

Research to Practice Notice

Substance Use Among Christian University Students

Principal Investigators: Edward Mukooza (Uganda Christian University), Jason Paltzer (Meros Center)

Background/Context

- The World Health Organization (WHO) has identified the comprehensive negative health impact of alcohol use on individuals and communities' health.¹ Among young people in sub-Saharan Africa the overall prevalence of substance use has been estimated at 15%, with the highest prevalence identified in Uganda at 75%.²
- Faith and religion are associated with lower rates of substance use disorders³ and regular worship attendance is one of the strongest predictors of young adult wellbeing, globally.⁴
- This completed study⁵ was accomplished to measure rates of substance use among students at Uganda Christian University (UCU) and how faith and religiosity shapes student behavior.

Methodology

- 407 UCU undergraduates across three campuses (Mukono, Kampala, and Mengo Hospital) completed a validated online survey (97% completion). Stratified random sampling ensured all schools and faculties were represented.
- Surveys used the WHO Alcohol Use Disorder Identification Test (AUDIT) and Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to measure the type and level of substance use, and the Duke University Religion Index (DUREL) to measure dimensions of religiosity: organized religious practice, personal faith, and spirituality.
- Six purposively recruited student focus groups were conducted across all five schools. Transcripts were also analyzed by a binational team using reflexive thematic analysis to understand student perspectives on why substances are used and what would help.

Recommendations

This notice draws on evidence from Uganda Christian University as an illustrative case. The protective pathways and risk patterns identified are consistent with global student health literature and are presented as actionable guidance for Christian universities in any context.

Universities can strengthen protective factors and create healthy pathways for students struggling with substance use by:

- ✓ Addressing academic stress early
- ✓ Establishing peer support programs using SBIRT (Screening, Brief Intervention, and Referral to Treatment).
- ✓ Targeting outreach programs for male students
- ✓ Organizing alcohol-free social activities
- ✓ Equipping chaplains to respond with grace
- ✓ Encouraging worship attendance, to include collaborative church partnerships
- ✓ Providing safe, substance-free housing options

Students who attended religious services more than once a week were significantly less likely to use substances.

Key Study Findings

- Overall substance use of participating UCU students was 36.7%. Only alcohol was used by 30.8%; 7.9% used multiple substances. The AUDIT results identified 12.53% of students engaging in risky to harmful drinking.
- Risk Factors for the use of any substance included being male (64% higher risk), living off campus (57% higher risk), being three or more years at UCU (2.3 times higher risk), or a family history of substance use (up to 8.7 times higher risk).
- Protective Factors included attending religious services more than once a week (55% less likely), making decisions grounded in personal faith (50% less likely), and living in campus or university-affiliated housing (about 40% less likely to use substances).
- Focus Group Findings: UCU students used substances primarily to improve academic performance and manage stress – even though academic failure was the most commonly cited consequence. Students felt peer support and alcohol-free activities would be helpful. Although faith gives hope and strength, fear of judgment stops many from seeking help.
- Key study limitations included self-reported data which may underestimate substance use; data from single faith-based university which limits the applicability of findings to other institutions; the cross-sectional design indicates an association with identified factors rather than causation.

Conclusion

Substance use exists at UCU, but at a rate (36.7%) substantially lower than Uganda's national youth average (75%) - evidence that faith-based campus culture may already be protective. The strongest risk factors (off-campus living, family history, academic stress, and low religiosity) and the strongest protective factors (regular religious practice, faith-based decision-making, and on-campus community) point to the same solution: deepen the faith community, strengthen campus housing options, and create safe, grace-filled spaces where students can feel supported and get help without fear of punishment.

References:

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This practice recommendation is provided by the Meros Center, which supports Christian Health Ministries around the world. Additional information and resources can be found at www.meroscenter.org. This summary is intended to share emerging evidence relevant to community health practices, but individual clinical decisions should be made by qualified clinicians using the appropriate standard of practice for their setting.