PATH WAYS TO RECOVERY FROM SUBSTANCE ABUSE AMONG MAKERERE UNIVERSITY STUDENTS

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A DISSERTATION SUBMITTED TO INSTITUTE OF PSYCHOLOGY DEPARTMENT OF MENTAL HEALTH AND COMMUNITY PSYCHOLOGY AS PARTIAL REQUIREMENT FOR THE FULFILMENT OF A BACHELAORS DEGREE FOR COMMINTY PSYCHOLOGY FOR MAKERERE UNIVERSITY

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AUGUST 2017

Declaration

By submitting this thesis electronically, I declare that the work submitted in this dissertation is a result of my original study except where otherwise acknowledged. This work has not been published and /or submitted for any University award.

Signature ..... Date.27/03/23..

Approval

I certify that the research titled "Path ways to recovery from substance Abuse among Makerere University Students" is done for supervision and is now ready for submission to the school of psychology.

Signature..... Date.....27/03/23.....

Dr. Lynda Nakalawa

Supervisor

Dedication

I dedicate this work to Tumusime Juliet who gave me time and support to complete this work.

Acknowledgements

I wish to make special acknowledgements for the assistance I received in conducting this study and compiling this report. I would like to convey my heartfelt gratitude to the Almighty God whose grace has been abundant in all my life journey.

Special gratitude goes to my supervisor Ms Linda Nakalawa for her guidance, patience, kindness and the good supervision she has offered me. May the almighty God reward you abundantly.

I would also like to convey my special gratitude to the students of Makerere University who participated in this study for their openess, sincerity support and help towards the accomplishment of my research while I was in the field; may the almighty God bless them abundantly.

I am also very thankful to group members for their patiance and determination in reference to the research.

Table of Contents

List of Tables

Abstract

This study examined the pathways to recovery from alcohol and substance abuse among makerere University students. The study was qualitative in nature employed a descreptive cross sectional study design to engage the respondnets and gather the necessary information in Makerere University Kampala Uganda.

The finding of the study established that there were multiple pathways for recovery that were informal the study also estblished and demonstrated that recovery is facilitated different pathways. There was a common consensus among the respondents that recovering from substance and drug abuse is unique and there is numerous push factors and possible ways in which studends seek recovery from alcohol an drug abuse with out seeking aid of formal treatment or recourse. Among the major pathways were, faith and religion, social and peer influence and family influence.

The finding of this study indicates that there were multiple pathways for recovery that were informal the study hence recommends more efforts should be put into formalising various pathways for recovery to ensure they are available to access by victims of drugs and alcohol abuse.

Chapter One: Background

Background

The use of substances such as alcohol, khat, and tobacco has become one of the rising major public health and socioeconomic problems worldwide (Odejide, 2006). The global burden of disease attributable to alcohol and illicit drug accounts *5.4%* of the total burden of disease. Another *3.7%* of the global burden of disease is attributable to tobacco use. And disorders due to psychoactive substance use including alcohol, drug, and tobacco dependence are the main underlying conditions ultimately responsible for the largest proportion of the global burden of disease attributable to substance use (WHO, 2010). The rapid economic, social, and cultural transitions that most countries in sub-Saharan Africa are now experiencing have created a favorable condition for increased and socially disruptive use of drugs and alcohol.

The hazardous and harmful use of alcohol is locally and internationally gaining recognition as a major risk factor for non-communicable diseases, infectious diseases and injury, disability and mortality caused by accidents, violence and crime (WHO, 2011). The harmful use of alcohol results in approximately 2.5 million deaths each year (WHO, 2011). Apart from such health consequences, excessive alcohol consumption has also been linked with various negative social and economic outcomes (Jernigan, 2001). Its economic impacts manifest at both the macro and micro level as countries incur the financial costs of responding to the negative health and social consequences and households struggle to cope as breadwinners, mostly males, divert scarce family resources towards alcohol. Developing countries and their populations suffer the most from such consequences (WHO, 2011).

Globally, 320 000 young people aged 15-29 years die annually, from alcohol-related causes, resulting in 9% of all deaths in that age group (WHO,2011). While adverse health outcomes from long-term chronic alcohol use may not cause death or disability until later in life, acute health consequences of alcohol use, including intentional and unintentional injuries, are far more common among younger people (WHO, 2011).

The World Health Organization (WHO) reports that Uganda has one of the highest estimated rates of per capita alcohol consumption in the world (WHO, 2011a), which further exacerbates many of the health concerns already present in that country and speaks to the urgency of interdisciplinary research and action (Swahn & Tumwesigye, 2013). It is well documented that alcohol and drug use in youth populations are linked to other risky behaviors, such as fighting, unsafe sex, or increased and unprotected sexual activity (Khan, Berger, Wells, & Cleland, 2012). Alcohol and drugs abuse has permeated all strata of Ugandan society, with the youth and young adults being the most affected groups. Drugs and substances abuse is a major social problem in Uganda (Swahn & Tumwesigye, 2013).

Recovery is a day-to-day process, not a "cure" for abuse or addiction (Humphries, 2004; see Maruna, 2001), and it requires a lifelong commitment to recognizing the need for and seeking external help when necessary (Vaillant, 2005). For young men and women in recovery, partaking in any alcohol or drug use could trigger life-threatening sequelae of abuse.

Compounding these difficulties, recovering students may not be able to find or build the social networks they need to support their abstinence lifestyle. On one hand, their "normal" nonrecovery college peers will have no idea how dangerous any use of substances at all can be for them. On the other hand, conventional recovery support groups, on which individuals seeking recovery support would normally rely, are largely composed of older adults. The differences in current age and life context, as well as differences in how addictions affected their lives because of their being adolescents rather than adults during

the period of their active addictions, can interfere with young adults finding support, identification, and a sense of commonality within the fellowships offered by conventional mutual help support groups (Harrison & Hoffman, 1987). The lack of perceived support by "normal" peers in a collegiate environment and the potential difficulty of identifying with other members of recovery support groups can make staying clean and sober seem virtually impossible in a college environment.

The problems faced by recovering college students stem not only from the college environment, with its emphasis on getting wasted and lack of social support for abstinence, but from the developmental challenges that can come with their histories of addictive adolescent substance use. The teen years are the time of life when both individual (Erikson, 1968) and social (Barber, Eccles, & Stone, 2001) identities are formed.

The purpose of this study is to examine Pathways to recovery from substance abuse among Makerere University students.

Problem Statement

Alcohol and substance dependence and addiction among student of institutes of higher learning and University is currently on the rise and becoming a major problem for students in Universities of Uganda. The negative consequences associated with Drug and Alcohol abuse in the University are enomous and include among others, poor perfomance, personal injury, physical illness, high-risk sexual behavior, and death. The university itself is a crucial environmental factor contributing to alcohol use among students yet in Uganda there exists no or few pathways to recovery from alcohol use problems for the students. consequently the problem of alcohol use or dependency is seldom treated and victims seldom recover. The purpose of this study hence is examine the different pathways to recovery from Alcohol and Substance use disorders to ensure a platform for treatment and redress for this vice.

General Objective

The General objective of this study is to examine the different pathways to recovery from alcohol and drug use disorders among University students available at Makerere University Kampala

Significance of the Study

The study may be of great importance to the government as the findings may help to ensure the fight against drug and substance abuse, through various recovery efforts that is feasible in a University setting. Furthermore, various strategies and pathways to recovery may be put in place to ensure that victims of all school and drug abuse disorders may attain recovery

The study may stand to provide useful information that will help the management of Universities in Uganda and East Africa deal with alcohol and drug use disorders that are rampant in these institutions and devise strategies to ensure the institutions remain drug free.

The study findings are expected to be of great importance to various researchers involved in policy making. The report of this study will be easily acquired in the library and it will provide the learners with relevant information on pathways to recovery from f drug and substance disorders among University students. The study will further make a myriad contribution to the literature on practical pathways for recovery from drug and substance abuse.

Chapter Two: Literature Review

Alcohol use among University Students

Men have always been found to consume more alcohol than women. Studies have shown that the consumption rates and frequencies for men always differ with men having the higher consumption rates than women. A study of ten Universities in the UK showed that, 61% of male students and 48% of female students exceeded the safe drinking limits (Young & De Klerk, 2009). According to Peltzer and Ramalgan (2009), in Thailand, the drinking prevalence for men and women were 77% and 47% respectively. In Mexico, it was 77% for men and 44% for women. In the general public of South Africa it was 30%, 40% for men and 16%for women and that of Namibia showed 61% for men and 47% for women**.**

Alcohol use among youth is associated with a range of adverse outcomes and risk of human immunodeficiency disease (Baliunas e*t al.,* 2010; Fisher *et al.,* 2010). The impact of alcohol and other substances consumption is greater in young age groups of both sexes.

In Uganda the youth population makes a very large component of total population (approximately 35%) and is also one of the largest vulnerable groups of the population. This is because during this transition the youth are exposed to many challenges in life of which include drug abuse and in particular alcohol abuse, factors such as peer pressure, reproductive health problems, unemployment and high prevalence of poverty among youth which are indirectly and directly linked alcohol abuse. According to WHO Uganda is the leading consumer of alcohol with a per capita consumption of 19.5 liters and this has gone on for the past 5 years.

Youth alcohol use and abuse can be viewed as a developmental phenomenon because many of many kinds of developmental changes and expectations appear to influence this behavior and also because it has it has consequences for development. Data on alcohol use, abuse and dependence show clear age related patterns and most especially occurs in the youth

developmental stages of life. More over many of the effects that alcohol use has on the drinker, in both the short and long term depend on the developmental timing of alcohol use or exposure.

Substance abuse has existed for a long time in Uganda despite the fact that there are so many negative consequences associated with it (Kasirye 2008).the underlying reasons for depression, poverty, low self-esteem among others. Recent research revealed that the most affected by drug and substance abuse are young people including students (Kasirye, 2008) thereby contributing to the poor academic performance. Many school going adolescents between the ages of 12-22 years are engaging in substance abuse and research has shown that the commonly abused substances are the psychoactive drugs like alcohol, caffeine, marijuana among others (Wikipedia, 2007).

According to Dr. Basangwa David (1994) of the national referral mental hospital in his report studying drug abuse in secondary school revealed that alcohol abuse has been on the increase in Uganda as a whole and most records show that the cases of alcohol abuse has been increasing over the years though recently the rate at which it is increasing among the youth is alarming and therefore need for serious attention.

The fact is that the use of drugs among young people is real; some children as young as 11 years start taking alcohol. The key age group at which most people are more exposed is at 13yearsof age when peer pressure sets in and when parental guidance starts reducing. (Kasirye and Kigozi, 1997 drug abuse and HIV/AIDS in Uganda) consultancy report for the Uganda aids commission.

Developmental changes factor into underage drinking. For example as a high school student transitions to college, she/he may experience greater freedom and autonomy, creating more opportunities to use alcohol (harry J. l 1998, alcohol and drugs closely related incarceration. Underage drinking also can influence development potentially affecting the course of the person's life. For example alcohol use can interfere with school performance

and or negatively affect peer relationships. One concept that many people find difficult to accept is that alcoholism and alcohol problems are a disease.

Research has shown that alcohol interacts with the body's system in predictable ways to lead to physiological addiction. Even at low dosage alcohol significantly impairs the judgment and coordination required to drive a car or operate machinery safely. Low to moderate doses of alcohol can also increase the incidence of a variety of aggressive acts including domestic violence and child abuse.

Although some children begin drinking in elementary school, alcohol use (defined as drinking a whole drink) typically begins in early adolescence, around ages 12 - 14 (Faden, 2006) between ages 12 and 21 rates of alcohol use and binge alcohol use increases sharply. For example the data from the National Survey on Drug use and Health(NSDUH)2005 indicate the proportion of youth who have ever drunk alcohol rises steeply during adolescence leveling around age 21.data from these study indicate that all levels of past month alcohol usage increase steadily from ages 12-21 including any alcohol use (defined as drinking at least one whole drink in the past month) binge use (defined as drinking four or more drinks on one occasion), and heavy use (defined as drinking five or more drinks on five or more days within the past month) long term effects of consuming large quantities of alcohol can lead to permanent damage to vital organs several different types of cancer, gastrointestinal irritations such as nausea, diarrhea and ulcers, malnutrition and nutritional deficiencies sexual dysfunctions, high blood pressure disturbed sleep and vomiting. Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome, these infants may suffer from mental retardation and other and other irreversible physical abnormalities.

Alcohol Use and Recovery

Recovery is often conceptualized as a journey involving a complete life change (Laudet, 2007) that may include a transformation of identity into a ‘non-drinker/user’ (Sophia

E. *et al,2017*). Change in social networks and engagement with recovery-orientated mutual aid groups (Sophia E. *et al, 2017*) may facilitate this transformation by encouraging development of a strong recovery-based social identity (Best et al., 2015; Frings and Albery, 2015). Social Identity Theory (SIT) contends that individuals establish their sense of self by drawing on their membership to social groups (Sophia E. *et al, 2017*); mutual aid groups, which rely on people with similar experiences helping each other through provision of social, emotional, and informational support (Public Health England, 2013; Raistrick et al., 2006), can provide members with a clear normative structure from which to derive their identity, values, and goals (Moos, 2008). Research has sought to understand the effectiveness of mutual aid (particularly within AA), but the underpinning mechanisms remain unclear.

Over the last 200 years, various terms have been associated with the resolution of severe alcohol and other drug problems based on conceptualizations of their etiology. These terms have included moral "reformation," religious "redemption," criminal "rehabilitation," or medical "recovery." Traditionally, in medicine, recovery has connoted a return to health after trauma or illness (White, 2005).

In 1939, Alcoholics Anonymous (AA) published "How more than one hundred men have recovered from alcoholism." Recovery was a central concept underpinning the ongoing cognitive, emotional, behavioral, and spiritual reconstruction of the sobered alcoholic (AA, 1939). Alcoholics Anonymous shifted an emphasis from recovery initiation (how to stop drinking) to recovery maintenance (how not to start drinking) and from chemical sobriety to "emotional sobriety" (Wilson, 1958). Sobriety is an important tenet of AA, as exemplified by their "sobriety birthdays," but its limitations as a sole feature of recovery are also recognized by the terms "dry drunk" or "white knuckling" sobriety (White, 2007).

In 1982, the American Society of Addiction Medicine (ASAM) differentiated between recovery "a state of physical and psychological health, such as his/her abstinence from dependency-producing drug is complete and comfortable" and remission "freedom from the active signs and symptoms of alcoholism, including the use of substitute drugs during a period of independent living" (ASAM, 1982). American Society of Addiction Medicine's textbooks define *recovery* as "a process of overcoming both physical and psychological dependence on a psychoactive drug with a commitment to abstinence-based sobriety" (Ries et al., 2009; Steindler 1998). In the ASAM Patient Placement Criteria, recovery refers to "the overall goal of helping a patient to achieve overall health and well-being" (Mee-Lee et al., 2001).

More recent definitions of recovery have highlighted the experiential process involved: "recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external re-sources to voluntarily resolve those problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life" (White, 2007, p. 236).

A consensus panel convened by the Betty Ford Institute more succinctly defines *recovery* as a "voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship" (The Betty Ford Institute Consensus Panel, 2007). "Sobriety" refers to abstinence from alcohol and all other non-prescribed drugs. It is considered to be primary for a recovery lifestyle and may be divided into 3 phases, that is, early sobriety (1–11 months); sustained sobriety (1–5 years); and stable sobriety (5 years or more). Personal health refers to improved quality of personal life. Citizenship refers to living with regard and respect for those around you.

Addressing Youth in Recovery from Substance Use and Alcohol Disorders

For youth diagnosed with a Substance and drug use there are a variety of adolescent- specific treatment options available, which fall within a spectrum of

varying intensity from early intervention to intensive inpatient treatment (ASAM, 2013). However, Substance and drug use are often experienced as chronic conditions; thus, multiple treatment episodes and ongoing recovery supports after treatment are often necessary to assist with the recovery process (Ramo, Prince, Roesch, & Brown, 2012). Indeed, research has demonstrated that youth seeking Substance and drug use treatment do not always engage in or successfully complete that treatment (Kaminer, Burleson, Burke, & Litt, 2014). Among youth that do successfully complete substance use treatment programs, large proportions return to rates of previous substance use within months of treatment discharge (Ramo et al., 2012).

These high rates of relapse after substance use treatment suggest the need for ongoing recovery supports after youth have been discharged fro m formal substance use treatment programs. Youth with a Substance and drug use require developmentally appropriate, sustained, and multi-pronged intervention and follow-up support (Gonzales, Anglin, Beattie, Ong, & Glik, 2012). To this end, research has demonstrated the importance of structured continuing care supports after treatment for youth in recovery from substance use.

These continuing care supports can include, for instance, a dedicated case manager, home visits, meetings with caregivers, or other environmental supports for the youth and their family (Emily A. Hennessy, Emily E. Tanner-Smith, Andrew J. Finch, Nila A. Sathe, & Shannon A. Potter, 2016). Indeed, youth who engage in recovery supports post treatment have the greatest likelihood of abstin ence from substance use (Hennessy & Fisher, 2015). Engagement in substance -free peer environments is one recovery support system that shows particular promise, and has been linked to reduced substance use and positive recovery outcomes among youth (Emily A. *et al*,

2016).

The Importance of Schools in the Recovery Process

Success and engagement at school and in postsecondary education are critical to healthy youth development. For youth in recovery from Substance and drug use, school attendance, engagement, and achievement build human capital by motivating personal growth, creating new opportunities and social networks, and increasing life satisfaction and meaning (Terrion, 2012; 2014). Upon discharge from formal substance use treatment settings, schools become one of the most important social environments in the lives of youth with Substance and drug use disorders. Healthy school peer environments can enable youth to replace substance use behaviors and norms with healthy activities and prosocial, sober peers (Emily A. *et al, 2016*).

Unfortunately, however, some of the most significant risk factors for substance use are embedded within school environments, including perceived peer use, association with substance-using peers, alcohol or drug availability, and academic challenges ((Emily A. *et al, 2016*). Indeed, in a nationwide survey of high school students in the United States, 25.6% of respondents were offered, sold, or given an illicit drug on school property (Emily A. *et al, 2016*). This trend is especially problematic for youth in recovery from substance use disorders: for example, in a study of recovering youth, almost all adolescents who returned to their old school after treatment reported being offered drugs on their first day back in high school (Emily A. *et al, 2016*).

College students suffer similar environmental risks, particularly given the high rates of, and social norms that approve of alcohol consumption on campus. For example, a study of seven universities in Great Britain demonstrated that appro ximately 70% of enrolled youth reported heavy drinking at least once during the previous two weeks. Across five New Zealand Universities, 37% of student

respondents reported at least one binge drinking episode during the previous week and approximately 68% scored in the hazardous drinking range on the Alcohol Use Disorders Identification Test (AUDIT) consumption scale (Emily A. *et al, 2016*). In the United States, approximately 35-39% of college students reported binge drinking (i.e., five or more drinks in one sitting) at least once in the past month (Emily A. *et al, 2016*).

Indeed, approximately one-half of substance use treatment admissions for college students in the United States were for alcohol use (Center for Behavioral Health Statistics and Quality, 2012). As a result of the prevalence of binge drinking and the social acceptability of alcohol consumption among college students, the college environment has been described as "abstinence hostile" for youth in recovery (Emily A. *et al, 2016*).

Pathways to Recovery

Given the many social and environmental challenges faced by youth in recovery from substance use, recovery-specific institutional supports are increasingly being used in educational settings. The two primary types of education-based continuing care supports for youth in recovery are recovery high schools (RHS) and collegiate recovery communities or programs (CRC). United States Federal offices have recently recognized these two educational programs as viable supports for youth after they complete formal substance use treatment programs (NIDA, 2014).

The two most commonly discussed routes to recovery are treatment and self-help groups that follow the 12-step model (hereafter referred to as 12-step). Discussions of routes to recovery typically employ an individualistic etiology with an emphasis on changing characteristics of the individual (Emily A. *et al, 2016*). When based on contemporary models of recovery, programs are often value-laden with psychological or biological implications. For example, the disease model

incorporates the use of treatment medication, usually to counteract withdrawal symptoms, with a variety of behavioral therapies (Emily A. *et al, 2016*). Legal definitions of illicit drugs also drive our current conceptualization of recove ry.Individuals with substance use problems often seek or are mandated (by courts or family) to participate in drug treatment. While a comprehensive treatment program might include cognitive behavioral therapies and social learning skills for the individual, the social aspects of the recovery process are normally limited to participation in 12-step during the treatment program or recommended as an aftercare plan to avoid relapse (Emily A. *et al, 2016*).

The 12-step model is one of the most ubiquitous programs used in the criminal justice system or by ex-offenders under probation or parole supervision (Emily A. *et al, 2016*). The ontological formulation employed by 12-step philosophy is the omnipresent risk of relapse that is pronounced in the adage, "once an addict, always an addict." The 12-step model also proscribes normative behavior for recovering users that is highly monitored through social control (Alcoholic Anonymous [1952] 1981; Pollner & Stein, 1996). Although research on the success of 12-step shows mixed results (Emily A. *et al, 2016*), the efficacy of these programs seems to be based on the sociological insight that users who change not only their individual behaviors but also their social context are more likely to abstain from substance use.

One of the only conventional recovery models to use a substitute drug is the methadone maintenance plan (also known as opiate substitute program), a route to recovery typically employed by users of narcotics seeking treatment; this program has been shown to be successful (Emily A. *et al, 2016*). The use of a substitute drug or prescription medication is rarely employed in treatment for methamphetamine, although research shows that prescribing amphetamines as part of a treatment plan

relieves the withdrawal symptoms from methamphetamine, increases treatment retention, and reduces the frequency of illicit drug use ((Emily A. *et al, 2016*).

A third route to recovery that is less discussed in recent treatment literature is *natural reco*very (Emily A. *et al, 2016*), also called *self-change* (Emily A. *et al,2016*).1 Natural recovery has been studied periodically but has had difficulty achieving sustained research focus, although recently it is being studied as self- change (Emily A. *et al, 2016*). According to Biernacki (1986) in (Emily A. *et al, 2016*), natural recovery requires forming a new identity that corresponded to new perspectives, such as may occur in religious conversion. Instead, a discussion of natural recovery focused on social contexts and the relational aspects of recovery, which these authors subsequently developed into their concept of recovery capital, drawing from social capital theory.

Chapter Three: Methodology

Introduction

This chapter outlines the techniques that were used in obtaining and utilizing data for this study. It contains research design, study population and area, the procedure of selecting the sample size, research instruments, quality control, data collection, analysis and limitation of the study.

Study Design

The study was qualitative and employed a cross sectional study design to establish the available pathways for recovery for University students with alcohol and drug use problems.

Study site

The study was undertaken at Makerere University Kampala and engaged students from this University and Key informants from the same University. Makerere University Kampala (MUK) is Uganda's largest and third-oldest institution of higher learning, first established as a technical school in 1922.

Sample population & sampling procedure

According to Mbaga (2004), Sample population is a complete set of individuals, objects or measurements having some common observable characteristics. The word population does not apply exclusively to human beings but a group of people/ human beings, animals and other things which have one or more characteristics in common as the target population. The study will employ a simple random sample structure for this study. The study engaged University students and was gender sensitive, that is, both female and male respondents were selected for this study

Data Analysis

The data was processed (both primary and secondary) manually. The processing stage involved editing, classification, coding, transcription and tabulation. In the analysis of data, descriptive analysis was employed to understand the routes to recovery from problematic drug use amongest University students with a history of drug and substance abuse. After being analyzed data was presented in the most adequate way in reference to the themes and objectives of the study.

Ethical Consideration

The ethical consideration were taken into account throughout data collection. The researcher exercised professional responsibility by seeking permission to carry out the study. The researcher obtained informed consent and assent from the study participants. The researcher did not penalize any participants for refusal to participate and also provided counseling for any adolescents who get emotional distress due to their participation in the study.

Chapter Four

Presentation of Findings

Introduction

The purpose of this study was to examine the pathways to recovery from substance abuse among Makerere University students.. The chapter considers the findings from the questionnaire and the results are discussed the following objectives:

1. To examine pathways to recovery from alcohol and drug use disorders among University students available at Makerere University Kampala

Participants Characteristics

Information about background characteristics of respondents is presented in the section below. These characteristics include; gender of respondents, Religion and Age of respondents. The background characteristics of respondents in this research are very vital in enabling one to understand the nature of respondents.

Table 1: Showing Socio demographics factors of the Respondents

Characteristic		**N (10)**
Gender (female/male)		05/05
Age (years)		
18-23		07
24-26		03
Religion	Catholic	04
	Anglican	03
	Islam	01

Source: Primary Data

The study engaged ten (10) respondents for the entire study. Out of these respondents, five (5) were female and five were male. The balance between the men and women was specifically reached to ensure a gendered consideration of the findings. The age was an important aspect for the study and being that the study was undertaken in Makerere University.

As my be observed in Table 1 above, the study above the age destribution of the respondent is highted to be, Seven (07) respondents are recorded the ages between 18-23, and three (03) respondents where in the ages between 24-.

Pathways to Recovery from Alcohol and Substance Use among Makerere University Students

Findings from interviews revealed that the main factor associated with the beginning of drug or alcohol use was environmental influences; principally, encouragement by peers and, to a small degree, by family members and other associates. All the respondent claimed that before starting to use drugs or substances they had no previous knowledge of drugs and their effects. The study also established just like in the time of begining that there were a number of influences towards recovery and these were also enshrined in environmental influences; principally, encouragement by peers and, to a small degree, by family members and other associates.

The study established that the most common pathway to recovery from alcohol and substance abuse in Makerere university was the elements of spiritual processses of religion and faith. Most respendent attested to change resulting from their social with a particular faith or religion.

> "*When I became a Christian my church members supported me….In fact I attended a crusade where they talked about drugs, I felt they were talking to me directly…that is how I decided to stop(Male three)." I went to a convention and*

was preached to…when I received Christ…I got new friends...I lost all my old friends and I stopped drinking(Male Four)"

The finding established that participation in reliogous spiritual activities involved a multitude of activities that built the commitment and the mental will of abstenance from alcohol or substance misuse among the students at Makerere University. The respondent attributed his recovery from drug dependence to the changes in his lifestyle, which are evidences of the experience of their religous belief through salvation. In addition, the study established that Support from significant others from the same spiritual and religous pursuit such as role models, agency staff and peers also plays an important role in facilitating recovery during the process of disengagement from drugs. Support received from significant others such as role models, University staff, student leaders, religous leaders, family and friends, helped them to overcome the challenges experienced during treatment such as; withdrawal symptoms, cravings, uncomfortable relationships, confinement to one environment and ambivalence. These included counseling and role modeling, which provided a source of inspiration.

The study also establsihed that another pathway to recovery is through formal treatment and counselling services from the existing facilities. However respondents stated that these were not consistent with the University but would be reached with individual or family own commitment.

" *My mum threatened to send me away from home…I stole the TV at home…it was worth about 1.2 million and I sold it for five hundred…that is when I was taken to Butabika for rehab." Female one*

The study established that whereas family, peers and friends may be seen as predictors of substance and alcohol misuse or abuse, they too are key in propelling recovery. Peers can also play a supportive role for youth in recovery. Examples of such

engagement efforts that are based in natural support settings such as University, adolescent and family peer-facilitated support and education groups, and peer support. Accrding to a respondent,

> *"I went to a convention and was preached to…when I received Christ…I got new friends...I lost all my old friends and I stopped drinking." (Male Four)*

These all were ways of support from family and friends which stimulated a desire and pursuit for recovery. An individual's recovery is often influenced by the nature and extent of their social interactions, specifically the interpersonal relations they experience on an on-going basis with like-minded people. Families and friends can also play an important role in supporting individuals to recover from substance abuse and, indeed, families are in an good position to do this given their close proximity to people on a regular basis. This is in line with a study undertaken by Bellerose and colleagues (2011) on trends in treated problem drug use in Ireland 2005 to 2010 found that between 48% and 52% of all cases and between 54% and 60% of new cases reporting for treatment over the six-year period were living with parents and/or family. This means that families have an opportunity to contribute a positive role to recovery.

Relapse on the journey to recovery

The study also sought to establish the factors that led to relapse on the journey to recovery among the students who are on the path to recovery. the study established that the main factor which brought about relapse on the journey to recovery was socio-environmental, the influence of friends being the most significant. The other issues highlighted are commitment to treatment and Not having what to do .

Things that make recovery work and prevent relapse from alcohol and drug use among Makerere University Students.

The study also sought to establish the things that made recovery work and prevented relapse on the journey to recovery and how it was managed by the repondents. the study established that, Ones commitment to treatment and recovery, literature suggests that it is an important ingredient for recovery from dependent drug use. DiClemente (2003) points out that breaking free from addiction requires commitment because it involves going through physical withdrawal and psychological loss which is often difficult, stressful and uncomfortable, particularly in the first few days. This is because the period of withdrawal is often difficult, stressful and uncomfortable; he suggests they need endurance to get through the first few days. Informants in the study also attest to having a difficult period of withdrawal from drugs and some suggested that committing to the programme of treatment helped them in going through the programme and achieving recovery. The findings therefore support the idea that commitment is an important strategy for recovery. In addition, Bandura (1986) suggests that desire to change is not sufficient to bring about change if people do not have the means to exercise control over their behavior. He said that self-regulation requires internal standards to assess or guide a person's action. This study shows that commitment is one of the internal standards that was important for recovery.

The study also identified that support from significant others, possessing a new identity, confinement and comfortable residential environment, were all important socio- environmental strategies for recovery. Support from significant others was particularly helpful during the period of withdrawal from drugs. Informants suggested that the care-staff, who had passed through treatment, provided counseling, support, inspiration and supportive care, which helped them, particularly when withdrawing from drugs in the

first week. This finding furthers previous research evidence that support from significant others such as health workers, family, and peers are an important factor in recovery from drug dependency. Robertson and Wells (1998) suggests that withdrawing from drugs is known to be unpleasant and what is needed to achieve abstinence is encouragement to go through the process, supportive care and empathy. In addition, Khantzian and Mack (1994) shows that peer support offered by A.A. members helped other members to achieve self- regulation from alcohol dependency and overcome vulnerabilities such as poor self-esteem and depression which literature suggests contribute to dependent drug use. The importance of peer support is also affirmed by Laudet et al. (2006) who suggest that social support and 12 step affiliation buffers stress and enhances the quality of life among recovering individuals.

The present study also found that confinement promoted recovery from dependent drug use. The term confinement refers to restricting service users to the residential facility during treatment. It also implies a situational change, away from drug using environments. This factor in recovery was also advanced by Robins (1993) and Blomqvist (2002). Residential care for most of the study informants provided an alternative environment from drug using environments which promoted drug use through the ready availability of drugs and communal use which encouraged drug dependency. This distance helped to separate the informants from the negative influences of drug using environments, therefore helping them to focus on recovery. This finding is supported by DiClemente (2003), who argues that change from dependent behavior can be achieved when the individual is most distanced from the addictive behavior. Therefore, when drug-dependent persons are distanced from influences which promote drug use, such as drug using environments, peers and sources, recovery can be enabled.

One informants claimed that what motivated them to pursue recovery is that they had reached a point where they were tired of continued dependence on alcohol and the effects that alcohol was having on them.

" *I got a scholarship…I saw there was no more need for taking a selling marijuana…I started it when I wanted money…we used to sell it with my mother. …so when I got the scholarship I told her, I think we need to stop this (Male two)*

Findings also suggested that the harsh experiences associated with using drugs which many referred to as 'suffering,' made dependent drug users tired of their lifestyle and provided the motivation for change. For example, an informant, described his drug using experience as

'terrible'.

"*one day after taking Shisha so much one night…I woke up in a guy's room…I was so shocked and scared…I tested for HIV twice…luckily I was negative…I realized then that I had to stop." (Female three"I was staying in a forest during my internship …one night I …I was too drunk I slept without closing the door…when I woke up in the night I was too scared…I knew I had to stop." (Female four)*

"You wake up in the morning full of scars…you fought in bars…I have seen my cousins die due to Liver cirrhosis and other diseases related to alcohol…I saw that drinking is not the solution to all the problems." (Male three)

"The day I watched my friend getting so drunk and she couldn't manage to do anything for herself…it really disappointed me." (Female Five)

"I woke up one day…I was in the bar…I had been taking a mixture of things, alcohol, Shisha, cigar…marijuana….I had pain..I was shouting"

(Male Five)

Chapter Five

Discussion, Recommendations and Conclusion

Discussion

This chapter discusses the key findings of this research study and gives recommendations and conclusion in relation to the research objective.

The pathway to recovery was explored with all 10 informants in interview. The experiences and pathways of recovery from drugs and substance abuse were explored within this group evidence on recovery was drawn from interviews with informants in Makerere University.

The findings revealed that two important pathways for recovery that exists in Makerere University. The study established faith and religion as the main pathway for recovery and formal treatment and couselling at Makerere University. The study also established that the family, peers and social environment played an important role in recovery of students. The study established that recovery mostly dwelled on re-orientation and commitment to treatment. On commitment to treatment and recovery, literature suggests that it is an important ingredient for recovery from dependent drug use.

On maitainance of recovery and making recovery work, the study established that there are three main psychological strategies were positive self-talk, the avoidance of triggers of drug dependency and adoption of alternative non-drug lifestyles. It was identified that positive self-talk helped as a defense against cravings and in achieving abstinence.

Recommendation

This study has shown the various pathways available for recovery from drug use in Makerere University. The study hence reached the following recommendations that may be used to address the various questions that arise from this study. It has been noted that role models and peers are important in recovery. The study recommends that social groups and peer groups should be formalised in the university in to drug recovery support groups.

Conclusion

The study aimed at examining one major theme which is pathway to recovery from alcohol and drug abuse among Makerere University. In view of purpose of the study and research questions, the general findings were that that there were two major pathways that are available at Makerere University for drug and substance abusers who seek recovery which is religion and faith and treatment and rehabilitation. The informants in this study demonstrated that Pentecostal Christian interventions such as salvation, prayer and training in Biblical principles contributed immensely to their recovery from dependent drug use. This suggests that spiritual and religious approaches to treatment and recovery may be helpful in working with other drug dependent service users in other contexts, and should, at the very least, be considered alongside other areas such as personal, social and cultural approaches.

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