DRUG ABUSE IN SECONDARY SCHOOLS IN KENYA: DEVELOPING A PROGRAMME FOR PREVENTION AND INTERVENTION

By

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ABSTRACT

Drug abuse is becoming an increasing problem in Kenya. A number of studies carried out in the country show that almost every Kenyan youngster at one time or another experiments with drugs, especially beer and cigarettes. The major cause of concern is that a significant proportion of these young people eventually get addicted posing a threat to their own health and safety, while creating difficulties for their families and the public at large into difficulties. This study sought to establish the current trend of drug abuse among students in Kenyan secondary schools, and to analyze the strategies used to address the problem. The ultimate aim was to propose a programme for prevention and intervention.

The study is a descriptive survey. In view of this, the field survey method was adopted to collect quantitative and qualitative data, using questionnaires and interviews. Both qualitative and quantitative approaches were used in data analysis, thus there was a mixed model research design approach to data analysis. The analysis of structured items was mainly done using the Statistical Package for Social Sciences (SPSS).

The key findings from the study were that drug abuse among students is common; both boys and girls have abused drugs with the majority being in boys' schools; the greatest ratio of drug abusers to non-abusers among the sampled schools are aged between 20 and 22 years; there is a significant relationship between drug abuse and age, use of drugs by other family members and easy access to drugs. A variety of factors contribute to drug abuse with the majority of students citing curiosity, acceptance by peers and ignorance as to the dangers of drug abuse as the main reasons. Both the school administrators and teachers face a number of challenges in an attempting to curb drug abuse in schools.

The study makes a number of recommendations for policy and further research. A number of guidelines are proposed for developing a programme for prevention and intervention.

KEY TERMS

Drug abuse; Kenya; secondary schools; students; drug-related problems; addressing drug abuse; prevention measures; need for responsibility; student participation; risk factors; protective factors; academic performance; youth; Modified Social Stress Model.

DECLARATION

I declare that **DRUG ABUSE IN SECONDARY SCHOOLS IN KENYA: DEVELOPING A PROGRAMME FOR PREVENTION AND INTERVENTION** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

………………………………..   30 November 2009

Signature   Date

RW Maithya

Student No. 3512/194/7

DEDICATION

This work is dedicated to my son, **Patrick Kioko** who always reminded me that I should complete my studies on time; my mother, **Bernadette Maithya** and my late father, **John Maithya** who saw the value of education and supported me unconditionally.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ACK	Anglican Church of Kenya
BBC	British Broadcasting Corporation
BOG	Board of Governors
CBOs	Community Based Organizations
EADIS	Eastern Africa Drug Information System
GAP	Global Assessment Programme
HIV	Human Immunodeficiency Virus
ICPA	International Commission on Prevention of Alcoholism
INCB	International Narcotics Control Board
MOE	Ministry of Education
MOEST	Ministry of Science and Technology
MOH	Ministry of Health
MSSM	Modified Social Stress Model
NACADA	National Agency for Campaign against Drugs
NGOs	Governmental Organizations
NIDA	National Institute on Drug Abuse
NSDUH	National Survey on Drug Use and Health
STIs	Sexually Transmitted Infections
SPSS	Package for Social Sciences
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
UNDCP	United Nations Drug Control Programme
W H O	World Health Organization

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CHAPTER ONE

INTRODUCTION AND PROBLEM STATEMENT

1.1   BACKGROUND TO THE PROBLEM

The history of the human race has also been the history of drug abuse. In itself, the use of drugs does not constitute an evil. Drugs, properly administered, have been a medical blessing. For example, herbs, roots, bark leaves and plants have been used to relieve pain and help control diseases. However, over the past few decades, the use of illegal drugs has spread at an unprecedented rate and has reached at every part of the world. According to a United Nations Office on Drugs and Crime (UNODC) report (2005), some 200 million people, or 5 percent of the total world's population aged 15 - 64 have used drugs at least once in the last 12 months an implied 15 million people more than the 2004 estimate. The report goes on to say that, no nation has been immune to the devastating effects of drug abuse.

According to the World Drug Report (2005), the use of illicit drugs has increased throughout the world in recent years. The report further states that a major world trend is the increasing availability of many kinds of drugs to an ever widening socio-economic spectrum of consumers. The report argues that the main problem drugs at global level continue to be opiates (notably heroine) followed by cocaine. For example, for most of Europe and Asia, opiates continued to be the main problem drugs, accounting for 62 percent of all treatment in 2003. Reports from a total of 95 countries indicated that drug seizures increased four-fold in 2003, and more than half of these were of cannabis.

A report released by the United Nations Drug Control programme (UNDCP) in 2004 estimated that 3.3 to 4.1 percent of the global population consumes drugs, but more worrisome is that according to the UNDCP executive director, those are hooked are younger and younger every year. In Pakistan for example, it was reported that the share of those who started heroine use at 15 - 20 years has doubled to almost 24 percent of those surveyed. In China it was reported that drug use is going up while the age of new users is going down. A survey in the Czech Republic

showed that 37 percent of new drug users were teenagers between 15 and 19 years old. Drug use - in particular heroin - is becoming a serious problem in Egypt, where around 6 percent of a sample of secondary school students admitted to having experimented with drugs. Cannabis accounted for 85 percent of use and opium for 10 percent, as reported by UNDCP.

Every country in the world, developed or developing, incurs substantial costs as a result of damages caused by substance abuse (World Drug Report, 2005). The World Health Organization (WHO) estimates that 1.1 billion people, representing a third of the world population above the age of 15 years, use tobacco, principally in the form of the cigarettes. Of these smokers, 800 million, 700 million of them males, live in developing countries (WHO, 2004). While smoking rates have been declining in the developed world, they have increased in the developing countries by as much as 50 percent, especially in Asia and in the Pacific region, over the last decade. Addiction to tobacco is therefore a major problem in the developing countries. According to the same report, tobacco causes four million deaths annually, not including prenatal morbidity and mortality. This figure is projected to rise to 1.6 million by the year 2025, 70 percent of which will occur in the developing world if current trends continue (INCB, 2003).

Despite eradication efforts in countries in Africa, the region still remains a major supplier of some drugs such as cannabis, which is one of the most widely abused drugs. Since the early nineteen eighties, Africa has been experiencing an escalating problem with drug abuse and trafficking. Although reliable information is scarce, data collected under the Eastern Africa Drug Information System/Global Assessment Programme (EADIS/GAP), country mission reports coupled and small-scaled research activities conducted by governments and non-governmental organizations all attest to this (Abdool, 2004:79).

According to the African Union Ministerial Conference on Drug Control in Africa report (2004:104), at least 16 countries in Africa have reported abuse of opiates, with prevalence rates ranging from 0.01 to 0.8 percent for the population aged 15 and above. Twelve countries reported cocaine abuse with prevalence ranging from 0.01 to 1.1 percent for this age bracket. Concurrently, the age of those initiated to drug use is diminishing with large numbers of in-school and out-of-school youth consuming drugs. This phenomenon is even more acute in

conflict and post conflict countries, with populations experiencing high stress levels while child soldiers are provided with drugs to enable them to fight.

All the while, Africa's role in the global drugs supply chain is increasing. Already the continent is the second largest region for cannabis production, trafficking and consumption, accounting for 26 percent of global seizures of this drug in 2001 (UNODC, 2004). By country, the largest hauls in this period were in Kenya, Nigeria, and the Republic of South Africa, while Morocco is said to be one of the main producers of Cannabis resin.

According to a report by the International Narcotics Control Board (INCB, 2006), the East African region has become the fallback for drug dealers following increased control of traditional routes through the Netherlands and Spain. The warning followed the discovery of cocaine worth 6.4 billion Kenya shillings in Malindi and Nairobi on December 14, 2004 (Daily Nation, March 2, 2006).

Abuse of drugs not only holds back the economy because control of supply and reduction of demand are expensive undertakings, but is also a blow to the country as its youth become less productive. According to the Ministerial Council on Drug Strategy (2005), drug abuse, including smoking and drinking alcohol, imposes substantial costs on users and their families, taxpayers, on the national economy and the community as a whole. International studies show that half of the long-term smokers will die prematurely, half of these in middle age (Doll, 2004:120). The studies also argue that, smokers are four times more likely than non-smokers to suffer from a heart attack before age 40 (Mahonen, 2004:39). In addition, the earlier young people start smoking, and the more they smoke over their lifetime, the more likely they are to suffer from smoking-related diseases.

The situation described above is true in developed countries that have been experimenting with such drugs for a long period. However, developing countries are not exempt from the dangers. All countries, Kenya included, are vulnerable. It has been noted that Kenya is one of the developing countries in Africa that has lately been experiencing rapid increase in production, distribution and consumption of multiple drugs of dependence (Acuda and Yambo 1983; World

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Health Organization, 1995; Daily Nation, March 2, 2006). In the face of this challenge, a broad spectrum of the world community has demonstrated intense concern about the problem. It is in the best interests of every nation, including Kenya, to take a firm stand in combating all aspects of drug abuse.

In 1990, the United Nations General Assembly created the United Nations Drug Control Programme (UNDCP). The creation of UNDCP was based on the recognition of the need for an organization that would foster concerted international action against illicit drug production, trafficking and abuse. Its formation is evidence of the determination of the governments of the world, working through the United Nations (UN) to put an end to these transnational phenomena.

The Kenya government has ratified two major United UN conventions on narcotic drugs and psychotropic substances in its quest to protect its citizens from the ravages of the global drug abuse menace. These include the Single Convention on Narcotic Drugs (1961) and the Convention against Illicit Trafficking on Narcotic Drugs and Psychotropic Substances (1988). The government is currently working towards the ratification of the Convention on Psychotropic Substances (1971). In 1994, the government enacted a new anti-drug law, the Narcotics and Psychotropic Substances Control Act, as well as forming the Kenya Anti-Narcotic Unit.

A number of academic research reports and law enforcement reports however, indicate that in the last few years, Kenya has had to deal with an increase in the drug abuse problem (Chapter 3). It has been noted that drug abuse is fast spreading to rural areas especially Central, Western, Nyanza and Eastern provinces. Drug abuse among the youth in secondary schools has endangered their lives. This is causing a lot of concern as the vice, indeed, has been identified as a major cause of some of the problems experienced in secondary schools in Kenya (Gikonyo, 2005: 105).

Kenya, with the other developing African countries, has been caught up with the indiscriminate use, abuse and dependence on drugs of various types. While speaking at Uhuru Park, Nairobi, during the International Day against Drug Abuse celebrations, the then Vice President, Hon. Moody Awori said that Kenya has become a major centre for drug trafficking (The Standard,

June 27, 2006). He said that, reports from criminal justice agencies showed that in 2005, the Probation Service supervised 3,588 offenders convicted of abuse and possession of drugs, of whom 406 were juveniles. On the same note, the then National Agency for Campaign against Drug Abuse (NACADA) coordinator, John Langat, said that crime and violence were escalating as a result of drug and substance abuse. The country is recognized as an important transit point for the southern African market. Mombasa Port and the Jomo Kenyatta International Airport are alleged key entry points (Daily Nation, March 2, 2006). In short, the country is increasingly becoming a transit point for international drug traffickers.

Within Kenya itself, drug abuse is becoming an increasing problem. According to studies carried out by Population Communication Africa (Masita, 2004:117), almost every Kenyan youngster at one time or another experiments with drugs, especially with beer and cigarettes. Although the regular users of hardcore drugs are much fewer than those of cigarette and alcohol, the study argues that the major cause of concern is that a high proportion of these young people eventually become addicted threatening their own health and safety, and causing difficulties for their families and friends.

In an attempt to fight drug abuse in Kenya, there has been a campaign to ban smoking in public places. For example, in many public offices, "No Smoking" signs are prominently displayed. In addition, the Ministry of Health has proposed a new bill prohibiting smoking in public. According to this proposed bill, people who smoke in public would risk up to six months in jail, a fine or both (Health Minister, Hon. Ngilu, Daily Nation May 12, 2006). However, the bill is yet to be gazetted. According to the Minister, the most effective way of dealing with drug abuse is to sensitize people to the dangers posed by drugs to the user, his or her family and society at large.

In response to global warnings on the dangers posed by drug abuse, the National Agency for Campaign against Drug Abuse (NACADA) is pushing for the establishment of a national drug control authority to enforce all drug trafficking laws in Kenya (Kaguthi, 2006:10). According to Kaguthi, although religious education has been instilled strongly in the youth, the majority still abuse drugs and are likely to destroy their lives before they become adults. He argues that most secondary school students today are experimenting with drugs.

It is against this background that the current study was undertaken. The study seeks to establish the general trend of the drug problem and critically analyze strategies used to address the problem. The findings will aid in evaluating whether these strategies have the potential to help the government in curbing the drug problem among the youth in secondary schools, with a view to coming up with a more comprehensive programme for addressing the problem in schools.

1.2   STATEMENT OF THE PROBLEM

Drug abuse amongst the youth in Kenya has become a serious problem affecting all the people of the country. Addiction leads many people, young people prominent amongst them, into downward spiral of hopelessness that in some cases ends fatally. They range from glue- sniffing street children and teenage ecstasy users, to hardcore heroin and cocaine addicts (NACADA, 2005). Drug abuse is responsible for lost wages, destruction of property in schools, soaring health care costs and broken families. It is a problem which affects us all as parents, children, teachers, government officials, taxpayers and workers.

1.3   AIM AND OBJECTIVES OF THE STUDY

The overall purpose of this study is to find out the current trend of drug abuse among students in secondary schools in Kenya and analyze the strategies used to address the problem. The ultimate aim is to propose a programme to help curb the problem.

The specific objectives of the study are as follows. To:

a)   Examine the causes and extent of drug abuse among youth in secondary schools.

b)   Identify commonly abused drugs among the youth in secondary schools.

c)   Identify and evaluate strategies used in secondary schools to address drug abuse, their effectiveness and shortcomings.

d)   Propose strategies that could help curb drug abuse in secondary schools.

1.4   RESEARCH QUESTIONS

The study attempted to answer the following questions:

a)   What is the extent of drug abuse among youth in secondary schools?

b)   What are the main causes of drug abuse among the youth in secondary schools?

c)   Which are the drugs commonly abused by the youth in secondary schools?

d)   What strategies do schools use to address drug abuse?

e)   How effective are the methods used by schools to address drug abuse?

f)   What modifications are needed within the current strategies to establish an effective programme against drug abuse in secondary schools?

1.5   SIGNIFICANCE OF THE STUDY

The proposed study could help the Ministry of Education (M.O.E.) to better understand the current situation and accordingly make changes to address the factors that contribute to drug abuse in secondary schools.

Kenya, like many other developing countries, is faced with the social problem of high rates of drug abuse. To make matters worse, the percentage of drug abusers in the population increases yearly despite the efforts to eradicate the problem. Failure to solve this problem not only threatens the life of individuals, but also the economic and social development of the country as a

whole. The current study is useful in contributing to the general body of knowledge in this area. Beyond that, however, it also explores the potential of schools to curb the drug problem.

The study should help to make policy makers, administrators and teachers aware of the factors hindering the effectiveness of the approaches which attempt to curb drug abuse and, where possible, create opportunities to eradicate the problem. The proposed programme would be useful in educating all Kenyans, youth and adults, on the risks of drug consumption. Thus, this study would play an important role in reducing, or even preventing high rates of drug use and abuse.

Based on the findings, recommendations are made. If followed, these recommendations would be useful to administrators and policy makers in curbing drug abuse in schools through improving existing educational programmes, and striving to develop ones that are even more efficient..

A part from proposing more effective preventive measures in relation to drug abuse, the study also provides a background for other studies in its prevention. This would help in promoting a drug-free school environment and better academic performance, thus improving the standards of education in the country. In the absence of specific policies on substance abuse in schools this study makes important recommendations on the way forward.

1.6   SCOPE AND DELIMITATION OF THE STUDY

This study focuses on the current trend of drug abuse trends among secondary school students in Kenya and analyzes the strategies used to address the problem, with a view to developing a programme to guide in prevention and intervention measures.

Research for study was carried out in secondary schools in the Central Division of Machakos District. Machakos District was selected because previous reports have shown that the district has experienced a number of serious drug abuse problems. For example, in March 1998, 20 schools were set ablaze and students sent home. This was associated with drug abuse by students as well as political interference in the schools (Kenya Times April 27, 1998). As a result, the District Commissioner threatened to close and deregister two schools because of drug trafficking

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and for allowing drug use by students. High-profile cases blamed on drug abuse in the District include the death of 67 students in 2001 at Kyanguli Mixed secondary school when their dormitories were set ablaze by fellow students. In November, 2003, Kinyui Boys High school was burnt down by rioting students (Sunday Nation, March 28, 2004).

The study focuses on the secondary school level. Drug abuse has been singled out as one of the major challenges threatening the future of the Kenyan youth including students (Sunday Nation, March 15, 2004). Many students in high schools are aged between 12 and 18 years, a stage best described as adolescence (youth). Adolescence is a time of transitions and experimentation, sometimes including experimentation with drugs. Pubertal spurt, sexual maturation and bodily changes characteristic of this unique period of growth and maturation, are associated with progressive psychological development and various social milestones. Studying young people at secondary school thus coincides conveniently with studying them during the sometimes turbulent adolescent period. According to Eisenstein (2005:117), the proximity of adolescence to biological maturity and adulthood provides optimal opportunity to implement drug preventive activities designed to decrease long-term adult problems related to drug abuse.

Only public schools in the Central Division of Machakos District were included in the study: mixed schools, single-gender schools (girls or boys only), day and boarding schools. Central Division of Machakos District was selected because it has both the urban and rural public schools that are found throughout the country. Although the researcher would have wished to have covered privately-owned schools for comparative purposes, time was a limiting factor given that the issue of drug abuse is sensitive, and that respondents must be given adequate time to give detailed information.

In spite of the research permit and letters of introduction from relevant government authorities, suspicion of the area of research was also likely to cause unnecessary delays. Drug abuse is sensitive and many people may withhold vital information.

1.7   METHOD OF RESEARCH

This study focused on gaining insight into the drugs commonly abused drugs by secondary school students, the main causes of drug abuse amongst them, and strategies used to address the problem in schools.

To achieve these objectives, an extensive literature research was carried out. This involved a review of recent and relevant documents, articles in journals and newspapers and research reports on the issue of drug abuse.

The empirical research used quantitative and qualitative methods of data collection and analysis. The quantitative method was used to obtain numeric data to provide accurate analysis of the drug abuse problem among students. The qualitative method was used to get textual data representing the views of the teachers and parents, the latter often represented in the Board of Governors (BOG.) on the issue of drug abuse in schools.

Survey and case study research designs were used. According to Gall and Gall (1996:237), the main purpose of a survey is to use questionnaires and interviews to collect data from the participants about their characteristics, experiences and opinions, in order to generalize the findings to a population that the sample is intended to represent. Case study on the other hand is the in-depth study of instances of a phenomenon in its natural context, and from the perspective of the participants involved in the phenomenon (Gall and Gall, 1996: 237). The survey and the case study designs were used to shed some light and produce detailed information on the issue of drug abuse among students.

The data obtained from primary and secondary sources was interpreted, classified and categorized according to the research objectives, and later keyed into the projected chapters. Through the use of descriptive statistics data was analyzed, while conclusions, recommendations and suggestions for further research were made. Textual data was analyzed using qualitative analysis techniques.

This study forms the basis for developing a model for teachers and policy makers to help curb and effectively address the drug abuse problem in Kenyan schools. The rationale for this study was based on the assumption that strategies used to address drug abuse in schools are ineffective, and that a comprehensive model is required to effectively address the problem among students in Kenyan schools. This was the basis on which the recommendations with which this thesis concludes were based.

1.8   OPERATIONAL DEFINITION OF KEY TERMS

Drug: Any product other than food or water that affects the way people feel, think, see, and behave. It is a substance that due to its chemical nature affects physical, mental and emotional functioning. It can enter the body through chewing, inhaling, smoking, drinking, rubbing on the skin or injection.

Drug abuse: Use of drugs for purposes other than medical reasons. It refers to misuse of any psychotropic substances resulting in changes in bodily functions, thus affecting the individual in a negative way socially, cognitively or physically. Social effects may be reflected in an individual's enhanced tendency to engage in conflicts with friends, teachers, and school authorities. Cognitive effects relate to the individual's lack of concentration on academic work and memory loss such as "blackouts''.

Drug addiction: Addiction to drugs or alcohol means that a person's body can no longer function without these substances. The addictive substances usually have negative effects, for example, they can alter mental state and behaviour to a point where the individual becomes a threat to himself and others. Once a person becomes addicted, it is hard to stop using drugs.

According to Bawkin and Bawkin (1972: 105), an addicted person may show a decline in academic performance, frequently fails to attend classes, loses interest in school work and displays weakened motor coordination, poor health, and lack of interest in old friendships. Addiction by its nature distorts thinking processes giving prominence to thoughts which justify

continuing addictive behaviour, and minimizing or excluding consideration of reasons for ceasing it.

Drug related problems: This term is used to describe all negative effects associated with drug abuse such as violence, conflicts with friends or school authorities, destruction of school property and academic underperformance.

Drug policy: A brief statement outlining a school's stand or position on procedures for dealing with drug-related issues. It may be reflected in the school rules and guidelines, and is also often a reflection of the laws of Kenya. In Kenya, drug trafficking and abuse is considered a criminal offence under the Narcotics Drugs and Psychotropic Substances Control Act of 1994.

Illegal/legal drugs: In this study illegal drugs refer to the substances that the government regards as harmful to the mental and physical well being of the individual, hence controlling or discouraging their consumption by law. Legal drugs refer to those such as alcohol and tobacco that are potentially dangerous but whose consumption the government allows.

Intervention: Attempts to help drug users to positively modify their behaviour and change their attitude towards misuse of drugs. It also includes activities and programmes put in place to address drug abuse.

Prevention measures: Prevention is best understood when explained in all three levels i.e. primary, secondary and tertiary.

- Primary prevention of substance abuse is preventing the initiation of psychoactive substance use or delaying the age at which use begins (WHO, 2000:12).
- Secondary prevention is the intervention aimed at individuals in the early stages of psychoactive substance use. The aim is to prevent substance abuse from becoming a problem thereby limiting the degree of damage to the individual (World Drug Report, 2000:109).

- Tertiary prevention aims at ending dependence and minimizing problems resulting from use/abuse. This type of prevention strives to enable the individual to achieve and maintain improved levels of functioning and health. Sometimes tertiary prevention is called rehabilitation and relapse prevention (WHO, 2000:12).

For the purposes of this study, prevention refers to educational activities, programmes or policies aimed at enabling young people to stay healthy and inhabit an environment free from drug abuse. It also refers to education of young people about the effects of substance abuse with the intention of preventing their use/abuse and enabling them to make informed decisions when faced with the challenge of drug abuse. Prevention also refers to educational programmes which empower people to live a productive lifestyle, free from drug abuse.

Protective factors/Risk factors: Research has shown that in order to prevent substance use and abuse, two things must happen (O'Malley, et. al, 2001):

- Factors that increase the risk of the problem must be identified, and
- Ways to reduce the impact of those factors must be developed.

Factors that help to prevent substance use and abuse are called protective factors, and factors that contribute to or increase the risk of developing use and abuse problems are called risk factors. Risk factors are those likely to make the individual abuse drugs, or contribute to the risk of developing use and abuse problems.

The only way to ensure the health of individuals is to increase protective factors while decreasing risk factors. Knowledge of these factors will help stakeholders in drug prevention to better understand them and work out strategies of enhancing the protective while reducing the risk factors.

Psychoactive Substance: Refers to any substance that when taken by a person can modify perception, mood, cognition, behaviour, or motor functions (WHO, 2000:3).

Strategies: This term refers to the methods or approaches that schools have put in place to address drug related problems in the institutions. They are also measures that have been put in place by the Kenyan schools with the aim of curbing drug abuse and controlling its negative effects

Substance abuse: Refers to the use of all chemicals, drugs and industrial solvents that produce dependence (psychological and physical) in a percentage of individuals who take them. It can also be used to refer to repeated non-medical use of potentially additive chemical and organic substances. According to WHO (2000:11), substance abuse includes the use of chemicals in excess of normally prescribed treatment dosage and frequency, even with knowledge that they may cause serious problems and eventually lead to addition.

Youth: Refers to young people between 13 and 25 years or their activities and their characteristics. The majority of students in Kenyan secondary schools are between 13 and 19 years, a stage referred to as adolescence. The term youth therefore includes this age bracket of students.

1.9   ETHICAL CONSIDERATIONS

Cognizance was taken of the fact that this study was investigating very sensitive issues likely to elicit hostility, insecurity or concealment of the real data required from the participants. Confidentiality and privacy was therefore ensured for subjects to safeguard their interests.

Permission to carry out the research was sought from the participants, the school principals, and relevant authorities, including the Ministry of Education, Science and Technology (MOEST). Participation was voluntary. It was clearly explained to participants that the purpose of the research was to collect data and develop a programme that would be used to help students and the youth in dealing with the problem of drug abuse, the eventual aim being to benefit the school youth and the country as a whole. The researcher assured participants of strict confidentiality in relation to information obtained during the research. Thus willing participants were required to make informed decisions

1.10   RESEARCH PROGRAMME

The study is organized as follows:

Chapter 1: Introduction and background, statement of the problem, aim and objectives, delimiting parameters, ethical considerations, methodology, operational definition of key terms, and research programme.

Chapter 2: Overview of the cause, nature and extent of drug abuse.

Chapter 3: Addressing drug abuse in Kenya: the present scenario.

Chapter 4: Research design.

Chapter 5: Analysis and interpretation of data.

Chapter 6: Summary, conclusions and recommendations.

1.11   CONCLUSION

This chapter introduced the theme and area of research. In the next chapter the researcher will explore holistically the cause, nature, extent and effects of drug abuse.

CHAPTER TWO

OVERVIEW OF THE CAUSE, NATURE, EXTENT AND EFFECTS OF DRUG ABUSE AMONG SCHOOL LEARNERS WITH SPECIFIC REFERENCE TO THE YOUTH IN KENYA

2.1   INTRODUCTION

According to Gillis (1996:67), young people are individuals in the process of development and change. He further goes on to say that during this period they experiment with newly discovered aspects of their physical and emotional selves.

During this period the youth are likely to experiment with drugs and some will become addicted.

This section will comprise of the following sections:

- Causes of drug abuse amongst learners.
- Nature and extent of drug abuse by learners.
- Theoretical framework
  .

2.2   A SOCIO -EDUCATIONAL PERSPECTIVE ON THE CAUSES OF DRUG ABUSE AMONGST STUDENTS

Substance use and abuse by young people, and problems associated with this behaviour have been part of human history for a long time. What is different today is increased availability of a wide variety of substances and the declining age at which experimentation with these substances take place (WHO, 2005:45).

However it is important to note that all drugs are dangerous and that the deliberate ingestion of drugs is harmful to the individual, the family, the community and society as whole.   No consensus exists about the specific root causes of drug abuse and addiction for particular

individuals. The reasons why people turn to narcotics are as varied as the types of people who abuse them. The factors associated with drug abuse are many and varied, and include individual predispositions, family characteristics and complex social and environmental determinants.

A number of authors and researchers have shown that there are many contributing factors to drug abuse among students. Rice (1981:37), states that in a school setting, drug abuse affects the children of the rich as well as those from poor families. Shoemaker (1984:56) argues that drug abuse is caused by a combination of environmental, biological, and psychological factors. The environmental factors; the most influential include the family, peer association, school performance and social class membership.

According to the United Nations (1992:15), drug users, like other people seek approval for their behaviour 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 behaviour can also push a susceptible individual down the wrong path. A study carried out by Kariuki (1988:85) in Nairobi secondary schools indicated that the majority of drug users had friends who used drugs.

Scholars such as Karugu and Olela (1993:87), Muthigani (1995:95) and Kamonjo (1997:65) who have conducted studies on the issue of drug use and abuse agree that there is a significant relationship between the subjects' drug using behaviour and the involvement of their friends in drugs. According to them, if an adolescent associates with other adolescents who use drugs, the risk of involvement with drugs is further increased. Another survey of youth in southern Nigeria, also found out that the source of drugs for drug using-students was friends in the same or neighbouring schools, and students who reported using drugs had more drug using than abstinent friends (Nevadomsky, 1982:75). Confirming this finding, Kiiru (2004:78) argues that peer pressure influences youth to use substances under the false impression that some drugs stimulate appetite for food, increase strength and give wisdom as well as courage to face life.

Although it is presumed that there are similarities in the prevalence of psychoactive substance use between young people in rural and urban areas, it is also generally assumed that, at least for some drugs, there are clear differences. For example, a Rapid Situation Analysis by Adelekan (1999) in Obot (2005:105) showed that the prevalence of cocaine and heroin use in rural youth populations was generally low. This is in large part due to difference in exposure. According to this study, young people in urban areas have more opportunity to try new drugs and are exposed to more influences from peers and the media than rural youth. There is no conclusive evidence that for substances that are easily available in both rural and urban areas (e.g. cannabis and alcohol), there is any significant difference in the rate of use between young people in the different residential settings (Obot, 2005:97).

Much has been said and written about the relationship between the home environment and drug abuse. The family especially the parents are the child's basic socializing agents. Muthigani (1995:102) indicates that a child gains his/her first standards of behaviour from the teaching of parents and other grown-up persons around. She argues further that if the child observes a disjuncture between parents' teaching and practice, it creates doubt, which is carried into adolescence giving rise to deviant behaviour. Shoemaker (1984:98) associates delinquency, for example alcohol and marijuana abuse with lax, inconsistent or abusive parental discipline. The nature of parent-child interaction and the general atmosphere within the home is consistently related to delinquency among the youth. Furthermore, having a parent with a drug problem increases the chances of developing the same problem developing in the offspring.

Some other studies have looked at issues related to the family and use of drugs as related to the youth. Ndom (1996:105) carried out a Rapid Situation Analysis study in Nigeria and found that being male in an unstable family was associated with high risk for substance abuse. There is support for this argument from clinical findings by Asumi (1996:48) also in Nigeria, which have shown that cannabis abusers tend to be young men, including students, who have been deprived of parental supervision and warmth when they were young. A survey report released by NACADA in Kenya in 2004 says that, young people between 10 and 24 years, whose parents use or sell alcohol and other drugs, are likely to abuse these substances. At times youth, including students, who sell on behalf of parents, are themselves exposed to substance abuse in due course.

Authors like Schaefer (1996:130) and Bezuidenhout (2004:122) assert that there are various factors that cause young people to abuse drugs and even become addicted. These include family networks, interaction and home environments. Bezuidenhout (2004:123) says that adolescents with substance abusing parents experience a higher rate of parental and /or family problems than do adolescents whose parents do not abuse substances. This may cause poor parent-child attachment, which may in turn lead to a lack of commitment to conventional activities, thereby at times leading to adolescent drug taking. Schaefer (1996:133) adds that youths with poor home support tend to seek support and understanding elsewhere. Many find affection, understanding and support in the lifestyle of a drug abusing subgroup.

The concepts of family and self-identity are certainly closely related. According to Moore (**http://www.moorefoundation.com**), interactions within the family unit will play a major role in the adolescent's personality or self-concept formation. In addition, the exposure to cultural norms through the family, as well as individual adaptations, lays the foundation for influential modeling and acceptance of social orientations. The family is often viewed as the basic source of strength, nurturing and supporting its members, as well as ensuring stability and generational continuity for the community and its culture (Kendel, 1973: 59). From the traditional point of view, it is the duty of the family to protect and sustain both strong and weak members, helping them to deal with stress while nurturing its younger and more vulnerable members, the children.

Families can have a powerful influence on shaping the attitudes, values and behaviour of children. During socialization, parents and family members direct young people's conduct along desired channels, and enforce conformity to social norms. In traditional African society, socialization began with the birth of a child and progressed in stages to old age, building on preceding socially recognized achievements. Socialization involves being taught all the things one needs to know in a particular context. The child is integrated into the community by being taught discipline, social roles and skills to help him/her fit well in society. A well-socialized child has a sense of self-worth, and feels strongly that he/she is part of the family where one is needed, wanted and depended upon. He/she is the productive, self-directed citizen any community needs.

It is important to note that socialization is often not planned; children learn from watching and imitating what adults say and do. As they grow, they are likely to pick up both positive and negative habits from their parents. A report in the Sunday Nation (Gitahi and Mwangi in Sunday Nation April 8, 2007: 10) indicated that the environment in which children grow up plays a great role in shaping their character. The claim is that children socialized in the bar culture by their parents during family entertainments will tend towards use of alcohol later in life. The report argues that this will impact negatively on the development of the children in the long term. It is difficult for parents to sensitize their children about the dangers of alcohol consumption when they spend long hours imbibing in the company of the very people whose character they are expected to mould.

Society is always changing, and being a unit of society, the family has undergone many structural and role changes. Rapid social, economic and technological changes may, under certain circumstances, weaken family relationships and reduce the sense of belonging in various social spheres. African family structure has been and is still changing from the mainly extended to the smaller nuclear family plus immediate relatives. Unlike in the past, socialization of the young has been neglected. Many children are left in the care of house helps because the parents have to work. According to NACADA (Sunday Nation April 12, 2008:10) 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.

Due to the diverse socialization agents such as the peer group, teachers, mass media, the Government and the Church and interaction with different people, individuals are acquiring values that go beyond those of their immediate localized culture. Since the family is less involved in socialization of the young, very little is communicated to the young in the way of values and

customs. As a result the traditional value system has been eroded leading to moral decadence. In school, children spend most of their time with the peer group. According to Blum (1972:85), peers have a high degree of influence only when parents have abdicated their traditional supervisory roles. Hence, active and involved parents may be able to limit the influence of peer groups on young people's attitudes towards drug use, and therefore have a crucial influence on children's behaviour.

Stability of family relationships, environment and expectations are powerful forces in helping people, especially children and young adults, manage their lives. Strong family relationships are a source of support for the young members of the family, and may prevent children from engaging in drug abuse. Lack of household stability, income or employment for a parent may increase stress on the family and heighten its vulnerability, pushing marginal individuals to find "solutions" or solace in alcohol or drugs (Antony: 1985: 143).

Prevention of drug problems among the youth should employ knowledge about factors likely to influence young peoples' behaviour. Family factors that may lead to or intensify drug use are thought to include prolonged or traumatic parental absence, harsh discipline, and failure to communicate on an emotional level, the influence of disturbed family members and parental use of drugs. These will provide a negative role model for children (WHO 1993:2). Studies in Ireland (Corrigan 1986:92) found that disrupted family life appears to be a major risk factor for drug abuse among some young people; and that as many as 10 percent of the young people between 15 and 20 years of age in north Dublin were addicted to heroin.

The school is the first large-scale socializing organization of which the child becomes a member. Unlike in the family, its members are mostly unrelated, and in some cases, teachers may not necessarily belong to the child's ethnic community. The element of social heterogeneity, coupled with its large size, makes the school a secondary social group. Therefore, whereas the family is essentially an informal socializing agent, the school combines formal (e.g. classroom teaching) and informal (e.g. peer group influence) processes of socialization. The school uses among other methods suspension, expulsion, official mention and rewards as modes of behaviour control.

Due to rapid technological, social and economic changes, the child spends the major part of his/her most active hours in school. The implications for teachers are clear. They need to nurture the emotional and social needs of the children under their care, particularly when the family environment for certain children is lacking. The teacher thus has to take the role of parent and counselor, both in academic and social matters. The parents expect the teacher to guide the children on social norms and values in relation to society's expectations. This is based on the assumption that communication of knowledge, attitudes and skills will guide the child in the right direction. This is only possible if school discipline is maintained. The disruption of such discipline may lead to protests, demonstrations, strikes, riots and to some extent drug abuse (Datta 1987:88). It is important to realize that fostering responsible attitudes among students will bring about a greater sense of self-actualization and this can also be a check on drug abuse.

The school environment plays a part in deviant behavior including drug abuse. Kenkel (1980: 49) argues that school activities are a focal point for adolescents' behavior. These activities include poor school performance and conflict between the school system and the values of lower class youth. Lower-class youth have low performance expectations as compared to high and middle class youth. Shoemaker (1984:87) says that effects of low expectations on drug abuse cannot be ignored. Similarly, Karechio (1996:49) asserts that low performance in class may lead to misuse of drugs such as marijuana, which is believed to improve understanding and insight. This misconception is based on the belief that people who use or abuse substances will become bold, confident or courageous.

A report in the *Daily Nation* (September 14, 2003:15) revealed that in some Nairobi secondary schools, some students, working in cahoots with watchmen, cooks and cleaners were peddling drugs in the institutions. In some schools, *Matatu (local transport)* touts and drivers were the leading suppliers of drugs to students. The students said that the trade is conducted secretly and only "trusted clients" get the commodities. At the same time the paper also reported that drug abuse is widespread in most secondary schools. Investigations by the reporter revealed that many students were taking drugs in Forms 1 and 2, and he associated this with poor parenting, economic needs and social pressures which make it difficult for parents to be together with their children for counseling. He noted that the number of students visiting psychiatrists was

increasing. This is journalism, but is in line with the conclusion of the academic researcher Krivanek (1982:76) that lack of parental guidance influences deviant behaviour including drug abuse.

Availability and cost of drugs is associated with drug abuse. According to Kaguthi, the NACADA director in 2004, availability of illegal drugs such as heroin, cocaine and mandrax, together with availability of legal substances such as cigarettes and alcohol may lead to drug abuse. This encourages the use and the eventual abuse of substances by the youth. According to the report, the ready availability of most drugs appears to be the most important cause of the prevalence of substance use and abuse amongst Kenyan youth. The report also established that two widely used substances are grown in the country. They are bhang, which is grown in secret because it is illegal and khat, which is cultivated, used and exported openly because Kenya legalized it in 1997. Other drugs easily available are heroin, cocaine and mandrax which find their way into Kenya because the country's major international entry points - Nairobi and Mombasa - are on transit routes for traffic in illegal substances, some of which find their way into the country, and consequently, to students and youth in general.

Another risk factor associated with academic achievement among secondary school students is pressure to perform. Parents and other members of the family place high value on success in school and the competition can often be tough. Young people studying for examinations therefore report the use of central nervous stimulants to keep them awake and alert and this may lead to dependence on these substances (Oviasu, 1976:78; Ebie and Pela, 1981:69). Some of the drugs commonly used for this purpose include amphetamines and cannabis.

Other factors associated with drug abuse among students include school failure. Schools are supposed to be concerned with the full development of children including their moral and intellectual welfare (Uba, 1990: 65). According to Hawkins (1988:98), some school-related factors exacerbate pre-existing problems and dispositions. Principal among these are a negative, disorderly, unsafe school climate and low teacher expectations of student achievement. In addition, lack of clear school policies on drug abuse may also contribute to drug abuse among students. In line with this, Karechio (1996:59) argues that students often buy and take drugs on

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school property, lending credibility to the myth promoted by drug users that everybody is doing it.

Social pressure from media and friends is a universal risk factor for substance use and abuse among adolescents in developed and developing countries (Adelekan, 1996 in Obot, 2005: 109). This is especially common in urban areas where there is widespread exposure to advertising on radio, television and billboards. Young people in urban areas are more exposed to images and messages promoting tobacco and alcohol than their counterparts in rural areas. In addition, it is also argued that the media has played a role in first time tobacco use. According to the then Kenyan Health Minister, Hon. Charity Ngilu (Daily Nation, May 22, 2006), when children watch their "heroes" smoking on television and movies, they also want to copy them without knowing the dangers and addictive power of tobacco.

Schaefer (1996:130) concurs with this argument asserting that external pressures, especially the media, have an influence on substance abuse among the youth. According to him, the amount of time young people spend watching television has a negative influence on their behaviour. He goes on to say that pressure to use alcohol and tobacco has greatly increased as young people are continually bombarded with the message that these drugs are the answer to all their problems.

A report by the Global Tobacco Youth Survey - Kenya (Gatonye, Daily Nation, May 22, 2006), says that about 13 percent (400,000) of all school children in Kenya smoke cigarettes, a habit which some of them start as early as seven years old. According to the report, 30 percent of the children (1.5 million) are exposed to tobacco smoke in their homes. The study, conducted by the ministries of Health and Education, with support from the WHO showed that up to 80 percent of boys and girls had seen messages promoting the use of tobacco in newspapers and magazines, and that 50 percent of smokers, and 20 percent of the newer smokers, had objects such as T-shirts, caps and pens with a cigarette logo. The report also showed that 25 percent of smokers thought that boys and girls who smoke looked more attractive. From this, it is clear that advertising links smoking with being "cool", taking risks and growing up and this impacts negatively on young people including students.

As youngsters grow older, their social networks widen and they are more exposed to expanded opportunity and increased temptation. According to Johnston (2000:120), social pressures often reinforce drug-taking as a sign of adult behaviour. In addition, as youngsters grow older, they become more economically independent and group involved. As a result they are more likely to indulge in drug abuse. The reasons given for indulging in the vice are, amongst others, to relax, to show independence, to be part of a group, to relieve stress, to satisfy curiosity, to copy role models, to be rebellious, to overcome boredom, to cope with problems and to keep up with the crowd.

A study by Kombo (1997:119) in selected schools in Kenya showed that the type of schooling has an influence on drug abuse among students. According to him, experimentation with common drugs was more frequently reported by Kenyan youth who have attended day schools rather than boarding schools. The reasons given were that, boarding school learners are more closely monitored, while day school students are often more exposed to drug abuse as they move to and from school daily.

Imbosa (2002:96) carried out a study in six boys' secondary schools in Nairobi with the aim of finding out the strategies and programmes used in the schools to increase drug awareness and curb their use and abuse. The study involved both students and teachers. It established that drug use and abuse occurs in the student population as result of a complex range of factors including parental engagement in substance abuse, depression, anxiety, learning difficulties and low self-esteem, all of which are beyond the scope of the programmes put in place by the schools to address the problem. Based on these findings, the researcher recommended that a comprehensive study of drug use and abuse should be carried out, after which a detailed drug policy should be developed encouraging smooth planning, implementation and evaluation of the prevention, intervention and action strategies. This recommendation formed the basis for the current study, which attempts to come up with a programme for intervention and prevention of drug abuse among students in Kenyan schools.

Apart from the above factors, Kiiru (2004:50) argues that there is official ambivalence towards substance use in Kenya. Alcohol and tobacco are a cause of ill-health, but are legal with the two

substances being a source of tax-income; the brewing and use of indigenous alcoholic drinks is mainly illegal, yet the production and use of alcoholic drinks on an industrial scale is extensive and legal. Khat is a drug whose abuse results in dependence, yet the government treats it as a valued export commodity competing with tea and coffee in importance. According to Kiiru, this is a contributing factor to drug abuse by Kenyan youth.

Paradoxically, affluence is a cause of substance abuse among the youth as well as poverty. According to Kiiru (2004:55), some youth from rich families abuse substances because they can afford them, while some from poor families, due to frustrations, abuse cheap drugs such as alcohol. In addition, frustrations arising from lack of school fees and other basic needs may lead students to abuse drugs based on the false believe that use or abuse of substances will make one forget one's problems.

The above studies have shown that various factors contribute to drug abuse among school learners. Knowledge about the factors causing the problem is crucial in the development of intervention programmes to address it. However, we cannot assume that these are the only factors responsible for drug abuse among Kenyan youth in secondary schools, especially in Machakos District where the current study was carried out. It was therefore important to carry out a study and establish the actual factors which are unique to the district with a view to proposing intervention measures. In addition, the study attempted to critically analyze the factors that have hindered the effectiveness of strategies used by schools in addressing this problem, with a view to developing a programme for intervention and prevention.

2.3   THE NATURE AND EXTENT OF DRUGS ABUSED BY LEARNERS

Drug abuse among young people is a global phenomenon and it affects almost every country. Although it is difficult to authenticate the actual extent and nature of drug abuse amongst learners, research indicates that most adolescents experiment with alcohol or other drugs prior at school. It is estimated that about 25 percent of male adolescents and 10 percent of female adolescents abuse alcohol at least once a week (Gillis, 1996:107).

A study in 1998 conducted by University of Massachusetts researchers on the smoking habits of 681 teenagers between 12 and 13 years revealed that several of them were addicted to cigarette smoking (BBC News, September 2000). Symptoms that indicated addiction included craving for more nicotine, withdrawal symptoms and loss of control over tobacco intake. The study established that 63 percent of the teenagers had one or more symptoms of nicotine addiction, while some children could smoke up to five cigarettes a day without showing any signs of addiction. The Forum on Child and Family Statistics (2000:1) report says that, seven percent of male learners in grade 8 smoke daily while 16 percent of tenth and 24 percent of twelfth-grade males do so. For females, the rates were 8, 16, and 22 percent for learners in grades 8, 10 and 12, respectively.

On alcohol abuse, the Institute for Social Research at the University of Michigan (1997) points out that by the time learners in the US reach grade 12, approximately 8 in 10 will have consumed alcohol at some time in their lives. Of these, 60 percent will have consumed it to the point of intoxication. Some of the problems associated with youth drinking include violence, suicidal behaviour, and high-risk sexual activity (Cookson, 1992:360).

The National Survey on Drug Use and Health (NSDUH, 2002:19) revealed that 8.3 percent of the American population roughly 19.5 million people were current users of an illegal drug, while countless more individuals used and abused legal drugs. Moreover almost one half of the US population (46 percent) of 12 years age and older had used an illegal drug at least once at some point in their lives. This is evidence that the country continues to be deeply affected by substance abuse. The most commonly abused drugs were found to be marijuana, cocaine, heroin, inhalants, alcohol and tobacco. The projected economic cost of illicit drug use to US society in 2002 was estimated at $160.7 billion.

Though federal spending on the drug war increased from 1.65b US dollars in 1982 to 17.7b in 1999, more than half of the students in the U.S in 1999 had tried an illegal drug before they graduated from high school. Additionally, 65 percent had tried cigarettes by 12th grade, while 62 percent of 12th grade and 25 percent were reported to have been drunk at least once (Bachman, 2000: 135).

In Brazil, it is estimated that 36 million (22%) of the total population of 170 million inhabitants are adolescents between 10 and 24 years, 70 percent dropping out of school before completing the basic 8 years of their education. Drugs are an important feature of social imbalance in Brazil during the adolescent years, and are associated with the high mortality rates attributable to external causes like homicides, fatal injuries or firearms-related deaths. A study carried out at the City Emergency Hospital Miguel Couto in the month of May, 1996, found 435 (16%) of all 2737 'external' violent cases treated were related to drugs: alcohol in 88 percent of cases, cocaine in 3 percent, marijuana in 2 percent and other drugs in 4.1 percent of the cases. Most of the 32 overdoses occurred among youth victims and 6.4 percent of all patients were adolescents between 15 and 19 years, followed by 19.2 percent of young adults between 20 and 24 years of age (Minayo and Deslanders, 1998; in Eisenstein, 2005: 121).

The prevalence of alcohol and other drugs among adolescents in Brazil has been increasing for the last twenty years. Obot (2005:133) highlights that 70 percent of the teenagers have used alcohol at least once in their lifetime, followed by marijuana at 5 percent, and by cocaine, at 2 percent. He adds that lifetime prevalence for overall illegal drug use varies from 18 to 26 percent for adolescents throughout Brazil and that a major concern has been not only the widespread use of illegal drugs but the decreasing mean age for the first-time use of drugs which in 1997 was 12 to 13 years.

The World Drug Report by UNDCP (2001:39) reports that there are about 141 million drug abusers globally, including 8 million heroine addicts, 30 million amphetamine users and 13 million cocaine users. The report shows that in the United States and Canada there where 360,000 heroin abusers in 1991, and 600,000 in 2000. In the UK, Ireland, Denmark and Italy, 2 percent of 16 and 17 year-olds had used heroin. Six percent of American young people including students had used cocaine, in the Bahamas 6.4 percent, and 4.5 percent in Kenya. Some 8.3 percent of all young people in the UK and 9 percent in Ireland had used amphetamine drugs (UNDCP, 2001).

A report issued by the White House on educational excellence for Hispanic Americans in 2000 (**http://www.yic.gov/drug.free/a/cabuse.html**) showed that of all the substances used, alcohol causes the most problems among students. In addition, the survey revealed that 32.3 percent used marijuana, 6.5 percent amphetamines, 7.5 percent hallucinogens, 3.7 percent cocaine and 3.6 percent designer drugs such as ecstasy. Such illicit drugs have been factors in many tragedies, including date rape hospitalizations for overdoses, and deaths.

It is not only those who engage in high-risk drinking or other drug use that are affected. Students, who do not drink legally and moderately, frequently suffer second hand effects from the behaviour of other students who drink too much. For example, 60.5 percent of the students interviewed in the above study said that they had had to take care of a drunken student, 20.1 percent had been insulted or humiliated, 18.6 percent had had a serious argument because of another's drunkenness, 13.6 had had property damaged, while 1.3 percent, all women, had been victims of sexual assault or date rape.

While the rates of drug use in Africa are low compared to industrialized countries, they are a cause for concern. According to a UNDCP/WHO report (2000:19), more than 25 percent of students in Nigeria said it was easy to obtain a wide variety of illegal drugs such as crack cocaine, which has entered the market in Lagos. In South Africa – the only substantially industrialized sub-Saharan country - prevalence rates were of similar magnitude, but included the smoking of a mixture of cannabis and methaqualone. Cannabis was said to be a popular drug among secondary school students in both countries. For male and female students, it was reported that the age of first use was between 10 and 17 years. Other drugs of abuse were cigarettes and glue.

The use of psychoactive substances in Nigeria has been seen as a problem of youth living in large urban areas. What was known about substance use in the country in 2005 can be summarized as follows: 5 percent of adult males and 22 percent of male youth are cigarette smokers while the use of cocaine and heroin is common among young people in large urban centres (Mackay and Erickson, 2002; in Obot, 2005:134). The most commonly abused drug by both adults and youth is cannabis. One of the studies conducted specifically to address secondary school adolescent drug use in major urban areas of Nigeria, in 2003 (Obot, Karuri and Ibanga, 2003:107) showed that,

overall, lifetime prevalence of cigarette smoking was 19 percent, while 10.7 percent of students reported smoking at least one cigarette in the past year. Alcohol abuse was reported by 30 percent of the respondents. Other drugs of abuse included cannabis, 5 percent, and inhalants, most often glue sniffing 14 percent.

Alcohol and drug abuse among the youth are implicated in a range of social and economic problems in South Africa. A speech delivered on behalf of the   Minister for Health at the launch of the International Commission on Prevention of Alcoholism (ICPA) South Africa Chapter, in Pretoria, on 27 June 2006, revealed that there is an increase in demand for treatment for illicit drugs in substance abuse treatment centres. Also of concern is the reported increase in the proportion of younger patients coming for treatment. The Minister added that, nationally, almost one of eight learners has had their first drink before the age of 13. In addition, 31.8 percent of learners had drunk alcohol on one or more days in the month preceding interviews by the South African National Youth Risk Behaviour Survey (2002). The results also showed that one in five learners had smoked cigarettes on one or more days in the preceding month. The most commonly abused drugs were said to be alcohol, mandrax, marijuana, heroin and tobacco in the form of cigarettes.

In Kenya, drug abuse has threatened the lives of the youth of 29 years and below. While addressing the opening of the Narcotics Drugs and Psychotropic Substances Control Seminar, Wako (2001) said that 60 percent of drug abusers are youth less than 18 years of age and recommended that drug users should be made to realize the dangers of drug abuse.

The Office of the National Agency for the Campaign against Drug Abuse (NACADA) in Kenya was created in March 2001. Between 2001 and 2002, NACADA commissioned the first ever national baseline survey on the abuse of alcohol and drugs in Kenya. The study targeted Kenyan youth aged between 10 and 24 years. The summary of the unedited report, which was released in 2002, revealed that substances of abuse, both illicit and licit were forming a sub-culture amongst Kenyan youth. Contrary to common assumptions, the survey demonstrated that substance abuse was widespread and that it affected the youth mostly and cut across all social groups. Overall, most commonly abused drugs were found to be alcohol, tobacco, khat and cannabis. In addition

the youth were also abusing imported illegal substances such as heroin, cocaine and mandrax. Although non-students engaged extensively in substance abuse, most youth use was in secondary schools and universities. The report concluded that substance abuse often begins at a very young age: for example, for students and non-students, it starts when they are in primary or secondary school.

Another country wide survey conducted in 2004 by NACADA among students and school-leavers found that hard drugs like heroin, ecstasy, cocaine and mandrax were widely abused in schools by children as young as ten years. The survey revealed that some legal substances such as alcohol, tobacco and khat were commonly abused leading to high incidence of violence in schools (East African Standard, May 22, 2004). Forty-three percent of students from Western Kenya confessed to alcohol abuse 41 percent in Nairobi, 27 percent in Nyanza, 26 percent in Central Province and 17 percent in Eastern Province. Nairobi students led in cigarette smoking followed by Central, Coast, Eastern and Rift Valley provinces.

The Ministry of Health estimates that Kenyans smoke about 10 million cigarettes a year. Ministry statistics also show that smoking prevalence rates among children below 15 years are between 13 and 15 percent. Among young people aged between 18 and 29, the rate is estimated to be 44.8 percent, and 52 percent among college and university students (Gatonye, Daily Nation May 22, 2006). On the same note, the then Minster for Health, Hon. Charity Ngilu warned that the number of smokers in Kenya is increasing, saying that 1.1m under age Kenyans were addicted to tobacco (Daily Nation, May 23, 2006).

A study by the Great Lakes University, Kisumu found in 2009 that 58% of the secondary school students in Kisumu District had consumed alcohol at some point in their lives (Daily Nation, June 2, 2009). The study interviewed 458 students from nine secondary schools in Kisumu and concluded that use of drugs including alcohol, tobacco, khat, cannabis and cocaine had risen drastically in the previous decade. By age 15, according to the study, some students were found to have already started using drugs and by the time they were 19, 33% males and females had already become drug abusers.

From the foregoing, it can be seen that drug abuse is a reality among the youth especially in Kenya. If the rate at which young people have indulged in drug abuse is anything to go by, then the future of the society is uncertain and something must be done urgently to address the problem. There is need for a study to evaluate the effectiveness of drug abuse prevention initiatives aimed at reducing demand for drugs among students, and how drug abuse prevention measures can be improved, as well as how ineffective ones can be weeded out. In view of this the current study was carried out. Knowledge of the nature and extent of drug abuse is important in the development and implementation of intervention strategies to curb the problem amongst the youth in schools.

2.4   THEORETICAL FRAMEWORK

The Modified Social Stress Model (MSSM) for understanding drug use and abuse guides this study. The model was developed by Rodes and Jason (1988) and modified by World Health Organization/Progamme on Substance Abuse (WHO/PSA) to include the effects of drugs or substances, the personal response of the individual to drugs and additional environmental, social and cultural variables.

Research has shown that in order to prevent substance use and abuse, two things must be taken into consideration: factors that increase the risk of developing the problem must be identified, and ways to reduce the impact of these factors must be developed. The theory maintains that there are factors that encourage drug abuse called risk factors. Factors that make people less likely to abuse drugs are called protective factors. The key to health and healthy families is increasing the protective factors while decreasing the risk factors.

According to this model, if many risk factors are present in a person's life, that person is more likely to begin, intensify and continue the use of drugs, which could lead to drug abuse. The model identifies risk factors as stress (which could be due to the school or home environment, and adolescent developmental changes) and normalization of substance use which could be seen in terms of legality and law enforcement; availability and cost of drugs; advertising, sponsorship and promotion through media, as well as the cultural value attached to various drugs. In addition,

there is also the experience derived from the use of drugs, which could be positive or negative. Drugs which produce positive effects are likely to be abused.

The model also shows that the more protective factors are present, the less likely the person is to become involved with drugs. Protective factors are identified as: attachments with people such as family members, peers and institutions such as religion and school. In addition are skills, which refer to physical and performance capabilities that help people succeed in life and reduce incidents of drug abuse. Availability of resources, within the person or the environment, which help people meet their emotional and physical needs, are said to reduce dependence on drugs. Examples include positive role models, religious faith, anti-drug campaigns plus guidance and counseling services.

According to this model, it is easy to understand the drug problem better if both risk and protective factors are considered at the same time. Probability of drug abuse is determined by these factors. The framework is useful as a way of planning interventions to prevent or treat problems related to drug abuse. Once the risk factors are identified, work can begin on reducing the risks and strengthening the protective factors.

Although Rodes and Jason's theory could explain why the youth in schools do or do not abuse drugs, it is not exhaustive. In addition to the above risk and protective factors there could be others which contribute to the present scenario in families, schools and communities, as suggested in the literature review. The presence of risk and protective factors is context dependent and the proportions of their contribution depend on intensity in given situations. Therefore the actual state of affairs needed exploration for factors unique to Machakos district in Kenya, where the investigation was carried out. This model therefore guided the study by way of examining the drug problem in secondary schools in the district and to analyzing the strategies used to address the problem, but where it proved inadequate other models were taken into account. The aim was to make recommendations for improvement and propose intervention measures to address the problem.

2.5   CONCLUSION

In this chapter we have tried to analyze the cause, nature, extent and effects of   drug abuse amongst learners with particular reference to the youth in Kenya. The risk factors leading to drug abuse have been identified as stress from home, school and adolescent changes, availability of drugs and the experience from usage. The protective factors include attachment to family, groups and institutions, availability of resources that adequately meet emotional and physical needs and high levels of success achieved independently of drugs. In the next chapter the researcher will examine the present scenario in Kenya in relation to drug abuse.

CHAPTER THREE

ADDRESSING DRUG ABUSE IN KENYA: THE PRESENT
SCENARIO

3.1   INTRODUCTION

Excessive indulgence in drugs and crime go hand in hand. In many cases, drug abusers will go to extreme lengths to obtain enough drugs to satisfy their habit. While obviously not all crimes are connected with the acquisition of drugs, individuals while under their influence commit many crimes. A report by the World Health Organization (1992) on metropolitan areas of major industrialized nations in the world, found that roughly 50 per cent of those arrested on the street had one or more drugs in their system.

Despite recent successes in some parts of the world in controlling the supply of drugs and trafficking of illegal drugs has posed a threat to the security and integrity of many nations, Kenya included. Governments have therefore become concerned with this problem. The aim has been to come up with a solution to the drug issue, which has threatened individuals the world over and has also become linked to acts of terrorism.

3.2   OVERVIEW OF THE PRESENT SCENARIO

In 1971, growing concern over the harmful effects of psychotropic substances led to the adoption of the Convention on Psychotropic Substances. This convention adopted by a plenipotentiary conference held in Vienna in January and February 1971 under the auspices of the United Nations, placed these substances under the control of international law. The convention entered into force on 16 August 1976 (WHO, 1995).

Describing drug trafficking and abuse as "international criminal activity demanding urgent attention and maximum priority", on 14 December 1984 the United Nations General Assembly adopted the Declaration on Drug Trafficking and Drug Abuse. The Assembly declared that the

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illegal production of, illicit demand for, abuse of and illicit trafficking in drugs impede economic and social progress, and constitute a grave threat to the security and development of many countries. Its eradication, according to the Assembly, was the collective responsibility of all states (Richman, 1991:102).

The General Assembly's seventeenth special session was convened in 1990 to consider the question of international co-operation against illicit production, supply, demand, trafficking and distribution of narcotics. The Global Programme of Action was adopted in March 1990. In an effort to strengthen its capacity to counteract drug abuse and illicit trafficking, the United Nations established the United Nations Drug Control Progamme (UNDCP) in 1991 with a branch in Nairobi, Kenya. Its main function is to co-ordinate all United Nations drug control activities and provide effective leadership in international drug control. The programme serves as the focal point for promoting the implementation of the Global Programme of Action (WHO, 1995).

Kenya, as a member state of the United Nations, is involved in the implementation of the above programmes. In line with United Nations recommendations, Kenya observes International Drug Abuse Day, set aside by the United Nations to raise consciousness about the drug abuse problem. The celebrations, observed on 26 June every year, are organized by the Ministry of Health and UNDCP in collaboration with Drug Abuse Prevention and Therapeutic Services.

The Kenya Government has ratified two major United Nations conventions on narcotic drugs and psychotropic substances in its quest to protect its citizens from the global drug abuse phenomenon. These include the Single Convention on Narcotic Drugs (1961) and the Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances (1988). Currently the government is working towards ratification of the 1971convention on psychotropic substances.

At national level, the Kenya Government has put in place some policy measures to address the drug problem. The government has banned cigarette smoking in public places, while many government and private offices have been declared smoke free (Ngilu, 2006). The Ministry of Health demands that all cigarette advertisements be accompanied by a warning that, "Cigarette Smoking is Harmful to Your Health". The Government has also banned the brewing of

indigenous alcoholic drinks such as "changaa" and "kumi-kumi", which are considered hazardous to human health (Ministry of Health, 2006).

The Kenya Wildlife Services has deployed security officials in most of the country's national forest-reserves including Banchoge Forest, Nandi District, and Mount Kenya following the discovery of large bhang plantations which had existed for many years in these areas (Daily Nation, April 17, 1996). District Commissioners have been directed to clamp down on drug trafficking and bhang growing in their districts. The same directive also applies to other districts in the country, and all Kenya Wildlife officers must enforce it.

According to a Rapid Situation Assessment report by UNODC (Ndetei, 2004:3), Kenya has developed policies on how to combat HIV/AIDS and drug abuse on various fronts - education, treatment, rehabilitation, demand reduction and control of availability of drugs. National drug policy involves drug control legislation and the legal framework under which treatment and rehabilitation of drug abuse takes place. The National Policy on Drug Abuse in Kenya was developed on the premise that the Kenya Government had ratified three major UN conventions on narcotic drugs and psychotropic substances, namely the Single Convention on Psychotropic Substances of 1961; The Convention on Psychotropic Substances of 1971 and the Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988.

The Narcotic Drugs and Psychotropic Substances Control Act, 1994, in operation since August 26 1994, is the latest Kenyan legislation against drug trafficking and abuse (Daily Nation, September 1, 1994). The act specifies a minimum of 10 years and a maximum of 20 years in jail for possession of drugs. The setting up of the International Drug Control Committee, whose responsibility was to evaluate drug policies in the country, followed the enactment of the above law. The greatest achievement of the Inter-ministerial Committee was the production of the Drug Master Plan in 1998, which was approved in 2001. That same year NACADA was formed to enhance advocacy against drugs of abuse in the country.

Although the act prescribed heavy punishment for drug traffickers, it has been argued that the law was drafted in a hurry to please the United States establishment rather than safeguard the

interests of Kenyans (Mkangi, 1994:15). According to Mkangi, it protects the interests of the developed countries in dealing with the drug abuse problem. In addition, Kiungu (1998:17) argued that in spite of the heavy punishment prescribed by the law, the police force needs to be strengthened to enable it to crack down on traffickers. He added that all parties including parents, teachers, law enforcers, religious institutions and the media must fight the drug problem.

The Office of NACADA was established in 2001 as part of the Executive Office of the President, to help the government accomplish the national goal of reducing drug use and abuse. According to the NACADA Service Charter (2001), its mission is to coordinate the prevention, reduction and control of drug and substance abuse through public education, empowerment and enforcement liaison. NACADA undertakes various activities which include sensitizing, training and empowering the public on matters of drug and substance abuse; providing resource centre services for information on drug and substance abuse; creating a forum for stakeholder participation in questions of drug demand and supply of drugs of abuse in the region, involving communities in identification of drug abuse problems and development of local solutions. In addition, the Agency also prepares and distributes pamphlets with various messages on the effects of drug abuse to schools and to the public at large. The Agency has been involved in developing a strategic plan to include public awareness campaigns, interventions for special groups, counseling services, rehabilitation and support services for the vulnerable and the youth.

At the school level, the Ministry of Education (MOE) has integrated drug education components into the existing school curricula, in Social Studies at the primary level, and in Religious Education at secondary level (Kenya Institute of Education Syllabus, 2004:39). The MOE has also emphasized provision of training in drug education to heads of schools, teachers and school inspectors through in-service courses. The main objective is to create awareness of the dangers of drug abuse and its consequences, and to mobilize school children to participate and take a leading role in drug and alcohol issues. In addition, it also aims at encouraging teachers to be knowledgeable about drug dangers, to increase their capacity to intervene including through counseling and to prepare materials for drug education (UNDCP, 2002:157). The government, through the MOE has emphasized provision of guidance and counseling services in schools to

help curb drug abuse and other problems that face students. This is in line with the recommendations of the Ominde Report (1964:102) and the Gachathi Report (1976:117).

Realizing that drug abuse is becoming a problem in Kenya, NACADA has drawn up an action plan the main areas of focus of which are public awareness, liaison activities and support service. It targets youth in and out of learning institutions. Developing programmes through the mass media, passing messages through public ''barazas'' and incorporating drug preventive education in the education curriculum are some of the modes of fighting drug abuse that have been outlined in the action plan (NACADA, 2004). The plans some of which are so far only on paper appear promising and one can only hope that the implementation phase will be successful.

In an attempt to fight drug abuse among students in Kenya, about 4000 head teachers gathered in Mombasa in June 2005 (Daily Nation, June 20, 2005). They supported the government's proposed ban on billboard and television advertising of alcohol and cigarettes. The Secondary Schools Principals' Association also supported a plan by the government to ban smoking in public. So far the Association has started a campaign project aimed at fighting drug abuse amongst student and has made efforts to have programmes on the fight against drug abuse featured in the electronic media, specifically targeting teachers and students. Also the chairman of the Kenya Schools Heads Association Mr. Muthaithai has urged the Government to implement the ban on alcohol and tobacco advertisements, saying they target the youth. He argued that we must do everything possible to protect the youth, the leaders of tomorrow.

Some churches have also established anti-drug programmes. One such is the Lavington United Church whose outreach ministry helps in training and teaching about the dangers of drug abuse in schools, colleges and universities. The youth are taught how to reach others through peer counseling (The Standard, June 2, 2003). The Anglican Church of Kenya (ACK) has also launched preventive-drug programmes for the youth and adults in each diocese and has organized spiritual crusades to fight drug abuse in schools and colleges. In addition, the church has established treatment and rehabilitation centres to create awareness, and bring about physical and inner healing for drug users and addicts (Githinji, 2004:40). While addressing a church seminar on the drug problem in Kenya, Bishop Nzimbi (ACK, 2004) emphasized that the church has a

biblical mandate, an obligation and commitment to be involved in the war against drugs and against the vices affecting society. The Bishop went on to say that the drug problem has shaken family foundations and the community at large and that although a lot has been done to address the issue of drug abuse among the youth, the root cause of the problem must be addressed. The drug problems, he said, reflect a bigger problem and are a direct product of how children are socialized in relation to social values.

Studies carried out locally and elsewhere (Gitahi and Mwangi, Daily Nation April 2, 2007: 10) indicate a strong linkage between alcohol/drug abuse by young people and the breakdown in family values. The cultures of indigenous society restricted the use of alcohol to senior age groups and special occasions. Even then, alcohol was consumed under strict conditions and drunkenness was discouraged. That children as young as 10 years are abusing alcohol (Daily Nation, April 8, 2007:10) spells danger not only to themselves and their families, but also to the well-being of the nation because children represent the future. The family and society as whole have the obligation to ensure that children grow up in an environment that promotes moral values and a more disciplined way of life. Lack of a proper value system in the society is likely to lead to drug abuse, which in turn would ruin the family life even further.

In an attempt to curb drug abuse, some educational institutions in Kenya including secondary school, colleges and universities have started the peer education programmes to address the problem. Institutions have started peer education programmes aimed at reducing irresponsible sexual behavior, unwanted pregnancies, sexually transmitted infections (STIs) including HIV/AIDS and drug abuse by improving the quality of counseling and service delivery for students. The peer outreach programme is the highlight of the project, as it trains students to promote responsible behavior among their peers. Some activities carried out in peer counseling include showing videos, follow-up discussions, door-to-door counseling and public lectures. Although such activities can go a long way in addressing and curbing drug-related problems, they are secondary to the role of the family in socializing children and the youth in the right direction. The family is the basic building block of every culture. Children are not only better socialized at home than in the peer group, but are also best socialized by parental example and the sharing of social values. Positive sociability is firmly linked with the family in relation to child's self-

worth. This in turn depends largely on the values and experiences provided by the family, at least until the child can reason consistently. The basic role of the family is therefore to ensure that children grow up in a loving and secure environment where they can be taught sound values.

From the foregoing it is clear that reducing drug use and abuse has been a priority of the Kenyan government at national and local level for many years. However, there is evidence that the problem is far from over. According to a speech delivered by Hon. Professor Saitoti, then Minister for Education, to the Third African Convention of the African Principals at the Bomas of Kenya (August 27, 2004), one of the greatest challenges impacting negatively on the achievements in the education sector in Africa is drug abuse amongst the youth in schools. Some African cities have been identified as either destinations or conduits for hard drugs. The minister went on to say that drug peddlers and barons are known to target the youth in schools as a lucrative market. As a result, drug abuse has become one of the root causes of school indiscipline. The minister went on to say Kenya and other countries could not afford to lose the war against drugs because failure to address this problem will lead to the destruction of the youth and thus the future of many countries.

However, a report compiled by NACADA indicts the government because of its reluctance to curb the menace. According to the report, the government is unable to address drug abuse due to its need to gain tax returns from growers and manufacturers of certain addictive substances. In the view of the report, this is related to the fact that drug abuse in schools has reached alarming proportions (Odera, May 11, 2005).

According to a World Bank report (Daily Nation, December 15, 2005), the majority of Kenyan youth are into theft, violent crime and drug abuse, and many are likely to suffer from HIV/AIDS. This situation is associated with poverty and joblessness. In spite of measures taken by the government to curb drug abuse, it is on the increase in schools and threatens to affect learning programmes and discipline. A fresh and concerted effort by the authorities and the public is therefore required to curb the menace locally, especially among the youth (UN Secretary, Koffi Annan, 2006).

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While addressing a regional meeting on tobacco, organized by the Framework Convention Alliance, the then minister for health, Hon. Charity Ngilu, reported that more than one million Kenyan minors could be smoking their way to an early grave. The minister revealed that about 13 percent of primary school pupils smoked cigarettes. In addition, 27 percent of the Kenyan population is addicted to tobacco (Daily Nation, November 10, 2005). According to the minister, tobacco addiction must be fought and overcome to bring down tobacco-related deaths and promote health.

The extent of drug abuse in schools is reflected in media reports as indicated in this section. Siele (Daily Nation, July 18, 2005) maintains that the problem of drug abuse continues to affect most institutions of the learning in Kenya. According to his report, six students were hurt in a fight at a disco, at the Nakuru Agricultural Society of Kenya showground. Some of the students appeared drunk. In another incident, four students from Rasul Al Karam, Nakuru, were arrested for inciting others to go on strike after they were denied permission to attend the show. The students allegedly sneaked out of school and went on a drinking spree. They returned drunk and started plotting a strike. The students were arrested as they tried to vandalize school property to protest.

In another incident, a fire gutted a dormitory in Nyeri High school as students scampered for safety. According to Ogutu and Njogu (The Standard, May 17, 2005), some boys who were smoking in their room were believed to have dropped a cigarette butt suspected of sparking the blaze. On the same note, while giving an address on the International Day of the Family on 14 May 2005, the then sports minister Ochilo Ayako said that parents needed to play a more active role in the fight against drug abuse. He noted that many youths in Kenya were exposed to drugs through advertisements on television. According to him, the mass media were glorifying smoking and alcohol abuse as indicators of success and stardom (The Standard, May 17, 2005).

Once a top school in Machakos, Eastern Province of Kenya Tala High school is today a shadow of its former self. The school is now infamous for frequent student riots. In 2005, the school experienced its worst strike when rampaging students destroyed property worth Kenya Shillings 5 million, leading to the closure of the institution. According to the school principal, Mr. Samuel Chepkole, the declining academic performance of the school can be attributed to rampant drug

abuse among students, laxity among staff and embezzlement of funds set aside to improve facilities by former school heads (The Standard, January 12, 2006).

While addressing the Third Global Youth Employment Summit 2006, His Excellency Hon. Mwai Kibaki (13 September, 2006), reported that the youth today are facing many challenges that are hindering them from the full realization of their aspirations. These include drug and alcohol abuse and HIV/AIDS. The president argued that experimentation with alcohol and drugs is a serious problem among the Kenyan youth. He advocated awareness programmes to avoid risky behaviour that can expose the youth to drug abuse and the HIV/AIDS virus.

According to a study carried out by the Great Lakes University in Kisumu, the use of drugs among secondary school students has doubled in 10 years (Gathura, Daily Nation June 2, 2009). A 2001 study by NACADA indicated that about 22% of high school students were using alcohol. However, the Great Lakes University study found that a staggering 58% of respondents had consumed alcohol, 34% had used tobacco, 32% khat, 18% cannabis and 5% cocaine. The age group at most risk was put at between 16 and 18. The Great Lakes University study though not conclusive, shows a 16% increase of drug abuse among secondary school students since the 2001 report by NACADA.

If the above scenario is anything to go by, then it is clear that drug abuse is a threat to the general public as well as the youth in Kenyan schools. It is therefore necessary that drug abuse amongst students and society in general must be fought so as to reduce the criminality and social dysfunction that tends to accompany drug abuse at all social levels. In view of this, the current study set out to establish the cause, nature and extent of drug abuse amongst students in Machakos District with a view to proposing a programme for prevention and intervention.

3.3   CONCLUSION

This chapter has addressed the issue of drug abuse in Kenya as it currently presents itself. In the next chapter, the research design will be discussed.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1   INTRODUCTION

This section describes the research methodology of the study. The aim of the empirical investigation was to establish the current trend of drug abuse among secondary school students in Machakos District with the aim of developing a programme for intervention. The chapter consists of the introduction, aim of the research, research paradigm, research design, validity and reliability of the study, data processing, ethical considerations and the conclusion.

4.2   AIM OF THE RESEARCH

The overall purpose of this study is to gain insight into the current trend of drug abuse among students in secondary schools in Machakos District, and to analyze the strategies used to address the problem. To achieve the objective of the study, the research attempts to answer the following questions:

- What is the extent of drug abuse among secondary school youth in secondary schools?
- What are the main causes of drug abuse among the youth in secondary schools?
- Which are the commonly abused drugs by the youth in secondary schools?
- What are the effects of drug abuse among the youth in schools?
- What strategies do the schools use to address drug abuse?
- What modifications are needed within the current strategies to establish an effective programme against drug abuse in secondary schools?

4.3   RESEARCH PARADIGMS

This section elaborates on the reasons for using both qualitative and quantitative methodologies for this study and justifies the need for both approaches.

The term paradigm may broadly be defined as a loose collection of logically related assumptions, concepts or propositions that orient thinking and research (Bogdan and Biklen, 1998:22) or the philosophical intent or motivation for undertaking a study (Cohen and Manion, 1994:38). Mac Naughton, Rolfe and Siraj-Blatchford (2001:32) define a paradigm as consisting of three elements: a belief about the nature of knowledge, a methodology and criteria for validity. According to Bogdan and Biklen (1998), the research paradigm influences the way knowledge is studied and interpreted. It is the choice of paradigm that sets down the intent, motivation and expectations for the research. Without selecting a paradigm as the first step, there is no basis for subsequent choice regarding methodology, methods, literature or research design.

Qualitative research is linked to an interpretive paradigm. Interpretive approaches to research have the intention of understanding "the world of human experience" (Cohen and Manion 1994:36), suggesting that "reality is socially constructed" (Mertens 2005:12). The interpretive researcher tends to rely upon the participants' views of the situation being studied (Cressell 2003:38) and recognizes the impact on the research of their own experiences. According to Cressell, the interpretive researcher is most likely to rely on qualitative data collection methods and analysis, or a combination of qualitative and quantitative methods.

Qualitative research, broadly defined, means any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification (Strauss and Corbin 1990:17). Strauss and Corbin (1990) claim that qualitative methods can be used to better understand any phenomenon about which little is yet known. Additionally, they can also be used to gain new perspectives on things about which much is already known, or to gain more in-depth information that may be difficult to convey quantitatively.

Therefore the use of qualitative methods in this study is considered appropriate in situations where the researcher feels that quantitative measures cannot adequately describe or interpret a situation in relation to drug abuse among students. In this study, an interpretive approach was used since the researcher believed that the reality to be studied in relation to student involvement in drug abuse, and their experience of the problems surrounding the abuse of drugs consists of the

students', the teachers' and community members' especially parents subjective experiences of the cause and effects of drug abuse.

Open-ended interview questions were used to gather in-depth information concerning drug abuse among students in secondary schools. Interviews were conducted with a selected number of deputy-head teachers and parents. Full details on the sample and selection of the sample are given in sections 4.4.1 and 4.4.2. The ability of qualitative data to more fully describe the current trend in drug abuse is an important consideration from the researchers' perspective. According to Stake (1978:5) data gathered through qualitative research is rich with detail and insights into participants' experiences of their world, and therefore more meaningful. Qualitative research uses the natural setting as the source of data. The researcher attempts to observe, describe and interpret settings as they are, while maintaining what Patton (1990:55) calls an "empathic neutrality". Qualitative research has an interpretive character, aimed at discovering the meaning events have for the individuals who experience them and the interpretation of these meanings by the researcher (Eisner, 1991:36).

Quantitative research is linked to positivism whereby reality is seen as "stable, observable and measurable" (Cressel, 2003:39). Quantitative research seeks causal determination, prediction, and generalization of findings. It focuses on collecting numeric data which is then analyzed statistically. Some researchers believe that qualitative and quantitative research approaches can be effectively combined in the same research project (Strauss and Corbin, 1990; Patton, 1990). Russek and Weinberg (1993:39) claim that using both quantitative and qualitative data can give insights that neither type of analysis could provide alone. Quantitative data may be utilized in a way which supports or expands upon qualitative data and effectively deepens understanding. The purpose of using quantitative methods in this study was to describe, explain and predict the phenomenon of drug abuse by establishing its causes and its effects on students' behaviour. Quantitative research was based on pre-determined variables and research questions, which the researcher investigated independently. In this study variables will include drug abuse (dependent variable) and causes and strategies used to address drug abuse (independent variables). Data collected through quantitative research is predominantly objective and this was obtained through structured questionnaires. Objectivity ensured a high degree of reliability of the results.

4.4   RESEARCH   DESIGN

The research design for this study is a descriptive survey. In view of this, the study adopted the field survey method to collect both quantitative and qualitative data. The field survey implies the process of gaining insight into the general picture of a situation, without utilizing the entire population (Gall, Borg and Gall, 1996: 28).

4.4.1   Description Of The Sample

This research is a case study, carried out in the Central division of Machakos District. The Division has 28 secondary schools of which three are boys' schools and three are girls' schools. The other 22 are mixed schools, private or public.

The target population for this study was Forms 3 and 4 students, deputy-head teachers, school counselors, class teachers and parents. Forms 3 and 4 students were selected because they have been in school for some time and are likely to be more familiar with the strategies used to address drug abuse problems, and better placed to evaluate the effectiveness of these strategies. In addition, they are mature enough to suggest ways of dealing with the issue from their own experiences, and make suggestions for improvement.

 To survey the opinions of experts and students, nine schools were utilized which included nine each of deputy-head teachers, school counselors, class teachers and chair persons representing Parent-Teacher Associations (PTAs) in the selected schools. A total of 360 students were randomly selected for this study. Therefore, the total number of expected participants in the study was 406.

4.4.2 Sampling Procedure

Only nine of the 28 secondary schools in the Central division of Machakos District were utilized for this study. This number enabled the researcher to collect detailed data, as she was able to administer the research instrument personally, with assistance of research assistants. In addition, a sample of nine schools made it possible for the researcher to conduct interviews with a great number of the respondents within the duration of the research.

Schools were stratified into single-gender schools and mixed schools. Since there are only three boys' and 3three girls' schools in the division, purposive sampling was used so that the six schools were included in the sample. This is based on the argument put forward by Miller in Delbert (1976:112):

> *When practical considerations preclude the use of probability sampling, the researcher may seek a representative sample by other means. He looks at a sub-group that is typical of the population as a whole. Observations are then restricted to this sub-group and conclusions from the data obtained are generalized to the total population.*

In selecting a sample from the mixed schools, an equal number with the single -gender schools was selected. Three schools were therefore selected from the mixed public schools category. Choosing an equal number of schools in both single- gender and mixed schools facilitated comparison in the difference in patterns of drug abuse between mixed and single-gender schools.

Schools were stratified into boys only, girls only and mixed mainly because single-gender schools are likely to have different experiences on the problem of drug abuse compared to mixed schools. Disciplinary systems are also likely to have an impact on the pattern of drug abuse in both categories. This is more so because single-gender schools are boarding schools while the mixed schools are mainly day schools.

In each school, the stratified random sampling technique was used to obtain 20 Form Three students and 20 Form Four students. Stratified random sampling implies the selection of a sample in such a way that the researcher is assured that certain sub- groups in the population will be represented in the sample in proportion to their numbers in the population (Borg and Gall, 1983). From each class, i.e. Forms 3 and 4, the 20 students were selected using simple random sampling. In cases where there was more than one stream, only one stream randomly selected was utilized.

4.4.3   Research Instruments

The main research instruments used to collect data in a survey are questionnaires and interviews (Kerlinger, 1973: 175). This study being a field survey used both these research instruments.

4.4.3.1   The Questionnaire

A questionnaire was administered to the students, school counselors and class teachers to collect demographic and factual data relating to the nature and extent of drug abuse among learners, and to the strategies used to address the problem in schools. A questionnaire was used as covering a wider scope than an interview guide, which best serves to supplement information, clarify gaps and add insight (Mugenda and Mugenda, 1999:59). The questionnaire contained both structured (closed-ended) and unstructured (open-ended) items.

Two sets of questionnaires were used, one for school counselors and class teachers, and another for students. The questionnaires consisted of a list of questions relating to the objectives and research questions of the study. They were administered directly to the respondents and collected on the same day. Open and closed-ended questions were used to elicit qualitative and quantitative information respectively from both teachers and students.

The questionnaire for students sought to gather information regarding the following:

- Demographic information.
- Extent of drug abuse

- Causes of drug abuse
- Commonly abused drugs and their sources.
- Consequences of drug abuse.
- Strategies used to curb drug abuse and their perceived effectiveness.
- Recommendations to address the problem of drug abuse.

The questionnaire for class teachers and school counselors was used to gather data regarding:

- Background information.
- Extent of drug abuse
- Causes of drug abuse among students
- Commonly abused drugs
- Consequences of drug abuse
- Perceptions of and experience with drug abuse among students and its consequences.
- Strategies used to address the problem, and their perceived effectiveness.
- Suggestions to improve the situation.

Before the actual research, the questionnaires were piloted in similar schools outside the central division of Machakos District. The aim was to check on the clarity of the questionnaire items and instructions and to eliminate ambiguity in wording. The other reason was to check on time taken to answer questions and complete the questionnaires.

4.4.3.2   Interview Guide

Qualitative interviews may be used either as the primary strategy for data collection or in conjunction with observation, document analysis or other techniques (Bogdan and Biklen, 1982:47). An interview guide or "schedule" with a list of questions or general topics that the researcher wants to explore during the interview will ensure good use of limited interview time. The questions or topics will keep interactions during interviews more focused.

In keeping with the flexible nature of qualitative research designs, interview guides can be modified over time to focus attention on areas of particular importance, or to exclude questions the researcher has found to be unproductive in relation to the objectives of the research (Lofland and Lofland, 1984:82).

 Interviews are justified on the grounds that they are suited for occasions where the questionnaire is not satisfactory (Lofland and Lofland, 1984:85). The interview guide was employed to help the researcher elicit verbal responses from the deputy-head teachers and parents. Use of interviews helped the researcher to probe the respondents and therefore get more in-depth information. Interview guides are open and this characteristic was pertinent to this study because unwilling respondents could more easily and flexibly be convinced to answer all the questions.

Interview guides were used to elicit information concerning:

- The general drug problem in the schools.
- Problems experienced by the schools and students in relation to the drug abuse problem.
- Strategies used by the schools to curb this problem and their perceived strengths and weaknesses.
- Challenges faced in eradication of drug abuse in schools.
- Suggestions on how the problem could be addressed.

4.4.4   Document Analysis

In each school, the researcher obtained drug related records from the previous year. The aim was to gain insight into the extent of drug problems in the schools, and check on the corrective measures employed by the administrators to curb them.

Documents analyzed included disciplinary records usually kept by the deputy head teachers in charge of discipline; school policy documents containing school rules and regulations; official discipline letters to students and other official records in the head teachers' office relating to

student discipline. Information gained through document analysis was used to supplement data gained through interviews and questionnaires.

4.4.5   Data Collection Procedures

The first step in data collection was to get approval from the supervisor to proceed for fieldwork. Thereafter, a research permit was obtained from the Ministry of Education (MOE). This was followed by the recruitment of three research assistants from the local universities. They were inducted for two weeks, the aim being to enable them to understand the research problem and research methodology, and how to administer the research instruments. The research assistants worked closely with the researcher during the data collection period.

Before the actual data collection, the questionnaires were pre-tested (piloted) on a selected sample similar to the actual sample that was included in the study. Subjects in the actual sample were not used in the pre-test. The procedures used in pre-testing the questionnaires were identical to those used during the actual data collection. This allowed the researcher to make meaningful modifications to the research instruments.

Three schools were included in the pilot study. The schools were stratified into single-gender schools for both boys and girls (one of each category) and one mixed gender school. Since the same categories of schools were used during the actual study, it was important to use schools with the same characteristics.

Pre-testing was considered important in this study because comments and suggestions by respondents during pre-testing would help improve the quality of the questionnaire (Mugenda and Mugenda, 1999:79). Pre-testing was meant to reveal deficiencies in the questionnaire. For example, unclear instructions, insufficient writing space, vague questions and wrong numbering were revealed and corrected, thus improving the questionnaire. The responses from the questionnaires were analyzed to check if the methods of data analysis were appropriate and suitable.

Pre-testing also helped in enhancing the reliability of the research instrument (questionnaire) as a consistent measure of the concept being measured. In addition, vague questions that the respondents interpreted differently were revealed. When this happened, the researcher rephrased them until they conveyed the same meaning to all subjects. This enhanced the validity of the questionnaire.

On visiting the schools during the actual data collection, the research questionnaires were administered personally by the researcher with the assistance of the research assistants and class teachers. The questionnaires were collected the same day on completion.

Whenever the researcher visited a school, she used the opportunity to conduct interviews with the deputy-head teachers, and if possible the parents. Arrangements were made to conduct interviews with parents who were not available on the same day. Appointments were booked with the respective respondents and one to one interviews conducted. After the exercise, all the instruments were pooled ready for data analysis.

4.4.6 Data Analysis

Data was analyzed quantitatively and qualitatively. Quantitative data was analyzed by frequency tables and percentages. Frequency tables represent the most commonly used method in presenting data in descriptive research (Kathuri and Pals, 1993:117). Associations between selected variables were tested using chi square.

Qualitative data was evaluated, classified into logical thematic categories based on the objectives and then coded. Analysis of qualitative data collected using interviews and document analysis was an ongoing process where emerging themes were categorized based on the research questions. As the research progressed, some of the questions were refined while new ones were formulated to fill in the research gaps detected. Any questions arising during categorization were also included.

In the early stages of fieldwork data collection, data analysis involved developing simple categories based on the characteristics of respondents and the events that appeared in the research context. Field notes pertaining to responses from each group were filed and coded under the appropriate classification.

As the fieldwork progressed, the researcher used what she had learned to refine, and sometimes redefine the categories of data. After each refinement, the researcher reviewed and re-filed all relevant field notes. A running summary was drawn from the field notes on a daily basis.

The analysis of the structured items was done by using the Statistical Package for Social Sciences (SPSS). Unstructured items were analyzed manually along major concepts and themes, and the results were presented using descriptive statistics. Conclusions were drawn from the analyzed data, leading to recommendations and suggestions for further improvement of the drug abuse preventive measures put in place in various schools**.**

4.5 VALIDITY AND RELIABILITY OF THE STUDY

Content validity of the instruments was determined by expert judgments as supported by Fraenkel and Warren (2000:70) and Huck (2000:65).The instruments were scrutinized by at least three university lecturers including the supervisor of the study to judge the items on their appropriateness of content, and to determine all the possible areas that needed modification so as achieve the objectives of the study. The experts determined whether the items in the questionnaires and interview guides adequately represented all the areas that needed to be investigated. In addition, the researcher also ensured validity of the collected data by administering the interview guides personally.

On reliability of the research instruments, the questionnaire was also pilot-tested. The Split-half procedure was used to test the reliability of the students' and teachers' questionnaires after the pilot testing. This procedure was chosen over other methods such as Kuder-Richardson approaches for its simplicity (Fraenkel and Warren, 2000:75; Huck, 2000:66). Sixty pilot questionnaires were administered for this purpose (20 in each of the three schools).

The open-ended and structured questionnaires were scored by giving a mark for relevant responses and a zero (0) for irrelevant and blank responses. The questionnaires so selected were divided into two equal halves, taking the odd- numbered against the even-numbered items. After administration to the pilot group, separate scores were assigned to every respondent on the two halves. The scores of the halves were analyzed, computed and then correlated using the split-half measure of reliability. The reliability of the scores as a whole was then estimated using the Spearman-Brown Prophecy formula and found to be 0.76. This index was greater than 0.5 and closer to +1. This means that there was a positive correlation between the even numbered statements and the odd numbered ones. In this case the questionnaire can be said to be reliable

4.6 DATA PROCESSING

Before the actual data analysis, the gathered data was validated, edited and then coded. In the validation process, the questionnaires were checked to determine whether an accurate number or acceptable sample was obtained in terms of proportions of the issued questionnaires. Questionnaires were also checked for completeness. Information from interview guides was expected to be straight forward since the questions had been validated in relation to content and also since the researcher ensured relevance during administration and discussion with the respondents.

During editing, the questionnaires were scrutinized to check whether there were errors and omissions, adequate information and legibility and whether the responses were relevant. Those questionnaires not found useful were discarded.

The third step in data processing involved coding. After going through all the collected questionnaires, uniform categories of responses were identified, classified and fed into appropriate categories in a computer worksheet using SPSS Version 11.0. According to Rubin and Luck (1992:65), in any study it is imperative that an appropriate analytical technique should be adopted so as to bring out the quantitative meaning of the data.

4.7 ETHICAL CONSIDERATIONS

Ethical issues arise from the kind of problems that social scientists investigate and the methods used to obtain valid and reliable data. Ethical considerations were pertinent to this study because of the nature of the problem, the methods of data collection and the kind of persons serving as research participants i.e. students possibly involved in drug abuse.

While carrying out this study, cognizance was taken of the fact that this study would be investigating very sensitive issues that were likely to elicit hostility, insecurity or concealment of the real data required from the participants. Participants were informed of the nature of the study and allowed to choose whether to participate or not. There is wide consensus among social scientists that research involving human participants should be performed with the informed consent of the participants (Nachmias and Nachmias, 1996:81). The researcher therefore ensured that participants knew that their involvement was voluntary at all times. A thorough explanation was given in advance in relation to benefits, rights and dangers involved with their participation.

Right to privacy refers to freedom of the individual to pick and choose for him or herself the time and circumstances under which to participate in the research. It also involves the extent to which personal attitudes, beliefs, behaviour and opinions are to be shared with or withheld from others during and after completion of the study. To safeguard the privacy of the participants, respondents were kept in a private environment away from passersby or intruders.

Asking participants not to write their names on the questionnaires during the research also helps ensure anonymity. A participant is considered anonymous when the researcher or other person cannot identify particular information with a particular participant. While preparing for data collection and analysis, the researcher maintained anonymity by separating information such as code numbers from the data itself. During the research, participants were requested not to write their names on the questionnaires.

Participants were informed and assured that the information they provided would be treated as confidential. In cases where the researcher was able to identify a particular participant's

information, she would not reveal it publicly. Statements on confidentiality were written on the questionnaires, and verbally communicated during interviews and questionnaire administration. For example, "these interviews/questionnaire results will be summarized in group statistics so that no one will learn of your individual answers".

4.8 CONCLUSION

This chapter addressed the aim of the research, research paradigm, research design, validity and reliability of the study, data processing procedures and ethical considerations applicable to the study. The next chapter will deal with analysis and interpretation of the collected data.

CHAPTER FIVE

ANALYSIS AND INTERPRETATION OF DATA

5.1   INTRODUCTION

This chapter presents the findings of the study, their analysis and interpretation. The chapter is divided into the following sections:

- The extent of drug abuse among students
- Causes of drug abuse
- Commonly abused drugs by students and their sources
- Effects of drug abuse among the students
- Strategies used to address drug abuse and their perceived effectiveness
- Suggested strategies to help curb drug abuse in secondary schools.

The above sections correspond with the research objectives and questions in chapter 1 section 1.3. Both qualitative and quantitative analysis approaches have been used in data analysis, thus reflecting the mixed model research design approach followed in the analysis. Data for the study was sampled and collected from three sub-sample groups of respondents, linked to the target population of student drug abusers in Kenya, namely students, deputy-heads and teachers, and parents as indicated in the response rate table, Table 5.1. Deputy-heads and teachers were considered to be one sub-group of respondents.

Table 5.1 Response rate of sampled respondents in the various subsets of respondents linked to the target population of student drug abusers

Type of School	Deputy Head Teachers		Teachers		Students		Parents	
	Expected No	Expected No	Expected No	Expected No	Expected No	Expected No	Expected No	Expected No
Day mixed	3	1 (33,3%)	6	6 (100%)	120	120 (100%)`	3	2 (66,7%)
Boarding Girls	3	2 (66.7%)	6	6 (100%)	120	120 (100%)	3	3 (100%)
Boarding Boys	3	1 (33,3%)	6	6 (100%)		120 (100%)		3 (100%)
Total		4		18		360		8
Grand total								390

5.2 THE EXTENT OF DRUG ABUSE AMONG STUDENTS AS REPORTED BY STUDENTS, TACHERS, DEPUTY HEAD TEACHERS AND PARENTS

This section sought to establish the magnitude of drug abuse among secondary school students. The magnitude of the problem was measured by establishing the number of students involved in drug abuse as shown in Table 5.2

Table 5.2 Number of students who have used drugs

Students' responses N = 360			
Ever used drugs	**Frequency**	**Per cent**	**Valid Per cent**
Yes	106	29.4	29.6
No	252	70.0	70.4
Total	358	99.4	100.0
No response	2	0.6	
Total	360	100.0	

Table 5.2 shows that 106 (29.6%) of the students reported drug use other than for medicinal purposes.

A type-of school frequency distribution which also revealed gender distribution frequencies showed that, of those students who acknowledge drug abuse, 34 (32.1%) attended mixed schools (Day Mixed), 24 (22.6%) boarding schools for Girls, and 48 (45.3%) boarding schools for Boys, as shown in Table 5.3.

Table 5.3 Drug abuse by type of school

Students' responses N = 360			
Type of School	**Have you ever used drugs other than for medical purposes?**		**Total**
	Yes	**No**	
Day mixed	34 (32,1%)	85 (33.7%)	119 (33,24%)
Boarding girls	24 (22.6%)	96 (38.1%)	120 (33.52%)
Boarding boys	48 (45,3%)	71 (28.2%)	119 (33,24%)
Total	106 (100%)	252 (100%)	358 (100%)
No response	-	-	2
Total			360

Table 5.3 seems to indicate that there were more students who have abused drugs in boys' schools than in day mixed and girls' schools. This is in contrast to the findings of research done by Kombo (1997:105) in selected schools in Kenya which concluded that experimentation with common drugs was more frequently reported by Kenyan youth who have attended day mixed schools rather than boarding schools.

The relationship between age and drug abuse was next investigated. The results are presented in Table 5.4

Table 5.4 Relationship between age and drug abuse as reported by students

Age in years	Have you ever used drugs other than for medical purposes		Total
	Yes	No	Total
14-16	15(25%)	46(75%)	61(100%)
17-19	77(29%)	191(71%)	268(100%)
20-22	11(58%)	8(42%)	19(100%)
Total	103	245	348
No response			12
TOTAL			360

Chi – square test results

χ^2 **= 8.23.** The probability (chi-sq = 8.23) < 0.05, with df = 1 and at the 5% level of significance, indicates significant dependency between age and drug abuse.

As shown in table 5.4 respondents' ages ranged from 15 – 22 years, with the majority being between 17 and 19 years.

A Chi-square test was also conducted on the frequencies to establish whether a statistically significant dependency exists between drug abuse and age. The computed Chi square value of 8.23 was greater than the tabulated value of 5.99 at 5% level of significance and with 1 degree of

freedom. This implies that drug abuse is significantly dependent on age of respondents, and therefore a significant relationship exists between the two variables.

The deduction is illustrated in Table 5.4: frequencies indicate that the greatest ratio of drug abusers to non-abusers is associated with the 20 to 22 years category, namely 11 of 19 respondents which represents a ratio of 11/8 = 1.38 or 58% of the 20 - 22 years age category. The researcher can only speculate that the finding might be linked to the development phase of adolescence which is characterized by drug experimentation and peer influence as mentioned by Paglia (Paglia and Room, 1998:5). The table also shows that there are very few cases of drug abuse in the 14 to 16 age category, namely 15 (25% of the particular age-category). The table furthermore reveals that the proportion increased to the 20 - 22 years category. The tendency suggests that, if students could be made aware of the effects of drug abuse at an early enough stage, the practice could be reduced among the youth in secondary schools in Kenya.

Students were asked if they knew of friends who abused drugs. The majority, 55.6% indicated that they have friends who abuse drugs as shown in Table 5.5

Table 5.5 How many of your friends take drugs?

Students' responses N = 360					
No of friends who abuse drugs	**Frequency**	**Cumulative Frequency**	**Per cent**	**Valid per cent**	**Cumulative per cent**
All	23	23	6.4	6.7	6.7
5-6	59	82	16.4	17.3	24.0
3-4	46	128	12.8	13.5	37.5
1-2	62	190	17.2	18.1	55.6
None	152	342	42.2	44.4	100.0
Total	**342**		**95.0**	**100.0**	
No response	18		5.0		
Total	**360**		**100.0**		

Table 5.5 shows that the extent to which students indicate that their friends abuse drugs is quite high with a proportion of 190 of 342 respondents or 55.6% of respondents. This is higher than the proportion of those who indicated that friends do not abuse drugs, namely 152 of 342 respondents, or 44.4%. These findings suggest that a large proportion of the sampled population is getting addicted at an early age with the risk consequent on drug abuse. This finding supports that of NACADA (NACADA, 2004) which report that the majority of drug users were amongst the youth.

When the students were asked whether drug abuse is common in their schools, the following responses were recorded (Table 5.6).

Table 5.6 Is Drug abuse common in your school?

Students' responses N = 360					
Common	**Frequency**	**Cumulative Frequency**	**Per cent**	**Valid per cent**	**Cumulative per cent**
Yes	101	101	28.1	28.8	28.8
No	250	351	69.4	71.2	100.0
Total	**351**		**97.5**	**100.0**	
No response	9		2.5		
Total	**360**		**100.0**		

According to Table 5.6, out of 360 students, 101 (28.8%) said that drug abuse is common while 250 (71.2%) said it was not.

A gender-frequency table (5.7) on how common drug abuse is at schools furthermore indicated that 78 of 101 positive responses to this statement (or 77.2%) were males and 23 of 101 (or 22.8%) were females (Table 5.7).

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Table 5.7 Gender frequency table on those

Who said drug abuse is common

Gender	Is drug abuse common in your school?	
	Yes	**%**
Male	78	77.2%
Female	23	22.8%
TOTAL	**101**	**100.0%**

Although more boys than girls said drug abuse was common as shown in Table 5.7 above, this does not necessarily imply that there is no problem in girls' schools. It could well be argued that girls know that society does not take kindly to drug abuse so they are likely to deny that they engage in it.

 On the general situation of drug abuse in their schools, teachers gave the responses shown in table 5.8

Table 5.8 General situation of drug abuse according to teachers

Teachers' response N = 18			
Is there a drug problem at your school	**Frequency**	**Per cent**	**Valid per cent**
Yes	9	50.0	50.0
No	9	50.0	50.00
Total	**18**	**100.0**	**100.0**

Nine teachers (50%) said there is a drug problem, and nine (50%) said there was no problem. The limited sample thus indicated a trend of indecision among teaching staff as to whether drug abuse was a problem at the schools where they work.

A frequency distribution of the responses from the 18 teaching staff as to whether the problem of drug abuse is increasing indicated that it was perceived as increasing as presented in Table 5.9

Table 5. 9: Frequency distribution on whether the drug problem is increasing.

Teachers' response N = 18			
Responses	**Frequency**	**Per cent**	**Valid per cent**
Yes	6	33.3	40.0
No	9	50.0	60.0
Total	**15**	**83.3**	**100.0**
No response	3	16.7	
Total	**18**	**100.0**	

As shown in the Table, only six (33.3%) said the problem was increasing while nine (50%) said no and three (16.7%) did not respond.

As part of the qualitative approach to the research design, interviews were conducted with four deputy-head teachers on the general situation of drug abuse. They perceived that drug abuse problem does exist. However, when asked whether the problem was extensive, only those who responded from the boys' schools said it was. The two deputy-head teachers from girls' schools interviewed said drug abuse was not a problem although they knew of problems in other schools. One could argue that their response could be motivated towards protection of names of their schools, and that they did not want to come across as negative.

One deputy-head teacher at a mixed school indicated that he knew of a few isolated cases. All in all, the general perception among the four interviewees was that the drug abuse problem was not extensive. The perception of the single teacher from the mixed day schools that drug abuse is limited to a few isolated cases does not necessarily imply that drug abuse is not a problem. Mixed day students spend relatively little time at school and it can be argued that students who abuse drugs will do so off the school grounds without teachers being aware of the habit (Kombo, 1997:119).

Qualitative analysis on the same issue was further enriched with interviews conducted with eight parents and from the interviews, it became clear that parents perceived the problem of drug abuse to exist but did not know of particular cases. It can be argued that their lack of knowledge might be attributed to the fact that they are not directly involved in the day today affairs of the school.

Both teachers and students were asked to comment on which classes abused drugs most and their responses are contained in Tables 5.10 and 5.11. The relation between abuse and non-abuse per class is reflected in the percentages provided in each column.

Table 5.10: Frequency distribution on whether the drug problem is increasing.

Teachers' Responses N = 18				
Class	**Form 1**	**Form 2**	**Form 3**	**Form 4**
Yes	2 (11%)	10 (56%)	13 (72%)	11 (61%)
No	16 (89%)	8 (44%)	5 (28%)	5 (28%)
Total	**18 (100%)**	**18 (100%)**	**18 (100%)**	**18 (100%)**

Table 5.11 students' perceptions on classes which abuse drugs most

Students' Responses N = 245				
Class	**Form 1**	**Form 2**	**Form 3**	**Form 4**
Yes	14 (5.7%)	52 (21.0%)	95 (39%)	84 (61%)
No	231 (94.3%)	193 (79%)	150 (61%)	161 (66%)
Total	**245 (100%)**	**245 (100%)**	**245 (100%)**	**245 (100%)**

Results recorded in the two tables (5.10 and 5.11) indicate that the perceived worst drug abuse is present among Form 3 students, followed by Forms 4, 2 and 1.The least involved is perceived as Form 1 classes. These figures seem to indicate that drug abuse is perceived as becoming a problem as students advance to higher classes. The researcher can argue that this situation could

be attributed to the fact that in Form 2 and Form 3 classes students are experimenting with drugs out of curiosity and peer pressure as indicated elsewhere in this chapter. In addition the students may think that they have enough time before sitting for their final examinations in Form 4. The practice appears to decline in Form 4 as students become more mature and prepare for their final secondary school examinations. One could argue that students also become more focused in relation to their future careers as they move to higher levels.

The study also queried where drug abusers resided. Area of residence was considered pertinent to this study due to the variations in life style which are likely to influence the trend in drug abuse among the students (Adelekan, 1999 in Obot 2005:105**).**

The teachers' responses are presented in Table 5.12

Table 5.12 Teachers' responses on where drug abusers reside.

Residence	Frequency	Percent	Valid Percent
Rural areas	2	11.1	15.4
Urban areas	11	61.1	84.6
Total	**13**	**72.2**	**100.0**
No Response	5	27.8	
TOTAL	**18**	**100.0**	

In response to the question as to where drug abusers come from, 13 (72.2%) out of the 18 teachers responded. As shown in Table 5.12, the majority of the teachers, 11(84.6%) said drug abusers come from urban areas compared to 2 (15.4%), who said they come from rural areas. This argument was also confirmed by the deputy head-teachers (4) and parents (8). Similar responses are reflected by students as indicated in Table 5.13.

Table 5.13 Relationship between area of residence and drug abuse

Students' responses N = 360						
Area of Residence	Have you ever used drugs other than for medicinal purposes?				Total	
	Yes		No			
	Count	%	Count	%	Count	%
Rural	47	26.4%	131	73.6%	178	100.0%
Urban	56	32.2%	118	67.8%	174	100.0%
Total	**103**	**29.3%**	**249**	**70.7%**	**352**	**100.0%**
No response	**-**	**-**	**-**	**-**	**8**	
TOTAL					**360**	

Chi – square test results

χ^2 = 1. 4. The probability (chi-sq = 1.4) > 0.75 (with df = 1; at 5% level of significance). No significant differences in the ratio of 'yes' to 'no' drug abuse responses between rural and urban dwellers exist.

A Chi square (χ^2) test based on the students' responses was done to test the null hypothesis that, "drug abuse is not dependent on area of residence of the students". The computed χ^2 value (1.4) was less than the tabulated value of 3.84 at 5% level of significance and with 1 degree of freedom (df =1). It can be concluded that drug abuse is not dependent on area of residence, and therefore there is no significant relationship between drug abuse and area of residence.

 The finding that there is no significant relationship between area of residence and drug abuse is in contrast with the argument put forward by Adelekan (1999) that young people in urban areas have more opportunity to try a new drug and are exposed to more influences from peers and the media than the rural youth.

5.3   CAUSES OF DRUG ABUSE AMONG STUDENTS

This seeks to establish the reasons for drug abuse among students. Knowledge of reasons for drug abuse is important in designing strategies to address the problem. The questionnaires asked both students and teachers responded to questions related to causes of drug abuse. The respondents were allowed to respond to multiple-choice questions. The students' responses are presented in Table 5.14.

Table 5.14 Frequency distribution on multiple–choice response question:
Why do students abuse drugs?

Students' responses N = 360		
Responses	**Frequency**	**Percentage (%)**
To increase intelligence	94	8.7
Curiosity	210	19.4
Excessive pocket money	101	9.3
Availability of drugs	127	11.7
Teachers/ parents take drugs	86	8.0
Acceptance by friends	185	17.1
Unaware of dangers	173	16.0
Low cost/cheap drugs	105	9.8
TOTAL	**1081**	**100**

Table 5.14 shows that the most commonly perceived reason for drug abuse is curiosity 210 (19.4%); acceptance by friends, 185 (17.1%); lack of knowledge of the dangers of drug abuse, 173 (16.0%); availability of drugs, 127 (11.7%); cheapness of drugs, 105 (9.8%); excessive pocket money, 101 (9.3%); to increase intelligence, 94 (8.7%) and because teachers/parents take drugs (indicating a lack of role models) 86 (8.0 %). Though not included in the table, a few responses to the "other" category indicated non-concern of the school administration as a possible reason for drug abuse (n = 94 or 8.7%). The latter response could be interpreted to mean that some school administrators are not strict when dealing with drug abuse. Alternatively, it could be interpreted to mean that school rules are not strictly adhered to if school managers do not act decisively or are incompetent.

On whether students like to take the same drugs as their friends or not, 288 (80%) of the students said yes, while 72(20%) said no. A frequency analysis also showed that friends encourage others in school to take drugs as shown in Table 5.15.

Table 5.15 Student Frequency distribution on whether friends encourage others in school to take drugs.

Do friends encourage others in school to take drugs?	Have you ever used drugs other than for medicinal purposes?		Total
	Yes	No	Total
Yes	80(31.7%)	172(69.3%)	252(100%)
No	26(25.2%)	77(75.8%)	103(100.0%)
Total	**106(29.8%)**	**249(70.2%)**	**355(100.0%)**
No response	**-**	**-**	**5**
TOTAL			**360**
Chi – square test results			
χ^2 = 1.51. The probability (chi-sq = 1.51) > 0.75 (with df = 1 and at 5% level of significance). No significant differences in the ratio of 'yes' to 'no' student drug-abuse responses between encouragement by friends or not was established.			

Table 5.15 indicates that out of 360 students, 355 responded to the question. Of those who said they had abused drugs, 80 (31.7%) also said that friends encouraged others to take drugs compared to 26 (25.2%) who said they have abused drugs but friends do not encourage others to take drugs.

It was important to find discover if there is a significant relationship between encouragement by friends and drug abuse. The computed χ^2 value (1.51) was less than the tabulated value of 3.84 at 5% level of significance and with 1 degree of freedom. This result implies that there is no significant relationship between drug abuse by students and encouragement by friends to take drugs. The ratio of drug abuse, under groups encouraged or not encouraged by friends does not differ significantly. This finding contrasts with the findings of a study by Shauri (2007:118) who found that there was a significant relationship between peer influence and frequency of drug use and abuse. Previous studies as documented in Chapter Two of this study, also associated peer influence with drug abuse.

The researcher also wanted to establish whether having a family member who abuses drugs could be a cause of drug abuse among students. The variable was considered important because families are critical agents of socialization. Indeed, they shape individuals attitudes towards various social phenomena, including positive or negative attitudes towards drug abuse. The students were therefore asked to respond to this question and the results are presented in Table 5.16.

Table 5.16 Relationship between using/not using drugs and having a family member using drugs

Do friends encourage others in school to take drugs?	Have you ever used drugs other than for medicinal purposes?		Total
	Yes	No	Total
Yes	52 (45.8%)	67 (54.2%)	119 (100.0%)
No	51 (23.3%)	175 (76.7%)	226 (100.0%)
Total	**103 (28.1%)**	**242 (71.9%)**	**345(100.0%)**
No response	**-**	**-**	**15**
TOTAL			**360**

Chi – square test results

$\chi^2 = 16.7$. The probability (chi-sq = 16.7) < 0.001 which is <0.05. (With df = 1 and at 5% level of significance). Significant difference in the ratio of student-drug abuse to non-abuse in families where drugs are abused or not abused was thus established.

Table 5.16 shows that, of the respondents who said they have a family member abusing drugs, 52(45.8%) said they had also used drugs, while 67(54.2%) said they had not although they have a family member who had. Out of those who said they did not have a family member using drugs, 51 (23.3%) had used drugs while 175 (76.7%) had not.

A Chi-square test was done to find out if there was a significant relationship between drug abuse by students and having a family member abusing drugs. The computed χ^2 value (16.7) was greater than the tabulated value of 3.84 on the 5% level of significance and with 1 degree of freedom. It can therefore be concluded that use of drugs by a family member significantly influences the students' tendency to abuse drugs. This finding concurs with Shoemaker's (1984:98) argument that having a parent or family member with a drug problem increases the chances of developing the same problem in the offspring. This implies that the presence of a family member who takes drugs contributes to drug abuse among students.

The study also investigated the relationship of solid parental-child relationships towards drug abuse. This information is presented in Table 5.17.

Table 5.17 Relationship with parents/guardian with students' tendency to abuse drugs

Students' responses N = 360			
Have you ever used drugs other than for medicinal purposes	**How do you relate with your parent/guardian?**		**Total**
	They like me very much.	They fairly like me.	
Yes	92(28.5%)	13 (43.3 %)	105 (30.4%)
No	231(71.5%)	17 (56.7%)	248 (70.5%)
Total	**323(100%)**	**30(100%)**	**353(100.0%)**
No response	--	--	7
TOTAL			**360**
Chi – square test results			
χ^2 = 2.9. The probability (chi-sq = 2.9) >0.001, with df = 1; at 5% level of significance. No significant differences in the ratios of 'yes' to 'no' responses to drug abuse between students with good or moderate relations with their parents/guardians were established.			

The findings contained in Table 5.17 show that out of those who said they are liked very much, 92 (28.5%) have used drugs while 231 (71.5%) have not. Of those who said they are fairly liked, 13 (43.3%) have used drugs while 17 (56.7%) have not. A χ^2 test on whether there is a significant relationship between how students relate with their parents/guardians and abuse of drugs by students showed that, drug abuse is not significantly related or dependent on how students relate with their parents/guardians. This is because the computed χ^2 value of 2.9 is less than the tabulated χ^2 value of 3.84 at the 5% level of significance with 1 degree of freedom.

This finding implies that the more the child is liked by parents, the less the chances of abusing drugs. This indicates that the child who feels that he or she is liked by parents is less likely to abuse drugs. On the other hand, lack of attachment to parents could lead to drug abuse among children (Schaefer, 1996:133). This points to a tendency for close attachment between a child and parents to reduce tendencies of drug abuse among the youth in secondary schools.

Table 5.18 Responses on whether availability of drugs influences drug abuse

Are these drugs easy to get at school?	Have you ever used drugs other than for medicinal purposes?		Total
	Yes	No	
Yes	71(38%)	117(63%)	188(100%)
No	35(22%)	125(78%)	160(100%
Total	**106**	**242**	**348**
No response	--	--	12
TOTAL			**360**
Chi – square test results χ^2 = 12.01. The probability (chi-sq = 12.01) <0.001 which is <0.05; with df = 1; at 5% level of significance. Significant differences between 'yes' and 'no' ratios of drug abuse for drugs perceived to be easily obtainable and not easily obtainable exists.			

Availability of drugs was a variable included in this study to examine the assumption that easy access to drugs triggers drug abuse. This argument was advanced by Mwenesi (1995) who said that trafficking of drugs in an area contributes to abuse due to easy accessibility. According to her, easy availability of drugs determines the probability of high drug use.

The current study confirms this argument as shown in Table 5.18. A chi square test done on the frequencies in the current study established that the relationship between drug abuse and easy accessibility of drugs is statistically significant. The computed χ^2 value of 12.01 was greater than the tabulated value of 3.84 on the 5% level of significance and with 1 degree of freedom. Of 360 students, 348 responded. Table 5.18 shows that 71 (38%) of the respondents were drug abusers who said that drugs are easy to get (63% of this group was non-drug abusers); and of the 160 who said that drugs were not easily obtainable, 22% (35) indicated that they were drug abusers (78% of this group were not drug abusers). These ratios of drug abuse to non-drug abuse between the two groups proved to be significantly different. We can therefore confirm the argument by Mwenesi (1995) that, drug abuse is highly influenced by easy access to drugs among the abusers who include students. This conclusion is aptly captured in the study's theoretical framework which also shows that easy availability of drugs is considered a risk factor as far as drug abuse is concerned (Chapter 2).

Unlike the students, the teachers' interviews revealed only two main reasons as to why students abuse drugs. Eight responses indicated break down of family unity; seven responses indicated excess pocket money by parents, while three teachers out of 18 did not respond to the question. This finding suggests that as far as the teachers are concerned, the problem is not caused by the school environment but by family related factors. Surprisingly, the data collected from the 15 teachers who responded to the question suggests that the blame is placed on either students or parents. Based on this information, one can easily argue that the teachers do not want to be blamed for the problem and they thus blame other people. In addition, it is possible that they do not want to be seen as having failed or contributed to the problem. This is in contrast to the students' responses who gave as a reason for drug abuse among others that teachers and parents are not good role models and that they also take drugs (Table 5.14).

Responses based on the interviews with the deputy-head teachers (4) appear to support the students' views and suggest that lack of role models including parents, siblings and teachers; easy availability of drugs; peer pressure and curiosity were among the main contributing factors. Their responses also seemed to suggest that most drugs (alcohol, tobacco, khat and cannabis) are locally available and so the students can easily access them. In addition to the above mentioned

reasons, deputy-head teachers suggested that the overloaded curriculum (leading to limited time for leisure), lack of guidance and counseling services in some schools and unqualified teachers and counselors in others leave the students with no alternative but to abuse drugs when stressed. For example, one deputy- head teacher reported that students have a lot of homework which takes most of their free time including weekends. As a result, the teacher said that the students get stressed and some take drugs for relief.

Other reasons given by all the deputy head-teachers were the influence of mass media (advertising), poor parenting, and unrealistic expectations within the school and home environment, poor management by incompetent school managers, and school rules which are sometimes not implemented to the letter, depending on who is inspecting the students especially on opening days in boarding schools.

The parents who participated in the research (8) unanimously agreed that easy availability of drugs especially legal ones such as alcohol and tobacco (cigarettes) is a major cause of drug abuse among students.

5.4   COMMONLY ABUSED DRUGS BY STUDENTS AND THEIR SOURCES

This section presents information based on the most commonly abused drugs by students in secondary schools. Knowledge of the most frequently used drugs by students was regarded as important in recommending possible prevention and intervention measures. The assumption was that cheap drugs are more frequently abused. The variables considered in this section included types of drugs abused, their sources and availability. Students, teachers and parents responded to this question but only the responses from students and teachers are presented in Tables 5.19 and 5.20

Table 5.19 Students' responses on commonly abused drugs

Drug Type	Very frequently		Frequently		Fairly Frequently		Never Used		Total (%)	
	Count	(%)	Count	(%)	Count	(%)	Count	(%)	Count	(%)
Alcohol	127	42.9	63	21.3	60	20.3	46	15.5	**296**	**100**
Tobacco	52	19.8	56	21.3	82	31.2	73	27.8	**263**	**100**
Khat	54	20.8	56	21.6	74	28.6	75	29.0	**259**	**100**
Cannabis	37	14.3	33	12.8	88	34.1	100	38.8	**258**	**100**
Glue	10	4.1	4	1.7	14	5.8	214	88.4	**242**	**100**
Sleeping pills	27	10.7	33	13.1	42	16.7	150	59.5	**252**	**100**

Table 5.19 shows that not all (360) students responded to the various multiple- choice options in this question. Based on the information above, alcohol is the most frequently abused drug with a response-frequency of 127 (42.9%), followed by khat, 54 (20.8%), tobacco, 52 (19.8%), cannabis/ bhang, 37 (14.3%) and sleeping pills, 27 (10.7%). The least abused drug is glue, 10 (4.1%). This could possibly be ascribed to the fact that glue is mostly used by street boys and therefore most students would not want to be associated with it.

The findings concerning alcohol, khat and tobacco as the most commonly abused drugs possibly reflect the overall current situation of drug abuse among the youth in the country (NACADA, 2004; 2007). For example in 2004, NACADA reported that the national prevalence of substance misuse among the youth was 60% alcohol, 58% tobacco, 23% cannabis and 22% khat among others. The current scenario could be attributed to the fact that Kenya has become a progressively significant transit point for drugs destined for other countries such as Europe and North America

as shown in Chapter 2 of this study. In addition, 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.

When students were asked whether these drugs are easy to get in school, out of 360 students, 189 (52.5%) said yes, 160 (44.4%) said no and 11 (3.1%) did not respond. These responses could suggest that society outside the school is contributing to drug abuse among students by making drugs easily available, which, as indicated in Table 5.21 of the study proved to be a statistically significant factor in the drug-abuse chain. This finding is further supported by Nyassy (Sunday Nation, February 8, 2009:6), who says that the general trend in the country is for drug sellers target younger people, with children as young as 11 and 13 years are being recruited into drug use.

Table 5.20 Teachers Responses on Commonly Abused Drugs

Teachers' responses N =18				
	What drugs do most students take?			
Type of drug	**Yes (%)**	**No (%)**	**No response (%)**	**TOTAL (%)**
Alcohol	13 (72.2)	3 (16.7)	2 (11.1)	**18 (100)**
Tobacco	11 (61.1)	5 (27.8)	2 (11.1)	**18 (100)**
Khat (Miraa)	9 (50.0)	7 (38.9)	2 (11.1)	**18 (100)**
Cannabis	11 (61.1)	5 (27.8)	2 (11.1)	**18 (100)**
Glue	0 (0)	16 (88.9)	2 (11.1)	**18 (100)**
Sleeping Pills	4 (22.2)	12 (66.7)	2 (11.1)	**18 (100)**

As shown in Table 5.20, the teachers agreed with the students that alcohol is the most commonly abused drug. Thirteen (72.2%) thought this to be the case, followed by tobacco, 11 (61.1%) and

bhang/ cannabis 11 (61.1%), khat, 9 (50%) and lastly sleeping pills 4 (22.2%). None of the teachers reported use of glue.

Like the teachers and students, deputy-head teachers (4) reported that among the most commonly abused drugs are alcohol and cannabis. In addition, they also said that "kuber", an Indian traditional tobacco is abused by both male and female students. They argued that the drug is cheap and locally available therefore the students can easily access it from the local community and shops. All the parents (8) who were interviewed agreed with the students and teachers that alcohol, cannabis, khat and tobacco were the most commonly abused drugs. They argued that all these drugs are readily available which contributes in their common use by students. This argument is in agreement with the proposition in the theoretical framework of this study that easy availability of drugs contributes to drug abuse (Chapter 2).

The respondents were also asked to comment on the main sources of commonly abused drugs. Source as a variable in this study was considered relevant in order to provide information to drug supply reduction agencies on the best ways of targeting the suppliers. Knowing where drugs are sourced by the users could help supply reduction agencies like the anti-narcotic police in devising appropriate intervention measures. In addition it can also provide information useful in aiding formulation of surveillance strategies by the parties involved in reduction of supply and demand. This is important because cutting down on supply will lead to drug unavailability and hence reduction in abuse. The responses are presented in Tables 5.21 and 5.22 below.

Table 5.21 Students multiple-choice responses on sources of drugs of abuse

Source	Yes	Percent (%)
Drivers	48	6.8
Touts	89	12.7
Watchmen	61	8.8
Cooks	40	5.7
Kiosks/small shops	143	20.3
Shoe – cobblers	47	6.7
Slum areas	184	26.0
Hospitals	31	4.4
Family members	60	8.5
TOTAL	**703**	**100**

According to the students' multiple responses, the sources were as follows: Slums (low economic areas) around the school, 184 (26%), kiosks/shops, 143 (20.3 %), touts, 89 (12.7%), watchmen, 61 (8.8%), shoe-cobblers, 47 (6.7%) and cooks, 40 (5.7%).

On the same issue, the teachers' multiple-choice responses showed the common sources as slums, 11 (40.7%), cinema halls/video shops, 7 (25.9%), shops, 2 (7.4), shoe-cobblers, 1 (3.7%) and hospitals, 1(3.7%). This information is presented in Table 5.22

Table 5.22 Teachers' multiple–choice responses on sources of drugs of abuse

Source	Yes	Percent (%)
Touts	3	12.0
Shoe – cobblers	1	4.0
Shops	2	8.0
Slums	11	44,0
Cinema halls	7	28,0
Hospitals	1	4.0
TOTAL	**25**	**100,0**

From the findings in the two tables, teachers and students agreed that slums/ low economic areas around the schools are major sources of drugs abused by students.

The students were also asked where they prefer taking these drugs. Out of the 360 students involved in the research, 341 (94.7%) responded to the question while 19 (5.3%) did not respond. Of those who did respond 123 (22%) said thickets, 244 (43%) away from school and 202 (36%) toilets. All these responses suggest that drugs are taken in secretive areas where abusers may never be found by school authorities and even parents. The choice of secret places for drug abuse could be necessitated by strict school rules where discovery would lead to serious consequences as spelt out in copies of school rules made available to the researcher. In addition, the illegal status of most drugs of abuse in the country could explain why drugs are taken in secrecy or in hidden places considered "safe".

The finding concurs with Shauri's (2007:180) conclusion that drug consumption is a clandestine undertaking. The literature review also supports this finding and shows that the sale of drugs is conducted secretly and that only "trusted clients" get the commodities. This could explain why most teachers said that there was no drug problem in their schools.

In fact, when students were asked if school authorities knew that students abuse drugs, of the 294 (81.7%) who responded to the question, 126 (35%) said yes while 168 (46.7%) said no as shown in Table 5.23. This indicates that the problem is there to a larger extent than the teachers assume.

Table 5.23. If your friends use drugs, do the school authorities know that they do?

Do school authorities know?	Frequency	Percent	Valid Percent
Yes	126	35.0	42.9
No	168	46.7	57.1
Total	**294**	**81.7**	**100.0**
No response	66	18.3	
Total	**360**	**100.0**	

The researcher sought to find out whether students knew the dangers of abusing drugs. Knowledge of dangers related to drug abuse was considered important because ignorance among students may lead to the ineffectiveness of proposed prevention and intervention measures to help curb the practice. From the multiple- choice responses provided, the following responses were given (Table 5.24)

Table 5.24 Multiple–choice responses on whether students knew the dangers of drug abuse

Responses on perceived dangers	Yes	Percent (%)
Lack of concentration	304	17
Missing classes	254	14
Conflicts with teachers	245	14
Physical weakness	241	14
Lack of sleep	217	12
Lack of appetite	209	12
Not doing assignments	201	11
Rejection by friends	107	06
TOTAL	**1778**	**100**

As shown in Table 5.24, evidence on knowledge of dangers was presented as: lack of concentration in class, 304 (17%); missing classes, 254 (14%); conflicts with teachers, 245 (14%); physical weakness, 241 (14%); lack of sleep, 217 (12%); lack of appetite, 209 (12%); not doing assignments, 201 (11%) and rejection by friends, 107 (6%). The researcher speculates that the low percentage concerning rejection by friends as a result of drug abuse could suggest that friends would encourage one to take drugs rather than reject the individual concerned.

The information given above indicates that knowledge of dangers relating to drug abuse does not necessarily prevent students from abusing them. This scenario could suggest that change of attitude towards drugs, rather than knowledge about them will decrease drug abuse. Further more, it may also indicate that students are not aware of the long-term effects of drug abuse and therefore continue to abuse them.

Interviews with deputy-head teachers and parents also showed the dangers as lack of future responsible citizens, school indiscipline, poor health, stealing, high rate of dropout rate, poor academic performance, personal negligence and damage of school property due to strikes and conflicts with school administration.

5.5   STRATEGIES USED TO ADDRESS DRUG ABUSE IN SCHOOLS

This section presents findings on the methods used to address drug abuse in secondary schools. Information was also sought on whether these methods are effective or not according to the respondents' point of view. Data was collected from teachers (18), deputy head-teachers (4) and students (360) using questionnaires and interviews.

The teachers (18) were asked to provide information based on the various methods used in their schools to curb drug related problems. The frequency distribution of the multiple-choice responses are presented in Table 5.25

Table 5.25 Teachers' responses on methods used to address drug abuse

Teachers' responses N=18									
	Frequency								
Methods	Very often (Count, %)		Often (Count, %)		Not often (Count,%)		Not at all (Count,%)		No Response (Count,%)	
Expulsion	1	5.6	3	16.7	5	27.8	4	22.2	5	27.8
Suspension	4	22.2	7	38.9	3	16.7	-	-	4	22.2
Guidance and Counseling	10	55.6	3	16.7	2	11.1	1	5.6	2	11.1
Summoning parents	4	22.2	5	27.8	3	16.7	1	5.6	5	27.8
Heavy punishment	2	11.1	2	11.1	6	33.3	2	11.1	6	33.3

According to the teachers (Table 5.25), the most commonly used method of responding to drug abuse is guidance and counseling as indicated by a frequency of 10 responses (55.6%), followed by summoning of parents to school, 4 (22.2%) and suspension, 4 (22.2%). Other methods include punishment, 2 (11.1%), and expulsion, 1(5.6%). The fact that expulsion and heavy punishment

are the least used methods could be attributed to the fact that, it is only the Board of Governors who can expel a student while heavy punishment has been banned under the Children's Act, 2001.

The teachers were also asked to comment on methods used to curb drug problem in schools. Table 5.26 presents this information.

Table 5.26 Teachers' overall assessment of methods used to address drug abuse

Teachers' responses N=18			
Overall Assessment	**Frequency**	**Percent**	**Valid Percent**
They are very effective	2	11.1	11.1
They are effective	6	33.3	33.3
They are moderately effective	9	50.0	50.0
They are not satisfactory	1	5.6	5.6
Total	**18**	**100.0**	**100.0**

Based on the information in Table 5.26, the general perception of the teachers indicates that the methods used are wanting. This is because out of the 18 teachers involved, only 2 (11.1%) said the methods are very effective, 6 (33.3%) said they are effective and 9 (50%) felt that the methods are moderately effective. The somewhat neutral perceptions expressed by the teachers suggest that there is need to come up with more effective strategies to minimize drug abuse in schools as far as the teachers are concerned.

Deputy-head-teachers were also asked to respond on measures taken to address the problem. All four (100%) deputy-head teachers gave the methods as talks by head-teachers during assembly and use of guest speakers on the effects of drug abuse. They also said that all students must sign a copy of the school rules on admission. The rules from the various schools clearly state that

smoking, consumption of alcohol and any intoxicating drugs is forbidden and that those who prove to be addicts will face suspension and possible total expulsion.

Other methods used by the schools as reported by the four deputy-head teachers included impromptu inspections especially in boarding schools, thorough inspections as students come in from holidays and outings, and close monitoring and vetting of students' visitors. All the deputy-head teachers said that no formal programme has been incorporated into the formal school curriculum except guidance and counseling. Guidance and counseling is provided voluntarily by teachers in their spare time.

The students were also asked if they have been exposed to any drug preventive methods or education. The responses are presented in Table 5.27.

Table 5.27 Have you / your friends ever been exposed to any drug preventive methods/education?

Students' responses N =360			
Ever been exposed	**Frequency**	**Percent**	**Valid Percent**
Yes	301	83.6	87.5
No	43	11.9	12.5
Total	**344**	**95.6**	**100.0**
No response	16	4.4	
Total	**360**	**100.0**	

Table 5.27 shows that, 344 (95.6%) students responded to this question, while 16(4.4%) did not respond. Of those that responded, 301 (87.5%) said they had been so exposed while only 43 (12.5%) said they had not.

Furthermore, the students were asked which preventive methods had been used in their schools. Responses were probed on a multiple–response basis as shown in Table 5.28 below.

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Table 5.28 Students' multiple–choice responses on preventive methods used in their schools

Preventive Methods	Frequency (N)	Percentage (%)
Guidance and counseling	253	35
Invited guests	192	27
Information by teachers	159	22
Use of posters	115	16
TOTAL	**719**	**100**

According to the students' responses, the methods were given as follows: guidance and counseling 253 (35%), talks by invited guests 192 (27%), information by teachers during teaching 159 (22%), and use of posters 115 (16%). When asked which of these methods was the most effective, 259 (59%) said guidance and counseling, followed by teaching about drug abuse in class, 146 (33%). The least effective method according to the students was talking to students in assembly, at 33 (8%).

From the information given so far on methods used to address the vice, it is clear that guidance and counseling is seen as the most commonly used method by the teachers, deputy-head teachers and the students and is also regarded as the most effective method in addressing drug abuse among students. In addition, it is clear that a variety of methods are used but some are perceived to be more effective than others. It can be speculated that the main reason why guidance and counseling is perceived as the best method for addressing drug abuse could be attributed to the fact that there is heavy emphasis on the introduction of guidance and counseling in all schools by the Government.

The emphasis put on guidance and counseling is not unique to this study. It is also a reflection of one of the methods highly emphasized in helping drug addicts in rehabilitation centres (Shauri, 2007:182). According to Shauri, counseling in regard to drug abuse is an art in which knowledge of human relations and skills in relationships are used to help a drug dependent person find

personal will power and resources in the community so that he or she can adjust, cope and lead a productive life free from such dependence.

While appreciating that the schools have tried their best to address the issue of drug abuse, it was important to find out what students thought about the action taken by the schools. They were required to respond to this question: do you think actions taken against drug abusers are adequate? A total of 336 students out of 360 responded to the question. Of those who responded, 160 (48%) said yes, while 176 (52%) said no. The responses show very little difference in the proportions between those who said 'yes' and 'no'. Teachers probed on the same issue said that actions taken were not effective. The reaction by teachers is a pointer to the need for more effective methods to address the drug abuse issues among youth in schools.

5.6   PROPOSED SOLUTSIONS TO DRUG ABUSE IN SCHOOLS

The study attempted to find out measures that respondents wished to see instituted to curb drug abuse in schools. Suggestions from respondents were considered important because they would help broaden the researcher's understanding of the various prevention and intervention approaches needed to address drug abuse in schools. Questions related to preferred measures were directed to students (360), teachers (18), deputy-head teachers (4) and parents (8) as the key respondents in this study.

The students were required to propose ways of dealing with the drug abuse problem in schools. When asked whether drug abuse should be fought through prevention rather than cure, they responded as shown in Table 5.29 below.

Table 5.29 Do you think it's necessary to fight drug abuse through prevention rather than cure?

Students' responses N =360			
Responses	Frequency	Percent	Valid Percent
Yes	338	93.9	96.8
No	11	3.1	3.2
Total	**349**	**96.9**	**100.0**
No response	11	3.1	
TOTAL	**360**	**100.0**	

As shown in table 5.23, at 338 (96.8%) the students overwhelmingly responded that prevention is better than cure. Further, the students were asked which methods should be used to prevent the practice. The multiple-choice responses are shown in Table 5.30

Table 5.30 Students' multiple–choice responses on methods of addressing drug abuse

	Yes	
Method	**N**	**(%)**
Guidance and counseling	292	34
Teaching about drug use and abuse as a subject	151	18
Conducting seminars and debates	211	24
Inviting medical practitioners/experts	208	24
TOTAL	**862**	**100**

Table 5.30 shows that the largest proportion of students preferred guidance and counseling, 292 (34%); followed by conducting seminars and debates, 211 (24%), inviting medical experts, 208 (24%) and lastly teaching about drug use and abuse as a subject, 151 (18%).

Asked to propose measures for addressing drug abuse, the multiple-choice responses by teachers were as shown in Table 5.31

Table 5.31 Proposed measures by teachers for addressing drug abuse

Teachers' responses N =18		
Method	**N**	**%**
Guidance and counseling	16	28
Peer counseling	16	28
Drug education into other subjects	10	16
Strict school rules	8	14
Guest speakers	8	14
TOTAL	**58**	**100**

As shown in Table 5.25, teachers proposed the methods as guidance and counseling, 16 (28%); peer counseling, 16 (28%); incorporating drug education as a subject, 10 (16%); strict school rules and regulations, 8 (14%) and use of guest speakers or invited guests, 8 (14%).

On the same issue, all deputy-head teachers (4) and parents (8) agreed with the students and teachers that guidance and counseling should be strengthened. They also recommended the use of guest speakers, peer counseling and incorporation of parents in school counseling sessions especially those with special expertise in the area of drug use and abuse. All deputy-head teachers said that parents should make time at home and to talk to their children on general conduct including the dangers of drug abuse.

Based on the results of the survey and interviews up to this point, it is clear that guidance and counseling is perceived to be the best method for addressing drug abuse among school youth. It can be argued that this could most likely be attributed to the general understanding that the students are assured of privacy in this context which makes it easy for them to open up and share their problems. It might also suggest that students do not know of other methods which the

schools can use to curb drug abuse. This could be interpreted as suggesting that there is need to expose the students to more effective awareness programmes to avoid risky behaviours that can expose them to drug abuse (His Excellency, Hon. Mwai Kibaki, Daily Nation, September 13, 2006; Shauri, 2007: 174)

Since students spend most of their time within the school, it was necessary to find out who should be approached when students with drug related problems need support. The students were expected to choose from among a number of choices. The multiple-choice response perceptions are presented in Table 5.32

Table 5.32: In your own opinion, who should be approached by students for help on drug related problems?

Students' responses N =360			
To be approached	Frequency	Percent	Valid Percent
Head teacher	19	5.3	5.8
Class teacher	15	4.2	4.6
School counselor	252	70.0	77.3
School Chaplain	39	10.8	12.0
Other	1	.3	.3
Total	**326**	**90.6**	**100.0**
No response	34	9.4	
Total	**360**	**100.0**	

Table 5.32 shows that, out of 360, 326 responded to this question. Of the 326 students who responded, 252 (77.3%) said the school counselor, while 39 (12.0%) said the school chaplain. It is surprising that head-teachers and class teachers were the least preferred support options. This indicates that there may be a poor relationship and also lack of trust between the students and the head-teachers or class teachers. It can also be attributed to the fact that the head-teachers are not

directly involved in counseling of students. This response could explain why some students said that the school has not done its best to curb drug abuse.

5.7   CHALLENGES FACED IN ADDRESSING DRUG ABUSE IN SCHOOLS

This section highlights some of the challenges facing the school administration and teachers in their effort to curb drug abuse in schools. All the teachers (18) and deputy-head teachers (4) as respondents singled out a number of challenges facing the war against drug abuse in schools as presented in this section. The teachers were allowed to respond to more than one of the various alternatives given. The multiple-choice responses of the 18 teachers are presented in Table 5.33

Table 5.33 Challenges faced in addressing drug abuse according to teachers

| Responses | Problems encountered in dealing with drug abuse | | | | | |
| | Yes | | No | | No response | |
	Count	(%)	Count	(%)	count	(%)
Parents do not support school Administration	9	50	7	38.9	2	11.1
Some teachers provide drugs to students	1	5.6	15	83.3	2	11.1
Some teachers take drugs	4	22.2	12	66.7	2	11.1
Teachers do not discourage drug taking	1	5.6	15	83.3	2	11.1
Lack of adequate knowledge to address drug issues	13	72.2	3	16.7	2	11.1
Time schedules are not flexible	3	16.7	13	72.2	2	11.1

Responses captured in Table 5.33 indicate that teachers' perception of the biggest challenge faced in addressing drug abuse is lack of adequate knowledge on how to deal with it (72.2%). This

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indicates that teachers feel inadequate when asked to help drug abusers in their schools. This could be attributed to the fact that the   majority of school counselors are not trained in approaches to addressing drug abuse in their schools.

Teachers furthermore indicated that they perceived the lack of support to school administration by parents, 9 (50%) as a challenge. The lack of teacher role models for students was also regarded as a challenge because some indicated that teachers take drugs, 4 (22%), and are therefore not good examples. Some teachers furthermore said that time schedules are not flexible, 3 (16.7%). It can be argued that inflexible time schedules could be linked to lack of adequate time for teachers who only counsel students during their free time. As a result, they perceived heavy workloads and the crowded curriculum to be a challenge.

Results which raise concern is the teacher (as indicated in Table 5.33), who responded that some teachers provide drugs to students, while another teacher response indicated that teachers do not discourage drug abuse amongst students.

When interviewed about the challenges faced by the schools, all the deputy-head teachers like the teachers cited a number of challenges. According to their perceptions, parents are not supportive while some are not good role models. They felt that the majority of parents stand by their children and defend them while blaming the teachers. As for the day schools, the biggest challenge was how to monitor the behaviour of the students since it is hard to follow them up after school. Their responses also indicated that most day schools are located near market centres which supply drugs to students.

Although deputy-head teachers are in charge of discipline at the schools, they noted the lack of clear guidelines on what punishment to administer or actions to take in relation to student drug abusers. The deputy-head teachers indicated that making such decisions is perceived as very taxing because the Children's Act of 2001 prohibits corporal punishment and child harassment. The perception of the deputy head- teachers was that the students take advantage of this loop hole and abuse drugs with impunity.

In addition, the responses indicated that deputy-head teachers felt ill-equipped to identify drug abusers because they were not trained. All deputy-head teachers felt that it was hard to fathom the extent of drug abuse in schools because of the secrecy surrounding it. Since the extent of the problem cannot be established with certainty, the capacity of the school to deal with drug abuse becomes problematic. The media was also quoted as a stumbling block in the war against drug abuse in schools. According to the deputy-head teachers, alcohol and cigarettes are legally advertised which influences the youth to take the drugs. In addition, the warnings attached to these advertisements are too small to discourage many from indulging in these substances.

5.8   CONCLUSION

This chapter has discussed the data analysis and interpretation. In particular, the chapter looked at the extent of drug abuse among students, causes of drug abuse, commonly abused drugs and their sources; effects of drug abuse among students as perceived by the respondents; strategies used to address drug abuse and their perceived effectiveness; challenges facing schools in addressing drug abuse and suggested strategies to help curb drug abuse in secondary schools.

Quantitative data from respondents was analyzed using frequencies and percentages. Association between selected variables was evaluated with chi- square tests. Qualitative data was evaluated, classified into logical thematic categories based on the objectives, and coded. The analysis of the structured items was done by using the Statistical Package for Social Sciences (SPSS). Unstructured items were analyzed manually along major concepts and themes, and the results were presented using descriptive statistics (frequencies and percentages).

Some of the key deductions are that:

- Of the sampled students, 30% indicated that they abuse drugs and 56% indicated that their friends abuse drugs; but interviews with teachers indicated indecision regarding drug problems in their schools.
- Both boys and girls abused drugs with the majority being in boys' schools.

- The greatest ratio of drug abusers to non-abusers among the sampled schools, are aged between 20 and 22 years.

- There is a significant relationship between drug abuse and age, use of drugs by family members and easy access to drugs.

- Significant relationships between drug abuse and area of residence, peer pressure, and relationship with parents could not be established.

- A variety of factors contribute to drug abuse with the majority of students citing curiosity, acceptance by peers and ignorance as to the dangers of drug abuse as the main reasons.

- Both the school administration and teachers face a number of challenges in the attempt to curb drug abuse in schools.

- A variety of methods are used to address drug abuse in schools, but the teachers were undecided on whether these measures were truly effective (Table 5.26).

- Quite a number of findings in the current study agree with the findings of other research and were indicated in the chapter as doing so. However, possible explanation of other contrasting tendencies observed in the current study could only be speculated about.

The next Chapter is a presentation of the summary, conclusions and recommendations for a proposed programme for prevention and intervention of drug abuse problem in secondary schools in Kenya, based on the research findings in Chapter 5 of this study.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1   INTRODUCTION

The focus of this study was to propose a programme for prevention of and intervention in drug abuse among the youth in secondary schools in Kenya. The findings of this empirical study will, among other things, contribute to knowledge in this area and help both administrators and policy makers to develop more efficient educational programmes to address drug abuse in schools.

The previous chapter presented and analyzed the findings of the empirical study. This chapter presents a summary of the study and the research findings. Conclusions are drawn and recommendations made on possible ways of improving approaches to drug abuse among the youth in schools. Possible areas for further research are also proposed.

6.2   OVERVIEW OF THE INVESTIGATION

The overall purpose of this study is to find out current trends in drug abuse among students in secondary schools in Kenya and to analyze the strategies used to address the problem. The ultimate aim is to propose a programme for prevention and intervention (1.3).The specific objectives of the study are to:

- Examine the causes and extent of drug abuse among secondary school youth,

- Identify commonly abused drugs amongst the youth in secondary schools,

- Identify and evaluate the effectiveness and shortcomings of strategies used in secondary schools to address drug abuse,

- Propose strategies that could help curb drug abuse in secondary schools.

The research attempted to answer the questions outlined in section 1.4 as follows:

a)   What is the extent of drug abuse among secondary school youth?

b)   What are the main causes of drug abuse among the youth in secondary schools?

c)   Which are the commonly abused drugs by the youth in secondary schools?

d)   What strategies do the schools use to address drug abuse?

e)   How effective are the methods used by schools to address drug abuse?

f)   What modifications are needed within the current strategies to establish an effective programme for intervention against drug abuse in secondary schools?

The literature review (Chapter 2) shows that all drugs are dangerous, and deliberate ingestion of drugs is harmful to the individual, the family, the community and society as a whole. The factors associated with drug use and abuse are many and varied, and include individual predispositions, family characteristics, and complex social and environmental determinants. The environmental factors which are the most influential include the family, peer association, poor school performance and social class membership. Other factors include conflict between the school system and family values of lower class youth who have low performance expectations; easy availability of drugs, poor parenting, lack of role models and parental guidance; pressure from home or school to perform, social pressure from media especially in urban areas, as well as low self-esteem; legalization of alcohol and tobacco and lack of clear school policies on drug abuse; lack of concern with drug abuse in and out of school by some teachers; curiosity and perceived inability to cope with problems. Overall, the most commonly abused drugs are alcohol, tobacco, khat and cannabis.

The current study is based on the Modified Social Stress Model (MSSM) for understanding drug use and abuse. This theory maintains that probability of drug abuse is determined by the existence of risk and protective factors.

Chapter 3 is an overview of the Kenyan scenario and shows that there is a growing concern over the harmful effects of drug abuse among the youth in secondary schools in Kenya. Drug abuse among students is an activity which demands urgent attention and maximum priority.

In Kenya, efforts to address the issue of drug abuse include:

- The National Policy on Drug Abuse which is in line with the Narcotics Drugs and Psychotropic Substances Control Act, 1994.

- Establishment of the NACADA office in 2001 in the Executive Office of the President to help the government strategize on how to reduce drug abuse. Activities include sensitizing, training and empowering the public on matters of drug and substance abuse.

- Integration at school level by the MOE has integrated drug education components into existing school curricula, in Social Studies at primary level and Religious Education at secondary school level.

- Other methods used to address drug abuse such as media campaigns and passing messages through public gatherings or "barazas".

- Establishment by some churches of anti-drug programmes through school talks.

- Within the schools, methods such as guest speakers, peer education programmes, guidance and counseling, suspension and expulsion.

However, despite all these efforts, the problem is still far from over. Drug abuse is still a threat to the general public as well as to the youth in Kenyan schools.

The research design and methodology is discussed in Chapter 4 of the study. Both qualitative and quantitative approaches have been used in data analysis which results in the mixed model research design approach followed in the analysis. Chapter 5 presents data analysis, interpretation and presentation.

6.3   SUMMARY AND OVERVIEW OF THE EMPIRICAL INVESTIGATION

6.3.1   The Extent of Drug Abuse among Students

The empirical study showed that drug abuse is widespread among students, with 29.6% of students saying they have abused drugs other than for medicinal purposes (Table 5.2). Students from all types of schools abuse drugs but the findings reveal that more students abuse drugs in boys' schools (45.3%) than in day mixed (32.1%) and girls' schools (22.6%). The greatest proportion of drug abusers were aged between 20 and 22 years (58%) and there were relatively few cases between 14 and 16 years (25%) as shown in Table 5.4. It was also established that the proportion of drug abusers increases with age from 20 years and above. A chi-square test at 5% level of significance further showed that drug abuse was strongly dependent on age of respondents and thus a significant relationship exists between the two variables.

Asked whether they knew of friends who abused drugs, 55.6% of the students said they had friends who also abused drugs (Table 5.5). This shows that the extent to which students' abuse drugs is quite high. This is in agreement with NACADA's findings in 2004 that the majority of drug users were amongst the youth. Only 28.8% of the students said that drug abuse is common among students, while the teachers were indecisive as to whether drug abuse was a problem at their schools (Table 5.8). Qualitative data obtained through interviews from deputy-head teachers and parents on the general situation of drug abuse showed that the problem existed especially in boys' schools.

Teachers and students agreed that students in Form 3 abused drugs most (Tables 5.10 and 5.11), followed by Form 4 and Form 2. Those least involved in drug abuse were perceived to be Form 1

classes who are new in secondary school. The findings seemed to indicate that drug abuse becomes a problem as students advance to higher classes.

All respondents (teachers and students) agreed that the majority of drug abusers live in urban rather than rural areas. However, a chi-square test on the relationship between area of residence and drug abuse at 5% level of significance showed that drug abuse is not dependent on area of residence of the students, and no significant relationship existed between the two variables.

6.3.2   Causes of Drug Abuse among Students

This study sought to establish the reasons for drug abuse among students. Students and teachers responded to questions related to causes of drug abuse.

The most commonly perceived reason for drug abuse by students was curiosity (Table 5.14) followed by need for acceptance by friends, lack of knowledge about the dangers of drug abuse, easy availability of drugs, low cost of drugs, excessive pocket money, the wish to increase intelligence and lack of good role models in teachers and parents. Lack of concern by school administrators was also considered a possible reason for drug abuse. A frequency analysis showed that 75.5% of friends encourage others to take drugs (Table 5.15). A chi-square test regarding the relationship between encouragement by friends and drug abuse however revealed no significant relationship between drug abuse by students and encouragement by friends to take drugs.

Unlike the students, the teachers only cited two main reasons for drug abuse among students. These were breakdown of family units (44.4%) and excessive pocket money (38.9%). These are problems beyond the schools' control as perceived by the teachers. However, qualitative data from interviews with deputy- head teachers and parents revealed the causes as lack of role models, easy availability of drugs, peer pressure, curiosity, legalization of drugs, no leisure time because of the over loaded curriculum, lack of adequate guidance and counseling services and unqualified school counselors. They also cited negative influence from the mass media, poor

parenting, unrealistic expectations within the home and school environment especially for weak students, relaxed school rules and incompetent school heads or managers.

Amongst the factors considered for chi-square analysis at 5% level of significance, use of drugs by a family member and easy availability of drugs were found to be not only important factors, but also had a significant influence on the frequency of drug abuse among students.

6.3.3   Commonly Abused Drugs by Students and their Sources

The study sought information on commonly abused drugs by students. Students, teachers and parents responded to the relevant questions through questionnaires and interviews.

Based on multiple-choice responses from students (Table 5.19), the commonly abused drugs are alcohol, khat, tobacco, cannabis and sleeping pills. The least abused drug is glue. Asked whether drugs are easy to get, 52.5% of students said that they are. Teachers agreed with students that alcohol is the most commonly abused drug (72.2%). Others are tobacco, cannabis, khat and sleeping pills as shown in Table 5.20. Deputy-head teachers and parents concurred with the students and teachers in regard to alcohol, tobacco, cannabis and khat as the most commonly abused drugs.

On the sources of drugs, the respondents, students and teachers cited slum areas (low economic areas) as the most common source. Other sources were kiosks or small shops near schools, touts, watchmen, family members, drivers, shoe-cobblers and cooks, cinema halls and hospitals. The least common source is the hospital as shown in Table 5.21.

All students who responded to the questionnaires revealed that these drugs are taken in secret "safe" places where the abusers cannot be found.

6.3.4 Perceived Effects of Drug Abuse among Students

The researcher tried to find out whether students knew the dangers of abusing drugs. Knowledge of dangers related to drug abuse was considered important because ignorance among students may lead to ineffectiveness of proposed prevention and intervention measures to help curb the practice

From the students' responses, it was evident that they were aware of the effects of drug abuse. They gave these as lack of concentration on studies, missing classes, conflicts with teachers, physical weakness, lack of sleep, lack of appetite, failure to do assignments and rejection by friends. The findings indicate that students are only concerned with short-term and not long- term effects of drug abuse.

The parents and deputy-head teachers interviewed also gave the effects as lack of responsible citizens, school indiscipline, poor health, stealing, high rate of school dropout, incompetent national workforce, poor academic performance, personal negligence, damage of school property during strikes and conflicts with school administration.

6.3.5 Strategies Used to Address Drug Abuse in Schools

Information was sought on the methods used by schools to address drug abuse and their perceived effectiveness. Data from respondents was collected using questionnaires and interviews.

Based on the teachers' responses (Table 5.25), the commonly used methods are guidance and counseling, summoning of parents or guardians to school, suspension, heavy punishment, and expulsion. On the overall assessment of these methods (Table 5.26), the general perception of the teachers indicates that the methods are found wanting. Fifty percent of the teachers felt that the methods were moderately effective, 11.1% said they were very effective, and only 33.3% said they were unambiguously effective.

Other methods cited by deputy-head teachers were talks by head teachers during assembly, use of guest speakers, strict school rules signed on admission by all students, impromptu inspections especially in boarding schools, thorough inspections at entry points on opening days and close monitoring and vetting of students' visitors. According to the deputy-head teachers, no formal programme had been incorporated into the school curriculum except guidance and counseling which is provided by teachers during their spare time.

On whether they had been exposed to any drug preventive methods, 83.6% of the students said they had. Asked which methods had been used in their schools to address drug abuse (Table 5.28), students said guidance and counseling, invited guests, information by teachers and use of posters. The most effective methods as perceived by students were guidance and counseling (59%) and teaching about drug use and abuse in class (33%). The least effective method was cited as talking to students at assembly (8%). Keeping in mind that the schools have tried their best to address the issue of drug abuse, students were asked to respond to the question: do you think action taken against drug abusers is adequate? Of those who responded, 52% said no and 48% said yes.

6.3.6   Proposed Solutions to Drug Abuse in Schools

The current study attempted to find out measures that respondents wished to see instituted to curb drug abuse in schools. Questions related to preferred measures were addressed to students, teachers, deputy-head teachers and parents. The following were proposed:

- Strengthening guidance and counseling.
- Teaching about drug use and abuse as a subject.
- Organizing seminars and debates.
- Inviting medical practitioners or other experts as guest speakers.
- Enhancing communication between administration and students by encouraging a free atmosphere.
- Tightening school rules and regulations to avoid loopholes.

- Training and creating awareness among parents to equip them with skills to address drug abuse among their children.

- Close monitoring of students by teachers, parents and the community at large.

- Peer counseling.

- Incorporation of drug education into other subjects.

- Incorporation of parents in school counseling sessions especially those with special expertise.

- Forums for parents on open days.

- Parental guidance at home.

- Teamwork between parents and the school.

Overall, the most preferred method by both students (34%) and teachers (28%) was guidance and counseling.

6.3.7 Challenges Facing Schools in Addressing Drug Abuse

In their war against drug abuse, the school administrators, that is the deputy-head teachers and teachers, cited a number of challenges. These include lack of support from parents who side with their children, some teachers providing drugs to students, lack of role models, inadequate knowledge on how to deal with the drug abuse and even to detect drug abusers, inflexible time schedules for school counselors who are also teachers, location of schools near market centres which make it easy for students to access drugs, inability to monitor students out of school especially in day schools, lack of clear guidelines on what action to take against drug abusers and lack of training on issues related to drug use and abuse. In addition, most teachers felt ill-equipped to handle issues related to drug abuse.

The media was also perceived to be a stumbling block to the war against youth drug abuse. The teachers felt that the mass media is responsible for indirectly promoting liberal and permissive social values combined with promotion of a sensation-seeking culture, all of which is instrumental in increasing drug abuse among the youth, especially students. This is perceived to be in contrast to the moral values emphasized by the community and society in general. In

addition, alcohol and cigarettes are legally advertised through the media while attached warning labels are too small to be read by many people.

6.3.8   Conclusions from the Literature and Empirical Research

The following conclusions can be drawn from the literature findings and the findings of the empirical research:

- Drug abuse among students is common and spells danger not only to the youth who abuse the drugs but also to the well being of the nation, because the youth represent the future of its people.

- Drug abuse is determined by the existence of risk and protective factors. The risk factors associated with drug abuse are many and include lack of family and school role models, peer pressure, poor school performance, conflict between the school system and family values, easy availability of drugs, poor parenting, pressure to perform, the media, low self-esteem, stress, legalization of some drugs, lack of clear school policies on drug use and abuse and relaxed school rules. Protective factors that make people less likely to abuse drugs include attachments with the family, peers and institutions, skills and performance capabilities that help people succeed in life, and availability of resources that help people meet their emotional and physical needs.

- Regardless of the school type, students abuse drugs. However, the tendency to abuse drugs is higher in boys' schools than in day mixed and girls' schools.

- The greatest proportion of drug abusers is aged between 20 and 22 years, and the least between 14 and 16 years. Forms 3 and 4 students are most involved in drug abuse.

- Drug abuse is strongly dependent on age of respondents, easy availability of drugs and having a family member who abuses drugs.

- Overall, commonly abused drugs are alcohol, tobacco, cannabis and khat. The reason for using these drugs is that they are easy to access and also locally produced.

- Sources of drugs are mostly the low economic areas around the schools (slums), small shops, school workers and public transport (touts and drivers).

- The drugs are usually taken in secret and "safe" places away from authority.

- Students expressed knowledge of dangers of drug abuse although they still abused drugs.

- Strategies used to address drug abuse are mainly guidance and counseling, summoning of parents to school, suspension, heavy punishment and expulsion. Generally these methods were perceived to be ineffective by the teachers, an indication that there is still need for more effective strategies to address the problem. The least preferred method was talking to students at assembly.

- It was apparent from students' responses to actions taken by the school administration to curb drug abuse that they were not decided on their effectiveness; unlike the teachers who felt that the measures were ineffective.

- On measures which should be taken to address drug abuse in schools, all those involved in the study proposed a number of solutions (6.3.6). It is evident from these proposals that the strategies used by schools are not adequate, and that there is need to come up with better solutions to address drug abuse amongst students. The proposed methods also imply that there is need for team work by all stakeholders in addressing the problem.

- There are many challenges facing the school administrators and teachers in dealing with drug abuse issues in schools (6.3.7). This is an indication that there is an urgent need to address these challenges and find a solution to the drug abuse problem before it is too late, so as to save our youth from self-destruction.

6.4   RECOMMENDATIONS

Based upon the literature review and the empirical investigation various recommendations for a prevention and intervention programme are proposed to help address drug abuse among students in Kenyan schools. The following are recommendations for effective programming to prevent and reduce substance use and abuse among school youth.

6.4.1   The Role of the School in Addressing Drug Abuse

It is evident from the research that abuse of drugs is determined by both the existence of risk factors (e.g. availability of drugs, stress, peer pressure media advertisements and lack of role models) and protective factors within the individual's social and physical environment (e.g. attachment with people like family members and peers, life skills, performance capabilities that help people to succeed and availability of resources). Any education programme aimed at addressing drug abuse among students should therefore be holistic and address both the risk and protective factors. The aim should be to strengthen the protective factors where potential buffers include strong family bonding, school commitment, positive role models and a strong belief in one's own efficacy.

The proposed programme should use the protective and risk factors approach to help the youth understand how to cope with the problem of drug abuse, and the factors that lead to it. While addressing the risk factors, the school administration and teachers should start by identifying risk factors within the school environment and cooperatively look for ways of reducing or eliminating these factors. Risk factors may include poor academic performance, stress, lack of basic needs for some learners, lack of leisure facilities, poor communication channels and poor relationships between teachers and students. The aim would be to reduce risk factors and increase protective factors. Any risk factors beyond the teachers' control such as poverty and lack of basic needs should be referred to the relevant authorities such as parents, government officials and even donors who will help the needy children. Where possible, teachers need to isolate needy cases and give them individualized counseling.

The research findings have clearly shown that most of the messages passed to students are aimed at creating awareness on the dangers of drug abuse among all students. The emphasis is put on a universal approach which targets users and non-users, some of whom may not be subjected to individual risk factors which encourage them to abuse drugs. Apart from universal prevention programmes, the schools can also be used to deliver selective prevention programmes targeting youth considered to be at higher risk for substance use and abuse. Such groups include students from lower income families and also those with poor academic records, even when they do not show signs of involvement. In addition intervention programmes should be designed to halt abuse among those who already abuse drugs and also amongst those who show early signs of behaviour that could lead to abuse such as depression and defiance.

Any educational programme used within the school should aim not only at increasing knowledge and awareness about effects of drug abuse, but should also aim at changing values, attitudes and beliefs which are assumed to ultimately influence behaviour, as well as building social and personal skills. The information presented should be straightforward. Presenting such information may lead to increased perceived risk and in turn, to a decrease in use (Bauchman, Johnston and O'Malley, 1991:76). Conversely low perceptions of risk are found to be associated with increase in drug abuse. The empirical research has shown that students abuse drugs even when they are aware of the dangers. In addition, it is also clear that students are concerned with short-term effects of drug abuse. Changing personal beliefs about risks through credible factual information can therefore lead to demand reduction among the youth in schools.

With an information component on the consequences of drug abuse, the programme should also seek to teach how to counter pressures leading to drug abuse, and more importantly, attempt to motivate students to resist them. This can be done through normative education which seeks to undermine popular beliefs that drug use is acceptable in many Kenyan societies. There should be emphasis on anti-drug social norms and attempts to form non-use norms by involving students in looking for alternative ways to achieve the perceived benefits of drug abuse. Discussion with students can involve interactive sessions where methods such as brainstorming, role plays, peer discussion and cooperative learning are used.

A variety of causes of drug abuse were identified from both literature and current research, ranging from curiosity to stress. In order to be credible with programme participants, schools as programme developers should take into account the way young people view the benefits and risks associated with drug abuse. This implies that students should be involved in coming up with solutions. Such an approach would enable the students to see themselves, and to be seen by others, as their own best resource for minimizing any harm associated with drug abuse. In fact, students in this study unanimously agreed that the best solution to drug abuse is prevention not cure. It is therefore good to seek their opinions on which preventive methods can be used to address the practice.

The current study established that some teachers are not concerned about drug abuse in their schools. In fact, some students felt that teachers are not good role models. Any successful drug abuse prevention programme should therefore include all parties with a stake in the development and welfare of the youth in this country. At the school level, once a problem has been identified, there should be commitment from the highest level of the school organization. This is because any programme without administrative support is likely to fail. In addition all members of staff should be committed to the success of the programme together with the administration. Emphasis should be on inclusion of all concerned parties in planning and implementation of all prevention programmes.

Given that schools are a strong setting for drug abuse as indicated in this study, they should provide appropriate programming at all levels of the education system. The current study established that abuse of drugs cuts across Form 1 to Form 4, but that it increases with age where the least involved were between 14 -16 years (mostly in Forms 1 and 2); and the majority between 20 - 22 years (Forms 3, 4 and above). This is an indication that a significant number of students have initiated use of drugs by age 14. Consequently, this study proposes that preventative activities addressing drug abuse should begin long before children join secondary school, especially between 10 and 13 years when in the last years of primary school. This is because at this age, a majority of children are generally not using or considering use of illegal drugs. In addition ages 12 and 13, when about to go to secondary schools are important years for drug abuse prevention. Drug abuse increases significantly after 14 years due to changes in school

status, influence from friends and environmental factors such as increased accessibility of various drugs and other reasons (Adlaf and Ivis 1996:57). Intervention activities after 15 years should aim at reducing the risk of harm arising from potentially damaging drug abuse patterns for those already using drugs, and preventing those who are not involved with drugs from going down the same road.

Any school programme on prevention and intervention should be on-going, from Form 1 to Form 4 for students, and for the teachers. This is because most of the programmes like in-service for guidance and counseling teachers as well as peer counselors are short-term and inconsistent. Although short-term programmes may produce results; they may be short-lived. Within the school setting, substance abuse prevention programmes must fit within the formal curriculum and structure of the school, for example, not after school especially in day schools where most students would not be available. It is also important that drug related issues should be taught separately and not only integrated in other subjects. The current school curriculum should therefore be reviewed to include drug use and abuse as a subject, and also to give teachers adequate time for counseling students.

Skills development needs to be a central element in programmes addressing drug abuse. This is because teachers and school counselors feel ill-equipped to handle drug abuse issues in schools, and even the students lack the skills to deal with them. To ensure sustainability of the programme, there is need to ensure availability of continued staff training, provision of programme materials, adequate time for counseling and space for all involved. Training of staff should be on-going to ensure that expertise lies within the school and is not confined to external experts. On-going training would include new staff and refresher courses for old teachers, and it would also be integrated into pre-service curricula in teacher training institutions in Kenya

Many schools revealed that they involve peer counselors in addressing drug abuse among students. Compared to teachers, peers can be very helpful to reaching other students in an outreach capacity. This is because they are more likely to be viewed as credible advocates for responsible living compared to teachers who are seen as representing authority. Teachers can be effective leaders with assistance from peer leaders. However, care should be taken when using

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peer counselors to ensure effectiveness. Peer leaders should be people trusted by the students, who will present facts accurately and in an unbiased manner. This is possible only if they are trained for a given period of time. Most peer leaders have only attended one or more workshops. When choosing peer leaders, care should also be taken as rigid social groups already exist among students and some students may be alienated "turned-off" by peers.

Since the school is part of the wider community in bringing up children, anything taught in the school in relation to drug use and abuse must be reinforced in the community by parents and family members. For example, the schools can combine class room instruction with parent education forums to address drug abuse among students. In addition, schools can closely work with parents and families by organizing awareness campaigns and school drug education days. To encourage parents to participate in counseling students, schools should have an open door policy which will make parents feel free to interact with the school in addressing problems affecting their children, including drug abuse.

Regular meetings between schools and parents should be encouraged. This will make it possible for the school administration to update parents on school efforts and activities to address drug abuse and other discipline issues.

Given that there is a lot of emphasis on guidance and counseling within the school setting, schools should provide a tolerant atmosphere, free of moralizing and tactics based on fear. There should be an open and non-evaluative dialogue between school counselors and students. This will encourage students to share their problems fully with the counselors and also school administrators.

It is evident from the research findings that schools tend to adopt disciplinary approaches which are silent on anything that occurs off school grounds. On the other hand, they take a hard-line approach against drug use or abuse on school grounds and readily expel users from school if need be. The most common consequences for violating substance use policy or rules are heavy punishment, suspension from school, a meeting between school administration, the student and parents or guardians; and expulsion if the case is serious. Expulsion is not a solution. The

tendency of schools to expel students involved in drug related incidents is likely to contribute to social isolation and increase the risk of more severe drug problems among the youth. Instead, the school should find out why students abuse drugs and look for alternative ways of dealing with the problem. This is because drug abusers may be driven by the need to support drug their habit (Anderson, 1993:45).

The study found that most schools had rules which must be signed by students on admission. However, copies available to the researcher showed that these rules do not specify the consequences of violation of drug rules in detail. School policies should be comprehensive enough to reflect community norms and expectations about substance use; and explicitly specify the punishment for norm violation. They should also reinforce those who comply while compelling those who would not otherwise observe the rules to do so. Additionally, the policies have high chances of being effective if they are accepted as reflecting the norms of the society, and if the penalties for violation are considered certain and serious to students (Goodsdalt, 1989:36).

6.4.2   Parental Responsibility in Addressing Drug Abuse in Schools

While parents should be encouraged to become involved in broad preventive efforts, they of course, have a crucial role to play in preventing drug abuse among students through their role as parents. It has been seen in the current research that most parents have limited time to spend with their children, especially in urban areas where most of them are employed. In addition, the research findings revealed that parents are often not good role models for their children, and are also not supportive when teachers are disciplining students. Parental monitoring of children's behaviour and strong parent-child relationships are positively correlated with decreased drug use and abuse among students (Adlaf and Ivis, 1996:19). It is therefore the duty of parents to work with the school in addressing drug problems affecting their children.

That fact that teachers felt parents are not supportive is a pointer that the parents do not really work with the school in fighting drug abuse in schools. Parents can support the school by clarifying and explaining positive values to their children, modelling healthy behaviour, taking

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time to understand their children's needs and self-concept, communicating effectively with their children, developing problem solving skills, providing appropriate reinforcement and clear consequences for unacceptable behaviour and fostering a democratic environment in the family where children will feel free to express themselves and their problems. They also need to acquire accurate information on the various substances of abuse and their effects, so they can discuss them knowledgeably with their children.

The current study involved both boarding and day-mixed schools. It was established that regardless of school type, all students are affected by the drug abuse problem. One of the challenges reported by teachers in dealing with drug abuse was how to monitor children out of school especially in day schools. For these students, intensive counseling which may not be available in the school is important. Intervention measures by the schools may include organizing family meetings and counseling sessions on issues related to interpersonal skills, and improving communication and interpersonal behaviour. Family counseling can also help to enhance strong family bonding and thus reduce the risk of drug abuse.

6.4.3   The Role of the Community

This study determined that one of the major reasons for drug abuse among students is easy availability of drugs from the community around the school especially low economic areas slums. Lack of community support for the war against drug abuse is likely to curtail government support initiatives in preventing drug abuse among the youth in and out of school. Given that the fight against drug abuse is a serious and complex community problem which requires community responses, the government can no longer be the sole agency responsible for solving the problem. It is the role of community members, starting with the family to instill moral values among the youth to help them become useful members of society. This is based on the fact that, in traditional African society, upbringing of children is a communal role and not only that of the immediate family. By equipping young people with the right values, it will make it easy for them to resist the temptation to engage in drug abuse. To help the youth acquire social moral values, the community and the schools should work together for example, by inviting respected community leaders as guest speakers to talk to students in the school.

Community prevention and intervention measures also require sharing resources and developing partnerships with Non-Governmental Organizations (NGOs), and Community-Based Organizations (CBOs). Through such groups, it is essential that all levels of society, including students, be educated on the dangers of drug abuse and the preventive role that each can play in addressing the problem. Community members need empowerment to help them intervene against the debilitating influence of drug addiction among its members including the youth. Hence the support and involvement of NGOs and CBOs in drug abuse prevention is indisputable. These organizations can help in identifying groups at risk especially in low economic areas and also help families of students and other drug dependents. Keeping in mind that schools tend to expel students who abuse drugs on school property, NGOs and CBOs can also educate teachers on alternative ways of dealing with drug abusers so as to make young people useful members of society.

NGOs and CBOs provide avenues for the participation of concerned citizens in achieving certain set objectives. In the area of drug abuse prevention and intervention, these organizations should compliment Government efforts in enhancing community awareness on the pernicious effects of drugs and related prevention activities. Some of the activities would include assisting in the aftercare and reintegration of rehabilitated drug dependents, especially the youth, into mainstream of society.

NGOs and CBOs, in partnership with the community and Government, can initiate a variety of community-based drug abuse prevention programmes. The main objectives should be to equip youth and community members with the knowledge, decision-making skills and values that will persuade them to stay away from drugs. The programmes can include clubs for youth in schools; seminars and workshops especially during school holidays; writing and distribution of reading materials for students; giving talks to students during national drama and music festivals, and working with peer educators to equip them with skills to interact effectively with other students. In addition, the organizations can mobilize community members and increase public awareness of current trends in drug abuse related issues.

At the national level, the church and religious leaders as well as NGOs can organize workshops for teachers and curriculum designers. They can also carry out research on drug preventive education and trends and share the results with relevant parties such as government leaders, law enforcers and educationists. The organizations can also fund construction and equipping of training centres for teachers, students and community members on drug related issues. Such centres can be used for Training of Trainers (TOT) in interpersonal skills and peer-support counseling in drug education. They can also be used to promote drug abuse control activities among the youth, TO train parents on how to control drug abuse among their children and the youth in and out of school; and to offer seminars for school counselors.

6.4.4   Role of the Government

Schools appear to have inherited the drug abuse problem, but in reality, they cannot solve it alone. This is because schools cannot assume the role of parents, the police, medical experts or the church to mention a few. The findings of the research have revealed that most teachers and school counselors feel ill-equipped to address drug abuse issues in schools due to lack of training. In addition, the few teachers involved in counseling students complained of a heavy work load, an indication that they cannot do the work effectively. In the light of these problems, MOE should mount intensive training for all those directly involved in counseling students to give them confidence in service delivery. Apart from training, all stakeholders should co-operate with the teachers in addressing the issue of drug abuse in schools.

The study findings revealed that drug abuse is common among the youth in schools, and that there is no legal policy on how to handle students who abuse drugs on school property. Lack of a policy makes it difficult for school administrators and teachers to address the problem effectively. In this regard, a uniform policy for all schools is not only necessary but also urgent to guard against disparities in addressing drug abuse in schools, and to arrest increasing cases of drug abuse among students. It is therefore recommended that a comprehensive and uniform policy for handling students who abuse drugs be put in place by the MOE as a measure to guard against drug abuse among students. This policy would be an important component of a comprehensive drug preventive strategy for youth in schools.

Parents play an important role in bringing up and supporting children. The Government, through the MOE should therefore come up with programmes targeting parents. Some of these programmes can be organized by the schools. Since some parents may lack exposure on issues related to drug abuse, the MOE and Ministry of Youth and Sports should take the lead in organizing parenting programmes, and making information available on how to address drug abuse among their children. Parenting programmes should involve making information widely available through the media, information networks, NACADA, at the work place and school meetings. These programmes should be continuous for a number of years.

The parent-based programmes should focus on the role of parents and parenting in preventing drug use and abuse. In addition, the programmes should focus on strengthening parent-child communication about these issues enforcing prevention in the home, having parents as role models and strengthening general parenting skills which can also serve to prevent or reduce youthful use and abuse of drugs.

Components of parent-based programmes should include parent training designed to improve parenting skills; student skill training designed to decrease problematic and increase socially acceptable behaviour; family interaction and management competencies such as problem and conflict solving skills. Such a combination can reduce the child's problematic behaviour from the early years, as well as the intention to abuse drugs. It could also improve parenting skills, reduce family conflicts and improve communication all of which are protective factors in addressing drug abuse among the youth in schools (Demarsh and Kumpfer, 1986:117).

Government interventions should target both low and high-risk families. As many parents as possible should be included in these programmes and not only those involved in school management affairs such as those in the Board of Governors (BOG) or Parent-Teacher Associations (PTA).

This research established that drug abuse is highly dependent on availability of drugs. This is an indication that the laws governing peddling of drugs to schools and sale of drugs to the youth are

not effective. If well administered, legislative and regulatory approaches can be effective on preventing and reducing youthful substance abuse, as well as in reducing the harm caused. One way of doing this is to increase taxes on legal drugs (alcohol and tobacco), and enforce sales-to-minors laws. Adolescents tend to be particularly price-sensitive because they depend on money from parents and guardians. For this reason, increasing the price of legal drugs by tax hikes can reduce consumption, and delay or perhaps prevent the initiation of the youth into drugs and its attendant harms.

In Kenya, merchant sales of tobacco and alcohol to minors, is a significant public health concern. According to this study, some of the main sources for cigarettes among students are the nearest shopping centres or "kiosks". No attempts are made to ask for age identification for under age youth attempting to purchase cigarettes. Generally, enforcing laws restricting sales to minors and /or providing awareness is likely to reduce the number of over-the counter sales, thus leading to reduced tobacco use among students. Anybody found selling drugs to minors should lose their licenses for legal drugs and legal action should also be taken against them. In addition, the government should ask manufacturers to enforce minimum purchase age laws while discouraging sale to under age children even if they are required to do so by parents or relatives.

Risk factors leading to drug abuse may also be linked to other problem behaviours. For example, in some communities, poverty, particularly if associated with dysfunctional lifestyle, has been shown to be a risk factor for substance abuse (Brounstein and Zweig, 1999:59; Eggest and Herting, 1993:87). In fact, the current study found that low economic areas are the main sources of drugs abused by students. It is therefore the role of the Government to improve the lives of people and communities who are directly linked with the youth in schools thereby reducing risk factors.

The issue of drug abuse among the youth and its effects should remain on the agendas of the public and key decision-makers in the country, especially Members of Parliament (MPs), so as to maintain long-term commitment of community partners. This could include advocacy, creating awareness, and meet-the-people campaigns. Such forums can be used to educate the public with accurate data on drug abuse trends and issues. If the situation is portrayed as what it is, a crisis,

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the public response may be strong (Damon, 1983: 65). These campaigns should be accompanied by messages emphasizing that substance problems are not a one-time crisis, but rather an integral part of society.

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6.4.5 Role of the Church

Although the Government, NGOs and the community can go along way in addressing the drug abuse crisis amongst school youth they cannot succeed without the church playing its role. The church is the care-giving, helping institution that has access to the greatest number of families including the youth each weekend and on other days of worship. In addition, the public ranks the clergy highest in terms of honesty and observation of ethical standards. This puts the church in the forefront of addressing the problems of drug abuse among the youth in and out of school. The society therefore expects church ministers to lead the way in addressing the problem.

In an effort to address drug abuse among the youth, the church should embrace the youth including those who have been drug abusers and respond to their problems in a positive, helpful and loving way. Although some church ministers may not be trained to deal with the care and counseling of drug abusers, they can be most effective in assessing the extent of the drug dependency problem among the youth and then acting as referral agents. Judgmental attitudes should be avoided at all times when dealing with drug abusers.

Any progress in addressing drug abuse among students and the youth in general lies in changing their value system. Most students come from very poor homes in low economic areas where parents do little to discourage their children from abusing drugs. In fact, drugs are seen as a source of income and at times some children are required to market them to assist their parents. Many of these children have never received biblical teaching at home or even been instructed in humanity's dependence on God. The church therefore needs to introduce children to a value system through religious principles. Such a move would help the young people cope with the challenges which lead to drug abuse while giving them some hope in life.

In order to deal with the problem effectively, church ministers should be equipped with skills in counseling, handling drug-related violence and trauma. They should also be trained on how to come up with prevention programmes aimed at helping young people including students. Some of these activities could include distribution of free Bibles to schools and homes. Church ministers can set up and promote drug health education programmes with the aim of creating an environment of hope among desperate and vulnerable groups especially the youth. The church can also organize youth camps especially during school holidays using church facilitators. The aim of the programmes should be to stimulate participants to develop stronger life skills including decision-making, problem solving, goal setting, communication, leadership and character development. Emphasis should be on spiritual awakening and an understanding of responsible risk taking, to promote opportunities for deeper understanding of self and God through self-reflection.

When the church looks at substance abuse among the youth and starts to address it, it has a bearing on many other challenges. Kenya is faced by breakdown of culture, unplanned urbanization, an increasing use of the country as a transit point in international drug trafficking and the power of drug barons all of which compound the problem of drug dependency among the youth (Chapters 1, 2 and 3). The church therefore has no alternative but to embrace its ministry to persons and communities burdened by the ill-effects of drug abuse.

Churches can work with the youth in schools by providing them with facts about the harmful effects of drugs through distribution of drug education booklets and other educational materials. In addition, church ministers should include the youth in deciding on priorities and other functions of the congregation. This would make young people identify with the church without feeling that they have been left out in decision making especially in matters which affect their lives.

6.4.6   Role of Sport in Addressing Drug Abuse

As noted, stress can be a contributing factor to students' abuse of drugs (Chapter 5). It is also evident from the current study that the school curriculum is overcrowded leaving students with inadequate time for leisure activities.

The power of sport is far more than symbolic. In 2002, at the Olympic Aid Roundtable Forum in Salt Lake City, Koffi Annan, then Secretary General of the UN, stated that "Sport can play a role in improving the lives of individuals, not only individuals, but the whole communities." (http://www.google.co.ke/books?).He called on governments, development agencies and communities to think of how sport can be included more systematically in plans to help children, particularly those living in the midst of poverty, disease and conflict.

A variety of sports is available for Kenyan youth, both at school and community levels; for example, informally and formally organized individual and team sports. These different types of sports can have a positive effect on individuals and societies in many different ways.

In the current study, some of the issues that have been cited by students as reasons for abusing drugs include poor academic performance, stress, a sense of adventure and curiosity and the desire to be appreciated by friends. All these issues can be addressed through participation in sports. Research (Brettschneider, 1999 in UNODCP, 2002:8) has shown that sport for young people can lead to:

- Improved self-esteem
- Being better able to handle stress
- Increased academic performance and
- Better relationships with family members

In the area of prevention and intervention, of drug abuse, these are known to be "protective factors" or personal assets that can help young people to avoid a range of problems, including drug abuse (Chapter 2).

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Involvement in sports has many other benefits. For example, sports can relieve boredom by giving structure to free time, promote socialization by introducing rules to be followed, help one to set goals and cooperate with others to achieve these goals, make friends and strengthen relationships with others, and enable a person to realize and express his or her talents.

All those concerned with the welfare of the youth, especially students, for example schools, the community, the media, the church and the Government should advocate and present sport as an option to prevent substance abuse and related problems. Emphasis should be on developing strengths and skills among the youth who have decided not to use or abuse drugs. During sports, key stakeholders such as educationists, the media, the church, team leaders, community leaders and government officials can take the opportunity to provide the youth in and out of school with structured opportunities to acquire factual information about drugs. They can also facilitate development of life skills such as communication, decision-making, assertiveness, anger and stress management all of which can enhance the tendency of a sports programme to prevent substance abuse.

In relation to sport, drug education in schools should focus on the immediate performance related effects of drug abuse. Facilitators for these programmes such as coaches and team leaders should be people who are good role models and able to establish credible relationships with the players. For maximum success, it is important to give drug issues some attention throughout the playing session. This is because one-shot efforts may not work. In addition to structured sessions, coaches and others involved with teams should look for opportunities to bring the topic into regular conversations with players without preaching. Any information introduced in the course of learning experiences during sport should be relevant to the students' lives and experiences, and based on a two-way communication that respects their feelings and attitudes.

6.4.7   Role of the Mass Media

For several decades, mass media campaigns have been utilized in attempts to address youth substance abuse. However, the current study found that teachers view the media as a stumbling

block in the war against drug abuse among the youth. Certainly, media campaigns have the potential to be effective communication and educational tools, given the finding that youth obtain most drug information from television and print media (Mirzaee, Kingery, et al., 1991:89). Reasons for lack of success may be associated with factors such as failure to reach the audience, directing messages to unidentifiable audience segments, too much reliance on messages that arouse fear and likely avoidance of the messages by drug users or those at risk. Fear arousing messages, accompanied by incorrect or exaggerated information, such as "*drug abuse kills*", are likely to be ineffective and thus generate resistance towards any advice on drug abuse or other risk behavior.

Mass media campaigns are a critical component of the nation's long-term effort to combat drug abuse among the youth in schools. It is therefore important that such campaigns should be directed to a variety of target audiences, including adults and youth. At school level, prevention campaigns should be directed to those who are about to join secondary schools (from class 6 to 8), and just below 14 years, and continue immediately after they enroll at secondary schools. This is because, as found out in this study, this is the age when the youth begin to make decisions about their own experimentation with and use of drugs, especially alcohol and tobacco which are legally available for adults. School-based programmes in partnership with the media should take this opportunity to reinforce students' intentions not to use drugs and to teach specific skills for coping with social pressures to do so. For this age, emphasis should be on "gateway" substances whose use comes earlier in the typical sequence of substance use: specifically tobacco, alcohol and only later hard drugs (Yamaguchi & Kendel, 1984:678).

In school-based programmes, the mass media can be used for agenda-setting to stimulate discussions on drug related issues among students. The messages should present information in an honest and factual manner, emphasizing short-term negative consequences such as poor performance, rejection by friends and poor health, rather than long-term effects. Emphasis on short-term consequences is based on the fact that youth audiences are likely to be more open to prevention messages about immediate problems in their lives, than to messages about how to prevent problems which may or may not occur when they are elderly (USDHHS, 1994).Whenever possible, positive effects of use should be acknowledged, with provision of

alternative ways to achieve those benefits. The messages should also equip the youth with skills in decision-making, assertiveness and communication to give them confidence in dealing with risk factors.

At the community level, mass media campaign organizers should link up with local advocacy groups and community-based programmes, with a common strategy of preventing or reducing drug abuse among the youth. Emphasis should be on clearing away misconceptions among the youth, including students, about the dangers of particular drugs, and providing more accurate factual information about drugs in general. To meet the needs of high-risk youth in and out of school, mass media campaigns should increase public awareness of the broader social context in which chronic substance abuse occurs and promote debate on the cost, availability and promotion of drugs such as alcohol and tobacco. The campaigns should also create awareness on policy changes that might discourage drug abuse among adolescents; and on the development and funding of school and community-based programmes that provide direct interventions.

6.4.8   Limitations of the Study

The small size of the sample in this study is the most obvious limitation. The research was limited to a few schools in Machakos district. The results thus cannot be generalized to all schools in the country. This is because different schools may have different ways of addressing drug abuse among students. Risk factors in the communities of other schools may also the way in which such schools will handle the problem of drug abuse

6.4.9   Recommendations for Further Research

Drawing from the findings of the study, and building on existing research, it is suggested that more studies be carried out to address the following:

- More investigations are needed on the methods used to address drug abuse in schools in various parts of Kenya. This is because the methods used to address the problem may differ according to different circumstances.

- Apart from the commonly abused drugs noted in this study, others such as cocaine, heroin and hashish to mention a few should be investigated to determine the extent and frequency of their use among students.

- Future research should replicate this study, but emphasize qualitative data gathering techniques such as interviews and observations, given that the current study mainly used questionnaires. Using such an approach would help come up with a more comprehensive programme for prevention of and intervention in drug abuse.

- More studies are needed with respect to background, socio-economic and environmental factors with regard to drug abuse among students. This is because the current study did not determine the association of most of these factors and drug abuse.

- Given that in this study guidance and counseling is emphasized as a method of addressing drug abuse in schools its effectiveness in addressing the problem should be investigated. Such studies would contribute towards strengthening guidance and counseling in schools.

- Although the study has recommended a uniform policy for schools to address drug abuse information is needed on what components should constitute a school policy to make it effective. In addition research is needed to ascertain the relationship between school policy and drug abuse among students.

- There is a substantial need for well-evaluated trials of the proposed approaches in this study to address drug abuse among students. There is also need for accompanying campaigns to create public awareness of the rationale for the drug abuse prevention and intervention initiatives proposed by the current study. This would make it easy to plan and implement them.

6.5   FINAL CONCLUSION

The current study has shown that drug abuse is a threat to the general public as well as to the youth in Kenyan schools. It is therefore evident that drug abuse amongst students and society in general must be fought in all ways so as to bring down substance abuse and related problems at all levels in the society.

In Kenya, drug abuse has threatened the lives of the youth of 29 years and below. Among young people aged between 18 and 29 years, the rate is estimated to be between 44.8% and 52% among students including those in the universities (Gatonye, Daily Nation May 22, 2009). This shows that drug abuse is a reality among the youth especially in Kenya. The implication is that with this threat hanging over it the future of the society is uncertain and therefore something must be done urgently to address the problem. Change can only be attained if all the parties concerned have seen its need and have made an informed decision to effect it. Eradication of drug abuse is therefore the collective responsibility of all the stakeholders.

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APPENDIX 1

COVER LETTER TO BE DISTRIBUTED WITH RESEARCH INSTRUMENTS

Dear Participant,

You have been selected to participate in this study. The main purpose of the study is to establish the current trend of drug abuse and strategies used to address the problem amongst students in secondary schools in Kenya. The researcher will use the results to develop a programme for intervention and prevention of the vice among the youth in Kenya. The findings of the study will be used to help all the parties concerned to address the issue of drug abuse among the youth in schools so as to make them more productive as well as the country as a whole.

To accomplish this objective, you are kindly requested to complete the questionnaire provided so as to provide the necessary data. If you are interested in the results and recommendations of this study, please advice the researcher to avail them as soon as the study is completed.

Your contribution is highly appreciated.

THANK YOU FOR YOUR CO-OPERATION

QUESTIONNAIRE FOR CLASS TEACHERS AND SCHOOL COUNSELORS ON DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS IN KENYA

Questionnaire number

The purpose for this questionnaire is to gain insight on substance abuse among students. Information gathered through this questionnaire will be made available to legitimate and interested stakeholders in order to establish partners for the development of problem solving strategies in relation to drug abuse. This questionnaire is not a test but merely an information exercise. Please answer the questions as honestly as possible. Remember that there is no right or wrong answers.

In order to help address the drug problem in schools, your contribution in this research is important. Therefore, you are kindly requested to provide the researcher with accurate information. Your responses will be processed by computer and will be treated as confidential. Please do not write your name on this paper. Also do not write the name of the institution.

Provide the following information by *ticking/ writing the applicable number in the blocks provided.*

SECTION A: BACKGROUND DATA

1   Indicate whether you are one of the following:

Class teacher   [1]

Counselor   [2]

Both class teacher and counselor   [3]

2   Indicate whether you are one of the following:

20 – 25 years   [1]

26 – 30 years   [2]

31 – 35 years   [3]

36 – 40 years   [4]

40 and above   [5]

3   Gender

Male   [1]

Female   [2]

4   Type of school. *Tick appropriate.*

Day Boys   [1]

Day Girls   [2]

Day Mixed   [3]

Boarding Boys   [4]

Boarding Girls   [5]

Boarding Mixed   [6]

5   The school is :

Private   [1]

Public   [2]

6   Professional Qualifications

P1   [1]

S1   [2]

Diploma   [3]

Graduate ((e.g. Bed, B)   [4]

7   Academic Qualifications : *Tick one only*

Form 4   [1]

Form 6   [2]

Graduate   [3]

Other   [4]

Specify …………………………………………………….

8   For how many years have you taught since you qualified as a teacher? *Tick appropriately.*

0 – 5 years   [1]

6 – 10 years   [2]

11 – 15 years   [3]

16 – 20 years   [4]

Over 20 years   [5]

SECTION B : NATURE AND EXTENT OF DRUG ABUSE

9   Do you ever teach anything about drug use as you teach your subjects?

       Yes   [1]

       No   [2]

10   If you are a school counselor, how many hours do you spend on counseling students per week?

       One hour   [1]

       Two hours   [2]

       Three hours   [3]

       More than three hours   [4]

11   Besides counseling, what other duties do you have?   *Tick appropriately.*

       None   [1]

       Teaching   [2]

       Administrative responsibility   [3]

12   Have you had any experience in dealing with drug problems in your
        School?

        Yes   [1]

        No   [2]

13   If your school is co-educational (mixed), what is the general
        distribution of known drug abusers in terms of gender? *Tick one only*

        Boys are the main abusers   [1]

        Both boys and girls equally abuse drugs   [2]

        Girls are the main abusers   [3]

14   Which Forms are mostly involved in drug abuse? *You can tick more
        than one.*

        Form 1   [1]

        Form II   [2]

        Form III   [3]

        Form IV   [4]

15   Where does the majority of the known drug-abusers come from?

        Rural areas   [1]

        Urban areas   [2]

16   Is there a drug problem in your school?

Yes   [1]

No   [2]

17   If there is a drug problem in your school, is it increasing?

No   [1]

Yes   [2]

18   If increasing, what are the reasons for your answer? *Tick one only.*

Most drugs are available   [1]

School rules do not prohibit drug abuse   [2]

School administration is relaxed   [3]

Students are more stressed due to a wide curriculum   [4]

19   What is your overall assessment of drug abuse in our secondary
        schools? *Tick one only.*

Nearly 100% of students take drugs   [1]

About 80% of students take drugs   [2]

About 60% of students take drugs   [3]

About 40% of students take drugs   [4]

About 20% of students take drugs   [5]

Less than 20% of students take drugs   [6]

SECTION C: CAUSES OF DRUG ABUSE

20   In your own opinion, which are the main sources of abused drugs?
        You can tick more than one.

      a.   Matatu touts   [1]

      b.   Shoe cobbles   [2]

      c.   Shops   [3]

      d.   Slum areas   [4]

      e.   Cinema halls   [5]

      f.   Hospitals   [6]

   Other: Specify …………………………………………….

21.   Rank the following sources of drugs abused from the most common to the least common source. *Indicate the appropriate number in the box.*

Sources	Most common source	Common source	Moderately common source	Fairly common source	Not common source	
a) Matatu touts	1	2	3	4	5	
b) Shoe cobblers	1	2	3	4	5	
c) Shops	1	2	3	4	5	
d) Slum areas	1	2	3	4	5	
e) Cinema halls	1	2	3	4	5	
f) Hospitals	1	2	3	4	5	

22   In your own opinion, why do students in your school take drugs?

   You can tick more than one.

   a.   Lack of role models at home   [1]

   b.   Conflict with parents   [2]

   c.   Peer pressure   [3]

   d.   A lot of work in school (stress)   [4]

   e.   To enhance intellectual ability   [5]

   f.   Break down of family units   [6]

   g.   Excess pocket money   [7]

   Other: Specify ……………………………………………….

SECTION D: COMMONLY ABUSED DRUGS

23   What drugs do most students take? *You can tick more than one.*

   a.   Alcohol   [1]

   b.   Tobacco   [2]

   c.   Khat (miraa)   [3]

   d.   Cannabis sativa (bhang)   [4]

   e.   Glue   [5]

   f.   Sleeping pills   [6]

   g.   Petrol   [7]

   Other: Specify ……………………………………………….

SECTION E: CONSEQUENCES OF DRUG ABUSE

24   Has your school ever experienced any problem due to drug abuse?

No   [1]

Yes   [2]

25   If yes, what kind of problems has the school experienced? *You can tick more than one.*

     a.   Fighting amongst students   [1]

     b.   Sneaking   [2]

     c.   Stealing   [3]

     d.   Strikes   [4]

     e.   Conflicts between teachers and students   [5]

     f.   Disagreements among students   [6]

     g.   Destruction of school property   [7]

     h.   Poor performance in examinations   [8]

     Other: Specify ……………………………………………….

26   How does drug abuse affect the students who engage in the vice! *You can tick more than one.*

     a.   They do not concentrate in class   [1]

     b.   The steal from others   [2]

     c.   They are always punished   [3]

d.   They break school rules   [4]

e.   They are not co-operative   [5]

f.   They are usually absent   [6]

Other: Specify …………………………………………….

27   In your own opinion, what problems would be experienced in schools due to drug abuse among students? *You can tick more than one.*

a.   There are many strikes   [1]

b.   Poor performance by students   [2]

c.   Most students are indiscipline   [3]

d.   High rate of absenteeism   [4]

Other: Specify …………………………………………….

28   What problems do the school authorities encounter in dealing with drug abuse in schools? *You can tick more than one.*

a.   Parents do not support the administration   [1]

b.   Some teachers provide drugs to students   [2]

c.   Some teachers take drugs   [3]

d.   The teachers do not discourage drug taking   [4]

e.   Lack of adequate knowledge on drug use   [5]

f.   Time schedules are not flexible   [6]

Other: Specify …………………………………………….

SECTION F: METHODS USED TO ADDRESS DRUG ABUSE

29.   How frequently are the measures listed below taken to fight drug related problems in your institution? *Use the ranking key below*.

Ranking key:

a. VO   –   very often

b. O   -   Often

c. NO   -   Not often

d. NA   -   Not at all

Indicate the appropriate number in the box.

Measures	VO	O	NO	NA
Expulsion	1	2	3	4
Suspension	1	2	3	4
Guidance & counseling	1	2	3	4
Ask parents to come to school	1	2	3	4
Heavy punishment	1	2	3	4

30   Do you think the measures mentioned above are effective in dealing with drug abuse?

Yes   [1]

No   [2]

31   Does your institution offer any form of drug education or related programmes to students?

Yes   [1]

No   [2]

32   In your own opinion, are these programmes effective?

Yes   [1]

No   [2]

33   Which of the following people are involved in drug education in your institution? *You can tick more than one.*

a.   Class teachers   [1]

b.   Teacher of all subjects   [2]

c.   School counselors   [3]

d.   Parents – Teacher Association (P.T.A.) members   [4]

e.   School administration   [5]

Other: Specify ……………………………………………….

34   What is your overall assessment of the methods used to curb the drug problem in our secondary schools? *Tick only one.*

They are very effective   [1]

They are effective   [2]

They are moderately effective   [3]

They are not effective [4] ☐

Other: Specify ………………………………………….

35   Suggest ways of eradicating drug abuse in our schools. *You can tick more than one.*

     a.   Guidance and counseling department [1] ☐

     b.   Peer counseling [2] ☐

     c.   Inco-operate drug education to other subjects [3] ☐

     d.   Strict school regulations [4] ☐

     e.   Invite guest speakers on danger of drug abuse [5] ☐

Other: Specify ………………………………………….

36   Should drug education be part of the school curriculum or a separate programme? *Tick one only*

Part of school curriculum [1] ☐

Separate programme [2] ☐

THANK YOU FOR YOUR CO – OPERATION

APPENDIX 111

QUESTIONNAIRE FOR STUDENTS ON DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS IN KENYA

Questionnaire number

The purpose for this questionnaire is to gain insight on substance abuse among students. Information gathered through this questionnaire will be made available to legitimate and interested stakeholders in order to establish partners for the development of problem solving strategies in relation to drug abuse. Please note that this is not a test but just information collecting exercise. In order to help address the drug problem in schools, your contribution in this research is important. Therefore, you are kindly requested to provide the researcher with accurate information. Remember there is no right or wrong answers. Your responses will be treated as confidential. Please do not write your name or the name of your institution on this paper.

Provide the following information by ticking /*writing the applicable number in the blocks provided.*

SECTION A: BACKGROUND DATA

1   Gender

        Male   [1]

        Female   [2]

2   Age in years

3   Form (Class)

       Form (III)   [1]

       Form (IV)   [2]

4   How long have you been in this school?

5   Type of school.

       Day Boys   [1]

       Day Girls   [2]

       Day Mixed   [3]

       Boarding Boys   [4]

       Boarding Girls   [5]

       Boarding Mixed   [6]

6   Where do you live with your parents/guardian?

       Rural   [1]

       Urban   [2]

7   Your school is

       Public   [1]

       Private   [2]

8   Religion

       Christian [1] ☐

       Muslim [2] ☐

       Hindu [3] ☐

       Other [4] ☐

       Specify: …………………………………………………………….

9   Who pays your school fees? *Tick one only.*

       Parents [1] ☐

       Sponsor [2] ☐

       Brother [3] ☐

       Sister [4] ☐

       Guardian [5] ☐

       Other: [6] ☐

       Specify: …………………………………………………………….

SECTION B: EXTENT OF DRUG ABUSE

10   Have you ever used drugs other than for medicinal purposes?

           Yes   [1]

           No   [2]

11   If yes, and not currently using, for how long did you use them.

           1 – 2 years   [1]

           2 – 3 years   [2]

           3 – 4 years   [3]

           More than 4 years   [4]

12   If yes and currently using, for how long have you used the drugs?

           a.   Less than a year   [1]

           b.   More than a year   [2]

           c.   More than two years   [3]

13   Do you know of friends who take drugs in your school?

           Yes   [1]

           No   [2]

14   How many of your friends take drugs? *Tick only one.*

        All   [1] ☐

        5 – 6   [2] ☐

        3 – 4   [3] ☐

        1 - 2   [4] ☐

        None   [5] ☐

15   Is drug abuse common in your school?

        Yes   [1] ☐

        No   [2] ☐

16   Which classes abuse drugs most? *Tick only one*

        Form I   [1] ☐

        Form II   [2] ☐

        Form III   [3] ☐

        Form IV   [4] ☐

SECTION C: CAUSES OF DRUG ABUSE AMONG STUDENTS

17   Why do students use drugs? Indicate the right number in the box.
       You can tick more than one.

       a.   To increase intelligence   [1]

       b.   Out of curiosity   [2]

       c.   A lot of pocket money   [3]

       d.   Availability of drugs   [4]

       e.   Teachers/parents take drugs   [5]

       f.   To be accepted by friends.   [6]

       g.   Other: Specify …………………………………………….

18   Is any member of your family a drug user?

       Yes   [1]

       No   [2]

19   How do you relate with your parents/guardians? *Tick one only.*

       They like me very much   [1]

       They fairly like me   [2]

       The do not like me   [3]

20   How do you relate with your parents/guardians? *Tick one only.*

       They like me very much   [1]

       They fairly like me   [2]

       They would discuss with the school administration [3]

They would take me for counseling   [4] ☐

Other   [5] ☐

Specify: ……………………………………………

21   What do people in your school think about drugs? *You can tick more than one.*

a.   They increase intelligence   [1] ☐

b.   They make one feel grown-up   [2] ☐

c.   They affect performance in examinations negatively [3] ☐

d.   They lead to conflicts in schools   [4] ☐

e.   They reduce stress   [5] ☐

22   As far as you are concerned, why do students abuse drugs? *You can tick more than one.*

a.   Drugs are cheap   [1] ☐

b.   The school administration does not mind   [2] ☐

c.   They are easy to get   [3] ☐

d.   Students do not know the dangers   [4] ☐

e.   They help one to perform better   [5] ☐

f.   They help one get along with friends   [6] ☐

g.   Other: Specify ………………………………………….

23   Do most students like to use the same drugs as their friends?

     Yes   [1]

     No   [2]

24   Do friends encourage others in the school to take drugs?

     Yes   [1]

     No   [2]

25   Where do people prefer taking drugs (place)? *You can tick more than one.*

     a.   In the field   [1]

     b.   In the classroom   [2]

     c.   In the toilet   [3]

     d.   In the thickets   [4]

     e.   Away from school   [5]

     f.   Other: Specify ………………………………………….

SECTION D: COMMONLY ABUSED DRUGS

26.   Identify the most commonly abused drugs by students by *indicating the relevant* number
         in the box.

         Ranking key:

a.   VO   –   very often
b.   O   -   Often
c.   NO   -   Not often
d.   NA   -   Not at all

Indicate the appropriate number in the box.

Measures	VO	O	NO	NA	
a. Alcohol	1	2	3	4	
b. Tobacco/cigarettes	1	2	3	4	
c. Khat (miraa)	1	2	3	4	
d. Cannabis sativa (bhang)	1	2	3	4	
e. Glue	1	2	3	4	
f. Sleeping pills	1	2	3	4	

27   Where do these drugs come from? *You can tick more than one.*

    a.   Matatu drivers   [1]

    b.   Matatu touts   [2]

    c.   Watchmen   [3]

    d.   Cooks   [4]

    e.   Kiosks/shops   [5]

    f.   Shoe cobblers   [6]

    g.   Slum areas   [7]

    h.   Hospitals   [8]

    i.   Family members   [9]

    g.   Other: Specify ………………………………………….

28   Do friends encourage others in the school to take drugs?

    a.   Alcohol   [1]

    b.   Tobacco/cigarettes   [2]

    c.   Khat (Miraa)   [3]

    d.   Bhang   [4]

    e.   Heroine   [5]

    f.   Cocaine   [6]

    g.   Sleeping pills   [7]

29   Are these drugs easy to get in school?

        Yes   [1]

        No   [2]

THANK YOU FOR YOUR CO – OPERATION

SECTION E: CONSEQUENCES OF DRUG ABUSE

30   Which effects does drug abuse have on the users? *You can tick more than one.*

      a.   Lack of sleep   [1]

      b.   Lack of appetite   [2]

      c.   Lack of concentration in class   [3]

      d.   Physical weakness   [4]

      e.   Rejection by friends   [5]

      f.   Other: Specify ………………………………………….

31   How does drug abuse affect one's studies? *You can tick more than one.*

      a.   Not doing assignments   [1]

      b.   Missing classes   [2]

      c.   Lack of concentration   [3]

      d.   Conflict with teachers   [4]

      e.   Other: Specify ………………………………………….

32   How does drug abuse affect one's studies? *You can tick more than*

one.

     a.   Conflicts with friends   [1]

     b.   Poor academic performance   [2]

     c.   Financial problems   [3]

     d.   Conflict with teachers   [4]

     e.   Conflict with parents   [5]

     f.   Health problems   [6]

     g.   Other: Specify ……………………………………….

SECTION F: METHODS USED TO ADDRESS DRUG ABUSE

33   How are your friends or other students who use drugs in your school
      treated? *You can tick more than one.*

    a.   They are punished heavily   [1]

    b.   They are expelled from school   [2]

    c.   They go for their parents   [3]

    d.   They are never found out   [4]

    e.   They are counseled   [5]

    f.   Nothing is done to them   [6]

    g.   Other: Specify ………………………………………….

34   Can a student with a drug problem be helped?

    Yes   [1]

    No   [2]

35   If yes, who can help? *You can tick more than one.*

    a.   Head teacher   [1]

    b.   Deputy Head teacher   [2]

    c.   Class teacher   [3]

    d.   School counselor   [4]

    e.   Friends   [5]

    f.   Other: Specify ………………………………………….

36   If you have used drugs, have you ever tried to stop the drug use
      habit?

      Yes   [1]

      No   [2]

37   If you have already stopped using drugs, why did you do so? *Tick
      only one.*

      Friends encouraged me   [1]

      Personal decision   [2]

      Teachers advised me   [3]

      Parents advised me   [4]

      Counseling   [5]

      Other: Specify ………………………………………….

38   If your friends use drugs, do the school authorities know that they use
      drugs

      Yes   [1]

      No   [2]

39   If yes, how did they know? *Tick only one.*

Other students reported them   [1]

School administration investigated   [2]

Teachers found them   [3]

Other   [4]

Other: Specify ………………………………………….

40   Do you think action taken against drug abusers is adequate?

Yes   [1]

No   [2]

41   If NO, why do you think so? *Tick only one.*

Students are still taking drugs   [1]

There are other methods which can be used   [2]

Drug abuse has increased   [3]

Students think the methods are not effective   [4]

Other: Specify ………………………………………….

42   Have you or your friends in school ever been exposed to any drug
      preventative methods/education (e.g. Counseling, seminars, etc.)?

Yes   [1]

No   [2]

43   If yes, which methods have been used to prevent drug abuse in your school? *You can tick more than one.*

     a.   Drug prevention talks by invited guests   [1]

     b.   Counseling   [2]

     c.   Posters   [3]

     d.   Prevention programmes by the school   [4]

     e.   Information by teachers during teaching   [5]

Other: Specify ……………………………………….

44   In your own opinion, which drug prevention methods are most effective? *You can tick more than one.*

     a.   Debate amongst students   [1]

     b.   Talking to student on assembly   [2]

     c.   Teaching about drug abuse is class   [3]

     d.   Counseling   [4]

Other: Specify ……………………………………….

45   Have you or your friends in school ever been exposed to any drug preventative methods/education (e.g. Counseling, seminars, etc.)?

     Yes   [1]

     No   [2]

165

46   If yes, how can the school do it? *You can tick more than one..*

      a.   Through guidance and counseling   [1]

      b.   Teaching drug use and abuse as a subject   [2]

      c.   Conducting seminars and debates   [3]

      d.   Inviting medical practitioners/experts   [4]

      Other: Specify …………………………………………….

47   In your own opinion, who should be approached by students when they want to help friends who have drug related problems? *Tick one only.*

      Head teacher   [1]

      Class teacher   [2]

      School counselor   [3]

      School chaplain   [4]

      Other: Specify …………………………………………….

THANK YOU FOR YOUR CO-OPERATION

APPENDIX 1V

INTERVIEW GUIDE FOR DEPUTY- HEAD TEACHERS ON, DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS IN KENYA.

The purpose for this interview is to gain insight on substance abuse among students in order to develop a programme for intervention. The researcher is a student at the University of South Africa (UNISA), pursuing her Doctoral degree in Education. Information gathered through this interview will be made available to legitimate and interested stakeholders in order to establish partners for the development of problem solving strategies in relation to drug abuse.

In order to help address the drug problem in secondary schools, your contribution in this research is important. Therefore, you are kindly requested to provide the researcher with accurate information. Your responses will be treated as confidential.

1.   Gender?

2.   Age in years?

3.   Type of school?

4.   Professional qualifications?

5.   For how long have you served in the school?

6.   Comment on the general situation of drug abuse in your institution.

7.   How does drug abuse in your school affect:
   a) The individual student?
   b) The school in general?
   c) Society?

8.   What problems have you experienced as a result of drug abuse in your institution?

9.   Why do you think students abuse drugs?

10.   Which are the commonly abused drugs?

11.   Where do the drugs come from?

12.   Comment on the known drug abusers in the school – which classes, place of origin, conduct, home background, etc

13.   What corrective measures has the school employed to curb the problem?

14.   Have you introduced any drug education programmes in your school?
   - If yes, what are their main objectives?
   - How are they organized?
   - Whom do they target in the school population?

15.   What challenges have you faced when dealing with drug abuse problem?

16.   What measures do you take against drug abusers in your school?

17.   What do you think the Ministry of Education (M.O.E.) should do to minimize drug abuse in schools?

18.   What recommendations would you like to make in relation to the drug Problems in secondary schools?

THANK YOU FOR YOUR CO-OPERATION

APPENDIX V

INTERVIEW GUIDE FOR PARENTS ON DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS IN KENYA

1.   Gender

2.   Age in years

3.   Type of school?

4.   Class of the child and gender?

5.   Level of education?

6.   Occupation?

7.   For how long have you been a parent in this school?

8.   Apart from being a parent, do you serve the school in any other way?

9.   Generally what do you think about the issue of drunk abuse?

10.   Do you think students in secondary schools abuse drugs?

11.   What is the extent of drug abuse in secondary schools?

12.   Are you aware of any cases of drug abuse in your school?

13.   Has your child ever been involved in drug abuse?

14.   Which are the commonly abused drugs?

15.   What are the causes of drug abuse among students?

16.   In your own opinion, which are the main sources of these drugs?

17.   What measures should the schools take in reducing drug abuse problem?

18.   How does drug abuse affect students in general?

19.   What should parents do to help address the problem in schools?

20.   Do you think it is possible for parents to work with schools in addressing drug abuse problem?

21.   If yes, in which way/ areas can they work together?

APPENDIX V1

ADMINISTRATIVE MAP OF KENYA

Source: http://geography,about.com/library/cia/blckenya.htm

NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

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Telephone: 254-20-241331, 241349,
254-20- 311761, 241376,
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P. O. Box 30623 –00100
NAIROBI- KENYA

When replying please quote

REF: NCST/5/002/R/156/4

11th March 2009

Redempta Wayua Maithya
P.O. Box 44600-00100
NAIROBI

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on, *'Strategies Employed in Addressing Drug Abuse in Secondary Schools in Kenya towards a Programme for Prevention and Intervention: A Case Study of Machakos District,*

I am pleased to inform you that you have been authorized to carry out research in Machakos District for a period ending 31st December 2010.

You are advised to report to the District Commissioner and the District Education Officer Machakos District before embarking on your research.

On completion of your research, you are expected to submit two copies of your research report to this office.

SAID S. HUSSEIN
FOR: EXECUTIVE SECRETARY

Copy to:

The District Commissioner
Machakos District

The District Education Officer
Machakos District