

**DRUG ABUSE AND MEDIA CAMPAIGNS: A STUDY OF
KNOWLEDGE, ATTITUDES AND PRACTICES AMONG YOUTH
IN NAIROBI SOUTH B ESTATE**

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DECLARATION

This research project is my original work and has not been presented for an award in the University of Nairobi or any other University.

Signature  Date 12/11/2007

Kulla D. Gollo
K/P/50/7315/04

This research project has been submitted for examination with my approval on behalf of the School of Journalism as the supervisor.

Signature  Date 12/11/2007

Wairimu Gichohi

DEDICATION

This work is dedicated to my late grandmother Sake Tacho whose brave step to take me to school gave me the impetus to get this far. Her trust and confidence in me must have been immense.

Special dedication goes to my immediate family, Dr. Guyo W. Jaldesa, our children Jillo, Malu, Waqo and Sake for their continued and unwavering understanding despite suffering the brunt of my absence throughout the study. For the children, their presence and inquisitiveness encouraged me on.

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GOD BLESS AND REWARD ALL!

ABSTRACT

Over 2.5 billion persons, or 53 per cent of the world population, are under the age of 25 and they are particularly susceptible to illicit drugs (World Drug Report 2007). This is because their age represents a period of curiosity and experimentation. It is in the formative years that the inquisitive and explorative nature of the young may lead them to drug misuse. Such misuse is on the rise, and the age of initiation into the drug scene is becoming progressively lower (Miruka 2006).

This was a focus group study whose objectives were to find out the level of knowledge derived from media campaigns on drug abuse among the Kenyan youth, to establish the attitudes on drug abuse among Kenyan youth acquired as a result of information from media campaigns and to investigate if there are practices among the youth concerning drugs in Kenya that is linked to mass media campaigns. The youth of Nairobi South B were identified as the respondents of the study. The respondents were approached through their guidance and counseling teachers and peer educators who interacted with the researcher for the purpose of establishing a rapport and getting acquainted with the general situation on the ground. Data was collected through focused group discussions, one at Highway Secondary School and the other at Our Lady of Mercy Secondary School. This was done to include the views of both boys and girls.

The findings obtained revealed that the students could define drug and substance abuse. They also knew the substances commonly abused and the negative effects that come with abuse of drugs. Parenting style was identified as an important factor suggesting the need to involve parents in anti – drug abuse efforts targeting secondary school students. It was observed that respondents largely discredited the anti-drug abuse campaigns, which they described as contradicting and ineffective. The study revealed that youths memorize current and captivating media campaigns, which are audiovisuals. Televisions was identified as an effective media in educating the youth about drugs and influencing behavior change as compared to radio and bill boards which had insignificant impact. Campaigns featuring youths were found to most appealing and welcome by respondents.

A radical departure from expectation was that despite increased awareness levels about the dangers of drugs, the rate of drug abuse is on the rise. It is recommended that stakeholders, especially the anti – drug abuse crusaders, become more creative in designing messages for such campaigns with a view to attracting the attention of the young people. Campaigns should be in audio visual and featuring youths.

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DEFINITION OF TERMS

DRUG

The medical, pharmaceutical and nursing professions use of the word “drug” to refer to medicines – substances that can cure or arrest disease, relieve symptoms, ease pain and provide other benefits. This definition includes essential vitamins and minerals that may be given to correct deficiency diseases. Other people refer to drug as those substances that ADDICT like bang. All these pictures are quite correct.

DRUG MISUSE

This is the use of a substance under circumstances and at doses that increase the hazard to the individual. Thus the use of a drug or substance (legal or illegal) for medical, cosmetic or recreational purposes when other safe alternatives are available, practical or warranted is, by this definition, drug misuse.

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DRUG ABUSE

The sporadic or persistent excessive use of any substance, for any reasons other than its acceptable medical use. Such use is normally unacceptable to the society, dangerous to the individual as well as society.

DEPRESSANTS

These are sedatives that act on the nervous system. They provide artificial relaxation and relief from anxiety and mental stress but tend to produce psychological dependence; withdrawal from heavy use is severe.

STIMULANTS

These are agents that activate, enhance, or increase activity of the central nervous system. They include amphetamines and synthetic appetite suppressants such as phenmetrazine or methylphenidate. Stimulants can give rise to symptoms suggestive of intoxication, including tachycardia, pupillary dilation, elevated blood pressure and nausea or vomiting. They can also cause violent and aggressive behaviour, agitation and impaired judgement. A full-blown delusional psychosis may occur.

HALLUCINOGENS

These are chemically diverse and produce profound mental changes such as euphoria, anxiety, sensory distortion, vivid hallucinations, delusion, paranoia and depression. They include mescaline and LSD.

TARGET AUDIENCE

This would refer to those persons who are the key elements of the health communication campaigns.

LIST OF ABBREVIATIONS/ACRONYMS

NACADA

National Campaign Against Drug Abuse*

U.N.O.D.C

United Nations Office on Drug and Crime

A.C.S.

American Cancer Society in the United States

S.C.A.D

Students Campaign against Drugs

KAP

Knowledge, Attitude and Practices

CHAPTER ONE

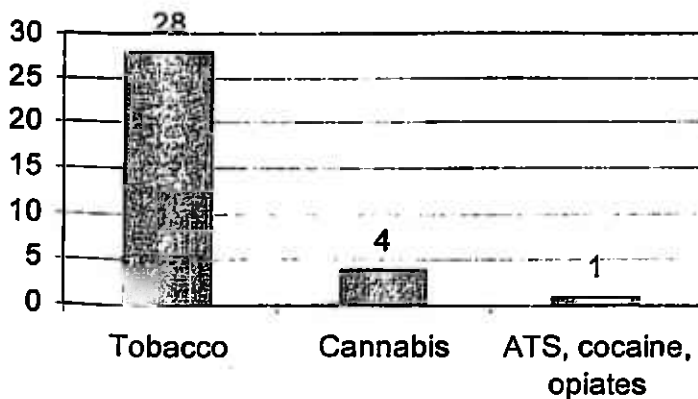
INTRODUCTION

1.1 Background

Drug abuse is a global phenomenon. It affects almost every country, although its extent and characteristics differ from region to region. Drug abuse trends around the world, especially among youth, have started to converge over the last few decades. The most widely consumed drug worldwide is *cannabis sativa*. Three-quarters of all countries report abuse of heroin and two-thirds report abuse of cocaine. According to the World Drug Report 2007, approximately 200million people, about 5% of the world's population aged between 15 and 64 years have used drugs at least once in the previous 12 months.

Cannabis accounts for the majority of illegal drug use while tobacco is the mostly abused legal drug. Amphetamine-type stimulants (ATS) including amphetamine, methamphetamine and ecstasy remain the second most widely consumed group of substances.

Figure 1.1: Use of illicit drugs compared to the use of tobacco (in % of world population age 15-64)



UN member states have reported a total of 4.5m people under treatment for drug abuse. About 25m people (6% of the world's population aged 15-64 years) are estimated to be heavily drug dependent. Looking at drug markets, development of new trafficking routes is anticipated. Illicit drug organizations are quite adaptive and creative when it comes to distribution. Drug traffickers are increasingly exploiting Africa. The World Council of

Churches estimates worldwide international drug trade worldwide at \$400 billion. The drug trafficking business is organized like a multinational corporation. The illicit business has become a major source of revenue to many countries' treasuries with the most lucrative markets being the United States and Western Europe.

According to the United Nations' AIDS estimates, approximately 40 million people are infected with HIV/ AIDS virus worldwide. Out of these, two to three million use injecting drugs. Many others use alcohol and other drugs. Health cases are on the increase, for instance, there are more cancer cases in hospitals and an increase in the spread of HIV/AIDS mostly among the youth. In the United States, an estimated one-third of HIV/AIDS cases are related to injecting drug use. Substance abuse is directly tied to the increase in HIV/AIDS among women. Women are primarily infected with HIV through injecting drugs (48 percent) or heterosexual transmission from an infected partner, who is often a drug user (54 percent).

Studies by the National Center on Addiction and Substance Abuse show that drug use, injected or otherwise, can affect decision-making, especially about engaging in unsafe sex, which in turn can endanger one's health as well as the health of others. Among 15 to 24-year-olds surveyed: 50 percent say "people their age" mix alcohol or drugs and sex "a lot". 73 percent believe that their peers often don't use condoms when alcohol and drugs are in the picture. 37 percent want more information about how alcohol or drugs might affect their decisions about having sex.

Alcohol and drug abuse has been an integral part of societies throughout history. Use of drugs has been considered statistically normal in many parts of the world. Only recently, have human beings become aware of the dangers of drugs. Use of drugs therefore turns to drug abuse when drugs violate societal norms for the frequency, duration and intensity of ingestion or norms governing the social context within which the substances are used (Miruka, 2006).

Drug and substance abuse is a phenomenon that is as old as mankind. Kenyans had culturally accepted drugs and substances, the use of which, those days, was for special occasions. Such uses were strictly controlled by cultural values and were never viewed as abuse. Now urbanization has resulted in breakdown of social control and value systems thereby endorsing drug abuse (Miruka, 2006).

According to the National Agency for the Campaign against Drug and Substance Abuse (NACADA), Drug and substance abuse in Kenya cuts across the whole population strata. However, high at risk and hard hit are the youths and those in their early adulthood. The effects of drug and substance abuse are intense. The individual abusers, the family and the community share the pains and consequences of the physical and psychological effect of drug and substance abuse.

Recent research statistics by NACADA, shows that the prevalence of drug and substance abuse in Kenya is expanding rapidly to the detriment of the society. Kenyans cannot afford to be complacent about it. Joseph Kaguthi who is the former national coordinator of NACADA argues that we can no longer think of these drugs in terms of mere tobacco, alcohol, marijuana and miraa (even though the consequences of these common drugs are much more serious than we perceive), the big ones referred to as hard drugs, are also here with us. Drug/substance abuse cuts across all the strata of our society but the involvement of the youth (between 14-20 yrs), who are mainly in secondary schools, is of special concern to educators, parents and other concerned groups.

According to the Centre for The Study and Promotion of Adolescent Health, incidences of drug abuse are rising. Unbecoming behavior such as general unrest among the youth is a clear manifestation of rampant drug use. The youth being very energetic and lack of avenues to release pressures like unemployment, idleness, school dropouts and lack of adequate and affordable recreational facilities serve to encourage them even more towards drug abuse.

Drug/substance abuse is no longer the preserve of male youth who are the more adventurous. According to the Ministry of Health, 67% of men and 32% of women smoke. 45% of the smokers are below 20 years. Evidently, these are indications of a very dangerous trend given that tobacco related diseases kill many people as compared to other deadly diseases. Drug and alcohol addiction has now become a serious problem in Kenya especially among the youth. It is the cause of death of hundreds of people and destroys happiness and peace in families and society. In most communities like the Luo in Nyanza province cultural traditions prohibit women from using drugs. The relatively few women who abuse drugs are mostly depressed and tend to take alcohol or prescribed drugs such as tranquilizers (Miruka, 2006).

According to Wrong Diagnosis, an international organization working on drug and addiction reduction, Kenya's extrapolated prevalence of drug abuse cases has risen to 485,031 people out of a total population of 33 million people. United Nations Office on Drug and Crime (U.N.O.D.C.) annual prevalence of abuse as percentage of population aged 15-60, shows that Kenya ranks first in East Africa on abuse of cocaine by 0.1 million people, second in East, North and central Africa on abuse of cannabis sativa by 4.0 million people. Kenya is also second to Mauritius in abuse of opiates in North and East Africa by 0.2 million cases. It is therefore evident that Kenya faces more addiction and other drug related diseases. According to American Cancer Society (ACS), tobacco statistics account for the loss of 4 million people every year worldwide, and that by the year 2030 the number will be 10 million. American Cancer Society also predicts that 53,000 people die each year from effects of environmental tobacco smoke (E.T.S.).

Engagement of the youth in substance abuse starts in primary school at an early age of five years old. The drugs commonly abused in Kenya especially among the youth includes; bang (marijuana), khat (miraa), alcohol (cheap liquor known as chang'a/ kumi kumi), tobacco-cigarette smoking, inhalants, and glue sniffing among the increasing street children. Statistics indicates that in every ten youth, three become drug addicts. The effects of the increased substance abuse are seen in high school dropouts, strikes with destructive attitude to property, irresponsible living and lawlessness among the youth.

The adverse effects of these drugs are felt in various ways like sexual immorality, rape, destructive strikes in schools, increased motor accidents on roads and general crime. (Pastor Harry of Kenya Methodist Church, 2004) while launching awareness campaign in substance abuse and related violence in Nairobi

In Kenya, NACADA immediately after its inception, embarked on the first ever national baseline survey on the abuse of alcohol and drugs by youths aged between 10 – 24 years. The survey revealed that substance abuse is widespread and affects the youth to a great extent. The widespread use is associated with limited knowledge on these substances and the harm they can cause to the body of the consumer.

From the statistics in table 1.1 in the following section, drug abuse among the students in the age category of 10 – 24 years can be ranked according to the substances in terms of prevalence as alcohol (52.2%), miraa (9.5%), tobacco (8.4%), inhalants (3.4%) and bhang (2.8%).

Table 1.1: POPULATION OF GROUP 10-24 YEARS, STUDENTS BY PROVINCE

(As per 1999 Census projected to 2003 using a growth rate of 2.5%)

PROVINCE	POP 2003	ALCOHOL	TOBACCO	BHANG	MIRAA	INHALLANTS
NAIROBI	281,350	115,072	54,866	12,098	63,585	15,474
CENTRAL	832,934	219,061	101,618	29,985	100,785	28,320
COAST	377,942	80,502	39,684	17,764	49,133	15,874
EASTERN	1,036,077	178,205	87,030	37,299	161,628	19,685
N.EASTERN	60,752	970	1,215	304	1,822	183
NYANZA	1,098,025	294,271	57,098	26,353	46,117	30,752
RIFT VALLEY	1,354,609	296,660	82,632	16,252	92,113	58,249
WESTERN	797,318	345,239	64,585	23,919	40,663	31,095
KENYA	5,835,007	1,529,980	488,728	163,974	555,846	199,632
PROPORTION OF TOTAL GROUP	52.2%	26.2%	8.4%	2.8%	9.5%	3.4%

Adopted from NACADA'S publication: Youth in Peril, 2004

Responding to this alarm, NACADA and other concerned groups such as The Centre for Adolescent Study and Health Education and SCAD (students' campaign against drugs) with the help of the media and other counseling groups, launched several information campaigns to enrich the youth with knowledge and help reduce addiction rates among the youth.

Table 1.2: Population of age group 10-24 years, non-students by Province (as per 1999 Census projected to 2003 using a growth rate of 2.5%)

PROVINCE	POP 2003	ALOHOL	TOBACCO	BHANG	MIRAA	INIHALANTS
NAIROBI	509,999	458,490	329,969	205,530	270,810	77,520
CENTRAL	629,843	529,697	420,735	197,771	290,987	47,868
COAST	548,987	401,310	379,350	219,595	343,117	21,960
EASTERN	795,135	583,629	574,883	294,995	625,772	118,476
N.EASTERN	293,771	45,828	187,426	61,986	202,114	25,558
NYANZA	700,323	570,763	366,269	287,132	245,814	88,240
RIFT VALLEY	1,354,103	1,165,883	923,498	426,542	590,389	205,824
WESTERN	525,158	473,167	304,592	170,151	189,582	77,723
KENYA	5,357,319	4,228,767	3,486,722	1,863,702	2,758,585	663,169
PROPORTION OF TOTAL GROUP	47.9%	78.9%	65.1%	34.8%	51.5%	12.4%

Adopted from NACADA'S publication: Youth in Peril, 2004

From the statistics in the table 1.2 above drug abuse among the non-students in the age category of 10-24 years can be ranked according to the substances in terms of prevalence as alcohol (78.9%), tobacco (65.1%), miraa (51.5%), bhang (34.8%) and inhalants (12.4%).

1.2 Problem statement

Drug abuse among the youth has been on the rise particularly in urban centers. Abuse of drugs and its subsequent influence in developing countries such as Kenya has the effects of increased rate of crime, spread of HIV/ AIDS and social immorality. The overindulgence in drugs have escalated in places such as Mombasa leading to the use of force through law enforcement agencies aimed at curbing the situation. Despite numerous anti-drugs campaigns by the mass media, NACADA, the Church and Youth – based organizations, abuse of drugs continues to rise posing serious health, economic, and social challenges to the government, families and individuals. Communication is the means through which the problem of drug abuse can be reduced. It is therefore important to study message appeal among the youths and find out why the mass media has not been successful in arresting the problem of drug abuse.

The growth of any economy depends to a large extent on the number and the quality of its workforce. Abuse of drugs has the ability of directly reducing the quality and indirectly lowering the number of active workers. It is this and the fact that no study has been carried out to establish the effectiveness of media campaigns in reducing drug abuse that provided the motivation for this study. This study is an attempt to fill this gap by investigating the knowledge, attitudes and practices of drug and substance abuse among the youth in Kenya.

1.3 Research objectives

1.3.1 The general Study Objective

The broad objective of this study is to investigate the knowledge, awareness and practices on drug abuse among the Kenyan youth in Nairobi secondary schools, in this context, those around South-B estate, in relation to mass media campaigns.

1.3.2 Specific objectives of the study

1. To find out the level of the knowledge derived from media campaigns on drug abuse among the Kenyan youth.
2. To establish the attitudes on drug abuse among the Kenyan youth acquired as a result of information from media campaigns
3. To investigate if there are practices among the youth concerning drugs in Kenya that are derived from the mass media campaigns.

1.4 Scope and limitations of the study

Although the problem of drug and alcohol abuse is widespread in Kenya, there is a deficiency in literature. The major reason being that, the phenomenon has not been sufficiently studied by scholars. As a result, there is lack of documentation on the subject of drug abuse.

The researcher therefore has to rely on reports from anti-drug campaign agencies such as NACADA in Kenya, United Nations Office on Drug and Crime (U.N.O.D.C.) and the American Cancer Society (AMS) in the United States.

The study will be based in South B area of Nairobi. The targeted group is secondary school students from Highway Secondary School and Our Lady of Mercy Secondary School. Their choice was determined by their age, between 14 and 20 years. They go to school in a sprawling area of Nairobi in the heart of middle class shopping centers and residential estates. An extensive slum also surrounds the area, which is also a catchment area for the chosen schools.

Since drug abuse is a subject of stigma it may be difficult for youths to volunteer honest information. They are usually very secretive and associate probing such issues with punitive measures. Revealing some information on drugs could mean breaching the oath of secrecy or a sign of disloyalty to friends. This may actually make it difficult to get the real perceptions of drug abuse. Learners have a tight schedule at school and may be difficult to organize time for lengthy discussion on the topic.

Special circumstance noted about the groups is that, they are day scholars and have different and difficult routes commuting to and from school. This forced the researcher to go through rigorous preparation to find agreeable time for the discussions.

1.5 Significance of the study

That drug abuse is widespread is common knowledge in Kenya. Despite this, Karechio (1996) and Miruka (2002) are the only academics in Kenya who have attempted documentation on this topic. This study is an attempt to fill this gap.

It is believed that the findings of this study will be useful as an important source of information. Practically, this study will be an important source of information for strategic decision- making for stakeholders of the anti-drug awareness campaign. Many behaviour change programs have been implemented in Kenya but very little research has been done to find out causes of their limited success. This study intends to get this from the horses' mouth. This study will therefore be valuable to communication and public health practitioners for efficient intervention programmes.

It is a firm foundation for research on behaviour change campaign. The study will be useful to the government while formulating policies and legislation on anti-drug awareness media campaigns. The findings of research will be used to get a way forward on matters concerning rehabilitation centers for drug addicts.

1.6 Hypothesis

This study is based on the hypothesis that:

The use of media campaigns has not been successful in reducing abuse of drugs by youths in Nairobi.

1.7 Theoretical Framework

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Introduction

To support scientific research, social scientists have advanced several theories of how communication may affect human behaviour and perception. Theories and analytical models of human behavioral processes as learning, attitudes and behaviour change provide communicators with indicators and examples of what influences behaviour of audiences in different circumstances.

The theories and models that firmly support this research study include: the group dynamics, cognitive dissonance, social learning, agenda setting and the theory of construction of social reality.

The Group Dynamics Theory

Initially developed by Kurt Lewin (1947) this theory assumes that the individual is a social being with an intimate dependency on others for knowledge and decisions on his attitudes and actions. The group one belongs to is very important in shaping beliefs, attitudes, expectations and behaviour. A major factor that changes people's attitudes and perceptions of the world is the discrepancy that exists between individual's attitude and behavior and the group norm. The mere awareness that one holds a position different from that of the group norm is sufficient to make one change his position to be in line

with that of the group, if the group's acceptance, approval and recognition are needed (Zimbardo *et al.*, 1977).

In a group, various pressures exist that cause people to behave, think and feel alike (Lewin *et al.*, 1947). One of the pressures is the tendency for people in a group to reject those who are very different. A person whose opinion, attitudes or actions are remarkably different will be rejected. The possibility of rejection from a valued group generally causes people to become more like the members of the group (Asch, 1956). The spiral of silence theorists add to this concept that if an individual holds a view, which is at variance with the group, the tendency is to fall silent to avoid ostracisation (Noelle-Neumann, 1973, 1974). This theory provides such a firm foundation to this study in that it serves to confirm the power of peer pressure in hindering attitude change in drug abuse among the youth to whom group conformity is highly valued.

Cognitive Dissonance Theory

Most cognitive theorists reason that, individuals possess a drive towards cognitive consistency and that inconsistency acts as an irritant or stimulus that motivates them to alter or change their beliefs or attitudes to bring any conclusions 'into line', (McGuire, 1960). Leon Festinger's theory of cognitive dissonance maintains that discrepancies cause psychological tension or discomfort that people try to reduce or eliminate by bringing their actions to line. Dissonance is the motivating factor for an individual to change his knowledge, attitude and actions.

Cognitive elements are bits of knowledge and opinions about the individual or environment. Festinger (1957) suggested that public actions could resolve dissonance between attitudes and behaviour by bringing perceptions closer to public awareness. The individual need becomes a motivation or mechanism, which leads to specific behaviour such as adoption of innovations. The individual's social need from cognitive dissonance leads to a search and retrieval of ideas and information which can be used to select ideas which can satisfy the original need or discrepancy thereby reducing the discomfort caused by the discrepancy. A state of dissonance is frequently avoided by seeking only

the information that supports or confirms a decision reached through selective exposure and perception. The value of this theory to this study is that it stresses the need to fully comprehend the individuals' cognitive elements before designing attitude change messages.

Social Learning Theory (Albert Bandura)

This argues that most human behaviour is learnt through observation and modeling. There is a continuous reciprocal interaction between a person's behavioral events going on within a person and the environmental consequences of the behaviour. It therefore follows that most human behaviour leads to consequences of feedback on behaviour with a possible change on similar, in future. The theory assumes that the mechanism by which a person is changed is a form of learning. Bandura (1977) argues that learning would be exceedingly laborious not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. From observing others, one forms an idea of how new behaviors are performed and drawn from later for better performance.

This theory is of value to this study because it reinforces the fact that the youth learn from their own behaviour and those of others through modeling, which is widely used in training and imparting knowledge and awareness campaigns resulting into behaviour change. Moreover, an admirable person can be shown/used-shunning drug and this can help others switch from abusing drugs to be like them.

Theory of Construction of Social Reality

The media has a fundamental role in the symbolic construction of reality in the process of production, reproduction and distribution of knowledge, which allow recipients to give meaning to the world and to model their perceptions (Mcquail, 1987). The media communication process is viewed as supplying general interpretative frameworks which individual's use to give meaning to social reality. The basic assumption here is that media is able to determine perception about certain things, facts, norms and values of society

through selective presentations and emphasis on certain themes (Gerbner and Gross, 1977)

This theory is valuable to this study for it underscores the importance of media campaign in attitude change about drug abuse. It calls for numerous attractively designed campaigns channeled through all types of media targeting different groups in society for meaningful change in knowledge and practice.

The Agenda Setting Theory

This is the theory that the mass media have a large influence on audiences by their choices of what stories to consider newsworthy and how much prominence and space to give them. The theory's central theme is the ability of the media to transfer importance of issues on to the public agenda. The media agenda is the set of issues addressed by media and the public agenda, which are issues the public consider important (Miller, 2005). The theory further explains the correlation between the rate at which media covers a story and the extent that people think that the same story is important. The correlation has always been confirmed by repeated research.

There are two levels of Agenda-setting. In the first, the media uses objects or issues to influence the public. At this level, the aim is to suggest what the public should think about the issue. The more the coverage, the more debate is generated by the issue. In the second level, the media focuses on the characteristics of the objects or issues. The aim here is to influence how they should think about the issue. Furthermore, the theory postulates that the media plays a crucial role in forming and reflecting public opinion. It communicates the world to individuals, and reproduces the society's self-image. It was earlier criticized for destroying the individual capacity to act autonomously, but later studies have suggested even a more complex interaction between media and society. The individual actively interprets and evaluates the information it provides. The work of the media is not just the newsworthy items but also other cultural influences that operate through them. "The mass media force attention to certain issues. They build up public images of political and public figures. They are constantly presenting objects suggesting

what individuals in the mass should think about, have feelings about,” Claim Lang and Lang.

This theory is important to this study because it emphasizes the role of the media in picking up an agenda of public concern, such as drug abuse, in a bid to provide the youth with information and results of public debate in order for them to form their own opinion.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section documents a review of literature, which is related to this study. The review documents the issues of Knowledge, Attitudes and Practices of drug abuse among the Kenya urban youth and the theoretical and conceptual framework to be adopted for this study.

2.2 Knowledge on drug abuse

Drugs and Substances which are prevalently used by the youth in Kenya include alcohol, bhang, tobacco, cocaine and miraa (Odek-Ogunde, Lore and Owiti, 2002)

2.2.1 Alcohol

Alcohol has several names among its users, which include booze and *pombe* (NACADA, 2004). It is a type of a central nervous system depressant. It exists in a clear, absolute, liquid, diluted and/or blended as wine, beer, liquor (distilled spirits) or liqueur form. Alcohol can be swallowed in drinks, which may be blended or mixed with other spirits or non-alcoholic substances.

In Kenya, the major concern has been on underage drinking with incidences of students being found drinking in pubs (a news item in May, 2007 highlighted the case of secondary school students drinking in a pub in Wetlands, Nairobi in full school uniform). Only recently, the Government proposed a legislation, which will require the youth to prove that they are above 18 years of age before they are allowed to patronise pubs and discotheques.

Alcohol abuse is a widespread problem in Kenya affecting 70% of households according to Kenya Medical Research Institute (KEMRI, 2001). In the past, it was a preserve of the old, but today, the youth have taken over from elders as the most diligent drinkers. Drinking by both primary and secondary students is a widely recognised problem by

teachers and parents. A survey by NACADA shows that 60% of non-student youth and 9% of students consume alcohol frequently (Nyamongo et al, 2006)

Research (www.dh.gov.uk, 2004) has shown that, for men over 40 and women after the menopause, having one or two small drinks a day can help prevent coronary heart disease. However, it is estimated that nearly one in three adults in the UK are risking their health by drinking more than the recommended daily amount of alcohol. In the United Kingdom, current guidelines recommend that men don't drink more than three or four units of alcohol a day and that women limit their intake to two or three units a day (www.statistics.gov.uk, 2006). It is also proposed that if one had an episode of heavy drinking, as a short-term measure, the person should not drink alcohol for 48 hours.

Studies (www.statistics.gov.uk, 2006) have shown that the recommended limits are lower for women than for men because the body composition of women has less water than men. So, even if a man and woman weigh the same and are of a similar size, the woman will tend to get drunk faster. Some experts also think that women develop liver disease at lower levels of drinking than men, although this appears to only be the case in higher levels of alcohol consumption.

Some people who drink frequently or in large quantities can become addicted to alcohol. Doctors use a number of techniques to diagnose patients with drink problems. They may ask you how much and how often you drink and whether you have "blackouts". You may be asked if you have tried to cut down, whether you feel guilty about your drinking or whether you have a drink in the morning.

According to the Institute of Alcohol Studies in the UK, a person is considered to be dependent on alcohol when they have experienced a strong urge to drink, difficulty controlling how much they drink, or difficulty stopping. Associated with this are physical withdrawal symptoms, such as sweating, shaking, agitation and nausea when they try to reduce drinking. With time one experiences a growing tolerance to alcohol; needing larger quantities to get the same effect. Eventually, there will be a gradual neglect of

other activities. Ultimately, the victim will continue with persistent drinking even though it is obvious that it is causing harm.

Alcohol abuse, or problem drinking, happens when a person is not dependent on alcohol, but is drinking enough to cause themselves actual physical or psychological harm. A small amount of alcohol will relax you and make you feel less anxious. But alcohol is a depressant of the central nervous system. In increasing amounts it suppresses the part of the brain that controls judgement, resulting in a loss of inhibitions. It also affects physical co-ordination, causing blurred vision, slurred speech and loss of balance. Drinking a very large amount at one time (binge drinking) can lead to unconsciousness, coma, and even death. Vomiting while unconscious can lead to death by asphyxiation (suffocation). Alcohol is involved in a large proportion of fatal road accidents, assaults and incidents of domestic violence (www.statistics.gov.uk, 2004).

Alcohol can be a dangerous drug and has some long-term effects. Drinking too much too often, will cause physical damage, increase the risk of getting some diseases and make other diseases worse. Excessive drinking over time is associated with hepatitis and cirrhosis of the liver, gastritis (inflammation of the stomach lining), inflammation of the pancreas, high blood pressure (which can lead to stroke), certain types of cancer, including mouth and throat, damage to the brain, heart failure, neurological problems such as epilepsy and certain types of vitamin deficiency. Excessive drinking has also been linked to obesity, sexual problems, infertility, muscle disease, brain damage and depression, aggressive behaviour and violence, black outs, and death from inability to breathe.

Women who drink heavily during pregnancy are at risk of having babies with a condition called, fetal alcohol syndrome. This can result in growth deficiencies, nervous system problems, lowered intelligence, and facial abnormalities in the child. It is also called fetal alcohol spectrum disorder - all the symptoms are not always present and can vary in how serious they are.

There is some evidence that pregnant women who drink 10 to 15 units a week are more likely to have underweight babies. It is not known if there is an absolutely safe limit for drinking during pregnancy, but research indicates that it may be wise to avoid alcohol altogether.

Although alcohol initially makes people feel relaxed, long-term excessive use can ultimately increase anxiety and cause depression. It is also related to problems with sleeping, mood-swings, violence and suicide. If one needs to stop drinking, progressive cutting down of the quantities may be the first step. Communal support groups such as Alcohol Concern and Alcoholics Anonymous may help.

When someone heavily dependent on alcohol stops drinking (detoxification), they sometimes get withdrawal symptoms. These include headaches, nausea, sweating, and tremors. Sometimes more serious symptoms like confusion, paranoia, and having fits or hallucinations can occur. To prevent withdrawal symptoms, a chronic heavy drinker may be prescribed medication such as diazepam (e.g. valium) or chlordiazepoxide for a few days after stopping drinking.

2.2.2 Cannabis sativa

This drug, with many nicknames such as boza, ndom, blang, ganja, is a damaging and addictive drug (Odek-Ogunde, Lore and Owiti, 2002). It is a drug commonly abused by Kenyan teenagers owing to its availability. The effects of cannabis lasts for four to six hours even after the high wears off and include distorted perceptions of reality, distorted senses, an impaired motor skill. Cannabis distorts perceptions of time and space. It causes temporary blindness; experiences tunnel vision that cannot use peripheral vision. The user becomes dull and inattentive. Paranoia may occur, leading to difficulty in dealing with friends and family. There will always be a motivational syndrome leading to “I do not care attitude” leading to poor performance, truancy and lateness. It destroys lung tissue causing cancer. Cannabis harms the immune system making the body less able to resist infection and diseases.

Sources of this drug include Mt. Kenya region stretching from into Chogoria to the forest around Mt Kenya where an estimated 800 acres of the drug is grown. In the Western region of Kenya, the shrub is grown in small portions of less than an acre scattered all over the sugar belt of Awendo and the marginal cotton zones of Homa Bay.

2.2.3 Tobacco

Tobacco, which grows as a shrub grows huge green leaves, contains nicotine, tar and carbon monoxide. Nicotine, which is the main ingredient in tobacco, is a highly addictive stimulant capable of causing physical and psychological dependence. The leaves after drying are ground and the dust sniffed. Today cigarettes are the most popular forms of tobacco. Acute effects of smoking include body weakness, lack of concentration and low performance in sports and academic studies (Centre for Disease Control, 2000). Chronic health problems from tobacco smoking can be physical, social and economic. Stretcher *et al.*, (1995) states that tobacco smoking can cause physical health problems such as chronic obstructive airway diseases such as chronic bronchitis, cancer of the respiratory organs, ulcerations of the mucous membrane of the stomach, ischemic heart diseases and heart attack and stroke. In developed countries, where smoking is widespread, about 35% of deaths among men and 15% among women are caused by tobacco (WHO, 1998).

The World Health Organization (2002), reports that tobacco smoking poses substantial direct and indirect economic cost on households as well as the country at large. Family resources spent on tobacco translate into funds not being available to meet basic needs such as food, clothes and education for children. The report from the USA Center for Diseases Control and Prevention (2000) reiterates that the harmful effect of smoking on pregnant mothers is likely to cause adverse effects on the unborn baby. Babies born to mothers who smoke tobacco are likely to manifest low birth weight and are at high risk of infant death compared to babies born to non-smoking mothers.

The report by both the World Health Organization (2002) and USA Center for Diseases Control (2002) indicates that there is no safe exposure to passive smokers. The report indicates that exposure to environmental smoke results in an estimated 3000 deaths from

lung cancer among non-smoking citizens and 300,000 children suffering from lower respiratory tract infections. The report cites that children who are exposed to passive smoking are susceptible to ear infection, asthma, pneumonia and cancer of the lungs. Further, both reports indicate that children who are exposed to passive smoking also stand a greater risk of becoming smokers themselves through socialization.

2.2.4 Inhalants

According to American Council for Drug Education (AACDE), inhalants are drugs that produce a quick, temporary high, light-headedness, and euphoria (good feeling) when their fumes or gases are breathed and absorbed into the body through the lungs. The feeling is sometimes compared to the sensation of being drunk. It tends to last only a short time, from a few minutes to about three-quarters of an hour. It may be followed by after-effects like those of an alcohol hangover, such as drowsiness, headache, or nausea, which last for an hour or two.

Compared to other recreational drugs, inhalants are readily available and relatively affordable. It is partly for this reason, and partly because they are mistakenly believed to be safer than other recreational drugs, that inhalants are especially popular among children and young adolescents. In the United States, the average age at which adolescents first try these drugs is 13, and one-eighth grader in five has used them (AACDE). Dangerous and potentially lethal in their own right, inhalants often also serve as a gateway to other, stronger drugs.

There are three main types of inhalants. The first is organic solvents, which are liquid compounds of carbon that have the power to break down, or dissolve, other carbon compounds. Organic solvents are also highly volatile; they readily evaporate from a liquid to a gas or aerosol, which can be inhaled. Many common products are either based on organic solvents or contain high concentrations of them. They include gasoline, lighter fluid and butane lighter fuel, spray paint, paint thinners and removers, transparent glue, rubber-cement thinner, hair spray, nail polish remover, degreasers, and cleaning fluids. Organic solvents are the easiest inhalants to obtain and the most dangerous to abuse.

The second is nitrites, which are compounds of nitrogen and act mainly as vasodilators, causing the walls of blood vessels to relax so that the vessels enlarge, or dilate. They are used medically to relieve attacks of angina chest pain caused by insufficient blood flow in the vessels serving the heart. They also tend to depress the activity of the central nervous system, producing the giddiness and euphoria of a high.

Lastly, nitrous oxide, commonly called laughing gas, was the first inhalant used for recreational purposes. Introduced as an anaesthetic in the 1850's in the United States, this compound of nitrogen and oxygen is still used medicinally, particularly by dentists. It doesn't completely block pain, but it does alter the perception of pain, so that there is no distress. Nitrous oxide tends to produce a pleasant, dreamy state of consciousness, somewhere between waking and sleep.

For medical use, nitrous oxide is compressed and stored in metal tanks, to which a hose and inhalant mask are attached. The compressed gas is also used to make whipped cream. When packaged in small cartridges, called whippets, and enclosed in a container of cream, the gas mixes with the cream when the nozzle is depressed.

The three types of inhalants are sniffed or huffed in somewhat different ways: the fumes from organic solvents may simply be inhaled from their containers. These are very common with street kids known as "chokoras" in major urban centres such as Nairobi and Mombasa. A liquid solvent may also be poured or sprayed on an absorbent material, such as a balled up sock or rag, or a roll of toilet paper, to increase the release of fumes. Abusers often try to concentrate the fumes by putting the solvent in a paper or plastic bag or a rubber balloon, and then holding the open end over the mouth and nose.

The capsules containing amyl nitrite are crushed and held beneath the nose. Butyl nitrite may be inhaled in its container, or, like organic solvents, applied to absorbent cloth or paper. Nitrous oxide may be inhaled through a mask from a tank of the compressed gas or directly from a punctured whippet. The nozzle of a whipped-cream container can also be depressed in such a way that only the nitrous oxide is discharged.

Because the immediate after-effects are usually mild and last only a short time, many users believe that inhalants are essentially harmless. They are wrong. Inhalants can be very dangerous, both in their immediate effects and their long-term consequences.

During the high itself and the period of reaction afterward, physical coordination and mental judgment are impaired, much as they are by excessive drinking. Abusers often suffer falls and other accidents and cannot drive safely. They may engage in irresponsible and dangerous behaviour, such as reckless violence. Inhalants irritate the breathing passages, sometimes provoking severe coughing, painful inflammation, and nose bleeding. Nitrite inhalants often cause intense facial flushing, feelings of severe weakness and dizziness, and heart palpitations.

Inhalants, particularly in heavy doses, may not produce a pleasant high but mental confusion, hallucinations, and delusions of persecution (paranoia) instead. By depressing the central nervous system, inhalants may dangerously hinder the activity of the nerves that control breathing. The resulting respiratory depression may cause unconsciousness, coma, or even death. The danger is especially great if inhalants are taken along with other nervous-system depressants, such as alcohol or barbiturates (sleeping pills). Inhaling for an extended time from a bag or balloon may cause a dangerous shortage of oxygen in the lungs. Like respiratory depression, oxygen deprivation (asphyxia) may lead to unconsciousness, coma, or death.

Even first-time users run the risk of sudden sniffing death (SSD). The mechanics are not well understood, but abusers may suffer fatal irregularity of heartbeat (arrhythmia) or complete heart arrest. The risk of SSD seems to be higher if the abuser engages in strenuous physical activity or is suddenly startled. Repeated use, tends to produce increased tolerance to the drugs and larger doses are needed to achieve the same results. Heavy doses in turn increase the risk of permanent brain damage, with effects such as poor memory, extreme mood swings, tremors, and seizures. Heavy, continuous use also increases the risk of heart arrhythmia and respiratory depression.

Nitrite inhalants tend to raise the pressure of the fluid within the eyes. The raised pressure may eventually lead to glaucoma and blindness. Regular nitrite abuse may also cause severe, pounding headaches. Organic solvents are the most dangerous of all inhalants. They are poisons that break down organic compounds of all kinds including those that make up living cells. Once absorbed into the body, they tend to concentrate in the liver and kidneys, where they are processed for disposal. Repeated, heavy abuse may cause fatal damage to these organs, as well as to the heart and nervous system.

2.2.5 Cocaine

Cocaine is a powerful Central Nervous System stimulant, produced from the leaves of the Erythroxylon Coca Tree. This plant grows mainly in Peru and Bolivia (Odek-Ogunde, Lore and Owiti, 2002). Cocaine, in the form of its salt cocaine hydrochloride, can be inhaled, sniffed ("snorted") or injected (under the skin, into the muscle or intravenously). Cocaine base, in the form of "rock" or "crack" is smoked.

The short-term effects of cocaine include a sense of well being, euphoria and postponement of mental and physical fatigue is experienced. There is a loss of appetite, insomnia and an exaggerated feeling of self-confidence. The user will have pupils that are dilated; increased reflex and general "racing" of activities. The heart rate increases and blood pressure increases. There is constriction of blood vessels followed by increased respiration rate. With the use of "crack" severe aggression and violence are common.

The long term effects of cocaine addiction includes nervousness, excitability, agitation and paranoid thinking. The user will experience mood swings, memory disturbances, insomnia and impotence. There may be confusion and severe exhaustion (because of lack of sleep) and loss of appetite leading to marked loss of weight. Physical complications may occur and can be fatal (e.g. cardiac arrest; cerebral haemorrhage). Repeated, "snorting" often leads to perforation of the nasal septum, due to necrosis of cartilage as a result of the constriction of blood supply. True tolerance to the stimulant effect of cocaine has not been demonstrated. Users may consistently use the same dosage to experience the same pleasurable effect. After abrupt termination of cocaine use there is exhaustion, severe extended depression but, very restless sleep and hunger on awakening. The severe

depression which occurs, and which can last for months, is one of the major features of cocaine withdrawal.

2.2.6 Miraa (khat, kijiti, gomba, veve)

Most miraa users and members of the public do not consider miraa to be among drugs which can be abused. Miraa is an evergreen tree, which grows wild as well as being cultivated in the Eastern African highlands of Ethiopia, Somalia and Tanzania. In Kenya, it is widely cultivated in Meru district. It has many local names such as miraa, mairungi, gomba and veve. Miraa belongs to the stimulant group of drugs. Its scientific name is *catha edulis*. (http://www.drugfree.org/Portal/Drug_Guide, 2006). The young shoots have to be chewed while still fresh. Miraa chewing used to be common within Moslem communities who do not take alcohol on religious grounds. However, the use of miraa has of late spread to other communities.

Because of the addiction and other effects of miraa there is a worldwide debate on whether to place miraa use under control or not. Miraa contains about 1% of norpseudoephedrine and other active compounds, which include cathinone and cathine. These active principles are related to amphetamines, and cause stimulation, clarity of thought and euphoria. Fatigue is removed and hunger is suppressed and sometimes libido is also suppressed. Heavy use can result in dependence, physical and mental problems resembling those produced by amphetamines.

Khat contains many chemicals, most of them alkaloids and resins. The major chemicals includes: caltrine, cethine, choline, calastrine, inorganic salts, tannins and water. Khat has physical and physiological effects, which include stimulation, which culminates into aggressive behavior, loss of sleep, and false alertness. Due to these effects, and complexed with lack of concentration, users can cause serious accidents – on roads and with machines. Khat causes constipation in the users. They have a lot of difficulties emptying their bowels. This results in the misuse of laxatives. Khat dulls the appetite of the user such that the eating schedules of the user becomes erratic;

hence starvation. Due to lack of adequate nutrients in the body, the user lacks body strength to fight infections (lowered or compromised body immunity).

Resulting from the lowered body immunity, a khat user is prone to infections. Khat users have a lot of remains in the mouth after chewing, especially on the gum and between the teeth. This causes decay and infection of the gum (gingivitis) and teeth. Khat has a chemical that over time erodes the protective white covering of the teeth leaving the teeth open to infection. The chewers have offensive smell from the mouth. Khat reduces sexual urge in men hence the wives of khat chewers starve for the need of their partners. This effect of khat may cause divorce or separation in homes.

Khat increases the production of malformed sperms in men – accompanied with much seminal fluid. This scenario results into high accumulation of the seminal fluid plus the malformed sperms, which then flows in an uncontrolled manner (spermatourea). Heavy khat chewers may have the front of their trousers wet due to uncontrolled flow of seminal fluid, an embarrassing scenario. Due to deformed sperms, men who chew khat may be unable to impregnate. Khat is highly addictive. The chewers rarely engage in serious gainful labour. They like engaging in vain talks. The chewing community is impoverished. Many children from the producing areas often drop out of school or do not attend school at all as they engage in the khat trade.

2.3 Attitude of youths towards drug abuse

2.3.1 Causes of drug abuse

The reasons why people take drugs are as varied as the types of people involved in abuse (Karechio, 1996). The difficulty of identifying the cause of deviant behaviour has been a great obstacle to success in combating drug abuse. The youth are the group at a special risk of drug abuse. Their huge number as compared to the other groups in the society inadequate social services, recreational facilities, educational and employment opportunities, make ever more vulnerable. Some of the factors, which contribute to drug abuse, include the following:

a) Curiosity

Young people always want to try out new things which include copying their elders, especially in behaviour the adults try to conceal. A young boy or girl may venture into smoking or taking drugs after seeing a teacher or some other respected person doing so. If this goes on for a long time, addiction may result. The first taste, and its effect on the user, greatly influence whether the individual continues taking drugs. The younger the age of experimentation, the greater the addiction (Kerichio 1996).

b) Boredom

Many modern families have made their children so idle that they do not even wash their own clothes. A servant does all domestic chores. As a result young children become very bored, and this results in feeble nerves, weak muscles and weak brainpower, to the extent that when a small cough erupts the child's only recourse lies in medicine. Taking one type of drug will lead to taking another, as a cigarette smoker will often resort to cocaine, chang'aa and finally heroine (Kerichio 1996).

As they grow older, some youth drop out of school or lack employment. At this point, they may try to excite themselves and occupy themselves. And once started, the habit of drug abuse is quite obstinate.

c) Peer pressure

Drug users like other people seek approval from their peers, so they often try to convince others to join them in the habit as a way of seeking acceptance. A young person will be encouraged to take drugs when the rest of the group is doing the same. New generations will always be creators of new lifestyles, which they think superior to those laid down by their elders. The culture of rock music and the *manyanga* style are some of the examples.

Criminal behaviour and deviant acts as drug abuse is learnt in interaction with other persons in the process of communication. These include the specific directions of values, attitudes, motivations and drives related to deviance. (NACADA, 2004).

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d) Family breakdown and alienation

The family is a basic group that should offer an atmosphere that is conducive to closer parent-child relationship, thus resulting in more effective socialization. When this unit is broken or not working as expected, the consequences for the youth may be drug abuse (NACADA, 2004). Many parents are preoccupied with their businesses and social activities, much to the disadvantage of their children who are left on their own to choose paths of discovery instead of being guided.

The drug-taking syndrome especially affects children from broken families. They see it as an alternative to loneliness, as well as imitating their "idol", which may be a pop musician. A boy brought up by a single mother is likely to take drugs at the age of eighteen just to prove his manhood or show a "don't care attitude".

e) Spiritual hunger

Some drug taking practices are associated with religious and cultural meaning. That is, religion and culture gives it a favourable meaning (NACADA, 2004). When people throw away their godliness, there is spiritual hunger, an emptiness that searches for what has not been known. Many spiritually hungry people resort to drugs to try to fill that gap in their hearts.

f) Ignorance

Misinformation about the dangers of drugs has been plentiful. Governments, scientists and experts have tried in vain to communicate accurate information about drug abuse. As drug abuse has spread, myths have been perpetuated and facts have been distorted and subjected to ridicule. Individual often take drugs as an experiment with the belief that the substances are not dangerous only for them to realise the health dangers when they are already addicted. If the drugs provide the effect they are seeking, their lack of knowledge about health consequences urges them to continue (Kerichio, 1996)

g) Availability of drugs

Some youth are brought up in homes where their parents use or sell the substances, which sometimes the young sell on behalf of the parents. The exposure predisposes some of the youth to substance abuse. Besides, the availability of even illegal substances is virtually effortless. Also, of late the country has become a major transit point of international trade for illegal drugs and some of which find their way into the hands of the youth.(Youth in Peril 2004).

h) Environmental factors

Someone born in an area where there is a lot of drug taking may be easily lured into the act. There are slums where illicit brews like *chang'aa* are openly brewed and taken freely as normal drinks. Movies and popular music encourage and advocate among young people. The abundance of television programmes, video shows and the internet has exposed the youth to glorification of substance abuse as a sign of popularity and sophistication. (Youth in Peril 2004)

2.3.2 Perceptions of drug abuse among the youth

Large and "respected" drug manufacturers and distributors such as East African Breweries, British American Tobacco, many trendy pubs, clubs and discotheques do a lot of aggressive advertising with huge billboards, television and radio commercials targeting the youth. These adverts portray drinking and smoking as elitist behaviour, which is the preserve of successful celebrities, business people, musicians, movie stars

and even politicians. The young generation, which is always eager to ape celebrities and other successful “idols”, take drugs, with drug addiction being the end result. Moreover, the manufacturers are not willing to warn the consumers of drugs such as cigarettes and alcohol of the dangers of their products. Instead, they have very small prints, which are not as bold as the huge posters advertising their products.

The youth, who are quite impressionable, would then want to try these products. Some establishments have made it their business to capitalize on the youth by introducing special youth sessions in clubs and discos such as the jam session. Some do allow teenagers below the age of eighteen to buy and take alcohol and tobacco in their establishments even in the residential estates. Recently, a news feature captured some secondary school students in Westlands taking alcohol in some club (Daily Nation June 10, 2007).

The youth perceive drugs through the eyes of adults and if the older generation is indifferent and adopt a “don’t care attitude”, the youth will follow suit. The youth who are in the *jua kali* sector and *boda boda* have the perception that use of *bhanga* increases energy and therefore their productivity.

The poor in slums sometimes take drugs in a bid to forget their problems since they do not have other avenues of doing the same. *Khat* has been used by the youth to keep awake when they are reading especially before examinations. Long distance truck drivers use it to stay awake in order to cover long distances. In the long run dependence and addiction are the results.

2.4 Practice of checking drug abuse in Kenya

2.4.1 Remedial measures on drug and substance abuse

Over the years, the government of Kenya has been aware of the dangers that drug and substance abuse pose to the individual and the society. Measures have been put in place to regulate the supply and the use of substances in the country. These measures began in

1913 (NACADA, 2004). Between 1920 and 1963 when the country became independent, the colonial government regulated the use of opium, khat and indigenous liquor. The independent government has continued with the same efforts by establishing an anti-narcotics unit to curb the production of and trafficking in imported drugs, legislating on liquor licensing, prohibiting *chang'ua*, setting in motion ways to control bhang, and enacting laws to control narcotic drugs and psychotropic substances. At the same time the Kenya Government has endorsed sub-regional, regional and international protocols on substance abuse.

The Government through NACADA, which is a department within the Office of the President, has been engaged in various activities in a bid to sensitize the public on the dangers of drugs and substance abuse. Several mass media campaigns in the print and electronic media have been conducted in the major television, radio and newspapers. Some of the activities that have been carried include:

- Sensitization of over 8,000 first year university students in 15 universities and campuses in 2007.
- Distribution of 20,000 booklets, brochures and other printed material during the Nairobi Trade Fair in 2006.
- Sensitization of community leaders and the Provincial Administration in Nairobi and Central Province

Well-executed health mass media campaigns can have small-to-moderate effects not only on health knowledge, beliefs, and attitudes, but on behaviour as well, which can translate into major public health impact given the wide reach of mass media. In the year 2007 various urban and municipalities have made by-laws, which were sanctioned by the ministry of local government against smoking in public places beginning with Nakuru, Mombasa and finally Nairobi. The Ministry of Health bill on anti-smoking in public places in the country was passed by the ninth parliament in the month of July 2007. Smokers have been given designated smoking areas.

2.4.2 Statistics on behavioural change

Despite several measures undertaken by the Kenya government, local authorities and other agencies such as NACADA, there are no official data on the number of individuals who have stopped smoking and abusing drugs and substances. NACADA in its 2004 annual report recommends that baseline surveys should be done on a regular basis to monitor the variations in the prevalence of drug and substance abuse as a result of the intervention measures from the several agencies. At the same time apart from the Government hospitals and clinics, very little has been done to establish rehabilitation centres, which can offer treatment to victims of drug abuse. It is only Non Governmental Organizations and missionary clinics which currently offer some relief to drug abuse addicts. Similarly, NACADA proposes the introduction of programmes for counselling and rehabilitation of the youth from drug abuse and the training of personnel and the establishment of counselling centres in all health institutions to assist people who abuse drugs and other substances in the country. This study therefore is part of the efforts to address this scarcity of data on the effectiveness of the remedial measures introduced by the Government and other stakeholders.

2.5 Adolescent drinking behaviour and media campaigns

Adolescent drinking is a normative behaviour. Most people have their first taste of alcohol around the age of ten (Marie *et al.*, 1997). By the age of 16, about 90 per cent have tasted alcohol. As they start to progress through adolescence, young people start to consume alcohol in places other than the parental home or places without adult supervision, their drinking tends to move into the public domain (May, 1992). Marsh *et al.*, (1986) indicate that by the age of 15, teenagers prefer to drink with their friends and although they will continue to drink alcohol within their own homes, their drinking becomes extended to parties, clubs, discos and pubs.

Alcohol warnings and labels are intended to alter an individual's perceived vulnerability to the potential harms disclosed. In America for example, although the public favours the warning label law, neither the dissemination of these warnings nor even their subsequent discernment by consumers can be presumed to necessarily translate into the desired

behavioural changes (Maines, 1992). According to social judgement theory, social stimuli such as warning labels are assumed to be subject to two judgemental distortions – contrast and assimilation. Contrast refers to a shift in judgement away from one's established attitude whereas; assimilation refers to a shift towards one's attitude. Thus, messages that are within the range of acceptability to one's own position are seen as closer than they actually are and increase the likelihood of message acceptance (Thomas, *et al.*, 1997). Messages that are outside of one's range of acceptability are seen as further from one's own view than they actually are which increases the likelihood of message rejection.

Social judgement theory therefore, suggests that an individual confronted with media campaigns within their latitude of acceptance of an existing attitude are likely to react by accepting such information and perhaps modifying their behaviour. On the other hand, a health warning label message that falls in the latitude of rejection for an individual, is likely to be ignored, rejected or reinterpreted.

2.6 Empirical literature on campaign components

A study that was carried out in America identified four major components of media campaign (www.mediacampaign.org, 2006) as explained in the following sections. Paid and donated campaign advertising on television, radio, print and the Internet delivers anti-drug information to target audiences through more than 1,300 media outlets across the country. In Kenya, NACADA and UNDCP has been involved in televised advertisement in the fight against drugs. Currently, there is a paid advertisement by NACADA on KBC television urging audiences to seek information on the dangers of drugs from NACADA. News media outreach and promotional activities (such as the marijuana initiative) enable the Campaign to deliver important anti-drug information while at the same time elevating the profile of the Campaign. In Kenya, NACADA has recently taken to sponsorships of events like National Drama Festivals and Journalist Of The Year Awards (JOWA) sometimes replacing the big multinational companies that glorify drugs like BAT.

In America, the drug campaign has been a leader in social marketing on the Internet. The Campaign's family of Web sites for teens (Freevibe.com); parents (TheAntiDrug.com); along with other sites developed to reach adult influencers, receive approximately five million page views and almost two million visitors per month. Traffic is driven to the sites through online and traditional advertising and publicity, Web links through Internet sites that support the Campaign messages (e.g., news, health or target age related), Internet search engines and direct access. Campaign Web partners work to reach the elusive teen target through popular sites such as MTV.com and CosmoGirl.com. News related sites New York Times, ABC News and US News, and search engines such as Google.com and Yahoo.com assist the Campaign in reaching parents and influencers. This shows that the Internet holds potential in carrying out drug campaigns among the youths. Campaign provides information and resources to entertainment writers and producers to increase accurate depictions of drug abuse in entertainment programming. The Campaign holds regular media roundtable events for entertainment writers on hot topics such as ecstasy, methamphetamines, steroids, and early intervention. Internet campaigns of these kinds have never been done in Kenya and it would be good if the country borrowed from the gains made by Western countries in the war against drugs using these campaigns. A somewhat similar campaign by NACADA is one dubbed 'nawakilisha bila steam' where creative artists are sponsored to come up with songs and skits against drug abuse and the youth invited for free entertainment. Messages of campaigns against drug abuse are churned out at these fora. It first took place in Nakuru in 2005 and in Nairobi at the end of 2006.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology used in the study. It presents the study design, the study location, the target population, sample size and selection method, description of the data collection and data analysis

3.2 Research design

The study adopted a focused group discussion study design. This enabled the students in the school environment to share experiences through discussions on the subject. A homogeneous sample was preferred because mixing age/gender groups could inhibit some people, especially girls from expressing their views.

A focused group discussion is a qualitative method advisable for in-depth information on concepts, perceptions, attitudes and practices of a given group. In this study, qualitative method was preferred over quantitative because of the nature of information sought (attitudes, knowledge and practice) in drug abuse. Moreover, being exhaustive and highly interactive helped to unearth even the unexpected problems within the topic of study.

Discussion in the focused groups was used to bring out insights and understandings in ways, which simple questionnaires could not. The interaction among the focus group participants brought out different perspectives, as people got caught up in the spirit of group discussion. This led to enhanced openness than could be achieved in a formal interview setting. Participants asked each other questions, exchanged their personal experiences and new avenues of explorations were opened. The group was eventually able to arrive at a consensus.

The researcher played her role of moderation correctly and effectively by moderating as opposed to teaching whereby she would impose her authority. The moderator encouraged each member of the group to participate, without letting anyone dominate the discussion. The crucial role of probing for more focused contributions yielded more information on

the topic under study. Most importantly, all doubts were cleared by the initial introduction and explanation of the topic, the invaluable role played by the participants and the importance of the study in investigating the problem of drug abuse among the youth.

3.3 Description of the population

The targeted population was the students in secondary schools in Nairobi's South B area. Students from the age of 12yrs to 20yrs were selected as respondents in this study. The reason for settling on this population was because they lived and went to school in a sprawling urban centre in South B. A group of students from a girls' school and another from a boys' school made up the complete group that was representative of gender.

3.4 Sampling

The target population was the school going urban youth. With rural to urban migration being a reality, the numbers of the youth around the urban centers are extremely large. Owing to this fact it is impossible to study the whole target population. A sub-set of the youth population was identified as Nairobi South B (Secondary schools) as the target population whose results of the study can be generalized and conclusions made about the whole population. There were two schools representing boys and girls, namely: Highway Boys and Our Lady of Mercy Girls.

One group of eight students from each school was selected through snowballing; others suggest members of the group. The source of information in this area was peer counselors and leaders of different clubs who also made up important contributions as key informants.

3.5 Data collection methods

Guidance and counseling teachers and peer educators were engaged in a discussion by the researcher in order to get insights into the issues regarding the subject of drug abuse. The main purpose of the encounter was for the researcher to familiarize herself with the general feelings of the youngsters about the topic under study. This was by a way of

brainstorming in order to bring out the awareness, perceptions and practices of students concerning drug abuse as informed by media campaigns. They were also instrumental in suggesting the respondents because they closely interact with the youth in question.

The researcher conducted a focused group discussion with the participating students. The groups discussed media campaigns have influenced their knowledge, attitude and practices in drug abuse. Note takers were engaged to record the views or answers solicited. Views were noted after adequate deliberations and exchange of ideas and experiences on the topics forwarded for discussion. All views were treated equally and deemed of utmost importance to the study at hand.

Participants were adequately informed of the purpose of the discussion and the importance of their unreserved contribution during the same. Adequate notification was given to the participants so they could attend the discussion while feeling well prepared.

3.6 Processing and analysis of results

After the focus group session, the researcher completed the notes taken during the meeting. Immediately afterwards a full report of the discussion was prepared which reflected the discussion as completely as possible, using the participants' own words. Key statements, ideas, and attitudes expressed for each topic of discussion were listed.

3.7 Presentation of the analysis

The processed information from the focus group discussions was presented in prose form. A discussion of the study findings based on the objectives of the research was done. Conclusions and recommendations based on the findings were then made. The researcher then presented the findings guided by the objectives of the study. The study responses were analyzed according to the research objectives which in turn address the drug research problem on the knowledge, attitudes and practices of abuse among the use. The most agreeable responses were used to make inferences on the objectives of the study. Quotations whenever possible were included as illustrations in the report.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

The purpose of this study was to investigate the knowledge, awareness and practices on drug abuse among the Kenyan youth in Nairobi secondary schools, in this context, those around south-B estate. The findings of a focus group discussion conducted in Nairobi are as presented in the sections that follow.

4.2 Level of Knowledge derived from media campaigns on drug abuse

The first objective of the study was to find out the level of awareness among students with regard to drug use. This specifically assessed the students understanding of what amounted to drug abuse, the substances commonly abused as well as the effects of using drugs. The participants were asked to give a definition of their understanding of drug and substance abuse. All the respondents were found to have an opinion on the subject. Drug and substance abuse was defined as 'use of drugs for the wrong purpose'. This shows that drug abuse was viewed as the putting drugs to uses other than those they are intended for. The definition in this context is wide enough to include other substances whose use may be legal but are prone to be wrongly used.

A more specific definition of drug and substance abuse elicited was that 'use of prescribed and unprescribed drugs for reasons other than medical to relieve stress, pain and stimulate oneself'. This had the aspect of specifying the substances as well as the reasons that qualify the use to be termed as abuse. In addition, drug abuse was defined in the context of the nature of usage. 'Overdose or under dose of drugs' was also viewed to be drug abuse.

From the definitions, it is clear that the participants were knowledgeable on what drug and substance abuse was. The variations in the definitions show that differences in the understanding of drug abuse were more on the specific substances that could be abused.

There was near consensus though on the usage aspect (wrong purpose) that could be termed as abuse.

The participants were asked to enumerate the substances commonly abused by the youth and more specifically by the students. The substances mentioned in no particular order were: Alcohol, Bhang, Miraa, Tobacco, Cigarettes, Glue/halogens, Steroids, Cocaine, Heroin, Nicotine, Mandrax, Tealeaves and coffee, Viagra, Traditional brew, Chafa, Stimulants, Jet fuel, Formalin and Kuber.

The study found that youths memorize media campaigns, which are current and captivating and which are audiovisual. The recently aired incident of drug abuse in Malindi in Coast Province was fresh in the minds of respondents and participants who reported that there are a number of misconceptions associated with drugs. One such misconception was identified as sexual prowess. The Cobra Squad, a Television programme aired by NTV was identified to have contributed greatly in increasing knowledge of youths about drugs. The cobra squad was described by the youths as 'an action packed movie' which highlights the drug menace among the youth. This shows that youths gain more knowledge from media campaigns, which are action oriented. On the other hand, discussions revealed that youths not only learn about positive aspects of campaigns but also remember negative information, which in turn may accelerate the rate of abuse of drugs. The youths reported that through the cobra squad, they learnt how hard drugs are transported. This implies that some media campaigns may fail to achieve their intended objectives and it is important to review messages in campaigns to streamline it with target audience, and anticipated behavior.

4.2.1 Media Campaign programmes

The three mainstream TV stations (NTV, KTN and CITIZEN) were mentioned as leading in airing drug abuse campaigns. The Tahidi High programme aired by CITIZEN was mentioned as positively changing youths' views about drugs, which in turn reduces incidences of drug abuse. This implies that media campaigns featuring fellow youths have greater influence in changing youths' attitudes against drugs as they learn how their

fellow age mates suffer under the influence of drugs. This finding has implications for media agencies and organizations, which fight against drug abuse. It was found that Dr. Frank Njenga's programme aired by KBC has helped youths learn about effects of abuse of drugs on youths.

Participants of the study agreed that TV programmes have increased their knowledge about drugs. Youths have improved their knowledge on the effects of drugs, peer influence, family breakages, and law enforcement in relation to drugs. The findings concur with the agenda setting theory which emphasizes the role of the media in picking up an agenda of public concern such as drug abuse, provide the youth with information and result in a public debate. The media creates a platform for generation of public opinion on the subject matter. The billboards were identified to contribute little in changing youths' behavior towards drugs. Participants claimed they have little time to read or observe what is on the billboards. This implies that TV programmes have stronger communication effect as compared to billboards in relation to behavior change of youths.

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It was found that radio has very little influence in increasing youths' knowledge about drugs. Youths argued that they use radio for entertainment through music and it was difficult for the youth to listen to discussions about drugs at the expense of music. Youths switch from one radio station to another in search of music. This implies that any meaningful impact of media campaign using radio should be done through music. Campaign message against drugs should be packaged in music.

The media is limited in educating youths due to dilution effects in between media campaign programmes. For example, advertisement at the middle of Cobra Squad dilutes intended message influence on the youths. NACADA was reported to play insignificant role in increasing youths' knowledge about drugs. It is perceived by the youths as non-aggressive and out of reach of the youths.

4.4 Attitude of youths in Nairobi towards drug abuse

The study investigated the practices of the youth and other stakeholders in dealing with the drug use among the youths in the country. A major question put to the students was

why some of their peers got into drug abuse. Many responses were elicited the main ones being role model imitation, stress relief and source of happiness, misconception that use of drugs leads to independent or brave behavior. Other reasons were identified as for pleasure, enjoyment and entertainment, Peer pressure and Family problems. Imitation by the youths from their seniors and peers is explained by social learning theory which reinforces the fact that the youth learn through their own behavior and those of others through modeling.

The extent to which the anti drug abuse campaigns and other related effort had been received and appreciated by the youth was sought. In this regard, the participants were asked to list the current campaigns against drug abuse. Among those mentioned were NACADA, posters, stickers on public transport and billboards. Campaigns steered by NACADA have been encountered by the youths but have influenced their attitude change to only a small extent. This finding concurs with group dynamics theory that suggests that power of peer pressure hinders attitude change. Youths are under the influence of peer pressure hence hindering drug campaigns. Warnings on cigarette package are considered ironical or contradictory by the youths as they don't understand why cigarettes should be legally sold if at all warnings were real.

Youths agreed that they have seen stickers on public transport vehicles advising them to desist from over indulgence in drugs. Youths had varied observation on the role of these stickers in influencing attitude change. While some claimed that the stickers influenced their attitude change, others alleged that stickers on public transport vehicles are simplistic and could not influence attitude against drugs. The argument by some respondents that stickers are simplistic agrees with cognitive dissonance theory, which postulates that people avoid a state of dissonance by seeking only the information that supports or confirms a decision reached through selective exposure or perception. There was mixed reactions among the respondents on the effectiveness of such messages. Those discrediting the campaigns described the messages as contradicting and ineffective. This can be seen as a challenge to the stakeholders especially the anti-drug abuse crusaders on the effectiveness of their campaigns.

The students were asked to give an estimate of the approximate proportion of students in their schools that were abusing drugs. While the figures obtained were subjective and not necessarily informed, the participants gave a proportion ranging from 30% to 80% but came to a consensus of 70% after much debate. The girls gave the proportion of 30% implying drug abuse was more of a problem in boys schools relative to those of girls. Although the figures given may be contestable the message borne is that drug abuse was prevalent among the secondary school students.

“Girls are not like boys, we are overly protected by our parents. Only a few girls, those who are neglected by their parents roam in discos and they fall victims of drugs” Says a participant from Our Lady of Mercy Secondary School. The approximations given by students compares very well with findings in a report by the ministry of health (2000). It states that in Kenya, 67% of men and 32% of women in Kenya smoked and 45% of those are below 20 years. A report by United Nations Drug Control Programme (UNDP) shows that 60% of students abuse drugs.

4.5 Practices among the youth concerning drugs in Kenya that is linked to mass media campaigns

Respondents did not express any practices of youths, which are directly linked to mass media campaigns. However, a remote link was found between mass media campaigns and establishments of youth organizations against drugs. The addiction nature of most drugs may have overcome the influence of mass media campaigns making them less effective in achieving their desired objectives. Furthermore, it was found that despite increased awareness of the dangers of drugs among the youths, the influence of peer pressure remains strong and the number of youths abusing drugs has been steadily rising. Continued cases of sneaked drugs into schools and student unrests manifested in the form of riots were identified as evidence of continued abuse of drugs by youths in Nairobi.

The respondents yielded only a couple of readings lacking in both variety and numbers indicating that not many had read much about the dangers of drug use. On probing into

the availability of such publications and where they would seek for more information on drugs if it were needed. The responses showed that materials for in-depth reading were lacking. The materials cited were just seasonal magazines published by groups interested in the subject of drug abuse by the youth. For instance, pop-Ed is a book series done by The Nations Population Fund. It educates the youth on drugs and other issues by use of comic strips and cartoons. The same goes for Straight Talk a youth magazine, which is a free pullout by The Standard Newspapers. Even the freely distributed magazines were not easily available in the school libraries. So the schools' languages and library departments should be encouraged to solicit and liaise with the distributors to get many up to date copies for student libraries.

As for more information, it was said to be available from the Internet, library-encyclopedia and counselors.

The recommendations given by students to eradicate drug use among the youth were:

- i. Campaigns against drugs in schools through churches
- ii. Banning drugs
- iii. Offering counseling to those affected by use of drugs
- iv. Provide concrete information on drugs by teachers and parents
- v. Discussions among peers
- vi. Prices on drugs increased and drugs taxed highly
- vii. Establish rehabilitation centers
- viii. Media regulation to discourage programs that encourage drug abuse
- ix. Through prayers
- x. Clubs being formed in schools
- xi. Keeping the right company
- xii. Media regulation through banning of drug advertisements

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a summary of the study findings. It also bears the suggestions, conclusion and areas for further research.

5.2 Summary of findings

The participants gave definitions of drug and substance abuse indicating that they were knowledgeable. There was near consensus on the usage aspect that could be termed as abuse. The substances mentioned as drugs of abuse were: alcohol, bhang, khat, tobacco, cigarettes, gluc/halogens, steroids, cocaine, heroin, nicotine, mandrax, tea leaves and coffee, viagra, traditional brew, stimulants, jet fuel, formalin and kuber. In order of availability, the drugs commonly accessible to students were Alcohol, Cigarettes, Miraa, Marijuana and Glue. The study found that youths remember campaigns that are audio-visual, current and captivating implying that TV media campaigns increases youths' knowledge about drugs. Billboards and radio had less impact in improving youths' knowledge about drugs, as youths were not keen in watching the former and use the latter for entertainment through music. Respondents perceived warnings on cigarette packets as contradictory and did not influence youths' attitude against abuse of drugs. There was divided opinion on the role of stickers on public transport vehicles in influencing the attitude of youths' against drugs. While some respondents felt that the stickers played a role in influencing youths' attitude, others felt that the stickers did not influence attitude against drugs. The mass media has not significantly changed practices of the youths in relation to drugs.

5.3 Conclusion

Drug use and abuse in secondary schools is a vice that needs to be addressed. Students were found to be aware of the drugs abused, the dangers of using drugs as well as the factors that lead to drug use, which they observed to range from personal, social and environmental. As such any measures to combat the vice must be multi pronged so as to

counter problem from its many facets. Parenting style was identified as an important factor suggesting the need to involve parents in anti-drug abuse efforts targeting secondary school students. There were reported to be recognizable campaigns but were described as largely ineffective in addressing the drug abuse issue in secondary schools.

The hypothesis of the study was based on the argument that use of media campaigns has not been successful in reducing abuse of drugs by youths in Nairobi. It was found out that the knowledge level among the students was high. Students knew quite a good number of drugs of abuse as well the negative effects of over indulgence. Students are even aware of such effects as passive smoking and the causing of impotence by miraa use. It is also commendable that the students can enumerate the consequences of drug abuse on their academic performance and further comment on devastating effects of drug use on the wider society. However, the reasons given for continued uses of substance were peer pressure, family problems, imitation of parents or teachers, stress relief and cultivating sense of belonging. The power of peer pressure can be utilized by media agencies in influencing positive behavior change through the use of opinion leaders. Opinion leaders can be trained on drug abuse or converged for media coverage which could then be used to influence behavior change among young people.

The media must counter the effects of selective comprehension and perception by understanding the cognitive elements of the youths concerning drugs before designing youth attitude change messages. For example, billboard messages that discourage smoking without supplying adequate reasons against smoking fail to influence behavior change. The findings indicated that models play significant role in influencing behavior change. For instance, the youth ape adults in the habit of taking drugs. Consequently, it is important for media agencies to use role models in programming and designing campaign messages that influence positive change. The media has a crucial role in construction of social reality and their place remains indispensable in designing attractive messages channeled through all types of media for meaningful behaviour change particularly among the youths. Media campaigns can be complemented by use of interpersonal communication through group leaders who are empowered with information.

Following the study findings, the following suggestions were made. Students need to be properly educated on the negative effects on drug use. They also need to be enlightened on factors that lead to drug abuse and the effective precautionary measures they should take. The respondents largely discredited the anti-drug abuse campaigns, which they described as contradicting and ineffective. Stakeholders especially the anti-drug abuse crusaders need to be more creative in designing messages for such campaigns. Audio visual was found to have significant impact in increasing youths' knowledge and influencing positive behavior change. The study recommends that future media campaigns be in the form of audio visual and captivating. The campaigns should also feature youths to appeal to the target audience. The youth are also aware of the power of enticing messages put across by companies that sell drugs. All the programmes that teach something valuable about drug abuse, are later diluted by the powerful messages for drugs.

5.4 Suggestions for further research

More research should be carried out in other schools and across the country so as to compare the findings. Research should also be conducted to establish influence of media campaigns in behavior change across different occupational groups. A quantitative study should be carried on the same subject to bring out better the aspects quantity, in terms of, knowledge, attitude and practices among the secondary school students in Nairobi.

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APPENDIX 1: FOCUS GROUP DISCUSSION GUIDE

DRUG ABUSE AMONG URBAN SCHOOL GOING YOUTH: A KNOWLEDGE, ATTITUDES AND PRACTICES STUDY OF SOUTH B ESTATE IN NAIROBI, KENYA

VENUE: SOUTH B AT HIGHWAY SECONDARY SCHOOL

NAME OF RESEARCHER: KULLA D. GOLLO

NAME OF SCHOOL OF THE RESPONDENTS:

SIGNATURE OF PARTICIPANT:

DATE:

SIGNATURE OF RESEARCHER:

My name is Kulla Gollo. I am a student of the University of Nairobi School of journalism. I am carrying out a KAP study on drug abuse among school going youth in South B area, Nairobi.

This discussion guide is to gather information on your knowledge, attitudes and practices related to drug abuse as a youth going to school in South B. You are kindly requested and encouraged to participate fully in the discussion. All your views and suggestions will be held in strict confidence and shall be used solely for the purpose of this research.

You are allowed to discuss/offer suggestions on all topics. Kindly put down in the spaces after adequate discussion the agreed upon views of the group.

A) KNOWLEDGE

1. What is “drug and substance abuse”?

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2. Mention the following:

(a) The types of drugs and substances commonly abused by the youth/students

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(b) List them in the order of availability to students

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(c) Where do you think the youth get these drugs?

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3. Why is it difficult for students to refrain from using drugs once they have started?

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4. How can you tell that your classmate is abusing drugs?

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B) ATTITUDES

5. Why do students abuse drugs?

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6. Are there any benefits to a student who engages in drug abuse?

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7. How should drug abuse be stopped among the youth?

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C) PRACTICES

8. A) List the current mass media campaign messages against drug abuse

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b) What are your perceptions of these messages?

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9. In your school approximately how many students abuse drugs?

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10. List books and journals on drug abuse that you have read

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11. If you wanted more information on drugs, where would you get it?

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D) MEDIA CAMPAIGNS

12. How has TV programmes increased your knowledge of drug abuse?

13. Which TV stations have been leading in airing drug abuse campaigns (Discuss Specific drug abuse programmes aired by each TV Station?)

14. Has the TV Programmes increased your knowledge about drugs (briefly explain)

15. Has billboards negatively influenced your attitude towards drugs?

16. Explain how radio programmes have increased your awareness level about the dangers of drugs?

17. Which media (e.g. Radio, TV, Billboards, Barazas, Cinemas) are effective in communicating anti drug abuse campaigns?

18. What are the limitations exhibited by existing media channels in educating the youth about drugs?

19. How has NACADA assisted you in changing your attitudes towards drugs?