**THE IMPACT OF ALCOHOL CONSUMPTION AND SUBSTANCE ABUSE AMONG PUPILS AND STUDENTS IN NORTHERN UGANDA. CASE STUDY:-ACHOLI, LANGO, AND WESTNILE SUB-REGION.**

**ABSTRACT**

## INTRODUCTION

In 2012, about 3.3 million net deaths, or 5.9% of all global deaths, were attributable to alcohol consumption. There are significant sex differences in the proportion of global deaths attributable to alcohol, for example, in 2012 7.6% of deaths among males and 4% of deaths among females were attributable to alcohol.

In 2012 139 million net DALYs (disability-adjusted life years), or 5.1% of the global burden of disease and injury, were attributable to alcohol consumption. There is also wide geographical variation in the proportion of alcohol-attributable deaths and DALYs, with the highest alcohol-attributable fractions reported in the WHO European Region.

**POLICIES AND INTERVENTIONS**

Alcohol policies are developed with the aim of reducing harmful use of alcohol and the alcohol-attributable health and social burden in a population and in society. Such policies can be formulated at the global, regional, multinational, national and subnational level.

Delegations from all 193 Member States of WHO reached consensus at the World Health Assembly in 2010 on a WHO Global strategy to reduce the harmful use of alcohol.

Many WHO Member States have demonstrated increased leadership and commitment to reducing harmful use of alcohol over the past years.

A significantly higher percentage of the reporting countries indicated having written national alcohol policies and imposing stricter blood alcohol concentration limits in 2012 than in 2008.

Recent estimates are that in 2008, 155 to 250 million people, or 3.5% to 5.7% of the world's population aged 15-64, used other psychoactive substances, such as cannabis, amphetamines, cocaine, opioids, and non-prescribed psychoactive prescription medication. Globally, cannabis is the most commonly used (129-190 million people), followed by amphetamine type stimulants, then cocaine and opioids.

The use of psychoactive substances causes significant health and social problems for the people who use them, and also for others in their families and communities. WHO estimated that 0.7% of the global burden of disease in 2004 was due to cocaine and opioid use, with the social cost of illicit substance use being in the region of 2% of GDP in those countries which have measured it.

**BACKGROUND IN UGANDA:**

In Uganda, 60–71% of school-going children (12 to 24 years) use addictive substances, especially alcohol (19.3%) and Kuber (smokeless tobacco, used sublingually) at 4.4%. In a study among adolescents attending the Makerere/Mulago Columbia Adolescent Health Clinic in Mulago, 15.6% used at least an addictive substance, with alcohol being dominant at 15.2% of the total population. Moreover, an earlier age of onset of substance use is significantly associated with the risk of developing a substance use disorder (SUD) later in life. Despite studies showing a prevalence of substance use among adolescents in Uganda, no particular study has been carried out to investigate the prevalence of SUD in the country.

Few studies have been published on the extensive consumption of alcohol among students both primary and secondary in rural areas of Uganda. To the best of our knowledge, no study has been done on the impact of stigma it has caused among pupils and students leading to their dropping out of school. We aim to assess the direct and indirect effects of consumption of alcohol among pupils and students relating it to their family backgrounds and the surrounding environment.

**OBJECTIVE:**

To understand factors that influence excessive consumption of alcohol among pupils and students in the rural areas and how it has impacted on the way they cope up with studies.

**METHODS:**

Self-identified students who present at school or trading centers with signs of alcohol consumption. We shall engage them and their teachers through completing a questionnaire with demographic questions, an alcohol consumption scale and its effect knowledge scale. Pearson product moment correlation and multiple regression techniques are to be used to analyze the data.

**RESULTS:**

This study will help to determine the knowledge gap amongst locals, pupils and students about the effects of consumption of alcohol among school going children in the rural areas of the country. It will also help to determine the effects of stigma on students and families leading to their dropout of school. The socio-economic impact of consumption of alcohol on students, family and the society at large will also be determined through this study.

**CHALLENGING CONSUMPTION OF ALCOHOL AMONG PUPILS AND STUDENTS**

* Alcohol and substance abuse affects millions of youths around the world and impose enormous costs on our society.
* One of the causes of school dropout is alcohol and substance abuse,
* Sensitization is a very effective intervention (solution) in issues of behaviour change.

**JUSTIFICATION: NDA (2015; 2016) INDICATED THE FOLLOWING:**

* The tendency to consume alcohol and substance abuse was significantly lower among the sensitized students as compared to the non-sensitized students;
* Levels of knowledge about how to avoid consumption of alcohol and substance abuse were higher among the sensitized students as compared to the non-sensitized students;
* The higher the knowledge levels, the lower the tendency of students to consume alcohol and abuse substances.

**CONCLUSIONS:**

Since most causes of alcohol consumption and substance abuse among pupils/students have been linked to peer influence, lack of strict rules and laws, and easy accessibility to drugs and substances, we intend to find out factors and solutions to address the problem through this baseline research.

**ESTIMATED BUDGET TO CARRY OUT THIS BASELINE RESEARCH SUBJECT TO CHANGES.**

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| --- | --- | --- | --- |
| **ITEM** | **QUANTITY** | **UNIT COST** | **TOTAL COST (UGX)** |
| Ream of paper | 50 | 15,000 | 750,000/= |
| Air time  | 10 | 30,000 | 300,000/= |
| Report writing  | 3 | 300,000 | 900,000/= |
| Research assistants  | 10 (for 10 days) | 50,000@each | 5,000,000/= |
| Printing questionnaires/ hiring recorder  | 10 days  | 300,000  | 3,000,000/= |
| Data entrants  | 5 (5 days) | 100,000 | 2,500,000/= |
| Translators  | 5 | 250,000 | 1,250,000/= |
| Food and drinks | 15(10 days) | 20,000 | 3,000,000/= |
| Other expenses |  |  | 500,000/= |
| **Total** |  |  | **17,200,000/=** |

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