

Alcoholism and Drug Abuse in Higher Institutions of Learning

Oluseun Opeyemi Owolabi¹, Olusesan Adeyemi Adelabu² and Akeem Adewale Oyelana³

¹*Department of Counselling and Human Services, University of Botswana (UB),
Private Bag 0022, Gaborone, Botswana*

²*Faculty of Science and Agriculture, University of Fort Hare, Alice, P.B. X1314,
Eastern Cape, 5700, South Africa*

³*Department of Public Administration, University of Fort Hare, Alice, P.B. X1314,
Eastern Cape, 5700, South Africa*

E-mail: ¹<sj4l2003@yahoo.com>, ²<aolusesan@ufh.ac.za> and ³<201100592@ufh.ac.za>

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ABSTRACT This study examined the uses of alcohol and drug abuse in Institutions of Higher Education (IHE) and the University of Botswana (UB). The sample comprised 350 University of Botswana students, randomly chosen from within the University of Botswana. Questionnaires were used to gather data from these students. The findings revealed that most students that were involved in the study were between the ages of 18-22 years old and were single in status (that is, they were not married). Furthermore, the study revealed that alcohol and drugs were prevalent in the University of Botswana. The study therefore, suggested that regular campaigns targeted at alcohol and drug users and addicts should be carried out in order to create awareness of the negative effects or impact of alcohol and drugs abuse in higher institutions of learning to the students.

INTRODUCTION

“The foremost responsibility of any society is to nurture and protect its children. In America today, the most serious threat to the health and wellbeing of our children is drug use” (Presley 1992). Though, this might be an American situation, if one analyzes this concern critically, one will discover that this is not just true about Americans but also a concern in Africa.

According to Alao et al. (2004), most students felt that students take too much and misuse alcohol in the University of Botswana. In addition, these students were responsible for most of the littering on campus. Alcohol abuse does not just affect the drinkers but also the non-drinkers, as most people (69%) have had their study or sleep interrupted as a result of the drinkers, thirty-five percent (53%) were humiliated or insulted by drinkers, forty-four percent have had to take care of drunken colleagues, forty-two percent (42%) had engaged in quarrels by drinkers, twenty-five percent have been road blocked by drinkers, twenty-four percent

had been assaulted by drinkers, twenty-three percent (23%) experienced unwanted sexual advances by drinkers, and fourteen percent had been sexual assaulted by drinkers according to this study (Henslee 2008). This paper aims to address this issue in light of higher learning institutions using University of Botswana as a case study. According to a study conducted in the University of Botswana (UB), alcohol and drugs abuse is the highest contributor to Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) (Seloilwe 2005). This is because when one engages in alcohol and drug abuse, these impair judgment, hence leading the user(s) to engage in risky behavior, which can lead to HIV/AIDS among other things (Grant and Dawson 1997).

From the perspective of many observers, it is appreciated that alcohol abuse leads to high-risk sexual behavior such as multiple partners, unprotected sex and sex with high-risk partners and exchange of sex for money and drugs. These eventually lead to contraction of HIV/AIDS. Due to this information, it is essential that alcohol and drug abuse in institutions of higher education be kept under control. Apart from contributing to HIV and AIDS, alcohol and drug abuse can lead to fighting, vandalism, rape and inability to meet academic responsibilities (Swahn et al. 2008). According to National Drug Control Policy (NDCP) (2004), people use drugs for var-

Address for correspondence:
Mr. Oyelana Akeem Adewale
Department of Public Administration,
University of Fort Hare, Alice,
P.B. X1314, Eastern Cape, 5700, South Africa
Mobile: +27837286640
E-mail: 201100592@ufh.ac.za

ious reasons such as due to peer pressure, others for the thrill of it or they engage in substance abuse because they believe it is a source of enlightenment. This publication of Office of National Drug Control Policy also states the fact that addiction begins gradually when one innocently takes a drug and experiences the temporary benefit, after which everything becomes normal. During all these processes, drug use does not interfere with the individual's major activities until it reaches a point whereby a given amount of drugs brings less pleasure than when the individual originally started taking the substance. This is so that the individual increases the dose or frequency of its use. At the period, they tend to make poor decisions such as drinking when driving or having sex with strangers, hence disappointing others and themselves.

Statement of the Problem

Substance abuse has been a concern amongst young people in higher institutions of learning from 1961 according to the World Health Organization (WHO) (2004) with people engaging in beer, spirits and wine from the age of 15 years. A number of interventions has been put in place to curb the most widely spread substance abuse (alcohol) such as the introduction of levy, amendments of the road traffic act, the separation of the trade and liquor acts into two acts, drafting of the traditional beer regulations, introduction of the National Alcohol Policy, National Strategic Plan to reduce alcohol-related harm in Botswana (Sinkamba 2016). All these have proved futile and more efforts need to be made to curb the issue of substance abuse. The researchers wants to find if the intake of alcohol and drugs in University of Botswana (UB) is a concern.

Purpose of the Study

The purpose of the study is to find out the prevalence of alcohol and drug abuse among students in University of Botswana.

Objectives of the Study

The objectives of this study are as follows:

- ♦ To investigate the prevalence, use and abuse of alcohol and drugs among students

- ♦ To assess the prevalence of alcoholism and drug abuse among students
- ♦ To examine reasons for engaging in alcoholism and drug abuse

Research Questions

- ♦ Is the intake of alcohol and drug abuse a problem in the University of Botswana?
- ♦ Does alcohol and drug abuse affect students' academic performance?

Abuse of Alcohol in Institutions of Higher Learning

According to a study carried out by Tan (2012) in United States of America among college students, a number of truths were discovered for students' drinking. Tan (2012) states that drinking adds meaning to the students' identity. It is also in college or university that students want to experiment with alcohol. Furthermore, alcohol is viewed as a ritual in college and universities. Finally, there are various social motives that make students in college or universities engage in alcohol such as enhancing or stimulating positive emotions and coping with negative emotions (Read et al. 2003). Seloilwe (2005) states that in relation to UB, since most students are in their adolescent years and easily submit to peer pressure, this might be one reason that some acquire their drinking habits at this time.

According to the study conducted by Lashley and Yearwood (2011), there is a direct relationship between drug use and risky sexual behavior such as early initiation of sexual activity, multiple sexual partners and unprotected sex. As a result of these, they become vulnerable to HIV/AIDS through impaired judgment.

Furthermore, Ojikutu and Adeleke (2010) state that economic status played a role in the use of drugs. The study also stated that students from low-income family groups appeared to be more involved in drugs than those from middle income and high-income family groups.

In a study conducted by Maier et al. (2013) in a Swiss University, it was discovered that most commonly used drugs were methylphenidate, sedatives, alcohol and cannabis.

In conclusion, one can see that substance abuse is a very serious issue among youths in tertiary institutions and need attention.

Impact of Alcohol and Drug Abuse on Students

Alcohol and drug can have health effects as stated by Nacada (2014). It damages developing brains, hence diminishing learning ability. In addition, it promotes poor health in the life of those that use it, which in turn affects productivity at work, performance in school and responsibility at home. According to this same source, alcohol and drug abuse is responsible for violence and criminality in urban settings and strikes in learning institutions, which eventually disrupts the education system. Financially, it brings about poverty and inability to meet families' obligation including payment of school fees and other basic family needs such as food. Again, alcohol and drug abuse is responsible for diminished perception of risk, which leads its users embarking into risky sexual behavior. Furthermore, it disrupts agricultural production thereby leading to decline in food security. Finally, alcohol and drug abuse is responsible for accidents at home, at workplaces, along the roads, at school and other places resulting into injury or even death. There is insufficient information addressing this situation in terms of UB.

The consequences of alcohol and drug abuse can be divided into three, namely, psychological consequences, social consequences and physical consequences (University of California, San Francisco (UCSF) 2014). Psychological consequences include perpetuation of issues one thought he or she was trying to escape from such as shyness, anxiety, depression, and unhappiness. Psychologically, alcohol and drug abuse puts one in a temporary state of happiness and confidence, but after some time the happiness and confidence disappears and one's state is worse than it was before the indulging of alcohol and drugs. Finally, alcohol and drug abuse can cause psychological problems such as depression, or trigger anxiety or psychosis (loss of reality). Socially, alcohol and drug abuse can cause financial problems. It can also cause one to end up in trouble with the law. It can also limit one circle of friends. Furthermore, it can have a bad effect on one's sex life. Physical consequences of alcohol and drug abuse include reduction in ability to resist harming themselves when they have problems. It can also lower people's inhibitions against hurting others. Alcohol and drug abuse increase one's acceptance to danger. Alcohol and drug abuse are responsible

for many serious accidents. In addition, there are serious long-term health risks.

Alcohol, Drugs and Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS) Relationship

UCSF (2011), states that there is a relationship between alcohol, drugs and HIV/AIDS. According to this article, alcohol and drugs alter people's judgment, hence causing them to take risks that might expose them to HIV/AIDS, which they might not have taken when sober. Furthermore, some drugs are capable of harming the immune system causing the immune system not to function effectively and increasing the chance of one getting HIV/AIDS.

Alcohol, Drugs and Health

Alcohol and drugs can have a dangerous impact on the health of those who engage in them. Alcohol can cause diseases such as cancer, liver disease, heart attacks and brain damage just to name a few. Due to the fact that some others smoke, this makes their health risks more complicated. Furthermore, this causes hangovers (constellation of unpleasant and painful symptoms that can develop after drinking too much alcohol) (Buddy 2014).

Alcohol, Drugs and Pregnancy

Alcohol and drugs is not just a concern with men but also with women who are pregnant. Alcohol and drugs bring about low birth weight. This makes the developing child at risk of illnesses, disability and death. Again, this puts the infants at risks of mental retardation, learning disability and long-term consequences. Alcohol and drugs can bring about premature birth, as a child born prematurely is at an increased risk of lung, eye and learning problems, infection and death. Furthermore, drug use increases the risk of medical problems and birth defects including stroke, seizures, mental retardation and learning disabilities. Finally, fetuses can become dependent on the drug(s) used by the mother and may experience withdrawal symptoms after delivery (Einarson et al. 2001; Health Editorial Team 2012). It is therefore evident that, there is a positive relationship between alcohol and biopsychosocial aspects of students who engage

in alcohol, and this study aims to find out the prevalence of these relationships as far as UB is concerned.

METHODOLOGY

The study adopted a descriptive survey research design to investigate the prevalence, use and abuse of alcohol and drugs among students. This paper used the quantitative research design method of data collection. The paper involved 165 (47.1%) males and 185 (52.9%) females of the University of Botswana students. Data for the research paper was collected through self-administered questionnaires and the use of convenience sampling. Questions related to an investigation into the prevalence, use and abuse of alcohol and drugs among students are usually insightful. A total of 350 questionnaires were administered and returned. The questionnaire consisted of the following, that is, age, gender, marital status and frequency of school attendance, frequency of drug and alcohol usage, consequences (such as loss of friends, involvement in illegal activities, arrest, withdrawal symptoms, medical problems and involvement in treatment plan) of drug and alcohol usage. Data analysis included Statistical Package for the Social Sciences (SPSS), using descriptive statistics as the statistical tool. The experimental study for the paper was conducted in the main survey.

FINDINGS AND DISCUSSION

A total of 350 questionnaires were administered and returned. The presentations and analysis used tables for each of the variables. The study comprised of 165 (47.1%) males and 185 (52.9%) females.

The age group distribution of male respondents was as follows. Out of 165 males, 81 (49.1%) ranged from 18-22 years and this was the most dominant group among males. Ages 23-27 had 50 out of 165 (30.3%). Ages 28-32 had 16 out of 165 (9.7%). Ages 33-37 had 10 out of 165 (6.1%). Ages 38-42 had 6 out of 165 (3.6%). Both 43-47 and 48-52 had 1 (0.6%) respectively.

The age group distribution of female respondents was as follows. Out of 185 females, 1 each (0.5%) ranged from 13-17 and 48-52, respectively. 101 out of 185 (54.6%) ranged from 18-22. This was the age group of most females. 48 out

of 185 (25.9%) ranged from 23-27. 12 out of 185 (6.5%) ranged from 28-32. 9 out of 185 (4.9%) ranged from 33-37. 10 out of 185 (5.4%) ranged from 38-42 and the remaining 3 out of 185 (1.6%) ranged from 43-47.

Table 1 shows the marital status of the respondents. Out of 350 respondents 311 (88.9%) were single, that is, they were not married (this does not despite the fact that some might have been divorced, engaged or in the process of marrying). The remaining 39 (11.1%) of the 350 respondents were married. This shows that most of the respondents were single.

Table 1: Marital status

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Single	311	88.9	88.9	88.9
	Married	39	11.1	11.1	100.0
	Total	350	100.0	100.0	

Table 2 shows the marital status across male respondents. Out of 165 male respondents, 153 (92.7%) males were single while 12 (7.3%) were married.

Table 2: Marital status of male

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Single	153	92.7	92.7	92.7
	Married	12	7.3	7.3	100.0
	Total	165	100.0	100.0	

Table 3 shows the marital status across female respondents. Out of 185 females who participated in the research, 158 (85.4%) were singles while 27 (14.6%) were married.

Table 3: Marital status of female

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Single	158	85.4	85.4	85.4
	Married	27	14.6	14.6	100.0
	Total	185	100.0	100.0	

Table 4 shows school attendance, that is the number of times respondents (students) attended school in a week. Out of the 350 respondents (students) that filled the questionnaire, most of

them, that is 329 (94%) attended school every day while 20 (5.7%) attended school twice a week and 1 (0.3%) attended school once a week with reasons known.

Table 4: School attendance

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Everyday	329	94.0	94.0	94.0
	Twice a week	20	5.7	5.7	99.7
	Once a week	1	.3	.3	100.0
	Total	350	100.0	100.0	

Table 5 shows the frequency of males who attended school. Out of 165 males that took part in the research, 156 (94.5%) attended school every day, 8 out of 165 (4.8%) males attended school twice a week, while 1 respondent (0.6%) attended school once a week.

Table 5: Male school attendance

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Everyday	156	94.5	94.5	94.5
	Twice a week	8	4.8	4.8	99.4
	Once a week	1	.6	.6	100.0
	Total	165	100.0	100.0	

Table 6 shows the frequency of females who attended school. Out of 185 females who took part in the research, 173 (93.5%) attended school every day and 12 of them (6.5%) attended school twice a week.

Table 6: Female school attendance

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Everyday	173	93.5	93.5	93.5
	Twice a week	12	6.5	6.5	100.0
	Total	185	100.0	100.0	

Table 7 shows the number of male respondents who have used drugs other than those prescribed by the health professionals and those who have not used drugs other than those prescribed by the health professionals. Out of 165 male respondents, most of the respondents, that is 94 (57%) admit not to have used any other drug other than those prescribed by the health

professionals while the remaining 71 (43%) admit to have used drugs other than those prescribed by the health professionals. This reflects existence of drug abuse among students.

Table 7: Males who used drugs other than those for medical purpose

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	71	43.0	43.0	43.0
	No	94	57.0	57.0	100.0
	Total	165	100.0	100.0	

Table 8 shows the number of female respondents (students) who have used drugs other than those prescribed by the health professionals and those who have not used drugs other than those prescribed by the health professionals. Out of 185 female respondents, most of the respondents, that is 122 (65.9%) admit not to have used any other drug other than those prescribed by the health professionals while the remaining 63 (34.1%) admit to have used drugs other than those prescribed by the health professionals.

Table 8: Females who used drugs other than those for medical purposes

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	63	34.1	34.1	34.1
	No	122	65.9	65.9	100.0
	Total	185	100.0	100.0	

Table 9, which shows the frequency of males who have abused prescriptive drugs, reveals that out of 165 males that took part in the research, 147 (89.1%) have not abused prescriptive drugs while the rest 18 (10.9%) have abused prescribed drugs.

Table 9: Males who abused prescriptive drugs

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	18	10.9	10.9	10.9
	No	147	89.1	89.1	100.0
	Total	165	100.0	100.0	

Table 10, which shows the frequency of females who have abused prescriptive drugs, re-

veals that out of 185 females that took part in the research 154 (83.2%) have not abused prescriptive drugs while the rest 31 (16.8%) have abused prescribed drugs.

Table 10: Females who abused prescriptive drugs

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	31	16.8	16.8	16.8
	No	154	83.2	83.2	100.0
	Total	185	100.0	100.0	

Table 11 shows the frequency of males that abused more than one drug at a time. 145 males out 165 (87.9%) were not applicable to this question because they had not abused prescriptive drugs. 13 out of 165 (7.9%) had not abused prescriptive drugs while 7 out of 165 (4.2%) had abused prescriptive drugs.

Table 11: Males that abused and not abused more than one drug at a time

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	7	4.2	4.2	4.2
	No	13	7.9	7.9	12.1
	Not	145	87.9	87.9	100.0
	Applicable				
	Total	165	100.0	100.0	

Table 12 shows the number of females that abused more than one drug at a time. 151 females out 185 (81.69%) were not applicable to this question because they had not abused prescriptive drugs. 24 out of 185 (13%) had not abused prescriptive drugs while 10 out of 185 (5.4%) had abused prescriptive drugs.

Table 12: Females that abused and not abused more than one drug at a time

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	10	5.4	5.4	5.4
	No	24	13.0	13.0	18.4
	Not	51	81.6	81.6	100.0
	Applicable	1			
	Total	185	100.0	100.0	

Table 13 shows the ability of males to stop using alcohol when they wanted to. Out of 165 males who participated in the research, 142

(86.1%) admitted to be able to stop using alcohol or drugs when they want to, while 23 (13.9%) admitted to not being able to stop when they want to.

Table 13: Males' ability to stop using alcohol or drug when you want to

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	142	86.1	86.1	86.1
	No	23	13.9	13.9	100.0
	Total	165	100.0	100.0	

Table 14 shows the females' ability to stop using alcohol or drug when they wanted to. Out of 185 females, 172 (93%) admitted to be able to stop alcohol or drug when they want to while 13 out of 185 (7%) admitted to being unable to stop alcohol or drug when they want to.

Table 14 Females' ability to stop using alcohol or drug when you want to

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	172	93.0	93.0	93.0
	No	13	7.0	7.0	100.0
	Total	185	100.0	100.0	

Table 15 shows the males' experience with blackouts and/or flashbacks. 60 out of 165 (36.4%) experience or have experienced blackouts and/or flashbacks, while the rest 105 (63.6%) have not experienced blackouts and/or flashbacks.

Table 15: Males experienced with 'blackouts' and/or 'flashbacks' as a result of alcohol or drug abuse

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	60	36.4	36.4	36.4
	No	105	63.6	63.6	100.0
	Total	165	100.0	100.0	

Table 16 shows the frequency of females who have experienced or experience blackouts and/or flashbacks. 144 out of 185 (77.8%) do not experience or have not experienced blackouts and/or flashbacks, while 41 (22.2%) have experienced blackouts and/or flashbacks.

Table 16: Females experienced with ‘blackouts’ and/or ‘flashbacks’ as a result of alcohol or drug abuse

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	41	22.2	22.2	22.2
	No	144	77.8	77.8	100.0
	Total	185	100.0	100.0	

Table 17 shows the frequency of males feeling bad or guilty about drug use. 115 out of 165 (69.7%) do not feel bad or guilty about their drug use, while 50 out of 165 (30.3%) feel bad or guilty about their drug use.

Table 17: Males feeling bad or guilt about drug use

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
VValid	Yes	50	30.3	30.3	30.3
	No	115	69.7	69.7	100.0
	Total	165	100.0	100.0	

a. Gender of Respondent: Male

Table 18 shows the frequency of females that feel bad or guilty about drug use. 147 out of 185 (79.5%) do not feel bad or guilty about their drug use, while 38 out of 185 (20.5%) feel bad or guilty about alcohol or drug abuse.

Table 18: Females feeling bad or guilt about drug use

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	38	20.5	20.5	20.5
	No	147	79.5	79.5	100.0
	Total	185	100.0	100.0	

Table 19 shows the number of friends among the male respondents who complain about their

Table 19: Male friends who complain about use of alcohol and drugs

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	33	20.0	20.0	20.0
	No	132	80.0	80.0	100.0
	Total	165	100.0	100.0	

use of alcohol and drugs. It is seen that 132 out of 165 (80%) do not complain about the respondents’ use of alcohol and drugs, while 33 out of 165 (20%) complain about the respondents’ use of alcohol.

Table 20 shows the female respondents whose friends complained about their use of alcohol and drugs. It is seen that 169 out of 185 (91.4%) did not complain about the respondents’ use of alcohol and drugs, while 16 out of 185 (8.6%) complained about the respondents’ use of alcohol and drugs.

Table 20: Females whose friends complain about use of alcohol and drugs

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	16	8.6	8.6	8.6
	No	169	91.4	91.4	100.0
	Total	185	100.0	100.0	

Table 21 shows the relationship between drug or alcohol abuse and academics among males. 137 out of 165 (83%) say that drug or alcohol abuse does not cause problems between them and their academics, while 28 out of 165 (17%) say that drug or alcohol abuse cause problems between them and academics.

Table 21: Drug or alcohol abuse and academics among males

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	28	17.0	17.0	17.0
	No	137	83.0	83.0	100.0
	Total	165	100.0	100.0	

Table 22 shows the relationship between drug or alcohol abuse and academics among females. 174 out of 185 (94.1%) say that drug or alcohol abuse does not cause problems between

Table 22: Drug or alcohol abuse and academics among females

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	11	5.9	5.9	5.9
	No	174	94.1	94.1	100.0
	Total	185	100.0	100.0	

them and their academics, while 11 out of 185 (5.9%) say that drugs or alcohol abuse cause problems between them and their academics.

Table 23 shows friends lost due to alcohol or drug among males. 133 out of 165 (80.6%) say they have not lost friends due to alcohol or drugs, while 32 out of 165 (19.4%) say they have lost friends due to alcohol or drugs.

Table 23: Friends lost due to alcohol or drugs among males

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	32	19.4	19.4	19.4
	No	133	80.6	80.6	100.0
	Total	165	100.0	100.0	

Table 24 shows friends lost due to alcohol or drug among females. 168 out of 185 (90.8%) say that they have not lost friends due to alcohol or drug, while 17 out of 185 (9.2%) say that they have lost friends due to alcohol or drugs.

Table 24: Friends lost due to alcohol or drugs among females

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	17	9.2	9.2	9.2
	No	168	90.8	90.8	100.0
	Total	185	100.0	100.0	

Table 25 shows the engagement in illegal activities on campus to obtain money for alcohol or drugs among males. 156 out of 165 (94.5%) say that they have not engaged in illegal activities on campus to obtain money for alcohol or drugs, while 9 out of 165 (5.5%) say that they have engaged in illegal activities on campus to obtain money for alcohol or drugs.

Table 25: Engagement in illegal activities on campus to obtain money for alcohol or drugs among males

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	9	5.5	5.5	5.5
	No	156	94.5	94.5	100.0
	Total	165	100.0	100.0	

Table 26 shows the engagement in illegal activities on campus to obtain money for alcohol or drugs among females. 182 out of 185 (98.4%) say that they have not engaged in illegal activities on campus to obtain money for alcohol or drugs, while 3 out of 185 (1.6%) say that they have engaged in illegal activities on campus to obtain money for alcohol or drugs.

Table 26: Engagement in illegal activities on campus to obtain money for alcohol or drugs among females

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	3	1.6	1.6	1.6
	No	182	98.4	98.4	100.0
	Total	185	100.0	100.0	

Table 27 shows those who have been arrested for possession of illegal drugs or alcohol among males. 159 out of 165 (96.4%) say that they have not been arrested for possession of illegal drugs or alcohol, while 6 out of 165 (3.6%) say that they have been arrested for possession of illegal drugs or alcohol.

Table 27: Males arrested for possession of illegal drugs or alcohol

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	6	3.6	3.6	3.6
	No	159	96.4	96.4	100.0
	Total	165	100.0	100.0	

Table 28 shows those who have been arrested for possession of illegal drugs or alcohol among females. 182 out of 185 (98.4%) say that they have not been arrested for possession of illegal drugs or alcohol, while 3 out of 185 (1.6%) say that they have been arrested for possession of illegal drugs or alcohol.

Table 28: Females arrested for possession of illegal drugs or alcohol

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	3	1.6	1.6	1.6
	No	182	98.4	98.4	100.0
	Total	185	100.0	100.0	

Table 29 shows those who have been experiencing withdrawal symptoms as a result of stopping alcohol and drugs among males. 146 out of 165 (88.5%) say they have not experienced withdrawal symptoms when they stopped taking alcohol and drugs, while 19 out of 165 (11.5%) say they have experienced withdrawal symptoms when they stopped taking alcohol and drugs.

Table 29: Males experience withdrawal symptoms when stopped taking alcohol and drugs

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	19	11.5	11.5	11.5
	No	146	88.5	88.5	100.0
	Total	165	100.0	100.0	

Table 30 shows those who have been experiencing withdrawal symptoms as a result of stopping alcohol and drugs among females. 176 out of 185 (95.1%) say they have not experienced withdrawal symptoms when they stopped taking alcohol and drugs, while 9 out of 185 (4.9%) say they have experienced withdrawal symptoms when they stopped taking alcohol and drugs.

Table 30: Females experience withdrawal symptoms when stopped taking alcohol and drugs

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	9	4.9	4.9	4.9
	No	176	95.1	95.1	100.0
	Total	185	100.0	100.0	

Table 31 shows those who had experienced medical problems because of alcohol or drug abuse among males. 152 out of 165 (92.1%) say they have not experienced medical problems because of alcohol or drug abuse, while 13 out of 165 (7.9%) say they have experienced medical problems because of alcohol or drug abuse because of alcohol or drug abuse.

Table 31: Medical problems because of alcohol or drug abuse among males

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	13	7.9	7.9	7.9
	No	152	92.1	92.1	100.0
	Total	165	100.0	100.0	

Table 32 shows those who had experienced medical problems because of alcohol or drug abuse among females. 177 out of 185 (95.7%) say they have not experienced medical problems because of alcohol or drug abuse, while 8 out of 185 (4.3%) say they have experienced medical problems because of alcohol or drug abuse.

Table 32: Medical problems because of alcohol or drug abuse among females

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	8	4.3	4.3	4.3
	No	177	95.7	95.7	100.0
	Total	185	100.0	100.0	

Table 33 shows those who had been involved in a treatment program to deal with alcohol or drug abuse among males. 161 out of 165 (97.6%) say they have not been involved in a treatment program to deal with alcohol or drug abuse, while 4 out of 165 (2.4%) say they have been involved in a treatment program to deal with alcohol or drug abuse.

Table 33: Males involvement in treatment program to deal with alcohol or drug abuse

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	4	2.4	2.4	2.4
	No	161	97.6	97.6	100.0
	Total	165	100.0	100.0	

Table 34 shows those who had been involved in a treatment program to deal with alcohol or drug abuse among females. 183 out of 185 (98.9%) say they have not been involved in a treatment program to deal with alcohol or drug abuse, while 2 out of 185 (1.1%) say they have been involved in a treatment program to deal with alcohol or drug abuse.

Table 34: Involvement in treatment program to deal with alcohol or drug abuse among females

		<i>Frequ- ency</i>	<i>Per cent</i>	<i>Valid percent</i>	<i>Cumu- lative percent</i>
Valid	Yes	2	1.1	1.1	1.1
	No	183	98.9	98.9	100.0
	Total	185	100.0	100.0	

From the above data, both males and females at the University of Botswana are victims of drugs and alcohol abuse and this calls for attention by those in authority.

DISCUSSION

The findings revealed that there were more female students respondents between the ages of 18 and 22 years. Most of these were single. The reason why the respondents were mostly females was because females were more available to provide information as compared to males. Females on the other hand have nothing to protect, which enables them to provide data about themselves freely as compared to males who try and protect their ego by being reluctant in providing data about themselves. In terms of the age group, this is the schoolgoing age when most students enter institutions of higher education in an attempt to further their education. It is also at this age group that students begin the search for their future partners and eager to do anything including engaging in alcohol and drugs for this to be fulfilled.

Respondents' Class Attendance, Alcohol and Drugs

Most respondents attended class every day (94%). This according to the study reflects those committed to their education and hence are ready to give it what it takes for them to do well in their future. The questionnaire did not address why students did not come to class everyday but a possible reason is that they did not have class on the days they did not come to school.

Prevalence of Alcohol and Drug Abuse

According to Atwoli et al. (2011), the prevalence of substance abuse is high among college and university students. This is also true in UB, as 298 out of 350 (85%) cannot do without alcohol every week. The drugs mostly abused were prescriptive drugs according to the findings. This according to the findings is because of the withdrawals, blackouts/flashbacks or medical problems associated with drugs. Though alcohol and drug abuse, as reflected in the study is a mostly masculine behavior, the study reveals that females are also guilty of this behavior.

Alcohol Abuse as an Element of Identity

One of the reasons for engaging in alcohol is to identify with peers (Tan 2012). This is why when respondents engage in alcohol, they are accepted and others are joined by their friends in engaging in alcohol and they do not complain about the respondents' use of alcohol, as out of 164 respondents who use drugs other than those used for medical purposes, friends of 39 of these participants complain about the use of the drugs while the friends of the remaining 164 (125) do not complain. Furthermore, due to the fact that drinking is a habit in tertiary institutions, losing friends is almost impossible but rather drinkers' gain friends. In addition, due to using and abusing alcohol among peers, which is the 'culture' of the institution, most people did not feel bad or guilty about engaging in it.

Engaging in Illegal Activities brought about by Alcohol Abuse or Drugs

Alcohol abuse and drugs are responsible for violence (Nacada 2014). This according to the study is because of the blackouts (reaction to alcohol consumption that impacts memory loss)/flashbacks and/or approval of engaging in drugs by the drinkers and drug users' friends, which motivates the drug users or alcohol drinkers to engage in illegal activities such as vandalism or stealing. This eventually leads the drinkers or drug users to being arrested as cited by 9 out of 350 (5.2%) of the respondents.

Alcohol Abuse, Drugs and Health

Alcohol abuse and drugs can cause unpleasant experiences such as hangovers (Buddy 2014). This explains why UB students say they have experienced withdrawal symptoms (felt sick) when they stopped taking alcohol and drug, to the extent that they have had medical problems and involved in treatment programs to address these. According to a study on students, conducted out by drug watch (Drug Watch 2014), alcohol can lead to hangover and death among age groups of 18-24 years (which are mostly the age group of the respondents). It is such hangovers that cause alcohol or drug drinkers to develop medical problems as experienced by 12.2 percent of the respondents of which 3.5

percent of the respondents were engaged in a treatment program. According to Buddy (2014), drugs and alcohol can affect the health of the individual(s) that engage in them as they can cause cancer, liver diseases, heart attacks and brain damage (Buddy 2014). This also was reflected in an insignificant number of students who were undergoing treatment as a result of damage caused by alcohol and drugs.

Alcohol, Drug Abuse and Academic Performance

This in turn affects the cognitive functions such as concentration, memory and attention, which manifest itself in poor academic performance (Fiese and Schwartz 2008) as experienced by 25.6 percent of those who participated in the research. There is evidence to suggest reasons for the poor academic performances as alcohol and drug abuse, though this was not explicit in the research.

CONCLUSION

The study shows that alcohol and drug abuse are very rampant in UB. It is clear from the above study that alcohol abuse and drugs are concerns in UB that need to be addressed for both males and females, of which most of them are not married, with ages ranging from 18-22 years. It is also mostly prescriptive drugs that are the most abused by students in the age range 18-22 years, and hence, there is a likely tendency of this causing addiction in some students (if it has not caused addiction in some students already), and hence leading to medical problems, which require enrolment in a therapeutic program.

RECOMMENDATIONS

The researchers recommend the following:

- ♦ Further research with a higher sample should be conducted.
- ♦ Awareness workshops on alcohol and drugs should be carried out.
- ♦ Regular campaigns targeted at alcohol and drug users and addicts can be carried out.

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