

Substance Abuse as a Cause of Suicide Tendencies among Youth in Public and Private Universities in Kenyan University

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Abstract: Suicide is an escalating public health problem, and substance abuse has consistently been implicated in the precipitation of suicidal behavior. Substance abuse has been identified to lead to suicidality through impaired judgment, but it may also be used as a means to ease the distress associated with committing suicide. Evidence of the relationship between substance use and suicide through a search of electronic database reveals that, academic pressure and social pressures might influence the relationship between substance use and suicide. Increased suicide risk may be blamed on social withdrawal, breakdown of social bonds, and social marginalization, which are common outcomes of untreated alcohol abuse and dependence. People with alcohol dependence or depression should be screened for suicide symptoms. Programs for suicide prevention must take into account drinking habits and should reinforce change to healthy behavioral patterns. Suicide tendencies are of indicators of the wellbeing of an individual and it is therefore necessary to identify the link between substance use and suicidal tendencies among university students in Kenya.

Keywords: Suicide, substance Abuse, wellbeing, tendencies, youth.

I. INTRODUCTION

The estimated annual mortality from suicide is 14.5 suicides per 100,000 people, about one death every 40 seconds (WHO, 2002). Self-inflicted deaths were the tenth leading cause of death worldwide and accounted for 1.5% of all deaths (Levi *et al* 2003). Globally, alcohol consumption has increased in recent decades, with all or most of that increase occurring in developing countries. Alcohol consumption has health and social consequences *via* intoxication (drunkenness), dependence (habitual, compulsive and long-term drinking), and biochemical effects. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at a relatively young age, resulting in the loss of many years of life to death or disability. There is increasing evidence that, aside from the volume of alcohol consumed, the pattern of the drinking is relevant for health outcomes. Overall, there is a causal relationship between alcohol consumption and more than 60 types of diseases and injuries. Alcohol is estimated to cause about 20–30% of cases of oesophageal cancer, liver cancer, cirrhosis of the liver, homicide, epilepsy and motor vehicle accidents. Alcohol had been used by most people in the Americas, Europe, Japan, and New Zealand, with smaller proportions in the Middle East, Africa, and China (Degenhardt *et al.*, 2008).

The impact of alcohol abuse according to NACADA (2010) are alcohol related mortality (death by alcohol; by alcohol related suicide, murder and accidents; related morbidity (e.g., sexual disorder, infertility, liver cirrhosis, suicide ideation, attempts and completion. According to Bjerregard and Young (1998) misuse of alcohol has many effects on health but in Inuit the most important are accidents and violence resulting in cuts, bruises, fractures, head injuries, etc. Drownings, falls, frostbite, burns and pneumonia are other results of intoxication and there is a direct association between alcohol misuse and suicides. In Kenya only 15% of alcohol consumption is recorded and based on this measure Kenyans aged 15 years and above on average consume 1.74 liters of pure alcohol annually (WHO, 2004).

Substance abuse among youth in universities has been identified as an open connection to the constant violent rages, and fights that take place among youth in the universities. These fights are often identified as drunken fights that result from disorientation of alcohol or drugs. Substance abuse can lead to self-harming and para suicidal behavior in which victims mask with the use of substances to protect their own selves from been noted to be suicidal. According to Menninger (1938), Alcohol use and suicide are intimately linked, but they are both complex phenomena, springing from a multitude of factors. Menninger conceptualized addiction itself both as a form of chronic suicide and as a factor involved in focal suicide (deliberate self-harming accidents).

II. LITERATURE REVIEW

Alcohol and substance abuse is the commonest type of substance dependence worldwide. Suicide is also major public health issue. Therefore, given the large socioeconomic burden of the two, investigating their possible relationships is important. However, it is difficult to establish the right questions to ask. Does substance abuse lead to suicide? Does alcohol and substance abuse -related misconduct increase the risk of suicide? Do people abuse alcohol and drugs to increase the courage needed to engage in their suicidal act? Is alcohol and substance use part of the method for the suicidal act? How should suicide be defined? Is the use of cheap illicit brews a method of suicide? We will try and identify some connection regarding alcohol use and suicide to help understand their relationship.

2.1 Alcohol and Suicide: Definitional Issues:

In the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision (DSM-IV-TR) (DSM-IV, 2000), alcohol is one of eleven classes of substances for which a substance-related disorder may be considered when effects secondary to its use arise. Alcohol-related disorders are classified as alcohol use disorder, alcohol-induced disorders, and alcohol-related disorder not otherwise specified. The latter is diagnosed when the criteria for the former two are not fulfilled. Alcohol use disorder comprises alcohol dependence and alcohol abuse, which may be diagnosed only in the absence of dependence.

According to O'Carroll *et al.*, 1996, "Suicide is an act with fatal outcome, which the deceased, knowing or expecting a fatal outcome, has initiated and carried out with the purpose of bringing about wanted changes". When investigating suicidal behavior it was clear that the interpersonal theory of suicide applied greatly to the ways in which the youth tend to think and associate with the environment around them. According to the interpersonal theory, the most serious form of suicidal desire is caused by the simultaneous presence of two interpersonal constructs—thwarted belongingness and perceived burdensomeness (Joiner, 2005). A thwarted sense of belonging results from an unmet need to belong to a valued relationship or group of people (Baumeister & Leary, 1995), while a sense of perceived burdensomeness results from the view that one's existence burdens family, friends, and/or society (Joiner *et al.*, 2002).

The interpersonal theory identifies that the youth have a constant need to fit in and thus may lead an individual to conform to ideas that are more relatable to what the others wish to do rather than their own beliefs. In these case students were more willing to take alcohol so as to fit into the existing peer group and when unable to fit in they may feel like a burden to those who they relate with. These are some of the factors that are associated with the suicidality of students in the society. Lamis, *et al.*, (2010) found that alcohol-related problems significantly predicted suicide risk in college women. Likewise, Pedersen (2008) concluded that alcohol-related problems significantly predicted suicidal ideation and attempts in a longitudinal sample of young adults. In the current study, alcohol-related problems are investigated as a potential risk factor for suicide in the context of Joiner's (2005) interpersonal-psychological theory of suicide.

III. STUDY DESIGN AND METHODOLOGY

Descriptive survey research was adapted for this study. Mugenda and Mugenda (2003) observe that descriptive survey research design enables the researcher to explain as well as explore the existing status of two or more variables of a phenomena or population. The use of the descriptive survey research design for this study allowed me to gather data directly from the students and practitioners in their natural environment for the purpose of studying their attitudes, views, and observations about their interactions with complete suicide or suicide ideation. With this design, I was afforded the opportunity to view the phenomena through the eyes of the students and mental health practitioners in appropriate social context through in-depth questions. The explorative nature of the research required that the participant's knowledge, views, understanding, interpretations, experiences and interactions be considered in order to construct situational knowledge of the causes, impact and interventions necessary in the cases of suicide.

The study was carried out around the country. University students were chosen due to their availability and representation of Kenyan youth population. It was also influenced by the heterogeneous composition which was believed to represent most of Kenya's ethnic and cultural groups compare to a using an outright adult population.

Within the Universities, participants Universities were choses from different criteria's. For instance:-

- i. Was the university a public or private university
- ii. Was the university an accredited university
- iii. What were the foundering principles of the university
- iv. Does the university have a diverse population of students

With these factors in mind universities were then approached on random and requested to participate in the study.

The second group of respondents was mental health practitioners. These are counsellor, psychiatrists, psychiatric nurse. These groups of practitioners were also chosen through a criterion. These criteria are:-

- i. Had to have had previous experience in working with university students
- ii. Were in close proximity with universities
- iii. Work in correspondence with universities
- iv. Members of the university counselling centres

The respondents were informed of the purpose of the study, the use of the data being collected and their free will to reject to participate. They were also informed of the confidentiality of the data collected. These data would only be used for research and kept confidential.

IV. ETHICAL CONSIDERATION

The authority to conduct research was obtained from the National council of science and technology. Confidentiality of the study respondents was ensured throughout the execution of this study. All the information obtained was used only for the purpose of this study. The study respondents were required to give their own individual voluntary consent of participation in this study.

V. RESULTS AND DISCUSSION

The study indicates that a 15.7% of youth respondents recognize substance abuse to be a cause of suicide tendency among youth in Universities. The respondents outlined four factors that represented substance abuse as a cause of suicide tendencies. These factors are, Substance abuse that scored 27.1%(57), drug abuse 32.9%(69), Alcohol use 26.2%(55), presence of alcohol in the home 13.8%(29).

Substance abuse is the constant use of both illegal and legal substances that cause change in the normal functioning of the body. The most common substances used by young people were alcohol, tobacco, marijuana (*bhang/cannabis sativa*), miraa (*khaat/chyat, a plant used as a narcotic*), and inhalants such as glue and shisha. It should be noted that, of these substances, only marijuana (*bhang*) is illegal (MCMay20, nd). NACADA (2007) who found that alcohol, khat and tobacco were the commonly abused drugs. This possibly reflects the overall current situation of drug abuse among the youth in the country. Use of drugs such as alcohol, khat and tobacco is culturally, socially and legally acceptable in Kenya and these drugs are locally produced. Such factors have compounded the problem of substance abuse and dependence among the youth including students. From the findings, the researcher observes that the students are abusing more than one drug at the same time and this could affect their physical and mental health thus result to students indiscipline as Were (2003) found that drugs contribute to poor health, and lower the body's natural immunity against infections. According Dawson, *et al.*, (2004), study that stated "alcohol use as a suicide risk factor has particular relevance to students, a population which has high rates of past-year drinking (75.5%), heavy episodic drinking (18.7%) and alcohol use disorders (38.1%.; Several studies indicate an association between alcohol use and suicidal behaviors in college students (Arria et al., 2009). Specifically, alcohol use has been associated with increased rates of suicide ideation and attempts (Gonzalez, Bradizza, & Collins, 2009) and social participation.

Therefore what are the causes of alcohol and drug abuse among youth?

The respondents identified four major factors when outlining drug and substance abuse as a cause of suicide. These are:-

i. Family history of alcohol use:

Family history of alcohol use has often been identified as a cause of alcoholism. This has been blamed on both parental influence as well as genetic factor. These therefore makes the youth closely associated with substances both in the home and outside the home.

According to a study by Roosa et al (1988), children of problem-drinking parents were more at risk of depression, low self-esteem, and heavy drinking than their peers in the general high school population. Parenting practices, particularly support and control, have been linked to development of adolescent drinking, delinquency, and other problem behaviors. The study confirmed that parental support and monitoring are important predictors of adolescent outcomes even after taking into account critical demographic/family factors, including socioeconomic indicators, age, gender, and race of the adolescent, family structure, and family history of alcohol abuse. According to NACADA (2008) there is a strong link between alcohol/drug abuse by young people and the break-down in family values. In the indigenous society, drunkenness was frowned upon. In today's setting, binge drinking is becoming an acceptable pastime with parents freeing the children from restrictions that once governed alcohol consumption. According to the same report, children as young as 10 are not only consuming alcohol, but are suffering the attendant consequences. Stories of children barely in their teens undergoing rehabilitation due to alcohol problems are a cause of concern (NACADA, 2008). The problems certainly reflect a bigger problem and they are a direct product of how children are socialized in relation to alcohol and drug use (Hassan M., 2013).

ii. Peer pressure:

Peer pressure affects a majority of all individuals in the society. Out of this majority the youth are the highest population of those affected by peer pressure. A major area in which peer pressure affects youth is the use of alcohol and substances. Peer pressure forces an individual to carry out activities they may not normally participate but due to need to fit they indulge their peers.

According to the United Nations (United Nations, 1992), drug users, like other people seek approval for their behavior from their peers whom they attempt to convince to join them in their habit as a way of seeking acceptance. Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behavior can also push a susceptible individual down the wrong path. A study carried out in Nairobi secondary schools indicated that the majority of drug users had friends who used drugs (Kariuki 1988) The available literature on alcohol use (NACADA, 2004) reveals that there are varied reasons as to why the youth engage in alcohol drinking. NACADA (2010) reports further reveals that the most widely used substance by students in Kenya is alcohol, which is divided into six (6) types 12 depending on the content of each. Spirit (36%), Local brew (Chang'aa 30%, Busaa 15%, others 13%) and beer 6% (Hassan M., 2013).

This was also supported by NACADA (2006) who reported that Peer pressure accounts for 21 – 42% influence in all types of drugs and substances consumed. The peer subculture also facilitates the behaviour by making the substances available and by providing an appropriate social setting and instructions.

iii. Presence of alcohol in the home:

Having alcohol in the home has become a common phenomenon in many homes. This does not mean that the presence of alcohol in the home can lead to alcohol abuse. Although some parents and guardians try and keep the alcohol away from their children it is possible that some allow their children to partake in the use of alcohol thus recognising the behavior as normal and acceptable. This open display of alcohol use provides an open invitation to a section of the youth who in turn drink alcohol and find it hard to control the behavior.

One of the key risk factors for adolescent alcohol use problems is the presence of alcohol use problems among parents. Studies have consistently found that parents' own use of alcohol increases both the likelihood that their adolescent children will engage in alcohol use and the risk for more significant alcohol-related problems (Hayes *et al*, 2004). It is likely that many inappropriate and harmful patterns of drinking are learned in the family. Children exposed to alcohol at

home also tend to initiate alcohol use earlier and engage in problem drinking at a younger age than non-exposed children (Bonomo *et al.*, 2001).

Research has also demonstrated that less problematic, but frequent parental drinking is associated with negative adolescent outcomes. For example, data from the Australian Mater University birth cohort study show that maternal drinking (more than one glass of alcohol a day), assessed when the adolescent offspring were age 14, was a strong predictor of alcohol use disorder in children at age 21, even after controlling for a range of biological, familial and interpersonal factors (Alati *et al.*, 2005). While genetic and environmental components may contribute to such problems, social learning is also likely to be an important determining factor.

iv. Excessive alcohol and substance use:

To a great extent, then, alcohol misuse and problems arise out of personal psychological factors, learned social patterns, the rewards a person gets from drinking, and the person's expectations. Harmful and disadvantaged environmental, economic, and social conditions increase the likelihood that people will develop problems (Korhonen, 2004).

When the youth partake in excessive alcohol and substance abuse it is identified as a sign of a disturbed student who may not be adjusting well to the immediate society. This society is the university in which the youth is expected to interact effectively with others and their academic performance. The constant use of alcohol and substances tend to be a hindrance to the effective interaction.

VI. CONCLUSION

Alcohol and substance abuse is global problem that affects all individuals irrespective of their class, economic status and educational. The same case applies to suicide cases. Suicide and alcohol and drug abuse are problems that affect the society and interfere with normal functioning of the society. Students in university are often affected by different stressors and may try to solve them using alcohol and drugs, these solution often turn into traps. Alcohol and drug abuse can lead to dependence thus making the victim unable to control their need to use the substances. This inability to control the need to use the substance can lead to helplessness, depression, hopelessness and in turn suicidal ideation. The researched showed that a majority of youth have been affected by alcohol abuse. These individuals really realize the effect of alcohol abuse on their day to day live until it becomes an addiction they can no longer control. It is therefore necessary that learning institutions find solutions to alcohol abuse by creating avenues in which students can be taught on the effects of alcohol and substance abuse as well as creating of activities that can help keep the youth busy and preoccupied during their time in the university.

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