

**AN ASSESSMENT OF THE EFFECTS OF DRUG ABUSE ON THE YOUTH IN
UGANDA**

A CASE STUDY OF MUTUMBA SUB COUNTY

BY

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DECLARATION

I, Mukaga Geoffrey Okuba, declare that this research on: *An assessment of the Effects of Drug abuse on the Youth in Uganda*, is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signature: 

Mukaga Geoffrey Okuba

Date: 15/07/2014

APPROVAL

This research has been under my supervision and is now submitted for consideration with my approval.

Signed: 

Mr. Ochen Paul (Supervisor)

Date: 15th / 07 / 2014

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DEDICATION

I dedicate this study to my Dad Mr. Wandera William Okuba, mummy Nyogesa Hendirika all my brothers and sisters.

ACRONYMS/ABBREVIATIONS

AIDS:	Acquired Immune Deficiency Syndrome
ATS:	Amphetamine Type Stimulants
ETS:	Environmental Tobacco Smoke
DEA:	Drug Enforcement Administration
CIA:	Criminal Investigation Agencies
CNS:	Central Nervous System
CEIDA:	Teenagers Talking to Parents about Drugs
HIV:	Human Immune Deficiency Virus
IDU:	Injecting Drug Use
NGO:	Non-governmental organization
NCAIANMHR:	National Center for American Indian and Alaska Native Mental Health Research
NUDIST:	Non numerical Unstructured Data Indexing Searching and Theorizing
NWDC:	North West Development Corporation
SACENDU:	South African Community Network on Drug Use
SANAB:	South African Narcotics Bureau
SAPS:	South African Police Services
TADA:	Teenagers Against Drug Abuse
UNODC:	United Nations Office on Drugs and Criminal
USA:	United States of America
WHO:	World Health Organization

TABLE OF CONTENTS

DECLARATION	i
APPROVAL	ii
ACKNOWLEDGEMENTS.....	iii
DEDICATION.....	iv
ACRONYMS/ABBREVIATIONS	v
TABLE OF CONTENTS	vi
ABSTRACT	x
CHAPTER ONE	1
INTRODUCTION TO THE STUDY.....	1
1.0. Introduction.....	1
1.1 Background.....	1
1.2 Statement of the Problem.....	2
1.3 Purpose of the Study.....	2
1.4 Specific Objectives	3
1.5 Research Questions.....	3
1.6 The scope of the study.	3
1.6.1 The contextual and Geographical scope.	3
1.8 Justification of the Study.	3
CHAPTER TWO.....	4
LITERATURE REVIEW	4
2.0 Introduction.....	4
2.1 Drug Abuse among the Youth	4
2.2 Types of Abused Substances	5
2.3 Prevalence of Substance use and Abuse among Adolescents	5
2.4 High Risk Youth - Alcohol and other Drug Use	6
2.5 Challenges of Drug Abuse.....	7
2.5.1 Mainstream and Sub cultural Explanations of Drug Use	7
2.6 Causes of Drug Abuse among the Youth Today.	13

2.7 Effects of Drug Abuse among the youth	15
CHAPTER THREE.....	20
METHODOLOGY	20
3.0 Introduction.....	20
3.1 Research Design	20
3.2 Study Population and Sample Size	20
3.3 Sampling Procedure.....	21
3.5.1 Sampling method.....	21
3.5.2 Sample size	21
3.6 Data Collection Methods	22
3.6.1 Questionnaire.....	22
3.6.2 Observation.....	22
3.6.3 Interviewing.....	22
3.7 Documentary review.....	22
3.4 Data Processing and Analysis.....	23
3.8 Ethical issues.	23
3.9 Limitations.....	23
CHAPTER FOUR	24
PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS	24
4.0 Introduction.....	24
4.2.1 Response rate	24
4.3 Research Findings.....	26
4.3.1 Age and grade for substance use	27
4.3.2 Main Causes of Drug abuse among the Youth in Mutumba Sub County	27
4.3.4 Effects of Drug Abuse on the Youth in Mutumba Sub County.....	28
4.3.5 Curbing substance abuse among the Youth in Mutumba sub-county	29
4.4 Summary.....	30

CHAPTER FIVE	31
SUMMARY, CONCLUSION AND RECOMMENDATION.....	31
5.0 Introduction.....	31
5.1 Summary.....	31
5.2 Conclusion	32
5.3 Recommendations.....	35
5.3.1 Future research.....	35
5.3.2 Policy Implications	35
REFERENCES	37
QUESTIONNAIRE	39
QUESTIONNAIRE FOR MUTUMBA SUB-COUNTY HEAD OFFICE (STAFF) AND POLICE OFFICERS	39
INTRODUCTION	39

LIST OF TABLES

Table 1: Respondents from Mutumba subcounty Head Office.	24
Table 2: Respondents from Mutumba sub county LC Officials.....	24
Table 3: Respondents from Mutumba sub county Police Headquarter Officers.	25
Table 4: Respondents from the public (Residents of Mutumba sub county)	25
Table 5: Age of the respondents	26
Table 6: Gender of respondents from the division.	26

ABSTRACT

Drug abuse among the youth is the major problem facing the world today. In order to understand the effects for adolescent substance abusive behavior, various theoretical perspectives were utilized and strategies to curb drug abuse among the youth were also identified. The study was conducted in the areas of Mutumba Subcounty, Namayingo district in Uganda. The participants included 12 male and 4 female adolescents, whose ages ranged from 12 years to 22 years. A qualitative, explorative research design was employed. Data was gathered using semi-structured interviews, questionnaires and observations. The study found that substances abused by the participants include; alcohol, nicotine, khat “Mairungi”, cannabis and heroin and the most affected areas included Bulule, Mutumba, Mwema, Buchimo, among others. Their reasons for using these substances include individual, family and environmental factors. However, peer group pressure was identified as the primary factor for adolescent substance use and abuse. This study emphasized the painful nature of drug abuse among the youth, yet at the same time it succeeds in highlighting the strategies that can be employed to address drug abuse among the youth. In addition, this study recommends a concerted effort by all the stakeholders in addressing the substance abuse problem.

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.0. Introduction

This chapter contains the back ground to the study. This introductory chapter begins with the background of the study which explores the subject matter, framing the purpose for this research and associated research questions that guide the project.

1.1 Background

Information on the prevalence and causes of drug abuse among minority youth has been utilized by human service and health care providers, law enforcement officials, and policymakers to develop interventions and policies geared toward addressing the drug problem experienced by these youth (Beauvais et al. 1989; Bachman et al. 1990).

Drug abuse among adolescents continues to be a major problem worldwide, and in particular, Uganda. Most teenagers begin to experiment with substances at an early age (De Miranda, 1987; Jaffe, 1998). The most widely abused substances are alcohol, tobacco and cannabis because they are in excess (Alcohol and substance abuse information, and.; Madu & Matla, 2003). Most high schools encounter problems with males who smoke cigarettes and dagga on the school premises. Some of these males come to school under the influence of liquor.

Abuse of substances among adolescents is associated with a broad range of high-risk behavior. This type of behavior can have profound health, economic and social consequences, for example, some adolescents participate in deviant peer groups, unprotected sexual intercourse, interpersonal violence, destruction of property and perform poorly in their studies (De Miranda, 1987; Jaffe, 1998; Substance Abuse and HIV/AIDS).

According to the United Nations Office on Drugs and Crime (2008), substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These social ills are devastating many families and communities. Substances from all over the world currently flood Uganda.

Drug pushers are forcing young people into taking substances so that once they are hooked; they can manipulate their friends into taking substances (United Nations Office on Drugs and Crime, 2008). Too many youth seem to think of experimentation with substances as an acceptable part of transition into adulthood. Few take seriously the negative consequences of dependence on substances (Madu & Matla, 2003).

1.2 Statement of the Problem

Drug abuse among the youth in Uganda has been majorly cited in Mutumba sub county and the consumption tremendously increases all the time (United Nations Office on Drugs and Crime, 2008). Nevertheless, the victims of drug consumption among the youth show signs of cultural influence. Most tribes have a culture of dealing and brewing drugs in homes thus exposing the youth to such drugs at an early age. As young people reach adolescence, drug consumption increases due to peer pressure. Young people prefer strong local spirit which is easily put in miniature sachets at very low prices and other drugs like cannabis, tobacco, khat "Mairungi" heroin and other medically prescribed drugs. Other causes include; high illiteracy levels, high degree of unemployment, extreme poverty, peer groups, among others.

Consequently, the young generation and the youth have ended up social misfits, imprisoned, raped, homeless, jobless; in to early and forced marriages, unwanted pregnancies, prostitutes and others have died of the HIV/AIDS. Due to this problem the future of Uganda is not only at the state of doubt but also in a terrible dilemma since the youth are looked at as the parents and leaders of tomorrow.

1.3 Purpose of the Study

To find out the challenges of drug abuse among the youth in Uganda

1.4 Specific Objectives

The specific objectives of this study were;

- i. To establish the causes of drug abuse among the youth in Uganda.
- ii. To assess the challenges of drug abuse on the youth in Uganda.
- iii. To suggest remedies to drug abuse among the youth in Uganda.

1.5 Research Questions

- i. What are the causes of drug abuse among the youth?
- ii. What are the challenges of drug abuse among the youth?
- iii. Which strategies can be employed to curb drug abuse among the youth?

1.6 The scope of the study.

1.6.1 The contextual and Geographical scope.

The focus of the study is on 'Challenges of drug abuse among youth in Uganda', with a case study of Mutumba Sub County. The area covered during the research was Mutumba sub-county Namayingo district (Uganda) which is among the Uganda's largest sub counties in Eastern region having ten parishes of which the exercise was mainly based in one parish which is Bulele.

1.8 Justification of the Study.

- I. The study will enable the government of Uganda to assess the challenges of drug abuse among the youth and come up with an instantaneous solution to this problem
- II. The study will also help the Uganda Police and the Criminal Investigation Agencies (CIA) to identify and allocate common drug abuse and criminal areas in Mutumba sub county
- III. The study will also help future academic researchers develop more and comprehensive knowledge and drug abuse.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter consists of Literature review in relation to the topic; it covers effects, causes and challenges of drug abuse among the youth according to different scholars, mainstream and sub cultural explanations of drug use, immediate resolution of drug abuse in the youth.

2.1 Drug Abuse among the Youth

According to Hayden Browne (1991), Those [young people] who reach the attention of drug and alcohol agencies, the criminal justice system or the welfare system, are not typical of all young people who have ever used, or who do occasionally use, illicit drugs. Rather, the evidence indicates that those drug users have generally experienced a far more disrupted family background and are finding the processes of adjustment to school, family, and other facets of life more difficult to accomplish than most other people of their age. On the whole, their use of drugs is not the *cause* but more largely an *effect* of their distresses. Young people who begin to use drugs heavily – as distinct from those who are tentatively experimenting with substances – do so largely to escape from subjective states which are intensely disagreeable to them, such as anger, frustration, loneliness, anxiety and depression. Many are unemployed, poorly educated, estranged from their families or homeless.

Hayden Browne (1991) observed that, the challenge which presents itself to those agencies which are charged with the responsibility for improving the quality of life for such young people is to alleviate those distresses which induce so many to use drugs. Illicit drug use may be for some the predominant concern, but it should not be seen or treated as the central, or solitary, issue.

Illicit drug use is neither the ultimate nor immediate cause of most of the distress among young people encountered by the welfare system; nor has it proven effective to mark drug use as the sole target for intervention in the lives of such young people, since at the same time they are often beset by problems of homelessness, hunger, unemployment, limited social and recreational opportunities, and by estrangement from their families, school and other facets of conventional society. Timely and practical assistance for young people is an imperative necessity.

2.2 Types of Abused Substances

Adolescents abuse both legal and illegal substances. Legal substances are socially acceptable psychoactive substances (De Miranda, 1987; Parry, 1998), and include over the counter and prescription medicines, such as pain relievers, tranquilisers including benzodiazepines, cough mixtures containing codeine and slimming tablets (Craig & Baucum, 2001; Conger, 1991; Rice, 1992). In addition, there are other agents such as solvents in glue, alcoholic beverages, nicotine and inhalants, nail polish and petrol. Illegal substances are prohibited and the use, possession or trading of these substances constitute a criminal offence (De Miranda, 1987). These substances include cocaine powder, crack cocaine, heroin, ketamine, cannabis, ecstasy, fentanyl, morphine, methaqualone (Mandrax), opium, flunitrazepam (Rohypnol), methamphetamine and Wellconal (Craig & Baucum, 2001; De Miranda, 1987; Parry, 1998).

2.3 Prevalence of Substance use and Abuse among Adolescents

A number of institutions gather information about the prevalence and trends of alcohol and other substance use. These include, among others, the Centre for Addiction and Mental Health, Canadian Medical Association in Europe, United Nations Office on Drugs and Crime (UNODC), and the South African Community Network on Drug Use (SACENDU). Studies on the use of substances among adolescents have been conducted throughout the world. An estimated 13 million youths aged 12 to 17 become involved with alcohol, tobacco and other substances annually (Lennox & Cecchini, 2008).

In general, tobacco and alcohol are the most frequently used substances by young people, with cannabis use accounting for 90% or more of illicit substance use in North America, Australia, and Europe (Alexander, 2001). Furthermore, the Canadian Centre on Substance Abuse (2002) has conducted a survey which indicated that the average age for first users of substances was 12 years. About 64.7% of the youth in grades 7 to 12 reported the lifetime use of alcohol, 29% cannabis, 43% cocaine powder and less than 4% other substances including heroin, ketamine and crystal methamphetamine (Canadian Centre for Substance Abuse, 2002).

Studies conducted in South Africa (see Alcohol and drug abuse module, n.d.; Madu & Matla, 2003) indicate that the average age of a first-time substance user is 12 years, which is similar to findings in European countries (Karen Lesly, 2008; Parrott, et al., 2004). In a study conducted by Fisher (2003), 45% of participants had tried drugs and 32% were still using them, while in a study conducted in treatment centres in the Free State, Northern Cape, and North West, alcohol was found to be the most common primary substance of abuse among patients (Plüddermann, Parry & Bhana, 2007). In addition to that, a survey conducted in Cape Town found that more than 10% of 11 to 17 year olds had been drunk more than 10 times (South African Community Network on Drug Use Report 11, n.d.). There is also a considerable abuse of over the counter and prescription medicines such as slimming tablets, analgesics, tranquilisers and cough mixtures. Cannabis was found to be the second most common substance used among patients under 20 in treatment centres in the Free State and North West (Plüddermann et al., 2007).

2.4 High Risk Youth - Alcohol and other Drug Use

According to *Jon Rose (2000)*, providing services to adolescents who are using legal and/or illegal drugs raises a range of specific issues. The developmental challenges of this stage requires those engaged in their care to apply age appropriate strategies rather than simply thinking of this diverse group as mini adults. Young people who come to the attention of health and welfare professionals often use drugs as a means of coping with situational and emotional distress.

While this drug use may also exacerbate problems, practical assistance in areas such as accommodation, family, recreation, financial, vocation and educational support will most often need to precede or coincide with any drug use management. Linking drug-related effects and interventions to goals identified by the client will enhance the possibility of change. This is the same effect with Mutumba's subcounty case.

2.5 Challenges of Drug Abuse

2.5.1 Mainstream and Sub cultural Explanations of Drug Use

Although mainstream theories of deviance are largely based on the experiences of non minority youth, they constitute an essential point of departure for conceptualizing minority adolescent deviance.

These theories differ on the factors they emphasize as central, but most agree on the types that must be included.

Most theories view delinquency as a reaction to disadvantaged status in terms of ethnicity or class (Rutter and Giller 1983; Braithewaite 1981; Datesman et al.1975) that adversely influences individuals' options in life. Social psychological processes have been posited to link disadvantaged status to deviance. An important example is strain theory (Cloward and Ohlin 1960; Simon and Gagnon 1976; Elliott and Voss 1974), which emphasizes discrepancies between achievement aspirations and expectations as the motivational mechanism for deviance.

In some theories, a social environment tolerant of crime and drug use is viewed as contributing to adolescents engaging in deviant behavior (Conger 1971; Shaw and McKay 1942; Smith 1983). An antisocial environment may provide opportunities for involvement in deviant behavior through the availability of inappropriate behavior models to emulate or through instrumental opportunities. For example, drug use is more likely if drugs are available in the neighborhood (Dembo et al. 1979, 1986).

Most mainstream theories view deviance as the result of failures in *conventional bonding* by the family, school, and other institutions whose functions are to socialize youth to the conventional order (Kandel 1980; Jessor and Jessor 1977; Brook et al. 1990). When socialization is effective, youth develop an emotional attachment to the school and family, a commitment to conventional activities, an involvement with such activities, and a belief in the moral order underlying conventional bonds (Elliott et al. 1985; Kaplan et al. 1984; Kandel 1980; Jessor and Jessor 1977; Hirschi 1969).

Peer bonding is another critical element in explaining deviance. In the social learning perspective (Akers 1977; Sutherland 1947) adolescents learn delinquency by modeling—exposure to friends’ delinquent behavior, peers’ social approval of delinquent acts, and anticipated rewards for engaging in delinquency. Peer group influences on deviance are especially likely when there is weak bonding to the family and school (Elliott et al. 1985; Kandel 1980; Jessor and Jessor 1977; Hirschi 1969). Similarly, peer group influence is one of the biggest challenges of drug abuse in Mutumba subcounty.

More proximal to problem behavior and influenced by the more distal social factors discussed above is the adolescent’s self-concept—the overall sense of personal worth and efficacy (Bandura 1982; Brook et al. 1990; Kandel 1974; Kaplan 1975; Kaplan et al. 1984). Serious psychological disorders such as depression may underlie poor self-concept (Jensen et al. 1988; Mitchell et al. 1988). In the same way, Mutumba subcounty, adolescent’s self-concept is a key factor to drug abuse among the youth.

The factors discussed above can be integrated. For example, Rodriguez and Zayas (1990) point out that disadvantaged status, low income, and discrimination, together with social environments that tolerate deviance, may be posited to weaken conventional bonding and strengthen deviant peer bonding. Weak conventional bonds and strong deviant peer bonds may directly influence deviance, but they may also foster a weak self-concept, a more proximate and psychological influence on deviance. Models such as these, which generally have not been informed by insights from studies of minority group behavior nor tested among minority sub populations, are nevertheless assumed to be universally applicable.

Therefore, it is important to consider how explanations derived from the socio-cultural experiences of minority groups provide insights not encountered within mainstream approaches. Delinquency and drug use research on minority populations has often relied on explanations that link such behaviors to sub-cultural characteristics, for example, ethnically derived norms and values about the male role (Anderson 1978; Curtis 1975; Horowitz 1982). Other sub culturally based concepts, such as delinquent subculture (Miller 1958) and lower class subculture (Curtis 1975; Hannerz 1969; Lewis 1961; Liebow 1967; Rainwater 1970; Suttles 1955), emphasize the existence of survival strategies to deal with disadvantaged status. Likewise, the effect is more less the same as the drug abuse situation observed in Mutumba sub-county.

Although sub-cultural theories have had an important influence in deviance research, they have not been integrated into mainstream drug use and delinquency research. Often based on difficult-to-replicate qualitative research, they have seldom been empirically tested through large-scale sample surveys. How then can models attempting to integrate sub-cultural and mainstream explanations be tested? To address this issue, the authors applied Elliott and colleagues' (1985) ISC model to inner-city Puerto Ricans. The ISC model integrates factors relevant to major explanations of deviance-strain theory

(Elliott and Voss 1974; Simon and Gagnon 1976), social control theory (Hirschi 1969), and social learning theory (Akers 1977; Conger 1976). The model posits that strain-discrepancies between aspirations and expectations about school, family, and occupation indirectly influences deviance through its negative effects on conventional bonding to the family and school (a social control construct). Conventional bonding in turn indirectly reduces deviance through its negative effect on tolerance of deviance (social control) and deviant peer bonding (a social learning construct). Thus, the effects of strain and conventional bonding are filtered through deviant peer bonding.

The factors emphasized in the ISC model are also conceptualized in adolescent drug use research. For example, Johnson and coworkers (1987) found that integrated differential association and situational group pressure notions satisfactorily explained the role of peers in the etiology of drug abuse.

In a similar way, Krohn (1974), Jacquith (1981), and Kaplan and colleagues (1984) found the same effects. Peer group drug use and bonding also predict drug use in the empirical studies by Meier and Johnson (1977), Kandel (1978, 1985), Ginsberg and Greenley (1978), Jessor and coworkers (1980), Clayton (1981), Glynn (1981), Clayton and Lacy (1982), Krosnick and Judd (1982), Bank and colleagues (1985), Needle and coworkers (1986), Castro and colleagues (1987), Kandel and Andrews (1987), Newcomb and Bentler (1987), and Brook and coworkers (1990). However, the ISC model may be useful to apply to drug use because of its attempt to integrate different conceptual approaches to deviant behavior (including strain theory, which is less often applied to drug use) and because of its demonstrated applicability to both behaviors in the National Youth Survey (NYS) (Elliott and Huizinga 1984; Elliott et al. 1985).

Our analyses were based on the assumption that mainstream models of problem behavior are applicable to Hispanics. Like mainstream youth, Hispanics may face problems of getting along with their families and teachers, are subject to influences of peer pressures, and experience varying levels of frustration based on the extent of discrepancy between their aspirations and expectations. However, our analysis focused on how sub cultural factors relevant to Hispanics and other minority groups interrelate with factors drawn from the ISC model.

As in ethnographic studies of African-American populations, some studies of Hispanic problem behavior have followed the general approach of examining the influence of sub cultural norms on delinquency and other behaviors (Horowitz 1982; Moore 1978). However, in examining Hispanic sub cultural influences, a more common approach is found in the concept of acculturation, which refers to the social psychological process whereby immigrants and their offspring change their behavior and attitudes toward those of the host society as a result of contact and exposure to the new dominant culture (Berry 1980; Padilla 1980). The importance of the concept lies in its ability to capture an important psychosocial aspect of the immigrant experience, the problem of meeting the normative demands of two different cultures. Because it involves conflict and stress, acculturation has been linked to dysfunctional behavior (Anderson and Rodriguez 1984; Rogler et al. 1991; Szapocznik and Kurtines 1980; Szapocznik et al. 1980).

How is acculturation linked to problem behavior? In one conceptualization, immigration is seen as disrupting adherence to the country of origin's values, norms, and social bonds, one of whose functions is to inhibit dysfunctional behavior. For most immigrant groups, acculturation involves adaptation from a traditional culture, which provides controls on behavior, to the more modern American culture, which places fewer restraints on nonconventional behavior. Un acculturated families may lack knowledge of accepted behavior norms in the United States and, therefore, may be less likely to socialize their children adequately, which in turn may influence problem behavior by weakening family and school bonds. Evidence for this hypothesis is provided by studies finding higher rates of alcohol and other drug use, suicide, eating disorders, and other problem behaviors among acculturated and/or second-generation Hispanics (Sorenson and Golding 1988; Caetano 1987; Gilbert 1987; Pumariega 1986; Buriel et al. 1982; Graves 1967).

A closely related conception focuses on the relationship between acculturative stress, intergenerational conflict, and problem behavior. Immigration may generate stress as immigrants try to adapt to and resolve differences between the old and new cultures (Vega et al. 1985a, 1985b; Born 1970). For example, in their study of drug use among adolescent Cuban-Americans, Szapocznik and associates suggest that the discrepancy between the parents' and adolescents' level of acculturation will cause conflict for the adolescent and, therefore, a greater dependency on the peer group (Szapocznik and Kurtines 1980; Szapocznik et al. 1980). (See also Fitzpatrick [1971] with respect to delinquency among Puerto Rican youth and Beauvais and colleagues [1985] with respect to drug use among American Indian youth). Adolescents in this situation may turn to drug use as a way of resolving acculturation conflicts with parents. In contrast to theories that view imbeddedness in traditional culture as inhibiting problem behavior, the biculturalism hypothesis asserts that those competent in negotiating the contradictory demands of both cultures should behave less dysfunctionally than those oriented to either Hispanic or American culture.

In several analyses, Rodriguez and Recio (in press), Rodriguez and colleagues (1990), and Rodriguez and Weisburd (1991) addressed the applicability of the ISC model to drug use and delinquency among inner-city Puerto Rican youth, focusing on the following two research questions.

First, would the factors operate among Puerto Rican adolescents in the same way as among mainstream youth, that is, with the same correlative strengths and in similar interrelationships? A related question is, would the factors operate similarly with respect to drug use and delinquency? It was hypothesized that two aspects of the socio cultural situation of Puerto Rican adolescents; the significance of the family in Puerto Rican culture and the relationship between conventional institutions and peer groups in the inner city, would influence the interrelationships among family, school, and peer involvement and their effects on deviant behavior (Rodriguez and Weisburd 1991). The sociological and anthropological literatures have often noted the influence of Hispanic family norms and values in Puerto Rican society (Roberts and Stefani 1949; Rogler 1978; Rogler and Hollingshead 1985) and the relevance of the Hispanic family for instrumental and emotional support (Recio 1975; Rogler and Cooney 1984). The family was expected to have a stronger influence among Puerto Ricans than was the case for the national sample. By implication, it was expected that peer involvement would be less important.

The inner-city character of the Puerto Rican sample suggested that conventional institutions would have different effects on peer groups than the effects expected for a mainstream population. Conventional institutions in the inner city may control adolescents through individual rather than collective action (Suttles 1955). As inner-city institutions, the family and school may exert less control over adolescent behavior in the street than is the case in other communities because there is likely to be less communication between these institutions. Consequently, inner-city youth may be more able than other youth to keep separate their actions in school, the family, and the peer groups. Thus, in contrast to what Elliott and associates (1985) found for mainstream adolescents, among Puerto Rican adolescents the family and school were expected to have direct negative effects on drug use.

A related issue concerned the relationship between alcohol and other drug abuse and delinquency. Our analysis focused on whether the relationship was spurious or causal (Elliott and Ageton 1976; Gandossy et al. 1980; Inciardi 1981; Collins 1981; Watters et al. 1985; White 1990). Either both behaviors are elements in a concurrent pattern of behaviors (Kandel 1980; Jessor and Jessor 1977) or both behaviors are explained by a common cause (White et al. 1987; Elliott et al. 1985). The ISC model has been shown to be equally applicable to drug use and delinquency; that is, the factors have similar strengths and interrelationships. The authors expected the same with respect to Puerto Rican adolescents.

Second, how would acculturation, the major factor identified in examinations of Hispanic adolescent deviance, interrelate with the ISC factors? Two hypotheses were entertained. One was that adherence to traditional Hispanic culture would inhibit deviance through the greater role accorded to institutional authority, as embodied by parents and teachers. Thus, the authors theorized that acculturation would exert powerful but indirect effects on drug use and delinquency through its influence on conventional and deviant peer bonding. Acculturated youth would be less bonded to their families and schools and more bonded to deviant peers and, thus, would be more likely to engage in drug use and delinquency. In a second and contrasting hypothesis, we assumed that bi-culturally involved youth would be less likely to engage in drug use and delinquency. Control Measures of Drug Abuse among the Youth.

2.6 Causes of Drug Abuse among the Youth Today.

Jon Rose (2000) observed that, Young people who come to the attention of health and welfare professionals often use drugs as a means of coping with situational and emotional distress. While this drug use may also exacerbate problems, practical assistance in areas such as accommodation, family, recreation, financial, vocation and educational support will most often need to precede or coincide with any drug use management. Linking drug-related effects and interventions to goals identified by the client will enhance the possibility of change. Providing services to adolescents who are using legal and/or illegal drugs raises a range of specific issues.

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

As with sex, drug issues may be a secretive area for young people. This is particularly so if the young person perceives possible negative consequences for disclosure (e.g. refused accommodation, judged, probation breached or parents informed). Jon Rose (2000)

According to Art Linkletter (1971), the narcotics problem came into public consciousness in the late 1960s as the "drug culture," an aspect of the youth movement, or the "counter-culture," as it was frequently called. The use of the hallucinatory drug LSD, promoted by Harvard University psychologist Timothy Leary, and other narcotics soon was widely practiced in so-called hippie communities, notably in the Haight-Ashbury neighborhood of San Francisco. By the end of the decade drug abuse was described by government officials as an epidemic, and the smoking of marijuana spread far beyond the youth culture. The use of LSD fell off rapidly by 1970, but other "hard" drugs such as "speed" and heroin persisted, education campaigns and stricter laws notwithstanding. One byproduct of growing drug use was an increase in crime, particularly in urban areas. Drug abuse by soldiers in Vietnam was also reported to be very extensive, and many veterans returned home as addicts. In October 1970 Congress passed the toughest drug control law in history, but no great hope was entertained that laws alone could stem the situation. One of the best known spokesmen in the campaign against drugs was television entertainer Art Linkletter, whose daughter had died after using LSD. On September 14, 1971, he spoke to a special United Nations audience in New York on effective ways to deal with the drug menace. Equally, Ugandan citizen have lost their children due to the effect of drug abuse.

2.7 Effects of Drug Abuse among the youth

Depending on the actual compound, drug abuse including alcohol may lead to health problems, social problems, morbidity, injuries, unprotected sex, violence, deaths, motor vehicle accidents, homicides, suicides, physical dependence or psychological addiction.

There is a high rate of suicide in alcoholics and other drug abusers. The reasons believed to cause the increased risk of suicide include the long-term abuse of alcohol and other drugs causing physiological distortion of brain chemistry as well as the social isolation. Another factor is the acute intoxicating effects of the drugs may make suicide more likely to occur. Suicide is also very common in adolescent alcohol abusers, with 1 in 4 suicides in adolescents being related to alcohol abuse. In the USA approximately 30 percent of suicides are related to alcohol abuse. Alcohol abuse is also associated with increased risks of committing criminal offences including child abuse, domestic violence, rapes, burglaries and assaults.

Drug abuse, including alcohol and prescription drugs can induce symptomatology which resembles mental illness. This can occur both in the intoxicated state and also during the withdrawal state. In some cases these substance induced psychiatric disorders can persist long after detoxification, such as prolonged psychosis or depression after amphetamine or cocaine abuse. A protracted withdrawal syndrome can also occur with symptoms persisting for months after cessation of use. Benzodiazepines are the most notable drug for inducing prolonged withdrawal effects with symptoms sometimes persisting for years after cessation of use. Abuse of hallucinogens can trigger delusional and other psychotic phenomena long after cessation of use and cannabis may trigger panic attacks during intoxication and with use it may cause a state similar to dysthymia. Severe anxiety and depression are commonly induced by sustained alcohol abuse which in most cases abates with prolonged abstinence. Even moderate alcohol sustained use may increase anxiety and depression levels in some individuals. In most cases these drug induced psychiatric disorders fade away with prolonged abstinence.

Drug abuse makes central nervous system (CNS) effects, which produce changes in mood, levels of awareness or perceptions and sensations.

Most of these drugs also alter systems other than the CNS. Some of these are often thought of as being abused. Some drugs appear to be more likely to lead to uncontrolled use than others.

Traditionally, new pharmacotherapies are quickly adopted in primary care settings, however; drugs for substance abuse treatment have faced many barriers. Naltrexone, a drug originally marketed under the name "ReVia," and now marketed in intramuscular formulation as "Vivitrol" or in oral formulation as a generic, is a medication approved for the treatment of alcohol dependence. This drug has reached very few patients. This may be due to a number of factors, including resistance by Addiction Medicine specialists and lack of resources.

The ability to recognize the signs of drug use or the symptoms of drug use in family members by parents and spouses has been affected significantly by the emergence of home drug test technology which helps identify recent use of common street and prescription drugs with near lab quality accuracy.

The initiation of drug and alcohol use is most likely to occur during adolescence, and some experimentation with substances by older adolescents is common. For example, results from Monitoring the Future (2008), a nationwide study on rates of substance use, show that 47% of 12th graders report having used an illicit drug at some point in their lives. In 2009 in the United States about 21% of high school students have taken prescription drugs without a prescription. And earlier in 2002, the World health Organization estimated that around 140 million people were alcohol dependent and another 400 million suffered alcohol-related problems. Thankfully, the large majority of adolescents will phase out of drug use before it becomes problematic. Thus, although rates of overall use are high, the percentage of adolescents who meet criteria for substance abuse is significantly lower (close to 5%). According to BBC, "Worldwide, the UN estimates there are more than 50 million regular users of morphine diacetate (heroin), cocaine and synthetic drugs."

Alcohol and other drug abuse are of most serious concern among American Indian populations (Beauvais et al. 1989; Segal 1989; Young 1988).

Recent research has found that there is more substance abuse among American Indians than most, if not all, other ethnic minority groups in the United States (Beauvais et al. 1985, 1989; Office for Substance Abuse Prevention 1990).

Seventy-five percent of all American Indian deaths are related to alcohol (Young 1988), and 5 of 10 major causes of death among American Indians are directly attributable to alcohol: automobile crashes, cirrhosis of the liver, alcohol dependency, suicide, and homicide (Andre 1979; Jones-Saumty and Zeiner 1985).

Lifetime prevalence rates for alcohol use among American Indian adolescents have been shown to average 80 percent or higher (Beauvais et al. 1989; King et al., in press). Hence, the risks for American Indian adolescents for deviant drinking behaviors are greater than those for many other ethnic populations (May 1982). In the same way, Lifetime prevalence rates for alcohol use among Ugandan adolescents are rising day by day.

Although high prevalence rates for alcohol and other drug use have been well established among American Indian youth, explanations for these behaviors have yet to be tested scientifically (Oetting and Beauvais 1990). Attempts to identify and understand the factors contributing to these high rates of alcohol and other drug abuse have considered various causes.

Life stress factors have been postulated to predict rates of alcohol and other drug use among adolescents (Bruns and Geist 1984; Carman 1979; Labouvie 1986; Chassin et al. 1988). Stressful life events heighten during adolescent development with social adjustment factors, separation, individuation, career issues, and peer pressures becoming paramount. Hence, the theory has developed that alcohol and other drug use may be an escape or a way of buffering the effects of these stressors. Several studies have found strong correlations between drug use and number of stressful life events (Bruns and Geist 1984; Headlam et al. 1979; Newcomb and Harlow 1986). Labouvie (1986) has hypothesized that life stress factors contribute to poor social relations. Substance abuse becomes a way of coping with these difficulties.

Despite the widely recognized stress of life in American Indian communities (Bechtold et al., in press), this aspect has just begun to be examined among American Indian youth (King et al., in press).

Social support has been identified as a moderating factor that reduces the impact of stressors that may contribute to substance use (Aneshensel and Huba 1984; Segal et al. 1980). Research efforts have examined the relative effects of family and friend support (Wills and Vaughan 1989; Zucker and Gomberg 1986). Degree of family support appears to be inversely related to rates of substance use (Chassin et al. 1988; Mann et al. 1987; Wills 1986; Wills and Vaughan 1989). However, during adolescence, friend support becomes increasingly more important than parental or family support (Zucker and Noll 1982). Friend support has been consistently linked to rates of substance use (Jessor 1987; Smith et al. 1989; Swaim et al. 1989; Wills and Vaughan 1989).

Again, examination of the influence of social support among American Indian adolescents has received very little attention (King et al., in press).

Psychological and emotional distress has also been studied in relation to adolescent substance use (J.J. King and J.F. Thayer, unpublished data; Russell and Mehrabian 1977; Watson and Clark 1984). Some studies have found only minimal relationships between emotional and psychological distress and substance use (Johnson and Matre 1978; Labouvie 1986; Oetting et al. 1988; Swaim et al. 1989), whereas others have found that substance abuse serves as a buffer to or an escape from negative affect (Aneshensel and Huba 1983; Blane et al. 1968; Lex 1987; Watson and Clark 1984). Questions of this nature are only now being asked about American Indian youth.

Researchers now agree that no one predictor, in isolation, can account for the variability in the nature and pattern of substance use (Aneshensel and Huba 1984; Stein et al. 1987; Swaim et al. 1989). The most promising models for substance abuse consist of multiple contributing factors (Aneshensel and Huba 1984; King et al., in press; Newcomb and Harlow 1986; Smith et al. 1989).

Aneshensel and Huba (1984) developed a multifactor model that examined the effects of life stress, social support, illness, alcohol use, and depression. They found that life stress significantly influenced levels of social support, depression, alcohol use, and illness. They also found that social support mediated the impact of life stress on these other factors.

Multifaceted models of this kind hold the most promise for examining the area of substance abuse. The study discussed in this chapter examines two of the more prominent theoretical approaches in this area: the life stress/social support model as proposed by Aneshensel and Huba (1984) and the peer cluster theory as postulated by Oetting and Beauvais (1986).

The *life stress model* proposes that the primary predictive factors for substance abuse are life stressors and degree of social support. In this particular framework, alcohol and other drug use is viewed as a coping strategy that reduces the impact of life stress. Social support serves as a mediating variable between life stress and substance use; that is, the greater the social support, the less likely it is that one needs to use alcohol or other drugs.

The *peer cluster theory* (Oetting and Beauvais 1986) hypothesizes that the strongest predictive factor for substance use is peer influence. The group with which the individual most closely associates determines where, when, and how alcohol and other drugs are used. This cluster group also determines the attitudes and beliefs about alcohol and other drugs. The peer cluster theory does not ignore other psychosocial factors; rather, they are seen as background variables that influence the adolescent's choice of peer group. These factors include social structure (e.g., family support), socialization processes (e.g., religious identification, school success), attitudes and beliefs, and psychological factors (e.g., self-confidence, alienation).

This study utilizes structural equation modeling (Jöreskog and Sörborn 1989) to test the relative value of these two theories. Data were collected as part of a longitudinal biannual survey of American Indian high school students.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter is a representation of the methods and instruments that were used in data collection and data analysis. It deals with the research design, study area, study population, sampling, data collection methods, research instruments, ethical issues and limitations.

3.1 Research Design

Quantitative and qualitative methods were used to study the effects of drug abuse on the youth in Uganda. Quantitative research method refers to the type of research that is based on methodological principles of positivism and neo-positivism and adheres to the standards of strict research design. It involves collection of numerical data in order to explain, predict and control phenomena of interest, data analysis being mainly statistical. The method is applied in order to describe current conditions or investigate relationship.

While qualitative method is one where the researchers explain and gains insight and understanding of phenomena through intensive collection of narrative data hence data collection is usually subjective and the main measurement tool for collecting data is investigator him/herself. Therefore with quantitative method, data is basically descriptive in nature and as such the result obtained are ordinarily expressed in none-numerical terms.

Questionnaires and interviews were used to find out the effects of drug abuse among the youth in Mutumba Sub County.

3.2 Study Population and Sample Size

The survey population was Seventy (70), among which (50) were youth victims of drug abuse, fifteen (15) were local council officials and five (5) were opinion leaders (staff of Mutumba Sub County head office) of Mutumba Sub County Namayingo District. The study size was a random sampling procedure.

A sample is a part of the population which is deliberately selected for the purpose of investigating the properties of population which was youth victims of drug abuse, opinion leaders and the sub county council.

3.3 Sampling Procedure

The respondents for the study were randomly established. However, purposive random sampling was used targeting both the youth and other respondents who were willing to provide information.

3.5.1 Sampling method

A sample is part of the population which is deliberately selected for purpose of investigating the properties of the population.

According to Penn (1994) sampling means selection of a part to represent a whole. The sampling technique of random sampling was used because it ensures that each member of target population has an equal chance of being included in a sample.

3.5.2 Sample size

This consists of at least 60% of the target population which was about 40 respondents. This was done by considering respondents with full information in Mutumba Sub County who were 10 and 30 respondents with related information in which 10 were females and 30 were males

3.5.3 Procedures

Questionnaire was administered to the Mutumba Sub County head office staff. Participation was voluntary. The division staff members explained the nature and purpose of the study and administered the informed consent and questionnaire to other staff members. Other staff members were on site to assist if necessary. Confidentiality was stressed, and compensation for participants was provided through raffle prizes.

3.6 Data Collection Methods

3.6.1 Questionnaire

Questionnaires were used to gather information from all the respondents. A questionnaire containing open and close questions will be used in case the respondents doesn't know how to read and write, the researcher assistant helped to interpret the questionnaire for the responses from the illiterate respondents. These are easy to administer and analyze. They can be given out to the respondents and they fill them at their own time thus saving time.

3.6.2 Observation

Challenges of drug abuse among the youth in Mutumba sub-county were observed the, more still, the life style of the youth victims of drug abuse in the division were observed. Available record at the Mutumba sub county head office was consulted to give a picture about drug abuse in the community.

3.6.3 Interviewing

Interviewing was posted to the staff of Mutumba sub county head office in Mutumba, Mutumba police headquarter. Local Council (LC) officials for example LC.1 chair persons in different areas of Mutumba sub-county including Bulule, Mwema, and Buchimo were interviewed. But a lot of time was spent with LC officials and members to get in-depth information about the challenges of drug abuse among the youth. The interview lasted for a maximum of fifteen minutes with pre-set questions being administered.

3.7 Documentary review

This is where the documents that are in line with the research topic were considered in order to supplement on the research, these were often got Mutumba sub county head office in Mutumba, and Mutumba police headquarter.

For example they may be reports of the organization where one is carrying research. Also, further reading was made on the global Internet to review literature closely related to the study.

3.4 Data Processing and Analysis

The findings were tabulated and themes were discussed to give meaning. Tables were used to simply and help in the interpretation.

3.8 Ethical issues.

Permission to carryout research was granted by the head of Department of Humanities and Applied Psychology, College of Social Work and Social Administration, Kampala International University, and the approval the topic “Effects of Drug Abuse on the Youth” was authorized and approved by my supervisor Mr. Ochen Paul Enest. The information given out regards this research was kept confidential to avoid its explosion to unauthorized audience.

3.9 Limitations.

There was some hardship in funding the research throughout the research period, for example, transport costs, secretarial services and other costs.

There was a limitation of time, one had to forego other activities and carry out research in a period specified, hence one had to budget well for his time.

The problem of lack of sufficient and first hand information by some residents of Mutumba sub county and police offers at Mutumba sub county police headquarters.

Sometimes some members of Mutumba sub county head office, and some LC officials were most often not available so I had to move up and down looking for them to equip me with adequate information necessary for this research.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter mainly deals with presentation, discussion and analysis of findings from the study entitled an assessment of the challenges of drug abuse on the youth in Mutumba Sub County.

4.2.1 Response rate

It was a good response in that, from both the public (division residents), all the 30 questionnaires were returned and from Mutumba sub county head office, LC officials all the 10 were returned.

Table 1: Respondents from Mutumba sub-county Head Office

Gender	Frequency	Percentage
Male	7	70
Female	3	30
Total	10	100

Source: Primary data

The table above shows that from Mutumba sub-county head office ten respondents were reached, 7 were male contributing 70% of the population and 3 were female contributing to 30% of the Population thus making total of 100%

Table 2: Respondents from Mutumba sub county LC Officials.

Gender	Frequency	Percentage
Male	8	80
Female	2	20
Total	10	100

Source: Primary data

The table above shows that from Mutumba sub county local council officials, ten respondents were reached, 8 were male contributing 80% of the population and 2 were female contributing to 20% of the Population thus making total of 100%. These officials were local council executives of L.C three, they were chosen because they had relevant information about the youth and at same time they are law makers in this area.

Table 3: Respondents from Mutumba sub county Police Headquarter Officers.

Gender	Frequency	Percentage
Male	6	60
Female	4	40
Total	10	100

Source: Primary data

The tables above shows that from Mutumba sub county police headquarter officers ten respondents were reached, 6 were males contributing 60% of the population and 4 were females contributing to 40% of the Population thus making total of 100%. The police officers came in because they had relevant formation concerning the misuse of drugs and at same time it was the body which fights against the use of drugs with in the country.

Table 4: Summary of Respondents

Gender	Frequency	Percentage
Male	21	70
Female	09	30
Total	30	100

Source: Primary data

The table above shows that from the public, there were 30 respondents and of which 21 were male, contributing to 70% of the population and 9 were female contributing to 30 totaling to 100%. All the respondents both from the general public and resident victims of drug abuse made a total of 30

Table 5: Age of the respondents

Age Group	Frequency	Percentage
20-30	12	40
31-40	12	40
41 and above	6	20
Total	30	100

Source: Primary data

The above table shows the age group of Mutumba sub county head office staff and local council officials respondents, 20-30 and 31-40 age groups had 24 respondents all together, 41 and above had 2 respondents making a total of 30.

Table 6: Gender of Respondents from the Sub County.

Respondents	Male	Female
Sub-county officials	7	3
Police officials	6	4
General Public	8	2
Total	21	09

Source: Primary data

The table above shows the gender of respondents from the Mutumba sub county head office staff, Local council officials and the general public/residents of the sub county. The male represented the highest number which is 21 with a percentage of 70% and the females were 09, having a percentage of 30%.

4.3 Research Findings

This section outlines the findings of this study. The research findings were presented as follows:

First, the basic themes and organizing themes are presented and secondly, the themes are supported by extracts from the participants' responses.

The following themes were discussed in this section: age and grade of substance use, reasons for substance use, maintaining the substance abuse habit, stopping the substance abuse habit and the effects of substance abuse. This section further answers the research questions as highlighted earlier in chapter one of this thesis.

4.3.1 Age and grade for substance use

The age for first time use of substances in this study was between 20 and 25 years among the male participants. Furthermore, participants in this study started abusing substances around Primary.7 to Senior.1. One participant reported that he started using substances in grade P.4.

4.3.2 Main Causes of Drug abuse among the Youth in Mutumba Sub County

Cause	Frequency	Percentage
Experimentation	9	23
Biological	4	10
Depression	7	17
Availability	8	20
Peer pressure	12	30
TOTAL	40	100

Source: primary data

Experimentation

Participants do experiment with substances during adolescent stage. They used substances in order to taste them, and to feel high. 9 participants agreed that they used the substance so as to experiment them hence a cause of Drug abuse among the Youth.

Depression

Most of the participants reported stress as the cause for their use of substances. It's clear that out of the study population 7 participants accepted they got involved in drug abuse so as to be kept away from Depression.

Biological reasons

One participant indicated that he used substances because it helped him with his sleeping problem; others reported that substances helped them to accomplish things that they wanted to do. Hence 4 participants agreed that they use drugs due to biological reasons.

Peer group pressure

In adolescents' talk about substances, the influence of friends was articulated as a key factor. The frequency of the talk about the influence of friends was perhaps to be expected, given that peer group is frequently perceived as the major cause of substance abuse among adolescents giving a frequency of 12 which is a leading cause of drug use.

Availability

Substances are easily available in the participants' communities. When participants were asked about where they bought these substances, they indicated that they bought them in their locations or villages. Majority of the participants mentioned that they were able to buy substances in their local shops, taverns, and butchery. Drugs are within easy reach of the participants and as such they afford to buy them thus making 8 participants to agree that they used drugs due to their presence.

4.3.4 Effects of Drug Abuse on the Youth in Mutumba Sub County

EFFECT	FREQUENCY	PERCENTAGE
Health effect	15	38
Dependence	12	30
Social effects	7	17
Economic effect	6	15
Total	40	100

Health Effects: One participant reported that people become slaves to substances. Most of the participants indicated that substances affect their lungs, heart, eye sight, movement, as well as the mind where 15 participants agreed to these effects making 38%.

Dependence: Most of the participants reported that they were dependent on substances. Thus, most of the participants in this study are addicted to drugs. This is evident when we see that out of sample population of 40, 12 adhered to effect giving a percentage of 30%.

Social effects: All the participants were aware that their use of substances also affects other people, for example, they mentioned that substances: “make people not to respect others and may do anything wrong”. Thus 7 participants accepted that drug use has social effects on other people making a percentage of 17%.

Economic effects: Majority of the participants indicated that substances affect their academic performance and that one may end up dropping from school. Furthermore, the participants mentioned that substances affect their studies. Thus, the use of drugs had health, social and economic effects on the adolescent drug user. Finally we see that 6 participants agreed that drug use has economic effects on the users giving a percentage of 15% when it comes to converting the frequency into percentage.

4.3.5 Curbing substance abuse among the Youth in Mutumba sub-county

All the participants emphasized that they want to stop using substances and as such need assistance.

Develop a working relationship with victims of drug abuse. As with sex, drug issues may be a secretive area for young people. This is particularly so if the young person perceives possible negative consequences for disclosure (e.g. refused accommodation, judged, probation breached or parents informed).

Screen all adolescents for drug use. Evidence suggests the majority of young people who come into contact with the welfare sector may rely on drug use as a method of coping and to have fun. Use bridging questions such as, “... *Many young people find alcohol or other drugs helpful in coping as well as for having fun – can you tell me about your alcohol and other drug use?*” This question normalizes and presumes drug use allowing for a more honest answer.

Interventions of different Personnel in helping youth stop drug abuse Involve key stakeholders (parents, peers, partners & professionals) As adolescents is a time of rapid development and identity formation, the above can be very influential. They can exacerbate or inhibit drug use and associated problems or both. They may also help/hinder the young person achieve life goals which compete with drug-related problems.

4.4 Summary

In this chapter, the data analysis was presented. The profile of participants in this study was presented as well as the steps that were followed in analyzing data were discussed and the identification of basic themes, organizing themes and global themes were explained. The basic themes, organizing themes and global themes were presented in tables and in web like structures. Furthermore, the findings of the study were discussed and supported with the extracts that were derived from the interview transcripts.

Likewise, a remarkable number of the youth in Uganda deaths are to alcohol and other drug abuse and such cases have been commonly seen in Mutumba subcounty

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter gives a summary of the research, draws conclusion from the research findings and makes recommendations regarding challenges of drug abuse among the youth in Mutumba sub-county. The purpose of the study was to find out the challenges of drug abuse among the youth with a case study of Mutumba sub-county Namayingo District and the study was supported by the following objectives.

- To establish the causes of drug abuse among the youth.
- To assess the effects of drug abuse on the youth.
- To suggest remedies to respond to drug abuse among the youth.

The objectives of the study formed the basis for recommendations, the summary and conclusions were as a result of appropriate analysis of the collected data, from the analysis of the gathered data, and summary was made. Data was collected through questionnaires and observations made by the researcher.

5.1 Summary

An impressive amount of research has established that the youth are likely to behave in a manner consistent with the behavior of their friends. In accounting for effects of drug abuse in Mutumba Sub County, peer group influence is perhaps the strongest and most consistent correlate of adolescent misbehavior of drug abuse.

It is therefore surprising that more is not known about why this relationship exists, but also little is known about the structure of friendship networks or the processes that generate the similarity in behavior patterns which has put the division in danger over the outcome of drug abuse including cases to do with rape, robbery, murder, prostitution, unwanted pregnancies, imprisonment, among others.

5.2 Conclusion

In conclusion the study which was carried out in Mutumba subcounty-Namayingo district enabled the researcher to achieve all the objectives and aims of the study and the following findings were appreciated:

Prior research has clearly established that adolescents in Mutumba who have friends who use drugs are also likely to use drugs. Although this finding is among the strongest and most consistent in research on drug use among the youth in Mutumba sub-county, little is known about the characteristics of the networks that constitute these relationships. Based on data from this research “effects of drug abuse in the youth; a case study of Mutumba Sub county”, this study contributes to the national understanding of the effects/challenges, causes and possible resolutions to drug abuse in the youth not only of Mutumba sub county but also the entire country.

Substance abuse, also known as drug abuse is a maladaptive pattern of use of a substance that is not considered dependent. Mutumba Sub County is situated in Namayingo District Eastern part of Uganda. The Sub County has the biggest number of victims of drug abuse among the youth in the Region. A considerable number of young people in this sub county often use drugs and they have faced many challenges of drug abuse such as unemployment due to idleness, and waste of time; poverty, involvement in criminal activities such as rape, fighting and robbery.

Drug use among the Ugandan’s population has been majorly cited in Mutumba sub-county and the key causes of drug abuse among others is the negligence of parents over their children and the drivers of HIV/AIDS epidemic yet no efforts have been made to address this problem as a matter of urgency.

Most tribes have a culture of dealing and brewing drugs in homes thus exposing the youth to such drugs at an early age. As young people reach adolescence, drug consumption increases due to peer pressure. Young people prefer strong local spirit which is easily assessable in miniature sachets at very low prices and other drugs like cannabis, tobacco, khat “Mairungi” heroin. Addition levels begin to emerge at the age of

21 and highly associated with other stressors and peer coping skills among young people. Drug consumption increases by age among the youth in Uganda. According to World Health Organization Report (2005).

Mutumba sub county, Namayingo district, drug abuse is at a very high rate and it shows up among young people between the ages of 12 to 25. The main factors that perpetuate drug abuse amongst the youth in Mutumba are their affordability and easy accessibility, Other reasons like the need 'for courage to do certain things, lack of physical strength, sleeplessness, loss of appetite, poor diet and nutrition also precipitate drug use among the youth. Young people like to taking drugs to feel high, relieve stress, relax, prove their maturity, for adventures and to go through periods of cold weather. (Uganda Youth Development Link. (2008 Report).

Previous studies have found that the affective quality of relationships that users have with friends is at least as close as that of non users. Had the present study examined only the intimacy of the relationship of social networks, its conclusion would have been similar to that of prior research. This research found that users have more intimate or supportive relationships with their friendship network than do non users. It also found that user networks are generally as dense as non user networks. In addition, it found that although relationships within user networks appear to be more intimate, they are also less stable over time.

Interpreting the paradox of drug abuse victims having more intimate but less stable social networks is difficult. The measure of intimacy included items that focused on expressive and instrumental support that friends provide one another. The fact that users have higher values on this measure may indicate that they need to lean on friends more for this type of help than do nonusers.

The need for users to rely on friends for social support may also be a result of a more alternative relationship with parents. Although parental social support was not examined in the current analysis, parents of users were found to be less involved in the social networks of their children. Hence, although the friendship networks of users may be

weaker as evidenced by their transitory nature, users may need to call on their friends for more social support than non users, On the other hand, the friendship networks of users are not less multiplex or less dense than those of nonusers. Therefore, the finding regarding stability may indicate that users are simply more sociable, putting them in a better position to constantly make new friends, Once those new friendships are formed, users are more likely to open up to those friends.

It is not possible with the current information to determine which of these interpretations is valid. However, it is evident that the suggestion in prior research that the friendship networks of alcohol and drug users are more intimate than those of nonusers may be premature. With a more complete description of characteristics of social networks, that explanation is called into question.

The results do confirm that users of alcohol and marijuana in Mutumba sub-county are more likely to have friends who also use. Moreover, these friends are more likely to live in the same neighborhood than the friends of nonusers. This finding underscores the importance of the neighborhood context in determining use patterns and, coupled with the finding that the networks of users are less likely to come from the same school, suggests that intervention strategies should include neighborhood-based as well as school-based strategies.

A more difficult finding to deal with in terms of social policy is that victims of drug abuse in Mutumba sub-county are more likely to have a girlfriends or boyfriends. This result may reflect that the use of alcohol and marijuana is part of the “normal” pattern of interaction among adolescents who are more socially active. This pattern was especially pronounced for females, which suggests that they are more prone to be influenced by the behavior of their boyfriends.

It is difficult to suggest a strategy for dealing with this tendency. Perhaps Uganda programs that focuses on social skills and strategies of saying no are on the right track.

5.3 Recommendations

5.3.1 Future research

It is recommended that a larger sample, inclusive of female participants, covering a wider geographical area should be drawn in future investigations, in order to improve the general ability of the findings. In addition, adolescents who do not attend schools should also be part of the study.

Furthermore, the study should also include other racial groups. Interview questions must be translated into the participants' preferred language before interviews are conducted. Furthermore, in addition to face-to-face interviews, it is also recommended that participants be allowed to write down all the other aspects that relates to the study which they find difficult to express during interaction with the interviewer.

This study recommends further research undertaking regarding parental support during adolescence. In addition, this study calls for research on substance abuse monitoring devices that can be used in schools to curb substance abuse behavior. Furthermore, more than one researcher could collect data in order to ensure objectivity during data analysis. Both qualitative and quantitative approaches can be used to gather information about substance abuse among adolescents. By combining both approaches, I could have maximized the strength and minimized the weaknesses of each approach. This may have strengthened the results and contributed to 107 theory and knowledge (Morse, 1991). In addition, since multiple and diverse observations could be used, the study could have enriched the understanding of the substance abuse problem among adolescents. However, the volume of data produced, would have been immense and an extremely broad knowledge base was required to analyze it. The investigator would then have had to contract other researchers to work on the different parts of the analysis (Miles & Huberman, 1994).

5.3.2 Policy Implications

This study recommends that a database of adolescents abusing substances be developed and such adolescents be referred to social workers for intervention. Most of the

participants reported that they bought cigarettes and alcohol from the shops and butchery in their villages including Mwema, Bulule, Buchimo among others. Other participants indicated that they drank alcohol in taverns. This evidence shows that even though law strictness is employed, some of the tavern owners do not comply with it. Furthermore, this means that some entrepreneurs do not only sell goods that are stipulated in their business licenses. This has implications for policy makers to strengthen strategies employed to implement, monitor and evaluate policies. In addition, there is a need to educate entrepreneurs, tavern owners, parents, adolescents and community members in rural areas about the Liquor act because they are important stakeholders who may play a role in ensuring that the act is implemented. They may also assist in reporting cases of non compliance of the Liquor act by some entrepreneurs and tavern owners (Liquor Act no. 59 of 2003).

The majority of the participants reported that they used substances in the bush and mountains where no one sees them. This study recommends that Ugandan Police Service collaborate with communities through Community Policing Forum to address substance abuse problem among adolescents. Furthermore, adolescents need to be empowered through victim empowerment programs to stop abusing substances because they have a right to develop to the fullest and be protected from harmful use of substances. In addition, there is a need for proper monitoring to control the influx of substances from urban areas to rural areas. Teenagers should be encouraged to participate in community policing forums because they seem to know the sources of the substance supply.

As mentioned earlier, Teenagers Against Drug Abuse (TADA) support groups need to be established in schools (National Drug Master Plan, 2006). These groups help in encouraging peers to refrain from substance abuse. In addition, no adolescent should be allowed to enter school premises if he or she is under the influence of substances, as he or she can endanger the lives of other learners. The services of police officers that are adopted in schools must be fully utilized to address substance abuse behavior among adolescents and to ensure substance free schools.

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QUESTIONNAIRE

QUESTIONNAIRE FOR MUTUMBA SUB-COUNTY HEAD OFFICE (STAFF) AND POLICE OFFICERS

INTRODUCTION

I am Mukaga Geoffrey Okuba, a student of Kampala International University, offering a Bachelors Degree in Social Work and Social Administration. I am carrying the research on the topic, "an assessment of the effects of drug abuse on the youth; a case study of Mutumba Sub County Namayingo district". You have been chosen to be one of the respondents and the information provided for this research will be used for study purpose and will be handled with a lot of confidentiality. I therefore request for your time to help me fill this questionnaire in the most objective manner.

1. Characteristics of respondents

Please tick or fill in the correct options

(a) Age

15-25	<input type="checkbox"/>	26-30	<input type="checkbox"/>
31-40	<input type="checkbox"/>	41 and above	<input type="checkbox"/>

(b) Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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2. What is your knowledge and experience about drug abuse among the youth of Mutumba sub-county?

.....
.....

3. From your point of observation, which age group is commonly involved in drug abuse in Mutumba sub-county?

(i) 10-17	<input type="checkbox"/>	(ii) 18-25	<input type="checkbox"/>
(iii) 26-40	<input type="checkbox"/>	(iv) 41-60	<input type="checkbox"/>

(v) Others specify.....

(b) Do you think there is any step taken by the government of Uganda to combat the problem?

(i) Yes ☐ (ii) No ☐

(c) If yes, which steps have been taken?

.....
.....

4. How do you assess the effectiveness of the approaches taken to control drug abuse in Mutumba sub-county?

.....
.....

5. Do you have a relative or a friend who engage in drug abuse?

(i) Yes ☐ (ii) No ☐

(b) If yes, have you ever taken any steps towards advising him/her over the consequences of drug abuse?

(i) Yes ☐ (ii) No ☐

(c) In what response did you get?

.....
.....

6. What do you think would be the immediate resolutions to stopping this problem?

.....
.....

(b) How should they be implemented?

.....
.....

7. What role have the Ugandan police played in stopping drug abuse among the youth of Mutumba sub-county?

.....
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END