

**THE IMPACT OF DRUG ABUSE ON SCHOOL INDISCIPLINE
AMONG SECONDARY SCHOOL STUDENTS IN RIBE SUB-
LOCATION, KALOLENI DISTRICT COAST PROVINCE, KENYA**

A CASE OF RIBE BOYS' HIGH SCHOOL

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**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE AWARD
OF A DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND
MANAGEMENT OF THE UNIVERSITY OF NAIROBI**



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ACKNOWLEDGEMENTS

I wish to thank my supervisors, Mr. John Bosco Kisimbii and Dr. Moses Otieno of the University of Nairobi for the excellent professional guidance they gave me while in the process of writing my project report. They generously gave their time for the purpose of enabling me to write my project.

I also wish to thank the following: My wife Mrs. Ruth Orwaru for her financial support, care, the encouragement she gave me and the family as a whole at the time I needed it, Rev. Dr. Georgetta Bidwell and the Kenya Medical mission team for their moral and financial support, without which the attendance of this course would have been impossible, Mr. Alois Masha for his encouragement and moral support, Mr. Safari Fondo for accepting to type and edit my paper. I also want to thank Mr. John Thoya, and Mr. Benjamin Fwaru for their continued assistance in editing and formatting my work, the entire Ribe Boys Secondary School for their moral support and humble time they rendered to me, and all individuals who contributed directly and indirectly to this study that am not able to mention their names.

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DEDICATION

To my loving wife Ruth Orwaru and my dear children: Alfred, Nixon, Rose and Jeremiah who have been a great source of my encouragement throughout the period I was undertaking this study. Their faith in my academic and professional pursuits has always remained a source of inspiration to me.

ABBREVIATIONS AND ACRONYMS

BAC:	Blood alcohol Concentration
CNS:	Central Nervous System
GABA:	Gamma Aminobutyric Acid
INCB:	International Narcotics Control
LSD:	Lysergic Acid Diethylamide
NACADA:	National Agency for the Campaign against Drug Abuse Authority
NIAAA:	National Institute on Alcohol Abuse and Alcoholism
NMDA:	N-Methyl-D-Asparate
UNDCP:	United Nations International Drug Control Programme

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ABSTRACT

The use and abuse of drugs by students can be seen as a way of coping with problems, anxieties and the uncertainties of growing up. On the other hand prolonged drug abuse is very dangerous because it can damage vital organs, such as the liver, pancreas, brain and heart. Developing young bodies and minds are vulnerable to such damage, which is sometimes irreparable.

The study was to highlight the impact of drug abuse on indiscipline among the students in high school. The study involved extensive research on drug abuse. This led to the use of various data collection techniques such as questionnaires, interviews and observations. Stratified random sampling method proved advantageous because of the population size of the school. A total of 98 people were selected for the study as a sample size from a population of 784. Drug abuse among secondary school students is of a particular concern since they engage in drug abuse at an early age. The study also aims at empowering the custodians of the learners (students) with necessary skills to enable them deal with the impact of drugs.

The study findings revealed that drug abuse among Secondary school students a major cause of indiscipline not only in Ribe Boys' high School, but in Kenya. This is evidenced by the rising cases of unrest in the schools, destruction of school properties, poor performance, poor relationship between teachers and students, poor relationship between parents and their children among others.

This study has established that the commonly abused drugs in Kenya include: Tobacco, Miraa (Khat), Cannabis sativa (Bhang), Heroin (Brown Sugar), Solvents such as glue, gum, and petrol, barbiturates and Tranquilizers such as Mandrax, Ruche and Valium, but it revealed that cannabis sativa and alcohol were the most abused drugs in secondary schools. In Ribe Boys' high school, the most commonly abused drugs are alcohol and bhang.

Further research could be carried out to establish why the secondary students are abusing drugs even when they are aware of the negative impact arising from the vice. A research also be carried out on why Kenyan Police are not able to control and eradicate the abuse of drugs and yet they have all the resources to curb this phenomenon.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Drug abuse is on the increase in our learning institutions and our country as a whole. Among the boys and girls, alcohol is the most abused drug. Drug traffickers mainly among the youth in the secondary school sell it illegally. It is found in the villages and towns. Boys and girls take drugs little by little and eventually get addicted to them. This is mainly in places where income earners stay in villages and towns. School boys and girls can be seen with them when they go out for sports. They drink, smoke, inject, sniff, and become helpless. In fact they are a burden to the team when it takes effect. They should be advised frequently that this is a health hazard and can ruin one's life (Carroll, 1985).

According to Coleman (1972), the King of Persia in the sixth century B.C had the dubious distinction of being the first alcoholic on record. Many other early cultures including the Egyptian, the Greek, the Jews, and the Romans made excessive uses of alcohol, principally wine.

The oldest surviving wine making formulae were recorded by Marcus Cato in Italy almost a Century and a half before the birth of Jesus Christ. About AD 800, the process of distillation was developed by Arabia Al-chemist, thus making possible an increase in the range and potency of alcoholic beverages (Coleman, 1972). This shows that both before and since that time, many notable historical figures have had their difficulties with alcohol among other drugs. One of the problems in the area of study (Secondary schools) is the misuse of drugs.

Research indicates that in the United States, students in high schools consume marijuana, cocaine, opiates, heroin among other drugs. Donna E. Shalala , (1997), Secretary of the U.S. Health and human service Department cautioned that everyone should convey to our young people the clear cut and straight message that drugs are illegal, dangerous and inappropriate.

In Spain, another country usually considered among developed nations, occupies the first position in Cocaine consumption in the European Union (El Mundo, 17th December, 2004).

According to the reports by the International Narcotics Control, INCB of 1999 and 2004, indicates that many African countries (Ghana, Kenya, Mauritius among others) are trade routes between Asia and Europe, North America and South Africa and Cocaine.

Mexico, by 2004 was still a provider of cannabis and an important part of the route of cocaine to the United States. Colombia, where drugs are produced, developed, and shipped in large quantities illustrates the deplorable relationship between drugs and poor performance, riots, vandalism and strikes in schools.

Traditionally, drugs such as bhang and alcohol were liberally consumed on special occasions such as weddings, birthdays, harvest festivals, funeral ceremonies and other social events such as circumcision. Drug abuse as a social problem did not exist because social cohesion acted as a mitigating system.

This problem of drug taking made the researcher to ask why young people especially in schools persistently continue to take and abuse drugs even after knowing the consequences. Lutomia and Sikolia, (2002), say that boys and girls turn to them because of the frustration they are going through. Some come from broken homes where marriages have broken up. They miss the tender love that both parents could offer if they were together. They are forced by this situation to turn to drugs for comfort and company.

Children who are born in homes where drugs are sold are prone to taking. This because most parents who make alcohol and sell other drugs tend to involve their children in drug business. The children can also learn to take drugs through observation and participation. In the case of alcohol, when the parents taste whether the alcohol is ready for consumption, the children taste through observation. In the process of tasting, the individual may become a drunkard.

Some of the clans in the community surrounding the schools in the study area have ceremonies and sacrifices in which alcohol is consumed. The sacrifice participants believe that alcohol unites them with the spirits of the dead through drinking and pouring down some of the alcohol. Professor John Mbiti (1976) calls this process of pouring down of alcohol and other foods as "libation". Other celebrations where alcohol is used as an accompaniment are during birthdays, solving of disputes and marriages.

Some of the students come from homes where there are no strict rules against taking of drugs. This gives the young people easy access to drugs. Actually, some parents take drugs together with their children. There is also availability of drugs because they are sold even behind the kiosks and in their homes. Some of the parents sell drugs in order to raise school fees for their children in school. As a result of that, children do not see anything wrong with the drugs.

In this area of study, many students have dropped out of school due to indulgence in drug taking. Most of them drop out of school because of indiscipline which is associated with drug taking. Such students who take drugs are a threat to the school because the chances of causing strikes, riots, and vandalism of school properties are high. Some are expelled because of indiscipline, while others because of poor performance in their examinations.

~~Some of the students, because of taking drugs loose appetite for food. As a result of this they do not get the required nutrients they need. Without the nutrients, their health is negatively affected and their brains do not work well and so they develop mental sickness such as inability to remember things.~~

Besides the mental disorder due to drug taking, it also accounts for accidents to many students who are under the influence of drugs. We have witnessed schools set on fire by drunken and drug taking students. For example, in the year 2008, students in the secondary schools in Kenya burnt schools in a series. They have been frequently involved in hurting of innocent people. Others have been driven into stealing other students' property. Drug abuse leads to poor interpersonal relationships among friends, families to the extent of fighting and even killing in certain cases.

1.1.1 Ribe Boys Secondary School

The school is found in Ribe Location, Kaloleni District of Coast Province in Kenya. It has a students population of 656. It has 24 non teaching staff and a teaching staff totaling 24. It covers 20 acres of land. It is found along the Mazeras – Kaloleni road which branches off from the main Mombasa Nairobi high way. It is about 40kms from Mombasa city.

The school was originally started by the Methodist missionaries from the United Kingdom as a primary school in the 1940s adjacent to the Ribe Methodist Mission station.

In 1952, the Missionaries split the school into two intermediate boarding schools: Ribe Boys and Ribe Girls respectively positioned adjacent to each other admitting students in standard five to standard eight.

In 1963, upon the country's attainment of independence, these two boarding schools were incorporated into a co-educational secondary institutions as Ribe secondary school with Mr. Rosewells as its first Headmaster from 1963 – 1967.

Between 1982 and 1989 the school became a high school admitting A level (K.A.C.E) Students both for arts and Science courses.

~~In 1989, the Ribe mixed boarding high school was again split into two separate institutions: Ribe Boys High School and Ribe Girls Secondary School for effective management. The girls' school was moved to occupy premises of what was formerly the Ribe teachers college hitherto occupied by the boys as part of the Ribe High school after the college campus was transferred to Shanzu in 1963.~~

The two schools are approximately one kilometer apart. The Ribe Boys High school remained at the old site occupying the same old buildings put up by the missionaries' way back in the 1940s.

Ribe boys' high school has been and is the king pin of academic excellence in the district. For the past six years Ribe has been at the driving seat in the district. The highest ever recorded mean score is 8.59 attained in the year 2007 as shown in the result analysis table 1.1 shown below.

Table 1.1 Results analysis

YEAR	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	ENTRY	M/SCORE
1989	0	0	0	1	5	11	19	29	10	2	1	0	78	5.5
1990	0	0	0	0	4	11	20	28	6	3	0	0	72	5.75
1991	0	0	0	1	4	8	17	17	16	1	0	0	64	5.48
1992	0	0	0	1	7	13	17	18	9	8	0	0	73	5.59
1993	0	0	1	6	5	7	15	18	13	9	2	0	78	5.5
1994	0	0	0	2	1	6	15	29	20	2	0	0	75	5.19
1995	0	0	0	3	8	11	20	7	12	5	0	0	68	5.85
1996	0	0	1	5	8	12	21	13	10	5	0	0	76	6.01
1997	0	1	2	4	7	21	16	7	4	5	0	0	68	6.37
1998	0	0	1	5	8	12	12	14	12	2	0	0	66	6.05
1999	0	0	2	6	11	14	22	16	6	4	0	0	81	6.27
2000	0	0	4	11	4	19	17	8	7	2	0	0	72	6.67
2001	0	0	1	2	9	9	16	19	13	2	1	0	77	5.64
2002	0	0	5	9	19	18	12	10	7	0	0	0	80	6.99
2003	1	2	4	3	10	14	13	15	9	0	0	0	72	6.54
2004	0	7	3	8	9	12	9	13	8	1	0	0	70	6.99
2005	1	8	7	11	13	9	13	14	3	1	0	0	80	7.49
2006	2	10	21	19	14	13	7	4	3	0	0	0	93	8.52
2007	4	9	18	24	18	13	8	4	0	0	0	0	98	8.59
2008	0	2	5	8	10	18	27	13	6	3	3	0	92	6.63

Source: Ribe Boys High School, 2009

This kind of performance has been attributed to a number of factors:

- i. Hardworking teachers
- ii. Good rapport between the administration and the parents
- iii. Hardworking students

However, the school has been the academic giant in the district; it has also experienced a series of indiscipline problems associated with drug taking. In 1990, the students of Ribe Boys went on rampage where they razed down the school van and a dormitory into flames. According to the Kenya National Examinations council result analysis of 1990

the school performed poorly in terms of quality grades as shown in the statistics table of results above.

On 18th November 1993, around 5.00 pm some students suspected to be form fours attempted to burn a dormitory by the name samba II by short circuiting the power. Swift action by the teachers, students and security men saved the dormitory; however, the dormitory's wiring system was completely damaged (Ribe Boys occurrence book, 1993).

On 13th November, 1995, it was reported that unknown people (believed to be students) deposited human faeces at the deputy principals' doorpost. They smeared human faeces on the storage water tank near the library (school occurrence book, 1995)

In 1997, 25th march, it was reported that a canter truck which had delivered firewood to the school was pelted with stones as it drove back. The Principal sent for the police just incase students became unruly at night (school occurrence book 1997)

In 2005 March 5th a board of governors meeting was held to discuss indiscipline cases which involved bhang smoking. Those implicated were expelled from school. In the same year 11th October, it was reported that a student went to the principal's house at around 7:30 pm and informed him of a dormitory named bishop Mung'ong'o was in flames. The teachers and students tried to fight the fire but it was beyond control. During a board meeting on 12th October 2005 to investigate the course of fire, it came out that the suspects were those students who were expelled because of bhang smoking. On 16th July 2007 it was reported that seven students sneaked out of the school compound, drunk alcohol (Mnazi) and smoked bhang. The suspected boys were sent home for two weeks after which they reported back with their parents to face the board of governors for disciplinary measures.

The Researcher will establish the impact of drug abuse among the students in Ribe Boys secondary schools and suggest possible ways of prevention. On 17th February 2008, Ribe Boys Secondary School students went on strike exactly one week after Ribe Girls High School had gone. On 17th July 2008 the staffroom and principal's office were set on fire by unknown people. The principal was called at 1:30am by the school driver who had noticed some smoke in the offices. With the help of one teacher and the school

driver the fire was put off but some documents and files regarding disciplinary cases were destroyed.

1.2 Statement Of The Problem.

Indiscipline in Ribe sub-location secondary schools has persisted for a long time and is associated with drug taking by some students and no appropriate attempts have been taken to establish the causes of drug abuse. For example on 17th February 2008, Ribe Boys Secondary School students went on strike exactly one week after Ribe Girls High School had gone on strike. One of the reasons that came out during the process of interrogating the students was that some students were under the influence of drugs. This was evidenced by the remains of some little alcohol in the plastic bottles and bhang.

However, some people argue that some drugs such as alcohol has for many centuries played a very significant part in the social life of the people particularly celebrations, ~~rituals and settling of disputes~~, but it has negatively impacted on the students socially and physically. This study sought to investigate the impact of drug abuse on indiscipline among the students and specifically at Ribe Boys' High school. Even though several studies have been done in other areas on the impact of drugs to students, no specific research has been conducted on Ribe Boys Secondary school.

1.3 Purpose of the Study

The purpose of this study was to investigate the impact of drug abuse on school indiscipline among secondary students in Ribe sub-location, Kaloleni district and Coast province Kenya.

1.4 Objectives of the Study

The objectives of the study were:

1. To establish the impact of drug abuse on indiscipline in Secondary schools
2. To establish the impact of drug abuse on academic performance
3. To establish the impact of drug abuse on health.
4. To establish the most abused drugs in schools.

1.5 Research questions

The research questions were as follows:-

1. What is the impact of drug abuse on indiscipline in Secondary schools?
2. What is the impact of drug abuse on academic performance?
3. What is the impact of drug abuse on health?
4. What are the most commonly abused drugs in secondary schools?

1.6 Justification of the study

Drugs have existed since the pre- colonial days and have been consumed as part of the cultural tradition of the community, (Edward Olela, 2002). Currently, high school students have been involved in indiscriminate taking of drugs. This has had a negative impact on the students and the general society. Nobody has come up with recommendations or strategies to help the students in secondary schools out of this problem. Because of this, students drop out of school, perform poorly in their examinations, they engage in acts like thuggery, strikes, and riots. As a result of that the community is suffering due to high drop out rate.

Experience has shown that the legal penalties such as fines and imprisonment are unsatisfactory means of controlling drug taking. It is true that the crimes committed in and out of school are by those under the influence of drugs.

The study was important to the students in that it would inform them of the need for counseling services. It establishes ways of positive behavior change, teach and inform the students the dangers underlying drug taking.

1.7 Scope of the study.

This study was conducted at Ribe Boys High school. It involved the students, teachers, support staff, B.O.G (Board of Governors), Medical personnel, Parents Teachers association (P.T.A), Sponsors and religious leaders and local administration. It was carried out in 2009.

1.8 Significance of the study.

The significance of the research is to create awareness to the students at the Ribe Boys High School and other stakeholders who include; teachers, parents, the school management team, the Ministry of Basic Education and the Government as a whole, the

Non governmental Organizations and other institutions of learning about the effects of drugs to individuals, the community and to the school's performance.

The research tries to change the attitudes and perception of students regarding drug taking. By having sober students, teachers and workers, the performance of Ribe Boys High School would improve more than the current one of a Mean score of 6.6.

The schools will save the facilities from being vandalized and burnt by students. Hence save money paid as allowances to members of the Board of Governors when handling disciplinary cases and this money can then be utilized to purchase learning materials for the school.

1.9 Basic assumptions of the study.

1. It is assumed that not all questionnaires sent to respondents shall be completed.
2. The information given by the respondents will assist the researcher in the ~~investigating the impact of drug abuse on the indiscipline among the secondary school students.~~

1.10 Limitations of the study.

Some of the limitations of the study were:

1. Due to financial constraints, the researcher concentrated with Ribe Boys Secondary School
2. Due to lack of time, the researcher did a case study of Ribe Boys Secondary School which has a population of 784?

1.11. De-limitation

Although the respondents were available and cooperative, it's only a sample of the students who were given questionnaires.

1.12 Definition of terms used in the study

Drug: A drug is any chemical substance which when taken into the body can affect one or more of the body functions.

Drug abuse: Refers to the use of illegal drugs or the inappropriate use of legal drugs.

Alcohol: Alcohol means any beverage that contains ethyl. Alcohol therefore, is a sedative hypnotic drug obtained by fermentation of carbohydrates using yeast.

Tobacco: A plant of the nightshade family, native to tropical America and cultivated for its large leaves that are dried and processed primarily for smoking.

Cannabis sativa: A drug made from the Indian hemp. Commonly it is referred to as bhang.

Cocaine: It is a white, crystalline, alkaloid, which acts as a local anesthetic. An addictive narcotic drug obtained from the leaves of the coca plant, taken illegally as a stimulant. It is now only used medicinally as a surface anesthetic.

Heroin: A white powder derived from morphine that is a highly addictive narcotic drug. It is prohibited for medical use in most countries, but in the UK can be used in terminal cases where patients are in severe pain.

Inhalants: Are a diverse group of substances that include volatile solvents, gases and nitrites that are sniffed, snorted, huffed or bagged to produce intoxicating effect similar to alcohol.

Amphetamines: This is a group of behavioral stimulants that temporarily increase energy and mental alertness.

Narcotics: A drug, especially one derived from opium that has effects ranging from mild dulling of the senses, pain relief, and sleep, to stupor, coma, and convulsions. Most narcotics are addictive.

Valium: This is a depressant drug, which calm nerves and induces sleep.

Lysergic Acid Diethylamide (L.S.D): A crystalline acid extracted from the ergot fungus and soluble in most organic solvents.
Formula: $C_{16}H_{16}N_2O_2$. It is the most potent hallucinogen known to science.

Alcohol amnestic syndromes: This is forgetfulness due to alcohol consumption

Alcoholic dementia: Total memory loss arising out of intellectual impairment.

Alcohol pellagra: This refers to a state where the user's skin has lesions and psychosis diarrhea is experienced.

Alcohol hallucinations: This is the hearing of voices, seeing images of non existent people.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to provide a review of the existing literature related to the study. This chapter is expected to discern gaps that exist in the literature and thus justify the study. Some of the review the researcher is expected to provide is the various definitions about alcohol, causes, physiological, psychological, sociological and theological effects of alcohol and other drugs. The researcher identifies alcohol and bhang as the most commonly abused drugs amongst the students in the area of study.

Definition of alcohol

Lahely [1992] defines alcohol as a powerful and widely abused psychotropic drug that happens to come in a liquid form. It is a drug, which produces the most serious health and social consequences.

Wikipedia [12/06/2008] is a registered trademark of the Wikipedia Foundation, Inc..., a U.S.A. registered 501[c] defines alcohol from a chemistry point of view as any organic compound in which a hydroxyl group [-OH] is bound to a carbon atom of an alkyl or substituted alkyl group.

According to Wikipedia [2008] the word alcohol was introduced into English language circa 1543 from the Arabic which refers to ethanol, also known as grain alcohol or spirits of wine or to any alcoholic beverage. Ethanol is a colourless, volatile liquid with a mild odor which can be obtained by the fermentation of sugars.

Alcohol [Ethanol] is a sedative hypnotic drug obtained by fermentation of carbohydrates using yeast. The active form of alcohol is ethyl alcohol or ethanol. This includes busaa, chang'aa, muratina, mnazi, beer, wine and whisky [Daily Nation October, 2003].

Alcoholism is a biochemical, generic disease. It is an illness. Alcoholism is seen to be a primary illness, a legitimate disease. It is not seen as will misbehavior as a learnt set of bad habits or as poor skills, as a symptom of other problems or as something that can be explained simply by exposure to alcohol [Apthorp 1985].

Alcoholism therefore can be as a disease process in which physical damage becomes progressively greater with the passage of time and increased consumption of alcohol.

2.2.1 Factors of alcoholism

Without alcohol there would be no alcoholics. The following are possible factors that cause alcoholism and drug abuse.

2.2.2 Physical or biological factors

The abnormal response of alcoholic intake may be determined by physical factors that interfere with metabolism in the body.

Carrol [1985] says that nutritional deficiency may result to unusual craving for alcohol, an inherited susceptibility or predisposition, an adversely affected by ingested alcohol, may be responsible for the tendency of alcoholism to occurring certain families. A malfunction of the endocrine system [the several ductless glands that act through the hormonal secretion to maintain a balance in the bodies' activities] may be the basis for alcoholism. This can be seen as the effect of hormonal imbalance.

2.2.3 Psychological or behavioural factors

Carrol [1985] says that alcoholism is the consequence of some disorders in emotions, personality or behaviour. He also says that environmental factors give rise to these disorders as well as the development of adult drinking practices, where as Harrison and Fisher [2000] argues that no single type of alcoholic personality exist but they accept that there are some characteristics often observed in alcoholics which include immaturity, impulsiveness, dependency hostility; low self-esteem, self-punishing and self-destructive behaviour, little tolerance to anxiety and frustrations, feelings of loneliness and isolation, depressiveness and compressiveness. Many of these traits are related to childhood rejection, lack of security, loving care and supportive and constructive parental guidance and the presence of friction and antagonism between father and mother. As an adult the drinker uses alcohol to escape such painful feelings.

Another possible predisposition is seen in the child who is over-protected, over-indulged or over-disciplined. Such an individual never learn to postpone gratification of his or her desires or needs or to engage in effective problem solving techniques in

adulthood. These people may use alcohol to relieve tensions and anxieties when immediate gratification is not possible in normal interaction or experience [John Marriene, 2002, Introduction to psychology lecture notes].

Psychoanalytic theories are based on three general suppositions, any one of which may be the causative factor in alcoholism. According to the Freudian view, alcoholism results from unconscious tendencies. Such as self-destruction, oral fixation and latent homosexuality. The Adlerian view contends that alcohol is an indicative of struggle for power by producing exaggerated feelings of importance and self-worth. Hence, the development of alcoholism as a response to internal conflict between dependency drives and aggressive impulses.

The learning and reinforcement theory explains alcoholism in terms of reflex response to some stimulus. A person soon learns that the use of alcohol reduces tension or feelings of frustrations and replaces unpleasantness with feelings of well-being and euphoria. Learning theory also suggests that children who see parents using alcohol to solve or escape from daily problems will themselves adopt such habits.

2.2.4 Social factors

Many authorities believe that the anxiety reducing capacity of alcohol is the primary reason for its near universal use and value. If a culture functions to produce inner tensions, deprivations or short-term needs for mood modifications, however, the occurrence of heavy escape drinking may be increased. Unfortunately, the existence of ambivalent attitudes and conflicting values regarding alcohol often leads to general confusion as to what constitutes acceptable drinking behaviour.

According to some behaviorists, society permits a large gap to develop between expectations or goals and the means for achieving them. Many people express their alienation through retreatism and rebellion, as represented in alcoholism. If society labels alcoholism as deviant behaviour, those so labelled become forced by society in playing a deviant role.

2.2.5 Theoretical framework

Research suggests that men over 40 and women after menopause having one or two drinks a day can help prevent heart n U.K are risking their health by drinking more than the recommended daily amounts of alcohol [<http://hed2.bupa.co-U.K/fact-sheets/mosby-factsheets/alcohol-abuse.html>]. By 12/6/2008, the recommended amount of alcohol for men was that they were expected not to drink more than three or four units of alcohol a day, and that women limit there intake to three units a day. This type of recommended drinking has been termed as sensible drinking by the United Kingdom Researchers.

The same researchers agree that some people who drink frequently or in large quantities can become addicted to alcohol.

The institute of alcohol studies says that a person is considered be dependent on alcohol when they have experienced three or more of the following symptoms during the year:

A strong urge to drink, difficulty in controlling how much they drink or difficulty to stop.

Physical withdrawal symptoms, such as sweating, shaking, agitation and nausea when they try to reduce drinking.

A growing tolerance to alcohol –needing larger quantities to get the same effect.

Gradual neglect of other activities such as absenteeism from the area of work.

Persistence drinking even though it is causing harm.

In relation to the institute of alcohol studies on the alcohol dependency Edward Olela [2003], Kenya Methodist University argues that the person does not become alcoholic or dependent on alcohol overnight. He or she has to undergo four stages as follows:-

[i] Pre-alcoholic stage

This refers to the tendency to drink in secret in order to ones consumption level. Feelings of guilty about drinking, lying about it when confronted by others, an extreme response to alcohol, drinking, living, lying about it when confronted by others, an extreme response to alcohol, drinking before joining others in drinking situations and the need for increased intake to produce desired effects. In this case the frequency of drinking increases because the drinker is not dealing with the problem but the anxiety. This situation leads to tolerance. At this stage, the individual is not addicted but you can be able to see fights and quarrels. The person can go to work at this stage.

[ii] Prodromal Phase

In this stage, the drinker experiences the first black or memory blackout. Soon the use of alcohol is no longer motivated by social reasons. The drug effects of euphoria and relief are the bases for consumption. Eventually, the alcoholic is preoccupied with procuring a source of alcohol and begins to drink alone, inventing occasions for drinking if none exists. Intake increases rapidly as quizzling becomes the norm. Sometimes the drinker is unable to abstain. More often the alcohol abuser can not control drinking once it has began, evidence of the so-called loss of control phenomena.

[iii] Crucial Phase

In this stage a physiological need for alcohol has developed and if denied a regular dose, the alcoholic experience withdrawal symptoms (restlessness). During this, there is more solitary drinking and avoidance of family and friends, the attempt to control personal consumptions by ~~going on the wagon~~ – that is an abrupt cession of drinking and increased in memory blackouts and burnouts. The alcoholic rationalises drinking as acceptable and starts blaming other people as the ones who have made them to drink. When sober the alcoholic may regret what was said or done drinking series of physical mental and social changes now occur in the alcohol-dependent individual. This may include nervous and gastrointestinal disorder cirrhosis of the liver, malnutrition, the overuse of defence mechanisms to justify drinking general deterioration interpersonal relationships

[iv] Chronic Phase

Chronic stage is also called advanced stage, which usually develops after a number of years of excessive intake. At this stage, the drinker will experience withdrawal symptoms, restlessness, tremulousness or involuntary shaking of the body, insomnia, feelings of depression and anxiety, loss appetite, mental confusion, hallucinations, convolutions and delirium tremens. The word delirium tremens describes the intensification and most severe form of the abstinence syndrome, which usually follows heavy drinking which leads to terrifying severe agitation with almost continuous motor activity. This stage is the last stage. The medical complications may be so severe that either institutionalisation or death occurs unless there some form of intervention.

2.3.1 Impact of alcohol abuse

There are many costs associated with alcohol abuse, costs that both drinkers, and non-drinkers are forced to bear. In this section, the writer will examine the short term and long term effects of alcohol abuse on the alcoholic's family and health, on highway safety, and on crime and at some of the momentary costs associated with alcohol abuse.

2.3.2 Personal and family relationships

Neubeck (1985) says that the impact of alcoholism often dramatically affects the alcoholic's relationships with other people, especially family members. This is through disruption of family life due to alcohol abuse which often ends up costing the tax payers money. According to Neubeck's argument on the disruption of family life as a result of alcohol taking, it is true because alcoholism can cause unhappy marriages, broken homes, desertion, divorce and impoverished children are all parts of the toll.

~~Those people who are involved in immoderate drinking can result to intoxication, death or injury by accident, loss of jobs, quarrelling and fighting and certain deficiency and metabolic diseases are often associated with excessive drinking. Dependence of alcohol has a psychological crutch to hide or mask problems of everyday living is particularly hazardous, especially for young people. According to Carroll, (1985), young people dependent on alcohol may never develop and practise decision-making skills for coping with the perplexities and disappointments of reality. Furthermore, it is probable that alcohol is the first mood modifier used by many people who later become dependent on other drugs.~~

Houses may be set on fire when drunken people are handling fire carelessly. Brewing beer can burn people especially through the fractional distillation process and explosion. Heavy drinking takes the money needed in the home for food, clothes and furniture. The drinking can cause husband and wife to become unfaithful or accuse each other of unfaithfulness. Children are badly treated and badly fed (Karachi, 1994).

2.3.3 Personal health

Heavy drinking increases the risk of cirrhosis, hepatitis, inflammation of the oesophagus, intestinal bleeding cancer, heart disease and many other diseases. Very few people who drink believe they are too much. Some people may think as long as they don't become alcoholics, it okay to drink.

2.4 Alcohol

Alcohol refers to any beverage that contains ethyl alcohol (ethanol). Alcohol is a sedative hypnotic drug obtained by fermentation of carbohydrates using yeast. It is sold in many brands. For example beer, wine, whisky, chang'aa, busaa, muratina and mnazi. Almost every system in the body can be negatively impacted by alcohol. The impact of alcohol include; impaired visual ability, unclear hearing, slow reactions and dulled smell and taste, alcohol interferes with the body's ability to absorb calcium resulting in bones being weak, causes liver disease(cirrhosis), permanent brain damage, serious mental disorders and addiction to alcohol. Researchers have studied the impact of drug abuse on user from the physiological, psychological, sociological and theological perspective:-

(a) Physiological perspective.

Alcoholism is linked to the biological make up of particular individuals. In conjunction ~~with this idea, the chemical properties of alcohol itself or of other ingredients in alcoholic beverages produce alcoholism in certain people (Neubeck 1991).~~

Some researchers have hypothesized, for example, that alcoholism is a hereditary condition, related to genetic make. Other studies have tried to determine whether nutritional deficiencies or hormonal imbalances cause alcoholism to develop. It has been suggested that alcoholism is a result of allergic reaction to alcohol and or to the non-alcoholic components of alcoholic beverages. Researchers have tested the idea that alcoholics cannot metabolize (biologically process and eliminate) alcohol as easily as other people.

While the use of alcohol has physiological effects on people, particularly on alcoholics, Carol (1985) says that physiological causes have not been definitively linked to alcoholism and failure to find support for physiological explanation raises questions about the usefulness of viewing alcoholism as a disease in medical terms. The alcohol may incur health problems in connection with drinking, but so far, there is no reason to believe that people drink because they are sick.

People with alcohol problems are found in all social classes, in all occupations, in all age groups and of all educational levels. People, who begin drinking regularly as teenagers particularly if they begin before age sixteen, increase their chances of later alcohol abuse

(Simons, 1987). Alcohol is a central nervous system depressant and as such produces the psychological effects.

Researchers who concentrate on genetics have found that children of alcoholics who are separated from their biological parents and raised by non-alcoholic parents still have an increased risk of alcoholism when compared with children of non-alcoholics.

Holden (1985) suggests that the differences between alcoholics and non-alcoholics have focussed on brain wave patterns and liver's metabolism of alcohol. Other physiological researchers are investigating the role of neurochemicals such as enkephalins in substance addiction. Hence a major difficulty is determining whether physiological differences, if they are found, explain alcoholism or are result of alcoholism.

Boniface Karechio (1996), in contrast to physiological and biological explanation, ~~learning theorists maintain that alcohol~~ consumption behaviours are learned through rewards and invitation of other peoples behaviours. People may feel rewarded by the relaxation or slight euphoria that follows or by the acceptance and admiration of their peers. It is true, teenagers, or even younger children may begin imitating their parent's alcohol consumption behaviours. Most children have humble opportunity to learn about psychoactive drugs at home.

(b) Psychological Perspective

Some psychological explanations attribute alcoholism to particular personality traits that only alcoholics presumably possess. Psychological explanations are also frequently framed in terms of medical model, on the assumption that the alcoholic's mind is sick or disordered.

Research reveals that individuals who received insufficient mothering engage in heavy drinking in order to make up for oral gratifications they were derived from infancy.

According to Sigmund Freud's Psychoanalytic approach argues that alcoholics are actually latent homosexuals who drink in order to repress feeling they know to socially unacceptable. Also alcoholics are suicide-prone individuals who drink in order to satisfy the urge for self-destruction. In each case, alcoholism is explained in terms of personality or character disorder traceable to defective parent-child relations.

Alcoholics are presumably maladjusted, immature, dependent on others, negative in their views of themselves, suffering from guilty feelings and incapable. Because the mood or mind-set of the consumer, along with the psychological atmosphere of drinking, will likely influence the drunkard's responses to alcohol, estimated the degree of impairment by observation has proved very unreliable

(c) Sociological Perspective

Carroll (1985) has defined drinking alcohol as the consumption of beverages that contains ethyl alcohol. From a sociological view point, drinking of alcohol is described as a particular group's customary way of using beverage. Such a custom is learned by other members of that group and is continued by the group because drinking serves to promote interpersonal relations and to enhance feelings of solidarity. The pleasure derived from drinking is primary reciprocal, that is drinking by one of the group brings ~~satisfaction to the other drinkers.~~ Alcohol is seen as the social lubricant in which the conscience is dissolved and rigid inhibitions are lowered. In social, drinking is the most common way of using alcohol beverages.

Sociologically, ritualistic use of alcohol in religious ceremonies where wine is sacred and drinking is an act of communion. Other cultural ceremonies celebrating birth days, engagements, marriages, anniversaries, good fortune, sometimes even death are also traditionally celebrated with alcoholic beverages.

Men are overwhelmed by sense of loneliness and isolation. Today in a highly organized society, there is still a strong note of individualistic competition that breeds reserve, aloofness, and suspicion. These moods even extend into many families, even husbands and wife in this day of the liberated women. Yet, men need and seek personal human companionship or fellowship. They want to know and be known by each other as unique persons, whether they are simple and ordinary or brilliant and complicated. Arnold B. come (1961) says that men want to be bound together in a mutual understanding and acceptance that shatters the barriers created by moralistic judgement, criteria of efficiency and social norms. This is not easy to accomplish, not even among members of Christian family and friends, not even members of Christian groups where reconciliations supposed to be the ruling reality.

This pervasion of drinking for the sake of socializing takes many forms. For example, many people not because they enjoy it or helpful but because of social pressure to conform. So against their taste, their will and perhaps their conscience, they drink. Drinking to achieve human sociability can take both healthy forms and that favourable conditions for such drinking must be critically considered and provided for a head of time.

(d) Theological perspective.

Research have discussed and analysed the positive and negative effects of alcohol consumption. They have also given scientific and sociological causes of alcohol consumption but they have not addressed it from the theological. The researcher of this project paper has been inspired to fill the gap that has been discussed well by modern scholars. In his contribution to this the researcher seeks to establish what the Old Testament and the New Testament teach about alcohol consumption.

(i) The Old Testament

Wine is the only intoxication drink referred to join the Old Testament. There are no references to beer or spirits. Various words are used, but they are generally regarded as describing the same drink. Wine can be said to be the natural drink of Palestine in the Old Testament times –the land being rich in vineyards while the water supply was uncertain. Although wine was certainly regarded as a gift from God. “ may God give you of the dew of heaven and of fatness of the earth and plenty of grain and wine” (Deuteronomy 32:14, AMOS 9:14, Genesis 27:28 and Psalms 104:15), dangers were also known.” wine new wine take away the understanding. It bites like an adder” (Proverbs 20:1, Hosea 4:11, Isaiah 5:20 and Joel 1:5) the quotations that could be supplemented by others are sufficient to show that the perils (dangers) associated with wine were well known to the Old Testament leaders and writers. Total abstinence from alcohol is certainly not advocated or even encouraged.

According to Isaiah 55:1, he invites the Israelites to come and buy wine and milk without money and price. It is true that the Rechabites and Nazarites were members of puritanical movements that rebelled against the settled agricultural life of their nations and in doing so abstained from all forms of alcohol. The aim of these groups was to promote in Israel a return to the true worship of Jehovah. But they were never movements embraced by Israelites as a whole, nor were the Israelites urged to adopt their practices as a nation (Prof. Z. Nthamburi, 1998).

Some may argue that drinking of alcohol is recommended. In the Old Testament, it is the non-alcohol wine which is recommended. This is purely an assumption which does not have any real foundation. The wine recommended in Genesis 27:28 is the wine Hosea tells people that it can take away the understanding Noah was made drunk on the 'yayin' drink that later Isaiah invited the Israelites to buy without money and price. If we examine the Old Testament carefully we shall find that every word used for wine implies the capacity to intoxicate.

Vat where it fermented. If the fermentation process was continuing when the wine was put into wine skins the bottles would burst and the wine is lost. Jesus himself referred to this when the wine was made, the grapes were pressed in wine presses and the juice run off into a lower possibility – a clear indication that the wine is alcoholic. In Leviticus 10:8-9 we read that the wine used was alcoholic. It also proves that priests were allowed to drink this alcoholic wine when off duty. If these priests were allowed to do so, we may be sure that ordinary people were. We conclude therefore that there is no prohibition of the moderate use of alcoholic drink in the Old Testament.

(ii) The New Testament

With only one exception, the word used in the New Testament to describe alcoholic drink is "Oinos". In the well known story of the wedding feast at Cana in Galilee, we are told of how Jesus told performed a miracle, which resulted in the supply of more wine. The fact that Jesus attended the wedding feasts where wine was consumed, his willingness to more wine and his failure to utter any word of criticism suggests very clearly that he accepted the customs of His time in this respect. We may draw the same conclusion by studying the story of the last supper. The Passover meal, therefore the last supper took place seven months after the grape harvest, in Jesus' time there were no methods of stopping unfermented wine for such a long period. We may say that the wine Jesus used in this occasion was alcoholic.

John the Baptist's disciples were critical Jesus' followers because they fast and in answering the Pharisees Jesus admitted the differences between Himself and John. John was a strict Nazarene (who came neither eating nor drinking). The son of came eating and drinking and they said, behold gluttonous man and a wine bibber. (Matthew 11:16-19).

If we examine the early church, we find that Paul was very concerned (1 Corinthians 11:20-21) about those who actually became drunk during the Lord's Supper clearly the practice was to use alcoholic wine.

Such conclusions may seem surprising, but if we are to be honest with ourselves we are bound to draw the conclusion that Jesus himself wine in general use in his time. It is important to note, however, that in those times there was nothing approaching the drinking problems found in many places those days. And in deed it is most likely that the great majority of Jews in Jesus time watered down their wine to make their modest drink supply last until the next harvest. If this were so the alcoholic content of their drink would have been quite low.

If we turn from the gospels to the epistles, from Palestine that Jesus knew, to the gentile world of the early church, we find a very different situation. Therefore, in the writings of Paul, especially, we find several writings about drunkenness. Apart from the problem, which scandalized the church in Corinthians, there was obviously a serious situation at Rome. There the question was raised to whether a Christian should wine where there other Christians who might be caused to stumble. The first letter to the Corinthians, Paul takes a firm attitude placing drunkenness in the list of those evils, which will exclude people from the kingdom of God {1 Corinthians 6:10} In this letter to the Romans he states that for the sake of the work of God, for then sake of peace and mutual help in the church and for the sake of brothers who may take, to stumble by our example of would be better root to drink at all {Romans 14:21} It should be noted that even this chapter {mentioned above}, however, total abstinence is not a matter of obligation, but for voluntary and willing acceptance.

Reference to drinking in Timothy and Titus {1 Timothy 3:1-7, 8 and Titus 1:7} shows that the wine used in those days was alcoholic and that total abstinence was not required for the bishops or deacons, though moderation was essential. We may conclude, therefore that abstinence was not a requirement of the ordinary Christians.

Summing up the study the Old Testament and the New Testament, we may say that the writers were very much aware of the evils of drunkenness, but nowhere do they state that total abstinence was an obligation resting on all people. Nevertheless, it should be noted

that in one passage (Romans 14), the New Testament does recognise that total abstinence for moral and spiritual reasons may be a good thing and indeed Christian privilege.

We may further add that in the bible we are given no specific answers to specific problems, but rather the principles on which to base our responses to particular situations.

Therefore, the New Testament teaches that love is the highest responsibility to which we called, and a thing is right when it is the best response which love can make in a given situation. Careful study of the bible reveals that Christians have fold responsibility to serve ourselves, others and God. We have responsibility to ourselves because: our bodies are the temples of the Holy Spirit. We cannot do as we please, for our short span of years on this world is given to us by God to use with proper stewardship. Paul calls us to offer ourselves to God, dedicated and fit for his acceptance (Romans 12:1).

We have responsibility to others, our actions give social consequences, and we influence others by what we see. So if food is a hindrance to my brother's welfare instead of injuring him, I will never eat so long as I live (1 Corinthians 8:10)

Paul's reasoning is clear that all things are permitted but not all are expedient. Jesus made a warning when he said that we should be careful not to stumble those who are weak in faith. This shows that we have a very clear social responsibility and we can influence others to stand or to stumble. Our greatest responsibility is towards God and towards the building of His kingdom. We admit that a person who indulges in moderate drinking is transgressing. If we follow clearly and understand the teachings of the bible as a whole, if honestly applied our situation today, then it leads us to urge Christians to accept total abstinence.

2.5 Impact of other drugs

A drug may be described as any chemical substance which when taken into a living organisms may alter some of their functions. (Shiphrah N.Gichaga, Ruth M.Kerre, Dr.Philomena N.Mwaura, Jeremiah M.Mambo and Jones, 2005). Mary Gichuru (2005) defined a drug as a substance that when taken into living organisms modify one or more of its functions. A drug may be any chemical substance which when taken into the body causes changes in the functioning of the body.

Drugs may include everything that the organisms ingest, inhales, absorbs, or is injected in the blood stream. Some drugs are used externally as liquids, lotions, ointments, or powder. Some are used in prevention, diagnosis, and treatment of diseases while others are used for the pleasant effect.

Drug abuse, therefore refers to the use of non-medicinal drugs which are administered illegally. Hence, it is the non-prescriptive use of psychoactive (affecting the mind) chemical substances to alter the individuals mood and functioning of the mind. Misuse of drugs is a great concern in the world because it has caused pain and suffering the victims, their families and in our institution of learning.

2.5.1 Types of drugs

Drugs are classified according to their use, chemical characteristics, and effects on the users as follows:

(i) Medical drugs

These are drugs that are legally sold in the shops (Chemistry) and prescribed by doctors in the hospitals to patients for different purposes. Some of these drugs are: tranquillisers, sedatives and palliatives drugs. tranquillizers are drugs which relieve tension and also induce sleep. Such as piriton and valium. sedatives are drugs given to patients and to reduce pain and induce sleep. These include panadol, codeine, and aspirin. palliatives drugs are used to treat chronic diseases such as cancer, asthma, diabetes and high blood pressure. They help in prolonging life and reduction of pain. Other drugs are used for prevention of disease such as small pox, polio, cholera, yellow fever and measles. There are mineral and vitamin containing drugs taken from time to time also to prevent diseases. These are called supplements

(ii) Curative drugs

These are drugs which are taken orally, injected into the body or other means as prescribed by the doctor to cure various diseases such malaria, tuberculosis, typhoid fever, chicken pox, gonorrhoea and influenza to restore health. Medical drugs should be used carefully and according to the prescription of the medical doctor, otherwise they can be harmful, can cause addiction, aggravate the person's illness or even cause death.

(iii) Soft drugs

The soft drugs are classified under stimulants and volatile drugs. Stimulants are substances or drugs which increase the activity of the central nervous system. Examples of stimulants are tobacco, caffeine, which is mostly found in coffee, tea, coca cola among other beverages, miraa (khat) and amphetamines. Tobacco is usually taken in the form of cigarettes snuff or chewed. Tobacco is harmful because it contains a substance which harmful to the body for example:

Nicotine which makes a person addicted smoking.

Carbon monoxide which is also dangerous because it damages arteries, heart and lungs during smoking

Tar-this is a black left in the lungs after smoking. This can cause cancer of the throat, heart and lungs.

2.5.2 Impact of smoking tobacco (cigarettes)

Shiphrah N. and Ruth Kerre (2005) have suggested the following effects of smoking:-

Pregnant women may experience miscarriages or give birth to underweight and unhealthy babies.

Chest and respiratory diseases.

Poor blood circulation

Cancer of the mouth and the tubes that lead to the lungs

Cancer of the esophagus, stomach, pancreas, kidney, urethra and bladder.

Death at an early age

Social economic problems. A smoker will spend substantial amount of money buying cigarettes. Smoking also irritates the people around because they will inhale the smoke which is also dangerous to their health.

Careless smokers may destructive fires in their homes, forests and industries

Browning of teeth.

Lung diseases such as chronic bronchitis

5.3 Khat/ miraa

Miraa a wild growing shrub which when taken interferes with food digestion sleep and induces excitements.

The stalks and leaves are usually chewed which is form of drug abuse.

Miraa is grown in Nyambene district, Eastern province in Kenya. It is consumed in rural and urban centers without any restrictions.

2.5.4 Impact of Miraa

Cause temporary excitements in the user.

Causes loss of appetite for food

The user can forget important things.

Loss of sexual power in both men and women.

Difficulties and pain when passing stool.

Seeing, hearing, tasting and feeling things that are not there.

Bad smell from mouth; wounds and swellings or cancers in the mouth.

Teeth may fall off as the gum becomes weak and brownish.

Men or women may take long to get babies or the babies may die before they are born.

Periods may come at wrong times or be painful, or poor as sexual power become low (loss of libido).

For men, sperms may start coming out on their own.

Those who chew miraa do not sleep well.

The sleep may disappear, come on and off or come at a time when one is doing important work. This is very dangerous because accident may happen on roads, in factories or at building places.

Finally, miraa users lead poor lives and die early.

2.5.5 Volatile Drugs

Volatile drugs are also called solvents or inhalants. They are very dangerous because they make the consumer intoxicated, dizzy, and have distorted speech. Some of the examples most known volatile drugs are petroleum products, paint thinners, dry cleaning fluids and glue. Their fumes are sniffed to get the desired effect.

Research has shown that the chemical elements of glue have intoxicating properties which give the user some kind of excitement.

2.5.6 Impact of volatile drugs.

Causes excitement, loss of appetite and becomes disillusioned, loss of consciousness

Death can occur from the direct toxic effect of the solvent or from the lack air/oxygen if inhaled from a plastic bag. Psychosis, anxiety, depression, asexual dysfunction, and sleep disorders may occur.

2.5.7 Hard drugs

Hard drugs are also referred to as narcotic drugs. They are hallucinogens. They are substances that produce dreams and illusions. Hard drugs can cause visual distortion, hearing touch perception, drowsiness, sleep and stupor. Hard drugs include the following:

i. Cocaine

Cocaine is a narcotic drug derived from coca leaves. It is very expensive and addictive drug. People make money from being pushers, dealers or users. Criminals reap billions of money in drug profits at the expense of human lives that are wasted or lost through this practice. Usually taken by needle injection, sniffing or snorting.

Impact of Cocaine

Leads to dependence, addiction. Causes lack of nervous co-ordination and general rebellion, mental problems and health convulsion. Palpitation, vomiting, convulsion, circulatory collapse and rapid pulse in sensitive individuals especially when applied locally. Frequent dosing to maintain a "high" sexual dysfunction. Hyperactivity and talkativeness.

ii. Morphine

Morphine is obtained from cocaine and can be used medically to suppress pain. Surgeons use morphine as a local anesthetic.

Impact of Morphine

Causes addictive, frequent dosing, increased vigor hyperactivity and talkativeness, psychosis anxiety, depression, sexual dysfunction and sleep disorder. Hallucinations of touch are common.

iii. Bhang

Bhang comes from a plant known as Indian hemp. Other names given to bhang are Marijuana, Nail, ganja, stone-pot, grass weed, dagga, *Cannabis Sativa* or hashish. Bhang means the leaves, flowers and other parts of the plant known as cannabis saliva.

It is against the law of Kenya to grow bhang use. Bhang is usually used smoking and has chemical substance which are harmful to the body. The most dangerous are called

cannabinols. Bhang can remain in the body for a long time even when one has stopped using.

Impact of Bhang

Research reveals that the use of bhang can cause immediate problems latter to the body and also problems latter in life. Some of these are:

Immediate problems

Dryness of the mouth and throat., stupid laughter-laughing at nothing, increased appetite or feeling very hungry, seeing things that are not there, wanting to sleep a lot, eyes becoming red and partly closed, poor memory. not able to control one's own action, narrow mindedness (thinking too much and too long about one single space or thing), mistaking feelings of being: well and happy, seeing better, hearing better, added strength to the body, being a great person leader or king and being able to do everything.

Problems which come later

Worry for little reason, fear without reason. feeling of being in imaginary world, seeing things that are not real (a goat can look an elephant), not able to do simple things not able to tell either day or night time, hearing funny sounds that are not there, becoming dirty and not taking care of one self. Painful periods in girls/women, women may take long or never become pregnant. The use of bhang becomes a problem to other people- especially: Causes accidents that could have been avoided, children stop going to school. There is more violence and increased crime, families may break up and become poor, those who take bhang are prone to drinking alcohol, cigarette smoking and chewing miraa

iv. Heroin

Heroin is derivative of morphine. It is highly addictive analgesic (pain-relieving). Drug that has been and looks like white crystallized powder. It is injected through the veins into a person's body. It can also be taken by mouth or inhaled. Heroin gives the user rapid, intensively pleasurable experience, often accompanied by heightened sexual arousal.

Impact of Heroin

Leads to physical dependence which results to regular use and demands for higher doses. Users of injectable forms are prone to bacterial infections, hepatitis B, HIV through needle contamination.

The withdrawal syndrome presents with intense craving, running nose, tears, yawning, sweating, shivering, vomiting, diarrhea, cramps, a fast heartbeat and high blood pressure.

Psychosis, anxiety, depression, sexual dysfunction and sleep disorder may occur.

- v. **L.S.D-** this stands for a chemical substance known as lysergic acid diethylamide. This is a killer drug.

Impact of L.S.D

It causes blurred vision and hallucinations in the user.

~~It may lead to suicide.~~

It can ruin the users psychologically and become insane.

- vi. **Amphetamines**

These are drugs that have central stimulation effect and are taken to produce increased energy, elevated mood and greater capacity for concentration.

Impact of Amphetamines

They suppress appetite and are sometimes used in obesity.

The withdrawal syndrome presents depression, anxiety lead fatigue.

Chronic use may lead to psychosis, anxiety, sexual dysfunction and sleep disorder.

- vii. **Benzodiazepines (Diazepam)**

Benzodiazepines are the drugs used in reducing anxiety and inducing sleeps, and is sometimes prescribed for this reason. It may be lethal if mixed with alcohol.

Impact of Benzodiazepines

They are intoxicating.

If the drug is stopped abruptly it can lead to withdrawals which are indicated by anxiety, increased sensory awareness, and convulsions.

Leads to drug dependence if the drug is used for long.

2.5.8 Factors that have contributed to drug abuse by students.

There are several factors that have contributed to the escalation of drug abuse. One important factor is lack of parental role modeling. According to Alexander de Jung (1991), the nuclear family is the only shell of security, stability and loving authority provided by mothers and fathers. He argues that if one or both parents are alcoholics, serious problems arise for the children. They cannot count on their families to shield them against the stress of life and may copy their examples.

Another factor that has contributed to the rise in alcohol and drug abuse is the search for youth to seek self-identity. Teenagers who drink use it as a way of proving that they are not children and they are mainly sophisticated and wise or tough enough to defy their parents and other authorities.

Peer pressure, curiosity, boredom and rebellion against adult-imposed rules make the students abuse alcohol and bhang. Accessibility to drugs has given rise to their consumption especially in tourist destination areas like Malindi, Mombasa and Lamu. Some of these tourists come from regions where hard drugs are common. Because of loose controls at the entry points, these drugs find their way into Kenyan market and eventually reach the students in schools.

Other factors that contribute to the escalation of drug abuse in schools are; frustration, idleness, too much pocket money, financial stress, media influence and permissiveness.

i. Frustration

People indulge in drug taking in order to cope with frustrating situations. This could rise due to inability to perform well in class and meet expected standards, inability to meet ones goals or lack of satisfaction in family or work place.

ii. Idleness

This can be a cause of alcohol and drug abuse. When young people take too much time having nothing constructive to do, they tend to experiment with alcohol and other drugs in order to get excitement.

iii. Too much money

Giving too much money to young people as pocket money without regulating its use is another cause of abuse of alcohol and drugs. Children with too much money usually buy alcohol and other drugs and share them with friends. Parents have ignored their

parental responsibilities of bringing up their children because they are very busy. As result of that they provide too much money to their children.

iv. Financial stress

Those people who have insufficient finances be tempted to take drugs because of their inability to provide for their families. Young people in school may feel miserable because they do not have to buy basic necessities. These frustrations may eventually lead to people to become peddlers, pushers and consumers of the drug in an attempt to get money.

v. Bad example from adults

Bad example includes parents and adults who are addicts. They drink and smoke openly; children tend to copy their parent's habits hence to end up abusing alcohol and other drugs.

vi. Availability of drugs

Some drugs are found in the Kenyan market sold fairly cheap and within the reach of most users. They are sold in kiosks, market places, in school and home neighborhood.

vii. Negative peer pressure

The peer group pressure may influence others to take alcohol and other drugs. It may lead the desire to experiment and catch up with the rest. Some young people may want to live up to the challenges from their friends.

viii. Media influence

The influence of the mass media, advertisements, radio, T.V, Newspapers and the internet has promoted the vices.

ix. Pressure from work

A task may too much or overwhelming to meet the set deadlines. This may lead to frustrations and an attempt to escape through drug abuse.

x. Lack of role models

The society has failed to live according to the expected moral standards.

xi. Globalization

Kenya has been exposed to foreign influences. The world has become a global village. This provides easy access to drugs. Traditional cultural values that are used to control societal behaviours have been avoided.

xii. Urbanization

Urbanization has resulted to individualism where people live lonely lives and feel rejected by the family or society. This can lead to alcohol and drug abuse.

xiii. Permissiveness

People are aware of their individual rights than before. They misconceive freedom to mean doing whatever one wants or like. Democracy has been misinterpreted to mean permissiveness –where anything one wants to do is permissible. This leads to ruin.

2.5.9 Sources of drugs

Drug law was enacted in 1994 and it outlawed all abused drugs except alcohol, tobacco and miraa. The law is enforced using the multi-disciplinary approach that is through the police.

Some of the sources in Kenya are:

- (i) Producer-** This could be a farmer, manufacturer, or an importer.
- (ii) Transport / financier –** These are also known as traffickers and facilitate movement from producer. Financier can also be a bank or a millionaire.
- (iii) Retailer-** Also called peddler or pusher. This one sells it to users in small quantities at a time.
- (iv) User**
This could be a street boy or girl, student or an adult person depending on their retailer. Most of the times users require rehabilitation after continued use.
Some of these drugs are commonly abused because of their accessibility to the students. For example, during opening days, particular school outings, parents days, visiting days and half terms. These drugs can easily find their way into learning institution. The students can also access these drugs and alcohol from the local

community, which has found a ready market from these students who have fallen prey of these peddlers and pushers.

Some of the places that have been identified as drug zones in Mombasa and Kaloleni districts are: Mtwapa, Bamburi, Kongowea, Mlaleo Likoni, Changamwe, Bokole, Marikiti, Mazeras Mariakani, Bondora, Kaloleni Ribe Bengo Shika Adabu, Mkapuni, among many others. From these zones, drugs are shifted into institutions of learning by the pushers. Pushers can be students themselves, workers parents and even some teachers.

Accessibility to drugs has given rise to their consumption especially in some tourist's destination areas like Malindi, Lamu and Nairobi. Some of these tourists come from regions where drugs are common. Because of loose controls at the entry points, these drugs find their way into Kenyan market and eventually reach the youth.

2.6 Signs and symptoms of drug abuse

The signs and symptoms of the most commonly abused drugs have been described below:

(a) Alcohol intoxication

These symptoms will occur depending on how much alcohol one has ingested. The user will:

Have mal-adaptive behaviour e.g. shouting, lack of proper judgment, interfere with ones social life i.e. spending more time in the bar away from the family, have speech slurred, have eyes looking out of focus, have skin flush have philosophical speech, becomes easily irritated and unreasonable and become bolder.

Alcohol can also lead to: Alcohol idiosyncratic intoxication, alcohol withdrawal. Alcohol hallucination, alcoholic Dementia, alcohol pellagra.

(b) Opiod/ intoxication.

This arises from injected drugs. Opiate include: heroine, penthadine, and symptoms include: Constricting of eye pupil, one becomes depressed and spirited Euphoric, there is drowsiness, speech is slurred, and attention and concentration is poor., Social activities/work affected adversely.

Withdrawal symptoms include: Tearfulness, mucus pouring from the nostrils, pupils become dilated; goose flash/pimples appear on the skin, there is yawning all the time. There is feverishness with any apparent infections and sleeplessness.

(c) Cocaine abuse symptoms

Use of cocaine cause intoxication and has these symptoms: Agitation, elated mood, happier than usual, talks big- there is grandiosity, raised heart beat, pupils dilated., there is sweating and feeling cold at the same time, there is nausea and vomiting, user shows multi-adaptive behaviour e.g. combativeness and fighting, poor work/anti-social behavior is observed. Amphetatamine and miraa (khat) have these symptoms at a lower degree.

(d) Cannabis Sativa (Bhang)

Cannabis is not always smoked. It can be drunk or injected into the system. The signs include: ~~The heart beat very fast,~~ euphoria- giggling, intensification of perception – deeper analysis of issues and persons, sense of slowed time is experienced, one goes into apathy-pathetic state, redness of the conjunctiva (white part of the eye), increased appetite for food, low sexual appetite-the user resorts to pornography involvement where pictures of naked bodies are often their literature, dry mouth., mal –adaptive behavior e.g. suspicion, anxiety, paranormal behavior and impaired judgment.

2.7 Main suppliers of drugs

According to a situational analysis on Drugs and substance abuse in tertiary institutions in Kenya reveals that the top six drugs in tertiary institutions in Kenya are tobacco, alcohol, bhang, miraa and inhalants. The members of the community in the vicinity of the institutions supply more than 50% of drugs and substance of abuse consumed in institutions of learning. The students, policemen and employees of the institutions also play a role in supply of drugs/ substances. Other suppliers who also play a bigger role are those located far away from institutions but are in the business of selling drugs and substances. (NACADA 2006).

2.8 Drug abuse cases handled in the hospital

Information obtained on 25th June 2009 from Portreizt psychiatric departments in Mombasa revealed the following number of drug induced psychosis for the period 2008 to 25th June 2009 were analyzed as below.

Table 2.1 Cases of drug abuse that have been handled in the hospital.

Year	Male	Female	Total
2008	60	8	68
2009	47	3	60

Source; Portreitz, 2009

The statistics obtained from the hospital affected the age groups 15 to 35 years. Most of the students in secondary schools are between the age of 14 and 20 years. From this age group, secondary school students are not exceptional.

There are three types of drug abuse interventions and these are:-First is the acute care or medical detoxification/stabilization. Purpose to safely and comfortably remove toxins from the body, to stabilize the patient, and to engage them into rehabilitation. Secondly, rehabilitation. The Purpose of rehabilitation is to teach skills necessary to change behavior so as to reduce threats to progress and to engage the patient in the next stage of treatment. Third is after care or continuing care: The purpose is to maintain changed behavior, support healthy living, monitor threats to relapse, (if relapse occurs re-engage the patient), retain patient in continuing care.

2.9 Conceptual framework.

Impact of drug abuse can be identified if all actors and partners involved work together and play their respective roles as a team. There are various ways through which alcohol and drug abuse can be identified. The government's role in helping to control drug abuse is very crucial. It should first and foremost come up with policies that are geared towards alleviating poverty and unemployment to give people economic power to avoid desperation. This can be done through reviving sectors such as agricultural and technical institutions. The government should create awareness on the dangers of drugs through barazas, mass media and even slogans. Recreational facilities such as clubs will provide alternative ways for the students to use their leisure time. Sufficient laws should be made to curb smuggling of drugs into the country and be sufficient enough to prosecute the drug peddlers. Alongside these, the government should regulate the licensing and selling of social drugs like alcohol and cigarettes.

Other effective methods of investigating drug escalation especially in learning institutions are training of teachers through on-service and workshops on drug

awareness. Drug and drug abuse should be integrated into the control programmes through resources such as counseling offices, books and audio-visual tapes. If these measures are taken, then we might see the reduction in the spread of drug abuse especially among the students.

The students being integral part of the society, needs to be shielded from drug abuse. This only way to guarantee a productive and responsible society in the future.

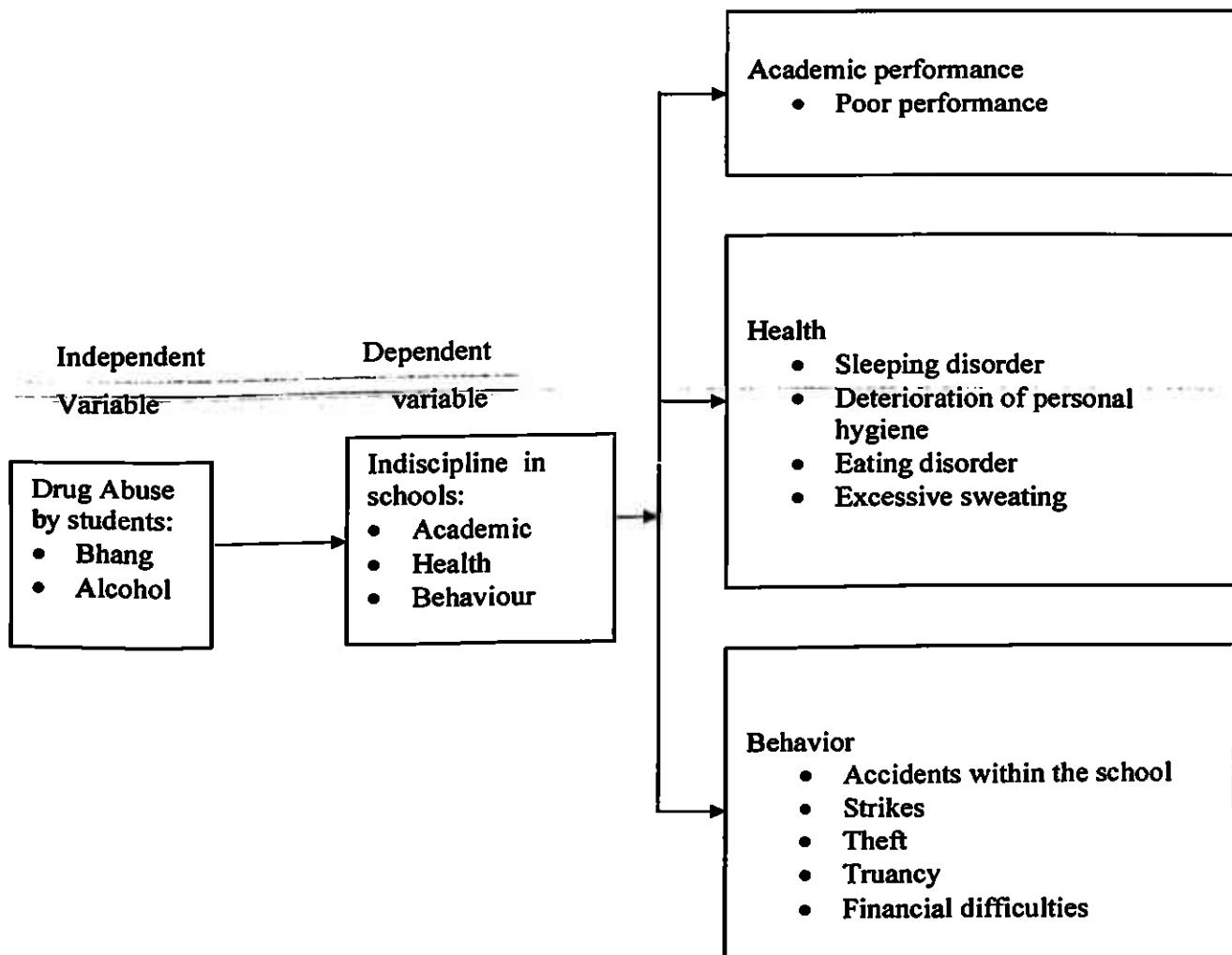


Figure 2.1

The commonly abused drugs by students in schools have a strong impact on the academic performance, health and behaviour of the students as analysed on the conceptual framework above.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter the researcher provided a brief description of the research design, target population, sampling design data collection procedures and method of data analysis.

3.2 Study area

The area of study was Ribe Boys' High School. The school is located at Chauringo between Mazeras and Kaloleni towns in Coast province. The school has a population of 780 people. The school is surrounded by several other secondary and primary schools among them are Ribe Girls', Kambe secondary, Kasidi secondary, St. Georges, St Johns, Ribe primary, Kinung'una primary, Mitsajeni, Ribe Academy and many others.

3.3 Research design and Site

This study was a survey meant to investigate the impact of drug abuse on student indiscipline in secondary schools. This design was both qualitative and quantitative and it was used because the study aimed at identifying the current impact of drug abuse on students' indiscipline in secondary schools. This was done with a view to make recommendations on which measures can be taken to minimize drug abuse.

3.4 Target population and sample size

The study targeted different clusters of actors and stakeholders in the school of a population of 784 persons in 2009. The actors included the students, teachers, supportive staff, Board of Governors, P.T.A, local administration, the medical personnel at Ribe dispensary and the religious leaders. Students form a great percentage of the population because they are the subject of research. Some students have experienced the impact and some are peer counselors.

Teachers: They stay with the students most of the time in a year approximately nine months. They are counselors, mentors and class teachers. They are members of the disciplinary committee. Most of them have attended seminars and workshops on the impact of drug abuse. Some may have experienced the impact before.

Support staff: They interact with the students outside class time. Some are members of the community that supply the drugs and some are used by the students to get the drugs.

Board of Governors: They handle disciplinary cases of students. Some of them are members of the community and some are professionals who have the knowledge about the subject. This is illustrated in table 3.1 below:-

Table 3.1: Population and sample description

Cluster	Population	Sample	Percentage %
Students	656	262	40
Teachers	24	5	20
Supportive staff	24	4	15
Board of Governors	16	1	5
Medical; personnel	8	1	5
P.T.A	24	1	5
Religious leaders	16	1	5
Local administration	16	1	5
Total	784	272	100

Students

Form four students have stayed in the school longest followed by form three students. These therefore have more information. Form two students have stayed in the school for some time whereas form ones are still new. These have little information but have been in school long enough to observe what other students are doing. They were sampled as shown in table 3.2 below:

Table 3.2 Student sample description.

Class	Number of students	Streams
Form 4	62	2
Form 3	60	3
Form 2	60	3
Form 1	80	4
Total	262	12

Parents' teachers association (P.T.A): They handle students' problems at the class level and they are parents.

Religious leaders: They are spiritual leaders to whom students disclose and open up their problems. Students are youth members of their religions.

Local administration: They arrest the drug dealers and therefore they have the information. Chiefs and police officers know some of the drug dealers.

Each participant from various clusters would provide data on various aspects of the effects of drug abuse.

3.5 Sampling procedures

The researcher adopted cluster sampling in the study. The study included the following clusters: students, teachers, supportive staff, and Board of Governors, P.T.A, religious leaders, local administration, medical personnel and others.

3.6 Data collection procedures and instruments

Arrays of tools were employed. The researcher used both primary and secondary data collection methods in the study. Primary data collection, questionnaires, and interviews were used. Open and closed ended were applied. The questionnaires and interviews designed by the researcher contained various aspects of drug abuse. The researcher also used observational method in order to gather the information direct from the drug takers.

Time frame and the budget description are shown in appendix 5.

Secondary data was obtained from the literature review such as books, journals, internet, and publications on the area of study, magazines, periodical materials and news papers.

3.6.1 Questionnaires.

A total of three questionnaires were developed. These catered for: the students of Ribe Boys high school, school administration, teachers, support staff, Board of Governors, P.T.A, medical personnel, law enforcers and local administration. All the three questionnaires are shown on the appendices. The first questionnaire was for the students and the second questionnaire for the teachers, supportive staff, and board of governors and parents and the third one was for local administration, medical personnel and sponsors.

3.6.2. Interviews

The researcher developed two interview guides; one for those parents who do not know how to read and write and the second one for the local administration who were busy. The interview focused on the impact of drug abuse on student indiscipline.

3.6.3. Observations

This was done by observing the way the students dressed, combed their hair, talk and students' disciplinary school records.

3.7 Pre-testing

Pre-testing and editing of data collection tools was carried out in Ribe High school. This exercise involved students in form two before the whole school was involved. There was no major reason why the research involved the form two in the pre-testing stage.

3.8 Data analysis and presentation techniques

The researcher ensured that all the questionnaires from the field had been collected by the use of checklist to verify their completeness. The findings were analyzed by use of descriptive statistics.

3.9 Operational definitions of variables

The operational definitions of variables have been analyzed in table 3.3 below:

Table 3.3 Operational definitions of variables

Variables	Indicators	Measures	Scale	Tools of analysis	Decision
Independent Variables Impact of drug abuse	Commonly abused drugs in the school.	Knowledge of commonly abused drugs by students, teachers and supportive staff	Nominal	Tables Percentages	
		Evidence of commonly abused drugs from school records.	Nominal	Tables Percentages	
		Evidence of vandalism of school property.	Nominal	Tables Percentages	
		Evidence of school strikes from the Principal's log book and daily occurrence book.	Nominal	Tables Percentages	
Dependent Variable Indiscipline in schools	Cases of indiscipline in school.	Evidence of truancy and avoiding of exams from school registers.	Nominal	Tables Percentages	
		Evidence of Guidance and Counseling cases (Records)	Nominal	Tables Percentages	
		Evidence of punishments netted to students from the school black book.	Nominal	Tables Percentages	
		Evidence of drowsy and sleepy students in class by observation.	Nominal	Tables Percentages	
		Evidence of poor performance of students from the academic records.	Nominal	Tables Percentages	
		Evidence of poorly groomed students by observation.	Nominal	Tables Percentages	
		Evidence of theft cases from the school records	Nominal	Tables Percentages	

CHAPTER FOUR

DATA PRESENTATION ANALYSIS AND INTRPRETATION

4.1 Introduction

This chapter presents and interprets the findings of the study on drug abuse on school indiscipline among secondary school students in Ribe sub-location, Kaloleni district, coast province Kenya. The data collected was analyzed and interpreted.

The researcher developed three questionnaires; one for Ribe Boys High School, school administration, teachers, supportive staff; Board of Governors and PTA and Questionnaire three was given to the medical personnel, religious leaders and local administration.

Two hundred and sixty two questionnaires were distributed to the students' according to their classes. The researcher trained 4 students to assist him in the distribution, supervision and collection of questionnaires from the respondents.

4.2 Response rate

The respondents were students, teachers, supportive staff (workers), Board of Governors, P.T.A, religious leaders and local administration. Table 4.1 below shows the distribution of the respondents.

Table 4.1 Distribution of respondents

Cluster	Respondent	Participants	Percentage %
Students	262	262	94.9
Teachers	5	5	1.8
Supportive staff	4	4	1.4
Board of Governors	1	1	0.36
Medical personnel	1	1	0.36
P.T.A	1	1	0.36
Religious leaders	1	1	0.36
Local administration	1	1	0.36
Total	276	276	100.0

All the respondents participated.

4.3 Results from the respondents.

These are results of the responses from students and non students. The non students include:- teachers, supportive staff, Board of Governors, medical personnel, P.T.A, religious leaders and local administration.

4.3.1 Year of admission of students.

The students who responded to the questionnaires were admitted in the school between 2006 and 2009.

4.3.2 Abuse of drugs by students in school.

Respondents were asked whether students in schools abuse drugs. Sixty six percent (66%) indicated that student's abuse drugs and thirty three percent (33%) responded "No". Most of those that said "No" were the students and the supportive staff. This indicates that those respondents who said "No" might have had no idea or were simply concealing information.. table 4.2 below give a summary of the responses from the respondents. From the high percentage of those that respondents "yes", it is evident that students in schools abuse drugs.

Table 4.2. Abuse of drugs by students

Class/Cluster	Yes	Percentage (%) - Yes	No	Percentage (%) - No	Total
Form 4	37	60	25	40	62
Form 3	49	82	11	18	60
Form 2	39	65	21	35	60
Form 1	46	58	34	43	80
Teachers	5	100	0	0	0
Supportive staff	1	25	3	75	4
Board of governors	1	100	0	0	1
P.T.A	1	100	0	0	1
Religious leader	1	100	0	0	1
Medical personnel	1	100	0	0	1
Local administration	1	100	0	0	1
Total	182	66%	94	34%	276

These findings agree with those of a case handled in the school by the Board of Governors on 16th July, 2007 where 7 students sneaked out of the school compound to go take drugs.

4.3.3 Reasons for drug abuse among the students

This research has revealed that some of the reasons why students abuse drugs were: peer pressure, lack of awareness on the impact of drug abuse on the indiscipline of students, curiosity, stress and frustration from home too much work in school, misinformation that drugs would keep them active during night preps and the availability of drugs. Out of the 262 students 171 gave reasons why students abuse drugs in school as shown in table 4.3 below:

Table 4.3 Reasons for abusing drugs

Reason	No of respondents	Percentage %
Peer pressure	171	100
Lack of awareness on the impact of drugs	141	82
Curiosity	130	76
Stress and Frustration	169	99
Misinformation	120	70
Availability of drugs	166	97

Peer pressure (100%) major reason for taking drugs among the students whereas misinformation accounts for a very small percentage (70%) for the reasons why students abuse drugs in schools. This small percentage indicates that students in schools abuse drugs consciously.

4.3.4 Supply of drugs to students.

Table 4.4 below shows that 66% of the respondents revealed that people do sell drugs to students and 32% denied that there were people who sold drugs to students while 1.5% from form two and three declined to respond to the question whether people sell drugs to students. The evidence from table 4.4 suggested that there were people who sold drugs to students in school.

4.4 Supply of drugs to students in schools.

Respondents							
Class	Yes	%	No	%	No response	%	Total
Form 4	35	56%	27	44%	0		62
Form 3	22	37%	35	58%	3	5%	60
Form 2	48	80%	11	18%	1	1.7%	60
Form 1	68	85%	12	15%	0		80
Total	173	66%	85	32%	4	1.5%	262

4.3.5 Commonly abused drugs in school

Students were asked to give the names of commonly abused drugs in schools. The total number of respondents was 262, all students. The study findings from the table below shows that bhanga and alcohol are the most abused drugs in schools followed by miraa and brown sugar. The information given agrees with NACADA (2004) that bhanga and alcohol are the most abused drugs in schools. Table 4.5 gives the list of the commonly abused drugs.

4.5 List of commonly abused drugs in schools

Drugs	Frequency(Respondents)	Percentage %
Alcohol	242	92
Bhang	258	98
Kuber	139	53
Tobacco	41	16
Cigarettes	63	24
Miraa (Khat)	215	82
Cocaine	78	30
Herion (brown sugar)	115	44
Inhalants	4	2

4.3.6 Drug Consumption by students

Responses to a question to the respondents on whether they themselves do abuse drugs, indicated that that three percent (3%) admitted to be abusing drugs, whereas ninety four(94%) were free from drug abuse. The remaining percent in the student cluster declined to respond.

According to the information given in the table above, where individual students were asked whether they take drugs shows that a very small percentage (3 %) of the students admits taking drugs. But when they were asked whether other students take drugs, 65% of them responded “Yes” as indicated in table 4.6 below. This shows that there are many students who take drugs but would not want to open up. This poses a difficult on how such students can be helped. This agrees with the stages that a person undergoes before they become addicted to drugs. This is a period between pre-alcoholic phase and prodromal phase.

Table 4.6 Drug abuse by respondents(students).

Respondents				
Class	Yes	No	No response	Total
Form 4	1	61	0	62
Form 3	2	58	0	60
Form 2	0	57	3	60
Form 1	4	71	5	80
Total	7	247	8	262

4.3.7 Introduction to drugs.

Eighty six percent (86%) of the respondents refused to reveal who introduced them into drug taking except a very small percentage (14%). The one student who revealed was a Form 1. This therefore shows that drug taking is still a vice that is not easily disclosed by the abusers. This makes it difficult for appropriate measures to be taken to counter the vice. Table 4.7 below gives a summary of the disclosure.

Table 4.7; Introduction into drugs

Respondent					
Class	Teacher	Student	Worker	Parent	Total
Form 4	0	0	0	0	1
Form 3	0	0	0	0	2
Form 2	0	0	0	0	0
Form 1	0	0	0	1	4
Total	0	0	0	1	7

4.3.8 Onset of drug consumption

Students were asked to say when they started taking drugs (primary school or secondary school). According to table 4.7 The study revealed that 2 students started taking drugs while in primary school and 3 students started taking drugs while in secondary school. This shows that students start taking drugs at an early age. However, most students indulge in drug taking when they get to secondary school.

From the earlier responses to whether the respondents themselves take drugs, only one Form 4 student indicated that they take drugs. However on being asked when they started taking drugs, one form four student who had indicated that they do not take drugs, responded that they started taking drugs in secondary school. This is an indication that drug abuse among student is a sensitive issue to deal with and that most students would rather not reveal their involvement in drugs. It is not very clear whether this respondent was taking drugs before and with time stopped or he was taking drugs but decided to conceal the information. Three (3) of the respondents out of seven (7), accounting to 43% did not disclose when they started taking drugs. Responses to this are summarized in table 4.8 given below:

Table 4.8 Time when started taking drugs.

Class	Primary	Secondary	Total
Form 4	0	2	2
Form 3	0	1	1
Form 2	0	0	0
Form 1	2	0	2
Total	2	3	5

4.3.9 Entry of drugs into school

The study findings according to table 4.8 indicated that drugs reach secondary schools through various channels. From the table 161 out of 263 respondents which is 68.8% of the sample size agrees that drugs reach secondary schools through workers, students, parents and others(cousins, brothers, drug peddlers).From the information given by 14th July 2009 shows that students were leading with 29% followed by workers by 20%, others 15% and parents 4.4%. Teachers account for 0.4% only.

Seventy point five percent (70.5%) of the respondents that agreed to drug trafficking into the school cited workers, parents and members of the immediate school community as the suppliers of drugs to students. Table 4.9 below gives the summary of the avenues.

Table 4.9 Entry of drugs into schools.

Class	Teacher	Workers	Students	Parents	Others	Non respondent
Form 4	0	5	12	2	6	37
Form 3	0	7	15	1	8	29
Form 2	0	16	22	3	15	4
Form 1	0	18	20	0	0	42
Teachers	1	5	5	4	5	0
Supportive staff	0	2	4	1	4	0
Board of Governors	0	1	1	1	1	0
P.T.A	0	1	1	0	1	0
Total	1	55	80	12	40	112
Percentage %	0.6%	34%	50%	7.5%	29%	

These findings are in agreement with those of a situational analysis on drugs and substance abuse in tertiary institutions by NACADA in 2006 which indicate that the main suppliers of drugs and substances of abuse are the members of the community in the vicinity of the institutions who supply more than 50% of the drugs and substances of abuse consumed in institutions of learning. The students also play a major role in supplying of drugs and substances.

4.3.10 Awareness of health hazards associated with drugs

In an attempt to know whether students are aware of the health hazards associated with drug abuse this research indicates that sixty six percent (66%) of the respondents in showed that they were aware of the health hazards associated with drug abuse whereas twenty three percent (23%) were not aware of the health hazards associated with drug abuse and twelve percent(12%). declined to respond. This is illustrated in the table 4.10 below.

Table 4.10. Awareness of health hazards associated with drug abuse

Respondents							
Cluster	Yes	% Yes	No	% No	Non respondents	% Non respondent	Total
Form 4	54	87	8	13	0	0	62
Form 3	37	62	18	30	5	8	60
Form 2	39	65	15	25	6	10	60
Form 1	42	53	18	23	20	25	80
Total	172	66%	59	23%	31	11	262

4.3.11 Indiscipline and drug abuse

On being asked whether the school has had cases of indiscipline as a result of drug abuse, all respondents indicated 100% "Yes". Respondents in this category were; - teachers, supportive staff, Board of Governors and P.T.A. This is illustrated in table 4.11 below;

Table 4.11 Cases of indiscipline associated with drug abuse.

Cluster	Yes	% Yes	No	No response	Total
Teachers	5	100	0	0	5
Supportive staff	4	100	0	0	4
Board of Governors	1	100	0	0	1
P.T.A	1	100	0	0	0
Total	11	100	0	0	11

4.4 Qualitative analysis on the impact of drugs

Some of the respondents said that drug abuse had some positive impact on the user while others indicated that drug abuse has negatively impacted school discipline. Respondents to this were students.

4.4.1 Academic performance

Respondents indicated that drug among the students has positive impacts in the sense that, drugs assist in keeping them awake during prep time, they make students active in sports which enables them to win in competitions; reduces stress and frustrations which come as a result of too much class work, activate the user's reasoning.

On the contrary, some respondents argued that drugs impact negatively on academic performance. In support of this, they said that drug abuse leads to poor performance in

class work as a result of: absenteeism from class and school; disruption of learning time caused by suspensions and expulsions, low concentration in class caused by drowsiness, sleeping and day dreaming during lessons. This leads to failure to do assignments in good time thus leading to poor performance. At the same time, students argued that drug users in school mostly have bouts of mental confusion.

1.2 Behaviour.

Contributing on the positive impact of drug use by students, the respondents argued that drug use creates friendship amongst the users; boosts self esteem, confidence to the user and enhances good sleep. At the same time, some students make money out of sale of drugs.

However, respondents note that drug abuse has negatively impacted behavior in that it is a cause of poor relationship between the students and other members of the school community. It is a source of violence (fights, strikes), vandalism and damage of school property and sneaking out of school. They further argued that drug abuse has been associated with homosexuality and sodomy amongst the students. Cases of theft have greatly increased as a result of drug abuse amongst the students.

Citing earlier cases of behaviour deviance associated with drug abuse, respondents mentioned that: on 16th July 2007 it was reported that seven students sneaked out of the school compound, drunk alcohol (Mnazi) and smoked bhang. The suspected boys were sent home for two weeks after which they reported back with their parents to face the Board of Governors for disciplinary measures. Citing more recent happenings they noted that on 17th February 2008, Ribe Boys Secondary School students went on strike exactly one week after Ribe Girls High School had gone on strike. On 17th July 2008 the staffroom and principal's office were set on fire by unknown people. The principal was called at 1:30am by the school driver who had noticed some smoke in the offices. With the help of one teacher and the school driver the fire was put off but some documents and files regarding disciplinary cases were destroyed.

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4.4.3 Health.

Respondents did not cite any positive impacts of drug abuse to the users. They only gave an array of negative impacts which include; mental confusion, deterioration of personal hygiene, hallucinations, opens channels for diseases for example cardiovascular diseases, liver cancer and damages the brain cells. Other diseases arising from drug abuse can be lung cancer, inflammatory of the stomach walls, heart attack, memory loss, throat cancer, madness, whooping cough.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.

5.1 Introduction

This chapter gives the summary of the research findings, the conclusions and recommendations.

5.2 Summary of findings.

The study has established that drug abuse is a major cause of indiscipline in secondary schools in Kenya and specifically in Ribe Boys' High school. This is evidenced by the declining academic performance in the school as observed in the drastic drop in the school's mean score, the moral decadency of some of the boys in the school (seen in the frequent cases of unrest as cited by the respondents) and the deterioration of health of some of the students. The study has highlighted the impact of drug abuse (social, physical and mental). The study has also established that the most commonly abused drugs are alcohol and Bhang (marijuana) among others.

5.3 Discussion

The study revealed that drug abuse was on the increase in our secondary schools among boys and girls. This affects the behavior of the students in the schools. It established that there was truancy, stealing, deliberate vandalism of school property, violent attack by students and even teachers, breakage of school rules, chronic misbehavior in classrooms, time wasting in lessons, challenge to the authority of teachers, disruption of students who are anxious to learn, feeling of heroism for the bad students/staff and fighting which has greatly contributed to the poor performance of the school in the area of study.

The research further established that drug abuse has negatively impacted behavior in that it is a cause of poor relationship between the students and other members of the school community. It is a source of violence (fights, strikes), vandalism and damage of school property and sneaking out of school. At the same time drug abuse has been associated with homosexuality and sodomy amongst the students. Cases of theft have greatly increased as a result of drug abuse amongst the students. These findings agree with those of a situational analysis on Drug and substance abuse in tertiary institutions in Kenya done by NACADA in 2006 which established that drug abuse has negatively impacted the discipline of the students in the schools and this was evidenced by the manner in which some students have great appetite for food, redness of the conjunctiva (white part of the eye), the users had resorted to pornography involvement where pictures of naked bodies

are often their literature, dry mouth and mal-adaptive behavior for example suspicion, anxiety, paranoia behavior.

This research has further revealed that drug abuse has minimal positive impacts to the health of the user. An array of negative impacts includes; mental confusion, deterioration of personal hygiene, hallucinations, opens channels for diseases for example cardiovascular diseases, liver cancer and damages the brain cells. Other diseases arising from drug abuse can be lung cancer, inflammation of the stomach walls, heart attack, memory loss, throat cancer, madness, whooping cough. These findings are consistent with those of a research carried out by Karachi, 1994, who established drug abuse impacts negatively on one's health by increasing the risk of Liver cancer (cirrhosis), hepatitis, inflammation of the esophagus, intestinal bleeding cancer, cardiovascular diseases and many others.

It has also established that the commonly abused drugs in Kenya include; tobacco, miraa (khat), cannabis sativa (bhang), heroin (brown sugar), solvents such as glue, gum and petrol, barbiturates and tranquilizers such as madrax, ruche and valium, but it revealed that cannabis sativa (bhang) and alcohol were the most abused drugs by students in secondary schools. In Ribe Boys' High school, the most commonly abused drugs are alcohol and bhang. This arises from readiness of availability of these drugs within the immediate school community (vicinity). For example during opening days, school outings, parent's days and visiting days. The students can access these drugs from the local community, which has found a ready market from these students who have fallen prey of peddlers and pushers. These findings also agree with those of a situational analysis on Drug and substance abuse in tertiary institutions in Kenya done by NACADA in 2006.

5.4 Conclusion

The impact of drug abuse on indiscipline among the secondary school students is on the increase not only in Ribe sub-location, Kaloleni district, Coast province, but most of our secondary schools among boys and girls. Drug abuse has a negative impact on academic performance among students, their moral behavior and health. Commonly abused drugs in Ribe Boys High school are alcohol and bhang. This is as a result of their ease of accessibility to the students. Old students of particular schools have known to peddle drugs in their former institution since their presence in school does not raise any suspicion.

5.5 Recommendation.

The researcher recommended several ways through which drug abuse can be prevented.

5.5.1 Government.

The government's role in helping to control drug abuse is very crucial. It should first and foremost come up with policies that are geared towards alleviating poverty and unemployment to give people economic power to avoid desperation. This can be done through reviving sectors such as agricultural and technical institutions in order to reduce drug peddlers.

5.5.2 School administration:

The secondary school administration should create awareness on the dangers of drugs through recreation facilities such as clubs and societies where the dangers of drugs can be said openly.

Checking of school bags and boxes

During opening days and when students are coming from half terms, their bags and boxes should be inspected at a particular place before allowed to go to their residential areas.

ii. Seclusion

Those involved in drug abuse should be separated from the other students to minimize the chances of influencing the innocent ones.

iii. Conduct emergency inspections.

Schools should organize emergency inspections once a term.

iv. Clubs

Secondary schools should introduce more clubs which can offer preventive education and ant drug campaigns.

v. Recruitment of school workers.

Schools should employ workers who are not drug abusers.

5.5.3 NACADA:

The established National Agency for the campaign against drug abuse (NACADA) to co-ordinate activities of individual and organizations in a campaign against drug abuse in Kenya to be extended to secondary schools.

5.5.4 Education:

Every effort should be made to enlighten the students on the proper use of drugs. The school curriculum, from primary to secondary school should deal with the issue of drug abuse. The mass media should also play a role in educating people on the dangers of drug abuse. Thus, there should be direct classroom teaching community involvement and drama presentations during the annual schools and colleges drama festivals which focus on the problem.

5.5.5 Guidance and counseling:

This has been used in both preventative and rehabilitative functions. Primary and secondary school recruit (employ) qualified guidance and counseling teachers to help the learner's reform or avoid drug abuse. School should also invite non-governmental organization that provides opportunities for discussing issues relating to drug abuse. Schools should identify rehabilitation centers and counseling clinics available where individuals can be referred for help to come out of the drugs traps.

5.5.6 Religious teachings:

All religious groups should condemn the abuse of drugs. Religious teachings should emphasize on the dangers of drug abuse to students' physical, intellectual and spiritual life. Religious leaders should try to leave by example.

5.5.7 Family values:

Parents to set a good example to their children. They should live a life free from drug abuse. They should instill the right values and religious principles in their children.

5.5.8 Law enforcement:

The researcher was referring to the international treaties and conventions meant to curtail drug trafficking and abuse. For example, the treaty of Hague (1912) which is known as the international opium convention, the 1988 convention against illicit traffic in narcotic drugs and psychotic substances and establishment of United Nations international drug control programme (UNDCP) facilitate measures and activities that address the global drug problem.

5.6 Further Research

Further research could be carried out to establish why the secondary school students are abusing drugs even when they are aware of the negative impact of arising from the vice. A research also be carried out on why Kenyan police are not able to control and eradicate the abuse of drugs and yet they have all the resources to curb this phenomena.

REFERENCES

Alcohol helps reduce damage after heart attacks

(<http://www.newswise.com/articles/view/506828>)

Alcoholics Anonymous (2005), in www.alcoholics.anonymous.org

American Association for the Advancement of Science New brain cells develop during alcohol abstinence, UNC study shows

(<http://www.eurekalert.org/pub-releases/2004-11/uonc110504.php>)

Britton, Annie; Singh – Manoux, Archana; Marmot, Michael Alcohol Consumption and cognitive Function in the Whitehall II Study

(<http://aj.e.oxfordjournals.org/cgi/content/full/160/3/240>) *American Journal of*

Epidemiology 2004 160 (3): 240 – 247; doi: 10.1093/aje/kwh206.

Brzezinski ,M. (2002) ,”Re-engineering the drug Business,” New York Times, 23 June.

Butters N (1981). “The Wernicke – Korsakoff syndrome: *a review of psychological, neuropathological and etiological factors*”. *Curr Alcohol* 8: 205 – 32. PMID 6806017

(<http://www.ncbi.nlm.nih.gov/pubmed/6806017>).

Camargo Carlos A; Stampfer, Meir J; Glynn, Robert J; Gaziano, J. Michael; Manson, JoAnn E; Goldhaber, Samuel; Henkens, Charles H Prospective study of Moderate alcohol consumption and risk of Peripheral Arterial Disease in US Male physicians

(<http://www.circ.ahajournals.org/cgi/content/full/95/3/577>) *Circulation* 1997; 95:577-580.

Coate, D Moderate drinking and coronary heart disease mortality: evidence from NHANES I and the NHANES I follow- up

(<http://www.ajph.org/cgi/content/abstract/83/888>) *American Journal of public Health* Vol 83, Issue 6 888-890.

Curry, s. j. (2003), “Youth tobacco cessation: *filling the gap between what we know,*” *American journal of health behavior*, 27(2): 599.

Ellison,R.C. Does moderate alcohol consumption prolong Life?
(<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1336884>) American Council on Science and Health, New York: 1993. (Link is to review of book).

FAD (Fundacion de Ayuba contra la Drogadiccion [Drug addiction Aid Foundation] (Spain, 2005), in www.fad.es. Es

Global Status Report on Alcohol 2004
(<http://www.who.int/entity/substance-abuse/publication/global-status-report-2004-overview.pdf>).

Kandel, D. B(1980). “Drunk and Drinking behaviour among Youth” Annual review of *Sociology* 6 : 235 – 285.

Kaplan, H. B. (1975). “Self – Attitudes and deviant behaviour”

Koenig, H.G (1994),” Religious conversion,” in H.G., Koenig, *Aging and God*, Binghamton (New York):Haworth.

Leshner, A. (1999), Principles of Drug addiction Treatment: *A research- Based Guide*, national institute on drug abuse(USA)

Lodgson,J.E.(1994). Ethanol. In J.I.Kroschwitz (Ed.) *Encyclopedia of Chemical Technology*, 4th ed. Vol.9,p.820. New York: John Wiley & Sons.

Larson, Michael; Jennifer S Berg (2006-03-30). “Alcohol- Related Psychosis (<http://www.emedicine.com/med/TOPI3113.HTM>)’ *emedicine*. Retrieved on 2008- 05-13.

M.Ganguli, J.Vander Bilt,J.A. Saxton,C.Shen,and H.H.Dodge Alcohol consumption and cognitive in late life: *A longitudinal community study* (<http://www.neurology.org/cgi/content/abstract/65/8/1210>)*Neurology* 2005;65:1210-1217.

Martin PR, Singleton Ck, Hiller – Sturmhofel S (2003). “The role of thiamine deficiency in alcoholic brain disease”. *Alcohol Res Health* 27 (2) : 134 -42. PMID 15303623

Mcveigh, G. (2004), “Moderate tipping oka,” *prevention*, vol. 56, 12:73.

Medicine – holiday heart syndrome : Article by Adam S Budzikowki
([http:// www. Emedicine .com/med/topic 1024.htm](http://www.Emedicine.com/med/topic1024.htm))

Mennen LI, Balkau B, Vol S, Caces E, Eschwege E. Fibrinogen may explain in part the protective effect of moderate drinking on the risk of cardiovascular disease
([http://www.nch.nlm.nih.gov/entrez/query.fcgi? CMD=Display & DB=pubmed](http://www.nch.nlm.nih.gov/entrez/query.fcgi?CMD=Display&DB=pubmed)).
Arteriotic and Thrombodic vascular Biology 1999 Apr; 19(4):887.92.

Methanol and Blindness

(<http://www.newton.dep.anl.gov/askassi/chem03561.htm>). *Ask A Scientist, Chemistry Archive*. Retrieved on 22 may 2007-09-14.

Miller. R.L.(2002), *The encyclopedia of addictive drugs*, Westport (Connecticut): Greenwood press.

Moderate Alcohol consumption Linked to Britain Shrinkage
(<http://www.sciencedaily.com/releases/2003/12/03120505292.htm>)

Morales, D., (1987), *Las Drogas contra todos [drugs against everyone]* Caracas: Aculpueblo.

Mulkamat, K.J., et al. Alcohol consumption and risk of coronary heart disease in men with healthy lifestyles. *Archives of internal medicine*, 2006 (October), 166(19), 2145-2150.

Mwenesi, H. A., (1995). “Rapid assessment of Drug abuse in Kenya: *A National report*”. Kenya Medical Research foundation. Mimeo.

NACADA (2004). “Annual Report for the office of National campaign against drug Abuse”. Mimeo.

National institute of mental health (2002), "Depression & HIV/AIDS," Depression publications, no. 02-5005.

National Agency for the Campaign against drug abuse (NACADA) (2004). "Youth in Peril, Alcohol and Drug abuse in Kenya". Nairobi: NACADA.

Ndetei, D. M., (2004). "Study on the Assessment on the Linkages between Drug abuse, injecting drug abuse and HIV/AIDS in Kenya: *A Rapid Situation Assessment*". Mimeo.

NIDA (National institute on drug abuse, 2003 & 2004), various documents, www.nida.nih.gov.

Obamayor, J.L. et al. (2004), "college smoking cessation using cell phone text messaging," journal of American college health, 53(2): 71

Pearson, Thomas A. Alcohol and Heart Disease. Circulation 1996; 94:3023-3025 (<http://circ.ahajournals.org/cgi/content/full/94/11/3023>). Retrieved on 2006-01-30.

Rew, L. (2005), "Adolescent health: *A multidisciplinary approach to theory, research, & intervention, thousand oaks (California)*: SAGE publications.

Rodgers, H. et al. Alcohol and stroke. *A case-control study of drinking habits past and present* (<http://stroke.ahajournals.org/cgi/content/abstract/strokeaha;24/10/173>) stroke , 193. 24(10), 1473-1477.

Sesso, H.D., et al., Seven-year changes in alcohol consumption and subsequent risk of cardiovascular disease in men. Archives of internal medicine, 2001, 160, 2505-2612.

Stampfer MJ, Kang JH, Chen J, Cherry R, Grodstein F. Effects of moderate alcohol consumption on cognitive function in Women (<http://www.ncbi.nlm.nih.gov/pubmed/15659724>) New England Journal of medicine 2005 Jan. 20; 352 (3): 245 – 53.

United Nations office on Drugs and Crime (UNODC) (2004). Global illicit drugs trends. New York United Nations.

V. Solfrizzi, A. D'Introno, A. M. Colacicco, C. Capurso, A. Del Parigi, G. Baldassarre, P. Scapicchio, E. Scafato, M. Amodio, A. Capurso, F. Panza Alcohol Consumption, mild cognitive impairment, and progression to dementia

(<http://www.neurology.org/cgi/content/abstract/68/21/1790>) *Neurology* 2007;68: 1790 – 1799

Veliegentheart, R. et al. Alcohol consumption and coronary classification in a general population. *Archives of international medicine*, 2004 (November), 164, 2355-2360; koppes, L. et al.

WHO. (2003). Global school – based health survey (GSHS). Geneva. World Drug Report (1997). Oxford: Oxford University press.

Wilkie, S. Global overview of drinking recommendations and guidelines.



UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION
DEPARTMENT OF EXTRA-MURAL STUDIES

Your Ref: UON/CEES/SCDE/DEMS/MEMC/328/VOL.1

Our Ref:

Telephone: Mombasa 020-2026100

Moi Avenue
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P.O. Box 83732-80100
MOMBASA, KENYA

3RD JULY, 2009.

TO WHOM IT MAY CONCERN:

Dear Sir,

RE: DATA COLLECTION

This is to confirm that **JACKSON ORWARU** Registration Number **L50/71841/2008** is a student pursuing the Degree of **MASTERS OF ARTS IN PROJECT PLANNING AND MANAGEMENT COURSE** at the School of Continuing and Distance Education of the University of Nairobi.

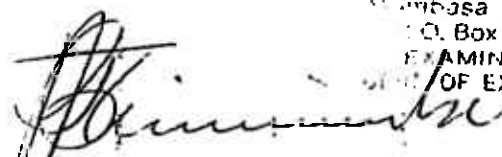
As part of his course, he is required to go to the field for data collection and prepare a research project. He is therefore collecting data which is related to his research topic: **THE IMPACT OF DRUG ABUSE ON SCHOOL INDISCIPLINE AMONG SECONDARY SCHOOL STUDENTS IN RIBE SUB-LOCATION, KALOLENI DISTRICT COAST PROVINCE.**

The information he is gathering is purely for academic purposes and will be treated with utmost confidentiality.

Any assistance extended to him will be highly appreciated.

Regards

RESIDENT LECTURER
UNIVERSITY OF NAIROBI
Mombasa Extra-Mural Centre
P.O. Box 83732, MOMBASA
EXAMINATION OFFICER
DEPT. OF EXTRA-MURAL STUDIES


JOHNBOSCO M. KISIMBII
RESIDENT LECTURER
MOMBASA & ITS ENVIRONS

APPENDIX 11

QUESTIONNAIRE 1

Introduction

This questionnaire is given solely for academic purposes to the students of Ribe boys high School for conducting a research proposal for an a ward of a degree of master of Arts in Project Planning and Management. The information is intended to find out the impact of drug abuse on indiscipline among the students in secondary schools. The information given will be treated with complete confidentiality.

Class.....Age.....

1. When were you admitted at Ribe boys high school?.....

2. (a) are there some students in your school who abuse drugs?

(Choose where appropriate)

Yes or No.

(b) If yes, what are the main reasons why they are abusing drugs?

.....
.....
.....

3. Are there some people who sell drugs to students in schools? Yes or No

4. Please list some of the drugs that are commonly abused in schools

.....
.....
.....

5 (a) Do you take drugs? Yes / No

(b) If yes, who introduced you to drugs? Tick where appropriate Teacher/ student/ worker/parent/other.

6 When did you start abusing drugs? Primary/ secondary school

7. How do drugs reach in schools? Through: teachers/ workers/ students/ parents/ others

8. What are some of the positive impact of drug abuse in your school?.....

.....
.....

9. What are some of the negative impacts of drug abuse in your school?.....

.....
.....
.....

10. Are you aware of the health hazards associated with drug abuse? Yes / No. if yes please state some.

11. How has drug abuse affected your school in the following aspects?.

	Positively	Negatively	No impact
Performance
Attendance
Relations with superiors.....

12. Suggest ways by which your school can eradicate the abuse of drugs.....

.....
.....
.....
.....

APPENDIX III
QUESTIONNAIRE 2

Introduction

This Questionnaire is given solely for academic purposes for school administration, teachers, supportive staff, Board of Governors and P.T.A for conducting a research proposal for an a ward of degree of masters of Arts in project planning and management. The information is intended to find out the impact of drug abuse on indiscipline among the students in secondary school and will be treated with complete confidentiality.

1. Do you know if drugs are abused in your school? Yes No.

2. Please list some of the health and social hazards associated with drug abuse in your school.

(i) Health hazards

.....

(ii) Social hazards

.....

3. How do drugs reach your school? Through: teachers/ workers/ students/ parents/ others

4. Has your school ever experienced indiscipline cases associated with drug abuse? Tick most appropriate. Yes or No

5. Suggest measures that can be used to deal with the impact of drug abuse in your school.

.....

APPENDIX IV
QUESTIONNAIRE 3

Introduction

This questionnaire is given solely for academic purposes to the medical personnel, religious leaders and local administration for conducting a research proposal for an a ward of a degree of Master of Arts in Project Planning and Management. The information is intended to find out the impact of drug abuse on indiscipline among the students in secondary school and will be treated with complete confidentiality.

1. Are there some cases of drug abuse that have been handled in your hospital?

Yes /No

2. Has the abuse of drugs any impact on indiscipline in our schools today?

.....
.....
.....

3. Are you aware of the health hazards associated with drug abuse to individuals and others? Yes/No.

If yes please list some.

.....
.....
.....

Suggest measures that can be used to deal with the impact of drug abuse in your school.....

.....

APPENDIX V
INTERVIEW

Introduction

The interview is solely for academic purposes to the parents who do not know how to read and write for conducting a research proposal for an award of a degree of Masters of Arts in project Planning and Management. The information is intended to find out the impact of drug abuse on indiscipline in schools. The information given will be treated with complete confidentiality. The interview tool is shown in appendix 6.

1. Alcohol, Cannabis sativa (bhang) and other drugs are associated with riots, vandalism of properties and poor performance in schools.

Tick where appropriate. YES NO

-
2. Parents, teachers and school workers have failed in discouraging drug taking in schools.

Tick where appropriate. YES NO

3. Drug abuse is associated with permanent brain damage to the user.

Tick where appropriate. YES NO