings have implications for potential lines of treatment for antisocial behavior, as they help us to understand how serotonin and dopamine affect people’s willingness to harm others for personal gain.”

She added, “It is important to stress, however, that these drugs may have different effects in psychiatric patients compared to healthy people. More research is needed to determine whether these drugs affect moral decisions in people who take them for medical reasons.”

2.3.3 Relationship between Drug Abuse and Youths' Morals

So long as others are not harmed, there are no moral grounds for restricting use of cannabis or heroin any more than alcohol or caffeine, argues A C Grayling.

Conservative moral attitudes are fruitful in causing social problems. The question of the use of drugs such as cannabis and heroin is a prime illustration of this fact. Arguably, neither the use nor the misuse of mind altering substances is a moral problem, though both, and especially misuse, can cause practical problems. But if in addition their use is criminalized, those problems are exacerbated and the cost to society balloons.

By “drugs” in what follows I mean opium and its derivatives, cocaine, various forms of cannabis, LSD, “ecstasy,” amphetamines, solvents, tranquillizers, and anything else people use to alter their states of consciousness and emotion, whether or not they become addicted to them.

2.4 Causes of Drug abuse among the Youths

Jill Nicholson (2003) states that everybody knows bad things can happen to drug users. They become addicted. They can have serious or even fatal health problems. They can ruin their
personal, social and professional lives. They may even end up in jail. But why do young people start taking drugs in the first place? The causes of drug use among the young are the following;

The first cause is simple curiosity. Many teens have heard about drugs, and they are curious to experience them for themselves. They have heard that drugs can be fun, or make a person feel and act different. They may have seen their friends or family members behave differently while on drugs, and they want experience how it really feels. We see drugs on television and movies everyday. Many young people encounter at school, home or in the neighborhood. It is not unusual to be curious about something that you see and hear about so often, so many people first try drugs because they are curious about them.

Another reason young people take drugs is to escape their reality. This is because their home life isn’t very happy. Also because they have a bring job and they are not doing well in school, or are just not happy with their life for whatever reason. Fr many people, drugs are a way to escape that unhappy reality. They can feel a little braver, stronger, a little smarter, more beautiful or more important. Of course this doesn’t last long, but that doesn’t matter. For the brief time that the drugs are taking effect, the user can forget about the problems, responsibilities and limitations of everyday life and escape to a fantasy world. It is no secret that drugs change the way you feel; this is why they are so attractive to young people despite their dangers.

Young people also take drugs to feel and impress their friends. If your friends all smoke marijuana, you will probably be expected to smoke it too. If they snort cocaine, they will offer it to you. They may tell you that you are scared or acting like a baby if you don’t want to try it. This inner thing that pushes to do what your friends are doing is called peer pressure, and it has a strong effect on young people who don’t want to appear not cool to their friends. Some kids will do whatever their friends do just to fit in and follow the crowd. They don’t want to be the only one who is not doing something, even if it is something dangerous like taking drugs. Unfortunately, many young people become involved in drugs before they are fully aware of the health risks and the power of addiction. They need to understand the ways young people first become involved with drugs so they can be aware of them. Many curious teen have died the first time they tried certain drug, like ecstasy. Others have found their temporary escape from a permanent addiction.
The scholar states that the causes of increased use of drugs among the youths are curiosity, escape their reality, feel cool and impress their friends. However, the study addressed more causes of drug abuse among the youths in addition with what Jill Nicholson acknowledged.

Substance Abuse and Mental Health Services Administration’s (SAMHSA’s)(2011) states that National Survey on Drug Abuse and Health, 23.5 million persons aged 12 or older needed treatment for an illicit drug or alcohol abuse problem in 2009 (9.3% of persons aged 12 or older). Of this, only 2.6 million-11.2% of those who needed treatment- received at a specialty facility. However, the study found out the estimates for the impact of drugs on the mental ability and health of the youths of Kabalagala.

Casa Palmera(2012) states that there are many reasons as to why teens abuse illegal or prescription drugs. Past studies used to point “having fun” as the number – one reason teens used drugs, but more recent studies show that teens are using drugs to solve problems. This is important for parents to understand because most parents severely under estimate the impact of stress on their teens. By understanding what motivates your teen to use drugs, you can hopefully step in to help them find better ways to cope with their problems using some of the causes below;

**Stress:** A recent study by the Partnership for Drug-Free America showed that 73% of teens report the number one reason for using drugs is to deal with pressure and stress of school. Surprisingly, only 7% of parents believe that teens might use drugs to cope with stress, showing parents severely under estimate the impact of stress on the their teens’ decision to use drugs.

**Social acceptance and/ low self esteem:** A 2007 PATS Teens study reported 65% of teens say they use drugs to “feel cool”. Teens’ self-worth depends on the approval of others and their desire for social acceptance to engage in destructive behaviors even if they know it could harm them. The same study found that 60% of teens use drugs to “feel better about themselves”. Teens that have a low self esteem are more likely to seek acceptance from the wrong crowd by using drugs.

**Self medication:** The teen years are rough, and many teens who are unhappy don’t know how to find a healthy outlet for their frustration. These pent up emotions that can take an emotional toll and can even lead to depression or anxiety. A 2009 study reported an estimated 70% of teens
suffer from undiagnosed clinical depression at some point in their life. Many teens are unaware that they have an underlying mental or mood disorder that is causing them to use illegal or prescription drugs to self medicate and cope with their symptoms.

**Misinformation:** Studies show that teens are widely misinformed about the dangers of drugs. Did you know that 40% of teens don’t perceive any major risk with trying heroine once or twice? While abuse of serious drugs is steadily declining among teens, their intentional abuse of prescription and over the counter medications remains a serious concern. Many teens, 41% to be exact, mistakenly believe that it’s safer to abuse a prescription drug than it is to use illegal drugs. Nearly 1 in 5 teens have already abused a prescription medication or prescription pain killer in order to get high or deal with stress.

**Easy Access:** One reason teens use drugs is simply because they’re easy to get. Nearly 50% of the teens report that it’s easy for them to get marijuana; 17% say it’s easy to get meth; 14.4% say its easy to get heroin; and more than a half of the teens say that prescription drugs are easier to get than illegal drugs.

However, the study addresses more reasons why the youths in Uganda take drugs and the measures that can be taken to curb this problem of drug abuse.

Cooperman, (2003) states that peer groups are a form of society influence on the affected youths for example; a friend can be greatly influenced to be a drug addict if allowed to interact with drug addicts young and old. He can be tempted on one fateful day to join the bandwagon of drug addicts, thereby gradually ruining his career in life. Getting hooked to a particular drug is like a gradual process that will reach the climax.

However, the research determined more causes of drug abuse among the youths and established measures that can be undertaken or used to curb drug abuse among the youths.

2.5 **Effects of Drug abuse on the Youths**

N.I.D.A., (2000) states that marijuana decreases neuron activity in the hippocampus (Limbic system) which affects the memory.

The main ingredient in marijuana interrupts nerve impulse in the cerebellum which affects muscle movement and coordination.
Marijuana also affects receptors in the brain areas and structures responsible for sensory perception. Marijuana interferes with the receiving of sensory messages in the cerebral cortex.

University of Houston states that drugs are chemicals. Different drugs, because of their chemical structures, can affect the body in different ways. In fact, some drugs can even change a person’s body and brain in ways that last long after the person has stopped taking drugs, maybe even permanently.

Depending on the drug, it can enter the human body in a number of ways, including injection, inhalation, and ingestion. The method of how it enters the body impacts on how the drug affects the person. For example, injection takes the drug directly in the blood streams, providing more immediate effects, while ingestion requires the drug to pass through the digestive system, delaying the effects.

Most abused drugs directly or indirectly target the brain’s reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. When drugs enter the brain, they can actually change how the brain performs its jobs. These changes are what lead to compulsive drug use, the hallmark of addiction.

Timmy (2004) states that drug abuse is the excessive, maladaptive, or addictive use of drugs for non-medicinal purposes. It also defines a state, emotional and sometimes physical, characterized by a compulsion to take drugs on a constant basis in order to experience its mental effects. Drug abuse gives rise to dependence both physical and psychological. Dependence gives rise to mental, emotional, biological or physical, social and economic instability. The effects of drug abuse on an individual therefore form the basis for its cumulative effects on the society. This is the major danger of drug abuse.

Youths in any society occupy a delicate and sensitive position within the population structure for several reasons. The Nigerian law for example recognizes that an individual below the age of seven is incapable of committing a crime and an individual between seven and twelve years should be able to know what he ought not to do that is if it can be proved he doesn’t know and he also isn’t criminally responsible for his acts. Between the ages of twelve and seventeen, a person is regarded as a juvenile, and while he may be held responsible for his acts or omissions,
he is treated specially under the law by the Children and Young Persons Act instead of the Criminal Procedure Act.

Statistics have shown that drug barons prefer recruiting their traffickers from the ages of 15 to 35 years, most of whom are either unskilled, unschooled or students or the unemployed. There are several factors which can influence the abuse of drugs among the youths. The major ones are; peer pressure, weak parental control, child abuse, imitation, emotional stress, truancy among students, and the availability of the drugs and the ineffectiveness of the laws on drug trafficking.

However, the researcher established more effects of drug abuse on the youths in Uganda.

2.6 Types of Drugs Abused by the Youths

Several types of drugs are susceptible to abuse by the youths. These drugs range from most common and less expensive such as cigarettes and alcohol to expensive and more deadly such as cocaine and heroin.

Cigarettes – these are drugs easily available to youths. They are classified as drugs because they contain nicotine and it has physical and psychological effects on the body. Cigarettes are addictive and they cause lung disorders such as cancer.

Alcohol – Beer, wine, brandy and spirits are in the drug category mainly because of their chemical contents and potential for addiction. Alcohol has a toxic and sedative effect on the body and is available without prescription. It is a central nervous system depressant and its consumption can cause a number of marked changes in behavior.

Caffeine – This is usually abused through excessive chewing of cola-nut or concentrated coffee. It is the active ingredient of coffee, tea and some bottled beverages.

Marijuana – Also popularly called Indian hemp, is a drug that contains tetra hydro cannabinol (THC) which determines its potency varying from 0.2% to 20%. It is a hallucinogenic stimulant, and is usually produced locally.

Hydrocarbons – Glue, gasoline, cleaning solutions, vanish, paint thinners, nail polish remover, and lighter fluids, all distilled from petroleum and natural gas, belong to a class of hydrocarbons. They are usually inhaled or sniffed.
Cocaine —Cocaine is one of the most potent stimulants of natural origin. It is extracted from the leaves of the coca plant grown in the Andean highlands of South America. Illicit cocaine is usually distributed as a white crystalline powder, often diluted by a variety of ingredients. The drug is usually administrated by snorting through the nasal passages.

Crack-This is a street name for a chemical directive of cocaine in hard, crystalline lumps. It is heated and inhaled as a stimulant. Youths usually go for this because it is less expensive than cocaine.

Heroin —Heroin was first synthesized from morphine with a bitter taste. Illicit heroin may vary in both form and color from white to dark brown. Heroin is about three times more potent than morphine and it is readily available in Nigeria.

The danger of drug abuse has been defined as “a state of periodic or chronic intoxication, detrimental to the individual and society, of a drug”. The major indication of drug addiction is the irresistible desire to take drugs by any means.

Physical dependence manifests itself when drug intake is decreased or stopped resulting in withdrawal syndrome, which leads to a very distressing experience. Psychological dependence is experienced when an abuser relies on a drug to produced feeling of well being.

In conclusion, it is important to reiterate the dangers of drug abuse in general and to youths involved in it.
CHAPTER THREE
METHODOLOGY

3.0 Introduction
This chapter covers the background of how data was gathered in the study process. It discusses the research design, study population, sampling, and study variables, sources of data, data collection methods, sample size determination and instruments for data processing, analysis and presentation.

3.1 Research Design
The study used descriptive research design and it was an applied research with a cross sectional study. Both quantitative and qualitative methods were used in collecting the information for this study.

3.2 Study Population
The study focused on the people of Uganda parish in Uganda which had a lot of youths dealing in drugs. The total population of Uganda parish was estimated to be approximately 23,500 people by the time of the study. The researcher used a reasonable sample size of about 122 people.

3.3 Sample Selection
The study was based on mainly two sampling methods. These included Cluster sampling and simple random sampling. Four clusters (sub-parishes) were selected out of the six sub parishes by the use of simple random sampling. Simple random sampling was used to select samples from each cluster and each sampling unit in the population of the clusters had an equal chance of being selected.

3.4 Sample Size Determination
According to Kish Leslie (1995), sample size is determined as below;

\[ n = \frac{(Z\alpha)^2pq}{e^2} \]

Where;

- \( N \) is the sample size selected for the study.
- \( Z_\alpha \) is the standard normal value from the statistical tables.
\( \alpha \) is the level of significance which is 0.05

\( z_\alpha = 1.96 \)

\( p \) is the proportion of individuals with characteristics of interest, \( p = 0.087 \)

\( q \) is the proportion of individuals without characteristics of interest, \( q = 0.913 \)

\( e \) is the permissible error, the study will use \( e = 0.05 \)

\[
\begin{align*}
    n &= \frac{1.96^2 \cdot 0.87 \cdot 0.913}{0.05^2} \\
    n &= 122 \text{ respondents.}
\end{align*}
\]

Therefore a sample size of 122 respondents was selected

### 3.5 Data Collection Methods

The researcher used both primary and secondary data collection techniques. Secondary data was got from youth leaders and literature reviews. The researcher also got information through newspapers, documents and assessment from MOH.

Primary data was collected from the respondents who were given questionnaires during the study.

#### 3.5.1 Questionnaires

The data was obtained from respondents through the use of pre-coded questionnaires, focus group discussions and key informants. Questionnaires were both closed ended and open ended. This eased time and provided high response rates from the respondents. The researcher pre-coded the anticipated answers before the questionnaires were administered to the field and they were checked before going to the field. This helped to provide a large range of different responses from the respondents.

#### 3.5.2 Focus Group Discussions

This was employed to solicit ideas that were not received using questionnaires and were used to understand the participants’ perspectives. 8-10 participants were selected to discuss the phenomenon under study in each group and the researcher used three groups of FGD. Open
ended questions were used and the respondents were given a chance to answer freely the questions.

3.5.3 Interviews
These were in such a way that the interviewer asked questions to the respondents and respondents answered best answers to the questions.

3.6 Data Coding, Storage and Cleaning
This refers to the allocation of figures, letters, or symbols to represent categories of secrecy. The collected data were coded using figures from 1 to n where n is the number of categories for a given variable. This was intended to reduce errors during data entry and to ease analysis of qualitative variables.

After collecting the data, it was entered using SPSS. The researcher also ensured that there were minimum errors in the data. This was done through cleaning of data stored and tallying these data obtained from multiple responses, especially from qualitative variables.

3.7 Data Analysis and Presentation
Qualitative and quantitative data was obtained, coded, edited and categorized according to the research objectives.

The data obtained was analyzed using SPSS (Statistical Package for Social Scientists). The chi-square at 5% level of significance was used to test the hypotheses with categorical variables.

The data was presented using presentation tools that include tables, pie charts and graphs to facilitate easy understanding of analysis and interpretation of the general information.
CHAPTER FOUR.
PRESENTATION, INTERPRETATION AND ANALYSIS OF FINDINGS.

4.0 Introduction
This chapter provides Data presentation, interpretation and analysis of findings.

4.1 Demographic Characteristics

4.2 Responses from Respondents

Table 4.2 Shows Respondents Who Are Willing To Answer
The Questions Set To Them By The Researcher

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Yes</td>
<td>122</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Researcher, 2019

The researcher gave out a total of 122 questionnaires and he received 100% responses from the respondents.

4.3 Sex of the Respondents

Table 4.3 Showing Sex of the Respondents

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>88</td>
<td>72.1</td>
<td>72.1</td>
<td>72.1</td>
</tr>
<tr>
<td>female</td>
<td>34</td>
<td>27.9</td>
<td>27.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: Researcher, 2019

34(27.9%) were females and 88(72.1%) were males who were interviewed during the course of the study.
4.4 Marital Status of the Respondents

Table 4.4 shows the marital status of the respondents

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>single</td>
<td>86</td>
<td>70.5</td>
<td>70.5</td>
<td>70.5</td>
</tr>
<tr>
<td>married</td>
<td>36</td>
<td>29.5</td>
<td>29.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: Researcher, 2019

86(70.5%) of the respondents were single while 36(29.5) were married in all the sub-parishes.

4.5 Whether the Respondents have ever been Addicted or Not

The researcher sought to ascertain whether the target respondents have ever been addicted to any drug or not.

Table 4.5 shows the number of respondents who have ever been addicted to drugs and those who have never

<table>
<thead>
<tr>
<th>Addicted Status</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>84</td>
<td>68.3</td>
<td>68.9</td>
<td>68.9</td>
</tr>
<tr>
<td>no</td>
<td>38</td>
<td>31.7</td>
<td>31.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: Researcher, 2019

According to Table 4.5, 84(68.3) of the respondents had ever been addicted to any drug while 38(31.7) had never been addicted to any drug.
### 4.6 Crimes Committed By Youths Addicted To Drugs

Table 4.6 Shows crimes committed by youths addicted to drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>murder</td>
<td>25</td>
<td>20.3</td>
<td>29.8</td>
<td>29.8</td>
</tr>
<tr>
<td>robbery</td>
<td>33</td>
<td>26.8</td>
<td>39.3</td>
<td>69.0</td>
</tr>
<tr>
<td>rape</td>
<td>18</td>
<td>14.6</td>
<td>21.4</td>
<td>90.5</td>
</tr>
<tr>
<td>other</td>
<td>8</td>
<td>6.5</td>
<td>9.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>68.3</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Source: Researcher, 2019**

25(29.8%) of the respondents committed murder, 18(21.4%) commit Rape, 33((39.9%) committed robbery while 8(6.6%) committed other crimes. This shows that the most crimes committed by drug addicts were robbery followed by murder then rape and lastly other crimes.
4.7 Level of Usage of Drugs by the Youths
The first objective of the study was to determine the level of usage of drugs by the youths in Uganda.

Table 4.7 shows the number of respondents who use drugs.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid yes</td>
<td>84</td>
<td>68.9</td>
<td>68.9</td>
</tr>
<tr>
<td>no</td>
<td>38</td>
<td>31.1</td>
<td>31.1</td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Researcher, 2019

From the evidence in the Table 4.7, the level of usage of drugs was found out to be high with 84 (68.9%) respondents having ever used drugs while 38 (31.1%) being non-drug users.

4.8 Level of Drugs Influence on Youths Morals
This was the second objective of the study.

Table 4.8 shows respondents that have ever been influenced by drugs

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Yes</td>
<td>55</td>
<td>45.1</td>
<td>65.5</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>23.8</td>
<td>34.5</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>68.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing System</td>
<td>38</td>
<td>31.1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: Researcher, 2019

From Table 4.8, from the total of 84 respondents who were using drug, most of them at a certain point have ever been influenced by drugs to commit different kinds of crimes represented by 55 (45.1%) while 29 which is about 23.8% represents those who have never been influenced by drugs to commit crimes.
4.9 Relationship between Drug Abuse and Youths Morals

The main objective of the study was to establish the relationship between drug abuse and youths morals.

### Correlations

<table>
<thead>
<tr>
<th></th>
<th>Have you ever been addicted to drugs?</th>
<th>Crimes committed by drug addicts.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Have you ever been addicted</strong></td>
<td>Pearson Correlation</td>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>to drugs?</strong></td>
<td><strong>Sig. (2-tailed)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>122</td>
<td>84</td>
</tr>
</tbody>
</table>

| **Crimes committed by**        | Pearson Correlation                   | 1                                |
| **drug addicts.**              | **Sig. (2-tailed)**                   |                                  | **.410**                          |
| **N**                          | 84                                   | 84                               |

**Source: Researcher, 2019**

Table 4.9 indicates a positive relationship between drug abuse represented by those who have ever been addicted to drugs and youths morals represented by crimes committed by drug abusers ($r=0.410$). This means that once one uses a certain drug, he is influenced to commit a crime and the reverse holds.
4.1.8 Hypothesis Testing.

H$_{01}$ (Third Hypothesis): There is no relationship between drug abuse and youths morals.

SUMMARY OUTPUT

<table>
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<tr>
<th>Regression Statistics</th>
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</thead>
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<tr>
<td>Multiple R</td>
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<td>R Square</td>
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<td>Adjusted R Square</td>
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<td>Standard Error</td>
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<td>Observation s</td>
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<table>
<thead>
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<tr>
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</table>

<table>
<thead>
<tr>
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<th>t Stat</th>
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<th>Lower 95%</th>
<th>Upper 95%</th>
<th>Lower 95.0%</th>
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<tr>
<td>Intercept</td>
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<td>0.23136</td>
<td>0.33038</td>
<td>0.00000</td>
<td>0.5345</td>
<td>-0.3816</td>
</tr>
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<td>2.4354636</td>
<td>0.16635</td>
<td>14.6405</td>
<td>0.00000</td>
<td>2.7648</td>
<td>2.1061</td>
</tr>
</tbody>
</table>

Source: Researcher, 2019

From the above output, it is evident that the F-value 214.345 and is greater than the significance F which is 1.79965, the respective p-values are both less than the significant level therefore the researcher’s decision was to reject the null hypothesis and conclude that there is a relationship between drug abuse and youths.
4.1.9 Perception of Drug Abuse.
As implied by comments from the key informant guide and the FDGs, youths revealed the following ideas about their perception on drug abuse.

- Use of drugs is against the government set laws. This means that use of drugs without complying with the set laws is against what the government emphasizes “(24 year old key informant from Lulembo a sub-county in Uganda)”.
- Use of drugs is illegal. “(28 year old key informant from Dipo)”.
- Drug abuse is where one uses drugs excessively. “(21 year old from FDG in Lubuga)”.
- I think drug abuse is where one uses cocaine and marijuana. “(18 year old from FDG in Lulembo)”.
- This is where abuses drugs. “(22 year old from FDG in Lulembo)”.
- It is the excessive consumption of drugs which have a negative effect on a person’s life and understanding. “(29 year old from FDGs in Mutagyazi)”.

4.1.10 Major Causes of Drug Abuse.
The comments from key informants and the FDGs revealed the following causes of drug abuse.

- Peer groups, loneliness makes one to get addicted to drugs since one can be influenced by colleagues and for loneliness, one can look for what to do relinquish boredom. “(27 year old key informant)”.
- Lack of parental guidance makes more youth to use drugs since some parents can’t tell their children what’s wrong and good due to much freedom given to them. “(30 year old key informant)”.
- Slum development in this case due to poor conditions that people live in with low levels education thus people won’t know the effects of drugs. “(19 year old from FDGs in Mutagyazi)”.
- Poor government policies such as children’s rights, children use this right and in the long run they end up misusing it hence abusing drugs. “(23 year old from FDGs in Lubuga)”.
- Admiration such as the youth admiring celebrities who take drugs and want to be like them. “(20 year old youth from FDGs in Dipo)”.
4.1.11 Measures by the Government and People Uganda to Reduce Drug Abuse.

Key informants and FDGs revealed measures by the government and residents of Uganda to curb drug abuse among the youths as below.

- The government should come up with policies and laws against drug abusers. “(24 year old key informant)”.
- The people of Uganda should be educated more about the dangers of abusing drugs. “(25 year old key informant)”.
- The government should arrest and prosecute people found using drugs and those who grow or sell them to others. “(27 year old informant from Mutagyazi)”.
- Sensitization by the government to the locals about the effects of drug abuse.
- The government should set up proper residential areas to curb slum development. “(30 year old from FDGs in Dipo)”.
- Parents should provide their children with proper parental guidance and teach them how to behave well in the society. “(22 year old from FDGs in Mutagyazi)”.
- Counseling and guidance of the youths about the dangers of drug abuse. “(28 year old informant from Lulembo)”.

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CHAPTER FIVE
DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction
In this chapter, the researcher gives a summary of the main findings of the study, conclusions and recommendations in line with the research questions and objectives.

5.1.0 Summary of the Major Findings.
The study was concluded with three specific objectives. That’s is level of usage of drugs by youths, level of drug influence on the youths morals and relationship between drug abuse and youths morals. Following these objectives, the findings of the study were as summarized below.

5.1.1 Findings on the Level of Usage of Drugs by Youths.
The level at which drugs were used by the youths was found to be alarming due to the fact that most of the respondents were already addicted different kinds of drugs. Some were addicted to alcohol, some to marijuana, cigarette and others to heroine. This was envisaged by the addicted having the highest number (84/122) while those who weren’t addicted to any drug were only 33 out of a total of 122 respondents.

5.1.2 Findings on level of Drug Influence on Youths Morals.
Drug abuse among the youths was high since most of them were addicts. Youths influenced by to behave indecently or commit crimes were many in number. The crimes most committed by the youth included; robbery with the highest number (33) followed by murder (25), rape (18) and others not specified had the least (8). The major causes of drug abuse by the youths were mainly peer groups and negligence of the parents/guardians to give their children parental guidance. This implied by that peers played a big role in passing on information to their friends. A large number of youths 68.85% (84/122) had been addicted to drugs giving an indication that drug abuse as high among the youths.

5.1.3 Findings on the Relationship between Drug Abuse and Youths Morals.
At the end of the research, the researcher was able to establish that drug abuse and youths morals had a positive relationship. This was envisaged by the fact that addicted youths were influenced to commit various crimes like murder, rape, and robbery.
5.1.4 Findings on the measures to be done by Government and the People of Uganda to Reduce Drug Abuse among the Youths.
The measures to overcome drug abuse in Uganda were revealed to be sensitization by the government to the populace about the effects of drug abuse, the government coming up with strict laws and regulations against drug abusers, it arrest and prosecute all caught growing and selling drugs to the populace, the government should ensure that proper residential areas are set up in order to eliminate slummy living areas and conditions, parents should be advised to give their children proper parental guidance and teach them to behave well in the society, counseling and guidance should be provided to all youths about the likely dangers of drug abuse.

5.2 Conclusion.
Youths who are already drug abusers exist in Uganda majorly in slum areas like Uganda and quite many young men are involved in drugs since they are the ones who are more influenced by peer groups.

Many young men are led into taking drugs due to high exploitation by the society and band wagon groups. Notable of these are unemployment, low levels of education and lack of parental guidance from their parents and their dependents.

Awareness of the effects of drug abuse among the youths is limited which makes them act more on drugs.

Consequently, the government puts limited emphasis on drug abuse in slum areas which leaves the people to act as the wish about drugs such as selling them to the youths and using them since there are no strict laws enforced.
5.3 Recommendations.

- Government, policy makers and program providers should recognize that drug abuse among the youths is a reality and come up with ways and policies to curb drug abuse.

- Young people are driven into the use of drugs by many factors that they come across. There is a need to appreciate these factors and create advocacy into the measures that protect the youths from these adverse factors which consequently turn them into addicts.

- The problem of drug abuse is integral to the morals of youths since most of the addicted youths grow wild and can’t be told to do well. Therefore, drug abuse programs need to address the causes and effects of drug abuse.
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Hello, my name is LUYIMA LAWRENCE a student of Kampala International University main campus in Kansanga pursuing a Bachelors degree in Statistics. I am carrying out research on "THE IMPACT OF DRUG ABUSE ON THE MORALS OF YOUTHS IN UGANDA".

I guarantee you that the information you are going to give me is going to e confidential and it will only be used for academic purposes. The questionnaire will take about 15 minutes to be answered.

I am to interview residents in Uganda on the Impact of drug abuse on the morals of youths in Uganda. The information collected will be of great help to the Ministry of Health, leaders and the residents of Uganda and the government to dissolve issues in this report into their plans for the betterment of the youths in Uganda and the entire country at large. The survey will cover different sub parishes in Uganda and a total of 100 households will be interviewed by the end of the exercise.

Your participation and honest contribution will be of high importance and I will ensure the highest level of confidentiality with the information that you're to give me will remain between me and you.

Instructions

Please tick or shade you best response.

Are you willing to answer the questions?

YES □ NO □

Questionnaire

1. Gender :
   Male □ Female □

2. Age :
   15-19 □ 20-24 □
   25-29 □ 30 and above □
3. Are you a permanent resident of Uganda?
   YES □  NO □

4. How long have you been staying in Uganda?
   1-5 years □  6-9 years □
   10-15 years □  16-19 years □

5. Have you ever attended school?
   YES □  NO □

6. If yes, what is the highest level of education you achieved?
   Primary □  Secondary □  Tertiary/University □

7. Have you ever been addicted to any drug?
   YES □  NO □

8. Do you use drugs on a daily basis?
   YES □  NO □

9. If yes, how often do you use drugs on daily basis?
   0-3 times □  4-5 times □  6-7 times □
   Other □

10. Have drugs ever influenced you to commit any crimes?
    YES □  NO □

11. If yes, how often?
    Once □  Twice □  Thrice □  Other □

12. Which kind of crime did you commit?
    ........................................................................................................................................
    ........................................................................................................................................
    ........................................................................................................................................
    ........................................................................................................................................
    ........................................................................................................................................

13. Does drug abuse affect the morals of people?
    YES □  NO □

14. If yes, how?
17. Does drug abuse affect the health of people?
   YES ☐ NO ☐

18. What do you think should be done to curb or reduce abuse amongst the youths in Uganda?
   i.
   ii. 
   iii.
   iv.

Thank you so much for your cooperation and participation and it has been a pleasure interacting with you.
APPENDIX II: INTERVIEW GUIDE OF KEY INFORMANT

Introduction

Good morning/ afternoon. My name is LUYIMA LAWRENCE, a student of Kampala International University, Kansanga pursuing a Bachelor’s degree in Statistics. Before we proceed, I would like to inquire whether you are willing to participate in this survey.

We are conducting a research on the relationship between drug abuse and youths morals in Uganda. You have been selected as a key respondent in this study. However, your participation is voluntary and the information you give will be kept with great confidentiality.

Are you willing to participate?

Yes ☐
No ☐

Signature ___________________________ Date __________________

Qn1. What do you understand by drug abuse?

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..................................................................................................................
..................................................................................................................
..................................................................................................................
..................................................................................................................

Qn2. What do you think are the major causes of drug abuse among the youth in this area?

i. ..................................................................................................................
ii. ..................................................................................................................
iii. ..................................................................................................................
iv. ..................................................................................................................
v. ..................................................................................................................

Qn3. What do you think would be done by both the government and people of Uganda to curb drug abuse among the youth?
Thank you so much for your participation and it has been a pleasure talking to you.
APPENDIX III: FOCUS GROUP DISCUSSION GUIDE

Introduction

Good morning/ afternoon. My name is LUYIMA LAWRENCE, a student of Kampala international University, Kansanga pursuing a Bachelor’s degree in Statistics.

We are conducting on the Relationship between drug abuse and youths morals in Uganda. You have been selected as a key respondent in this study. However, your participation is voluntary and the information you give will be kept with great confidentiality.

Before we proceed, I would like to inquire whether you are willing to participate in this survey.

Are you willing to participate?

Yes ☐

No ☐

Signature ___________________________ Date ______________________

Qn1. What do you understand by drug abuse?

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Qn2. What do you think are the major causes of drug abuse among the youth in this area?

i. ........................................................................................................................................................

ii. ........................................................................................................................................................

iii. ........................................................................................................................................................

iv. ........................................................................................................................................................

v. ........................................................................................................................................................
Qn3. What do you think would be done by both the government and people of Uganda to curb drug abuse among the youth?

i. ..................................................................................................................................................................

ii. ..................................................................................................................................................................

iii. .................................................................................................................................................................

iv. .................................................................................................................................................................

v. .................................................................................................................................................................

Thank you so much for your participation and it has been a pleasure talking to you.