

Status and Prevalence of Substance Use Among Students of Tabora Polytechnic College, Tuli Campus, Tabora-a Cross Sectional Study

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Abstract: Youth drug abuse is a high-profile public health concern worldwide. Besides this drug abuse is one of the major issues in Tanzania. The youth in Tanzania are often involved in trafficking and consuming illegal drugs like cannabis. Illegal substance use among students can negatively impact their health in total, could negatively impact their educational grades and performances and also can give rise to maladaptive behaviors and personality traits. Studies in this area are scanty in Tanzania. This gap in knowledge prompted the design of the current study. The present study surveyed the status and prevalence of substance use among the students of Tabora polytechnic college of its Tuli campus; where 350 students of age group 15-30 years from different departments were being interviewed using ADA baseline questionnaire. Substances which are commonly abused by the students are found to be Alcohol (31.43%), Cigarettes (30.86%) and Bhang (19.71%). The Believe that alcohol and drug use facilitates sexual opportunities (32.5%) and facilitates connection with peers (31.7%) has escalated the use of drugs and alcohol and has been revealed that most of the students abuse drugs during weekends (23.71%) and after evening lectures (18.34%). The major sources of drugs and substances of use are from among the students themselves (39.72%).

Keywords: Substance Use, Drugs, TPC, Tuli Campus and Tanzania

1. Introduction

Substance use disorder (SUD) is a complex condition that involves a problematic pattern of substance use. It can range from mild to severe (addiction) [19]. Globally, alcohol or drug dependence was twice as common in men (2.4%) than in women (1.2%) [6]. Alcohol has the highest death toll. Deaths from opioid overdoses have increased significantly in recent years and now exceed 80,000 globally [1].

Studies done in this field show that drugs and substances abuse do not only lead to death, but also to diseases and disabilities that impact people's health [21]. 1.5% of global

disease burden is attributed to alcohol and illicit drug addiction [1]. In some countries this share is much higher: in the USA it accounts for more than 5% of disease burden [1]. Substance use disorders include alcohol and all illicit drugs (whether prescribed or otherwise) including opioids, cocaine, amphetamine and cannabis. While some people completely abstain from drinking and drug use, others struggle with abuse and dependence. Statistics show that most of us fall somewhere in the middle when it comes to using alcohol and drugs [3]. More than 70 percent of people in the United States reported having at least one drink in the last year, and over 10 percent of people over the age of 12 have used an illicit drug in the last month [1].

In Sub-Saharan Africa, 41.6% of people used “any substance” with central Africa having the highest percentage at 55.5% [2]. Substance use behavior is more prominent in males than females [2]. The lifetime and current substance uses were 3.2 and 2.8 times higher among males compared to females [2]. The overall Prevalence rates of substance use among school going adolescents in Africa showed that alcohol use was highest in Seychelles (46.5%) and lowest in Tanzania (2.7%) [2]. Furthermore, marijuana use was highest in Seychelles (6.6%) and lowest in Mozambique (0.9%)[2]. The highest rate of lifetime amphetamine use was reported among adolescents in Ghana (5.5%), and the lowest was reported among adolescents in Mozambique (0.7%) [13].

The pooled prevalence of substance user coverage in the 11 East Africa countries was 43.70% with Rwanda (12.10%), Comoros (23.90%) and Zambia (74.8%) were the countries with the smallest proportions of substance user coverage while Mozambique (76.70%), Ethiopia (68.70%), and Uganda (65.60%) were the highest proportions of full substance user coverage [2].

Drug abuse is one of the major issues in Tanzania. In 2011, the drug control commission which is dealing with drug abuse issues reported that the number of people who are addicted ranges from 150,000 to 500,000 [6]. Most of the people who are involved in drug abuse in Tanzania are youths, who are often involved in trafficking and consuming illegal drugs like cannabis [6]. The common illegal drugs used in Tanzania are Khat, marijuana, heroin, cocaine and cannabis [6].

In Northern Tanzania study conducted by Joel M Francis in 2015 revealed that the college students reported the highest prevalence of current alcohol use; 45% among males and 26% among females and episodic drinking 71% among males and 27% among females followed by causal laborers [12].

According to the reports of Demographic and health survey and Malaria Indicator survey in Tanzania 2015 /16 less than one percent of women (0.6%) smoke any forms of tobacco [8]. Whereas 14% of men aged (15-49) smoke tobacco and most of them smoke cigarettes on daily basis. Cigarette smoking rises with age among men and the prevalence of smoking in men declines with increasing education and increasing wealth quintile. Smoking among men is more popular in the mainland (14%) than in Zanzibar (8%) [8].

However, the studies in this area are scanty; a few studies on specifically illicit drugs and substance use have been conducted in Tanzania among which most of them are outdated.

Therefore, this paper has used this opportunity to acknowledge the gap on the above mentioned topic to determine two aspects, Prevalence of drugs and substance use and the associated factors with the usage among college students at Tabora polytechnic college, Tuli campus.

2. Material and Methods

2.1. Study Design, Study Area and Settings

This manuscript is a part of the large study set to assess the

status and prevalence of substance use among students of Tabora Polytechnic College at Tuli campus. Tabora polytechnic college is a private institution which offers health and Non health allied sciences programs from certificate to Diploma level; the college is located at Tabora region, Tabora municipality in Tanzania. This study deployed a cross-sectional design to collect quantitative data from 350 selected students from the departments of CMT (Clinical medical training), NMT (Nursing and midwifery training), MLT (Medical lab training) and Teachers and Elementary education in the period between April 2023 and September 2023.

2.2. Study Population, Inclusion, and Exclusion Criteria

The study assessed 350 students from different departments of Tabora Polytechnic College, Tuli campus. All the students studying in Tuli campus between the age groups of 15-30 years were regarded as the target population. However, the study excluded the students who were out of the town then for their field duties.

2.3. Sampling Strategy and Sample SIZE

For the purpose of this study all the four departments of TPC, Tuli campus (CMT, NMT, MLT and Teachers and Elementary education) were selected. The departments were regarded as strata and hence a stratified sampling technique had been adopted. Once the students were divided into strata (as per their course of study/department) a simple random selection was performed to select 33% of research participants from each strata or department. This sampling strategy led to selection of 350 sample size.

2.4. Data Collection Procedures

Data collection was conducted by a research team who were trained about the purpose, methods, tools, and research ethics related to this study. The students/participants were first explained about the purpose of the study and the consented participants were invited for data collection. Data were collected through questionnaire written in English language. The tool used for data collection was a standardized tool name- Questionnaire for baseline survey on alcohol and drug abuse (ADA) designed to collect participant’s demographic information along with questions related to substance use. The questionnaire contains six (6) sections: section 1-background and characteristics of students, section 2- availability and accessibility of drugs and substances of abuse, section 3-drugs and substance use, section 4-sources of drugs and substances of abuse, section 5-risk factors and consequences of drugs and substance use, section 6-strategies on drug and substance abuse respectively. Data were collected and the filled questionnaires were coded numerically from 1 to 350.

2.5. Data Management and Statistical Analysis

SPSS v.20 (IBM® Corp., Armonk, NY, USA) was used to analyze quantitative data. Descriptive statistics predominated the analysis which included computation of frequency and

percentages of participants' characteristics and are summarized in tables, charts, and figures. Data to assess the prevalence of substance use were collected in 2 level of agreement (yes and no). Data to assess the availability of substances or drugs were collected in 5 level of responses (very easy, easy, slightly easy, difficult and very difficult). Furthermore, data to assess the frequency of drug or substance uses were collected in 7 level of responses (once a month, once in two weeks, once in a week, 3-4 days in a week, daily, never used and no longer use but have drunk).

2.6. Ethical Consideration

Prior ethical clearance had been taken as necessary for the study. The study was conducted after obtaining permission from college administration. The participants had been taken into confidence regarding the non-disclosure of information provided by them.

A confidentiality disclosure was included in the instruction part of the questionnaire. Participants (from the sample population) willing to take part in the study had been chosen.

3. Results

3.1. Social-Demographic Characteristics of the Participants

Participants' characteristics are presented in table 1.

A total of 350 respondents were interviewed during this study of which females were 53.43% and 46.57% were males. The age of respondents was grouped into three categories where 26.86% were between (15-20 years), 65.71% (21-25 years), and 7.43% (26-30 years). Among the interviewed respondents 82.29% were Christian, 16.29% were Muslim and 1.43% were from other religions. The respondents were from different years of study at this college, of which 28.86% (First year), 43.43% (Second year) and 27.43% (Third year). Most interviewed individuals (75.43%) were accommodated within the campus, 16.29% were accommodated outside the campus, and 8.29% stayed home. Generally, most of the interviewed respondents (83.71%) are supported by their parents, 12.86% are self-sponsored and 3.43% did not specify their support when it comes to the payment of college fees (Table 1).

Table 1. Demographic characteristics of the participants.

Character	Category	Number of respondents	Percentage (%)
Gender	Female	163	53.43
	Male	187	46.57
Religion	Christian	288	82.29
	Muslim	57	16.29
	Hindu	3	0.86
	Others	2	0.57
	First year	102	28.86
Year of Study	Second year	152	43.43
	Third year	96	27.43
	Accommodation within the institution	264	75.43
Accommodation	Accommodation Outside the institution	57	16.29
	Reside at home	29	8.29
	15-20 years	94	26.86
Age	21-25 years	230	65.71
	26-30 years	26	7.43
	By parents	293	83.71
Fee payments	By self	45	12.86
	Others	12	3.43

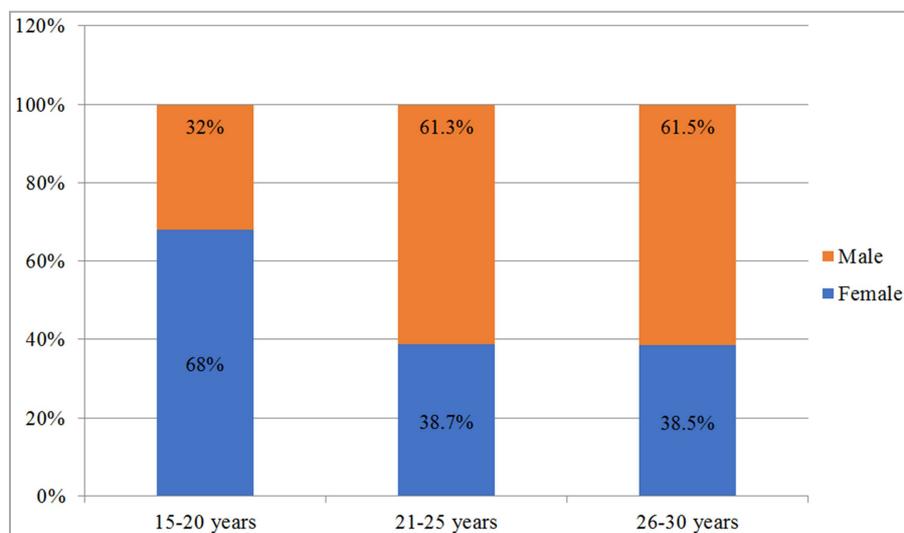


Figure 1. Age and sex wise distribution of the respondents.

3.2. Availability and Accessibility of Drugs

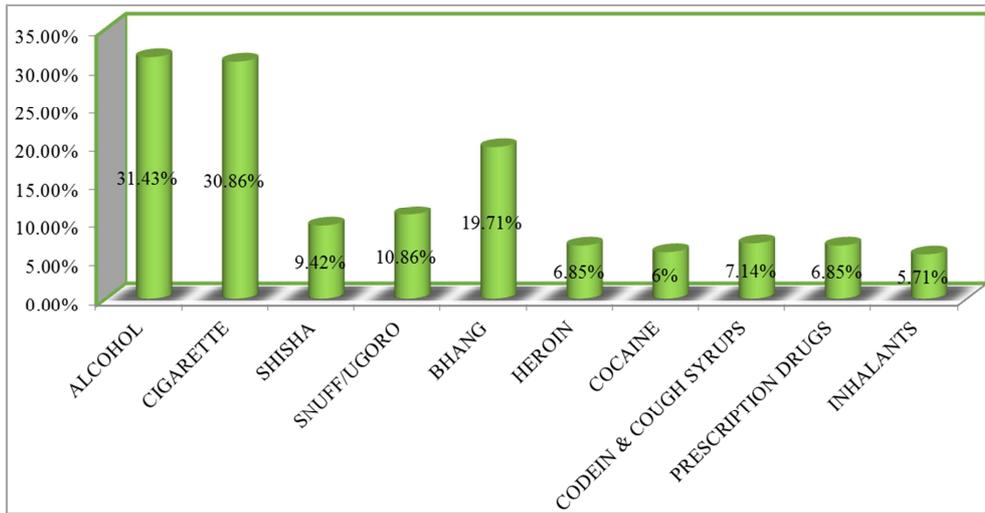


Figure 2. Availability of drugs/substances in TPC, Tuli campus.

Majority of respondents agreed that alcohol (31.43%) and cigarettes (30.86%) are available and accessible in TPC, Tuli campus. 19.71% reported bhang/marijuana and 10.86%

reported snuff/ Ugoro. Other substances/drugs were reported by less than ten percent of respondents with the least being inhalants (5.71%) (Figure 2).

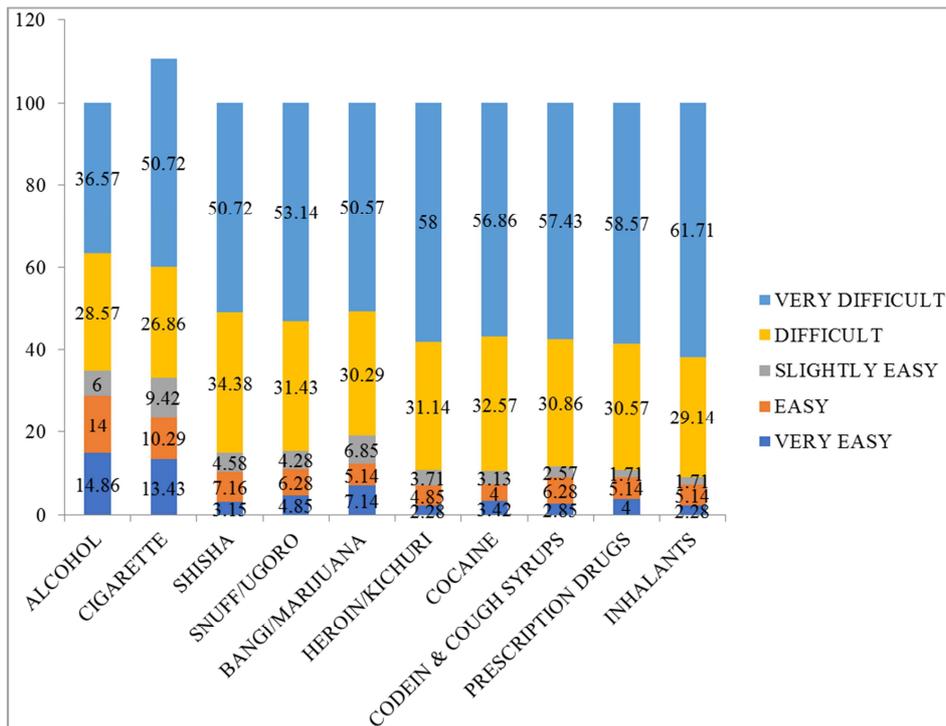


Figure 3. Accessibility of drug/substances in TPC, Tuli campus.

Majority of respondents agreed that most of the substances/drugs are not readily available at TPC, Tuli campus. Alcohol was reported to be very easily accessible by 14.86% respondents while the inhalants were reported by 61.71% to be difficult in accessible (Figure 3).

3.3. Status of Substance Use Among the Students

Among the interviewed respondents 12% of students

have reported to use alcohol, 7.1% of them reported to use cigarette, 3.7% said to use shisha, 2.6% agreed to use bhang, snuff and heroin respectively, 2% again reported to use codeine and cough syrups in their lifetime. On the other hand, a least 0.9% of respondents reported to use cocaine, followed by 1.4% reported to use inhalants and 1.7% said to use prescription drugs in their lifetimes. (Figure 4)

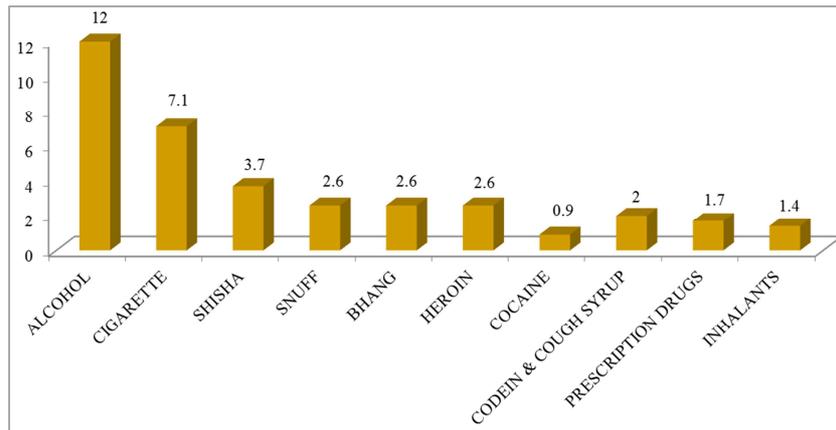


Figure 4. Lifetime drug/substance use among students of TPC, Tuli campus.

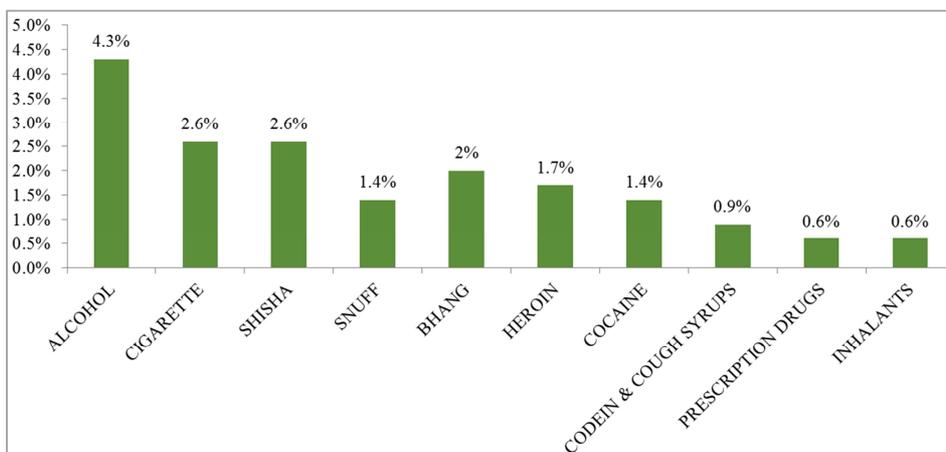


Figure 5. Substance use in among students of TPC, Tuli campus in last 12 months (from the data collection period).

Among the interviewed respondents 4.3% of students have reported to use alcohol, 2.6% of them reported to use cigarette, 2.6% again have said to use shisha, 1.4% agreed to use bhong, 2% have used snuff and 1.7% heroin in last

twelve (12) months. While a least 0.9% reported to use codeine and cough syrups, 0.6% reported to use prescription drugs and inhalants in the last 12 months' period. (Figure 5)

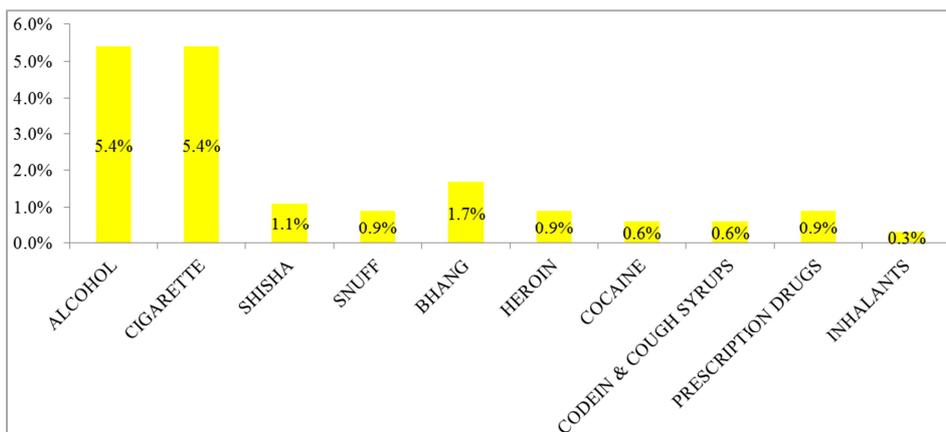


Figure 6. Substance use among students of TPC, Tuli campus in last 30 days from the data collection period.

Respondents reported to use substances/drugs in last thirty days and among them 5.4% of students have reported to use alcohol, 5.4% of them reported to use cigarette, 1.1% have said to use shisha, 0.9% agreed to use snuff, 1.7% bhong, 0.9%

heroin and 0.9% again prescription drugs in last 30 days. Furthermore, a least 0.3% have reported to use inhalants, followed by 0.6% have reported to use cocaine and codeine and cough syrups in last 30 days period. (Figure 6)

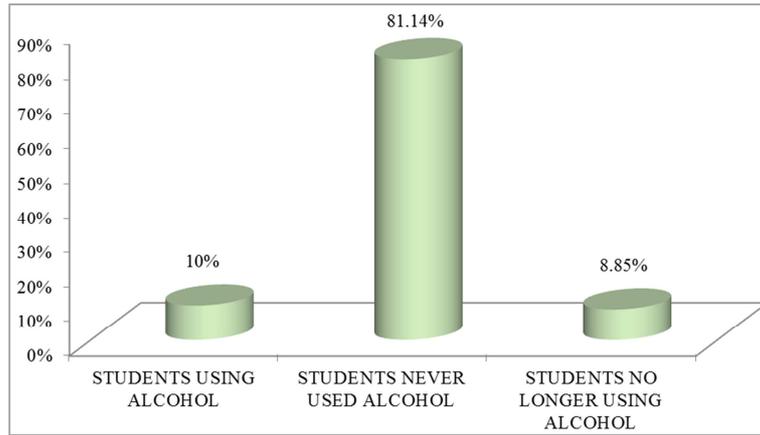


Figure 7. Frequency of alcohol use among students at TPC, Tuli campus.

The above figure shows that 10% of students are using alcohol, 81.14% have never used alcohol and 8.85% of them are no longer using alcohol. (Figure 7)

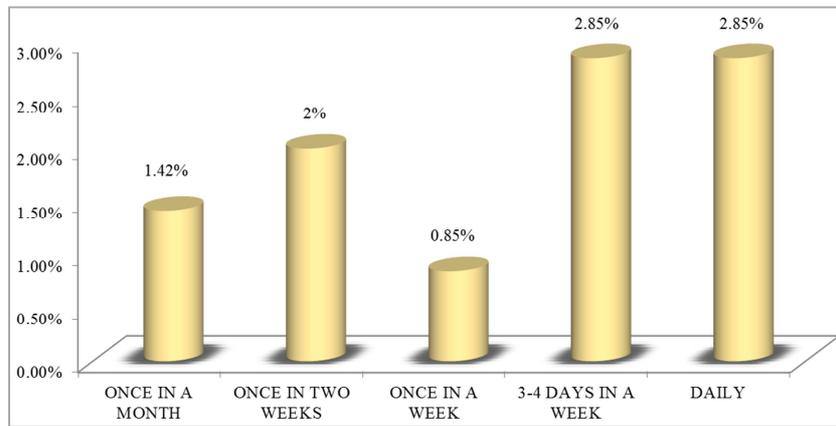


Figure 8. Frequency of alcohol use among alcohol user respondents.

Among the alcohol users 1.42% drink once in a month, 2% of them use once in two weeks, 0.85% use once in a week, 2.85% consume 3-4 days in a week, and 2.85% take daily. (Figure 8)

3.4. Beliefs Towards Effects of Drug Use

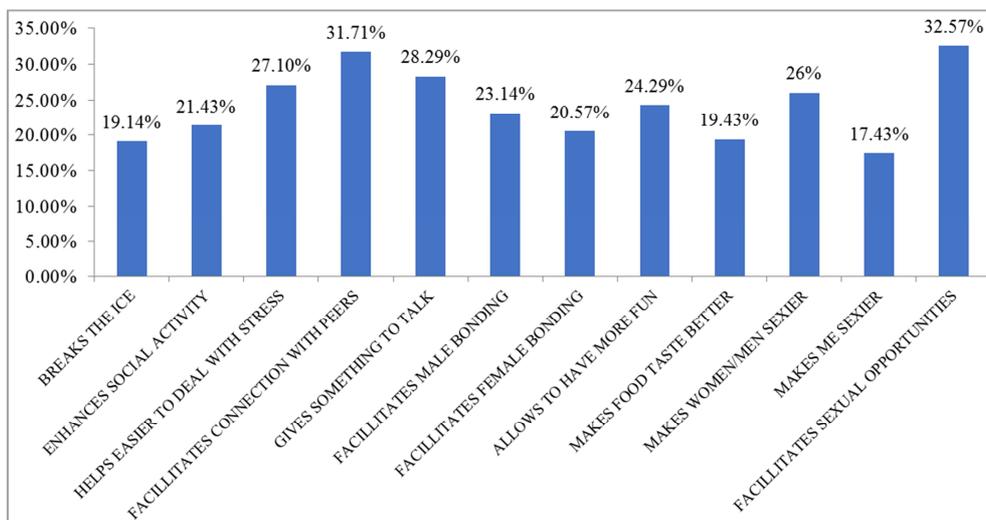


Figure 9. Belief of students towards effects of alcohol and drug use.

Majority of respondents believes that alcohol and drug use facilitate sexual opportunities (32.57%) and connection with peers (31.71%). While 28.29% respondents reported to

believe that alcohol gives something to talk. Few respondents (17.43%) reported to believe that Alcohol and drug use makes them sexier as shown in. (Figure 9)

3.5. Sources of Drugs and Substances of Abuse

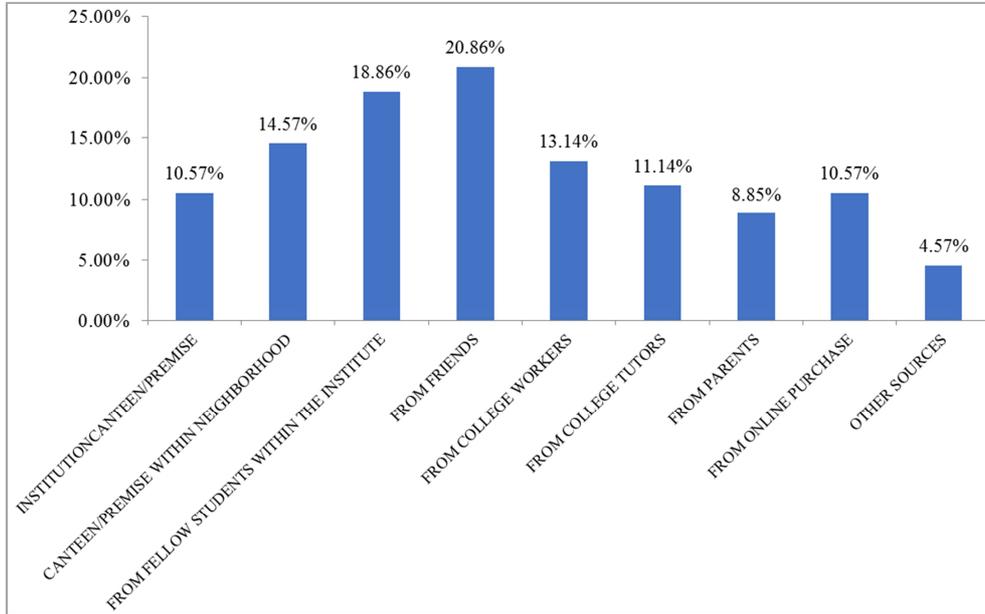


Figure 10. Sources of drugs and substances of abuse in TPC, Tuli campus.

Majority of respondent said that the students of TPC Tuli campus obtain drug and substance from friends (20.86%), (18.86%) from fellow students and (14.57 %) respondents said they receive from canteen / premise within the college and few respondents (4.57%) did not mention the sources as shown in. (Figure 10)

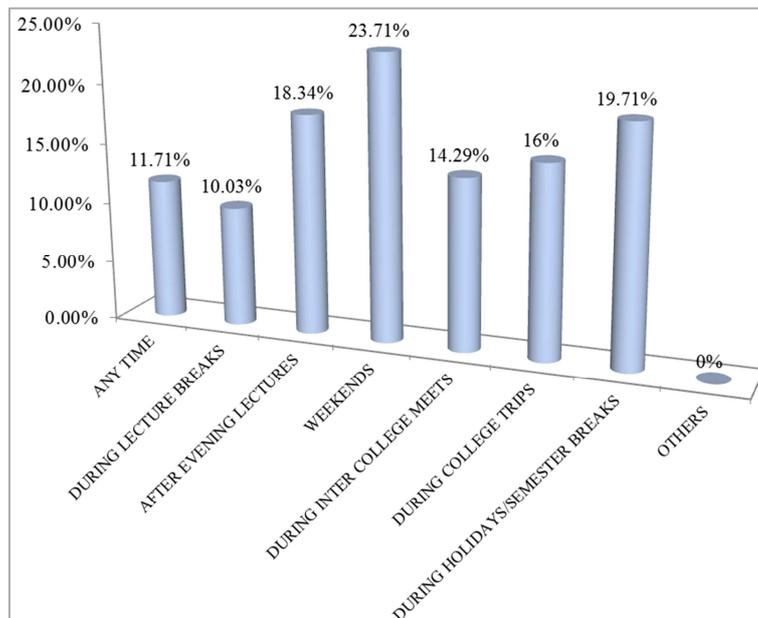


Figure 11. Time when students are most likely to use substances of abuse.

According to 11.71% of respondents, students of TPC, Tuli campus are most likely to use substances of abuse at any time, while 10.03% said that it is during lecture breaks when the students use the substances; 18.34% said that the students use

substances after evening lectures, 23.71% agreed that during weekends the usage are most likely, 14.29% agreed during inter college events, 16% said during college trips, and 19.71% said that during holidays or semester breaks the students are

most likely use substances as shown in. (Figure 11)

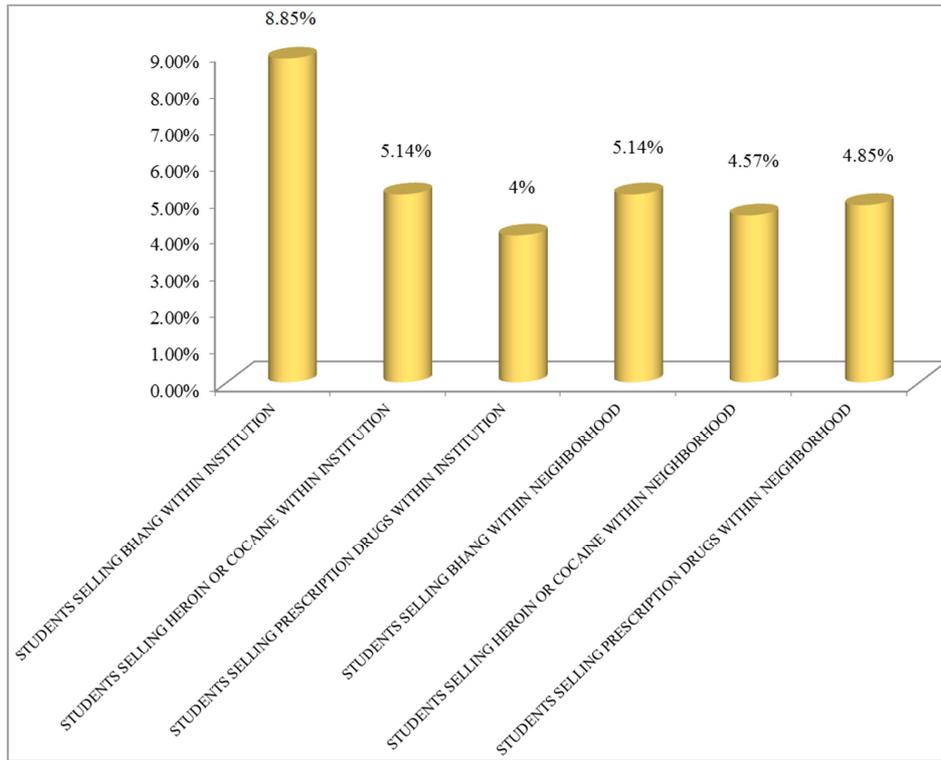


Figure 12. Students selling drugs and substances of abuse within the institution and neighborhood.

8.85% of respondents agreed to know the students selling bhang/marijuana within the institution, 5.14% said to know the students selling heroin or cocaine within the institution, 4% of them are aware of the students selling prescription drugs within the institution, 5.14% agree to know the

students selling bhang within the neighborhood of the college, 4.57% know the students selling heroin or cocaine within the neighborhood and 4.85% are aware of the students selling prescription drugs within the neighborhood. (Figure 12)

3.6. Actions Taken Against Students Found with Possession of Drugs

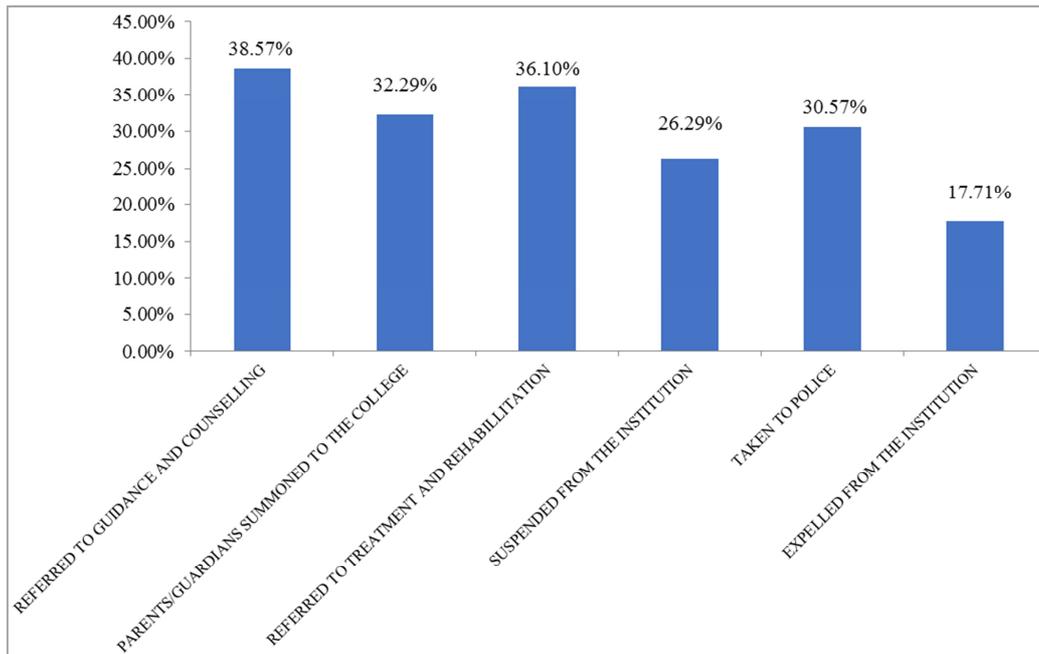


Figure 13. Actions taken against students to be found with possession of drugs and substances of abuse.

With respect to action taken against the students to be found with possession of drugs and substances of abuse, 38.57% of respondents have said that the students are referred to guidance and counselling, 32.29% said that the parents or guardians are summoned to the institution,

36.10% said that they are referred to treatment and rehabilitation, 26.29% said that they are suspended from the college, 30.57% said that they are taken to the police and 17.71% responded that they are expelled from the institution. (Figure 13)

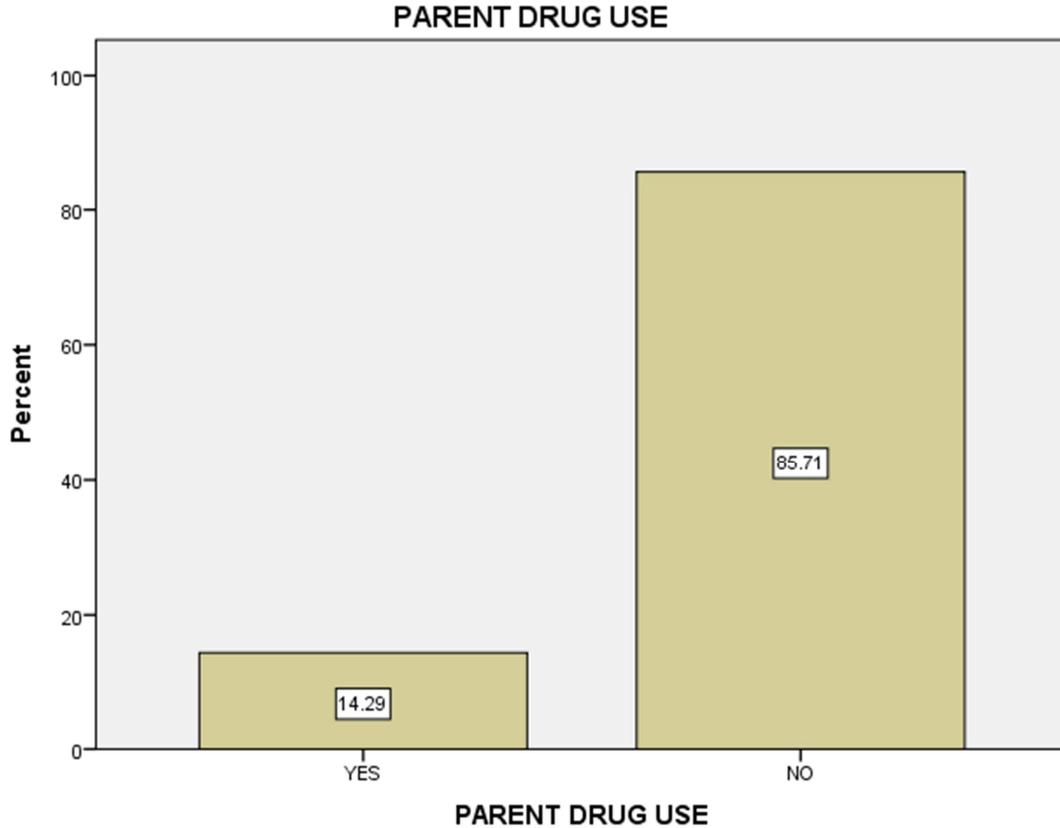


Figure 14. Percentage of students with parents using substances of abuse.

The above bar graph shows that 14.29% of students have parents or guardians who use drugs or substances of abuse. (Figure 14)

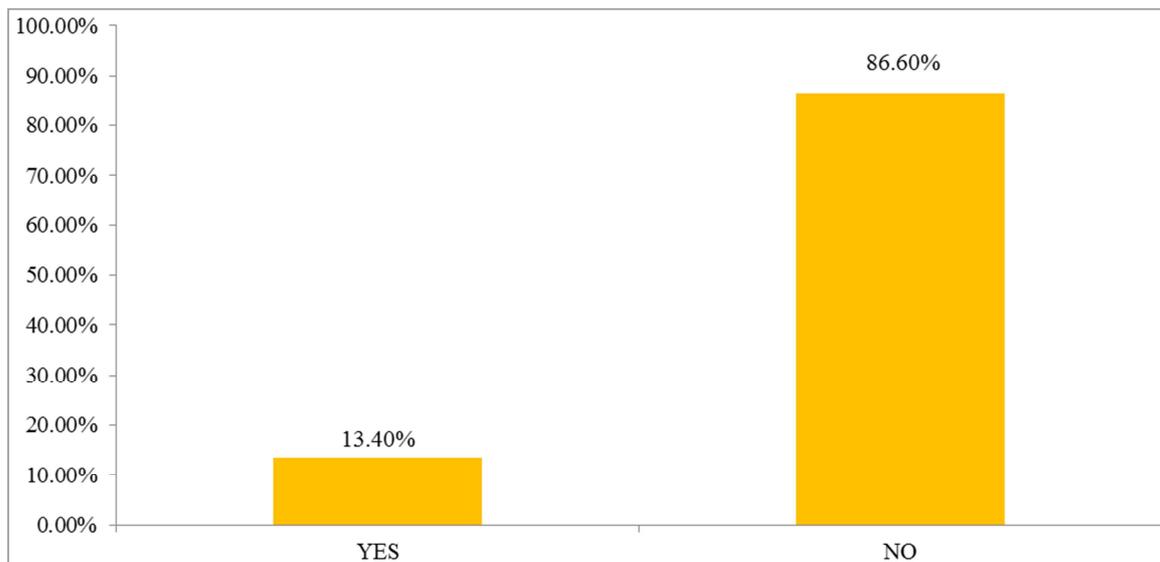


Figure 15. Students having friends who are using drugs/substances.

13.40% of respondents have agreed to have friends who use substances of abuse. (Figure 15)

Table 2. Demographic characteristics and substances or drug abuse.

Variable	Category	Alcohol (%)		Cigarettes (%)		Bhang (%)	
		Yes	No	Yes	No	Yes	No
Gender	Male	54.5	52.9	55.6	52.5	62.3	51.2
	Female	45.5	47.1	44.4	47.5	37.7	48.8
Age	15-20	16.4	31.7	17.6	31.0	21.7	28.1
	21-25	77.3	60.4	75.0	61.6	71.0	64.4
	26-30	6.4	7.9	7.4	7.4	7.2	7.5
Religion	Christian	81.8	82.5	79.6	83.5	81.2	82.6
	Muslim	17.3	15.8	19.4	14.9	17.4	16.0
	Hindu	0.9	0.8	0.9	0.8	1.4	0.7
	Not mentioned religion	0.0	0.8	0.0	0.8	0.0	0.7
Year of study	First year	18.2	33.8	19.4	33.1	21.7	30.6
	Second year	34.5	47.5	34.3	47.5	21.7	48.8
	Third year	47.3	18.3	46.3	19.0	56.5	20.3
Accommodation	Within the institution	74.5	75.8	69.4	78.1	69.6	76.9
	Outside the institution	18.2	15.4	21.3	14.0	23.2	14.6
	Reside at home	7.3	8.8	9.3	7.9	7.2	8.5
Payment of fees	Self-sponsored	11.8	13.3	16.7	11.2	11.6	13.2
	Parents	80.9	85.0	76.9	86.8	78.3	85.1
	Others	7.3	1.7	6.5	2.1	10.1	1.8

The results in Table: 2 show that 81.8% of Christian respondents agreed that they have used alcohol in their life, 19.4% Muslim respondents have used cigarettes in their lifetime. Less than 10% of respondents aged between 26 and 30 years used and/or taken alcohol, cigarettes and bhang. While about 77% of respondents aged between 21 and 25 years used alcohol and 75% used cigarettes and only 17.6% of respondents aged between 15 and 20 years have used cigarettes. Bhang was used by 62% of male respondents and 38% of female respondents. Approximately 57% of third year respondents have used bhang (56.6%) and 21.7% of both first year and second year respondents reported having used bhang. Moreover, 74.5% of respondents who stay within the institution do use alcohol while less than 10% of them who stay at home use alcohol, cigarettes and bhang. Almost 80% (80.9%) who are supported by their parents to pay their course fees consume alcohol, 76.9% of them use cigarettes and 78.3% of the same group use bhang/marijuana. (Table 2)

4. Discussion

The present study has reported that, the most commonly abused substances by the students of TPC, Tuli campus are Alcohol (31.43%), Cigarettes (30.86%) and Bhang (19.71%). The Believe that alcohol and drug use facilitates sexual opportunities (32.5%) and facilitates connection with peers (31.7%) has escalated the use of drugs and alcohol. It has also been revealed that most of the students abuse drugs during weekends (23.71%) and after evening lectures (18.34%). The major sources of drugs and substance of use is from among the students themselves (39.72%). To the best of our knowledge, only a few published studies are available in Tanzania which have quantitatively assessed the level of

substance use among students from various sectors.

This study found a lifetime substance use prevalence rate (36.6%) that is significantly lower than the 41% rate found among high school students in Kenya [18].

Similar findings have been reported in Kilimanjaro in a study done by Rehema A. Mavura in 2022 [5]. The study was aimed to determine the prevalence and factors associated with substance use among secondary-school adolescents in the Kilimanjaro region, Northern Tanzania. The lifetime and current prevalence of substance use was found 19.7% and 12.8% in male and female students respectively. The most prevalent substances used were Alcohol (31.43%), Cigarettes smoking (30.86%) [5]. Factors significantly associated with lifetime and current substance use included: sex (high among males), ever having sex, being bullied, ever in a physical fight, seeing alcohol advertisements, classmate's social support, and parents/guardians understanding of adolescents' problems [5]. The lifetime prevalence (19.7%) of substance use among adolescents in this study is higher than 7% from the 2006 Tanzanian Global School-based Student Health Surveys (GSHS) [14]. Current substance use in this study was also higher than the 2017 GSHS, which reported specifically alcohol (4.5%), drugs (3.1%), tobacco (5.1%), and cigarette smoking (4.5%) [15].

A study in Dodoma reported a higher prevalence of substance use, specifically alcohol (19.8%), smoking cigarettes (7.4%), and marijuana (3.3%) among adolescents aged 15–17 years [16]. The current prevalence (12.8%) of substance use in this study is lower than the WHO Global Alcohol status report on current use (21.4%) among adolescents aged 15–19 years in African regions [17].

A study done by Roba H, et al 2019 among adolescents in Ethiopia revealed that prevalence of current use of any substance was 47.9%, 33.1% for khat consumption, 44.2%

for alcohol and 29.5% for smoking cigarettes [7]. All studies were conducted between 2002 and 2019 in high schools, preparatory schools, colleges, and Universities. The possible explanation for the difference may be reporting only one substance in other studies, sample size variations, and adolescent age. Compared to the national 2006 and 2015 GSHS studies [15, 14], the findings show a higher prevalence, possibly because of the small geographical coverage in this study. These findings demonstrate a need to strengthen regulatory measures to reduce substance use, particularly alcohol and cigarette smoking. We found no significant association between adolescent age and substance use.

Another study reported that Substance use is among the most critical problems faced by the college students in the United States of America [9]. Recent epidemiological studies indicate approximately 26% of male and 19.2% of female full-time college students report current illicit drug use [9]. Alcohol use on college campuses has also been a significant concern for decades and current estimates indicate that most college students engage in this behavior (79%)[9]. Although certain substances have recently decreased in popularity for example cigarette smoking [9].

Likewise, analysis of GSHS data from six Asian low- and middle-income countries revealed a higher risk of substance use; alcohol (30.43%) and Cigarettes smoking (30.66%) among older compared to younger adolescents [15]. A systematic review done on substance use among adolescents in Sub Saharan Africa shown the overall prevalence of 'any substance use' in sub-Saharan Africa was 41.6%, with the highest rate in Central Africa at 55.5% [10]. The use of caffeine containing products (including coffee or kola nut) was most predominant at 41.2% but limited to West Africa [10]. These were followed by alcohol at 32.8%, tobacco products 23.5%, khat 22% and cannabis 15.9% [10].

However, there are limited studies available about the association between adolescent age and substance use in Sub Saharan Africa (SSA) [2]. Despite the observed differences with other studies, interventions should target reducing substance use practice among school-going adolescents because of their ingenuity in trying new things. In this study, female adolescents had lower odds of using substances than males, similar to other studies in Morocco (Health and Human Right Journal by Tinasti 2022). Zimbabwe, and Ethiopia [2].

Alcohol use (among other substances) is also common among sexually active adolescent males in SSA [20]. Lower odds of substance use among females may be associated with societal and cultural gender role expectations to act and conduct themselves [2]. Substance use among females is seen as a shameful, inappropriate practice and less sensation-seeking behavior than males [2]. Adolescents who reported ever having sex were significantly more likely to be lifetime and current substance users [2].

The HBSC study done by Irene moor et all in 2018 among 15-year-old students at a certain school in Germany revealed that percentages of lifetime prevalence rates of commonly

used substances were tobacco, (14.2% among girls and 14.8% among boys); alcohol (37.6% among girls and 39.6% among boys); cannabis (15.5% among girls and 14.8% among boys) [11]. This result differs with our study but revealed the same objection than the substance use was more in males than in females. The corresponding "past use" and "current use" rates were relatively lower but followed the same pattern. [11]. The percentage rates were significantly higher in males than females ($p < 0.005$). Rates for regular use (> 20 days/month) were higher for tobacco (24.7%) than alcohol (11.5%) [11]. Furthermore, results of this study suggested that preventing early substance-related problems will reduce the risk of these problems in later adulthood when the magnitude of life stresses is greater [11].

A study done in Nairobi, Kenya among students at a private university in Nairobi found rates of lifetime alcohol use as high as 84% [4] which is relatively higher than what is found in our study (12%).

The above studies suggested interventions on substance abuse are highly required. Individual, family, community and national strategies on how to reduce or prevent the short- and long-term impacts of substance use among adolescents is indeed a need of the hour.

Limitations of the study:

Our study has some limitations. First, it has small sample size that could have under or overestimated the abused substances and a reason for lack of statistical associations of the factors associated with experience of substance abuse which limits the generalization of our findings; however, we believe that this study has presented a practical piece of evidence on the status of substance use among the young students and the associated factors with the use. Secondly, we could not evaluate how the substance abuse is affecting their performances in both classroom and during examinations. The association between substance use and the students' behavior in both classroom and outside was also not evaluated. Given these deficiencies, further studies are needed to address the identified gaps for more robust data and generalization.

5. Conclusion

Our findings revealed that the most commonly abused substances by the students of TPC, Tuli campus are Alcohol (31.43%), Cigarettes (30.86%) and Bhang (19.71%). They believe that alcohol and drug use facilitate sexual opportunities (32.5%) and facilitates connection with peers (31.7%) and this has escalated the use of drugs and alcohol. Most of the students abuse drugs during weekends (23.71%) and after evening lectures (18.34%). The major sources of drugs and substance of use is from among the students themselves (39.72%). Hence, the above findings highlight the urgent need to develop strategies to impart knowledge and awareness on substance use and its adverse effects among students. And this should be the agenda of all the educational organizations (all the levels). The early awareness on the same could be helpful in producing more physically and

mentally healthy youth. It can also reduce the need for secondary and tertiary prevention/management of substances use related issues.

Author Contributions

T. D and M. M. S had designed the study, collected data, analyzed and wrote the manuscript, T. D, M. M. S, N. H, S. K. M, J. F. M and B. J. T collected data, analyzed and helped to draft the manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

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Consent for Publication

All the authors have read the manuscript and approved for publication.

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