

**\\MANAGING DRUGS AND SUBSTANCE ABUSE IN SCHOOLS:
A CASE STUDY OF NAIROBI//**

BY

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DECLARATION

I declare to the best of my knowledge that this research project is my original work and that all the sources that I have used have been acknowledged. No part of this thesis may be reproduced without prior permission of the author and / or the University of Nairobi.

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Be blessed

DEDICATION

Dedicated to my wife Rose my children Faith, Laban and Miriam.

ABSTRACT

Drug and substance abuse has become a major concern in Kenya and in the world over. There has been increased consumption of drug and substance abuse by young Kenyans particularly school going children. The study sought to establish the various drugs being abused in schools, and strategies being used to prevent drug and substance abuse then come up with suggestions on how to improve on them. The study found out that drug and substance abuse was rampant and that there was need to address the problem. Those who consumed the drugs were affected differently with some of the abusers developing addiction.

The study found out that there were several factors which contributed to drug and substance abuse amongst students. Such factors included peer pressure, poor parental guidance, the school environment, poor performance in school, curiosity, reduce stress, delinquent behavior, inadequate guidance and counseling by teachers and lack of community involvement in the fight against drug abuse among others. There were several prevention methods being used in various schools but the problem persisted hence there was need to enhance the strategies. This study came up with proposals on how to improve on the management of drug and substance abuse in schools.

LIST OF ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
CBOs	Community Based Organizations
HIV	Human Immunodeficiency Virus
LSD	Lysergic Acid Diethylamide
NACADA	National Agency for the Campaign Against Drug Abuse
NGOs	Non- Governmental Organizations
NIE	National Institute of Education
TV	Television
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
US	United States
USSR	Union of Soviet Socialist Republic
W H O	World Health Organization

TABLE OF CONTENTS

DECLARATION	i
ACKNOWLEDGEMENT	ii
DEDICATION.....	iii
ABSTRACT.....	iv
LIST OF ABBREVIATIONS.....	v
TABLE OF CONTENTS.....	vi
CHAPTER ONE.....	8
INTRODUCTION	8
1.0. Background of the Problem.....	8
1.1. Statement of the Problem	12
1.2. Research Questions	13
1.3. Objectives.....	13
1.4. Literature Review.....	13
1.4.1 Drug Use and Abuse	13
1.4.2 Effects of Drug Abuse	26
1.4.3 Measures and Mechanism that States Use to Combat Drug Abuse.....	28
1.5. Definition of Key Terms	34
1.8. Methodology	37
1.9. Theoretical Framework	39
1.10. CHAPTER OUTLINE.....	40
CHAPTER TWO	41
DRUG AND SUBSTANCE ABUSE.....	41
2.0. Introduction	41
2.1. Theoretical Approach.....	41
2.2. Production of Drugs	52

2.3. Distribution of Drugs	55
2.4. Consumption of Drugs	59
2.5. Conclusion.....	70
CHAPTER THREE	71
THE MANAGEMENT OF DRUGS AND SUBSTANCE ABUSE	71
3.0. Introduction	71
3.1. Strategies Used to Prevent Drug Abuse	71
3.2. Conclusion.....	81
CHAPTER FOUR.....	83
AN ANALYSIS OF DRUG AND SUBSTANCE ABUSE IN NAIROBI	83
4.0 Introduction	83
4.1. Extent of Drug Abuse	86
4.2. Conclusion	93
CHAPTER FIVE	94
CONCLUSIONS AND RECOMMENDATIONS	94
5.0 Introduction.....	94
5.1. Summary	94
5.2. Proposed Solutions to Drug and Substance Abuse in Schools	95
5.3. Conclusions.....	96
5.4. Recommendations.....	97
5.5. Recommendations for further Research.....	100
BIBLIOGRAPHY	101

CHAPTER ONE

INTRODUCTION

1.0. Background of the Problem

Drug and substance abuse is a major problem that developing countries are currently facing.

Drugs are chemical substances which when ingested can affect one or more of the body's functions. This includes those substances that are useful to the body and those that harm the body. Licit drugs are those whose sale does not violate the law, while others are illicit in that their possession, sale, use or purchase is generally prohibited by law. Drug abuse refers to the use of illegal drugs or the inappropriate use of legal drugs. Commonly abused drugs and substances by school children include: alcohol, tobacco, *miraa* (khat), bhang, a host of inhalants and prescription drugs¹. This may be enough reason to enhance "war on drugs" without drawing distinctions between those who distribute and those who consume in developed and in the developing world.²

Medicines which are drugs also are more frequently used by sick people to get well. Once in a while we are given medicines to reduce tensions and painkillers to ease discomfort. Drug problem related to such legally prescribed medication were seldom imagined by most people to be misused until one is treated by physician. The national drug problem has yet another dimension on the use of legally sanctioned recreational or social drugs. Tobacco and cigarettes along with alcohol are widely advertised, legally purchased and socially used by millions of

¹ *Drug and Substance Abuse in Tertiary Institutions in Kenya: A Situational Analysis*, NACADA, pp 1,2006

² *Drugs in Latin America: Studies in Third World Countries, Publication Number Thirty Seven, Department of Anthropology, College of William and Mary Williamsburg, Virginia 23185, USA, pp xiii.*

people. Nevertheless, nicotine and tobacco, alcohol beverages and even caffeine in coffee, tea and cola drinks are all drugs.³

When drugs are used in the treatment or prevention of diseases or for the relief of pain or discomfort, then medical profession refer to such drug substance as medicine. The unintentional or inappropriate use of prescribed or non prescribed medicine resulting in the impaired physical, mental, emotional or social wellbeing of the user is referred to as drug misuse. Some individuals consume drugs in excess of recommended dosages or they reduce the standard time interval between doses. Others take prescribed medications without professional consultation or offer their own medicine to others.⁴

Drug abuse, sometimes referred to as substance or chemical abuse is the deliberate, continuous use of behavioral alluring chemical substances that results in any degree of physical, mental, emotional or social impairment of the user, the user's family or society. Substance abuse is a faulty pattern of substance use leading to impairment or distress with one or more of the following conditions: repeated substance use leading to a failure to fulfill one's responsibilities at work, school or at home. Continued use of drugs lead to social or interpersonal problems such as violence, theft or robbery, school dropout, immorality, sometimes children show compulsive and rigid behaviors. Others prefer solitary activities to peer/group activities.⁵

According to a report by the Anti Dangerous Drugs Allocation of Kenya, fifty four percent of boys in secondary school and three percent of girls are regular smokers, fifty percent boys and

³ Charles Carroll, *Drugs in Modern Society*. WMC Brown Publishers, pg 7, 1985.

⁴ Ibid pg 8

⁵ Ibid pg 8

thirty percent girls in school are regular alcohol consumers.⁶ Perhaps the worst aspect of drug abuse is that it makes its deepest impression on those who are most vulnerable, the youth. The drug abuse is more prevalent in learning institutions, primary schools, secondary schools, universities and technical schools.⁷

The drugs and substances which are abused most are alcohol, tobacco, cannabis sativa, inhalants and other substances such as heroin, cocaine, and mandrax and amphetamine type of stimulants.⁸ Drugs and substance abuse is a big problem in Kenya that has a strong linkage between drug abusers, violence and currently HIV/AIDS scourge. The problem continues to be manifested in upsurge of violent disturbances and uprisings in schools. In particular, in the past, several instances in schools in Kenya brought an urgent need for the government and the public to take action and deal with the problem of drug abuse in our schools. According to an article by Henry Kibira in The Star Newspaper of 18 November 2011, there is more drug consumption in boarding schools than in day schools which is attributed to the practice of peer pressure and fun. The report says that 20 per cent of students in boarding schools had a consumption rate of 17 per cent, peer pressure was cited as the major reason for alcohol consumption at 37 per cent, 35 per cent was attributed to fun, while 10 per cent was as a result of stress.⁹

⁶ J M Ndirangu, *Drug Abuse Monster: A Comprehensive Guide to Teachers, Parents, Students, Pastors and Counselors*. Vallen Enterprises, Thika, pp8, 2001.

⁷ Boniface Karechio, *Drug Abuse in Kenya*. Uzima Press, Nairobi, pp 1, 1994.

⁸ Seth Oketch, *Understanding and Treating Drug Abuse*. Queenox Holding Ltd, Nairobi, pp 18, 2008.

⁹The Star Newspaper Kenya, *High School Students Abusing Drugs and Alcohol.*, Article by Henry Kibira, 18 November 2011.

Classification of drugs:

Drugs Which Cause Physical Dependence	Common Street Names in Kenya
Alcohol	Busaa, Chubuku, Kumi Kumi, Beer, Moonshine or Screech, MaraWines
Morphine	White Lady
Heroin	Brown sugar, Capital H, Dope, Mud, Little boy, Stuff, Good horse, Tar
Cocaine	Crack, Unga, Blast, Beat, Gravel, Moonrocks,
Analgesics	Brown Sugar, Unrefined Coca

Source: Adolescent drug abuse in Kenya Impact on Reproductive Health, Briefing book by Tony Johnston.

Drugs which usually cause Physiological Dependence:

Type	Common Names in Kenya
Cannabis sativa	Bhang, Marijuana
Nicotine (Tobacco)	Cigars, smokes, drug sticks, Relaxants, cheroots, snuff, kuber, puff, mozo, fegi, gaff, ngale, fags,
Barbiturates	Speed, Downers, Reds
Hallucinogens	Lysergic acid, Blue heaven, Yellow sunshine, Buttons, Cactus, Purple passion, Magic mushrooms, Blotters
Amphetamines	Speed, Bennies, Black beauties, Crosses, Hearts, LA turnaround, Truck drivers, Uppers
Mandrax	Buttons or Smarties, M-pills, Mandies

Source: Adolescent drug abuse in Kenya, Impact on Reproductive Health, Briefing book by Tony Johnston.

Schools can be a risk or protective factor in students' initiation and the continued use of drugs. Inadequate supervision and easy access to drugs in schools, for instance may act as a risk factor for initiation of drug abuse, while drug abuse education offered in schools may increase a child's self-efficacy to resist initiation to drug abuse. The environment is an overriding factor in schools associated with drug abuse among students in Nairobi schools.

Drugs are mostly abused when students are on their way home, during weekends at school, during school outings and school trips, dinner and school competitions. These are times when they are least supervised. It has also been established that friends, their homes, fellow students and kiosks or shops near schools were the major sources of alcohol and drugs used in schools. It has also been established that students are also peddling drugs in schools.¹⁰

1.1.Statement of the Problem

The current trend of drug and substance abuse is worrying especially among school going children. It is evident that over the recent past drug abuse has significantly contributed enormously to increased crime rate and social unrest. Drug consumption and addiction among secondary school students has led to consequently wide destruction of life and property in schools. Many children who push drugs borrow money from their parents to buy other things but end up using the money on drugs. While others use pocket money or forgo food, or even steal money to finance their drugs taking habits. It has been noted that one of the root causes of indiscipline in our secondary schools could be traced to drug and substance abuse. Therefore, an understanding of the factors that place adolescents at risk of drug abuse is critical for the development of effective prevention efforts. For this reason the war against drug and substance

¹⁰ NACADA, *Role of School Environment in Alcohol and Drug Abuse among Students . Evidence from Public Secondary School Students in Nairobi*, pp11, 2011.

abuse should be fought to the bitter end in order to spare our school going children from self-destruction from illicit drugs. We cannot afford to lose the battle because failure to address this problem would lead to destruction of our children and thus the future of this country.

1.2. Research Questions

1. Which drugs are commonly abused in schools?
2. What are the causes of drug abuse among students in schools?
3. What strategies do schools use to address drug abuse?

1.3.Objectives

- a. To determine which drugs are abused in schools
- b. Establish causes of drug abuse among students.
- c. Examine strategies used to manage drug abuse in schools.

1.4.Literature Review

The literature review will be dealing with predisposing factors leading to drug abuse, some of the effects of drug abuse, and the prevention measures which have been put in place to address drug abuse. There is no single explanation for drug use behavior, although many causes have been proposed. While any licit drug is usually consumed or used for some immediate benefit or advantage, it is likely that a combination of several predisposing factors contributes to the illegal and non-medical use of illicit drugs.¹¹

1.4.1 Drug Use and Abuse

Drug consumption that persists despite numerous adverse consequences to both individuals has been of major concern to researchers. There are various explanations on the continuing use and abuse of mind-altering chemicals that appear to produce many problems. Nevertheless, there are

¹¹Carroll Charles R, *Drugs in Modern Society*, WMC Brown Publishers, pp 44, 1985.

various explanations that the factors responsible for beginning non-medical use of drugs are often different from those that produce extended use.¹² Studies on drug taking behavior suggest that complex physical, psychological and social factors lead to or convert non-users into users and those who have been users into frequent abusers.¹³

It is stated that drug use and abuse patterns are among alternative deviant behaviors, adopted in response to intense self-rejecting attitudes, resulting from a history of being unable to forestall or lessen the self devaluing implications of experiences in normative membership groups.¹⁴ It is common knowledge that children of smokers tend to smoke themselves in most cases. If parents drink and take pills to escape personal problems, to feel better or to have a good time their children may grow up to believe that mood modification is the appropriate solution to disappointments and other forms of stress. This relationship between drug taking behavior and that of their children is referred to as modeling¹⁵. This explains why there are many children taking drugs. Although an adolescent's first use of alcohol, cigarettes and marijuana is mainly a social phenomenon with heavy peer-group influence, research demonstrates a striking relationship between parent-child interactions and the use of other illegal drugs. It is concluded that more serious drug involvement is predominantly a family affair, but not necessarily based on parental modeling. Certainly smoking, drinking and taking other drugs make abusers feel they have easy life, reduce tension, anxieties and frustrations and in some intense cases provide an escape from the harsh realities of life.¹⁶

¹² Charles R Carroll, *Drugs in Modern Society*, WMC Brown Publishers, pp 44, 1985.

¹³ Ibid pp 46.

¹⁴ Ibid pp 61.

¹⁵ Ibid pp55.

¹⁶ Ibid pp10.

The diversity and complexity of factors contributing to the initiation and perpetuation of drug use makes its study particularly challenging. Current theoretical discussions of drug abuse development are based on environmental, social learning, cognitive, affective and psychological arena as well as on integration of these arenas.¹⁷

The theory of social learning is based on the idea that adolescents acquire their beliefs about anti-social behavior from their role models, especially people close to them. The theory assumes that substance specific cognitions are the strongest indicators of adolescent early substance use. Specifically, social learning theory asserts that an adolescent's involvement with substance abuse is likely to have three consequential effects, beginning with observation and imitation of substance specific behaviors, followed by social reinforcement (encouragement and support) for early substance use and culminating into an adolescent's positive social and psychological consequence for future early substance use. Secondary indications in the environment including not only physical aspects of the environment but also the addicts' life style are associated with the primary stimuli of the addict's drug experience.¹⁸

Individual attitudes and beliefs are related to substance use and delinquency. Generally, a constellation of attitudes and beliefs indicating a social bond between the individual and conventional society has been shown to inhibit both delinquency and drug use. The elements of this bond that are most consistently inversely related to drug use and delinquency are attachment

¹⁷ Steven Sussman, Susan L. Ames: *The Social Psychology of Drug Abuse*, University Press, pp 5, 2001.

¹⁸ *Drug and Substance Abuse in Tertiary Institutions in Kenya*, NACADA, pp 11, 2006.

to parents, commitment to school and education, frequent involvement in church activities, and belief in the generalized expectations, norms, and values of society¹⁹.

Conversely, alienation from the dominant values of society and rebelliousness has been shown to be positively related to drug use and delinquent behavior. Similarly, high tolerance of deviance, resistance to traditional authority, and a strong need for independence have all been linked with drug use. All of these qualities would appear to characterize youths who are not socially bonded to society. Community values and norms affect rates of adolescent drug use as well. At the same time community disorganization may weaken or counteract the ability of units such as families and schools to limit adolescent drug use,²⁰

The average ages of students who consume alcohol for the first time and those who use illicit drugs for the first time in the US are twelve and thirteen years respectively. Well over one-half of America high school students have used an illicit drug and over one third have used an illicit drug other than marijuana, nearly one in six students have tested cocaine. High school girls come close to the level of boys in their use of alcohol, marijuana and cocaine. Close to one-half of 4th through 6th grades report pressure from other students to use alcohol and over one fourth of these children say there is pressure to consume cocaine.²¹

America has had a serious problem with illicit drugs that is very complicated and has several interrelated aspects. As a public health problem, the use of illicit drugs exacts high costs in

¹⁹ *Delinquency and Drug Abuse: Implications for Social Services*: J. David Hawkins, Jeffrey M. Jenson, Richard F. Catalano, Denise M. Lishner Reviewed work(s): Source: *Social Service Review*, Vol. 62, No. 2: The University of Chicago Press, pp264, (June 1988).

²⁰ *Delinquency and Drug Abuse: Implications for Social Services*: J. David Hawkins, Jeffrey M. Jenson, Richard F. Catalano, Denise M. Lishner Reviewed work(s): Source: *Social Service Review*, Vol. 62, No. 2: The University of Chicago Press, pp264, (June 1988).

²¹ Thomas Milhorn, *Drug and Alcohol Abuse: The Authoritative Guide for Parents, Teachers and Counselors*, Perseus Books, pp 3, 1994.

revenue for treatment and in reduced quality of individual and family life. As a problem of law enforcement, drug use demands ever-higher costs through arrests, prosecution and jailing, not to mention the costs of trying to foil the importation of drugs. As a political problem, illicit drug use and people's fears about drugs have made it risky in the extreme for politicians to go beyond recommending changes in laws even to suggest a general tempering of hard-line war on drugs. And as a general social problem, illicit drug use is connected with uncountable costs in broken homes, deteriorating neighborhoods and failing schools.²²

Despite some leveling off of the use of marijuana by America's youth since 1978, abuse of alcohol and other drugs has continued at epidemic proportions. Congress increased funding for drug abuse prevention, and many social workers are likely to be involved in the design of family, school, and peer-oriented prevention projects. In light of renewed congressional support for drug abuse prevention, many human service professionals are likely to be involved in the development of innovative programs to reduce drug consumption among America's youth and young adults. If these programs are to represent a coherent attack on the problem of drug misuse, they should be guided by the latest research. Recent studies indicate that drug consumption is a complex problem associated with family, school, and peer social conditions.²³

Simple demographic explanatory perspectives have not proved as useful as broader frameworks in describing drug misuse. It appears, for example, that early childhood use of tobacco and alcohol and other conventional drugs is weakly associated with subsequent use of illegal substances. Most youths who regularly use tobacco and alcohol do not go on to use marijuana, hallucinogens, amphetamines, cocaine, and heroin. Drug abuse is a multistage phenomenon, and

²² Theodore R Vallance, *Prohibitions Second Failure: The Quest for a Rational and Humane Drug Policy*. Praeger, pp 1, 1993.

²³ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3: The University of Chicago Press, pp. 434, September 1984.

the predictors of initial use of tobacco and alcohol differ from those of subsequent use of stimulants, depressants, and the like. Higher levels of involvement are associated with higher risks of progression to the use of stronger drugs. In the etiology of drug abuse, the consumption of conventional drugs and marijuana appears to act as a threshold beyond which most youth do not pass. For these "straight" youth, even if they use conventional drugs, family, school, and peer-group variables appear to prevent problems of drug dependence. Consequently, if drug abuse is to be prevented, the social conditions that appear to preclude various types of drug misuse may offer guidance in designing prevention interventions.²⁴

The assumption that the home environment influences the behavior of youths is widely accepted. In the 1960s and early 1970s, abusers of heroin who came to the attention of law enforcement and rehabilitation agencies had often been "raised and still resided in the inner city core areas close to their drug sources, in an environment characterized by economic deprivation and family instability." But while experts agree that family life is an important factor in precluding or promoting drug abuse, they disagree on the way in which it influences behavior. Some have argued that poor parent-child attachments lead to a lack of commitment to conventional activities, and that this is sufficient to produce conditions fostering use.' According to this perspective, programs that produce parent-child bonds of attachment would appear likely to reduce drug misuse. In contrast, Sutherland and Cressey have argued that drug abuse is learned; that lack of attachment leads to abuse only when peers or parents provide models of illicit behaviors.²⁵

²⁴ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3: The University of Chicago Press, pp. 435, September 1984.

²⁵ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3: The University of Chicago Press, pp 435, September 1984.

The quality of family life is related to drug consumption, while others argue that family relationships are significant only in the presence of prodrug values. Followers of the former perspective assert that inadequate bonding alone is a sufficient cause of drug abuse. The lack of a stake in conformity and commitment to conventional lines of action leave youths vulnerable to group and situational inducements. From this point of view outright subscription to prodrug values is not necessary because drug misuse arises naturally in the absence of family, school, and peer-group social controls. Family life has a direct effect on the behavior of young children and an increasingly derivative effect on the behavior of adolescents and young adults. In general, the family relationships of high and low drug users are quite different.²⁶

Family life has a direct effect on the behavior of young children and an increasingly derivative effect on the behavior of adolescents and young adults. In general, the family relationships of high and low drug users are quite different. In her survey of New York State high school students, their best friends, and their parents, Denise Kandel reported that drug use by peers exerted a greater influence on adolescent marijuana use than parental use of drugs. She also found that "parents and best friends both have an independent effect on use." Tim Brennan et al. reported that the families of youths who regularly use alcohol, tobacco, marijuana, and other illicit drugs were characterized by greater normlessness and disaffection. Youths tended to feel isolated in their families and labeled as bad or sick. Moreover, youths were less involved in family activities and less committed to family aspirations. Parents of children in high drug-using

²⁶ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3: The University of Chicago Press, pp436, September 1984.

groups did not appear to disapprove of delinquent behavior as strongly as parents of youths who used no or few drugs.²⁷

Caring and involvement in home life appear to reduce the odds of drug abuse. Studies have found that age, parent-child attachment, and consistent discipline at home are more important. This suggests that qualitative aspects of family life are better predictors of social adjustment than marital status, number of divorces, or the notion of "broken home." Gary Jensen reported that when peer involvement and beliefs about drug use were controlled, the relationship between parental supervision and delinquency did not diminish." Irrespective of the presence of prodrug values, the child who is disaffected from his parents and whose parents (or parent) lack the means to provide consistent discipline appears more likely to abuse drugs when compared to a child from a home environment characterized by affection, supervision, and support.²⁸

Severe family alienation and deprivation may make it more likely that a youth will proceed beyond the tobacco and alcohol threshold. Stress at home and limited family involvement appear to reduce the social control capacity of the family. Youths with poor home support may be more likely to associate with peers who use drugs and who engage in delinquency. These youths' dissatisfaction and poor social adjustment lead them to life-styles in which drug use is accepted. For less deviant drug abuse, the use of tobacco and alcohol, family influences such as parental role modeling may also act as background factors since many youths who smoke and drink come from families in which there are bonds to parents who smoke and drink. While parents may disapprove of their child's use of drugs, parental use of alcohol, tranquilizers, sedatives, and

²⁷ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3, The University of Chicago Press, pp. 436, September 1984.

²⁸ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3, The University of Chicago Press, pp. 436, September 1984.

tobacco provides standards for adult behavior that children may want to imitate. Parents' use of drugs and children's use of drugs were highly correlated and merely reflective of society's acceptance of certain mood-altering substances. If so, and this perspective has been supported in other studies, prevention programs have a difficult task. They must counter conforming values learned in the home and reinforced in the peer group²⁹.

While some view drug misuse as conformist behavior, family therapists often conceive of it as symptomatic of conflict in the social environment. Many view abuse of illicit drugs as a product of a dysfunctional family system: "heroin addicts are enmeshed with their parents or parental surrogates in alliances across generational lines and in reversals of hierarchal organization of their families that, clinically, appear to perpetuate the addictive behavior. Addiction, from this point of view, is interpreted as protective behavior that functions to restore homeostasis in the family system by diverting attention from a primary dysfunction (often in the marital dyad) to a crisis induced by a family member's drug use."³⁰

School norms and the degree to which students subscribe to them have also been associated with drug misuse. High drug users tend to place less importance on telling the truth to teachers, taking tests without cheating, doing their own schoolwork, and complying with school rules. In comparison to students who use no drugs, students who use illicit drugs appear to be significantly less committed to school norms, academic achievement, and participation in athletics or activities. Lack of success in school also appears to lead to being labeled by friends and teachers as bad and sick. There is some evidence that delinquency and drug abuse are

²⁹ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3, The University of Chicago Press, pp. 437, September 1984.

³⁰ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3, The University of Chicago Press, pp. 437, September 1984.

associated with school size and student/teacher ratios. Schools with more than 500 students and high student/teacher ratios appear to have higher rates of vandalism, delinquency, and drug violations. Reports of this nature often do not control for academic achievement and are subject to ecological fallacy. Nonetheless, it seems likely that organizational level variables affect youths' behaviors. To date, no study has incorporated contextual factors with individual characteristics in a quantitative investigation of drug misuse.³¹

Though it is well documented that drug abusers do poorly in school, the extent to which educational expectations and achievement actually predict abusive behavior has not been established. Many experts agree that the school setting tests a child's ability to cope and relate in an intellectual environment that is different from the family. The school is the child's first proving-ground outside the home. It supplies the first proof of his adaptability and capacity for socialization in a theatre of action in which there are strict rules enforced by non-parental authority. Outside the familiar home atmosphere, the child is forced to face reality and prove his capacity to sink or swim.³²

There is a growing body of evidence that suggests that drug use is both socially induced and socially controlled by the peer group. Recent research describes drug use as largely a phenomenon "that depends entirely on the nature of one's social network of friends. Many investigators disagree, however, arguing that family and school factors create controls that mediate peer influence by increasing or decreasing the odds of involvement in a drug-using subculture. The most salient point about peer involvement and the one that elicits broad-scale

³¹ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3, The University of Chicago Press, pp. 440, September 1984.

³² *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3, The University of Chicago Press, pp. 440, September 1984.

agreement is that drug misuse is positively associated with attachment to peers who misuse drugs. Peer influence; provide opportunities to purchase drugs, inducements to use drugs, and rewards for subscribing to drug abuse. There is probably no type of drug abuse that is totally independent of family, school, or peer influences, although the proportional influence of interactions in each of these spheres may vary.³³

What was once called the America problem disease is fast becoming a global habit by all indications, the market for illicit drugs is expanding inexorably around the world. Simply put, more kinds of drugs are becoming more available in more places than ever before. Indeed there are few if any, countries that have not registered growing concern about the expansion of the drug trade in recent years. The rising apprehension felt around the world, however, stems from the changing character of the problem as much as from its increasing dimensions. The drug trade has ceased to be a marginal area of criminal activity and has now become a major global enterprise controlled by formidable interests that threaten much more than the health of those who consume psychoactive substances. Moreover there are good reasons to fear that the global market for drugs will continue to expand in the foreseeable future, with potentially serious consequences for many countries and communities around the world.³⁴

On the basis of what is understood about current trends and the broad social, political and economic factors that appear likely to affect the incentives and opportunities to produce, traffic

³³ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3: The University of Chicago Press, pp. 441, September 1984.

³⁴ Paul B Stares, *Global Habit: The Drug Problem in a Borderless World*. Brookings Institution, pp 1, 1996.

and consume psychoactive substances around the world, the global drug market looks poised to expand. In some countries the growth could be considerable.³⁵

First there has been a growing recognition that youth's participation in crime is closely related to their substance abuse. Secondly, youth crime, particularly violent crime has been increasing among adolescents in recent years; much of these increases can be traced to youth involvement in drug trafficking activities. Third recent evidence from National Surveys indicate an increase in substance abuse among young people, of particular concern is an increase in substance use among young adolescents, with its threats of another drug epidemic among these youths in the next ten years.³⁶

Early antisocial behavior appears to predict initiation of drug use. This is important because early initiation of drug use increases the risk of drug abuse. There is also evidence that an early start in drug use increases the probability of involvement in crime. The early initiation of antisocial behavior, including drug use, appears to be common in youths who will engage in multiple forms of antisocial behavior during adolescence. Children whose parents or siblings engage in crime or drug use are themselves at greater risk for these behaviors.³⁷

Likewise, parental alcoholism and the use of illicit drugs by parents and siblings increase the risk of alcoholism and drug abuse in children. Parent and family modeling of drug use positively influences children's expectations to use drugs as well as their actual drug use. Children raised in families with lax supervision, excessively severe or inconsistent disciplinary practices, and little

³⁵ Ibid pp 80.

³⁶ Robert T Ammeiman, Peggy J O H, Ralph E Tarter: *Prevention and Societal Impact of Drug and Alcohol Abuse*. Lawrence Erlbaum Associates, pp 185, 1999.

³⁷ *Delinquency and Drug Abuse: Implications for Social Services*: J. David Hawkins, Jeffrey M. Jenson, Richard F. Catalano, Denise M. Lishner Reviewed work(s): Source: *Social Service Review*, Vol. 62, No. 2: The University of Chicago Press, pp. 261, June 1988.

communication and involvement between parents and children are at greater risk for later delinquency and frequent drug use in adolescence. Conversely, positive family relationships appear to discourage youths' initiation of drug use.³⁸

The social learning approach can be used to analyze various internal and external forces, motivational, attitudes and influences of individuals and institutions in the use and abuse of psychoactive drugs. Predisposing factors in the use of and abuse of drugs collectively contribute to drug taking behavior and include the existing knowledge base of individuals, beliefs, attitudes and those human characteristics that make them particularly susceptible or inclined in advance to use and abuse of drugs.³⁹ But the problem is that despite the quarter century experience with school based programs aimed at sexual and drug or alcohol related behavior disappointingly little is known about what works, what doesn't and why.⁴⁰

Another very important issue related to students who use drugs is the age of initiation. The United States is the country with the most active prohibition model of drug control. Starting to experiment with drugs a year or two later than the average can save many young people the misery of addiction and save society both human resource and the money that would be spent to deal with addict over his or her life time.⁴¹

³⁸ *Delinquency and Drug Abuse: Implications for Social Services*: J. David Hawkins, Jeffrey M. Jenson, Richard F. Catalano, Denise M. Lishner Reviewed work(s): Source: Social Service Review, Vol. 62, No. 2: The University of Chicago Press, pp. 260 June 1988.

³⁹ Charles Carroll, *Drugs in Modern Society*, WCM Brown Publishers, pp 44, 1985.

⁴⁰ Peter Reuter, Michael Timpane, E Minal, Kimmer Ling, Melissa A Bradley, David L KirpAoron, Good D, Paul Sendu, Lawrence Sherman, Jackson Toby, *Options for Restructuring Safe and Drug Free Schools and Communities Act*, Santa Monica, pp 80, 2001.

⁴¹ Ibid pp 19.

1.4.2 Effects of Drug Abuse

Among the major consequences of alcohol and drug abuse in Kenya include; family breakdown, crime, domestic violence, lack of productivity and increased burden of health problems including HIV and AIDS. Early age of initiation into alcohol use during adolescence has also been associated with greater risk for alcohol dependence in adulthood. This means that a better understanding of the predictions of adolescent alcohol use is necessary for the advancement of prevention and intervention programming.⁴²

During the time of adolescence, physical and psychological growth undergoes significant development and hormonal changes accelerate sexual maturation. As a result of these rapidly changing states, adolescents tend to feel awkward and insecure. They feel inadequate about their appearance and popularity. Adolescence for many is a time of frustration, anger and rebellion. Peer affiliation and desire for peer acceptance are hallmarks of adolescence. They feel the need for acceptance, praise and approval by their parents are more profound than in any other stage of life. They tend to experiment with extremes of values and behaviors and are often, confused and scared.⁴³

In Kenya, individuals are introduced to drugs at a tender age. As the habit gains root in them, a big dent occurs in their lives. This includes collapsed families and parents, who ignore their responsibility as role models of their children, contributing to drug abuse. Other social economic factors are also critical. It is also imperative to note that the country has experienced an information technology explosion in recent years, a development that has had both positive and negative effect on youth. On the other hand, the medium for promoting legal drugs, such as

⁴² Ibid pp 9.

⁴³ Thomas H Milhorn, *Drug and Alcohol Abuse, the Authoritative Guide for Parents, Teachers and Councilors*. Persues Books, Cambridge, pp 45. 1994.

alcohol have been so explicit that young people are made vulnerable. A weak justice system, corruption and collusion by law enforcement officials have undermined the war against drug abuse.⁴⁴

A study was carried out to identify variables related to five types of student behavior: misbehavior, violent behavior, substance abuse, preparedness for class, and classroom behavior. It was found that, while variables not under school control (such as students' family background, school control, and grade span) are important predictors of student behavior, some school practices and policies are also significantly associated with student behavior. Specifically, schools with high-achieving and interested students; drug/alcohol-free environments; disciplined, structured environments; positive climates; and involved parents have fewer behavior problems. School administrators and teachers are not alone in their concern over student misbehavior; the 1990 Annual Poll of the Public's Attitudes Toward the Public Schools (as well as many prior such polls) revealed that American adults give the highest priority to the goal of freeing every school in America from drugs and offering a disciplined environment conducive to learning.⁴⁵

Studies have found that schools in large or urban communities have higher rates of aggression, drug sales, robberies, and vandalism; National Institute of Education (NIE, 1978). However, DiPrete and Peng (1981) reported that greater misbehavior in urban schools was not consistent across behaviors and was usually not significant when the effects of other school and student variables were controlled. Gottfredson and Gottfredson (1985) found greater violence in schools

⁴⁴Thomas H Milhorn, *Drug and Alcohol Abuse, the Authoritative Guide for Parents, Teachers and Councilors*. Persues Books, Cambridge, Perseus Book, pp 25, 1994.

⁴⁵ *Variables Predicting Students' Problem Behaviors*: Nancy L. Weishew and Samuel S. Peng Reviewed work(s): Source: *The Journal of Educational Research*, Vol. 87, No. 1: Taylor & Francis, Ltd, pp 5, (September - October 1993).

in which the surrounding communities had high rates of poverty, unemployment, crime, female-headed families, and little education.⁴⁶

Few studies have examined many different policies and practices of schools with different community, family, and student characteristics to determine the relationship between these variables and a variety of student behaviors. In addition, many studies have had small samples and inconsistent results. In this study, it will provide further insight into the potential causes of student problem behavior and to identify community, family, student, and school variables with particular emphasis on school policies and practices related to types of student behavior (misbehavior, violent behavior, and substance abuse) in schools⁴⁷.

1.4.3 Measures and Mechanism that States Use to Combat Drug Abuse

During a 1997 Conference (Palestinian and Israel people against substance abuse) that was convened to discuss drug problem, it was stated that “prevention is the key, the only approach which offers genuine hope of reducing the number of drug addicts in Gaza and the West Bank in the future”. The first, goal is to create the conditions in society where people will choose not to use illicit drugs. The second is to reduce and eventually to eliminate the supply of drugs in Gaza and the West Bank since most of it if not most of all illicit drugs originate from outside the area. Palestinians have to establish regional, national and international cooperation in order to eliminate the supply of and trafficking in illicit drugs.

⁴⁶ *Variables Predicting Students' Problem Behaviors*: Nancy L. Weishew and Samuel S. Peng Reviewed work(s): Source: *The Journal of Educational Research*, Vol. 87, No. 1: Taylor & Francis, Ltd. pp. 5, (September - October 1993).

⁴⁷ *Variables Predicting Students' Problem Behaviors*: Nancy L. Weishew and Samuel S. Peng Reviewed work(s): Source: *The Journal of Educational Research*, Vol. 87, No. 1: Taylor & Francis, Ltd. pp. 6, (September - October 1993).

Thirdly the Palestinian authority has adopted a program with regard to drug prevention. The program aims to heighten public awareness; to provide support against drug abuse at home, the community, and the work place, to reduce drug related crime and to establish a forensic laboratory for the detection of drug abuse.⁴⁸ Operatives and supporters of Hezbollah are accused of being deeply involved in drug trafficking, smuggling and money laundering throughout South America and Africa. Colombian authorities, working with its intelligence and anti-drug officials in 2008 announced the arrests of members of cocaine smuggling ring that trafficked drugs by air from Colombia and Brazil through way-stations in West Africa states, before sending the cargo on to Europe and the Middle East. In south America, businesses run by members of sizeable Shiite communities in Colombia, Venezuela, Paraguay, Brazil, Argentina and other countries often serve as cover for Hezbollah fundraising cells. With more than 12 million ethnic Lebanese living abroad, the Diaspora offers the group opportunities for fundraising and cover for operational cells in South America and Africa.⁴⁹

The East African Community protocol on combating illicit drug trafficking in East Africa has contributed to enhanced cooperation in criminal and intelligence matters among the drug control units of Kenya, Uganda and Tanzania. At the second meeting of heads of National Drug Regulatory Authorities from countries in East Africa, held in Nairobi, Kenya in June 2002, effective policies for the control of illicit drugs were reviewed. The board notes the progress made in regulatory control in some countries in other sub-regions of Africa and requested others to consider similar initiatives. Progress was also made in the development of the East African Drug Information System to be used for collecting reliable and comparable drug abuse

⁴⁸ Richard Isralowitz, Mohammed Afifi, Richard Rawson, *Drug Problems: Cross-Cultural Policy and Program Development*. Auburn Hoose, Westport CT, pp 44, 2002.

⁴⁹ *Africa Defence Forum Magazine*, Volume No 2, pp 45, 2009.

throughout East Africa, with a view to developing demand reduction programmes in the sub-region.⁵⁰

The best harm reduction model is found in the Netherlands, although all countries use some combination of these drug control strategies. The harm reduction model has the best record to date. While harm reduction model as it is used in Netherlands, does not view abstinence as a necessary goal, it supports the idea. Outcomes that can be expected from a harm reduction model, compared to nations that use a prohibition model would include drug initiation occurring later in age.⁵¹ In Peru there is steady upward trend in coca cultivation even though the government has continued to combat it. Output is rising, in fact in Apurimac and ENE Valleys which are home to part of the remnants of the Maoist Shining Path Guerrillas, who terrorized Peru in the 1980s and 1990s. In the Huallaga Valley further north the government has pressed ahead with forced eradication but in the Apurimac and ENE it feared social unrest.⁵²

Cultivation has also risen in Bolivia, but not by much despite the government's expulsion of Americas Drug Enforcement Administration whose agents it accused of meddling. Bolivia's President Eva Morales, who doubles as the leader of the coca-growers union insisted that he is opposed to cocaine, though not to coca which is traditionally chewed by Andean.⁵³ Guinea Bissau, where even the first family was involved in drug trade is not an isolated case. Drug cartels from South America have moved into West Africa, establishing themselves all over the region and opening up a new route for transporting cocaine from the plantations of Colombia, Peru and Bolivia to the consumers of Europe, particularly Britain and Spain. Guinea is just one

⁵⁰ *International Narcotics Control Board, Report*, pp 32, 2002.

⁵¹ Mary E Dillion and Douglas Rugh, *Substance Abuse: A Global View*, Greenwood Press, pp 8, 2002.

⁵² *The Economist Magazine*, pp 61, June 27th- July 3rd 2009.

⁵³ *The Economist Magazine*, pp 62, June 27th 3rd July 2009.

of more dozen countries in the region in varying states of disarray and poverty; many even emerging from years of bloody civil war fought over control of blood diamonds and other resources.⁵⁴

Cocaine use is on the increase worldwide. In Europe, the number of users had tripled over the past decade; four million Europeans use it. Europe's cocaine boom attracts the South American cartels that control the global trade. In recent years, effective patrolling of traditional trans-Caribbean and trans-Atlantic smuggling routes has forced the cartels to seek out new path, which is where West Africa comes in. The cartels work with local officials and criminal gangs. Some consignments are headed for corrupt armies, customs and police forces. The stark value of drugs transported through West Africa draws entire economies and corrupts security forces and politicians. The unlimited cash at the gang's disposal risks toppling weak states in West Africa as expressed by Human Rights Watch. The threat is not limited to West Africa, in its latest annual report, the International Narcotics Control Board called East Africa a major conduit for heroin from south west Asia.⁵⁵

The head of the UN Office on Drugs and Crime or UNODC has warned West African government ministers of the corruptive power of drug trafficking saying it perverts weak economies and compromises political elites. UNODC Executive Director, Antonio Costa told participants at a ministerial conference in Cape Verde in October 2008 that drug trafficking threatens public health and security. Based on data from the Interpol, the UN estimates that about 50 tons of cocaine worth \$1.8 billion is trafficked through West Africa to Europe annually. UNODC links this traffic to an increase in violence, smuggling of small arms and a steady

⁵⁴ *Africa Defence Forum Magazine*, Volume 2, No 3, pp 18, 2009.

⁵⁵ *Ibid* pp 19.

growth in crime and perception of corruption in affected West Africa countries. Since 2004, most of the drugs entered West Africa through Guinea Bissau or near Ghana by sea, or were seized in Senegal, Nigeria, Mali and Guinea on commercial flights, according to the UN report, drug trafficking is a Security threat in West Africa.⁵⁶

Kenya has been able to prohibit or to control drug use and abuse through various regulations. Laws stating against drug abuse include and not limited to; the Narcotics Drugs and Psychotropic Substances (Control) Act, Act No.12 of 1994. The Children's Act Cap 586 Laws of Kenya which among other things says that inducing a child to take drugs or sale of drugs to a child is an offence. A child is anyone under the age of 18 years. Penal Code Cap 63 Laws of Kenya. The Pharmacy and Poison Act Cap 244 Laws of Kenya regulates certain classes of drugs and criminalizes trade in certain drugs. The Constitution of Kenya on human rights, drug abuse infringes on these rights where one is drugged by others for whatever purpose. The Criminal Procedure Code Cap 75 Laws of Kenya.⁵⁷ Last but not least the Alcoholic Drinks Control Act 2010 regulates on manufacture sale and consumption of alcohol.

Kenya Gazette Supplement Act, 2010, Section 24 (1) and (2) states that no person holding a license to manufacture, store or consume alcoholic drinks under the act shall allow a person under the age of 18 years to enter or gain access to the area in which the alcoholic drink is manufactured, stored or consumed. Any person who contravenes the provisions of sub section (1) commits an offence.⁵⁸

⁵⁶ *Africa Defence Forum Magazine Volume 2, No 3, pp 20, 2009.*

⁵⁷ *National Campaign Against Drug Abuse. Frequently asked questions on drugs and substance Abuse, pp36, 2006.*

⁵⁸ *Kenya Gazette Supplement Acts, pp93, 2010.*

The government of Kenya has recognized the threat posed by alcohol and drug abuse and has sought to enact a legal and institutional framework within which the problem can be fought. In 2007, parliament ratified the formation of the National Campaign Against Drug Abuse Authority (NACADA) with mandate to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the menace of alcohol and drug abuse in Kenya. Among the major objectives of the agency in executing its mandate is to research on various aspect of alcohol and drug abuse and chemical dependence. This was done in order to assemble policy and program as well as relevant data, which is sufficient enough to guide interventions in fighting the menace of drugs in the country.⁵⁹

Alcohol substance and drug abuse among children, especially urban adolescents is not only a risky behavior in the era of HIV/AIDS but also a potential source of security threat to a growing city like Nairobi. To be effective in prevention and management of Alcohol and Drug Abuse among their children, parents should have the necessary, knowledge and skills to do so.⁶⁰The abuse of drugs in Kenya is escalating rapidly from alcohol and cigarettes to the more dangerous drugs such as marijuana, cocaine and heroin among other drugs. In addition, there are marked changes in the demographic profile of user's like women and youth are increasingly initiating using drugs.

According to a study by NACADA, 8 percent of 10-14 year olds have used some alcohol at least once in their life and about 13 percent of them have ever used other drugs or substances such as cigarettes. The same study found out that close to 40 percent of adults aged between 15-65 years have used one type of alcoholic beverage or another in their lifetime with huge variations in the

⁵⁹ National Campaign Against Drug Abuse Authority, *The Role of Parents in Preventions and Control of Alcohol and Drug Abuse Among their Children in Nairobi*, pp 19, 2009.

⁶⁰ Ibid pp 23.

types and the rate of consumption across regions, rural-urban residence, age, gender, education level, religion and economic status. At least 13 percent of pupils aged 15 to 65 years from all provinces in Kenya except North Eastern were consumers of alcohol (NACADA, 2007).⁶¹

Drug use by high school students continues to be a widespread phenomenon. Approximately 27% of high school seniors report current use of drugs, and well over half indicate having used an illicit drug at least once. Although many school-based drug abuse prevention programs have been implemented, little empirical evidence exists to document their effectiveness. Clearly, adolescent drug abuse remains an immense challenge to those concerned school professionals who must continue to confront it. A variety of roles are assumed by school professionals in the prevention of substance abuse. School counselors are often responsible for prevention programs, and to the extent that they are generally expected to develop and maintain positive working relationships with students, parents, teachers, school administrators, and relevant community and social agencies.⁶²

1.5. Definition of Key Terms

Drug - Are substances that by their chemical nature can change the way the body functions and the way people think, feel and act.

Psychotropic Drugs/Psychoactive/Mind-altering Drug - Is a chemical substance that changes one's thinking, feeling, perceptions and behavior. This affects one as a result of the drugs action on the human brain.

⁶¹ Ibid pp 9.

⁶² *To Whom Would Adolescents Turn with Drug Problems? Implications for School Professionals:* Judith L. Naginey and John D. Swisher Reviewed work(s):Source: *The High School Journal*, Vol. 73, No. 2 : University of North Carolina Press, pp. 80, (December 1989 - January 1990).

Drug Abuse – This involves the use of a drug for non-medical reasons or use for the wrong reasons. It is sometimes referred to as substance or chemical abuse, drug abuse is the deliberate or unintentional use of chemical substances usually for reasons other than legitimate medical purposes that results in any degree of physical, mental, emotional or social impairment of the user, the user's family or society in general.

Alcohol – this is a widely used drug obtained by fermentation of carbohydrates using yeast. The active form of alcohol is ethanol.

Cannabis Sativa – this is the scientific name for marijuana (bhang), a plant which produces a psychoactive effect.

Cocaine – it is a white crystalline alkaloid, which acts as a local anesthetic and is a dangerous illegal stimulant.

Drug Addiction – is the continued *use* of a mood altering *substance* or behavior despite adverse dependency effects or neurological impairment leading to such behaviors.

Hashish – a drug made by taking the resin from the stalk, leaves and flowers of the marijuana plant and pressing it into cakes.

Heroin – a semi synthetic derivative produced by the chemical modification of morphine.

Illicit drug – any drug whose sale, use or purchase is generally prohibited by law and for which violators are subject to criminal penalties

Inhalant – a gaseous chemical or substance that, when inhaled into the lungs, produces a psychoactive or mind altering condition that may be anesthetic in its effect or cause a slowing down of body functions.

Lysergic Acid Diethylamide (LSD) – a drug manufactured from lysergic acid which is found in ergot, a fungus that grows on rye and other grains.

Marijuana – the drug made up of a mixture of crushed leaves, flowers and small branches of both male and female cannabis plants.

Morphine – a derivative of opium which has a depressing effect on the central nervous system.

Narcotic – medically, this is a drug that produces sleep or stupor and also relieves pain. Legally narcotic is any drug regulated under the Dangerous Drug Act and can only be obtained with a doctor's prescription.

Opium – an opiate derivative obtained from the juice of the opium poppy.

Stimulant – any drug that acts upon the central nervous system to produce an excited alert and wakeful state.

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

Prodrug-An inactive precursor of a drug, converted into its active form in the body by normal metabolic processes. A Prodrug must undergo chemical conversion by metabolic processes before becoming an active pharmacological agent. It is not active in its ingested form. It has to be broken down by bacteria in the colon into two products - 5-aminosalicylic acid (5ASA) and sulfa pyridine before becoming active as a drug. It is a biologically inactive compound which can be metabolized in the body to produce a drug.

1.6. Justification

This study will be undertaken to establish the extent of drug abuse in schools in order for the Ministry of Education and Government at large to be informed on dynamics of drug abuse in schools. The current study is useful as the world has become a global village hence there could be other emerging substances of abuse in schools which authorities need to know. The rationale for this study is based on the assumption that strategies used to address drug abuse in schools are ineffective, and that a comprehensive model is required to effectively deal with the problem among students in schools in Kenya

New findings from the study will help head teachers of schools and policy makers to be able to review existing policies or formulate new ones to meet the current challenges. The study will come up with strong recommendations on the way forward and possibly areas of further research. It has been found that various methods have been used to manage drug and substance abuse in schools but the problem persists hence this study will be able to find out the gaps and come up with strategies to bridge the gaps.

1.7. Hypotheses

1. Drug abuse is common in day schools than in boarding schools.
2. There are several factors which make students abuse drugs.
3. Methods used to address drug abuse in school have not been adequate.

1.8. Methodology

The study focused on gaining insight into the strategies used in addressing drug and substance abuse in secondary schools, the main causes of drug abuse and the drugs commonly abused by

secondary schools students. The study used primary data collected through available materials, journals, books, and policy documents from Government departments. Example of some of the journals used are; *The Journal of Educational Research, Vol. 87, No. 1:* by Taylor & Francis , *Family, School, and Peer Correlates of Adolescent Drug Abuse:* by Mark Fraser, *Service Review, Vol. 58, No. 3, Social Service Review, Vol. 62, No. 2, The Journal of Educational Research, Vol. 87, No. 1:* Taylor & Francis, *The High School Journal, Vol. 73, No. 2, Drug Tolerance, Drug Addiction, and Drug Anticipation:* Shepard Siegel Reviewed work(s):Source: *Current Directions in Psychological Science, Vol. 14, No. 6* , Sage Publications, Inc. on behalf of Association for Psychological Science, Dec 2005, *Journal of Drug Issues, Vol. 37, Issue 3, Journal of Marriage and Family, Vol. 52, No. 1* Published by: National Council on Family Relations Stable, Feb, 1990 , *Developing Family Relationship Skills to Prevent Substance Abuse among High-Risk Youth:* Thomas R. Lee and H. Wallace Goddard Reviewed work(s): *Family Relations, Vol. 38, No. 3,* National Council on Family Relations, 1989, *The Journal of Primary Prevention, Vol.23, No.3, 2003* and *The High Scholl Journal, Vol. 73, No 2.*

Some of the books used include; *Drugs in Modern Society* by Carroll Charles R, Paul B Stares, *Global Habit: The Drug Problem in a Borderless World* , Brookings Institution's, 1996, *Substance Abuse: A Global View* by Dillion Mary E, Cherry Andrew and Douglas Rugh, Dan J Lettieri, Mollie Sayers, Hellen Wallenstein Pearson, *Theories of Drug Abuse Selected Contemporary Perspective NIDA Research Monograph 30,* Adrian Barton, *Illicit drugs: Use and Control,* Routledge,2003 and La Mond Tullis, *Unintended Consequences: Illegal Drugs and Drug Policies in Nine countries,* Lynne Reinner, 1995.

Some of the government documents used include those from the National Agency Against Drug Abuse Authority and various Acts of Parliament and policy papers such as: NACADA,

Promotion of Evidence Based Campaign, National Alcoholic and Drug Abuse, Research Workshop 2011, Report, NACADA, Alcohol and Drug Abuse in Kenya, Final National Baseline Survey on Substance Abuse in Kenya, Government printer, 2004, NACADA, Alcohol and Drug Abuse in Kenya, Government Printer, 2008, and Relationships between School Drug Searches and Student Substance Use in U.S. Schools: Ryoko Yamaguchi, Patrick M. O'Malley, Lloyd D. Johnston Reviewed work(s): *Educational Evaluation and Policy Analysis, Vol. 26, No. 4* , American Educational Research Association Stable, 2004, and *The Kenya Gazette Supplements Act, 2010* and *The Alcoholic Drinks Control Act, 2010*. The reading materials provided useful information to this study. Nairobi area was chosen because it is cosmopolitan and represents students of all backgrounds.

The objective of the study was achieved through extensive literature review. Primary data obtained from various sources was interpreted, classified and categorized according to the research objectives.

1.9.Theoretical Framework

Lukoff Irving F, in his theory on sociology of drug abuse says that, sociology has contributed to the understanding of substance abuse, particularly the illicit substances proscribed by society. He says initiation of substance abuse depends on availability, behavior and attitudes regarding drug use, of the role models and significant others, beliefs and expectations regarding the immediate and longer term advantages and disadvantages of use and on personality characteristics that facilitate or inhibit use.⁶³

⁶³ Dan J Lettieri, Mollie Sayers, Hellen Wallenstein Pearson, *Theories of Drug Abuse Selected Contemporary Perspective NIDA Research Monograph 30*, National Institute on Drug Abuse, Rockville Maryland, pp 201, March 1980.

The causes of the rapid escalation of drug abuse are located in the forces that influence the declining legitimacy of conventional norms and values and agents of social control on the one hand, and in the structural forces that increase the opportunities for younger people to operate with greater freedom outside the confines of the usual control mechanisms. In this sense the drug use and the attendant cultural prescriptions represent a process of social change. Not only is there a vast array of substances people use or abuse, there is also a very marked selectivity as to who uses which kind of substances. The pattern of drug use or abuse vary sometimes by social class, other times by ethnicity, and almost always by age, since most illicit drug use, is concentrated among adolescents and young adults. Any effort at explanation must note that the use of different substances varies across population groups, partly because substances may become unavailable but also because trends abound in drug using cultures or in other aspects of society.⁶⁴

1.10. CHAPTER OUTLINE

CHAPTER ONE

Introduction

CHAPTER TWO

Drug and Substance Abuse

CHAPTER THREE

The Management of Drug and Substance Abuse

CHAPTER FOUR

An Analysis of Drug and Substance Abuse in Nairobi

CHAPTER FIVE

Conclusions and Recommendations

⁶⁴ Ibid pp 201.

CHAPTER TWO

DRUG AND SUBSTANCE ABUSE

2.0. Introduction

This chapter will identify the causes of drug and substance abuse, and the production, distribution and consumption patterns in the world. In recent times drugs and substance abuse has engaged many of school going children and substantial segments of the adult population. Causes of drug and substance abuse are diverse as well as the methods of production, distribution and consumption.

2.1. Theoretical Approach

Lukoff Irving F, in his theory on sociology of drug abuse says that initiation of substance abuse depends on availability, behavior and attitudes regarding drug use, of the role models and significant others, beliefs and expectations regarding the immediate and longer term advantages and disadvantages of use and on personality characteristics that facilitate or inhibit use.⁶⁵

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The use of illicit drugs in very diverse settings involves not only individuals who are immersed in very different social systems; it even involves different forms of substances of abuse and generally engages individuals of different ages. Irving Lukoff stated that the sociological theories that are most often cited are derived from formulations that were designed to provide insight into delinquency and criminal behavior. For example adolescents may often see schools as hostile and irrelevant environments for them. The identification of social norms assumes that behavior is transmitted to actors who depending on circumstances tend to adhere to appropriate beliefs and concomitant behaviors. Socialization is not limited to the family; other agencies of social control also contribute, sometimes with perspectives that are at variance with those of the family. He says the most heavily investigated area has been the impact of peer groups and the attendant mechanisms that shape the choice of friends and influence the accommodation to the behaviors and values of peers. This raises two fundamental issues; first is the identification of the countervailing forces that influence the decline of parental legitimacy as well as of the other

⁶⁶ Dan J Lettieri, Mollie Sayers, Hellen Wallenstein Pearson, *Theories of Drug Abuse Selected Contemporary Perspective NIDA Research Monograph 30*, National Institute on Drug Abuse, Rockville Maryland, pp 200, March 1980.

agencies that promote conventional behavior. The second issue is the way in which adolescents develop a peer culture with alternative value systems and goals.⁶⁷

The early onset of drug abuse reflects the premature segmentalizing or insulation of youthful activities from the normative system of the community. Those who abuse drugs when they are young are likely to persist in substance use or abuse and other forms of deviance. The younger the age of onset the more intense and committed the addictive behavior. If the family and the other agencies of social control were consistently effective, there would be little illicit drug use. Socialization implies some form of insulation of basic adaptive strategies of younger people, an activity ordinarily consigned to the family, school and churches. This process is never wholly successful and competition can come from other sources, the most common being age mates.⁶⁸

Deviant lifestyle and other patterns of substance abuse can evolve when young people operate with relative freedom in isolation from the agencies of social control. This also presumes that the usual socialization mechanisms, but not limited to the family have declining legitimacy. There is also the diversity of the urban social environment, unlike in the rural areas where there are few competing cultural systems. There is also the increasing isolation of the family. It is more likely that the networks of family support systems are smaller, and, by the very nature of the urban environment even when present, are less likely to affect young people. One does not often encounter an aunt, uncle, or cousin who can report to one's parents, as happens in the smaller communities or in rural areas. In addition, more of the activities formerly confined to the family are now performed elsewhere, from preschool through a longer and more extended schooling

⁶⁷ Dan J Lettieri, Mollie Sayers, Hellen Wallenstein Pearson, *Theories of Drug Abuse Selected Contemporary Perspective*, NIDA Research Monograph 30, National Institute on Drug Abuse, Rockville Maryland, pp 206, March 1980.

⁶⁸Ibid pp 209.

period where primary adult groups have minimal impact. It is in urban areas that traditional segregation norms began to lose hold. With the declining legitimacy of the usual agents of social control, the possibility for innovation, always present among young people, appears to have escalated. It is in this context that drug abuse increased, from an activity engaged in by only a few, to one that has become, at least, a normal part of the youth culture⁶⁹.

The use and abuse of drugs and alcohol in adolescence can be seen as a way of coping with anxieties, and the uncertainties of growing up. Personality factors, genetic factors, and environmental influences all affect the probability that adolescents will use such coping styles. The interaction of these factors is complex and need to be addressed with comprehensive prevention programs which utilize multiple approaches at multiple systemic levels. Family life educators have an important role to play in this comprehensive prevention approach in helping families develop the family relationships and interactional skills needed to help their children cope positively with adolescent stresses. Unfortunately, adolescent substance abuse prevention programs have been characterized by a simplistic approach employed at a single level that is, programs to teach adolescents to resist peer pressure which are delivered only in schools.⁷⁰

A growing body of literature exists, however, to indicate that the family is one of the key variables in the prediction or prevention of adolescent substance abuse. Too often, even when "family factors are strongly implicated in the etiology of adolescent drug abuse" the prevention strategies to address these family factors are all school based. School programs that have

⁶⁹ Dan J Lettieri, Mollie Sayers, Hellen Wallenstein Pearson, *Theories of Drug Abuse Selected Contemporary Perspective NIDA Research Monograph 30*, National Institute on Drug Abuse, Rockville Maryland, pp 210, March 1980.

⁷⁰ Dan J Lettieri, Mollie Sayers, Hellen Wallenstein Pearson, *Theories of Drug Abuse Selected Contemporary Perspective NIDA Research Monograph 30*, National Institute on Drug Abuse, Rockville Maryland, pp 160, March 1980.

attempted to equip children with important social skills, rather than only "Just say no," have shown benefits in helping adolescents avoid substance abuse both through resisting peer pressure and using effective social skills to handle problems.⁷¹

Parents who use punitive discipline methods or disagree with their spouses about discipline are more likely to report that their children are aggressive, have control problems, and are disobedient. Parents who report that they are close to their children are more likely to report that their children are well adjusted, do not have control problems, are independent, and are close to their parents. Maternal childrearing patterns are correlated with a wider range of children's behaviors than are paternal patterns. Few relationships are observed between three measures of parental drug involvement or heavy drinking and parental childrearing practices. By contrast, a relatively strong pattern emerges between maternal drug involvement and child behaviors. For all three measures of drug involvement, mothers who are more heavily involved in drugs report more control problems with their children. Fewer associations are observed with respect to fathers, and in half the instances, the associations are opposite in direction to those expected. Maternal drug use retains a statistically significant unique effect on control problems when other parental variables are entered simultaneously in a multiple regression equation and is one of the two strongest predictors of the child's problematic behavior. The finding of an effect of parental drug use on child control problems has important implications, since conduct problems in childhood and early adolescence are thought to be one of the most important precursors of adolescent drug use as well as delinquency.⁷²

⁷¹ Ibid pp 301.

⁷² *Parenting Styles, Drug Use, and Children's Adjustment in Families of Young Adults*, Author(s): Denise B. Kandel
Reviewed work(s): *Journal of Marriage and Family*, Vol. 52, No. 1 Published by: National Council on Family Relations Stable, pp183, Feb, 1990.

These expected parenting styles are consonant with parental socialization practices found to increase the children's risk of acting out, and their eventual involvement in drugs. Indeed, drug use and delinquency may have similar child-rearing antecedents, as stressed by Hawkins (Hawkins, Lishner, and Catalano, 1985) and Elliott (Elliott and Huizinga, 1984). Two major parenting dimensions have been consistently identified as important correlates and/or predictors of children's psychosocial functioning: closeness or warmth, on the one hand, and control or monitoring, on the other. The closeness dimension emphasizes affection, nurturance, and acceptance of the child by the parent. Monitoring emphasizes parental involvement in the child's life, supervision of the child's activities, and firmness in setting controls and limits. The combination of the two dimensions may provide the optimum parenting pattern. Authoritative parents, who combined limit setting with warmth, appeared to raise the best-adjusted children; authoritarian parents, who were high on discipline but low on warmth; and the permissive, who were low on discipline but high on warmth, had children who tended to be less well adjusted. Lack of closeness to their own parents increased the risk that adolescents who had experimented with marijuana would progress to other illicit drugs.⁷³

Substance abusers and alcoholics share a number of similarities in parenting style. Typically, these families are characterized by poor parenting skills, unreasonably high expectations for their children, lack of supervision, extreme disciplinary techniques (either lax or coercive), social isolation, lack of cohesion, psychological problems, family stress, conflict, and antisocial behavior. Adult problem drinkers report that as children they experienced "a lack of family cohesiveness, inconsistent parenting, and parental deviance". In turn, the children of alcoholics or drug users show psychological and adjustment problems, indeed, the childrearing factors

⁷³ *Styles, Drug Use, and Children's Adjustment in Families of young Adults*, Dennis B. Kandel: *Journal of Marriage and family*, vol. 52 No. 1, National Council on Family Relations Stable, pp 184, 1990.

characterizing families with a drug-abusing or alcoholic parent or the families of adolescents in the general population who get involved in drugs are identical to the factors that have been implicated as risk factors for early manifestations of antisocial behavior among children. These factors include lack of parental supervision, parental rejection, and lack of parental involvement.⁷⁴

A substantial body of literature has attempted to connect drug and alcohol abuse with a variety of family factors. A study that examined personality and family antecedents of adolescent drug use concluded that ego under control and low ego resilience are important personality factors in predicting drug use. For girls, low family expectation of achievement and an unstructured home environment with laissez-faire parental attitudes predicted later drug use. While Block and associates did not find the same relationship between the family environment and drug use for boys, they speculated that parental limit setting was important for boys and that "boys who are under control at an early age are more likely to go on in adolescence to use drugs"⁷⁵

Parental conflict in child rearing, inconsistent discipline, restrictive discipline, and maternal rejection were associated with adolescent substance abuse. It is said that parent skills in limit setting, consistent discipline, and conflict resolution may be especially important for preventing drug problems and other adjustment problems in children. Negative attitudes toward self in social, academic, family, and personal areas of life were found to be more frequent in drug-abusing adolescents. Problems with the adolescent's self-esteem were aggravated by the adolescent's perceived disagreement with parents on the parent's behavior. Improvement in

⁷⁴Ibid pp 185.

⁷⁵ *Developing Family Relationship Skills to Prevent Substance Abuse among High-Risk Youth*: Thomas R. Lee and H. Wallace Goddard Reviewed work(s): *Family Relations*, Vol. 38, No. 3, National Council on Family Relations, pp 301, 1989.

family relationships would facilitate improvement in the adolescent's self-esteem. This negative adolescent-parental relationships and a low degree of supportive interaction with parents were found to be associated with drug use.⁷⁶

Events occurring during drug administration correspond to Pavlovian conditioning trial. The primary drug effect function as conditional stimuli and the direct effect of the drug constitutes the unconditional stimulus. Prior to any learning, this pharmacological stimulation elicits responses that compensate for the drug-induced disturbances (unconditional responses). After some pairings of the pre-drug conditional stimuli and pharmacological unconditional stimuli, drug-compensatory responses are elicited as conditional responses. These conditional compensatory responses mediate the development of tolerance by counteracting the drug effect. Tolerance is said to occur when the effect of a drug decreases over the course of repeated administration. After some pairings of the pre-drug conditional stimulus and pharmacological unconditional stimulus, conditional compensatory responses counteracting the drug effect develop, producing tolerance. As the drug is administered more and more often, and the conditional compensatory response grows in strength, the attenuation of the drug effect becomes more pronounced.⁷⁷

The effects of both licit (e.g., alcohol, caffeine, and nicotine) and illicit (e.g., heroin, cocaine, marijuana) drugs are experienced following the act of self-administration. Interceptive cues arising from the act of self-administration modulate the expression of both tolerance and withdrawal symptoms. Typically, people experience the effects of drugs only after engaging in

⁷⁶ Ibid pp 301.

⁷⁷ *Drug Tolerance, Drug Addiction, and Drug Anticipation*: Shepard Siegel Reviewed work(s):Source: *Current Directions in Psychological Science*, Vol. 14, No. 6 , Sage Publications, Inc. on behalf of Association for Psychological Science, pp297, December 2005.

some self-administration ritual. There is some internal process that motivates the drug taker to smoke a cigarette, or inject heroin, or pour a glass of scotch. Additionally, engaging in the behaviors that are precursors to these drug effects gives rise to many response-initiating (or response-produced) cues. These interceptive, self-administration cues are paired with the drug effect. If these self-administration cues function as other conditional stimuli, they should come to elicit conditional compensatory responses. Moreover, if self-administration cues elicit conditional compensatory responses, it would be expected that self-administered drugs should have a smaller effect than do passively received drugs⁷⁸.

Previous studies have mostly focused on the ability of environmental manipulations provided before any contact with the psycho stimulant drugs to subsequently alter drug effects. Thus, the information from those studies concerns the role of environment in determining vulnerability to addiction and suggests that positive environments reduce the risks of becoming addicted, whereas negative environments increase the risks. This is indeed in agreement with clinical data supporting an important influence of environmental conditions on the development of drug abuse and addiction. Many studies have shown that acute negative environmental manipulations, such as exposure to stressful events, can reinstate extinguished drug-seeking behavior.⁷⁹

Much of the research on student variables and behavior involves academic achievement. In general, it has been found that students who do poorly in school have much higher rates of misbehavior. Some evidence indicating that low achievement in school may cause, rather than be

⁷⁸ *Drug Tolerance, Drug Addiction, and Drug Anticipation*: Shepard Siegel Reviewed work(s):Source: *Current Directions in Psychological Science*, Vol. 14, No. 6 : Sage Publications, Inc. on behalf of Association for Psychological Science, pp 298, December 2005.

⁷⁹ *Reversal of Cocaine Addiction by Environmental Enrichment*: Marcello Solinas, Claudia Chauvet, Nathalie Thiriet, Rana El Rawas, Mohamed Jaber Reviewed work(s):Source: *Proceedings of the National Academy of Sciences of the United States of America*, Vol. 105, No. 44, National Academy of Sciences Stable, pp. 17149, (November 4, 2008).

a result of, misbehavior was provided by Elliott and Voss (1974), who discovered that after many "delinquents" dropped out of school they stopped being "delinquents." Others have suggested an indirect relationship between achievement and behavior caused by the mediating effect of self-esteem. Still other researchers believe that self concept affects both achievement and behavior. Other variables found or suggested to be related to student behavior include educational expectations and student participation in school activities.⁸⁰

A school's discipline practice also may affect behavior. Practices such as strict enforcement of rules, consistent disciplinary action, and fairly administered discipline have been related to less misbehavior. However, it has been found that more punitive attitudes resulted in greater teacher victimization. Control procedures are closely related to discipline practices. For example, procedures such as maintaining a structured/orderly school environment, controlling student mobility, and controlling the number of students present have reduced misbehavior. Other school variables that appear to be related to behavior include availability of programs such as counseling services, quality of teaching staff/curriculum and extent of school substance abuse problems. Quality of teaching staff and experience, and behaviors and modern relevant curriculum that corresponds to students' ability levels. Brophy and Evertson (1976) asserted that the majority of classroom discipline problems can be alleviated by effective teaching.⁸¹

It is clear that child-rearing practices affect children's behaviors. The importance of parental values, parent-child attachment, and consistent discipline within families emerges in both recent and older studies of drug abuse. But the way in which family variables influence drug use is

⁸⁰ *Variables Predicting Students' Problem Behaviors* Author(s): Nancy L. Weishew and Samuel S. Peng, Reviewed work(s): Source: *The Journal of Educational Research*, Vol. 87, No. 1: Taylor & Francis, Ltd, pp. 6 (September - October 1993).

⁸¹ *Variables Predicting Students' Problem Behaviors*, Author(s): Nancy L. Weishew and Samuel S. Peng, Reviewed work(s): Source: *The Journal of Educational Research*, Vol. 87, No. 1: Taylor & Francis, Ltd, pp. 6 (September - October 1993).

much debated. Some investigators argue that attachment is followed by an internalization of values, which produces a healthy, success-oriented self-concept that inoculates youth against drug problems. Others suggest that multiple conventional attachments lead to a "social bond" to society and to a "stake" in conformity that prevent drug misuse. Recent studies down-play parental influence and argue that the "direct cause of drug abuse is bonding to deviant peers and the effects of strain (in the home and school) and conventional bonding (to parents and teachers) are almost totally indirect. Other reports argue that parents are influential in youths' initiation to the use of hard liquor and illicit drugs, and that their influence is diminished only in the case of marijuana use.⁸²

Children from socially deprived families characterized by social isolation and multiple entrapments of parents in extreme poverty, poor living conditions, and low status occupations or unemployment are at elevated risk of chronic delinquent behavior and frequent drug use. School failure has also been identified as a predictor of adolescent drug use. Poor school performance is an antecedent of drug initiation and predicts subsequent levels of use. Truancy, placement in a special class, and early dropout from school also has been shown to predict drug abuse. Academic failure may exacerbate the effects of early antisocial behavior or contribute independently to delinquency and drug abuse⁸³.

A low degree of commitment to educational pursuits also appears to be related to adolescent drug use. The use of hallucinogens, cocaine, heroin, stimulants, sedatives, and non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than

⁸² *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s): Source: *Social Service Review*, Vol. 58, No. 3: The University of Chicago Press, pp 438, (September 1984).

⁸³ *Delinquency and Drug Abuse: Implications for Social Services*: J. David Hawkins, Jeffrey M. Jenson, Richard F. Catalano, Denise M. Lishner Reviewed work(s): Source: *Social Service Review*, Vol. 62, No. 2: The University of Chicago Press, pp 261, (June 1988).

among those who do not plan to go on to college. Drug users are more likely to be absent from school, to cut classes, and to perform poorly than nonusers. Factors such as how much students like school, time spent on homework and perception of the relevance of course work also are related to levels of drug use, indicating a negative relationship between commitment to education and frequent drug use among junior and senior high school students.⁸⁴

Production, consumption and distribution of illicit drugs are a global phenomenon with transnational characteristics. Drug production, distribution all through to consumption and the people involved with them are remarkably resilient.⁸⁵ The global nature of the illicit drug industry poses considerable problems for national governments and arguably has a greater impact on some national economies than many of the legal multinationals operating in today's economic world. Drugs and substance abuse have a significant relationship with the producing country in terms of economics, politics and social conditions.⁸⁶

2.2. Production of Drugs

A lot of illegal drug production and consumption may be occurring globally but establishing universally agreed upon estimates appears not possible. Most illicit drugs destined for international trade originate in less developed countries or regions. Peru, Bolivia and Colombia account for more than 98 percent of the world's cocaine supply. The golden crescent (Pakistan, Afghanistan, Iran) the golden triangle (Myanmar/ Burma, Laos, Thailand) and México account for the vast majority of illegal opiates (opium, morphine, and heroine) traded internationally, although Colombia and Guatemala are fast becoming major producers. Cannabis (marijuana and

⁸⁴ *Delinquency and Drug Abuse: Implications for Social Services*: J. David Hawkins, Jeffrey M. Jenson, Richard F. Catalano, Denise M. Lishner Reviewed work(s): Source: *Social Service Review*, Vol. 62, No. 2: The University of Chicago Press, pp263 (June 1988).

⁸⁵ Michael k Steinberg, *Dangerous Harvest: Drug Plants and the Transformation of Indigenous Landscapes*, pp 305

⁸⁶ Adrian Barton, *Illicit drugs: Use and Control*, Routledge, pp 63, (2003).

hashish) is produced in most parts of the world. Cannabis entering the US markets comes principally from Columbia, México and Jamaica. Some worldwide exports emanate from Thailand, Morocco, Lebanon and Iran.⁸⁷

The Bakaa Valley of Lebanon, a region under the defacto control of the Syrians, is a significant producer of opium, heroin and hashish. Morocco features heavily in cannabis, Guatemala increasingly in heroin. Venezuela and Chile appear to have significantly entered the cocaine processing market and Paraguay may become a major producer of coca. Hong Kong is a large transiting area for East Asian heroin and China has begun to show significant increase in illicit drug production in all except cocaine. Production estimates for legal drugs are naturally much more accurate than illegal ones. Even under the best of circumstances, illicit drug production figures are only gross estimates, because of the clandestine nature of drug trade. In Bolivia productions are overestimated because, Bolivia is involved in constant and delicate negotiations over the levels of international aid or compensation to be paid for coca eradication. The US overestimates the figures under coca cultivation when it opts for a repressive or military strategy and drops the figures when Bolivia is pushing for compensation for reduction of the coca production.⁸⁸

In México, a principle producer of marijuana and heroin and a major transiting country for cocaine, drug consumption is not considered the most urgent illicit-drug problem. According to a 1988 survey, marijuana is the drug of choice in México, particularly among the young people. Of the total Mexican population, 2.99 percent had used marijuana, 0.11 percent had used heroine and 0.14 had used cocaine. Considering other countries in Latin America, the lowest reported

⁸⁷ Ibid pp 36.

⁸⁸ La MondTullis, *Unintended Consequences: Illegal Drugs and Drug Policies in Nine countries*, Lynne Reinner, , pp 37, (1995).

rates ever for marijuana and cocaine are found in Mexico and Costa Rica, and the highest in Colombia. Officials at the Mexican attorney general's office believe that increase in the use of cocaine among Mexicans is explained by the fact that cocaine dealers are crossing through Mexican territory in order to reach US consumers or either cocaine traffickers pay in kind for transportation and other services or they are launching an aggressive marketing strategy to gain new markets for their merchandise.⁸⁹

In Colombia, a principle producer of cocaine and marijuana and secondary producer of opium poppy and heroin, marijuana consumption rose dramatically during the 1970s when the country was the chief supplier for the US markets. Studies have showed that 13.8 percent of men and 2.2 percent of women aged 12-64 were alcoholics. Many of these men and women became multiple drug users. Among illegal drugs, marijuana continues to be the most commonly consumed involving around 1.1 percent of the population mostly males.⁹⁰ Alcoholism and the high levels of violence in Colombia society are among the more important concerns as are economic problems such as unemployment and poverty and the threat to national security posed by the drug traffickers.⁹¹

Thailand produces small amounts of opium and heroin and probably more significant amounts of cannabis but is a world-class transiting country for opium and heroin entering the world market from Myanmar and Laos. Consumption here historically has been considered a problem for minority groups in the hills. However, of late both opium and heroin addiction has been increasing especially in the urban areas. The effects are compounded by the fact that so many

⁸⁹ La Mond Tullies, *Unintended Consequences: Illegal drug and drug policies in nine countries*, Lynne Reinner, . pp 51, 1995.

⁹⁰ Ibid pp 52.

⁹¹ Ibid pp 53.

users are congregated in Bangkok, where drugs are characterized by wholesale illicit sex with rapid and extensive transmission of AIDS. In Thailand, illegal drugs, random sex and aids correlate.⁹²

2.3. Distribution of Drugs

Illicit drug trafficking is a worldwide lucrative venture with tremendous destructive power. International narcotic trade is second to international arms trade in value. It is worth approximately \$500billion a year. Drug trafficking destabilizes governments and financial markets and increases health costs to society. Drug trafficking networks also breed further violence and related criminal offences, racketeering, conspiracy, bribery, tax evasion, banking violations and money laundering. Shocking acts of violence committed by drug traffickers in Colombia and other major narcotic producing countries demonstrate the serious threat the traffickers pose to international peace and security. Narcotic – terrorists have murdered hundreds of law enforcement officers, judges and political leaders, generating an atmosphere where in bringing drug traffickers and terrorists to justice is life threatening.⁹³

Organized criminal groups control the markets and the distribution, including transportation of the drugs to markets in the North. They also control the revenue derived from the illegal commerce and repatriates the cash to the South. It goes without saying that all the transactions are cash based, and that the funds are integrated into the economy or laundered in order to serve their purpose.⁹⁴ Suppliers identify a marketable product, give incentives to growers to ensure

⁹² La Mond Tullis, *Unintended Consequences: Illegal drug and Drug Policies in Nine Countries*, Lynne Reinner, pp 54, 1995.

⁹³ Molly McConville, *A global war on drugs: Why the United States should support the prosecution of drug traffickers in the international criminal court*, *American Criminal Law Review*, Vol.37, pp 1, (2000).

⁹⁴ Dr Abdullahi Shehu, *Drug Trafficking and its Impact in West Africa*, Paper on Peace and Security, NEPAD, pp 1, 2004.

availability, pursue markets, stay ahead of legal obstacles through technological and product innovation and engage in domestic legal processes as a powerful interest group, train and discipline employees, diversify economically, earn profits and repatriate capital.⁹⁵ Small time growers plant coco bushes in Peru, Bolivia and elsewhere in Latin America. They cultivate opium poppies in Guatemala, Mexico, Columbia, Lebanon, Afghanistan, Myanmar / Burma, Pakistan, Laos, Thailand, China and other countries.⁹⁶

Drugs exported from these net producing nations are usually bound for markets in industrialized countries. The United States is the largest single consumer of illicit drugs although European countries and the new republics of the former USSR report significantly increased usage. Heroin is and has been used normally in all Western European countries for many decades. However with a cocaine glut on their hands, Colombian traffickers have vigorously worked to make Europe into an illegal multi drug market. Canada and Australia have also recorded increased consumption of illicit drugs.⁹⁷ In the past less developed countries produced but tended not to consume drugs destined for the illicit international markets. Now however domestic consumption is increasing in almost all supplier countries. Myanmar/ Burma, Thailand, Laos, Iran and Pakistan all note considerable problems with new waves of opium and heroin. Opium addiction has once again emerged as a public concern in china. Consumption is no longer an exclusive demand problem of the industrialized countries. It has become a global phenomenon.⁹⁸ Drug traffickers have devised divergent drug distribution patterns. These are associated with trafficker's level of activity, degree of organization with established specialized

⁹⁵La'Mond Tullis, *Unintended Consequences: Illegal Drugs and Drug Policies in Nine Countries*, Lynne Reinner, pp 4, 1995.

⁹⁶ Ibid pp 5.

⁹⁷ Ibid pp 35.

⁹⁸La Mond Tullis, *Unintended Consequences: Illegal Drugs and Drug Policies in Nine Countries*, Lynne Reinner ,pp 36, 1995.

departments, struggle over regional or country wide market shares and the type of drugs marketed. The other element is the existence of traffickers-insurgent- terrorist alliances. And lastly the competition for market share implications stemming from these patterns abound.⁹⁹ Apart from the trafficking organizations that extend into or are based in principal consumer countries, there exists substantial organized production and marketing networks in most of the producer and transiting countries.¹⁰⁰

Colombia has the world's most efficient and expert illegal traffickers. Colombian cartels control 80 percent of the world's trade in cocaine. The Colombian cartel is a violent element in Colombian society. They accept no reproach and breaking any law is justified and not just for the usual economic reasons that criminals favor. For the traffickers, the law, law-enforcement officials, US drug operatives and drug- control organizations all represent the traditional elite, international imperialism, or other international competitive economic interests, none of which has any historical moral standing in their eyes.¹⁰¹

The ability to market drugs locally and globally is likely to increase given current trends in the creation of free trade zones and the general extension of cheap and efficient transportation systems worldwide. In the post communist world, diminished border surveillance and weakened law enforcement are providing more opportunities to smuggle drugs to the west and establish local distribution networks.¹⁰² Illicit drug production and distribution have adapted to the forces of prohibition and gravitated to the areas of the world where the ability of governments to

⁹⁹La Mond Tullis, *Unintended Consequences: Illegal drugs and drug policies in Nine Countries*, Lynne Reinner, pp 65, 1995.

¹⁰⁰Ibid pp 65.

¹⁰¹ Ibid pp 66.

¹⁰² Paul B Stares, *Global Habit: The Drug Problem in a Borderless World*, Brookings Institution's, pp 6, 1996.

enforce drug control policies is limited. Drug smugglers have also devised new routes and methods as old ones are exposed and countered.¹⁰³

In Europe, hashish from Afghanistan, Pakistan and Lebanon continues to arrive overland through Turkey or by sea through the Mediterranean. As with other types of drugs, however, container ships are increasingly being used to transport bulk shipments through the major European ports such as Antwerp, Rotterdam and Barcelona. Although information is scarce, cannabis cultivation is believed to be increasing in other parts of Africa. UN sources noted this trend in Ghana, Malawi, Nigeria, Uganda, Sudan, Swaziland, Zaire and Zambia. Other areas under cultivation include Gambia, Ivory Coast, Chad and Niger.¹⁰⁴

Drug traffickers are increasingly using West African countries along Gulf of Guinea to smuggle drugs from Latin America to Europe. Guinea Bissau, where even the first family was involved in drug trade is not an isolated case. Drug cartels from South America have moved into West Africa, establishing themselves all over the region and opening up a new route for transporting drugs from the plantations of Colombia, Peru and Bolivia to the consumers of Europe, particularly Britain and Spain. Guinea is just one of more dozen countries in the region in varying states of disarray and poverty; many even emerging from years of bloody civil war fought over control of blood diamonds and other resources.¹⁰⁵

Trafficking routes through West Africa are used in order to reach European shores as quickly and efficiently as possible. Such destinations include Iberia, Italy, the Balkans and the Mediterranean coast. However direct flights and container shipments to major ports of entry

¹⁰³ Ibid pp 12.

¹⁰⁴ Ibid pp 59.

¹⁰⁵ *Africa Defence Forum Magazine Volume 2, No 3, pg 18, 2009.*

make the control of traffickers much more complex. All West African countries are increasingly being used as transit routes particularly those closest to the markets, those most defenseless security wise and those most unstable internally. Those who traffic drugs also traffic arms, minerals, endangered species, precious stones, illegal immigrants, young women and spare parts to name but a few. It is all very lucrative, hence hard to resist for many and a source of power for most. With infinite amounts of cash at their disposal, those people are able to buy their way into companies, governments, courts and politics and can influence to their advantage the rule of law and the outcome of crucial decision-making.¹⁰⁶

2.4. Consumption of Drugs

Young people hunger for new and novel sensations and stimulations. Experimenting with expanded range of behaviors and life styles is often viewed as part of the natural process of separating from parents and developing a sense of identity. At the same time adolescents tend to develop an increased sense of concern with their own appearance and abilities. These two conditions make teenagers especially vulnerable to the influences of peer groups.¹⁰⁷ Children are known for their willingness to take risks while they have not mastered control over their impulses. The emphasis is on having fun and not on the probable or possible future consequences related to using substance abuse.¹⁰⁸ Other characteristics which increase individuals' predisposition to substance abuse include psychological aspects which include low self esteem, low self-satisfaction, and greater need for social acceptance, lack of confidence, high anxiety, rebelliousness and feelings of being controlled by external forces.¹⁰⁹

¹⁰⁶ Dr Abdullahi Shehu, *Drug Trafficking and its Impact on West Africa*, Paper on Peace and Security, NEPAD, pp 4, 2004.

¹⁰⁷ Charles R Carroll, *Drug in Modern Society*, WMC Brown Publishers, pp 46, 1985.

¹⁰⁸ *Ibid* pp 46.

¹⁰⁹ *Ibid* pp 47.

Curiosity has been quite sufficient to entice individuals into drug abuse. Curiosity is caused by the media when they portray drugs as an important part of becoming and staying popular increasing one's appeal and having a good time. This makes the temptation of using some drugs irresistible. Traditions hold that getting high is the greatest accomplishment, real men hold their liquor, cocaine makes a person sexy and taking tobacco makes one imagine or believe he/she can be able to solve all of life's problems. Natural curiosity is widely held to as an important element on initiation of drug abuse.¹¹⁰ Some drugs especially alcohol, tobacco and marijuana are used to help cope in dealing with problems of self-identity, self-esteem, boredom, family discord, academic pressure and depression. Long term surveys of drug use in normal populations further suggest that personality factors usually precede the use of illegal drugs. Delinquent and deviant activities as well as attitudes and values favorable to defiance also occur before involvement with illicit drugs.¹¹¹

Numerous changes and conflicts in society are contributing factors in the illegal use of drugs. There are increased commercial messages that tend to promote a theme of self-indulgence for all drugs in general.¹¹² Hereditary is now thought to play a significant role in alcoholism one of many drug and substance abuse. Such hereditary influences would explain why some people are more sensitive to drug effects than others and therefore more susceptible to certain drugs.¹¹³

Enabling factors in the use of and abuse of drugs are factors which enable, facilitate or make possible drug-taking behavior and substances abuse. This includes availability of drugs, accessibility, and action by community and government agencies. It is claimed that without

¹¹⁰ Ibid pp 48.

¹¹¹ Ibid pp 49.

¹¹² Charles R Carroll, *Drug in Modern Society*, WMC Brown Publishers , pp 50, 1985.

¹¹³ Ibid pp 50.

drugs probably there would be no drug abuse. The presence of drugs is an important enabling factor that allows people to engage in drug taking behavior and sustain certain consequences of that behavior. Alcohol, tobacco products and intoxicating inhalants are easily accessible. Affluence has made drugs available and expanded production and distribution have made them more available and affordable. If money is not available to acquire drugs, then students would borrow, beg, steal or engage in other criminal activities to get what they want. Liberated from permissive parents children seek drugs if they are not delivered in the neighborhood or at school.¹¹⁴

The prevailing attitude among the general public is that the individuals who use illegal drugs should be punished for criminal activity.¹¹⁵ Many young people start using drugs because they had never acquired skills dealing with peer pressure or feelings of personal or social insecurity. There is inadequacy of young people especially children to say no to behavior that is not readily desired. They have no skills for resisting or avoiding drugs or achieving self confidence without drugs.¹¹⁶

Students in Kenya use a variety of drugs. The favorite are alcohol, bhang, cigarette, glue, sprays and solvents. Others are prescribed medications piriton, cough syrup and sleep medications. Emerging trends in our schools include the use of valium, ecstasy, LSD, mandrax, heroin and cocaine. The latest is a new form called 'strawberry quick' which dissolves in the mouth. There is a possibility that students use petrol for the dual purposes of intoxicating themselves and burning property. Petrol an inhalant is a mind altering drug. Researchers suggest that about 18 percent of students in Kenya abuse it and its effects include impaired judgment. Peer pressure

¹¹⁴ Ibid pp 51.

¹¹⁵ Ibid pp 52.

¹¹⁶ Ibid pp 52.

plays large role in causing students to begin using drugs. Other factors include need to experiment, constant exposure to liquor and drugs and prescription drugs through adverts, movies and television, rebellion, low self-esteem, depression and stress. Factors such as poor school environment, regular failure in exams or pressure to perform well in exams or even lack of commitment to education have been viewed as common factors in the initiation of use and abuse of drugs in school.

Drugs and substance abuse is a major problem to societies and authorities from the cities of North Africa, Latin America and Asia. The challenge of drug abuse has strangled the youthful population reducing them to unproductive figures in society and in school only to waste out the prime of their lives when they are most needed to invest their energy in worthy ventures.

The British approach to the drug problem contrasts with that of USA in that it views addicts ill rather than criminals. According to the United States of America Department of Health and Human Services, half of all teens and sixty per cent of high school teens report that drugs are used, kept or sold at their schools. Students at these schools are three times more likely to smoke, drink or use illicit drugs than students whose schools are located elsewhere.¹¹⁷ In Europe, cannabis remains the most abused drug. About fifteen per cent of 15 year old students in the European Union member states use cannabis more than 40 times a year.¹¹⁸

In Bolivia it is estimated that consumption of cocaine had increased by 54 percent from 1980-1988. Various studies which attempted to produce quantitative information suggest that between 5000 and 240,000 Bolivians are habitual users of cocaine. The availability of cheap cocaine has apparently contributed to an increase in consumption particularly among younger males. In Peru,

¹¹⁷ Ibid.pg8

¹¹⁸ *International Narcotics Control Board, 2005 pg 81.*

the world's largest producer of coca and cocaine, consumption is growing and addiction problems could become severe. There are differences in terms of illicit drug consumption according to regions, with major urban areas showing a marked increase however consumption levels do not appear to be significant. In Lima drug use pattern includes a class distribution, with cocaine consumption becoming a growing problem among upper class teenager. Coca smoking appears to be spread among coca producers where export production is emphasized. In the entire country studies indicate that usage and addiction are increasing although not at the point of being a major concern to governments and law enforcement officials.¹¹⁹

Consumption of alcohol in Jamaica is a serious problem among individuals of all classes but appears to be more prevalent among the lower social-economic group. In the Caribbean society the use of Marijuana has become well integrated into the life styles of the working class both men and women with its ritual, medicinal and recreational value. It is said that it is so entrenched in the culture of Jamaica and so accepted by some individuals from all socio economic classes that despite government efforts, eradication of marijuana use appears almost impossible.¹²⁰

In Myanmar, considerable consumption is there particularly in cities where heroin use is spreading. Secondary students have used cannabis widely and the rich consume cocaine.¹²¹ By all accounts, drug consumption inside former communist bloc has risen. Bulgaria, the former Yugoslavia, Romania, the Czech and Slovak Republics have all reported rising heroin use with some of these countries becoming major conduit for traffic of drugs to the west. Poland has become the second largest producer of amphetamines in Europe.¹²² Trafficking groups operating

¹¹⁹ Ibid pp 54.

¹²⁰ Shulamith Lala Ashanberg Staussner: *Ethno-cultural Factors in Substance Abuse*, Guilford Press, pp 62, 2001.

¹²¹ Ibid pp 58.

¹²² Paul B Stares, *Global Habit: The Drug Problem in a Borderless World*, Brookings Institution's, pp 44, 1996.

in Taiwan, South Korea, the Philippines and Japan are apparently the main suppliers to the local Asian markets as well as Hawaii, where amphetamines are the drug of choice.¹²³

Information about real or expected effects of drugs, what society thinks of them and who is taking them influence potential users. This is broadcast or passed along in many different ways through friends, family, school, media as television, music, books, newspapers and films as personal mobility and communication have increased and as the reach of media has expanded globally many people have inevitably become aware of drugs. The incentives that motivate the consumption of illicit drugs can be modified by the opportunities to acquire and use them. Certain drugs are more available in certain areas than in others either because these areas are close to sources of production or substantial markets have already developed.

Drugs contain chemical which affect the body. Drugs make the nervous system react faster or slower. They make the mind work more rapidly than usual, especially when one constantly abuses bhang, heroin, cocaine, mandrax, and other drugs. Drugs can cause cancer and skin diseases. Another problem associated with drugs is sterility and lack of sexual desire. Users of marijuana, cocaine and alcohol often develop this problem. The spread of AIDS among drug abusers cannot be over emphasized. Under the influence of drugs one can get confused and be unable to control the sexual drive leading to increased likelihood of contracting AIDS. Abuse of alcohol has destroyed marriages. Women find it difficult to remain married where the husband drinks too much. Young adults run away from home. The use of unsterile needles among drug abusers has also contributed greatly to the spread of AIDS, hepatitis and other related diseases.¹²⁴

¹²³ Ibid pp 44.

¹²⁴ Boniface, Mouti, *About the Bitter Fruits of Drug Abuse*, Pauline Publications Africa, pg 8, 2002.

Smoking has very dangerous effects on the body's defense mechanism or the immune system. Smoking is associated with a high incidence of respiratory infections. This effect may also be extended to non-smokers if smoking is allowed in enclosed areas such as public transportation systems, public halls and crowded rooms. Scientific studies have proved that large number of non-smokers experience symptomatic effects from the ambient tobacco smoke exposure, including eyes, nose and throat irritation, headache and nausea. Much more severe effects are reported in people with cardiac or obstructive pulmonary diseases. Although a smoker inhales very little nicotine, in the final analysis the overall effects are the same, nicotine in cigarette brutally assault the lungs. Poisonous substances in cigarette smoke invade many of the innumerable air sacs in the lungs and paralyze them. While the lungs become increasingly coated with tobacco, cancer cells enter the blood vessels and spread to all sections of the body. By the time lung cancer is finally detected the disease may have spread beyond control¹²⁵.

Nicotine is the stimulant drug that works on the nervous system. It is the drug responsible for addiction in cigarette smoking and the severe craving that occurs in smokers. Nicotine causes alteration in the heart rate and blood pressure. Nicotine is a substance with the capacity to elevate mood and fatigue, exhaustion and the feeling of hunger. As stimulant they induce euphoria or excitement. There is a feeling of great muscular strength and making an individual overconfident. It is the feeling of the greatness and the hallucinatory experiences that make people abuse the particular substance.¹²⁶ Alcohol causes cirrhosis of the liver. This is when the

¹²⁵Kimani wa Mwangi, *Silent Death*, Uzima Press, pg 35, 2000.

¹²⁶ Boniface Karechio, *Cigarette Smoking and How to Stop the Habit*, Uzima Press, pp 2, 1996.

liver becomes enlarged and inflamed; this often is a permanent and serious condition which is often fatal.¹²⁷

In 1994, South Africa opened itself for democracy. After the transition, the government was more concerned with negotiating a political settlement and avoiding civil war than patrolling borders' looking for political dissidents and mercenaries. As a result of weakened border control, illicit drugs began to penetrate South Africa along its porous borders. According to the United Nations 2002 country profile, South Africa is by far the largest consumer of drugs in Southern Africa. The illicit drugs are trafficked into the country through a variety of mechanisms. Cocaine enter the country largely through Nigerians criminal syndicates which used the transition to democracy as an opportunity to gain access to the country's virtually untapped drug markets. Heroin, originating from markets in south east and south west Asia is principally transported into South Africa through Johannesburg international airport. Smaller quantities of heroin enter the continent at ports in Kenya or Tanzania and make their way into South Africa via long stretches of highways. As a result substance abuse has become yet another problem that post-apartheid South Africa now confronts.¹²⁸ Alcohol abuse is still the most prevalent problem; cannabis and mandrax are the most popular choice of drugs among young people. In fact young people below the age of 20 years comprise a quarter of clients enrolled in most treatment centers.¹²⁹

Environmental conditions can dramatically influence the behavioral and neurochemical effects of drugs of abuse. For example, stress increases the reinforcing effects of drugs and plays an

¹²⁷Maurice, Gelimas; *How to Overcome Alcoholism*, Pauline Publications Africa, pp 18, 1980.

¹²⁸ Frank Y Wong, Estina E Thompson, Z Jennifer Huang, Royce J Park, Julia Digangi, Jordana M De Leon; *Alcohol, Drugs, Sex and HIV Risk Behaviors among a Community Sample of Black and Colored South Africans. Article, Journal of Drug Issues, Volume 37, Issue 3, Florida State University, pp 489, 2007.*

¹²⁹ Ibid pp 489.

important role in determining the vulnerability to develop drug addiction. On the other hand, positive conditions, such as environmental enrichment, can reduce the reinforcing effects of psycho-stimulants and may provide protection against the development of drug addiction. However, whether environmental enrichment can be used to "treat" drug addiction has not been investigated. Notwithstanding public campaigns to inform the general population about the risks of addiction, the use of addictive drugs has increased in the last decades and represents a serious problem for our societies. Among drugs of abuse, cocaine represents a major concern because its use is spreading among the young population and because it has powerful addictive properties. Unfortunately, although a great deal of information has been collected on the mechanisms of cocaine addiction, effective therapies are still very limited.¹³⁰

Stressful conditions, such as social isolation or food restriction, increase the activating and reinforcing effects of drugs and are considered to play an important role in determining vulnerability to the development of drug addiction, whereas enriched environments reduce the activating and reinforcing effects of psycho-stimulants and may provide protection against the development of drug addiction.¹³¹

These findings are in agreement with the notion that drug addiction is highly influenced by environmental conditions and life experience and underscores the importance of providing positive environments, especially during crucial periods of development, to prevent addiction. Addiction is believed to result not only from a higher sensitivity to the effects of cocaine but also from a robust control of drug seeking by stimuli and contexts associated with the drug's effects.

¹³⁰ *Reversal of Cocaine Addiction by Environmental Enrichment* Author(s): Marcello Solinas, Claudia Chauvet, Nathalie Thiriet, Rana El Rawas, Mohamed Jaber Reviewed work(s): Source: *Proceedings of the National Academy of Sciences of the United States of America*, Vol. 105, No. 44 ; *National Academy of Sciences*, Nov. 4, pp17145, 2008.

¹³¹ *Ibid* pp17145.

Although there is a substantial amount of data describing the influences of housing conditions on the effects of subsequent administration of drugs of abuse, no study has investigated whether exposure to environmental enrichment during periods of abstinence after the development of addiction-related behaviors could reduce the enhanced reactivity of animals to the motivational effects of drugs and drug-associated environmental stimuli that leads to relapse.¹³²

In indigenous African society, alcohol consumption has long been closely related to ritualistic or social events. An in-built societal control system selected those who were allowed to drink, when and where they could drink. Drunkenness and excessive alcohol use was not common, and use among children, adolescents and giving women, unless for nutritional or medicinal reasons was indeed very rare. As a result of profound societal cultural and economic changes that swept through the continent within the last century alcohol production and sales have become commercialized. Although accurate estimates of the amounts of alcohol produced and consumed in various countries are not available, it is generally believed that there has been a marked increase in the local production of brews and in the levels of importation in many countries.¹³³

There is now evidence that leisure drinking occurs more commonly among youth. Lifetime drinking rates of 20 to 60 per cent have been reported in secondary schools in Zimbabwe, Lesotho and Nigeria. Those who abuse the drug are the young aged 10 to 30 years and are mostly male. Use has been reported among students and street children.¹³⁴

¹³² *Reversal of Cocaine Addiction by Environmental Enrichment* Author(s): Marcello Solinas, Claudia Chauvet, Nathalie Thiriet, Rana El Rawas, Mohamed Jaber Reviewed work(s): Source: *Proceedings of the National Academy of Sciences of the United States of America*, Vol. 105, No. 44 ; National Academy of Sciences, Nov. 4, pp17145, 2008.

¹³³ Moruf L Adelekan, Gerry V Stimson, *Problems and Prospects of Implementing Harm Reduction for HIV and Injecting Drug Use in High Risk Sub-Saharan African Countries*, *Journal of Drug Issues*, Volume 27, Issue 1, Proquest LLC, pp 1, 1997.

¹³⁴ *Ibid* pp 1.

Misuse of stimulants has been reported in Burkina Faso, Chad, Gabon, Mali and Senegal. The stimulants (amphetamine) are usually smuggled into African countries where they are consumed mainly by adolescents for the purpose of keeping awake or alert to study or work.¹³⁵ There is widespread use of Khat (*Cathaedulis*) or miraa, a stimulant in Kenya, Somalia and Ethiopia where its use is legal and in Eritrea and Tanzania where it's an illegal substance. Khat is reported to be used by students to improve their academic performance and by workers to keep themselves awake and supply the extra vigor and energy they need to work. The trafficking in and the use of mandrax is a major concern in the southern and eastern countries of Zambia, South Africa, Swaziland, Namibia, Mauritius, Kenya, Uganda and Tanzania. The sniffing of glue and petrol is found among street children and juveniles in Kenya, Tanzania, Sudan, Somalia, Swaziland and Zambia. In West Africa there has been no indigenous use of heroin and cocaine. Beginning in the early 1980s, West Africa became an important transshipment route for heroin from South East Asia en-route to Europe and North America and for cocaine from South America initially involving Nigeria and then Cote d'Ivoire, Mali, Ghana and Senegal. Since then the use of heroin has been increasing in almost all of the countries in the continent particularly those hitherto recognized as drug trafficking transit zones. Similarly, cocaine is reported as a problem in Nigeria, Ghana, Mali, and South Africa, Tanzania and Uganda and a growing problem in Cote d'Ivoire, Gabon, Kenya and Senegal.¹³⁶

¹³⁵Moruf L. Adelekan ,Gerry V. Stimson, Problems and Prospects of Implementing Harm Reduction for HIV and Injecting Drug Use in High Risk Sub-Saharan African Countries, *Journal of Drug Issues* ,Vol. 27 , Issue 1 pp 1, 1997.

¹³⁶ *Ibid* pp 1.

2.5. Conclusion

However, although many forms of deviance cannot be explained solely within the framework of this perspective, drug use among youths of today, nevertheless, we must look to the social milieu for part of the answer. Even when the goals prescribed by culture are not readily attainable due to social deprivation, low self-esteem is not inevitable. The individual may be able to lower goals appropriately so that attainment is possible and thereby achieve satisfaction and develop a feeling of self-worth. All behavior is goal directed or goal striving, it is the emerging state of the organism. Since all behavior becomes goal striving, individuals evaluate themselves in terms of their perceptions, clear evaluation of themselves in terms of achievements. High self-esteem is achieved when the evaluation is good and socially useful, when the evaluation is bad or on the socially useless side of life, low self esteem results. Thus it becomes apparent that self-esteem is the key variable underlying drug abuse. If individuals feel inadequate (inferior), they feel the need to protect their self-image, frequently through compensatory mechanisms which create further problems in interpersonal relations and add to the feelings of inferiority.¹³⁷

¹³⁷ Dan J Lettieri, Mollie Sayers, Hellen Wallenstein Pearson, *Theories of Drug Abuse Selected Contemporary Perspective NIDA Research Monograph 30, National Institute on Drug Abuse, Rockville Maryland, pp 162, March, 1980.*

CHAPTER THREE

THE MANAGEMENT OF DRUGS AND SUBSTANCE ABUSE

3.0. Introduction

This chapter will deal with the management of drug and substance abuse in schools. The national and school goals on drug and substance abuse are directly related to the prevention of the illegal use of drugs by young people. Such goals are also concerned with the prevention of the potentially harmful and life threatening consequences of using alcohol, tobacco and other drugs. For effective drug prevention in a school, a system planning process is required for designing and implementing an appropriate curriculum. Several curricular strategies for use in schools are also identified, including those involving normative beliefs, personal commitment, resistance skills, alternative goals-setting, decision making, self-esteem enhancement, stress skills and life skills.¹

3.1. Strategies Used to Prevent Drug Abuse

Drug education takes place in many locations and situations other than the classroom. Though school age youth are the traditional target for drugs and substance abuse; various prevention programs dealing with those mind-changing substances also reach both the general populations, through mass-media campaigns, and publicized community wide strategies to reduce the supply of or demand for illegal drugs. There should be strict enforcement of the minimum drinking age,

¹ Charles R Carroll, *Drugs in Modern Society*, WMC Brown Publishers, pp 354, 1985.

policy and legislative initiatives such as laws and regulations that reflect on society's attitudes and values about availability and purchase of illegal drug and substance abuse.²

As a consequence, in addition to providing information about drugs and the consequence of their use, elementary and secondary schools are urged to consider expansion of drug prevention program to include involvement and awareness of local community, increase the local knowledge base of teachers, parents and students, enhance parenting and positive family influence and improve students coping peer resistance and decision-making skills. Increase involvement in school by parents and students and deter use through regulatory and legal actions including strict enforcement of school policy on alcohol and other drug use, increased security near schools and other gathering places.³

Educational programs in schools are designed to reduce the extent of alcohol, tobacco and other drug use and to prevent alcohol-tobacco and other related problems from occurring in the future. The prevention goals include the promotion of healthy ways in choosing not to use these substances, and offering young people alternative social events free of alcohol and other drugs. On other occasions these prevention programs also seek to reduce the number of drinkers, smokers and other drug users among those youth who have already begun to abuse these substances, by limiting either the duration or the scope of their drug use. It should be understood that all under age use of drugs is considered unacceptable and illegal behavior.⁴

In the US the following objectives have been used to reduce substance abuse in schools; increase the percentage of youth who remain alcohol and drug free, reduce to one percent the proportion

² *Ibid* pp 355.

³ *Ibid* pp 356.

⁴ *Ibid* pp 356.

of high school students who report use of steroids during the year and lastly to increase the percentage of students who perceive great risk associated with substance abuse. There is also program to reduce by 100 percent the proportion of schools with tobacco free environment that include all school facilities, property, vehicles and school events. Based on the theory that young people drink because they have a weak commitment to abstain from alcohol or other drug use, the personal commitment strategy encourages students to voluntarily make public or private pledges not to use or abuse alcohol or any other drug. The act of pledges increases ones commitment not to engage in drinking.⁵

Drinking and other drug abuse are sometimes linked with poor coping skills, so students are taught a variety of ways to relax under stress, to cope with pressure and to reduce problems. With increased ability to cope with anxieties and tension, students can often reduce their stress levels. Life skills strategy teaches students how to be assertive, how to resolve interpersonal conflicts and how to communicate more effectively with others. With these newly acquired life skills, students improve their ability to maintain social relations without the use of alcohol, tobacco or other drugs. No single curriculum or teaching strategy is adequate to prevent alcohol use and abuse in all school populations. Nevertheless research reveals that there is a tendency for successful drug prevention education programs to include a combination of normative beliefs, personal commitment, information on various mind-changing drugs and their potential effects. Reinforce peer resistance skills, decision making, problem solving and social life use competence skills.⁶

⁵ *Ibid* pp 361.

⁶ *Ibid* pp 363.

School environment is the one which connects multitude of activities. In many respects this thread is almost invisible yet everyone experiences its influence. Positive social relationships and attitudes about schools are as important to the environment as a safe and well-kept buildings and grounds. A safe, clean and well maintained school in turn boosts student and staff health as well as students educational achievement. It is possible and desirable for schools to be concerned with drug demand reduction, drug supply reduction and mitigation of the health and social consequences of drug use, with the major focus on demand reduction. It is the primary role of the school to teach skills, to impart knowledge and to establish sound value base in relation to health and drug use rather than focus on changing behavior that may be determined by factors beyond the influence of the school. The study also found the risk factors in drug and substance abuse include; knowing of students abusing alcohol, lack of regular student's inspection in schools for drugs, failure to attend awareness talks on dangers of drug abuse, and failure to organize a discussion forum on danger of alcohol and drug abuse in schools.⁷

In a study carried out in Nairobi, drug abuse among students seemed to correlate with the school environment. Specifically students who think that their close friends take alcohol, who think that students in their school can take drugs without the teachers knowing, who consider students-teacher communication in their school inadequate, and those who think their school is not adequately supervised to control access and use of drugs by students are more likely than others to have used a drug. The same study concludes that the campaign against drug abuse can be boosted by community based interventions such as awareness creation and exploring alternative strategies of socializing the boy child such as community based mentoring programs. The

⁷ NACADA, *Promotion of Evidence Based Campaign, National Alcoholic and Drug Abuse, Research Workshop Report*, pp 30, 2011.

community can play a key role in proactively and reactively dealing with alcohol related problems if they are adequately empowered.⁸

The study also found out that a number of approaches were being used in secondary schools to prevent and reduce drug and substance abuse, the major one being inviting guest speakers in schools to speak on the subject of substance abuse and teachers educating students on dangers of substance abuse. Unfortunately, there were a number of challenges that faced the prevention and reduction of drug and substance abuse in the schools and the key ones included peer pressure, ignorance and inadequate guidance and counseling by teachers. However, there are viable ways through which the challenges could be addressed. The key one includes the increase of the number of teachers' on guidance and counseling.⁹

In another study carried out in Kenya, it indicates that factors leading to abuse of drugs to a large extent include family crisis, lack of money and school related stress due to much workload. Guidance and counseling was reported to be the most preferred method of dealing with cases of drug abuse in schools. Considerable effort has been expended over the past two decades to understand the causes of drug abuse and to identify the prevention strategies. Much of this work has taken place in school settings mainly because schools provide easy access to large numbers of individuals judged to be the primary target population for prevention efforts. Despite their traditional educational mission, schools have been increasingly directed by state and local governments to assume responsibility for addressing an array of social and health problems.¹⁰

⁸ *Ibid* pp 31.

⁹ *Ibid* pp 37.

¹⁰ Grace Malinda Mwau, *A Behavioural Examination of Counseling Concerns Related to Drug Abuse Among Schools going Youth from a Biblical Perspective: A Case Study of Selected Secondary Schools in Kabete Division of Kiambu District, Nairobi, Kenya*, pp 29, June 2009.

The most common approach to drug abuse prevention found in most schools is the focus of providing information about drugs and the consequences of drug abuse. The focus of tobacco, alcohol, and drug education programs involves factual information about adverse health, sound and legal consequences of drug abuse without providing any skill training to drug prevention. It is assumed that if adolescents were better informed about danger of using drugs they would make a national and informed decision to remain drug free. Successful programs for drug prevention should involve reaching youngsters as early as possible. This involves that they be informed about the pros and cons of drug abuse. Therefore educational programs for the young should be continuous. This content reinforcement is the only way to penetrate the child's core value system which is useful for the child's success. If the student's drug abuse is going to change significantly, the value system must change.¹¹

The emphasis on the use of illegal drugs in schools must be broadened to deal more fully with all risk related factors. To increase the credibility of the anti drug message and to make programs more relevant many schools recruit community elders, law enforcement officers, or health professionals to administer part of the prevention program. Police officers go to classrooms and discuss law enforcement issues including drug related crimes and penalties for buying and possessing illegal drugs. Other programs also use doctors or nurses to teach about the adverse health effects of using drugs. Still others invited former drug addicts in schools to share the experiences they have encountered as a result of drug abuse.¹²

¹¹ *Ibid* pp 30.

¹² *Ibid* pp 31.

An important element in drug reduction programs is the focus on the community as the centre for prevention activities. It is important to create awareness, promote involvement and commitment of the community in the prevention programs. The main purpose of preventive education on substance abuse in the community is to develop attitudes and patterns of behavior that will minimize effects of drug and substance abuse. The community can help prevent drug abuse by providing support to schools. The society should be encouraged to get involved in the fight against drugs at the supply level. The society should directly or indirectly be involved in initiating activities against drug abuse and drug trafficking.¹³

School-based interventions are widely advocated to prevent substance abuse. Because of interest in making schools safe and drug free, most programs focus on preventing substance abuse and violence by reducing risks/stressors and enhancing protective factors. From a developmental perspective, advocates argue for beginning programs in elementary school and perhaps even before. Such programs focus on interrupting drug use, ending drug experimentation, stopping progression to drug abuse, reducing the likelihood of future re-occurring problems or relapse for those who have stopped. Thus in a school some initiatives may be school-wide with the intent of having an impact on all students.¹⁴

There is multi-component school based intervention programs designed to reduce childhood risks for delinquency and drug abuse by enhancing protective factors. The intent is to increase social bonds to school and family, strengthen attachment and commitment to schools and decrease delinquency by enhancing opportunities, skills and rewards for good social behavior at school and at home and increasing commitments to no drug use. With teachers, the emphasis is

¹³ *Ibid* pp 32.

¹⁴ Howard S Adelman and Linda Taylor: *Creating School and Community Partnership for Substance Abuse Prevention Programs. The Journal of Primary Prevention, Vol 23, No.3, pp 336, 2003.*

on how to use active classroom management, interactive teaching strategies and cooperative learning in classrooms.¹⁵ Teachers are involved in teaching, communication, decision making, negotiation and conflict resolution skills. There is emphasis on communication between themselves, teachers and students, positive home learning environment and generally supporting academic programs.¹⁶

Schools play an important role in helping to prevent drug abuse problems among young people. They do this when the curriculum and students welfare strategies help to strengthen and minimize risk factors known to be associated with drug misuse by young people. Drug education activities will be more effective when they are part of a comprehensive school approach to promoting health and well being for all students. Drug education should begin before young people are likely to face situations when they make decisions about drug use and before behavioral patterns have become established. Effective drug education will elicit students to acquire knowledge and understanding of the complex issues involved in drug use, including up to date information about drugs and their effects, critically examine the influence on drug use, develop skills to communicate assertively, including how to say no and the skills to make informed decisions, solve problems and seek further information and develop attitudes and values that promote a healthy lifestyle.¹⁷

It is the primary role of the school to teach skills, impart knowledge and to establish a sound value base in relation to health and drug use. Education for drug abuse prevention in schools should be seen to include the creation of a safe and healthy school environment, the provision of

¹⁵ *Ibid* pp 338.

¹⁶ *Ibid* pp 338.

¹⁷ *Drugs in Schools; Procedures for Managing Drug Related Incidents, Students Welfare Directorate, pp 4, 2010.*
<http://www.det.nsw.edu.au/policies/> retrieved on 13/5/2012

appropriate health services and support as well as the involvement of the family and the community in the planning and delivery of programmes. Components of the school curriculum should focus on equipping young people with information about drugs, the life skills necessary to enable them to deal with different situations without turning to drugs, the ability to resist pressure to use drugs and an understanding of what drugs are. There should be a set of clearly communicated policies and procedures that provides care, counseling and support for all students and ensure cooperative approach among staff, students, parents and related professionals, agencies and the police.¹⁸

There should be strategies for ensuring that all members of the school community contribute to and support school policies and procedures for dealing with drug matters and information and support for parents of students involved in illicit and other unsanctioned drug use. Students respond positively to a school environment comprising the culture, milieu, ethos, and sense of community, goals and a sense of order in which they feel that they are treated fairly. Students benefit when school is purposeful, when the school makes clear what students should know and do and how those outcomes are to be achieved and measured.¹⁹

There should be life skills taught in schools. Life skills are best taught through interactive methods and are most effective when applied and practiced in potential drug use situations that are relevant and meaningful to the social situations of students. A life skills approach to education for drug abuse prevention will provide drug information in the context of developing attitudes, values and skills in students. These includes skills for increasing self-esteem, setting realistic goals, coping with anxiety, resisting pressure, communicating effectively, making

¹⁸ *Ibid* pp 13.

¹⁹ United Nations Office on Drugs and Crime: *Schools, School-Based Education for Drug Abuse Prevention*, New York, pp 17, 2004.

decisions, managing conflicts and dealing assertively with social situations in which drugs are offered.²⁰

The school environment and the classroom climate are major variables influencing the effectiveness of education for drug abuse prevention. Some of the characteristics of schools that relate to successful change include quality leadership, teacher morale, and the school environment. The school environment can directly influence emotional well-being and health as well as academic outcome. The features of a school environment or culture that enhance a sense of belonging include; caring and supportive teachers, opportunities and skills for meaningful and valued contributions to school life and a sense of security. Students benefit when school is purposeful, when schools make clear what students should know and do and describe how they are going to bring about these desired results and how those outcomes are to be achieved and measured.²¹ Characteristics of a purposeful school environment include; strong administrative leadership and an orderly school climate, high expectations of student's success, organizational culture that channels teachers and students towards achieving high teaching and learning standards. Schools in which students perceive school rules and reward structures to be clear and sanctions to be unambiguous experience less disorder, as do schools in which students felt that they belong and that people in the school care about them.²²

The school environment, meaning its culture, milieu, sense of community, the presence of order and discipline and clearly established goals, provides the setting for successful education outcomes. The challenge for schools is to convey the importance of the school environment as a setting for a successful educational outcome to the school community. One way that schools can

²⁰ *Ibid* pp 31.

²¹ *Ibid* pp 40.

²² *Ibid* pp 40.

do is to outline their values, beliefs and educational goals in a mission statement which motivates all members of a school community to work together. Parents can have a significant influence by modeling responsible behaviors concerning drug use, instituting family rules, becoming more aware of youth culture, recognizing the early signs of drug use and by maintaining communication with the family and with other parents and the school. They can also be influential in promoting drug policies in the school and community level and by advocating for changes to laws. Parents also have a role in managing drug incidents in schools. The importance of mutual support between school and home is emphasized and parental support is seen as crucial in dealing with drug-related issues. Other strategy is for parents to assist in the prevention of drug abuse including discussing issues of drug abuse with children and setting clear family rules about drug abuse.²³

3.2. Conclusion

A variety of roles are assumed by school professionals in the prevention of substance abuse. School counselors are often responsible for prevention programs, to the extent that they are generally expected to develop and maintain positive working relationships with students, parents, teachers, school administrators, and relevant community and social agencies, they are indeed in an excellent position to coordinate and implement the school's service delivery system. Principals need to ensure that drugs are not used on school property, and they should be instrumental in the development and support of prevention programs. It has been argued that there is need for teachers "to become quasi-counselors and consultants, since they are the first line of defense against substance use and abuse". Finally, innovative programs have attempted

²³ *Ibid* pp 49.

to involve students in prevention efforts. Students have demonstrated their abilities as peer-counselors, hot-line telephone volunteers and sources for information and referral.²⁴

²⁴ *To Whom Would Adolescents Turn with Drug Problems? Implications for School Professionals:* Judith L. Naginey and John D. Swisher Reviewed work(s): Source: *The High School Journal*, Vol. 73, No. 2: University of North Carolina Press, pp. 80, (December 1989 - January 1990).

CHAPTER FOUR

AN ANALYSIS OF DRUG AND SUBSTANCE ABUSE IN NAIROBI

4.0 Introduction

Students have always been trying to experiment with new things as they go through adolescent age. It is at this age that many find themselves experimenting with drugs and some become addicted. Drug and substance abuse by students and the problems associated with this behavior have been part of human history for a longtime. What is different today is increased availability of a wide variety of substances and age at which experimentation with these substance take place.

All drugs are dangerous and that the deliberate ingestion of drugs is harmful to the individual, the family, the community and the society as a whole. No consensus exists about the specific root causes of drug abuse and addiction for particular individuals. The reasons why people turn to narcotics are as varied as the type of people who abuse them. The factors associated with drug abuse are many and varied and include individual predisposition, family characteristics and complex social and environmental determinants.

One key factor which has lead to substance abuse include low-self esteem, low self satisfaction, greater need for social acceptance, lack of confidence, high anxiety and rebelliousness.¹ Curiosity has been quite sufficient to entice individuals into drug abuse. Curiosity is caused by the media when they portray drugs as an important part of becoming popular. Natural curiosity is widely held to as an important element on initiation of drug abuse. Numerous changes and

¹ Charles Carroll, *Drugs in Modern Society*, WMC Brown Publishers, pp 47, 1985.

conflict in society are contributing factors in the illegal use of drugs. Parents have a powerful influence on shaping the attitudes, values and behavior of their children. During socialization, parents and family members direct young people's conduct along desired channels, and enforce conformity to social norms. Socialization involves being taught all the things one needs to know in a particular context including emphasis on relationships, discipline and counseling. There are increased commercial messages that tend to promote self indulgence for all drugs in general. Heredity plays a significant role in alcoholism one of many drug and substance abuse. Such hereditary influences could explain why some people are more sensitive to drug effects than others and therefore more susceptible to certain drugs.²

Many young people start using drugs because they had never acquired skills for dealing with peer pressure or feelings of personal or social insecurity. Many school children have no skills for resisting or avoiding drugs or achieving self confidence without drugs. Peer pressure plays the largest role in causing students to begin using drugs. Other factors include constant exposure to liquor and drugs through adverts, movies and TV. Factors such as poor school environment, regular exams or pressure to perform well in exams or even lack of commitment to education have been viewed as common factors in the initiation of use and abuse of drugs in schools.³

Availability and cost of drugs is associated with drug abuse. According to NACADA availability of illegal drugs such as heroin, cocaine and mandrax together with availability of legal substances such as cigarettes and alcohol may lead to drug abuse. This encourages the use of and the eventual abuse of substance by youth. According to the report, the readily availability of most drugs appears to be the most important cause of prevalence of substance abuse amongst

² *Ibid* pp 50.

³ *Ibid* pp 1.

the youth. The report also established that miraa is a widely used substance in the country. It is grown in the country, used locally and a huge amount exported. Other drugs easily available are heroin, cocaine, and mandrax, which find their way into Kenya mainly through Nairobi and Mombasa International Airports⁴.

Society is always undergoing changes and also the family as a unit of society. African family structure has been and is still changing from the mainly extended to the smaller nuclear family plus immediate relatives. Unlike in the past, socialization in the young has been neglected. Many children are left in the care of house helps because the parents have to work. According to NACADA there is a strong link between alcohol as a substance of abuse by young people and the breakdown in family values. In the indigenous society drunkenness was frowned upon. In today's setting, binge drinking is becoming an acceptable part time with parents freeing their children from restrictions that once governed alcohol consumption. According to NACADA, children as young as 10 years are not only consuming alcohol but are suffering from the consequences. Stories of children undergoing rehabilitation due to alcohol problems are a cause of concern. The problems certainly reflect a bigger problem and they are a direct product of how children are socialized in relation to alcohol and drug use.⁵ There is now evidence that leisure drinking occurs more commonly among the youth. Drinking rates of 12 to 20 years have been reported in secondary school students in Zimbabwe, Lesotho and Nigeria.⁶

There is widespread use of miraa, a stimulant, in Kenya, Somalia and Ethiopia where it is used by students to improve their academic performance. Sniffing of glue and petrol is found among

⁴ NACADA, *Alcohol and Drug Abuse in Kenya, Final National Baseline Survey on Substance Abuse in Kenya*, Government printer, pp12, 2004.

⁵ NACADA, *Alcohol and Drug Abuse in Kenya*, Government Printer, pp19, 2008.

⁶ *Journal of Drug Issues, Volume 27, Issue 7*, ProQuest LLC, pp 1, 1997.

street children and juveniles in Kenya, Tanzania, Sudan, Somalia, Swaziland and Zambia. Several children are known for their willingness to take risks while they have not mastered control over their impulses. They emphasize on having fun not knowing the probable or future consequences related to ingesting drugs and substance abuse.⁷

Teenage is a time of exploring new ideas and times of learning. Younger people hunger for new ideas. Experimenting with expanded range of behavior and life styles is often viewed as part of the natural process of separating from parents and developing a sense of independence and self identity. At the same time adolescents tend to develop on increased sense of concern with their own appearance and abilities. These two conditions make teenagers especially vulnerable to the influences of peer groups. Other factors which increases individuals predisposition to substance abuse include psychological aspects which include low self esteem, greater need for social acceptance, and lack of confidence, high anxiety, rebelliousness and feelings of being controlled by external forces. Numerous changes and conflicts in society are contributing factors in the illegal use of drugs. There are increased commercial messages that tend to promote a theme of self-indulgence for all drugs in general.⁸

4.1. Extent of Drug Abuse

Drug and substance abuse have spread at an alarming rate and have penetrated every part of the country. No nation has been spared from the devastating problem caused by drug abuse. The complex and intricate web of drug abuse have defied all odds.⁹ Drug abuse among young people is a global phenomenon and it affects almost every country. Although it is difficult to

⁷ Charles R Carroll, *Drugs in modern Society*, WMC Brown Publishers, pp 46, 1985.

⁹ Ngesa L , Judah Ndiku & Masese, *Drug dependence and abuse in Kenyar: secondary school: strategies of intervention*, pp81, (2008).

authenticate the actual extent and nature of drug abuse among learners research indicates that most adolescents experiment with alcohol or other drugs prior at school. It is estimated that 25 percent of male adolescent and 10 percent of female adolescents abuse alcohol at least once a week in the world.¹⁰

On alcohol abuse, the institute for social studies at the university of Michigan points out that at the time learners in the US reach grade 12, approximately 8 in 10 will have consumed alcohol at sometime in their lives. Of these, 60 percent will have consumed it to the point of intoxications. Some of the problems associated with the youth drinking include violence, suicidal behavior and high risk sexual activities.¹¹ The average age of first alcohol use and illicit drugs abuse in the United States are 13 and 23 years respectively. Well over one - half of American high school students, girls come close to the level of boys, in their use of alcohol, marijuana and cocaine.¹² It is considered that global illicit drug use has increased since 1990s and is likely to increase. In Bolivia it is estimated that consumption of cocaine had increased to 54 percent from 1980 -1988. Various studies that have attempted to produce quantitative information suggest that between 5000 and 240,000 are habitual users of cocaine. The availability of cocaine at low prices has contributed to increase in consumption by young people.¹³

According to a 1988 survey, marijuana is the drug of choice in Mexico, among the young people of the total Mexican population, 2.99 percent had used marijuana, and 0.11 percent had used cocaine. Considering other countries in Latin America the lowest reported rates ever for marijuana and cocaine are found in Mexico and Costa Rica, the highest in Colombia. Officials at

¹⁰ Gillis H, *Counseling Young People*, Sigma Press, Koendoe Port Pretoria, pp 6, 1996.

¹¹ Cookson, H; *Alcohol Use and Offence Type in Young Offenders*, *British journal of criminology* 32, pp 360, 1992.

¹² H Thomas Milhorn, *Drug and Alcohol abuse the Authoritative guide for parents, teachers and counselor Perrseus books*, pp 3, 1994.

¹³ La'Mond Tullis, *Unintended Consequences:Illegal Drug and Drug Policies in Nine Countries*, Lynne Rienner, pp 50, 1995.

the Mexican Attorney General's office believe that increase in the use of cocaine among Mexicans is explained by the fact that cocaine dealers or either cocaine traffickers pay in kind for transportation ¹⁴

In a study carried out in Nigeria experimenting with drugs during adolescent years is common. Youth use the drugs for many reasons including curiosity, because it feels good, to reduce stress or to feel as grownups. Using alcohol and tobacco at young age increase the risk of using other drugs later. In one of the WHO's and the World Heart Foundations data posit that in Nigeria, 22.1% of school youth aged 12-17 years use tobacco. In South Africa, it is 19.4%, 15.1% in Ghana and 16.4% in Kenya. Some teens will experiment occasionally without significant problems. Others will develop addiction, moving on to more dangerous drugs and causing significant harm to themselves and the society at large¹⁵

Between 2001 and 2002, NACADA commissioned national baseline survey on the abuse of alcohol and drugs in Kenya. The study targeted Kenyan Youths aged between 10 and 24 years. The study revealed that substance of abuse is widely practiced by the youth. The survey demonstrated that substance abuse was widespread and that it affected the youth mostly and cut across all social groups. The drugs most used were found to be alcohol, tobacco, Khat and Cannabis. In addition the youth were also abusing imported illegal substance of abuse. The survey demonstrated that substance abuse was widespread and that it affected the youth mostly and cut across all social groups. The drugs most used were found to be alcohol tobacco, Khat and

¹⁴ *Ibid* pp 51.

¹⁵ Rev Vasco Abudu; *Young People and Drug Abuse: Being a paper presented at the 8th Biennial international conference on alcohol, drugs and society in African*, Abuja Nigeria. pp 3, 2008.

Cannabis. In addition the youth were also abusing imported illegal substances such as heroin and cocaine and Mandrax.¹⁶

In recent years, schools have been increasingly faced with the need to juggle multiple priorities, such as academic standards and accountability, school safety, and student drug use prevention. In an effort to create and maintain safe and drug-free school environments, principals have increasingly resorted to school searches for drugs, particularly when they have reasonable suspicion of a group of students. One response has been to view student drug searches as associated with school safety issues and to portray drug searches as preventive measures in the war against drugs and school violence. In their quest for safe and drug-free schools, local school boards and administrators have instituted stronger policies to detect and deter detrimental behaviors such as student drug use. For example, some schools are implementing mandatory and random drug testing for specific groups of students (e.g., athletes and students involved in other extracurricular activities), and banning telephone pagers in school because of their association with drug deals. While schools have been faced with the difficult task of balancing student privacy and school safety, there has been limited empirical research focusing on the relationship between student drug use and school drug search policies and procedures.¹⁷

Two types of drug searches are employed in schools: for-cause and random. For-cause drug searches refer to searching an individual student (or the student's belongings) on the basis of reasonable cause or suspicion. In cases of random drug searches, there is a lack of individualized suspicion, and often such searches involve a large number of students. There is no doubt that, in

¹⁶ NACADA, *Alcohol and drug abuse in Kenya, final national baseline survey on substance abuse in Kenya*, Government Printer, Kenya, pp 30, 2009.

¹⁷ *Relationships between School Drug Searches and Student Substance Use in U.S. Schools*: Ryoko Yamaguchi, Patrick M. O'Malley, Lloyd D. Johnston Reviewed work(s): *Educational Evaluation and Policy Analysis*, Vol. 26, No. 4 . American Educational Research Association Stable, pp330, 2004.

the long run, drugs can cause serious harm and that something must be done to curtail drug use in our public schools; yet it is arguable whether the harm that drugs cause is imminent. The results of this study suggest that school administrators use drug searches partly on the basis of need. In other words, the positive association between drug searches and substance use may simply reflect administrative responses to the existing realities in schools. The associations observed between both random and for-cause searches and actual student substance use (i.e. lack of an association for the most part and some positive associations) do not, in themselves, suggest that these policies and procedures are effective; however, the possibility that effects were masked by original sample differences cannot be ruled out at this point.¹⁸

Given that for-cause drug searches were most prevalent in the schools with the highest levels of student drug use, principals do seem to be pro-active in attempting to create drug-free learning environments by conducting drug searches based on cause or suspicion. However, the efficacy of random searches may be questioned, given the high monetary costs and potential negative effects on school climate. Furthermore, it is clear from some of the school differences related to other factors, that need is not the only factor influencing administrators' decisions to conduct drug searches.¹⁹

The severity of schools' substance abuse problem was the most important predictor of misbehavior; a more serious substance abuse problem was associated with greater misbehavior. Other important school variables included school climate and students' perceptions of the school. Better environment and more positive perceptions of the school were associated with lower rates

¹⁸ *Relationships between School Drug Searches and Student Substance Use in U.S. Schools*: Ryoko Yamaguchi, Patrick M. O'Malley, Lloyd D. Johnston Reviewed work(s): *Educational Evaluation and Policy Analysis*, Vol. 26, No. 4, American Educational Research Association Stable, pp 330, 2004.

¹⁹ *Relationships between School Drug Searches and Student Substance Use in U.S. Schools*: Ryoko Yamaguchi, Patrick M. O'Malley, Lloyd D. Johnston Reviewed work(s): *Educational Evaluation and Policy Analysis*, Vol. 26, No. 4, American Educational Research Association Stable, pp 340, 2004.

of misbehavior. In urban areas the percentage of disadvantaged students significantly predicted violent behavior. As with misbehavior, more urbanized schools and schools with greater percentages of disadvantaged students had greater problems with violent behavior. Again, the most important predictor of violent behavior in school was the presence of a serious substance abuse problem. Also significantly associated with less violent behavior were less severe action for repeated serious misbehavior and not assigning students for ethnic composition.²⁰

The only variable other than school that significantly predicted substance abuse was the amount of time students report being at home with no adult present. The greater the amount of time students were left alone, the greater was the school substance abuse problem. Grade span was the strongest predictor of substance abuse. Not surprisingly, there was greater substance abuse at schools with grade spans that consisted of higher grade levels. Whether students are permitted to leave school grounds was also an important predictor, followed by a disciplined, structured environment. Prohibiting students from leaving school grounds and a more disciplined, structured environment were associated with a less severe substance abuse problem. More severe action for first-time serious misbehavior and a more flexible school environment were also significantly associated with a lower school substance abuse problem.²¹

From the prevention standpoint, involvement with peers who use drugs must be reduced. But to do that, home and school factors appear important and should be addressed in interventions that reduce home strain and normlessness. In clinical research there is growing evidence that strategies that improve parenting and communication skills in families reduce drug abuse in

²⁰ *Variables Predicting Students' Problem Behaviors*: Nancy L. Weishew and Samuel S. Peng Reviewed work(s):Source: *The Journal of Educational Research*, Vol. 87, No. 1: Taylor & Francis, Ltd. pp. 9 (September - October 1993).

²¹ *Ibid* pp 10.

young and adolescent children. If we are to devise prevention programs, it appears that approaches that increase opportunities for youth to experience a satisfying, consistently rewarding family life in which expectations are clear and attachments strong indirectly reduce the risk of drug abuse.²²

School norms and the degree to which students subscribe to them have also been associated with drug misuse. High drug users tend to place less importance on telling the truth to teachers, taking tests without cheating, doing their own schoolwork, and complying with school rules. In comparison to students who use no drugs, students who use illicit drugs appear to be significantly less committed to school norms, academic achievement, and participation in athletics or activities. Lack of success in school also appears to lead to being labeled by friends and teachers as bad and sick. There is some evidence that delinquency and drug abuse are associated with school size and student/teacher ratios. Schools with more than 500 students and high student/teacher ratios appear to have higher rates of vandalism, delinquency, and drug violations.²³

The impact of school programs on the problem of adolescent drug abuse might be enormous, for in no other environment is such frequent and consistent contact with such a large number of adolescents possible. While a number of reasons have been offered for the relative

²² *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s); Source: *Social Service Review*, Vol. 58, No. 3: The University of Chicago Press, pp 438, (September 1984).

²³ *Family, School, and Peer Correlates of Adolescent Drug Abuse*: Mark Fraser Reviewed work(s); Source: *Social Service Review*, Vol. 58, No. 3: The University of Chicago Press, pp. 439, (September 1984).

ineffectiveness of school-based prevention programs at present, insufficient attention has been focused on student attitudes toward the school personnel who administer them.²⁴

4.2. Conclusion

To reduce substance abuse during this critical time, we need to bring adolescents on board so that they can participate fully in the process and be able to help to end the vice. School staff-student positive relationships should be improved. Students should also be provided with accessible counselors with whom they are free to communicate with.

²⁴ *To Whom Would Adolescents Turn with Drug Problems? Implications for School Professionals:* Judith L. Naginey and John D. Swisher Reviewed work(s): Source: *The High School Journal*, Vol. 73, No. 2: University of North Carolina Press, pp. 81, (December 1989 - January 1990).

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The focus of this study was to look at the management of drug and substance abuse among students in secondary schools in Kenya. The study was then to propose a program for prevention of and intervention of drug abuse among the youth in schools. The findings of this study among other things will help both administrators and policy makers to develop more efficient educational programs to address drug abuse in schools.

This chapter presents a summary of the study and the research findings. Conclusions are drawn and recommendations made on possible ways of improving approaches to drug abuse among students in schools. The overall purpose was to find out current trends in drug abuse among students and to analyze the strategies used to address the problem. The main objective was to come up with a proposal on a program for the improvement of the management of drugs in schools.

5.1. Summary

The ultimate aim of the study was to look at drug management in schools and come up with programs to improve on the prevention and intervention on drug and substance abuse. From the literature review of this study, it shows clearly that all drugs are dangerous. Ingestion of any of these drugs is harmful to the individual, the family, the community and the society as a whole. The factors associated with drug and substance abuse are many and varied, and include individual predisposition, family characteristics, and peer pressure, social and environmental

determinants. Environmental factors which are most influential include the family, peer association, poor school performance and delinquent behavior of the youth in school. Other factors include expectations of low performance in school by students, easy availability of drugs, poor parenting, lack of role models and parental guidance; social pressure from media especially from the urban areas, brake down of societal values, as well as low self-esteem, curiosity and perceived inability to cope with problems. Overall, the most commonly abused drugs are alcohol, tobacco, khat and cannabis.

The literature review indicates that in Kenya there is a growing concern over the harmful effects of drug and substance abuse among the youth in schools. The government has been able to establish NACADA to sensitize, train and empower the public on matters of drug and substance abuse. Other methods used include media campaigns and setting guidelines on alcohol control. In schools there are strict rules including inspection of personal belongings of students, guidance and counseling, suspension and expulsion.

5.2. Proposed Solutions to Drug and Substance Abuse in Schools

The study wishes to propose the following measures to improve on management of drug and substance abuse in schools:

- a. Strengthening guidance and counseling in schools
- b. Implementing fully rules and regulations on sale of alcohol where those under 18years should not access buy or patronize in bars and any premise where alcohol is sold
- c. Introducing curriculum in schools to sensitize students on effects of drug and substance abuse

5.3. Conclusions

Drug abuse is caused by early use of conventional drugs and by family, school and peer-related social conditions that preclude or promote progression to stages of more serious drug use. While the relationships are quite complex and continue to be debated, the research provides reasonably clear direction for prevention programs that specifically addresses the correlates in each sphere of social interaction which have been identified. These interventions should create opportunities for young people to experience success in family relationships, school or vocational activities, and peer relationships. They should address the beliefs of parents and peers that may promote the use of illicit substances. In addition, selected strategies should focus on strengthening those skills of parents, teachers, and youths that may lead to strong parent-child attachments, consistency in discipline, clear antidrug values, and attachment to youths or adults who are committed to conventional lines of action.

Drug abuse among students is common and spells danger not only to school going children who abuse the drugs but also to the well being of the nation, because the youth are the future of this country. The risk factors associated with drugs are many and include peer pressure, poor parenting, pressure to perform, media influence and low self-esteem. Overall, the common abused drugs are alcohol, tobacco, cannabis and khat, the reason being these drugs are easy to access. On measures used to address drug abuse in schools, the methods are not adequate and therefore there is need to come up with better strategies to address problem.

It is therefore evident that drug abuse among students and society in general must be fought in all ways so as to bring down substance abuse and related problems at all levels in the society. Despite the many pro-drug influences of peer and mass media, role modeling by parents is

considered the foremost factor in the development of young people's attitudes toward drugs and likelihood of abusing drugs. There appears to be a strong relationship between parents' use of drugs and the occurrence of drug use and abuse in their children. Thus the parent can be considered as the origin or genesis of drug abuse.

5.4. Recommendations

This study recommends the following;

Regular meetings between parents and schools should be encouraged. This will make it possible for the school administration to update parents on drug abuse and other discipline cases. Given that there is a lot of emphasis on guidance and counseling more teachers should be trained on this aspect.

While parents should be encouraged to become involved in discipline matters, they have a crucial role to play in preventing drug abuse among students through their role as parents. Most parents have limited time to spend with their children, especially in urban areas where most of the parents are employed. Parental monitoring of children's behavior and strong parent-child relationship are positively correlated with decreased drug use and abuse among students. It is therefore the duty of parents to work with school administration to address drug and substance abuse in schools.

Parents and teachers should dialogue with students and communicate effectively with them, developing problem solving skills and providing clear consequences for any undesired behavior and fostering a free environment where children can express themselves.

Professionals in the field of drug-abuse education now believe that helping young people to say "no" to peer- pressure is one of the most effective ways of preventing or delaying specific

adolescent behaviors including illegal drug use. Therefore several strategies should be designed to assist students in rejecting the many pressures that influence them to experiment with drugs. These strategies rely on the willingness of teachers to be sensitive to the moments that provide opportunities for students to develop the confidence and skills necessary to make satisfying and constructive personal decisions.

The government should fasten and implement fully the new laws on production, sale and consumption of liquor, where children below 18 years should not buy alcohol or enter any bar or premise where alcohol is sold. The new law restricts sale of liquor to minors and that there should be no bar/ premise in any school within a radius of 300 meters.

All stake holders should partner to address drug and substance abuse in schools. The community should instill moral values among the youth to help them become useful members of the society. This is based on the fact that, in traditional African society, upbringing of children is a communal role and not only that of the immediate family.

The community in partnership with the government should initiate community based drug abuse prevention programs. The main objective being to equip youth and the community with knowledge and skills required to enable them make informed decisions and stay away from drugs.

There should be a uniform policy in the Ministry of Education to all schools to guard against disparities in addressing drug abuse in schools and to arrest increasing cases of drug and substance abuse amongst students. It is therefore recommended that there be a comprehensive and uniform policy on drug abuse in schools.

The media has been a stumbling block in the war against drug and substance abuse among the youth. Certainly media campaigns have the potential to be effective communication and educational tool through advertisements on drugs and substance abuse. These advertisements have negative effects on attitudes of the youth and they are easily influenced negatively hence lured in trying on drugs to have the same feelings of greatness as portrayed in the advertisements. Through these advertisements many are influenced and want to experiment with the use of drugs especially alcohol and tobacco which are legally available. Instead mass media campaigns should focus on increased awareness on negative effects on those drugs.

Curricular planning is an important and necessary step in the successful implementation of a drug education program. However the planned learning experiences should be seen as only one phase in the schools overall approach to the prevention and management of alcohol and other drug problems. Before schools can do drug education effectively, the community and the professionals involved in working with youth need to formulate a comprehensive substance abuse policy that is clear, consistent, reasonable and administered openly and fairly. Without such a policy, and unless it is communicated widely to students, parents, school staff, and community, then schools will not be a credible source of drug abuse information, education or prevention

School personnel are likely to assist students involved in drug abuse if there is a policy stressing the need for cooperation among teachers, administrators, students, parents and school councilors, law enforcement officials and the court systems. Sometimes teachers are most reluctant to intervene in cases of drug abuse in school because of the perceived lack of administrative support, feelings of vulnerability to legal sanctions and fear of retaliation by parents and students. A comprehensive substance abuse policy for schools must resolve these problems. Such

a policy would also tend to deter those students who choose to utilize psychoactive substances and who would otherwise take advantage of the confusing situation that would likely prevail without a clear cut course of action.

An effective drug education and intervention policy is needed to address issues of school security, reporting of suspected drug-related behavior, due process for student who breaks rules and student involvement in policy development among others. It is essential that both policy and implementing procedures addressing these very many issues be revised regularly and administered fairly.

5.5. Recommendations for further Research

More studies are needed in respect to socio-economic factors with regard to drug abuse among students. There is need to know the link between these factors and drug and substance abuse.

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