

PATTERNS AND IMPACT OF SUBSTANCE ABUSE AMONG YOUTHS IN BUSHENYI DISTRICT, WESTERN UGANDA: A MIXED METHOD APPROACH

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ABSTRACT

Introduction: Youth substance abuse is a rising public health concern globally. Over the past 20 years, youth substance abuse among youths aged 14-17 has risen to 71% in Kampala, Uganda. This study examines the patterns and impact of substance abuse among youths in Bushenyi District, Western Uganda. **Aim:** To assess patterns and impact of substance abuse among youths in Bushenyi District, Western Uganda. **Methods:** Quantitative data collected via structured questionnaires completed by 381 youths aged between 18 and 30 years were examined using chi-square and multivariate regression analysis. Quantitative findings were combined with thematic analysis of qualitative data gathered from focus group discussions (FGDs) and key informant interviews (KIIs). **Results:** Socially normalized and readily available substances through peer networks and unofficial supply chains were alcohol, marijuana, khat, and shisha. There were statistically significant correlations ($p < 0.05$) between substance usage and health problems. The findings revealed that 46.7% of users experienced withdrawal symptoms, 49.8% experienced blackouts, and 74% reported mental health issues. Only 19.4% of users sought therapy. Social repercussions included neglecting family responsibilities (32.5%), losing friendships (60.9%), and family conflict (51%). In terms of income generation, 28.4% turned to crime to support their habits, with 39.4% citing problems at work. Depression, parental neglect, and fighting when intoxicated were all validated as significant predictors by multivariate analysis. **Conclusion:** Youth substance abuse in Bushenyi District, Western Uganda, is a complex issue fueled by peer pressure, sociocultural acceptance, and a lack of proper mental health care.

Keywords: Mental Health, Social Impacts, Substance Abuse, Western Uganda, Youth

INTRODUCTION

Substance abuse among youth is a growing worldwide public health concern that affects the potential of young people. Their general well-being and productivity are impacted by this (Richert, 2024). Millions of teens and young adults use harmful psychoactive substances like alcohol, tobacco, cannabis, and other illegal narcotics all over the world. The World Health Organization (WHO) (WHO, 2012; WHO, 2014; WHO, 2018) estimates that a significant portion of the global illness burden is caused by substance addiction.

Accidents, mental illness, and non-communicable diseases are the main causes of this. The period of adolescence is critical for cognitive, emotional, and physical development. However, substance use during this period can increase the risk of criminal action, social marginalization, academic failure, and unemployment, as well as cause long-term health problems (Onyenwe et al., 2024). Substance misuse among youths is becoming more common in sub-Saharan Africa at an alarming rate. This is thought to be caused by poverty, unemployment, fast urbanization, and reduced social and familial ties (Alwajud-

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Adewusi et al., 2025). The region is said to be vulnerable to substance misuse because of its youthful demography, where over 60% of the population is under 25. Social factors that have contributed to early substance use include, but are not limited to, social pressure, a lack of parental monitoring, and increased exposure to drug cultures around the world. Nevertheless, the issue is made worse by the continued lack of adequate mental health treatments, youth-centered preventative plans, and efficient surveillance systems (Joyce et al., 2025).

In Uganda, substance abuse is emerging as a major public health problem. This can be seen amongst the youthful population aged 15 to 35 years. These groups are said to constitute the largest population segment (Kalungi et al., 2024). Alcohol is the most widely consumed substance, followed by tobacco, marijuana, and Khat (Miraa), and other synthetic products. The increasing availability of synthetic and non-traditional drugs has added new complexity to the substance use landscape in the country (Kalule et al., 2024). In Uganda, substance abuse among young people is associated with interpersonal violence, school dropout, unsafe sexual behavior, and mental health problems.

Despite these consequences, trustworthy, situation-specific data to inform prevention and intervention efforts are still lacking (Nabugoomu 2019). The Bushenyi Districts of Western Uganda provide the clearest examples of these problems. Youth substance abuse is more common in this region due to high unemployment, changing social norms, and limited access to recreational and psychosocial support services (James, 2024). Scientific information about the types of substances used and their impact on the behavior, health, and social integration of young people is still lacking, though.

Although substance abuse among youths has been widely studied in Uganda,

much of the existing research focuses on urban centers such as Kampala, Wakiso, and Mbarara, where access to substances and treatment services differs significantly from rural contexts. However, limited holistic empirical evidence exists on the patterns, causes, and socio-economic implications of youth substance abuse in Bushenyi District, a predominantly rural area with unique cultural and economic dynamics. This lack of localized data limits the development of targeted interventions and policies suited to the specific realities of Bushenyi's youth. Therefore, this study aims to assess the patterns and impact of substance abuse among youth in Bushenyi District, providing critical data to guide effective, localized interventions.

METHODS

This study used a cross-sectional study design with a concurrent sequential mixed method approach to examine the trends and impacts of substance use among youth in the Bushenyi District. This design enabled data collection from a particular population at a specific time to determine the types, prevalence, and consequences of substance abuse. The design worked well to find correlations between a variety of variables, including substance use behaviors and sociodemographic factors, without altering the study variables.

In the context of this study, substance abuse refers to the recurrent and harmful use of psychoactive substances that lead to negative physical, psychological, or social consequences among youths. The term encompasses both licit substances, such as alcohol, tobacco, and prescription drugs, and illicit substances, including marijuana, khat, and locally brewed spirits like waragi. Substance abuse, as used in this study, denotes patterns of consumption that exceed socially accepted or medically recommended levels, characterized by dependency, impaired functioning, or disruption of daily activities.

Study Area

The study was conducted in the Bushenyi district, Western Uganda, consisting of nine sub-counties and three divisions. These districts are characterized by peri-urban settings, with youth representing a significant proportion of the population. Western Uganda has experienced a growing concern over youth engagement in drug abuse, influenced by high unemployment rates, changing social dynamics, and limited access to health services.

Study Population

The target population comprises all youth aged 18 – 30 years in Bushenyi district, which is 52,481, representing 22.9% of the total population (UBOS,2016; NPHC,2014). Qualitative respondent was drawn from multidisciplinary stakeholders such as community leaders, religious leaders, Drug sellers, staff working in Drug abuse NGOs, CSOs, institutionalized clients, rehabilitation and psychiatry staff, and government and crime prevention agencies personnel.

Sample Size and Sampling Techniques

A sample size of 381 participants was obtained using the Cochran formula. This is presented in Eqn (1) (Cochran et al., 1977; Badar & Chiramel, 2023).

$$n_0 = \frac{z^2 pq}{e^2} \quad (1)$$

Stratified random and simple random sampling techniques were used to select the 381 respondents (Nguyen et al., 2023).

Data Collection Tools and Analysis

A semi-structured questionnaire was developed in English and translated into Runyankole (the local language of the respondents) to ensure clarity and cultural appropriateness. The validity and reliability of the instruments were tested, achieving a CVI value of 0.90 (Efuetngu Amin, 2005).

The completed instruments were analyzed using descriptive and inferential statistics (Chi-square and regression analysis techniques, $p < 0.05$) using the SPSS v27 software, while deductive thematic analysis was used for Qualitative data.

The qualitative data in this study were analyzed using deductive thematic analysis, guided by predefined themes derived from the research objectives and existing literature on youth substance abuse. Data were transcribed and imported into Atlas.ti 25 software, where a systematic coding process was undertaken. Segments of text relevant to the research questions were coded under nodes representing major themes such as causes of substance abuse, types of substances used, social influences, and effects on youth wellbeing. These themes were further refined into subcategories to capture nuanced patterns within participants' narratives.

Ethical Considerations

This study adhered to all ethical guidelines for conducting research involving human participants. Ethical clearance was obtained from the Kampala International University Research Ethics Committee (KIU-2024-509) and registered with the Uganda National Council for Science and Technology (UNCST-HS5415ES) to ensure compliance with national research standards.

RESULTS

The results of the study revealed the patterns and impact of substance abuse among youth in western Uganda's peri-urban communities (Bushenyi District), combining quantitative and qualitative methods. Based on the administered Questionnaire, the frequency distribution of the most common types of drugs is: alcohol had the highest prevalence of use among youths (82.4%). Cigarette use accounted for 7.7%, while marijuana use was reported by

7.0% of respondents. Other substances reported included Kuber (3.5%), Miraj (2.8%), cocaine (1.4%), tobacco (1.4%), and ice (0.7%). 80% of the substance abuse users used the oral route of administration,

and the majority were poly-substance users

Quantitative Results

The characteristics of the informant are presented in Table 1.

Table 1. Characteristics of the Informant

Variable	Category	Percentage (%)
Age	<12	0.3%
	13-15	13.4%
	16-30	41.4%
	>30	0.3%
Gender	Male	48.3%
	Female	51.7%
Marital Status	Single	42.3%
	Married	46.5%
	Divorced	7.6%
	Widowed	3.7%
Religion	Islam	12.3%
	Christian	78.0%
	Hinduism	0.5%
	Others	9.2%
Education	Primary	23.1%
	Secondary	40.4%
	Post-Secondary	31.0%
	Others	5.5%
Employment	Employed	28.9%
	Unemployed	20.7%
	Self-Employed	44.4%
	Others (None, student, retired, etc.)	6.0%
Residence	Owned / Rented	65.1%
	Family/Friend	65.1%
	Rehab	0.3%
	Dens	1.8%

The quantitative findings demonstrate statistically significant associations between drug use and adverse outcomes across several domains. The impact on users' health is evident due to the high prevalence of mental health disorders (like depression and anxiety), blackouts, and withdrawal symptoms. However, only

20.3% have sought therapy, indicating significant shortcomings in treatment and rehabilitation programs. The effects on the environment and society are equally severe, with over 50% of users citing family issues and a significant percentage admitting that substance use has led to them losing friendships and ignoring family

responsibilities. The correlations between substance abuse and arrests, involvement in illegal activities, and unstable employment were supported by strong chi-square results. Multivariate research confirmed that depression, family neglect, and fighting while on substance use remained significant predictors. The qualitative data obtained from respective stakeholders also showed serious community concerns. The key informant interviews and focus groups confirmed the widespread perception that substance abuse leads to mental illness, school dropout, aggression, poverty, family dissolution, environmental harm, and even death. Systematic negligence, untreated addiction, and limited access to treatment were recurring themes.

The social, psychological, and economic costs of substance misuse are significant and intertwined, according to the triangulation of data. Quantitative findings that were statistically significant and closely matched community narratives highlighted the urgent need for coordinated, multi-sectoral solutions, such as youth recreation centers, public health education,

increased access to treatment, family-based support networks, economic empowerment, and legal reform.

The qualitative study examined the contextual factors and underlying themes influencing youth substance use in Western Uganda's urban and peri-urban areas. It includes new behavioral trends, societal impacts, drug use patterns, and networks of distribution and access. Table 1 provides a comprehensive analysis of how social norms, the environment, and juvenile behavior impact substance use behaviors in the community. Table 2 shows that cigarettes, alcohol, marijuana, shisha, khat, and shisha were the most commonly used drugs. It was claimed that these drugs were widely available from local sources, such as shops, bars, ghettos, and peer networks; a large portion of the supply originated in Kampala. Oral intake and smoking were the most widely used delivery methods, despite documentation of sniffing, sublingual usage, and injection. It's interesting to note that many young people mix drugs like alcohol and marijuana, a phenomenon known as polydrug usage.

Table 2. Qualitative Themes on Substance Abuse Pattern

Theme	Description	Relevance to Quantitative Findings
Theme I: Cultural Normalization / Drug Use Patterns	The FGD/KII reported that alcohol (Waragi, Marwaa) is culturally accepted and prevalent among youth; marijuana, cigarettes, khat, and shisha are also common. <i>"We consume alcohol, marijuana, cigarettes, and shisha."KII Participants.</i> <i>The youth are becoming more customers in drug use."</i> FGD III	This aligned with the quantitative results, which showed that alcohol (82.4%) was the most abused substance.
Theme II: Accessibility and Sources	The FGD/KII emphasized that drugs are widely accessible from bars, local shops, ghettos, gardens, peers, and smuggling routes; Kampala is cited as a key external supply source. <i>"There are suppliers established at different points."</i> FGD II	This qualitative insight supports the quantitative findings, which showed that 68% of respondents obtained substances locally, while 22% identified external suppliers

Theme	Description	Relevance to Quantitative Findings
	"Deliveries from Kampala." KII Participant V	
Theme III: Routes of Administration	The FGD/KII mentioned that oral ingestion and smoking most common; other routes include sniffing, sublingual use, and injection for stronger drugs. "Usually they are taken orally, some mixed with water, soda, while others are smoked or put under the tongue." FGD IV. "Oral consumption is the commonest route." KII Respondents	The quantitative findings show that the oral route (80%) was the most common route of administration. A finding that is strengthened by the Focus group and key informant
Theme IV: Poly-Drug Use Trends	The FGD/KII stated that poly-drug use is common and risky; youth mix alcohol with marijuana, shisha, and cigarettes; combinations increase addiction and health complications. "Mostly combined forms are khat and marijuana, alcohol and shisha, alcohol and marijuana." FGD I "I use marijuana, alcohol, and cigarettes together." KII Participant	This qualitative insight supports the quantitative findings, which showed that combinations of substance abuse (70%) are khat and marijuana, alcohol and shisha, alcohol and marijuana, or alcohol and cigarettes

Source: Field data, 2025

Comparative Chi-Square analysis between drug users and non-users revealed a statistically significant difference across all assessed behavioral and social outcomes (Table 3). The results strongly support the hypothesis that substance abuse is

associated with increased negative consequences, such as increased family conflict, legal issues, and engagement in risky behaviors. The reported *p*-values (< 0.05) provide robust statistical evidence against the null hypothesis.

Table 3. Chi-Square Analysis of the Health Impact of Substance Abuse on Youth in Bushenyi District

Health Indicator	Drug Users (n)	Non-Users (n)	Total (n)	Chi-Square (p-value)
Mental Health Issues (Depression, Anxiety, etc.)	204	72	276	$\chi^2 = 20.075$, $p = .000^*$
Blackouts due to Drug Use	126	2	253	$\chi^2 = 54.120$, $p = .000^*$
Withdrawal Symptoms	113	2	242	$\chi^2 = 31.065$, $p = .000^*$

Health Indicator	Drug Users (n)	Non-Users (n)	Total (n)	Chi-Square (p-value)
Participated in Treatment Program	49	3	252	$\chi^2 = 8.158$, $p = .004^*$

Source: Field data, 2025

Key: * indicates statistically significant

The results obtained for the environmental impact of substance abuse

on youth in urban and Bushenyi Districts are presented in Table 4.

Table 4. Chi-Square Analysis of the Environmental Impact of Substance Abuse on Youth in Bushenyi District

Environmental Indicator	Drug Users (n)	Non-Users (n)	Total (n)	Chi-Square (p-value)
Family Complaints (Parents, Spouse, Siblings)	129	1	252	$\chi^2 = 61.413$, $p = .000$

As obtained from Table 4, the Chi-Square analysis revealed a strong and statistically significant association between substance abuse and family complaints. Among the respondents, 129 drug users reported receiving complaints from family members (parents, spouses, or siblings), compared to only 1 non-user. Out of a total sample of 252 individuals, the Chi-square test showed a highly significant relationship ($\chi^2 = 61.413$, $p < 0.05$), indicating that substance use among youth is strongly linked to family conflict or concern within

the household environment. The results social impact of substance abuse on youth in Bushenyi District are presented in Table 5. The chi-square analysis demonstrated that youth who used drugs were significantly more likely to have lost friends ($\chi^2 = 50.117$, $p < 0.05$) and to have neglected their families ($\chi^2 = 26.286$, $p < 0.05$). These findings highlight the detrimental effects of drug abuse on social relationships and family cohesion. The obtained result for the economic impact of substance abuse on youths is presented in Table 6.

Table 5. Chi-Square Analysis of the Social Impact of Substance Abuse on Youth in Bushenyi District

Social Indicator	Drug Users (n)	Non-Users (n)	Total (n)	Chi-Square (p-value)
Lost Friends Because of Drug Use	123	5	264	$\chi^2 = 50.117$, $p = .000^*$
Neglected Family Due to Drug Use	82	1	252	$\chi^2 = 26.286$, $p = .000^*$

Key: * indicates statistically significant

Table 6. Economic Impact of Substance Abuse on Youth in Bushenyi District

Economic Indicator	Drug Users (n)	Non-Users (n)	Total (n)	Chi-Square (p-value)
Trouble at Work	100	0	254	$\chi^2 = 39.424$, $p = .000^*$

Economic Indicator	Drug Users (n)	Non-Users (n)	Total (n)	Chi-Square (p-value)
Fights Under Influence	110	1	254	$\chi^2 = 44.002$, $p = .000^*$
Arrested While Using Drugs	84	1	250	$\chi^2 = 26.968$, $p = .000^*$
Engaged in Illegal Activities to Obtain Drugs	71	1	250	$\chi^2 = 20.081$, $p = .000^*$

Source: Field data, 2025

Key: * indicates statistically significant

All four indicators showed statistically significant associations ($p < 0.05$). Specifically, drug users were substantially more likely to experience trouble at work ($\chi^2 = 39.424$), engage in fights under the influence ($\chi^2 = 44.002$), be

arrested while using drugs ($\chi^2 = 26.968$), and participate in illegal activities to obtain drugs ($\chi^2 = 20.081$). Table 7 presents the effect of substance abuse on behavioral and social consequences among youth in Bushenyi District.

Table 7. Effect of Substance Abuse on Behavioral and Social Consequences Among Youth in Bushenyi District

Effect Assessed	Mean (No Use)	Mean (Use)	t-value	df	p-value
Blackouts	0.04	0.62	-13.153	197.28	0.000*
Conflict with spouse/siblings/parents	0.02	0.68	-17.165	242.21	0.000*
Neglecting family	0.02	0.40	-9.563	242.98	0.000*
Involvement in fights under the influence	0.02	0.54	-12.884	247.74	0.000*
Illegal activities to obtain drugs	0.02	0.35	-8.267	232.22	0.000*
Being arrested while on drugs	0.02	0.42	-9.746	239.30	0.000*

Source: Field data, 2025

Key: * indicates statistically significant

As obtained in Table 7, the t-test analysis revealed that substance abuse had a statistically significant impact on various behavioral and social outcomes among youth. Compared to non-users, drug users reported significantly higher rates of blackouts ($p < 0.05$), conflict with family members ($p < 0.05$), neglect of family ($p <$

0.05), involvement in fights while under the influence ($p < 0.05$), engaging in illegal activities to obtain drugs ($p < 0.05$), and being arrested while on drugs ($p < 0.05$).

In Table 8, the test for criminal and social outcomes of drug use Among youth in Bushenyi district is presented using ANOVA analysis.

Table 8. ANOVA Test for Criminal and Social Outcomes of Drug Use Among Youth in Bushenyi District

Behavioral Outcome	Test Used	Test Statistic	p-value
Fighting	ANOVA (F)	69.014	0.000
Theft	ANOVA (F)	16.848	0.000

Behavioral Outcome	Test Used	Test Statistic	p-value
Rape	ANOVA (F)	0.129	0.720
Attempt to kill a friend	ANOVA (F)	0.772	0.380
Protest activities	ANOVA (F)	0.772	0.380
Round-up arrest of drug users	ANOVA (F)	0.772	0.380
Failure to observe COVID guidelines	ANOVA (F)	0.772	0.380
Being arrested while on drugs	Chi-Square	26.968	0.000

Source: Field data, 2025

The result of the ANOVA analysis (Table 8) shows that substance abuse among youth is significantly associated with increased involvement in fighting, theft, and being arrested while under the influence, all with strong statistical significance ($p < 0.05$). However, no significant links were found between drug use and behaviors such as rape, attempted murder, protests, or COVID-19 guideline violations ($p > 0.05$).

Qualitative Results

The qualitative findings, derived from Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), reveal a

wide-ranging and multifaceted impact of substance abuse on youths in Bushenyi District. Seven major themes emerged as presented in Table 9.

As presented in Table 9, the qualitative results showed that substance abuse is linked to mental and physical health issues such as mental illness, HIV, and cognitive decline. It also contributes to educational disruption, including poor academic performance and school dropout. Behavioral and social problems such as violence, theft, and family shame are widespread. Drug abuse has a detrimental effect on the economy. These effects are not limited to job loss, poverty, and family breakup.

Table 9. Qualitative Themes: Summary of the Impacts of Substance Abuse Among Youth in Bushenyi District

Theme	Summary
I. Mental & Physical Health Effects	Substance abuse leads to mental illness, cognitive dysfunction, TB, HIV, and cancer; FGDs highlight community madness, and KIIs confirm medical trends.
II. Educational Impact	Associated with school dropout, poor academic performance, and cognitive decline, FGDs emphasize emotional distress, and KIIs highlight systemic discipline issues.
III. Behavioral & Social Concerns	Links to antisocial behavior: assault, rape, theft, gang activity, and domestic violence; FGDs stress family shame, KIIs confirm rising crime.
IV. Economic & Family Impact	Job loss, poverty, financial strain, and family breakdown; FGDs reveal property sales for drugs, KIIs discuss unemployment and treatment costs.
V. Long-Term Risks & Mortality	Risks include addiction, suicide, insanity, and death; FGDs observe erratic youth behavior, KIIs note rising suicide and social isolation.
VI. Environmental Degradation	Bushfires, pollution, loitering, and ghetto disorder; extensively discussed in FGDs and less emphasized in KIIs due to a focus on security/health.

Theme	Summary
VII. Treatment & Recovery	Few pursue therapy; barriers include stigma and cost; FGDs report community interventions and recovery hopes, KIIs note facility gaps.

Source: Field data, 2025

The Long-term issues that may arise from these effects are mortality, addiction, and sometimes suicide. Environmental degradation, including littering and bushfires, may also occur.

DISCUSSION

The conclusions, which are based on both quantitative and qualitative data, show that substance misuse has a significant negative impact on both individual and community well-being and is influenced by sociocultural, economic, and psychological factors in the Bushenyi District. Substances including Waragi, marijuana, khat, and shisha are not only commonly used but also socially accepted among young people, according to the theme analysis. This highlights the pressing need for culturally relevant interventions that oppose lax attitudes and encourage shared accountability among institutions, families, and communities.

In addition, it was discovered that peer pressure, readily available local supply networks, and community tolerance all had a major impact on early initiation and habitual consumption. These results are consistent with two systematic studies and meta-analyses that showed the significant influence of peer pressure on teen substance use. These are the works of in (Mbatia C., 2024) Kenya and (Ebrahim et al., 2024) in Sub-Saharan Africa. All of these findings show how important it is to consider social and environmental factors when developing effective prevention strategies.

Comparing substance users to non-users, 74% reported mental health disorders, 49.8% reported blackouts, and 46.7% had withdrawal symptoms. There was a notable care gap, too, since just 20.3% of people had access to any kind of

treatment. This research supports the inclusion of mental health services in adolescent clinics and school health programs to provide early assistance for substance-related problems (Cohen et al., 2022;Weist et al., 2023) One of the most significant impacts of substance abuse was family conflict, with 51% of drug users reporting serious complaints from parents or spouses. These findings are in line with a study conducted in Malaysia by (Ibrahim, 2022),which discovered that substance abuse has a role in family instability. There is a higher risk of homelessness, criminal activity, or school dropout when substance-related behaviors lead to the breakdown of familiar relationships. This implies that Uganda and other nations must provide funding for family-centered interventions like counseling, parent education, and home-based monitoring in order to strengthen protective structures. Additionally, 60.9% of users reported losing friendships, and 32.5% of users admitted to ignoring their families.

These disturbances to social networks align with studies conducted in the USA and South Africa. The conducted study indicated that young people taking substances frequently experienced isolation, peer rejection, and stigma as presented by (Nyashanu & M Visser, 2022) and (Blyth et al., 2023). In addition to causing mental distress, this disintegration of social ties exacerbates drug addiction. Interventions must then incorporate social reintegration techniques, such as mentorship programs, youth leisure centers, and peer support groups, to restore trust and a feeling of community. From an economic standpoint, substance abuse imposes significant costs, with 39.4% of users experiencing trouble at work. 43.3% were involved in physical altercations under the

influence, and 28.4% admitted to committing crimes to support their habits, from our obtained datasets and analysis. These findings are comparable systematic review conducted within North America and Europe by Foster et al. (2023), which reported a link between youth drug use, unemployment, and legal conflict. This suggests that economic empowerment through vocational training, entrepreneurship programs, and job placement initiatives should be integrated into youth rehabilitation frameworks to break the cycle of poverty and relapse.

Qualitative analysis revealed a broad community-level impact, including mental illness, school dropout, family disintegration, rising crime, poverty, environmental degradation, and limited access to therapy. Focus Group Discussions described untreated youth displaying psychosis, erratic behavior, and suicidal ideation. These findings demonstrated the urgency for comprehensive services to treat addiction and address the underlying social determinants of health. A total of 64.7% of users reported family conflict, and this emerged as a key theme in both quantitative and qualitative data. Likewise, issues such as legal conflict, economic hardship, and educational failure were consistently confirmed across both strands. This convergence enhances the credibility of the findings and underscores the need for coordinated, multi-sectoral interventions involving health, education, labor, and justice sectors.

CONCLUSIONS

The study combined both quantitative and qualitative data to examine the impact of substance abuse on health, social, cultural, and economic problems. Key contributing factors of substance abuse include cultural acceptance, peer pressure, mental health problems, family conflict, and lack of economic opportunities. Even though the impact is widespread, only a small number of young people receive

treatment, indicating serious gaps in the current health care system. The findings highlight the necessity of moving away from harsh, punishment-based strategies and toward more community-focused, supportive ones. This ought to concentrate on addressing the underlying causes of teenage substance misuse. Long-term prevention and recovery depend on enhancing family support, providing job skills and training programs for young people, and integrating mental health services into local health facilities and schools. The trustworthiness of the study's conclusions is further supported by the close correspondence between statistical data and firsthand accounts. Addressing youth substance abuse in Bushenyi District and beyond requires a coordinated, multi-dimensional strategy. Mental health services must be integrated into both primary healthcare systems and school-based health programs. This will allow for early screening, counseling, and referral for substance-related conditions, enhancing timely support for at-risk youth. Family and community-based interventions should be strengthened by expanding parenting workshops, home-based counseling, and peer-led outreach. Such programs are critical for building household resilience and preventing substance initiation and relapse. Targeted youth economic empowerment programs are also essential. Prioritizing vocational training, entrepreneurship development, and job placement, especially for individuals aged 21–30 (the majority of youth, 89.2%), can reduce economic vulnerability, a key driver of drug use. Drug control efforts require improved enforcement alongside reforms that prioritize rehabilitation over punishment. Strengthening community policing and engaging local councils in the identification and monitoring of drug hotspots will enhance localized prevention. Access to affordable treatment and rehabilitation services remains limited and should be expanded through decentralization, increased public

investment, and support for private sector involvement. Sustained impact will depend on enhanced multi-sectoral collaboration across health, education, labor, justice, and youth development sectors. Coordinated planning, data sharing, and joint implementation will ensure that interventions are comprehensive, efficient, and responsive to the complex realities facing young people today.

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