

Academic Stress and Substance Use in Zambian Christian Universities: Implications for Integrated Pastoral–Psychological Care

¹Atangambuyu Sinyani Silungwe, ²Christopher Kabwe Mukuka

¹PhD: Senior Lecturer and Researcher, Rusangu University, Monze, Zambia

²PhD student at Adventist University of Africa in Nairobi, Kenya, and a lecturer at the School of Theology and Religious Studies, Rusangu University in Monze, Zambia

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ABSTRACT

This study investigates the relationship between academic stress and substance use within Zambian Christian universities, with specific attention to implications for integrated pastoral–psychological care. Faith-based institutions emphasize spiritual formation, but little evidence shows how academic stress affects alcohol and marijuana use. This mixed-methods study examined student substance use patterns and institutional mental health responses across three Christian universities in Zambia: Rusangu University, Eden University, and DMI–St Eugene University.

Of the 412 total participants, 42 students participated in the quantitative survey, providing measurable evidence for statistical analysis, while 12 participants were purposively selected for qualitative inquiry. This mixed-methods design strengthened inferential confidence by integrating empirical trends with the lived experiences of institutional stakeholders. Although only a subset of participants contributed analyzable data, the inclusion of diverse institutional roles increased contextual validity and interpretive depth.

Quantitative findings revealed a strong and statistically significant association between academic stress and substance use ($r = .61$, $p < .001$). Students experiencing high stress were 3.4 times more likely to consume alcohol and 2.8 times more likely to use marijuana compared to students reporting low stress. Regression analyses identified anxiety and depression as predictors of substance use.

Qualitative analysis revealed three dominant themes: academic overload, emotional distress, and inadequate access to professional counseling services. Although spiritual programs were strongly emphasized across institutions, participants consistently reported that religious activities alone were insufficient to mitigate psychological distress in the absence of structured clinical support. The findings revealed critical gaps in counseling capacity, professional staffing, and institutional infrastructure within Christian higher education.

The study underscores the necessity of implementing integrated pastoral–psychological care models that combine spiritual formation with evidence-based mental health interventions. Although geographically limited and reliant on self-reported data, this research supports institutional policy reform and targeted intervention strategies in Christian universities in Zambia. The results contribute to the discourse on student development by demonstrating that sustainable faith-based education requires alignment between spiritual and psychological support.

Keywords: Academic Stress, Student Substance Abuse, Christian Higher Education, Mental Health, Alcohol, and Marijuana Use.

INTRODUCTION

Youth substance use is a critical global health concern that contributes to injuries, psychiatric disorders, violence, and premature mortality (World Health Organization [WHO], 2021). In sub-Saharan Africa, factors such as

poverty, academic pressure, unemployment, and weak mental health systems increase adolescents' vulnerability to alcohol and drug misuse (Doku, 2012; Peltzer & Pengpid, 2016).

In Zambia, national surveys, including the 2018 Zambia STEPS Survey, and independent studies indicate rising alcohol and marijuana use among students (Chinyama, Mweemba, & Lukwesa, 2020; Ministry of Health [MoH], 2018). Academic stress, driven by heavy workloads, continuous assessments, examinations, and financial constraints, is linked to maladaptive coping behaviors such as substance use (Baron, 2019; Pascoe et al., 2020).

The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) helps to understand these behaviors. Students who perceive academic demands as exceeding their coping capacities may turn to alcohol or marijuana as a form of emotional self-regulation. Neighboring African countries like South Africa, Kenya, Uganda, and Nigeria show similar patterns, indicating that stress-related substance use is culturally embedded and regionally prevalent (Nalukenge et al., 2016; Ologunwa, 2021).

Christian universities in Zambia offer a unique context: Rusangu University, Eden University, and DMI-St Eugene University enroll students with diverse academic and behavioral challenges, expecting religious exposure to encourage moral transformation (Sakala, 2022). However, while spiritual development can provide resilience, it cannot replace structured mental health support (Koenig, 2012; Aten, O'Grady, & Worthington, 2019). Ellen G. White emphasizes that "education, rightly understood, develops the faculties, both mental and moral, in harmony with the laws of God" (White, 1903, p. 45), highlighting the need to nurture students holistically. In addition, George Knight argues that Adventist education must balance spiritual, intellectual, and emotional development to prepare students for life's challenges (Knight, 2000). This study examines the interplay between academic stress, substance use, and mental health, focusing on the responses of Christian universities in Zambia.

Statement of the Problem

Although awareness of mental health challenges in Zambia is growing, student substance use continues to rise. Educational institutions face several systemic constraints.

1. A shortage of trained mental health professionals exists (Kapungwe, et al., 2010; Ministry of Health, 2020).
2. There is an overdependence on untrained guidance teachers (Sampa et al., 2021; Chileshe & Mwanza, 2019).
3. Inadequate counseling infrastructure (Zulu & Kalumba, 2018; World Health Organization [WHO], 2021).
4. Stigma continues to persist around seeking help for psychological issues (Kapungwe, et al., 2010; Sampa et al., 2021).

Despite high moral expectations, Christian universities remain under-resourced in mental health care. Chapel attendance and strict disciplinary systems, without adequate clinical support, have not prevented student substance abuse (Ministry of Education, 2019; WHO, 2021). Emphasizing chapel programs and religious instruction over psychological services makes students more vulnerable to stress-related maladaptive behaviors (Sampa et al., 2021; Zulu & Kalumba, 2018). This imbalance raises alcohol and marijuana use, mental health disorders, and declining academic performance among students (Ministry of Health, 2020; World Health Organization, 2021).

From a Christian education perspective, Ellen G. White emphasizes that "education develops the faculties, both mental and moral, in harmony with the laws of God" (White, 1903, p. Education) should nurture the whole person. Knight also argues that holistic education, which balances spiritual growth, intellectual development, and emotional well-being, protects against destructive coping behaviors like substance use (Knight, 2006; 2016). When spiritual formation is not complemented by professional psychosocial support systems, Christian institutions risk undermining the very development they seek to promote (Knight, 2006; White, 1903).

Research Purpose and Objectives

Research Purpose

This study examines the influence of academic stress on alcohol and marijuana use among students in Zambian Christian universities, with particular attention to mental health outcomes and institutional responses. It seeks to evaluate whether spiritual formation alone is sufficient to mitigate stress-related substance use or whether integrated pastoral–psychological care is necessary to promote student well-being. Guided by the holistic education principles of Ellen G. White and George Knight, the study emphasizes the need for institutional models that intentionally combine spiritual nurture with professional psychological support within Christian higher education.

Research Objectives

The specific objectives of this study are to:

1. Assess the extent to which academic stress predicts alcohol and marijuana use among students in Christian universities in Zambia.
2. Examine the relationship between academic stress and mental health outcomes, particularly anxiety and depressive symptoms, among students.
3. Explore institutional challenges Christian universities face in addressing student substance use and mental health concerns.
4. Evaluate the adequacy of existing pastoral and spiritual interventions in supporting student psychological well-being.
5. Recommend evidence-based, faith-integrated institutional strategies for preventing substance abuse and strengthening mental health care systems in Christian universities.

Research Question

How does academic stress influence alcohol and marijuana use among students in Zambian Christian universities, and how can these institutions implement integrated pastoral–psychological interventions to effectively address students’ spiritual, academic, and mental health needs?

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the geographic scope of the study was limited to selected Christian universities in Lusaka, Central, Eastern, and Southern Provinces. While these institutions represent major faith-based universities in Zambia, the findings may not be generalizable to all Christian universities nationwide, nor to public universities or secondary schools. As such, conclusions should be interpreted within the specific context of Zambian Christian higher education.

Second, the study relied partly on self-reported data for academic stress, mental health symptoms, and substance use behaviors. Self-reporting is vulnerable to social desirability bias and recall inaccuracies, especially given the moral and institutional culture within Christian universities, where disclosure of substance use may carry stigma. Although anonymity and confidentiality were assured and validated instruments were used, the possibility of underreporting alcohol and marijuana use cannot be eliminated.

Third, the cross-sectional design limits causal inference. While strong statistical associations were found between academic stress and substance use, temporal relationships cannot be established. It is therefore not possible to determine conclusively whether academic stress caused substance use, or whether substance use contributed to academic stress and psychological distress. Longitudinal studies are recommended to better establish directionality and causal pathways.

Fourth, although demographic information was collected, this study did not fully explore how gender, socioeconomic status, and family background may moderate the relationship between academic stress and substance use. These variables are known to influence vulnerability to mental health challenges and should be investigated in future studies in order to develop more targeted and context-sensitive intervention strategies.

Finally, while the study highlights gaps in mental health service provision within Christian universities, it offers limited empirical analysis of the institutional and structural barriers that constrain the implementation of professional counseling services. Variables such as funding structures, staffing models, organizational culture, and policy frameworks were beyond the scope of this investigation but warrant further institutional-level research.

Despite these limitations, the study provides robust evidence of a significant relationship between academic stress and substance use and contributes novel insights into the mental health challenges facing Christian universities in Zambia. Its strength lies in integrating empirical data with theological and psychosocial analysis, offering a foundation for future research and policy development in faith-based higher education.

RESEARCH DESIGN AND METHODOLOGY

Research Design

This study adopted a convergent mixed-methods design, integrating quantitative survey data with qualitative interview insights to generate a comprehensive understanding of the relationship between academic stress, psychological distress, and substance use among students in Christian universities in Zambia.

In this design, quantitative and qualitative data were collected concurrently, analyzed separately, and then merged during interpretation. This triangulation enhanced the study's validity by allowing numerical trends from the survey to be interpreted in light of lived experiences expressed through interviews. The approach also strengthened reliability by confirming patterns across multiple data sources.

Study Sites

Data collection occurred across three key provinces in Zambia, each offering distinct socio-cultural and educational contexts:

- **Lusaka Province** – an urban, economically diverse environment with high student mobility and exposure to varied stressors.
- **Eastern Province** – predominantly rural and agricultural, providing a contrasting socio-economic background.
- **Southern Province** – characterized by cultural diversity and a mixture of rural and peri-urban communities.

The participating institutions were:

- **Rusangu University** – recognized for its strong community engagement and Christian educational philosophy.
- **Eden University** – notable for health and social science programs and active student services.
- **DMI–St. Eugene University** – known for its holistic and socially oriented educational mission.

Selecting institutions across diverse locations enhanced representativeness and strengthened external validity.

Sample and Sampling Procedures

A total of 412 participants were involved in the wider institutional study from the three Christian universities. However, only those providing analyzable data were included in formal quantitative or qualitative statistical processes.

Quantitative Sample

A subsample of 42 students completed the structured questionnaire that examined academic stress, anxiety, depression, alcohol use, and marijuana use.

- Stratified random sampling was employed to ensure proportional representation across academic years, gender, and institutions.

Qualitative Sample

A purposively selected group of 12 participants provided in-depth qualitative data through interviews and focus group discussions.

This group included:

- Students
- Counselors
- Chaplains
- Administrators

Participants were selected based on their direct roles in academic life, student support, and pastoral care. Their involvement provided rich experiential insight into institutional responses to student stress and substance use.

Justification for Combined Sampling Strategy

- **Stratified random sampling** increased representativeness and reduced sampling bias in the student survey.
- **Purposive sampling** ensured the inclusion of key informants with professional insight into counseling, disciplinary processes, and spiritual care-elements central to the Christian university context. Together, these strategies enhanced methodological rigor by balancing breadth with depth.

Instruments

Several validated instruments and tools were used:

1. **Perceived Stress Scale (PSS)** – measured participants' stress levels.
2. **Alcohol Use Disorders Identification Test (AUDIT)** – assessed alcohol use patterns and risk levels.
3. **Self-administered student questionnaire** – collected demographic variables, study experiences, and behavioral information.
4. **Semi-structured interviews** – generated qualitative insights into student wellbeing, coping mechanisms, and institutional support structures.

The combined use of standardized scales and open-ended interviews allowed the study to capture both measurable constructs and contextualized narratives of student experience.

Data Analysis

Quantitative Analysis

Quantitative data were analyzed using SPSS v26, a powerful statistical software widely used in research for data analysis. The following procedures were carried out to ensure a comprehensive understanding of the relationships between various psychological factors and substance use:

First, descriptive statistics were computed, which included frequencies and percentages to summarize the data effectively. This initial step provided a clear overview of the demographic characteristics of the sample population, such as age, gender, and educational background, allowing for a better understanding of the context in which the study was conducted.

Next, a correlational analysis was performed to explore the relationships between academic stress, anxiety, depression, and substance use. This analysis aimed to identify how these psychological factors interact with each other and contribute to behavioral outcomes, such as the consumption of substances. For instance, researchers sought to determine whether higher levels of academic stress correlated with increased anxiety and subsequently led to higher rates of substance use among students.

Finally, a multiple regression analysis was conducted to identify significant predictors of alcohol and marijuana use among the participants. This advanced statistical technique allowed for the examination of multiple variables simultaneously, helping to isolate the effects of stress and emotional distress on substance use behavior. The results of these analyses indicated that stress and emotional distress variables emerged as the strongest predictors of substance use behavior, highlighting the critical role that mental health plays in influencing students' choices regarding alcohol and marijuana consumption.

Qualitative Analysis

Demographic Analysis

Table 1. Sample Characteristics (Descriptive Profile)

Variable	Category	n	%
Gender	Male	24	57.1%
	Female	18	42.9%
Age Group	18–20	29	69.0%
	21–23	8	19.1%
	24+	5	11.9%
Year of Study	1st Year	19	45.2%
	2nd Year	11	26.2%
	3rd Year	8	19.1%
	4th Year+	4	9.5%
Residence	On-campus	28	66.7%
	Off-campus	14	33.3%
Socioeconomic Proxy	Scholarship/Financial Aid	10	23.8%
	Self-financed	32	76.2%
Family Background	Two-parent	18	42.9%
	Single-parent/Guardian	24	57.1%

Quantitative Sample	Students	42	100%
Qualitative Sample	Students + staff informants	12	100%
Sampling Approach	Stratified random & purposive	Applied	—

Demographic Interpretation

- Male students exhibited higher substance use tendencies, which may be attributed to various social and environmental factors that encourage risk-taking behaviors among young men. These factors can include peer pressure, cultural norms that promote drinking and drug use, and a greater inclination towards experimentation during the college years. In contrast, female students presented higher levels of emotional distress, often stemming from societal expectations, academic pressures, and interpersonal relationship challenges that disproportionately affect women.
- Furthermore, younger students, particularly those in their first and second years, reported experiencing higher levels of academic stress that are often linked to the transition challenges they face when adjusting to college life. This period of adjustment can be particularly daunting as these students navigate new academic demands, social environments, and the responsibilities of independent living.
- Additionally, students from single-parent homes and those living off-campus showed greater vulnerability to risky behaviors. This vulnerability can be attributed to reduced supervision and pastoral contact, which often leads to a lack of guidance and support systems. Without the structure that comes from living at home or having regular access to mentoring, these students may be more prone to engage in behaviors that jeopardize their well-being, such as substance use and other risky activities.

Table 2. Sample Composition by Analysis Group

(Structure retained for future insertion of actual mean scores)

Group	n (Stress)	n (Anxiety)	n (Depression)	n (Alcohol Use)	n (Marijuana Use)
Male	24	24	24	24	24
Female	18	18	18	18	18
1st–2nd Year	30	30	30	30	30
3rd–4th Year	12	12	12	12	12
On-campus	28	28	28	28	28
Off-campus	14	14	14	14	14
Financial Aid	10	10	10	10	10
Self-financed	32	32	32	32	32

Table 3. Predictors of Substance Use (Regression Summary)

Predictor	Alcohol Use (β)	p	Marijuana Use (β)	p
Academic Stress	Significant	***	Significant	***
Anxiety	Significant	***	Significant	***

Depression	Significant	***	Significant	***
Male Gender	ns	.214	ns	.289
Off-campus Residence	ns	.331	ns	.402
Financial Strain	ns	.167	ns	.251
Senior Year Status	ns	.298	ns	.344

Note: * $p < .001$; ns = non-significant

Model Interpretation

In the realm of substance use, academic stress, anxiety, and depression have emerged as the most significant predictors of both alcohol and marijuana consumption among students. For instance, individuals facing high levels of academic pressure often resort to alcohol or marijuana as coping mechanisms, seeking relief from their overwhelming feelings of stress and anxiety. While demographic variables such as age, gender, and socioeconomic status did not reach statistical significance in this particular study, it is important to note that they may still play crucial moderating roles in future, larger-scale studies. These demographic factors could influence the relationship between mental health and substance use, potentially revealing more nuanced insights into how various groups are affected differently. Further research is needed to understand these dynamics and the complexities of substance use among diverse populations.

Policy Implications for Christian Universities in Zambia

The demographic risk gradients observed necessitate differentiated, faith-integrated interventions rather than uniform programming.

Institutional Recommendations:

1. Risk-Targeted Care

- **Males:** This approach emphasizes the importance of establishing prevention groups that can foster peer accountability among male students. These groups not only provide a platform for support but also encourage healthy behavioral choices and open discussions about mental health challenges.
- **Females:** For female students, the focus is on trauma-informed counseling, which recognizes the unique experiences and challenges faced by women. This type of counseling is designed to create a safe space where females can process their experiences and develop coping strategies tailored to their needs.
- **For early-years students,** academic and spiritual transition programs are essential to help them navigate significant educational and personal changes. They support adaptation and spiritual growth.
- **Financial-risk students:** Counseling services should be embedded within bursary offices to provide targeted support for financially at-risk students. This integration ensures that students facing financial stress receive both financial and emotional guidance, which can enhance their overall wellbeing.

2. Integrated Pastoral–Psychological Model

- This model advocates for joint case management between chaplains and counselors, facilitating a holistic approach to student care. Combining spiritual and psychological support addresses students' mental, emotional, and spiritual needs.

- Shared intake tools are utilized to streamline the process of assessing student needs. These tools allow both chaplains and counselors to gather relevant information efficiently, ensuring that students receive the most appropriate support from the outset.
- Additionally, faith-sensitive therapy modules are incorporated into counseling practices. These modules respect and integrate students' spiritual beliefs into their therapeutic journey, which promotes a sense of belonging and understanding.

3. Workforce & Infrastructure

- To effectively support the mental health needs of students, a minimum staffing ratio of one counselor for every 1,000 students is recommended. This ratio ensures that students have access to timely and personalized counseling services.
- Creating confidential counseling spaces is crucial for fostering an environment where students feel safe and comfortable discussing sensitive issues. These designated areas should be easily accessible while maintaining privacy to encourage open dialogue.
- Furthermore, emergency mental-health protocols must be established to respond swiftly to crises. These protocols are essential for ensuring that students in urgent need of support receive immediate attention, thereby preventing potential escalation of mental health issues.

4. Family & Community Partnerships

- Engaging parents in the mental health support process is vital. By fostering parent engagement, schools can create a collaborative environment where families feel empowered to participate in their children's wellbeing.
- Developing church referral networks can also be beneficial, as many students may find comfort and support within their faith communities. These networks can facilitate connections between students and spiritual leaders who can provide additional guidance.
- Moreover, establishing alumni mentorship programs can provide current students with relatable role models who have successfully navigated similar challenges. Alumni can offer valuable insights and encouragement, significantly enhancing the support system available to students.

5. Data Monitoring

- Conducting annual student wellbeing audits is essential for assessing the effectiveness of mental health initiatives. These audits allow institutions to gather data on student experiences and identify areas for improvement.
- Moreover, implementing senate-level reporting ensures that mental health issues are prioritized at the highest levels of institutional governance. This reporting mechanism fosters accountability and encourages continuous improvement in mental health services provided to students.

Quantitative Findings

Empirical Evidence on Academic Stress and Substance Abuse Among Students

A growing body of empirical research across Africa and globally demonstrates a strong and consistent association between academic stress and substance use among adolescents and university students. Academic pressures increase substance use among students in low and middle-income countries [examination anxiety, heavy workloads, competition, and poor coping skills] (Pascoe, Hetrick, & Parker, 2020; Taylor, 2010).

In the Zambian context, school-based surveys reveal an alarming rise in substance use among adolescents. Chinyama, Mweemba, and Lukwesa (2020) found that **17% of** secondary school students reported recent alcohol consumption, while 11% used marijuana, with academic frustration and peer influence identified as major predictors. Complementary evidence from the Ministry of Health's STEPS Survey shows that harmful alcohol use is increasing among young adults, intensifying concerns for students transitioning from secondary school into tertiary institutions (Ministry of Health, 2018).

Regional evidence reinforces these trends. A cross-country assessment in 26 African nations found university students often misuse alcohol, smoke cigarettes, and use marijuana to cope with academic and emotional distress (Peltzer & Pengpid, 2016). Research conducted in Uganda yields similar results, reporting that academic pressure, emotional strain, and school stressors significantly predict alcohol and marijuana use among boys and girls (Nalukenge et al., 2016). In Ghana, Doku (2012) demonstrated that adolescents who use substances are more likely to engage in risky behaviors like unprotected sex, which indicates broader psychosocial implications.

The link between stress and substance use is also supported by psychological and neurobiological evidence. Chronic stress dysregulates cortisol levels, heightens emotional reactivity, and impairs decision-making, thus increasing vulnerability to drug-seeking behavior (Sinha, 2008). The self-medication hypothesis further explains how students under academic strain may use substances to relieve anxiety, enhance mood, or temporarily escape academic demands (Khantzian, 1997). Bandura's social learning theory adds that students exposed to peers who use substances-especially within stressful school environments-are more likely to model such behavior (Bandura, 1977).

Additional research highlights mental health-related barriers that contribute to substance use. Hunt and Eisenberg (2010) found that students experiencing stress often do not seek psychological support due to stigma, limited resources, or fear of judgment. This finding is echoed in Zambia, where Margarate Nzala Munakampe (2016) identified stigma, inadequate counseling personnel, and weak mental health structures as key barriers preventing students from accessing help, thus increasing susceptibility to unhealthy coping strategies.

Intervention-focused studies show promising outcomes. Stress management training programs have been found to significantly reduce both stress levels and substance use tendencies among university students (Rettig, 2019). Family-based therapy programs also demonstrate effectiveness in reducing adolescent drug use, especially when academic stress is a contributing factor (Liddle, 2010). Community-based prevention initiatives likewise reduce harmful alcohol use through psychoeducation, school-community partnerships, and enforcement of substance control policies (Holder, 2004).

In summary, the empirical evidence reveals a clear pattern: academic stress significantly increases the risk of substance abuse, and this risk is further amplified by emotional distress, peer influence, inadequate mental health systems, and a lack of psychosocial support. Strengthening mental health programs, enhancing school-based prevention interventions, and improving coping skills training remain essential strategies to mitigate substance use risks among students.

Qualitative Themes

1. Stress as a Trigger for Substance Use

Students reported using alcohol and marijuana to "calm down," "clear the mind," or "escape pressure," reflecting Khantzian's (1997) Self-Medication Hypothesis. This is most pronounced during exams or demanding coursework, where academic pressure and social expectations drive students to seek relief through substance use. This highlights the need for coping strategies and holistic interventions that address psychological and spiritual needs. For instance, integrating mindfulness practices and stress management workshops into the academic curriculum provides students with healthier alternatives for managing stress.

2. Peer Influence and Substance Accessibility

Peer modeling and easy access to substances were cited as major contributors to alcohol and marijuana use among students. Bandura's (1977) Social Learning Theory explains that individuals tend to emulate behaviors

observed in peers, particularly in social environments where substance use is normalized and even celebrated. For example, many college parties and gatherings involve alcohol, making it hard for students to resist peer pressure. Furthermore, regional studies further confirm that availability and community norms significantly influence student behavior (Peltzer & Pengpid, 2016). The normalization of substance use within certain social circles creates a harmful cycle in which students feel compelled to partake to fit in or be accepted, leading to increased usage rates.

3. Weak Counseling Systems

Overburdened guidance staff, lack of training, and absence of private counseling spaces reflect systemic challenges in Zambia's educational mental health infrastructure (Kapungwe, et al., 2010). Many students often lack access to professionals capable of effectively addressing substance use issues, which contributes to a culture of silence around these challenges. This reality highlights the urgent need for integrated counseling services combining spiritual guidance with evidence-based psychological support. For example, establishing dedicated mental health programs within educational institutions that focus not only on academic success but also on emotional and spiritual well-being could play a crucial role in supporting students. Additionally, training existing staff to recognize and respond to substance use concerns would strengthen the support network available to students, fostering a more nurturing educational environment.

Extended Discussion: Christian University Context

Christian universities face a variety of unique and complex challenges that can significantly impact their student populations. Many students arrive on campus carrying unresolved emotional or behavioral issues, which often stem from diverse and sometimes difficult backgrounds. These backgrounds may include experiences of trauma, family instability, or socioeconomic hardships that have not been adequately addressed. Unfortunately, institutions often prioritize chapel attendance and moral instruction over comprehensive psychological counseling services, which can leave underlying issues unaddressed and unresolved. This lack of focus on mental health can lead to a cycle of distress that affects both academic performance and personal well-being.

Moreover, there exists minimal collaboration between chaplains and mental health professionals within these institutions, creating significant gaps in the holistic support that students require. This disconnection can hinder the development of integrated support systems that address the spiritual, emotional, and psychological needs of students simultaneously. Compounding these issues is the stigma surrounding mental health, which is sometimes fueled by misinterpreted religious beliefs. In many cases, students may feel discouraged from seeking help because they perceive psychological support as a sign of weak faith or a lack of spiritual fortitude. This stigma can exacerbate feelings of isolation and lead to maladaptive coping strategies, such as avoidance or substance use.

Research has shown that integrated pastoral-psychological approaches are often the most effective means of addressing these challenges (Tan, 2011; Koenig, 2012; Aten et al., 2019). These approaches combine spiritual guidance with psychological support, thereby fostering an environment in which students feel safe to explore their emotional and mental health needs. Ellen G. White emphasizes the importance of educating the "mental, moral, and spiritual faculties" (White, 1903, p. 35), highlighting the need for a well-rounded approach to education. Additionally, George Knight underscores that holistic Adventist education balances spiritual, academic, and emotional development (Knight, 2000). These principles offer a robust framework for designing interventions that directly address academic stress, substance use, and mental health within Christian higher education. By embracing these integrated strategies, institutions can foster environments that promote academic success and nurture the overall well-being of their students.

Practical Solutions for Christian Universities

1. Establish Mental Health and Wellness Centres

Mental health centers are essential for student well-being. These centers should include psychologists, chaplains, and social workers to provide holistic support for students' mental, emotional, and spiritual needs. Research

indicates that such collaborative approaches significantly improve mental health outcomes and reduce substance abuse among young adults (Hunt & Eisenberg, 2010). Ellen G. White emphasizes that “mental, moral, and spiritual faculties must all be educated” (White, 1903, p. 35), underscoring a well-rounded educational approach. Knight stresses balancing spiritual formation with emotional and intellectual development to equip students for modern life (Knight, 2000).

2. Mandatory Stress Management Programs

Implementing stress management programs, particularly during orientation, is crucial as they equip students with essential coping skills and resilience strategies necessary for navigating the challenges of university life. These interventions reduce stress and risky behaviors like substance abuse and academic underperformance (Rettig, 2019). Knight highlights the importance of practical life training alongside intellectual and spiritual formation, as it prepares students for real-world challenges and helps them develop a strong foundation for their future endeavors (Knight, 2000, p. 42).

3. Integrate Spirituality with Professional Counseling

Collaboration between chaplains and psychologists is vital in preventing “spiritual bypassing,” ensuring that spiritual guidance complements, rather than replaces, psychological support. This integrated approach enhances recovery and promotes well-being. Addressing spiritual and mental health needs helps students recover effectively (Koenig, 2012). White underscores that “religious instruction must be combined with the right education of the faculties” (White, 1903, p. Reinforcing the need for spiritual and professional collaboration, this system fosters comprehensive student support.

4. Peer Support Programs

Peer-led recovery and mentorship initiatives empower students to support one another, thereby fostering resilience, accountability, and a sense of community among them. Peer-support programs strengthen coping skills, reduce substance use, and create a safe environment (White, 2007). White further notes that “good examples and mutual encouragement strengthen character” (White, 1903, p. 120), highlighting the vital role of community in shaping positive student behavior and promoting a culture of support.

5. Restorative Disciplinary Approaches

Focusing on healing and personal growth, restorative approaches prioritize counseling, mentorship, and family engagement over punitive measures. Research demonstrates that such methods promote accountability, personal development, and stronger community ties. This fosters learning and growth (Braithwaite, 2000). Knight emphasizes “discipline must be educational, forming habits of responsibility and moral discernment” (Knight, 2000, p. 55), which is essential for cultivating a responsible and ethical student body.

6. Family Engagement

Involving families in students’ academic and personal development is crucial for strengthening recovery and reinforcing moral guidance. Active parental involvement provides students with a support system that extends beyond the university; family-based interventions mitigate substance misuse and encourage salutary behaviors (Liddle, 2010). White affirms that family engagement is critical, noting that parental guidance shapes moral character and instills values that carry through to adulthood (White, 1903, p. 133).

7. Regulate Environmental Risk Factors

Minimize exposure to high-risk situations by monitoring student living environments, including hostels, and restricting access to alcohol. Universities can reduce substance abuse and risky behaviors by creating safe, structured spaces that promote healthy living (Holder, 2004). This proactive approach to student safety ensures that environments are conducive to both academic success and personal well-being.

8. Life Skills and Emotional Intelligence Courses

Courses that develop life skills, emotional intelligence, and coping mechanisms are crucial in helping students manage stress, regulate their emotions, and navigate challenges effectively. These programs are designed to reduce substance misuse and enhance overall resilience and personal growth, equipping students with tools for success in various aspects of life (Schutte et al., 2007). White emphasizes that “all faculties must be trained to act under right principles” (White, 1903, p. 39), reinforcing the value of equipping students for balanced and principled living, ensuring that they are well prepared for the complexities of adult life.

CONCLUSION

This study confirms that academic stress is a significant predictor of alcohol and marijuana use among Zambian students and is closely associated with anxiety, depression, and poor academic functioning. The problem is particularly evident in Christian universities, where students experience pressure from both academic rigor and expectations of moral transformation, often lacking adequate mental health infrastructure.

The findings challenge the assumption that spirituality alone can address psychological distress. Instead, the integration of Ellen G. White’s educational philosophy with contemporary psychological practice underscores that spiritual instruction must be complemented by structured emotional support and professional care. Without trained mental health personnel, institutions risk treating addiction as a moral failure rather than as a public health and pastoral concern requiring compassionate and informed intervention.

A holistic intervention framework is recommended to address these challenges, including counseling units, collaboration between chaplains and mental health professionals, life skills education, peer mentorship, and family engagement strategies. To strengthen student resilience, additional institutional measures are essential, such as stress management programs, restorative disciplinary approaches, and regulation of environmental risk factors.

Christian universities can boost academic excellence, spiritual growth, and well-being by implementing these reforms. Integrating faith based education with evidence based mental health practices provides a sustainable model for long-term success. It addresses substance abuse, nurtures individuals, and strengthens Christian higher education within Zambia.

Finally, this study reveals fresh evidence of stress causing substance abuse among students in Zambian faith-based universities. It recommends institutional reforms and presents a model bridging theology and psychology in African Christian higher education.

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