

**RELATIONSHIP BETWEEN ILLICIT DRUGS AND VIOLENCE AMONG THE
YOUTH: ACASE STUDY OF NYAKAGYEME SUB-COUNTY
RUKUGIRI WESTERN UGANDA**

BY:

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**A RESEARCH DISSERTATION SUBMITTED TO COLLEGE OF HUMANITIES
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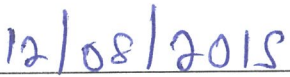
DECLARATION

"This research is my original work and has not been presented for a degree or any other academic award in any university or institution of learning".

Muhumuza Sadik



Name and Signature of Candidate



Date

APPROVAL

"I confirm that the work in this research report is being carried out by the candidate under my supervision".

Mr. Achoda Dennis

Name and signature of supervisor



Date

12/8/15

DEDICATION

I dedicate this work to the integrity, humanity, loves, and compassion for all people has left an indelible impression on my life. To my father Turwamurreba Saleh mummy Turwamurreba makka Surait I dedicate this work to you. Your unconditional love and enthusiastic spirit have made me into the woman that I am today. To my sisters and brothers; my precious treasures

ACKNOWLEDGEMENT

A script of this nature can only be compiled with external support and guidance. It is therefore under this note that I wish to extend my sincere gratitude and appreciation to the following people;

I greatly acknowledge my thanks to the Almighty God, for He kept me alive, the staff of Kampala international university.

Special thanks go to my Supervisor Mr. Achoda Dennis for the unconditional knowledge, co-operation, continued support and guidance during the supervision which enabled me to put this work into a meaningful script. May God reward her accordingly for the great work done.

Am also thankful to my sisters and brothers for the financial support and encouragement throughout the entire course

A vote of thanks goes to my dear friends and all members under the same supervisor, am glad. Your advice contributed a lot to my academic growth and career development.

LIST OF ABBREVIATIONS

WHO	World Health Organization
GBD	Global Burden of Disease
NGOs	Non Governmental Organizations
US	United Nations
HIV	Human Immune Virus
AIDS	Acquired immune Deficiency Syndrome

LIST OF ABBREVIATIONS

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ABSTRACT

The focus of the study was to assess the relationship between illicit drugs and violence among the youth: a case study of Nyakagyeme sub-county Rukungiri western Uganda. It was based on three research objectives that included examining the causes of illicit drug prevalence among youths in Nyakagyeme sub-county, establish the effect of illicit drugs on violence prevalence among youths and establish mechanisms for reducing violence among youths in Nyakagyeme sub-county.

The researcher used a descriptive research design that involved the use of both qualitative and quantitative research designs to conduct the whole study. The study adopted a sample population of 100 respondents who were chosen from the Nyakagyeme sub-county for data collection. This was interacted with using the research questionnaire.

The study findings were on the causes illicit drugs Peer group pressure among youths in the sub-county had 20% of the total number of respondents, Lack of religious affiliation had 17% of the respondents, high levels of unemployment had 16%, low levels of education in the sub-county had 12% respondents, Poor parenting of children had 10% also, Availability of drugs had 18% of the respondents, Biological reasons had 7% of the respondents.

There is a relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county. The majority of the respondents argued that illicit drugs contribute to increased cases of rape 12% of the respondents, Robbery increment in society had 21% of respondents, high levels of deaths in society had 14% of the respondents, Increased family disputes had 20% of respondents, poor relationship amongst families had 16% of the respondents and segregation amongst people in society had 17% of the respondents.

Community has established measures for reducing violence in Nyakagyeme sub-county to 40%, 32% of the respondents disagreed and 28% of the respondents were not sure. The study findings on the measures put in place for reducing violence in Nyakagyeme sub-county. Establishing strict laws had 28% of respondents, creating productive activities had 24% of respondents, improving parenting of children had 21% of the respondents and strengthening cultural institutions had 23% of the respondent.

The study recommended that the sub-county administration should develop policies that are intended to control the vice of substance dependency such as counseling and guidance for addicts, the sub-county should adopt parameters that prevent addicts from taking drugs during working hours, government should strengthen the policies on controlling drug abuse such as putting up stricter laws and families need to embark on moral development into their children, this will create a morally upright and drug free citizens that will avoid drug abuse by those involved.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

The research is intended to determine the relationship between illicit drugs and violence among the youth: a case study of Nyakagyeme sub-county Rukungiri western Uganda. The introductory part of it covers the background of the study, statement of the problem, objectives, and scope of the study, research questions, significance of the study conceptual frame work.

1.1 Background of the study

Definitions of the variable of interest are difficult because of deficiencies in the data collected by countries on illicit drug use, and by disagreements over what constitutes “problematic” illicit drug use. The definition used here was long-term regular injecting use of opioids, amphetamines or cocaine. Data on the prevalence of problematic illicit drug use were derived from a range of sources that used variable methods of deriving estimates. Siringi, S. & Waihenya, K. (2001) Illicit drug use includes the non-medical use of a variety of drugs that are prohibited by international law. These drugs include: cannabis, cocaine, heroin and other opioids, and (ecstasy). In order to estimate mortality and morbidity attributable to illicit drug use, we need to clearly define what is and is not included in this risk factor.

The global burden of death and disability attributable to illicit drugs was first estimated by Donoghoe (1996), as part of the Global Burden of Disease (GBD) project (Murray and Lopez 1996). Donoghoe estimated that illicit drug use was responsible for 100 000 deaths globally in 1990, the majority of which (62%) occurred in developing countries. Murray and Lopez (1996) pointed out that this estimate may be too low because of difficulties in reliably estimating the prevalence of illicit drug use and its adverse health effects. Donoghoe’s estimate was based on the attributable fractions of various causes of mortality and morbidity attributed to illicit drug use by English et al. (1995), who reviewed all studies published up to 1993. The great majority of these studies, which were principally cohort studies, were conducted in the United States of America and Europe.

There are no well-tested and widely accepted “gold standard methods for producing credible estimates of the number of people who make up the “hidden population” of such drug users

(Hartnoll 1997). The preferred strategy is to look for convergence in estimates produced by a variety of different methods of estimation (EMCDDA 1997, 1999). These methods are of two broad types, direct and indirect. Direct estimation methods attempt to estimate the number of illicit drug users in representative samples of the population. Indirect estimation methods attempt to use information from known populations of illicit drug users (such as those who have died of opioid overdoses, and those who are in treatment or the criminal justice system) to estimate the size of the hidden population of illicit drug users Siringi, S. & Waihenya, K. (2001).

The current estimates in the African continent suggest that illicit drug use is a significant cause of premature mortality among young adults. This is an underestimate of total disease burden because: there are deficits in data on mortality attributable to the use of some illicit drug (most notably cannabis and the newer synthetic drugs; there are differences across sub regions in the quality of data available on the causes of mortality that were included in the current estimates; there is an absence of data that would permit estimates of some other causes of mortality and morbidity attributable to illicit drug use, such as hepatitis B and hepatitis and violence Siringi, S. (2003). There is a need for better data on: the prevalence of illicit drug use in developed and developing countries, and on the mortality and morbidity attributable to problematic drug use.

According to the report produced by the police there is an increasing rate of illicit drugs in the Uganda. The police have urged the government to put up measures and enact laws that will help to reduce the rates. The laws in the country at present are so weak which has favored the increasing rates of drug traffickers in the country and Uganda has turned out to be the center of drug trafficking .The increasing rate of drug abusers has also increased the crime rates in the country and the police has so far registered 300 cases of drug abuse since the year begun. Many Ugandans are cultivating drugs like marijuana and Banji and they have been protected by top officials in the government which has made it difficult for the police to execute them in courts of law. Police report, (2009)

Given the lack of reliable direct estimates of the health consequences of illicit drug use, it was necessary to make indirect estimates of burden. Smith, P. K. & Watson, D. (2004) hence, the first challenge in quantifying the burden of disease attributable to illicit drugs was to determine the prevalence of exposure to this risk factor. Illicit drug use differs from other risk factors in the

GBD project in that one of its defining features, its illegality, makes it difficult to quantify. This presents two problems. First, illicit drug-using individuals are “hidden” and are thus difficult to identify. Second, even if all drug users can be located and interviewed, they may attempt to conceal their use of these drugs.

1.2 Problem statement

The increases in problems of illicit drugs both reflect and contribute to international tensions. The origins of some of these tensions are clear: rapid changes in political alignment, reduced family and community cohesiveness, increased unemployment and underemployment, economic and social marginalization and increased crime. At a time when dramatic improvements are taking place in some sectors. There is a high rate of suicide in illicit 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. The prevalence of illicit drugs in most cases account for violence among youths in the Ugandan environment. In Uganda police report of 2009 report high rates of illicit drugs among the young adults.

The situation present a situation of utmost need given the nature of youths as they cant contribute to development, as violence and social isolation characterize the youths. It is based on these that the researcher set to establish the relationship between illicit drugs and violence among youths in Nyakagyeme sub-county.

1.3 Purpose of the study

The study focused on the relationship between illicit drugs and violence among the youth: a case study of Nyakagyeme sub-county Rukungiri western Uganda.

1.4 Research Objectives

To explore the respondents profile in aspects of age, gender and academic status of respondents in Rukungiri western Uganda

To examine the causes of illicit drug prevalence among youths in Nyakagyeme sub-county

To establish the relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county

To establish mechanisms for reducing violence among youths in Nyakagyeme sub-county.

1.5 Research Questions

What are the causes of illicit drug prevalence among youths in Nyakagyeme Sub-county?

What is the relationship between illicit drugs and violence prevalence among youths in Nyakagyeme Sub-county?

What mechanisms can be adopted for reducing violence among youths in Nyakagyeme sub-county?

1.6 Scope of the study

1.6.1 Subject scope

The study was conducted on illicit drug and its relationship with violence among youths in Nyakagyeme sub-county key assessment was based on assessing information regarding illicit drugs with key concentration to the study objectives.

1.6.2 Geographical Scope

The study was conducted from Nyakagyeme sub-county in Rukungiri District that is bordered by Rubirizi District to the north, Mitooma District to the east, Ntungamo District to the southeast, Kabale District to the south, Kanungu District to the west and the Democratic Republic of the Congo to the northwest. The district headquarters at Rukungiri are located approximately 385 kilometres (239 mi), by road, southwest of Kampala, Uganda's capital city. The coordinates of the district are: 00 47S, 29 56S

1.6.3 Time scope

The study was carried out for a period of 3 months that is to say from March 2015 to June 2015. The time will be selected to enable the researcher to conduct meaningful research necessary for the intensions.

1.7 Significance of the study

The study enables the government of Uganda to assess the challenges of illicit drugs in the youth and come up with an instantaneous solution to this problem

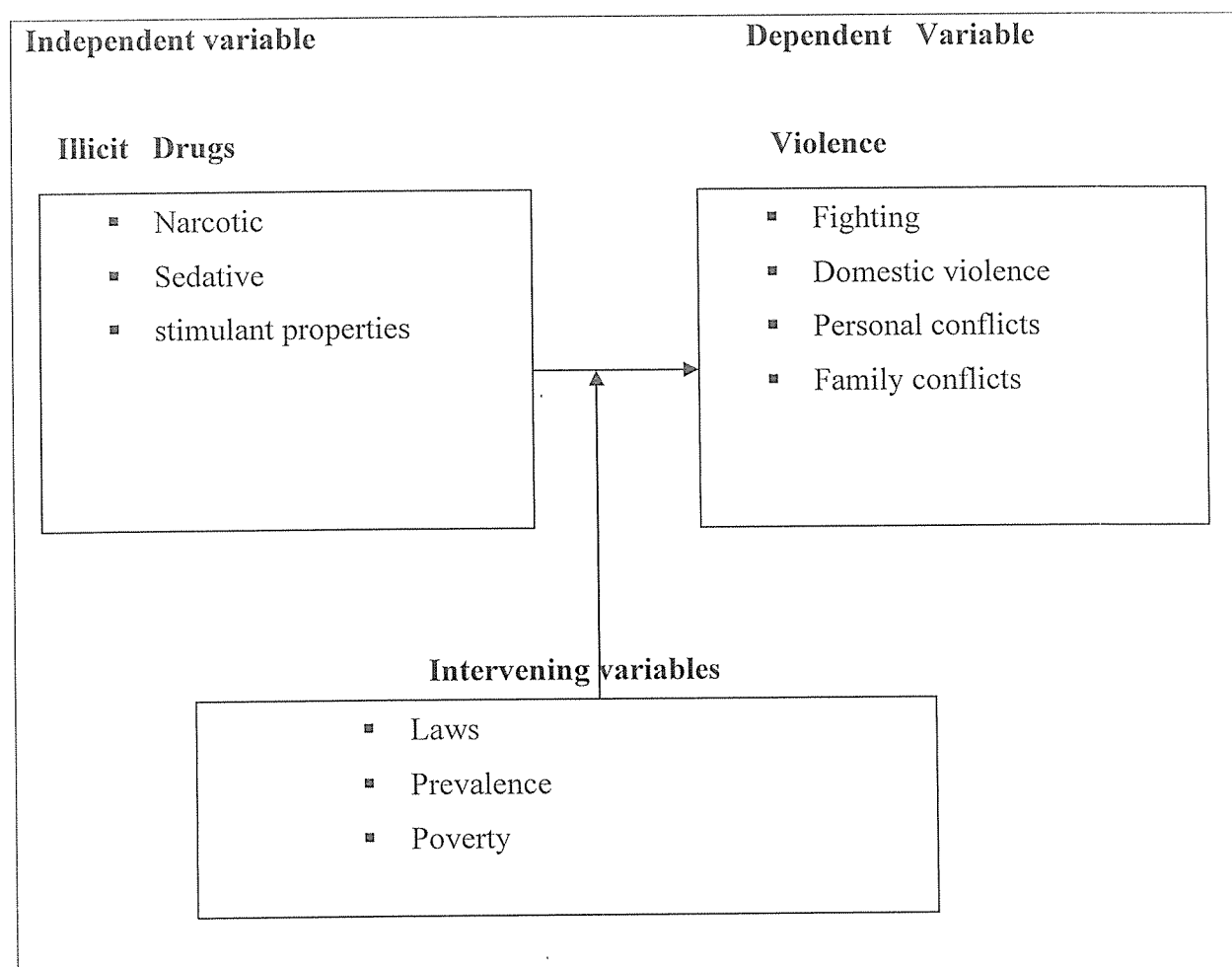
The study helped the Uganda Police and the Criminal Investigation agencies to identify and allocate common illicit drugs.

The study was a basis for academic award: it is upon completion of this research that the researcher was awarded bachelors of social work and social administration of Kampala international university

The study was also helpful for future academic researcher view and access literature related to this research

The research provided clear measures and parameters of handling the adverse effects of illicit drugs on youth's development.

1.8 Conceptual framework



Source: Researcher devised, 2015

The conceptual frameworks portray the researcher's conceptualization of variables that is to say independent and dependent variables. The independent variables include sedative anxiolytic, Narcotic, Sedative and stimulant properties. This is normally taken and always alters the behavior of the people. Those susceptible to these drugs are always associated with improper social behavior and contribute less to society.

Violence among youth is seen through fighting, domestic violence, personal conflicts, and family conflicts. The prevalence of illicit abuse in this portrays the inability of the society to provide or maintain access to society.

1.9 Definition of key Variables

Drug abuse refers to prescription medication with sedative, anxiolytic, analgesic, or stimulant properties are used for mood alteration or intoxication ignoring the fact that overdose of such medicines have serious adverse effects

Violence refers to the state of discontent created by the repelling forces arising from a point or points of non agreement in the course of social or any kind of interaction in society.

CHAPTER TWO

LITTERATURE REVEIW

2.0 Introduction

This chapter present secondary data and find a comprehensive review of the issues and factors that have been explored in various previous studies in the empirical and theoretical existing literature. It focuses on what others Scholars have talked about the relationship between illicit drugs and violence among the youth.

2.1 Causes of illicit drugs prevalence in Uganda

In Uganda, Illicit drugs has been described as a problem especially among marginal groups, who are unemployed Cannabis is mainly abused by street and school youth, as well as by soldiers; heroin tends to be consumed by urban and street youth; cocaine abuse is prevalent among high income groups; Somali refugees and town youth abuse khan. An increase is reported in the abuse of opiates and cocaine, as well as in the abuse of cannabis and volatile solvents. Some increase in the abuse of benzodiazepines, some decrease in the abuse of barbiturates, and a large decrease in the abuse of amphetamines. According to the 2009, Uganda annual Police crime report, there were 2,034 reported and investigated narcotics cases, which led to 2,274 arrests compared to 2,542 in 2008. The trend has been attributed to inadequate laws and weak border controls. The increase in the abuse of cannabis, hard drugs and volatile solvents is attributed to unemployment, social upheavals, family disruptions as well as high rates of drop-outs from school. Increased production and trafficking of cannabis has led to increased availability of the drug. Opiates and sedatives are mostly injected. Robson, C., (2002). Some sedatives are also ingested and some opiates smoked. Hallucinogens and amphetamines are ingested. Multiple illicit drugs like volatile solvents mixed with alcohol, and combinations of cannabis and volatile solvents with alcohol have been reported by NGOs an occurrence in Uganda. Cannabis is smoked and dissolved in water for consumption. Khat is sold openly and chewed by youth in urban centers. Petrol is sniffed either from small bottles or from soaked cloth, mostly by urban youth and street children.

Uganda is now known as a producer, consumer and transit country for drug trafficking. Traffickers of whom some are Ugandan have been arrested as far as China. In 2008-9 over 54

Ugandans had been arrested on drug related offences and 38 had been convicted to death Other traffickers from various countries from India Nigerian, Pakistanis and of recent Tanzanians have been arrested at border points trying to traffic drugs where they obtain heroin, mandrax, cocaine and other drugs which they then transit through Uganda to Kenya, Southern Africa and Europe.

The cause of drug use is not known, nor is it understood why some people can use drugs briefly and stop without difficulty, whereas, others continue using drugs despite undesirable consequences. A number of studies have investigated a number of factors which play a role in contributing towards the predisposition of a person to use drugs and substances. These studies have suggested that, there are factors which can lead adolescents to the use of alcohol and other drugs. Johnson et al. (2003) described three basic categories of risk factors: demographic, social economic and behavioral. Lang (2001) suggests that individual characteristics of adolescents are also involved in the onset of substance abuse.

Uganda does not have an effective law, though one has been on the shelves since 2005. The National Drug Authority Act 2000 is weak and comprehensive. Similarly, Uganda does not have a master Plan and Policy on illicit drugs all documents have remained drafts and cannot provide the commitment to addressing illicit drugs. The Uganda, Police operate a narcotic police unit very vigilant at airports and destroying cannabis. The unit is underfunded, fewer manpower and limited infrastructure. Enforcement is mainly done more a Police and Ministry of Health (mental health division and psychiatry hospital). Ugandan law enforcement officers received anti-drug training in the U.S and by UNODC have since left or passed on heir is dire need to increase capacity not on in treatment and management but train people in prevention and law enforcement.

NGOs with limited capacity also operates mainly in major urban centers and reach out with a few messages on posters and a radio which are not frequent and impact very difficult to measure. The most active NGOs Serenity centre. There has also been a decline in NGOs operating in this field in Uganda due limited access to funding, yet the vice of illicit drugs is spreading. The media, health and NGO professionals once in a while participate in illicit drugs awareness on TV, radio and print media Odejide, A. O. (2006). Drug education is incorporated in curricula at

primary, secondary schools and higher education students include lectures and drug awareness talks and seminars on issues relating to drugs in which students' participation is encouraged.

Lack of a policy limits comprehensiveness of programs and areas like community based rehabilitation and Social reintegration's are largely underdeveloped. NGOs, through their general rehabilitation centers, assist in the rehabilitation of street children. Government hospitals have psychiatrists, doctors, and social workers whose tasks are to provide treatment and mental rehabilitation to patients, arising out of drug and substance abuse NACADA (2007). Cases arising out of illicit drugs for now are estimated at 25% at all those treated (1 out of 4 psychiatry mental cases) is due to illicit drugs. Joint fight against drug trafficking in the east African region is affected by different levels of facilitation, border porous and a unmanned and manpower who fight illicit drugs. National data is lacking; there is a need to do a national survey to establish the magnitude of the problem. Coordination of efforts within Government and Civil society needs strengthening and support. Increase more awareness and other preventive activities involving NGOS and communities.

Martinez (2004) identified several risk factors that point to an increased probability that a young person will use drugs. These include: early use of alcohol or tobacco, alienation from family, religious institutions, school, and community, poor academic performance and boredom with school, antisocial behavior; having friends who use drugs, lack of strong positive role models; a family with history of alcohol or other drug use and no consistent discipline or direction from adults.

Analysis of demographic risk factors suggests that, age and gender can predict the course of substance abuse. Several studies have found that, males have a higher rate of alcohol and/or illicit drug use than do females (Johnson et al, 2003; Johnston et al., 1991; Lang, 2001; Thorne and DeBlassie, 1985). Callen (1985) reports that the period of major risk for initiation into alcohol and marijuana reaches its peak between the ages of 16 and 18, and is completed by age 20. Callen also reports that the risk of trying other illicit drugs is highest at age 18 and declines by age 21. Beautrais AL, Joyce PR, Mulder RT (1998) It is also suggested that, there are "ages of susceptibility" to substance abuse. Callen, (1985) reports that, "The period of major risk for initiation to cigarettes, alcohol, and marijuana peaks between ages 16 and 18 and is completed

for the most part by age 20. The risk of trying illicit drugs other than cocaine (e.g., psychedelics) is highest at age 18 and declines by age 21.

Gender is also a factor that has been found to predict the probability of involvement in drugs and substance use. Thorne and DeBlassie, (1985) conducted five national surveys of high school seniors from 1975-1979 and found that, males reported higher use of alcohol and marijuana than females. Johnston, et al., (1991) found that, a greater number of males were involved in illicit drug use. However, little has been reported to explain the reasons for these differences. Thorne and DeBlassie state that "despite this evidence of differences by sex, little attention has been paid to the origin of these differences". NACADA (2008) found that, experimentation with alcohol is higher among boys compared with girls in the sample (56% and 35% respectively). Social risk factors involve the influence of the family, peers, and the environment. Many studies suggest that, in families where the use of alcohol and other drugs is high, the adolescent is also more likely to become involved (Barrett, 2000; Johnson et al., 2003; NACADA, 2004; Kiiru, 2004).

Other studies have found that, adolescents from dysfunctional or disturbed families are more likely to become substance abusers (Stein et al., 1989; Oetting and Beauvais, 2000). Adolescents whose peer groups are involved in alcohol and other drugs are also more likely to become involved (Agnello-Linden, 2001; Barrett, 2000; Schilling and McAlister, 2000). Several environmental factors also have been implicated. A lack of appropriate law enforcement has been found to contribute to the prevalence of teenage drinking (Agnello-Linden, 2001).

Mixed messages received from society also affect adolescents' attitude towards drinking and drug use (Kiiru 2004; and Siringi and Waihenya, 2001). The family has strong influence on whether the adolescent will become involved with substance use. Kandel et al., (2001) found that 82% of parents who drank had adolescents who also drank, and 72% of parents who abstained had adolescents who also abstained. Gorsuch and Butler, (2000) found that, the use of marijuana by parents increased the likelihood that their adolescent children would also use marijuana. This has been explained in several ways. Firstly, the adolescent may be simply imitating the behavior of a family member. Secondly, it is in the family, where we learn what is socially acceptable and what is not. A family that regularly uses alcohol and other drugs sends a message to their

children that, this is "normal" and acceptable behavior. Finally, a family in which one or more adults are abusing a substance is likely to produce emotional and/or physical pain for the adolescent, who may turn to substance abuse as an escape mechanism (NACADA, 2008).

The structure of the family and the structure it provides also play significant roles in the onset of adolescent substance abuse. Stern, et al., (1984) reported that, the absence of the father from the home affects significantly the behavior of adolescents, and results in greater use of alcohol and marijuana. Lang (2001) suggests that parents who show little involvement with their children, and parents whose standards of behavior and discipline are inadequate or inconsistent are more likely to have adolescents who abuse alcohol and other drugs. Analysis by NACADA (2008), in a study on the relationship between parents' alcohol consumption behavior and their children's alcohol abuse, demonstrates a statistically significant positive association between fathers' alcohol consumption and their children's alcohol use.

2.2 Effects of illicit drugs on violence among children in Uganda

Addiction is a chronic disease in which a person craves, seeks, and continues to use a legal (medication, alcohol, tobacco) or an illicit (illegal) drug, despite harmful consequences. People who are addicted continue to abuse a substance even though they know it can harm their physical or mental health, lead to accidents, or put others in danger.

Generally, people take illicit drugs to feel good or feel better than they felt before. This feeling of pleasure, or "high," that a person gets from taking a drug comes from large, rapid increases in dopamine, a brain chemical. Nakamyuka, (1982) argued that we all get a dopamine "rush" from things that we normally enjoy (such as eating good food or listening to our favorite music). Illicit drugs cause a much more intense and longer lasting increase in dopamine. Repeated exposure to large, drug-induced dopamine surges dulls the dopamine system's response to everyday stimuli. So, the things we normally enjoy are no longer pleasurable, and even the effects of the drug aren't as strong as they once were.

Although use of illicit (illegal) drugs is relatively uncommon among adults over age 65, there has recently been an increase in the percentage of people 50 and older abusing illicit drugs. In fact, the number of current illicit drug users aged 50-59 more than tripled between 2002 and 2012,

from 900,000 to more than 3.0 million. Older adults are also seeking treatment for substance abuse and having increased hospitalizations and visits to emergency rooms (up more than 130 percent in 55-64 year-olds from 2004 to 2009) related to illicit drug use.

Abuse of illicit drugs can make an older person's overall health worse. For example, cocaine can cause heart problems even in young abusers. The effects on older people, who may already have heart disease, could be even more severe. In addition, people who abuse illicit drugs may be exposed to diseases they otherwise wouldn't risk (such as HIV/AIDS or hepatitis, a liver disease). This is because drugs compromise judgment and can lead to harmful behaviors Robbins, T. W. & Everitt, B. J. (2003). Older adults who take illicit drugs or misuse prescription drugs also have a higher risk of accidents, falls, and injuries.

With age comes a higher incidence of chronic painful physical disorders that may be treated with substances that have the potential for abuse. Vulnerability to addiction may be increased by feelings of anger, depression, and anxiety about the aging process. Alcoholism in the elderly remains an underreported and often hidden disorder. In addition, the elderly consume a disproportionate amount of prescription drugs and commonly use several prescriptions and over-the-counter medications concomitantly.

During pregnancy, at least 25% of women use nicotine, and 5% to 8% are at risk for alcohol-related problems; the prevalence of illicit drug use in pregnant women is unclear, but it appears to be lower than that of nicotine and alcohol use. Women who use drugs during pregnancy have increased rates of meconium staining, fetal-monitor abnormalities, precipitous delivery, abruption placenta and premature delivery. Infants born to addicts are more likely to have birth defects, because most addicted mothers also abuse alcohol, a known teratogen Schilling, R.R., & McAlister, A. (2000). Even occasional use of alcohol, tobacco, or illicit drugs should be identified and discouraged in pregnant women.

The major causes of premature death among illicit drug users are relatively directly related to their patterns of drug use. Evidence for these causes comes from studies of premature mortality among cohorts of illicit drug users who have been treated in Europe and North America. (It must be remembered that there is a range of issues surrounding the use of such cohort studies in deriving global estimates of mortality rates. Notwithstanding these issues, illicit drug users have

elevated rates of four main causes of premature death by comparison with age peers who do not use illicit drugs, namely, drug overdose, HIV/AIDS, suicide and trauma. Schilling, R.R., & McAlister, A. (2000)

Prevention of drug problems can employ knowledge about family dynamics to address personal and social concerns of family members that otherwise would lead to illicit drugs, both with respect to dysfunctional as well as intact families. In this regard, it is important to avoid assuming "... either that parents are invariably responsible for the problems experienced by their children or that substance users can be blamed for all the problems experienced by the families in which they live". McGregor LS, Hall W (2000) Family factors that may lead to or intensify drug use are thought to include prolonged or traumatic parental absence, harsh discipline, failure to communicate on an emotional level, chaotic or disturbed members and parental use of drugs, which provides a negative role model for children. Lack of household stability, income or employment for a parent may increase stress on the family and its vulnerability, pushing marginal individuals to find "solutions" or solace in alcohol or drugs. Single-parent families may have increased difficulties, with the single parent being forced to function beyond his or her ability.

Alcohol abuse, other substance abuse and psychopathology have been studied among family members. It is well known that having biological relatives with alcoholism increases the risk in unaffected individuals. Also, families with histories of psychological and social pathology may be at increased risk for alcohol problems. The degree to which similar processes apply to other drugs is not as well established. Persons who are heavy users of alcohol or other drugs may show psychiatric symptoms such as depression. Dysfunctional drug or alcohol use may mask an underlying emotional illness. A frequent finding from clinical assessment of users is a "dual diagnosis", where two or more clinical conditions exist at the same time in an individual. Multiple problems in the family are also very common. The existence of an addictive personality type does not appear to have been scientifically validated, but the obvious signs of troubled persons-often exhibiting multiple symptoms-are easily recognized by expert and layman alike.

Substances commonly associated with illicit drugs-related deaths are cocaine, heroin (and other opiates), barbiturates and amphetamines (and amphetamine derivatives). Benzodiazepines, hallucinogens, cannabis and other substances are less frequently implicated. Combinations of drugs and alcohol were frequently noted. Although commonly used, the term "overdose" is misleading since different reactions, such as hypersensitivity, may be the real mechanism of death in some cases rather than an acute intoxication effect due to excessive amounts of the drugs. Availability, cost, chemical contents of the drugs (e.g. adulterants), preexisting and potentially life-threatening health problems and patterns of use are all factors that may play key roles in determining whether harmful effects occur in any individual case. The most widely used controlled drug, cannabis, could be associated with some fatal accidents despite its low acute toxicity. Concerning chronic use, there may be greater risks of damaging the lungs by smoking cannabis than tobacco. Bux D, Lamb R, Iguchi M (1995) Commenting on the public implications of the use of addictive substances, a major health report states: "Decisions about the control of tobacco and other addictive substances are among the most important health-related choices that societies can make collectively. In many populations, prolonged cigarette smoking is already the greatest single cause of premature death. Alcohol and other drugs also contribute to disease and disability. The damage from substance abuse is not limited to the individuals involved; others also suffer indirectly because of drunk driving, fires, passive smoking, and drug related crime and violence".

In addition to increasing mortality, the rapid spread of AIDS, particularly in Africa, is producing a whole new class of poor, including orphans under 10 years of age who are expected to number 10 million or more by the turn of the century (11, p. xi). Serious effects are expected not only in mortality but also in reduced life expectancy, sexually transmitted diseases and endemic diseases such as tuberculosis. Impaired immune systems increase vulnerability to other diseases as well. "O has projected that in 2000, 2.5 million people will be newly infected with HIV, HIV prevalence will have reached 26 million, and AIDS deaths will total 1.8 million. The impact of AIDS will depend also on fertility, mortality and other conditions. For example, in areas such as Thailand, where fertility and mortality rates are much lower than in sub-Saharan Africa, AIDS may well contribute to actual population declines over a period of 30 years or more.

Adolescence is a time when enormous changes take place in the process of normal development. In many cultures it is, according to one observer, "a time for developing a person's sense of self-identity, a process that involves separating from parental attachments and values and establishing new social ties, values and ideals. In separating from parents, youth need to form other meaningful relationships. Mutiso, & Kokonya. (2009). Sometimes the peers with whom the growing youth associates influence him or her to adopt drugs as part of their social behavior. However, the effect of drugs may not be to enhance social relationships and self-identity. Rather, the drugs may cause the growing girl or boy to become apathetic and emotionally detached and, consequently, to face problems of establishing social bonds, with the result that the youth becomes increasingly isolated emotionally and socially".

2.3 Measures to control violence among youths in Uganda

Universal Prevention Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs. Anthony JC, Warner L, Kessler R (1994)

Selective Prevention Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994), and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual

within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup. Alter M, Hadler SC, Margolis H et al. (1990)

Indicated Prevention Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a subclinical level (IOM 1994). Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Bates MN, Blakely TA (1999) argued that less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance use. Individuals can be referred to indicate prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs.

Treatment Drug addiction is a complex, but treatable brain disease. It is characterized by compulsive drug craving, seeking, and use that persist even in the face of severe adverse consequences. For many people, drug addiction becomes chronic, with relapses possible even after long periods of abstinence. In fact, relapse to drug abuse occurs at rates similar to those for other well-characterized, chronic medical illnesses such as diabetes, hypertension, and asthma. As a chronic, recurring illness, addiction may require repeated treatments to increase the intervals between relapses and diminish their intensity, until abstinence is achieved. Through

treatment tailored to individual needs, people with drug addiction can recover and lead productive lives. The ultimate goal of drug addiction treatment is to enable an individual to achieve lasting abstinence, but the immediate goals are to reduce drug abuse, improve the individual's ability to function, and minimize the medical and social complications of drug abuse and addiction. Like people with diabetes or heart disease, people in treatment for drug addiction will need to change behavior to adopt a more healthful lifestyle. Bewley T, Ben-Arie O, James IP (1968)

Scientific research since the mid-1970s shows that treatment can help many people change destructive behaviors, avoid relapse, and successfully remove themselves from a life of substance abuse and addiction. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. Based on this research, key principles have been identified that should form the basis of any effective treatment program: No single treatment is appropriate for all individuals, Treatment needs to be readily available, Effective treatment attends to multiple needs of the individual, not just his or her drug addiction, An individual's treatment and services plan must be assessed often and modified to meet the person's changing needs, Remaining in treatment for an adequate period of time is critical for treatment effectiveness, Counseling and other behavioral therapies are critical components of virtually all effective treatments for addiction Beautrais AL, Joyce PR, Mulder RT (1999), For certain types of disorders, medications are an important element of treatment, especially when combined with counseling and other behavioral therapies.

After Care In chemical dependency, relapse is the act of taking that first drink or drug after being deliberately clean and sober for a time. It helps though to view relapse as a process that begins well in advance of that act. People who have relapsed can usually point back to certain things that they thought and did long before they actually drank or used that eventually caused the relapse. They may have become complacent in their program of recovery in some way or refused to ask for help when they needed it. Each person's relapse factors are unique to them, their diagnosis, and personal plan of recovery.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the plan and tools that were used in the study, research design population, sample size, sampling strategies, research instruments, data sources, data collection, data analysis ethical considerations and limitation of the study.

3.1 Research Design

The researcher used a descriptive research design that involved the use of both qualitative and quantitative research designs to conduct the whole study. Quantitative research design was used to because the findings of the study are both numerical and non-numerical (respondents options and views about the study variables) and have to be quantified for easy interpretation and description accompanied an analytical research design were used by the researcher where the analysis was based on the relationship between the two variables.

3.2 Research Population

According to Diamantopoulos *et al.*, (2000), a population is the totality of an entities in which the researcher has an interest, means it is the collection of individuals, objects or events in which the researcher wants to make inferences. The population of Nyakagyeme sub-county was estimated to be 2900 females and 2700 males. The target population of the study selected from the community members, civil society and community members.

3.2.2 Sample population

The sample in this study was restricted to the information required and the purpose of the study sample of 100 respondents was chosen for the purpose of the study.

3.2.3 Sampling Procedures

The researcher used probability sampling method and in particular stratified sampling and simple random sampling was used to give equal chance to the respondents. In stratified sampling that the researcher divided the population into sub populations. Then he selected simple random sample independently from each Sub-population, purposive sampling was used in the selection of community leaders, these are perceived to have information suitable for the study. This was chosen to the tune of 100 that was used as respondents in this research.

3.3 Data collection methods

The researcher obtained data primarily through the primary data collection methods from the field using the following important instruments:

3.3.1 Questionnaires

These are inter-related questions designed by the researcher and given to the respondents in order to fill in data/information. Here, self-administered questionnaires were employed containing both open and close-ended questions. This reduced costs of movement and also because the researcher is dealing with literate people who have the capacity of filling the forms.

3.3.2 Interviews

The researcher conducted face-to-face interactions with the interviewee and herself with the sole aim of soliciting data. The researcher used both formal and informal interviews with the respondents. This enabled the researcher to get more information in greater depth, reduce resistance and also obtain personal information and views concerning illicit drugs from the respondents.

3.4 Sources of data

This study employed both primary and secondary data sources

3.4.1 Primary data

Data was collected by researcher from the field fresh have not been processed, questionnaires and interview were common research tools used to collect data. In recognition to this, the researcher collected data that is relevant to the research problem.

3.4.2 Secondary data

In secondary sources use different documents to obtain relevant information about the office in general like files, policies attendance registers and reports. These documents helped the researcher to get such data as number of existing departments in the organisation.

3.5 Data Analysis

The researcher used frequencies and percentage distributions to analyze data on profile of respondents. Data from field was tabulated to show the frequency of responses to the questionnaires and these were used to compute percentages in different attributes under the study. The similarities in the percentages were deduced to arrive at conclusions.

3.6 Ethical Consideration

To ensure confidentiality of the information provided by the respondents and to ascertain the practice of ethics in the study, the following activities were implemented by the researcher.

The respondents were coded instead of reflecting the names through a written request to the concerned officials of the selected private schools in order to access the data from them.

The researcher acknowledged the authors quoted in the study through citations and referencing

3.7 Limitations of the Study

Extraneous variables which are beyond the control of the researcher such as honesty, personal biases of the respondents and uncontrolled setting of the study

The use of research assistants brought about inconsistency in the administration of the questionnaires in terms of time of administration, understanding of the items in the questionnaires and explanations given to the respondents. To minimize this threat, the research assistants will be oriented and briefed on the procedures to be done in data collection.

Not all questionnaires were returned back neither completely answered nor even retrieved back due to circumstances on the part of the respondents such as travels, sickness, hospitalization and refusal/withdrawal to participate. To overcome this threat, the researcher reserved more respondents by exceeding the minimum sample size. The respondents were reminded not to leave any item in the questionnaires unanswered and were closely followed up as to the date of retrieval.

CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter attempts to analyze the data collected and its interpretation in relation to the studied subjects. “Relationship between illicit drugs and violence among the youth: a case study of Nyakagyeme sub-county Rukungiri western Uganda” .The empirical findings of the study are presented, analyzed and interpreted. The collected data was organized from the responses to questionnaires administered to all the respondents of respondents of relationship between illicit drugs and violence among the youth: a case study of Nyakagyeme sub-county Rukungiri western Uganda using the questionnaires which were distributed to 100 respondents.

4.1 Background of respondents

This section presents bio-data of respondents that include sex, age, and marital status, to mention. This information was obtained from all the respondents as shown in the table 1 below;

4.1.1 Gender of respondents

Table 1: Showing the gender distribution of the respondents

Gender	Frequency	Percentage
Male	60	60
Female	40	40
Total	100	100

Source: Primary data, June, 2015

From the research findings and also as illustrated in table 1 above, from the 70 respondents that participated in the study, the majority (60%) were male, while the minorities (40%) were female. This therefore reflects that the research employed both women and men in the study. It is vital to argue that illicit drugs prevail amongst both genders.

4.1.2 Education level of respondents

Table 2: Showing academic qualifications of the respondents

Academic qualifications	Frequency	Percentage
O Level	17	17
A Level	30	30
Certificate	11	11
Diploma	20	20
Degree	13	13
Others	07	07
Total	100	100

Source: Primary Data, June, 2015

Results in table 2 indicate that majority of the respondents were A leavers representing 30%, followed by diploma with 20%, followed by O level with 17%, followed by degree with 13% respondents, certificates were 11% of the respondents and respondents were for certificate with 8% .The study findings imply that the respondents are educated though not very educated and therefore the information obtained from them can be relied on for the purpose of this study.

4.1.3 Age of respondents

Table 3: Showing the age of the respondents

Academic qualifications	Frequency	Percentage
20-29	25	25
30-39	22	22
40-49	38	38
Above 50	15	15
Total	100	100

Source: Primary Data, June, 2015

Finding table 2 show the age of respondents show that majority of respondents were aged between 40-49 years (38%), followed by 20-29 who were 25% of the total number of respondents then followed by 30-39 years represented by (22%), followed by above 50

represented by (15%) and this was the least of all. From the above analysis, it is clear that majority of respondents were youthful, information obtained from them can be trusted and looked at as true and good representation of the information the researcher was looking for.

4.1.4 Marital Status of respondents

Table 4 Showing Responses on Marital Status of respondents

Marital Status	Frequency	Percentage
Single	25	25
Married	55	55
Separated/ Divorced	20	20
Total	100	100

Source: Primary Data, June, 2015

The results in table 4 show that 55 percent of the respondents were married, and 25 percent were single and 20 percent divorced or separated. The presentation indicates that most respondents involved are married. This is perhaps because of the high responsibility therefore information attained from them can be trusted for decision making.

4.2 Causes of illicit drug prevalence among youths in Nyakagyeme sub-county

The first objective of the causes of illicit drug prevalence among youths in Nyakagyeme Sub-county. The data collected is based on information required and information is presented as shown below.

4.2 Whether illicit drug prevail in Nyakagyeme sub-county

Table 5: Showing responses on whether illicit drug prevail in Nyakagyeme sub-county

Responses	Frequency	Percentage
Yes	57	57
No	20	20
Not sure	23	23
Total	100	100

Source: Primary data, June, 2015

The study findings on the on whether illicit drug prevail in Nyakagyeme sub-county. The study findings on the following 57% of the respondents agreed with the prevalence of illicit drugs in the sub-county, 20% of the respondents disagreed while 23% of the respondents were not sure. The findings imply that majority of the respondents agree with prevalence of illicit drugs.

4.2.2 Causes of illicit drug in Nyakagyeme sub-county

Table 6: Showing are the causes of illicit drug in Nyakagyeme sub-county

Causes of illicit drugs	Frequency	Percentage
High levels of unemployment	16	16
Lack of religious affiliation	17	17
Biological reasons	07	07
Peer group pressure among youths	20	20
Availability of drugs	18	18
Low levels of education	12	12
Poor parenting of children	10	10
Total	100	100

Source: Primary Data, June, 2015

The responses on the causes of drug abuse in causes of illicit drug in Nyakagyeme sub-county were sought for using both the questionnaire and interview guide. The researcher findings were that majority of the respondents associate the causes to Peer group pressure among youths in the sub-county had 20% of the total number of respondents, Lack of religious affiliation had 17% of the respondents, High levels of unemployment had 16%, low levels of education in the sub-county had 12% respondents, Poor parenting of children had 10% also, Availability of drugs had 18% of the respondents, Biological reasons had 7% of the respondents. The presentation mentioned explicitly add information on the already prevalent information that drug abuse among the youths of Nyakagyeme sub-county. It implies that sources of situations bringing about

illicit drugs amongst the youth are to blame for the prevailing situation with the remedies required to restore the future generation.

4.2.3 Responsible for illicit drug prevalence in Nyakagyeme sub-county

Table 7: Showing responses on responsible for illicit drug prevalence in Nyakagyeme sub-county.

Response	Frequency	Percentage
Community	36	36
Youths	20	20
Legal frame work	25	25
Poor moral development	19	19
Total	60	100

Source: Primary data, June, 2015

From the above table it was showed that the respondents of the community had the highest percentage with 36% of respondents, followed with 25% for legal frame work and youths with 20%, poor moral development had 19% of respondents hence it was observed that all respondents participated. The study findings imply that all the parties mentioned constitute and contribute to illicit drug in the sub-county.

4.3 Relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county.

The second objective of the study was to assess the relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county. The data collected is presented for analysis as shown below.

4.3.1 Whether illicit drugs have relationship with violence prevalence among youths in Nyakagyeme sub-county

Table 8: Showing responses on the relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county

Respondents	Frequency	Percentage
Yes	58	58
No	32	32
Not sure	10	10
Total	100	100

Source: Primary Data, June, 2015

The findings in the table above it were discovered that the respondents in favour of illicit drugs with the percentage of 58% of the respondents who agreed, 32% disagreed. Finally 10% were for not sure. The study findings imply that illicit drugs have a relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county.

4.3.2 Relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county

Table 9: Relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county

Relationship between illicit drugs and violence	Frequency	Total
Increased cases of rape	12	12
Robbery increment in society	21	21
High levels of deaths in society	14	14
Increased family disputes	20	20
Poor relationship amongst families	16	16
Segregation amongst people in society	17	17
Total	100	100

Source: Primary data, June 2015.

The study findings were that there is a relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county. The majority of the respondents argued that illicit drugs contribute to increased cases of rape 12% of the respondents, Robbery increment in society had 21% of respondents, high levels of deaths in society had 14% of the respondents, Increased family disputes had 20% of respondents, poor relationship amongst families had 16% of the respondents and segregation amongst people in society had 17% of the respondents. it is pivotal to argue that a negative relationship exist between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county.

4.3.3 Others factors contribute to violence prevalence among youths in Nyakagyeme sub-county.

Table 10: Showing responses to others factors contribute to violence prevalence among youths in Nyakagyeme sub-county.

Others factors that contribute to violence among youths	Frequency	Percentage
Poor parenting of children	23	23
High levels of child neglect	27	27
Lack of productive activity involvement	24	24
Moral decadence	26	26
Total	100	100

Source: Primary Data, June, 2015

The findings on others factors contribute to violence prevalence among youths in Nyakagyeme sub-county. The findings were that Poor parenting of children had 23% of the respondents, High levels of child neglect had 27% of the respondents, lack of productive activity involvement had 24% of the respondents and Moral decadence had 26% of the respondents. The findings show that many respondents agree that other than illicit drugs other factors contribute to violence among the youth.

4.4 Mechanisms for reducing violence in Nyakagyeme sub-county.

The third objective of the study was to assess the mechanisms for reducing violence among youths in Nyakagyeme sub-county. The study findings were presented as shown below.

4.4.1 Whether community established measures for reducing violence in Nyakagyeme sub-county.

Table 11: Showing responses on whether community established measures for reducing violence in Nyakagyeme sub-county

Respondents	Frequency	Percentage
Yes	40	40
No	32	32
Not sure	28	28
Total	100	100

Source: Primary Data, June, 2015

Results in table 11 show that community has established measures for reducing violence in Nyakagyeme sub-county to 40%, 32% of the respondents disagreed and 28% of the respondents were not sure. This implies that the community has established less measure aimed at improving the state of youths in the sub-county.

4.4.2 Measures put in place for reducing violence in Nyakagyeme sub-county

Table 12: Showing responses on measures put in place for reducing violence in Nyakagyeme sub-county.

Respondents	Frequency	Percentage
Establishing strict laws	28	28
Creating productive activities	24	24
Improving parenting of children	21	21
Strengthening cultural institutions	23	23
Total	100	100

Source: Primary Data, June, 2015

The study findings on the measures put in place for reducing violence in Nyakagyeme sub-county. Establishing strict laws had 28% of respondents, creating productive activities had 24% of respondents, improving parenting of children had 21% of the respondents and strengthening cultural institutions had 23% of the respondents.

4.4.3 Measures put in place to reduce the prevalence of illicit drugs in Nyakagyeme sub-county

Table 13: Showing measures put in place for reducing illicit drugs in Nyakagyeme sub-county

Measures	Frequency	Percentage
Sensitization of masses on negative effects	26	26
Creation of income generating activities	17	17
Develop a working relationship with victims of drug abuse	20	20
Improved parenting of children	22	22
Social inclusion of addicts in society	15	15
Total	100	100

Source: Primary data, 2014

The findings on the showing measures put in place for reducing illicit drugs in Nyakagyeme sub-county. This were Sensitization of masses on negative effects had 26%, improved parenting of children had 22%, developed a working relationship with victims of drug abuse 20%, Creation of income generating activities had 17% and Social inclusion of addicts in society with 15%. The findings according to the respondents imply that some interventions have been taken in curbing illicit drugs in Nyakagyeme sub-county. The question is on the effectiveness of the measures that would need further assessment to avert the status quo for development.

CHAPTER FIVE
SUMMARY, CONCLUSION, RECOMMENDATIONS AND AREAS
OF FURTHER STUDY

5.0 Introduction

The study was carried out with the view to assess the relationship between illicit drugs and violence among the youth: a case study of Nyakagyeme sub-county Rukungiri western Uganda. This chapter is concerned with, summary, conclusion, recommendations and suggestions about the findings that were gathered from the case study.

5.1 Summary of the findings

The study findings on the followings. 57% of the respondents agreed with the prevalence of illicit drugs in the sub-county, 20% of the respondents disagreed while 23% of the respondents were not sure.

The researcher findings were that majority of the respondents associate the causes to Peer group pressure among youths in the sub-county had 20% of the total number of respondents, Lack of religious affiliation had 17% of the respondents, High levels of unemployment had 16%, low levels of education in the sub-county had 12% respondents, Poor parenting of children had 10% also, Availability of drugs had 18% of the respondents, Biological reasons had 7% of the respondents.

The respondents on responsibility for illicit drugs prevalence of the community had the highest percentage with 36% of respondents, followed with 25% for legal frame work and youths with 20%, poor moral development had 19% of respondents hence it was observed that all

There is a relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county. The majority of the respondents argued that illicit drugs contribute to increased cases of rape 12% of the respondents, Robbery increment in society had 21% of respondents, high levels of deaths in society had 14% of the respondents, Increased family disputes had 20% of respondents, poor relationship amongst families had 16% of the respondents and segregation amongst people in society had 17% of the respondents.

Others factors contribute to violence prevalence among youths in Nyakagyeme sub-county. The findings were that Poor parenting of children had 23% of the respondents, High levels of child

neglect had 27% of the respondents, lack of productive activity involvement had 24% of the respondents and Moral decadence had 26% of the respondents.

Community has established measures for reducing violence in Nyakagyeme sub-county to 40%, 32% of the respondents disagreed and 28% of the respondents were not sure.

The study findings on the measures put in place for reducing violence in Nyakagyeme sub-county. Establishing strict laws had 28% of respondents, creating productive activities had 24% of respondents, improving parenting of children had 21% of the respondents and strengthening cultural institutions had 23% of the respondent.

The findings on the showing measures put in place for reducing illicit drugs in Nyakagyeme sub-county. This were Sensitization of masses on negative effects had 26%, improved parenting of children had 22%, developed a working relationship with victims of drug abuse 20%, Creation of income generating activities had 17% and Social inclusion of addicts in society with 15%. The findings according to the respondents imply that some interventions have been taken in curbing illicit drugs in Nyakagyeme sub-county.

5.2 Conclusion

The focus of the study was to assess the relationship between illicit drugs and violence among the youth: a case study of Nyakagyeme sub-county Rukungiri western Uganda. It was based on three research objectives that included examining the causes of illicit drug prevalence among youths in Nyakagyeme sub-county, establish the effect of illicit drugs on violence prevalence among youths in Nyakagyeme sub-county and establish mechanisms for reducing violence among youths in Nyakagyeme sub-county. The study findings were on the causes illicit drugs Peer group pressure among youths in the sub-county had 20% of the total number of respondents, Lack of religious affiliation had 17% of the respondents, high levels of unemployment had 16%, low levels of education in the sub-county had 12% respondents, Poor parenting of children had 10% also, Availability of drugs had 18% of the respondents, Biological reasons had 7% of the respondents.

There is a relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county. The majority of the respondents argued that illicit drugs contribute to

increased cases of rape 12% of the respondents, Robbery increment in society had 21% of respondents, high levels of deaths in society had 14% of the respondents, Increased family disputes had 20% of respondents, poor relationship amongst families had 16% of the respondents and segregation amongst people in society had 17% of the respondents.

Community has established measures for reducing violence in Nyakagyeme sub-county to 40%, 32% of the respondents disagreed and 28% of the respondents were not sure. The study findings on the measures put in place for reducing violence in Nyakagyeme sub-county. Establishing strict laws had 28% of respondents, creating productive activities had 24% of respondents, improving parenting of children had 21% of the respondents and strengthening cultural institutions had 23% of the respondent.

5.3 Recommendations

- ❖ The fact that respondents consent with the prevalence of illicit drug. The sub-county administration should develop policies that are intended to control the vice of substance dependency such as counselling and guidance for addicts and if possible refer for imprisonment to restore the students' abilities to study.
- ❖ The fact that illicit drugs have a relationship with violence among the youths in the sub-county should adopt parameters that prevent addicts from taking drugs during working hours. This should also be strengthened to include the administration if any to avoid disagreements.
- ❖ Government should strengthen the policies on controlling drug abuse such as putting up stricter laws , controlling the dispensation and distribution of drugs that are more harmful such as cocaine from the public. This creates a shortage and non availability of drugs.
- ❖ The fact that the prevalence of drug abuse is due to family background, families need to embark on moral development into their children, this will create a morally upright and drug free citizens that will avoid drug abuse by those involved.

5.4 Areas of further study

The results presented in this report may not be conclusive and should be treated as being preliminary. Further analysis of the survey data on illicit drugs abuse and violence to provide greater confidence in explaining the changes in Variables. Therefore based on these there is need for further study to be conducted on the following.

- The role of government in controlling illicit drugs in Uganda.
- The role of education in controlling illicit drugs.
- illicit drug and economic development of youths

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Appendix A: Questionnaire for political, community leaders and community

Dear Respondents

I am student of Kampala international University pursuing a Bachelors Degree of social work and social administration conducting a survey on relationship between illicit drugs and violence among the youth: a case study of Nyakagyeme sub-county Rukungiri western Uganda.

This questionnaire is mainly for data collection and has been designed for academic reasons and as a partial fulfillment for an academic award. The researcher will hold confidential any information given and under no circumstance will any one's name appear as an individual

Section A: Demographic Characteristics of Respondents

1. Gender

- a) Male
- b) Female

2. Education background

- a) 0 level
- b) A level
- c) Certificate
- d) Diploma
- e) Degree
- f) Others

3. Age

- 20 – 29
- 30 – 39
- 40 - 49
- 50+

4. Marital status

- a) Single
- b) Married
- c) Divorced

Section B: Causes of illicit drug prevalence among youths in Nyakagyeme sub-county

5. Does drug abuse prevail in Nyakagyeme sub-county?

- Yes
- No
- Not sure

6. What are the causes of illicit drugs in Nyakagyeme sub-county?

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

7. Who is more responsible for illicit drug prevalence in Nyakagyeme sub-county?

- Community
- Youths themselves
- Legal framework
- Moral degeneration

Section C: Relationship between illicit drugs and violence prevalence among youths in Nyakagyeme sub-county.

8. Do illicit drugs have relationship with violence prevalence among youths in Nyakagyeme sub-county?

- Yes
- No
- Not sure

9. How do illicit drugs have a relationship with violence prevalence among youths in Nyakagyeme sub-county?

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.....
.....

10. What others factors contribute to violence prevalence among youths in Nyakagyeme sub-county?

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

Section D: Mechanisms for reducing violence in Nyakagyeme sub-county.

11. Has your community established measures for reducing violence in Nyakagyeme sub-county?

Yes

No

Not sure

12. If yes, what measures has your sub-county put in place for reducing violence in the sub-county?

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

13. What do you think need to be addressed to fully reduce the prevalence of illicit drugs in Nyakagyeme sub-county?

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

Appendix II: Interview guide

1. What are the causes of illicit drugs in Nyakagyeme sub-county?
2. Who is more responsible for illicit drug prevalence in Nyakagyeme sub-county?
3. Do illicit drugs affect violence prevalence among youths in Nyakagyeme sub-county?
4. How do illicit drugs affect violence prevalence among youths in Nyakagyeme sub-county?
5. What others factors affect violence prevalence among youths in Nyakagyeme sub-county?
6. Has your community established measures for reducing illicit drugs in Nyakagyeme sub-county?
7. If yes, what measures has your sub-county put in place for reducing illicit drugs in the sub-county?
8. What do you think need to be addressed to fully reduce the prevalence violence among youth in Nyakagyeme sub-county?

Appendix III: Research Budget

NO	ITEM	Qty	Unit price	Total COST
1	Pilot study			80,000/=
2	Stationery and printing			80,000/=
3	Data collection and analysis			100,000/=
4	Consultation			70,000/=
5	Meals			70,000/=
6	Miscellaneous			50,000/=
	TOTAL			450,000/=

Appendix iv: Research Time frame

ACTIVITIES	TIME (Weeks)			
	March 2015	April 2015	May 2015	June 2015
Study analysis				
Proposal development				
Submission of Proposal				
Data collection				
Data processing and analysis				
Report writing Final submission				