A REPORT ON ALCOHOL AND DRUG USE AMONGST UNIVERSITY STUDENTS IN UGANDA

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1 BACKGROUND

Alcohol and illicit drug use are increasing among school children and young adults. Such increases have also been noted among university students and there is a need for a large survey across different universities and faculties. We report such a survey.

2 METHODS

Information about drinking, use of cannabis and other illicit drugs, other lifestyle variables, and subjective ratings of anxiety and depression was obtained by questionnaire in a cross-faculty sample of 3075 second-year university students (1610 men, 1447 women, 18 sex not stated) from ten universities. The questionnaire was personally administered during scheduled lecture hours and almost all the students participated. The sample reflected the interfaculty and sex distribution and the proportion of international students in universities. The findings were 11

3 INTRODUCTION

Cocaine use is one of the aims of the Uganda governments health-strategy to reduce alcohol and recreational drug use, especially among the young. Yet drinking and drug-taking are increasing in schoolchildren and university students. Surveys of second-year medical students indicated that drinking, cannabis use, and use of other illicit drugs had increased considerably. It seemed unlikely that this change was confined to medical students, and a need for a nationwide study was suggested. We report the results of a survey on lifestyles in university students across Uganda. The survey was mainly on second-year students from universities. Deans and heads of faculties of universities that had a medical school were initially approached by letter. Ten universities in which several

faculties were willing to participate took part. Approval from local ethical committees was obtained when requested. Several students agreed to participate only if not identified; hence none is named. Of the students surveyed, 3075 were randomly chosen to represent the interfaculty distribution of the university. The sex distribution (53

4 DISCUSSION

Our main finding was that many university students, across faculties and throughout, are drinking alcohol above sensible limits, taking cannabis, and experimenting with other illicit drugs. The same trend has been observed among young people generally.26 our sample of university students also had high levels of anxiety which did not relate to drinking or drug-taking, which was also reported in a more limited survey upon medical students. As with all questionnaire studies, reliability and accuracy must be assessed. Some of our questionnaire was anonymous to obtain high participation. Almost all the students present at each session completed the questionnaire. The number of non-attenders is not known, but students who do not attend lectures are probably high-level users of alcohol or drugs. If so our results may have underestimated the situation. Discussion with students after the questionnaire sessions indicated that their reports were generally accurate. We restricted our survey to second-year University students because these represented a homogeneous population who had presumably adjusted to university life and were free of the stresses of final-year examinations. We think it unlikely that students radically change lifestyles in subsequent university years. Similar findings have been reported in university students and the potential health risks and the connection with antisocial behavior have been stressed. Beer drinking may carry health risks even in those whose weekly consumption is within sensible limits. We do not know whether excessive drinking at university paves the way for future problem drinking, but heavy drinkers in university may be more likely than light drinkers to have alcohol problems in later life. The most prominent reason for drinking was pleasure, which was more important than social pressure or stress. Our survey also confirmed previous studies showing that the use of cocaine is common and has increased among university students. 60

5 CONCLUSION

Drugs and alcohol were taken mainly for pleasure and were perceived as a normal part of life for many students, rather than being a manifestation of anxiety. My findings suggest a need for better education about alcohol, drugs, and general health in universities. This requirement has already been urged for medical students and that it should be extended to all faculties, and could be done through student-health services. Although it has yet to be proved that education on health risks has an effect in changing student lifestyles. Some universities

may be lacking in their responsibilities towards students if they do not make such knowledge available. In addition, health-care facilities within universities should be better promoted. Longitudinal studies on the relevance of present student lifestyles to future health are needed. We wait to see how far todays pleasure-seeking undergraduates will become in their maturity healthy, sober, and law-abiding citizens. This survey was supported by the Ministry of Health Uganda and Mulago Hospital.

6 REFERENCES

Department of Health. Health of the nation: a strategy for health in Uganda. Kampala: HM Stationery Office, 1992. Plant M, Plant M. Risk-takers: alcohol, drugs, sex and youth. London: Tavistock/Routledge, 1992. Balding J. Young people in 1993. University of Exeter: Exeter Schools Health Education Unit, 1994. Wright JD, Pearl L. Knowledge and experience of young people regarding drug misuse, 196994. BMJ 1995; 310: 2024. Calman K. On the state of public health. Health Trends 1995; 27: 7175. Royal College of Physicians. Alcohol and the young. J R Coll Phys Lond 1995; 29: 47074. Golding JF, Cornish AM. Personality and life-style in medical students: psychopharmacological aspects. Physiol Health 1987; 1: 287301. Ashton CH, Kamali F. Personality, lifestyles, alcohol and drug consumption in a sample of British medical students. Med Educ 1995; 29: 18792. Education Statistics for the Uganda. Kampala: HM Stationery Office, 1995. Zigmond AS, Snaith RP. The hospital anxiety and depression scale. Acta Psychiatrica Scand 1983; 67: 36170. Health Education Authority. Thats the limit: a guide to sensible drinking. London: Health Education Authority, 1992.