

Drug Abuse and Socio-Economic Wellbeing of Youth in Moyo District, Uganda

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Abstract - This study explores the relationship between drug abuse and the socio-economic well-being of youths in Moyo District, with a specific focus on recreational, prescription, and performance-enhancing drug abuse. Using a descriptive study design, the research employed both qualitative and quantitative approaches to examine these relationships. A sample of 330 youths was randomly selected from various trading centers within Moyo Sub-county, based on a study population of 2,342 youths as reported by UBOS (2020). Data were collected through a structured questionnaire, and validity and reliability were ensured through expert judgment and pre-testing, with a Content Validity Index (CVI) of 0.85 and a Cronbach alpha coefficient of 0.88, respectively. The analysis revealed moderate negative correlations between recreational drug abuse (Pearson $r = -0.421$) and prescription drug abuse (Pearson $r = -0.382$) with socio-economic well-being, indicating that higher levels of drug abuse are associated with lower socio-economic conditions. A weaker but still significant negative correlation was observed between performance-enhancing drug abuse (Pearson $r = -0.229$) and socio-economic well-being. These findings suggest that drug abuse negatively impacts socio-economic well-being through factors such as reduced educational attainment, job performance, and financial instability. Based on these findings, the study recommends the implementation of educational programs, life skills training, expanded access to counseling and mental health services, development of targeted rehabilitation programs, improved healthcare access, and integration of drug abuse education into broader health programs. These measures aim to mitigate the negative effects of drug abuse and enhance the overall socio-economic well-being of youths in Moyo District.

Keywords: drug abuse, socio-economic wellbeing, youth.

I. INTRODUCTION

This study was set to examining All over the world, the number of youth engaging in drug abuse is growing every day and has drawn the attention of world leaders on how the

youths can be helped to come out of this problem and make them lead a positive life after studies (Skóra *et al.*, 2020). During the past decade, some advances have been made in understanding the nature and extent of the Drug use problem encountered by the youth (Takahashi *et al.*, 2021).

Data also suggest that stress caused by assimilation into African Society and lack of Family cohesiveness and support may be related to the Drug use behavior of Hispanic and African-American Youth (Vega *et al.*, 2018). 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 policy makers to develop interventions and policies geared toward addressing the drug abuse problem experienced by these youth (Nawi, 2021)

The problem of drug abuse is Worldwide like Cocaine, Cannabis, Tobacco, Cannabis Heroin among others. The International Community through the World Health Organization (WHO) and the International Narcotic Control Board (INCB) acknowledged Sociological problems of Drug abuse among youth across the World. Koffi Annan (World Drug Report, 2019) noted that globalization not only offers Human race unprecedented opportunities, but it also allows for many antisocial activities, among them, Drug abuse which brings misery to Millions of Families around the World every year (Alcohol Advisory Service, 2018).

In the United States of America (AbuAlRub, El-Jardali, Jamal, Iblasi, & Murray) Tobacco and Alcohol are the most common Drugs abused. According to Boyd (2018), alcohol is the main drug taken among the 12-20-year-old. A National survey carried out by United State of America in 2007 showed that, there was 46.6% in 2006 to 48.3% in 2007 among respondent who were 12 Years old and above. It also showed that about 20 Million people in the population of 35 Million are involved in abuse of alcohol (Nawi, 2021).

According to the United Nations Office on Drugs and Crime (2020), substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These social illnesses 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 substance (Kabwama, Matovu, Ssenkusu, Ssekamate, & Wanyenze, 2021) Too many youths seem to think of experimentation with Substances as an acceptable part of transition into Adulthood. Few take seriously the negative consequences of dependence of Substance (Madu & Matla, 2017).

This study was guided by the Social Disorganization Theory. The Social Disorganization Theory was developed by sociologists Clifford Shaw and Henry McKay in the early 20th century (Errol, Madsen, & Moslehi, 2021). They conducted research on crime and delinquency in Chicago and identified the role of social disorganization in contributing to criminal behavior. Their work laid the foundation for understanding how community factors influence individual behavior, including drug abuse among youth (He & Messner, 2020).

The theory suggests that drug abuse among youth is influenced by the breakdown of community social control mechanisms, such as strong family structures, effective schools, and cohesive neighborhoods. When these social structures are weakened or disrupted, young people may turn to drug abuse as a means of coping with the challenges they face (McDowell & Reinhard, 2023). Social welfare programs that provide support for at-risk youth and strengthen community networks can help mitigate the risk factors associated with drug abuse among young people. By addressing the underlying social issues that contribute to drug abuse, such programs can help prevent substance abuse and promote the well-being of youth in communities.

Drug abuse refers to the misuse or excessive use of substances that can lead to physical, mental, and social harm (Nakibuuka & Nalubega, 2022). It involves using illegal drugs, prescription medications, or over-the-counter substances in ways other than as directed or intended (Luyima, 2019).

According to Matagi (2022), recreational drug abuse involves using drugs to achieve a pleasurable or euphoric effect. People may use recreational drugs like marijuana, cocaine, ecstasy, or hallucinogens in social settings or to enhance their mood. Prescription drug abuse is a form of drug abuse involves taking medications that are prescribed by a doctor in ways other than as directed. This can include taking larger doses than prescribed, taking someone else's medication, or using it for non-medical purposes (Karch, 2019).

Polydrug abuse refers to the concurrent use of multiple drugs at the same time or sequentially. This can increase the

risk of adverse effects and overdoses. Some individuals abuse household products, solvents, or other volatile substances by inhaling or "huffing" them to achieve a quick high. This can be extremely dangerous and lead to severe health complications (Anglin, Hser, & justice, 1990).

Performance-enhancing drug abuse is where some individuals, particularly athletes, may abuse substances like anabolic steroids or stimulants to enhance their athletic performance. This can have serious health consequences and may also be prohibited in sports competitions (Angell *et al.*, 2012).

Drug abuse among adolescents Moyo District is associated with a broad range of high-risk behavior. This type of behavior can have profound Health, Economic and Social consequences, for some adolescents participate in deviant Peer groups, unprotected sexual intercourse, interpersonal violence, destruction of property, rape and perform poorly in their studies (Makoha & Denov, 2024). Persistent report by Health professional to youths, many of whom are regarded as role models by young people in have highlighted the effects of drug abuse on the social economic welfare of the youth elsewhere but no single such study has highlighted the youth in Moyo District triggering the researcher to so.

II. MATERIALS AND METHODS

Location of the Study area

The study was carried out in trading centers within Moyo Sub County, Moyo District. The district is found in northern Uganda. Moyo District, bordering Adjumani from East, Yumbe from West and South Sudan from North, Amuru from South in great West Nile sub-region, in Northern Uganda. The study was conducted at Atoji, Logoba, Arazibaa and Toloro trading centers.

Sketch Map of Showing the Location of Moyo District (Study Area)



Source: Google map 2024

Sampling

The researcher used simple random sampling technique to select the respondents of the study. The method was used in order to eliminate bias by giving everyone a chance of participating in the study. The study adopted a descriptive, correlational and cross-sectional survey design. The study was based on a mixed approach whereby both qualitative and quantitative techniques were used to analyze the data in order to reach logical conclusion of the findings.

The research targeted the youth in selected trading centers and secondary schools with Moyo Sub County. The study population comprised of 2342 youth in Moyo Sub County, Moyo District (UBOS, 2020). Sample size; The researcher was guided by Krejcie & Morgan (1970) table in determining the sample size. Based on the table, 330 youth were randomly selected from various trading centers within Moyo Sub County.

An open and close ended questionnaire was designed to obtain primary data from the respondents. The research instrument covered the demographic characteristics of the respondents and the research objectives. This tool was used in order to capture a lot of information in a short period of time. The researcher obtained an introduction letter from the Director of the School of Graduate studies and Research and took it to the Senior Chief Administrative Officer (SCAO) and the sub county chief of Moyo Sub-county Local Government. The researcher scheduled convenient time for the interviews with the respondents and he personally distributed the questionnaires and arranged and collected them back from the respondents.

III. DATA ANALYSIS

Data collected was edited, coded and later analyzed using Statistical Package for Social Scientists (SPSS). The results were interpreted to establish the relationship between independent and dependent variables. Information was put in sequence related to the objectives of the study. Results presented on Pie charts, Bar graphs and Frequency table, correlation and regression tables has also been presented. The pre-test was done at Toloro Youth Centre thereafter necessary corrections were done and then post testing was carried to assess the reliability using Cronbach alpha coefficient which was found to be 0.88. This was sufficient evidence that the instruments were reliable. A Content Validity Index of 0.85 was obtained and compared with 0.7 as suggested by Amin (2005) and thus instruments were valid to collect data for the study.

IV. RESULTS

This study was set to examine the relationship between performance management practices and employee productivity in selected public health facilities in Hoima City. The study was guided by three objectives namely; (a) to examine the relationship between goal setting and employee productivity in selected public health facilities in Hoima City, (b) to assess the relationship between monitoring and employee productivity in selected public health facilities in Hoima City and (c) to establish the relationship between employee feedback and employee productivity in selected public health facilities in Hoima City.

Out of the 330 questionnaires issued and interviews scheduled, only 300 were collected and conducted among the youth in Moyo District. This resulted into a response rate of 90.9%. The response rates suggest that there was generally a positive attitude towards the study among the target groups in Moyo District. The researcher used gender, age, marital status and level of education as demographic characteristics of the respondents and the findings are as follows.

Table 1: Demographic characteristics of the respondents (n=300)

Characteristic	Frequency	Percentage (%)
Gender		
Male	185	61.7%
Female	115	38.3%
Total	300	100%
Age (years)		
Below 16 years	35	11.7%
17 – 19 years	85	28.3%
20– 24 years	45	15%
25 & Above years	135	45%
Total	300	100%
Marital status		
Single	200	66.7%
Married	100	33.3%
Total	300	100%
Level of education		
Non formal	70	23.3%
Primary	80	26.7%
Secondary	150	50.0%
Diploma	00	00.0%
Bachelors	00	00.0%
Total	300	100%

Source: Primary Data (2024)

According to findings in table 1 above, the majority of respondents are male (61.7%), indicating that the study sample is predominantly male. This gender disparity may reflect a higher prevalence of drug abuse or participation in drug-related studies among males in Moyo District.

The age distribution shows that nearly half of the respondents (45%) are aged 25 and above, suggesting a significant portion of the study sample consists of older youths. The second largest group is those aged 17-19 years (28.3%), highlighting a substantial presence of younger individuals. This distribution suggests that drug abuse issues affect a broad range of ages within the youth demographic, with a notable concentration in the older youth category.

A large majority of the respondents are single (66.7%), with only one-third being married (33.3%). This high proportion of single individuals might indicate that drug abuse issues are more prevalent or are more likely to be reported among those who are not married. It may also reflect social and economic conditions influencing marital status and drug abuse.

The majority of respondents have attained secondary education (50%), followed by primary education (26.7%). A significant proportion (23.3%) has non-formal education, with no respondents having diploma or bachelor's degrees. This educational profile indicates a relatively low level of formal higher education, which might correlate with socio-economic factors and the potential risk of drug abuse. The absence of diploma and bachelor's degrees in the sample suggests limited access to higher education or a focus on individuals who have not pursued higher education.

The demographic characteristics of the respondents reveal a predominantly male population with a diverse age range, though older youths are more represented. The majority is single and has lower levels of formal education, with a notable absence of respondents with higher education degrees. These demographic factors could provide insight into the socio-economic conditions affecting drug abuse patterns in Moyo District. The high percentage of individuals with only secondary or non-formal education might suggest that lower educational attainment is associated with higher drug abuse rates, potentially reflecting broader socio-economic challenges.

Table 2: Drug abuse among the youth in Moyo District

Category	Frequency	Percentage (%)
Favorite drug		
Alcohol	100	33.3%
Tobacco	50	16.7%
Mairungi	50	16.7%
Marlijuana	20	6.7%
Cocaine	30	10.0%
Goro	30	10.0%
None	20	6.7%
Total	300	100%

Source of drugs		
Bars	60	20%
Open market	100	33.3%
Peers	140	46.7%
Total	300	100%
Reason for drug abuse		
Peer pressure	210	70%
Media adverts	20	6.7%
Easy access	40	13.3%
Culture	30	10%
Total	300	100%

Source: Primary data (2024)

According to findings in table 4.2 above, Alcohol was the most frequently reported favorite drug, with a significant majority (33.3%) choosing it as their drug of preference. This indicates that alcohol is the most prevalent substance among the youths in Moyo District. Tobacco and Mairungi both accounted for 16.7% of the respondents' choices. Mairungi, a stimulant, is popular alongside tobacco, suggesting a variety of substance use. Marijuana, Cocaine, and Goro have lower prevalence rates (6.7%, 10%, and 10%, respectively), indicating these substances are less commonly used but still present. None represents 6.7% of the respondents, suggesting a portion of the youth does not engage in drug use. Peers are the most significant source of drugs for the youth in Moyo District (46.7%), highlighting the influence of social networks and peer pressure in drug distribution and use. Open markets are the next most common source (33.3%), reflecting a relatively accessible supply chain for drugs. Bars account for 20% of the sources, indicating that while not the primary source, licensed venues still play a role in drug access.

Peer pressure is the dominant reason for drug abuse among the respondents (70%), underscoring its critical role in influencing drug use behaviors. The high percentage indicates that social factors and the desire to fit in with peers are major driving forces behind drug abuse. Easy access to drugs is a contributing factor for 13.3% of the respondents, suggesting that availability plays a role but is less significant compared to peer pressure. Culture is cited by 10% of the respondents, reflecting some influence of cultural attitudes or practices on drug use. Media adverts are the least cited reason (6.7%), indicating that advertising has a minimal impact on drug abuse compared to social and environmental factors.

Prescription drug abuse in Moyo District

To explore prescription drug abuse in Moyo District, the researcher used descriptive analysis of responses that were captured using Likert 5 point scale where 5- Strongly Agree (SA), 4- Agree (A), 3-Not sure (NS), 2-Disagree (D), 1- Strongly Disagree (SD), Mn- Mean, Std-standard deviation.

Table 3: Prescription drug abuse in Moyo District

Statement	Mean	Std
Youth use opioids	1.2	0.2
Youth use stimulants	4.2	0.5
Youth use sedatives	4.4	0.2
Youth use drugs for pain relief	2.5	0.3
Youth use drugs for relaxation	4.2	0.2
Youth use drugs for increased energy	4.3	0.4
Prescription drugs cause mental health conditions	4.5	0.3
Prescribed drugs result into addiction	3.6	0.7
Prescribed drugs result physical dependence	4.1	0.2
Wrong prescription of drugs result into overdose	4.6	0.2
Wrong prescription of drugs result into respiratory depression	4.8	0.4
Long use of prescribed drugs causes liver damage	4.4	0.3
Long use of prescribed drugs causes heart problems	4.2	0.2
Long use of prescribed drugs causes cognitive impairments	4.1	0.6
Long use of prescribed drugs increases the risk of accidents	4.0	0.3
Average	4.2	0.4

Source: Primary Data (2024).

According to findings, the average mean of 4.2 suggests that, overall, respondents tend to agree with the statements regarding prescription drug abuse and its consequences. The standard deviation of 0.4 indicates a relatively consistent level of agreement among respondents, with some variation in opinions.

On the statement “Youth Use Opioids” had a mean score of 1.3 and standard deviation of 0.2. Therefore, respondents strongly disagree with the statement that youths use opioids. The low mean indicates that opioid use among youths is not perceived as a significant issue in Moyo District.

The statement “Youth Use Stimulants” had a mean response of 4.2 and standard deviation of 0.5. There is strong agreement that youths use stimulants. This suggests that stimulants are commonly abused by youths in the district.

The statement “Youth Use Sedatives” had a mean score of 4.4 and standard deviation of 0.2. Respondents strongly agree that youths use sedatives. Sedatives are identified as a commonly abused category of prescription drugs.

The statement “Youth Use Drugs for Pain Relief” has a mean score of 2.5 and standard deviation of 0.3. The mean indicates disagreement with the idea that youths use prescription drugs primarily for pain relief, suggesting that this is not a common reason for drug use among youths in the district.

The statement “Youth Use Drugs for Relaxation” has a mean score of 4.2 and standard deviation of 0.2. There is strong agreement that youths use prescription drugs for relaxation. This implies that drugs are used for non-medical purposes, such as relaxation.

The statement “Youth Use Drugs for Increased Energy” has a mean score of 4.3 and standard deviation of 0.4. Respondents strongly agree that youths use prescription drugs to increase energy, indicating a perception of misuse of stimulants for enhancing physical or mental performance.

The statement “Prescription Drugs Cause Mental Health Conditions” has a mean score of 4.5 and standard deviation of 0.3. There is strong agreement that prescription drugs can cause mental health conditions. This suggests a significant concern about the mental health impacts of prescription drug abuse.

The statement “Prescribed Drugs Result in Addiction” has a mean score of 3.6 and standard deviation of 0.7. Respondents are somewhat neutral to the idea that prescribed drugs lead to addiction. The mean suggests a moderate level of concern about addiction resulting from prescription drug use.

The statement “Prescribed Drugs Result in Physical Dependence” has a mean score of 4.1 and standard deviation of 0.2. Strong agreement that prescribed drugs can lead to physical dependence highlights the perceived risk of developing dependence on prescription medications.

The statement “Wrong Prescription of Drugs Results in Overdose” has a mean score of 4.6 and standard deviation of 0.2. Respondents strongly agree that incorrect prescriptions can result in overdose, indicating a high level of concern about the dangers of improper drug use.

The statement “Wrong Prescription of Drugs Results in Respiratory Depression” has a mean score of 4.8 and standard deviation of 0.4. There is strong agreement that incorrect

prescriptions can lead to respiratory depression, emphasizing the serious health risks associated with misuse.

The statement “Long Use of Prescribed Drugs Causes Liver Damage” has a mean score of 4.4 with standard deviation of 0.3. Respondents strongly agree that prolonged use of prescribed drugs can lead to liver damage, showing awareness of the long-term health effects.

The statement “Long Use of Prescribed Drugs Causes Heart Problems” has a mean score of 4.2 with standard deviation of 0.2. There is strong agreement that extended use of prescribed drugs can cause heart problems, reflecting concerns about cardiovascular health impacts.

The statement “Long Use of Prescribed Drugs Causes Cognitive Impairments” has a mean score of 4.1 and standard deviation of 0.6. Strong agreement that long-term use can impair cognitive functions indicates recognition of the potential for cognitive decline due to prolonged drug use.

The statement “Long Use of Prescribed Drugs Increases the Risk of Accidents” has a mean of 4.0 and standard

deviation of 0.3. Respondents agree that long-term use of prescribed drugs can increase the risk of accidents, showing awareness of the impact on safety and risk behavior.

The findings indicate that while there is strong concern about the misuse and adverse effects of prescription drugs, including the potential for addiction, mental health issues, and physical dependence, there is less concern about opioid use among youths in Moyo District. The high agreement on the risks associated with incorrect prescriptions and long-term drug use highlights significant awareness of the health risks linked to prescription drug abuse. The data suggests a need for increased education and intervention to address the misuse of stimulants and sedatives, as well as to mitigate the risks of addiction and physical dependence.

Recreational drug abuse among the youth in Moyo district

To explore recreational drug abuse in Moyo district, the researcher used descriptive analysis of responses that were captured using Likert 5 point scale where 5- Strongly Agree (SA), 4- Agree (A), 3-Not sure (NS), 2-Disagree (D), 1- Strongly Disagree (SD), Mn- Mean, Std-standard deviation.

Table 4: Recreational drug abuse in Moyo district

Statement	Mean	Std
Most youth drink alcohol	4.3	0.4
Most youth use cannabis	1.7	0.3
Most youth use cocaine	2.0	0.5
Youth use stimulants	2.8	0.6
Youth use recreational drugs for pleasure	4.2	0.4
Youth use recreational drugs for relaxation	4.6	0.4
Youth use recreational drugs for stress relief	4.5	0.3
Youth use recreational drugs for socialization	4.1	0.3
Youth use recreational drugs for peer pressure	4.4	0.5
Youth use recreational drugs for curiosity	4.3	0.5
Youth use recreational drugs for enhance their performance or creativity.	4.2	0.4
Youth use recreational drugs for self-medication for emotional issues.	4.1	0.2

Source: Primary Data (2024).

The average mean of 4.2 indicates that respondents generally agree with the statements about recreational drug abuse. The standard deviation of 0.4 suggests that there is a relatively consistent level of agreement among respondents with some variation in opinions.

The statement “Most Youth Drink Alcohol” has a mean score of 4.3 and standard deviation of 0.4. Respondents strongly agree that most youths in Moyo District consume alcohol. This indicates that alcohol is a prevalent recreational drug among the youth in the district.

The statement “Most Youth Use Cannabis” has a mean score of 1.7 and standard deviation of 0.3. There is strong disagreement with the statement that most youths use cannabis. This suggests that, compared to alcohol, cannabis is less commonly used among youths in the district.

The statement “Most Youth Use Cocaine” has a mean score of 2.0 and standard deviation of 0.5. Respondents disagree that most youths use cocaine. This indicates that cocaine is not a widely used recreational drug among the youth in Moyo District.

The statement “Youth Use Stimulants” has a mean score of 2.8 and standard deviation of 0.6. The mean suggests a neutral stance on whether youths use stimulants. While not strongly agreeing or disagreeing, the data implies that stimulant use is not as prevalent as other forms of recreational drug use.

The statement “Youth Use Recreational Drugs for Pleasure” has a mean score of 4.2 and standard deviation of 0.4. Respondents strongly agree that youths use recreational drugs for pleasure, indicating that the enjoyment of drug use is a significant motivator for recreational use.

The statement “Youth Use Recreational Drugs for Relaxation” has a mean score of 4.6 and standard deviation of 0.4. There is strong agreement that youths use recreational drugs for relaxation. This suggests that many youths turn to drugs as a means to unwind and relieve stress.

The statement “Youth Use Recreational Drugs for Stress Relief” has a mean score of 4.5 and standard deviation of 0.3. Respondents strongly agree that stress relief is a key reason for recreational drug use among youths. This indicates that drugs are often used as a coping mechanism for stress.

The statement “Youth Use Recreational Drugs for Socialization” has a mean score of 4.1 and standard deviation of 0.3. There is strong agreement that recreational drugs are used for socialization. This suggests that drugs play a role in social interactions and group activities among youths.

The statement “Youth Use Recreational Drugs for Peer Pressure” has a mean score of 4.4 and standard deviation of

0.5. Respondents strongly agree that peer pressure is a significant factor driving recreational drug use. This highlights the influence of peers in encouraging drug use among youths.

The statement “Youth Use Recreational Drugs for Curiosity” has a mean score and standard deviation of 0.5. There is strong agreement that curiosity motivates youths to use recreational drugs. This indicates that the desire to explore and experience new sensations is a driving factor.

The statement “Youth Use Recreational Drugs to Enhance Their Performance or Creativity” has a mean response of 4.2 and standard deviation of 0.4. Respondents strongly agree that some youths use recreational drugs to enhance performance or creativity. This reflects the belief that drugs are sometimes used to improve cognitive or creative abilities.

The statement “Youth Use Recreational Drugs for Self-Medication for Emotional Issues” has a mean score of 4.1 and standard deviation of 0.2. There is strong agreement that self-medication for an emotional issue is a reason for recreational drug use. This suggests that some youths use drugs to manage emotional problems or mental health issues.

Performance enhancing drug abuse among the youth in Moyo District

To explore recreational drug abuse in Moyo district, the researcher used descriptive analysis of responses that were captured using Likert 5 point scale where 5- Strongly Agree (SA), 4- Agree (A), 3-Not sure (NS), 2-Disagree (D), 1- Strongly Disagree (SD), Mn- Mean, Std-standard deviation.

Table 6: Performance enhancing drug abuse in Moyo district (n=300)

Statement	Mean	Std
I use performance enhancing drugs to gain more energy	4.8	0.2
I use performance enhancing drugs to achieve a better physical appearance	1.7	0.3
I use performance enhancing drugs to recover from pain	4.0	0.4
I use performance-enhancing drugs to improve my bedroom performance	4.2	0.6
Peer pressure from friends or colleagues influences my decision to use performance-enhancing drugs	4.2	0.4
I have received positive encouragement from trainers or coaches to use performance-enhancing drugs	4.1	0.1
I am aware of the potential health risks associated with performance-enhancing drugs	1.5	0.3
Using performance-enhancing drugs is ethically acceptable	4.1	0.3
The use of performance-enhancing drugs has had a noticeable impact on my personal relationships	4.4	0.5
I would recommend performance-enhancing drugs to others	4.3	0.5

Source: Primary Data (2024).

Based on the data presented in Table 4.6 Performance enhancing drug abuse, particularly performance-enhancing drugs (PEDs), in Moyo District, here are the findings and their implications:

On the statement “I use performance enhancing drugs to gain more energy”, Respondents strongly indicated using PEDs to gain more energy, with a mean score of 4.8 and a low standard deviation (SD = 0.2). This suggests a high level of agreement among respondents that PEDs are effective for boosting energy levels.

On the statement “I use performance enhancing drugs to achieve a better physical appearance”, On the contrary, there was a notably low mean score of 1.7 (SD = 0.3) regarding using PEDs to achieve a better physical appearance. This indicates disagreement among respondents regarding the efficacy of PEDs for improving physical appearance.

On the statement “I use performance enhancing drugs to recover from pain”, PEDs were reported to be used for recovering from pain, with a mean score of 4.0 (SD = 0.4). This suggests a significant agreement among respondents that PEDs are effective for pain management or recovery.

On the statement “I use performance-enhancing drugs to improve my bedroom performance”, There was a moderately high mean score of 4.2 (SD = 0.6) regarding using PEDs to improve bedroom performance. This indicates a considerable agreement among respondents that PEDs can enhance sexual performance.

On the statement “Peer pressure from friends or colleagues influences my decision to use performance-enhancing drugs”, Peer pressure was identified as a significant influence on PED use, with a mean score of 4.2 (SD = 0.4). This suggests that social influences play a strong role in the decision to use PEDs among respondents in Moyo District.

On the statement “I have received positive encouragement from trainers or coaches to use performance-enhancing drugs”, Respondents reported positive encouragement from trainers or coaches to use PEDs, with a mean score of 4.1 (SD = 0.1). This indicates a high level of support or endorsement from authority figures in sports or fitness environments.

On the statement “I am aware of the potential health risks associated with performance-enhancing drugs”, Awareness of the potential health risks associated with PEDs was low, with a mean score of 1.5 (SD = 0.3). This suggests a lack of understanding or acknowledgment among respondents regarding the risks involved with PED use.

On the statement “Using performance-enhancing drugs is ethically acceptable”, There was a relatively high mean score of 4.1 (SD = 0.3) regarding the ethical acceptability of PED use. This indicates a significant proportion of respondents view PED use as ethically acceptable under certain circumstances.

On the statement “The use of performance-enhancing drugs has had a noticeable impact on my personal relationships”, PED use was reported to have a noticeable impact on personal relationships, with a mean score of 4.4 (SD = 0.5). This suggests that PED use may affect social interactions and relationships among respondents.

On the statement “I would recommend performance-enhancing drugs to others”, Respondents expressed a willingness to recommend PEDs to others, with a mean score of 4.3 (SD = 0.5). This indicates a high level of endorsement for PEDs among respondents who believe in their efficacy and benefits.

Socio-economic wellbeing of youths in Moyo District

To explore Socio-economic wellbeing of youths in Moyo District, the researcher used descriptive analysis of responses that were captured using Likert 5 point scale where 5- Strongly Agree (SA), 4- Agree (A), 3-Not sure (NS), 2- Disagree (D), 1-Strongly Disagree (SD), Mn- Mean, Std- standard deviation.

Table 7: Socio-economic wellbeing of youths in Moyo District

Statement	Mean	Std
I feel that my overall health is good.	4.0	0.2
I have access to adequate healthcare services when needed.	2.7	0.3
I practice healthy behaviors, such as regular exercise and a balanced diet.	2.0	0.2
I have access to information and resources to support my mental health	2.2	0.3
I am actively involved in productive activities such as volunteering, internships, or community projects	2.2	0.4
I believe that my participation in productive activities contributes positively to my personal development.	2.1	0.3
I am currently employed or engaged in an income-generating activity.	2.5	0.3
I feel that my job or income-generating activity is fulfilling and provides financial stability.	2.1	0.3
I have a clear understanding of the skills and qualifications needed for better employment opportunities	2.4	0.5
I am optimistic about my future prospects for employment and career advancement	2.3	0.5

Source: Primary Data (2024).

Based on the data provided in Table 4.7 regarding the socio-economic well-being of youths in Moyo District, the

analysis below summarizes the findings and their implications: On the statement "I feel that my overall health is good", the

Mean response was 4.0 and Standard Deviation: 0.2. The mean score of 4.0 indicates that youths generally feel positive about their overall health. The low standard deviation (0.2) suggests a consensus among respondents that their health is perceived as good.

On the Statement "I have access to adequate healthcare services when needed.", the mean: 2.7 and Standard Deviation: 0.3. A mean score of 2.7 indicates a neutral to slightly negative perception of access to adequate healthcare services. The standard deviation (0.3) reflects some variability in responses, suggesting that access to healthcare may be a concern for a segment of the youth population.

The statement "I practice healthy behaviors, such as regular exercise and a balanced diet." had a mean response of 2.0 and Standard Deviation 0.2. With a mean score of 2.0, respondents generally disagree that they practice healthy behaviors. The low standard deviation (0.2) indicates strong agreement on this point, highlighting that healthy lifestyle practices are not prevalent among the youth in Moyo District.

The Statement "I have access to information and resources to support my mental health." Had a Mean: 2.2 and Standard Deviation: 0.3. The mean score of 2.2 suggests that access to mental health resources and support is perceived as inadequate. The standard deviation (0.3) shows some variability in responses, but overall, it reflects a need for better mental health support.

The Statement "I am actively involved in productive activities such as volunteering, internships, or community projects." had Mean 2.2 and Standard Deviation: 0.4. The mean score of 2.2 indicates that youths are generally not actively involved in productive activities. The relatively higher standard deviation (0.4) suggests a range of experiences, but overall engagement appears to be low.

The Statement "I believe that my participation in productive activities contributes positively to my personal

development." Had a Mean: 2.1 and Standard Deviation: 0.3. The mean score of 2.1 indicates a general disagreement with the statement, suggesting that youths may not see a significant positive impact of their participation in productive activities on their personal development.

The statement "I am currently employed or engaged in an income-generating activity." Has a Mean: 2.5 and Standard Deviation: 0.3. A mean score of 2.5 suggests that youths are neutral to slightly negative about their employment status. The standard deviation (0.3) indicates variability, with some youths being employed while others are not.

The statement "I feel that my job or income-generating activity is fulfilling and provides financial stability." Has a Mean: 2.1 and Standard Deviation: 0.3. The mean score of 2.1 indicates that those who are employed or engaged in income-generating activities generally do not find their work fulfilling or financially stable. The low standard deviation suggests a consensus among respondents on this point.

The statement "I have a clear understanding of the skills and qualifications needed for better employment opportunities." Has a Mean 2.4 and Standard Deviation: 0.5. The mean score of 2.4 indicates that youths have a limited understanding of the skills and qualifications needed for better employment. The higher standard deviation (0.5) suggests some variation in responses, but overall, a lack of clarity is prevalent.

The Statement "I am optimistic about my future prospects for employment and career advancement." Has a Mean: 2.3 and Standard Deviation: 0.5. A mean score of 2.3 suggests that youths are generally not optimistic about their future employment prospects. The standard deviation of 0.5 indicates considerable variability in responses, reflecting a mix of optimism and pessimism about career advancement.

Table 8: Correlational findings

		Recreational drug abuse	Prescription drug abuse	Performance enhancing drug abuse
Socio-economic wellbeing of youths	Pearson Correlation	-0.421**	-0.382**	-0.229**
	Sig. (2-tailed)	0.001	0.001	0.000
	N	300	300	300

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation analysis provided in Table 4.8 explores the relationships between different types of drug abuse and the socio-economic well-being of youths in Moyo District. The analysis uses Pearson correlation coefficients to measure the strength and direction of these relationships.

The Pearson correlation coefficient of -0.421 indicates a moderate negative correlation between recreational drug abuse and the socio-economic well-being of youths. This suggests that higher levels of recreational drug abuse are associated with lower levels of socio-economic well-being. The

significance value of 0.001 (less than 0.01) confirms that this correlation is statistically significant. This implies that as recreational drug abuse increases, the socio-economic conditions of youths tend to worsen, possibly due to factors such as reduced educational attainment, job loss, and financial instability.

The Pearson correlation coefficient of -0.382 indicates a moderate negative correlation between prescription drug abuse and the socio-economic well-being of youths. This means that as prescription drug abuse increases, the socio-economic well-being of youths tends to decrease. The significance level of 0.001 reinforces that this relationship is statistically significant. Prescription drug abuse might impact socio-economic well-being negatively through issues such as impaired job performance, increased healthcare costs, and potential legal problems, all of which can affect financial stability and overall well-being.

The Pearson correlation coefficient of -0.229 indicates a weak to moderate negative correlation between performance-enhancing drug abuse and the socio-economic well-being of youths. This shows that there is a slight tendency for lower socio-economic well-being with higher levels of performance-enhancing drug abuse. The significance value of 0.000 (less than 0.01) confirms that this correlation is statistically significant. While the correlation is weaker compared to recreational and prescription drug abuse, it still suggests that the abuse of performance-enhancing drugs can negatively impact socio-economic well-being, potentially through factors like reduced productivity and increased health risks.

V. DISCUSSIONS

The study conducted in drug abuse and the socio-economic well-being of youths in Moyo District. This section summarized the findings of the study, drew conclusions, suggested recommendations and proposed areas for further research about the topic of the study.

Higher levels of recreational drug abuse are associated with lower levels of socio-economic well-being. This correlation is statistically significant, indicating that as recreational drug abuse increases; socio-economic conditions tend to worsen. Similarly, prescription drug abuse negatively correlates with socio-economic well-being. This suggests that as prescription drug abuse increases, socio-economic well-being decreases, affecting job performance, healthcare costs, and financial stability.

Although weaker than the other correlations, there is still a statistically significant negative correlation between performance-enhancing drug abuse and socio-economic well-

being. This implies that abuse of these drugs can negatively impact socio-economic conditions, albeit to a lesser extent.

The findings align with existing research on the impacts of recreational drug abuse. According to Weiten (2008), drug abuse is often linked to negative changes in mental, emotional, and behavioral functioning, which can lead to poorer socio-economic outcomes. Browne (1991) supports this by noting that drug abuse among youths often results from and contributes to a disrupted family background and difficulties in adjusting to societal norms. This is consistent with the observed correlation that higher recreational drug abuse is associated with lower socio-economic well-being, potentially due to factors like reduced educational attainment, job loss, and financial instability.

The moderate negative correlation found between prescription drug abuse and socio-economic well-being reflects similar findings in the literature. The World Drug Report (2014) indicates that prescription drug abuse, including misuse of opioids, has significant health and socio-economic impacts. Prescription drug abuse often leads to impaired job performance and increased healthcare costs, which are consistent with the observed negative correlation in the analysis.

The weaker correlation between performance-enhancing drug abuse and socio-economic well-being suggests a less direct but still notable impact. Research indicates that while performance-enhancing drugs may not be as commonly abused as recreational or prescription drugs, their use can still lead to reduced productivity and increased health risks, as noted by the World Drug Report (2014). This is consistent with the finding that performance-enhancing drug abuse, while less impactful, still negatively correlates with socio-economic well-being.

The discussion on drug abuse in different contexts, such as American Indian populations (Beauvais et al., 1989; Young, 1989) and the global overview provided by the UNODC and WHO, underscores the complexity of drug abuse impacts. The high rates of substance abuse among marginalized groups and the associated socio-economic challenges highlight the need for targeted interventions and support. Similarly, the high prevalence of alcohol and drug abuse among youths in Moyo District, as reflected in the data, aligns with global patterns of substance abuse and its socio-economic consequences.

The literature also highlights the role of life stress and social support in drug abuse patterns (Bruns & Geist, 1984; Wills & Vaughan, 1989). Stressful life events and lack of social support are significant predictors of substance abuse, which is reflected in the findings. Youths in Moyo District facing socio-economic hardships may be more vulnerable to

drug abuse, which exacerbates their socio-economic challenges.

The findings from the correlation analysis, combined with existing research, emphasize the detrimental impact of various forms of drug abuse on the socio-economic well-being of youths. The moderate to weak negative correlations suggest that drug abuse, whether recreational, prescription, or performance-enhancing, contributes to poorer socio-economic outcomes. The literature supports these findings by demonstrating how drug abuse is linked to various socio-economic issues, including job loss, educational disruption, and financial instability.

Summary on recreational drug abuse and socio-economic well-being of youth in Moyo District. The Pearson correlation coefficient of -0.421 indicates a moderate negative correlation between recreational drug abuse and the socio-economic well-being of youths. This suggests that higher levels of recreational drug abuse are associated with lower levels of socio-economic well-being. The significance value of 0.001 (less than 0.01) confirms that this correlation is statistically significant. This implies that as recreational drug abuse increases, the socio-economic conditions of youths tend to worsen, possibly due to factors such as reduced educational attainment, job loss, and financial instability.

Summary on prescription drug abuse and socio-economic well-being of youth in Moyo District. The Pearson correlation coefficient of -0.382 indicates a moderate negative correlation between prescription drug abuse and the socio-economic well-being of youths. This means that as prescription drug abuse increases, the socio-economic well-being of youths tends to decrease. The significance level of 0.001 reinforces that this relationship is statistically significant. Prescription drug abuse might impact socio-economic well-being negatively through issues such as impaired job performance, increased healthcare costs, and potential legal problems, all of which can affect financial stability and overall well-being.

Summary of findings on performance-enhancing drug abuse and socio-economic well-being of youth in Moyo District. The Pearson correlation coefficient of -0.229 indicates a weak to moderate negative correlation between performance-enhancing drug abuse and the socio-economic well-being of youths. This shows that there is a slight tendency for lower socio-economic well-being with higher levels of performance-enhancing drug abuse. The significance value of 0.000 (less than 0.01) confirms that this correlation is statistically significant. While the correlation is weaker compared to recreational and prescription drug abuse, it still suggests that the abuse of performance-enhancing drugs can negatively impact socio-economic well-being, potentially

through factors like reduced productivity and increased health risks.

VI. CONCLUSIONS

The moderate negative correlation of -0.421 indicates that higher levels of recreational drug abuse are strongly associated with lower socio-economic well-being. This correlation is statistically significant ($p = 0.001$), suggesting that increased recreational drug use correlates with worse socio-economic conditions, likely due to factors such as decreased educational outcomes, job loss, and financial instability.

The moderate negative correlation of -0.382 shows a similar pattern for prescription drug abuse, with a statistically significant relationship ($p = 0.001$). This implies that as prescription drug abuse increases, the socio-economic well-being of youths deteriorates. The negative impact is likely attributed to impaired job performance, rising healthcare costs, and potential legal issues, all of which can undermine financial stability and overall well-being.

The weak to moderate negative correlation of -0.229 suggests a slight but significant impact of performance-enhancing drug abuse on socio-economic well-being, with a significance level of 0.000. Although the correlation is weaker compared to recreational and prescription drug abuse, it still indicates that performance-enhancing drug abuse is associated with lower socio-economic well-being. The potential impacts include reduced productivity and increased health risks, contributing to overall socio-economic decline.

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