

**INFLUENCE OF DRUGS AND SUBSTANCE ABUSE ON SOCIAL
BEHAVIOR AMONG YOUTHS IN GARISSA MUNICIPALITY**

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**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL
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DECLARATION

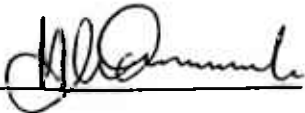
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L50/70846/09

This project has been submitted for examination with my approval as the university supervisor.

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DEDICATION

This work is dedicated to my lovely wife, Fatuma Mohamed and my daughter Ridhwan Abdinoor, without their caring and support, it would have not been possible for me to carry out this research.

Abdinoor Aden

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ABBREVIATIONS AND ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
BC	-	Before Christ
FBN	-	Federal Bureau of Narcotics
HIV	-	Human Immune Virus
KCPD	-	Kansas City Police Department
MRC	-	Medical Research Council
NDC	-	National Drugs Control
NDCP	-	National Drugs Control Policy
NCHS	-	National Council of Research
OSH	-	Office of Smoke and Health
RRC	-	Runts Research Council
STDS	-	Sexually Transmitted Diseases
UNCNDPSA	-	United Nations Convention of Narcotic Drugs and Psychotropic Substance Abuse.
UNDCP	-	United Nations Drugs Control Program
UNDP	-	United Nations Development program
UN	-	United Nations
USA	-	United States of America

ABSTRACT

This research study aimed at investigating the influence of drugs and substance abuse on the social behaviour among youths in Garissa Municipality. The research tried to determine the relationship between drugs and substance abuse and the social behaviour of youths such as peer pressure, family structure, access to drugs, unemployment, levels of education, conflicts at personal, family and community levels, government policy on youths and enterprises and their influence on youth's social behaviour. The research employed a descriptive survey design and it used both qualitative and quantitative approaches to collect information and data on the influence of drugs and substance abuse on youths and social behaviour. It also made judgments regarding the degree of influence on sexually transmitted infection, divorce rates among the youth, theft/hooliganism, and levels of idleness among others. The study targeted both provincial and District Officers of the Ministry of Youth Affairs, youth based group leaders and youths themselves. Purposive sampling technique was used to select the study area as well as the two youth officers to be involved in the study. Simple random sampling was used to select the villages to be involved in the study while the youth based group leaders were chosen. Youths were selected by the use of stratified random sampling. Two instruments were developed and used to collect data. These included an interview schedule for both Provincial and District Youth Officers and two questionnaires, one for youth based group leaders and another one for youths themselves. The research instruments were piloted on a small representative identical to but not including the group that was involved in the actual study. This was done using participants from villages that were involved in the actual study. The instruments were subjected to analysis after the pilot study with consultation with the supervisors and specialists in this field of study. After being found valid, logical and reliable, the actual data collection took place within two weeks. Descriptive statistics was used to analyze the data. The findings showed that peer pressure influences youths to abuse drugs and substance abuse thereby negatively affecting their social behaviour. It was found that social gathering like social welfare meetings, clubs, pubs, sports and internet and movie halls are major places for youths to meet and influence each other. The structure of the family greatly influences the social behaviour of the youth. Youths whose parents are in drugs and substance business are likely to abuse these drugs and affect their social behaviour, extended nature of the family, family conflicts and parenting style also influences the youth social behaviour. It has also been found out that the culture of dependency and the availability of drugs and substance abuse affect the social behaviour of youths. The research also found that most abused substance in Garissa municipality is miraa. In conclusion, the research found that drugs and substance abuse has a negative impact on the social behaviour of youths in Garissa municipality and it has proposed the following recommendations and interventions, establishment of rehabilitation centres for youths who have been addicted into drugs and substance abuse, Provision of funds for youths out of school to start business and income generating activities. Provision of bursaries and scholarships for youth in schools and colleges in order to prevent drop outs and enhance retention rates. Provide facilities for sporting activities and identity programmes that exploit and develop various talents among the youth and keep them meaningfully occupied. And finally the regulation of trade on alcohol and other drugs in the world market.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

An estimated 12.8 million Americans, which is about six percent of the total households of population aged twelve and older have been reported to use illegal drugs on a current basis within the last thirty years. This number of drug abusers has declined by fifty percent from 1979 high of twenty five million people, a decrease that represents an extra-ordinary change in behaviour. (U.S, NCHS, 2002). Despite the dramatic drop, more than a third of all Americans aged twelve and above has tried illicit drugs. Ninety percent of them have used marijuana or hashish, approximately a third used cocaine or took a prescription drug for non-medical reasons. Nearly sixty thousand Americans who used those drugs during youth, as adults reject these substances (Lloyn 2006).

While drug abuse and its consequences threaten Americans of every socio-economic background, geographical region, educational level, and ethnic and racial identity, the effects of drug and substance abuse are by all groups of people as seen in crime levels. Neighbourhoods where illegal drug markets flourish are plagued by attendant crime and violence. Americans who lack comprehensive health plans and have smaller incomes may be less able to afford treatment programs to overcome drug dependences, (Lunts, 2006).

According to Maguire and Postore, (2004), in Australia, a number of people believe that drug abuse is not their problem. They have misconceptions that drug abusers

belong to a certain segment of the society different from their own or that drug abuse is remote from their environment. Almost three quarters of drug abusers are employed. A majority of the Australians believe that drug use and drug related crime are among the nation's most pressing social problems especially among the youth. At least forty five percent of Australians know someone with a substance abuse problem, (Lunts Research Campaign, 2005).

In most European countries, the most alarming trend is the increasing use of illegal drugs, tobacco and alcohol among the youth. Children who use these substances increase the chance of acquiring lifelong dependency problems. They also incur greater health risks (Rhodes, 2005). The use of illicit drugs among the eight grades is up to 150 percent over the last five years. While alarmingly high, the prevalence of drug abuse among today's young people has returned to near epidemic levels of the late 1970s; the most important challenge for drug policy is to reverse these dangerous trends. Early drug use often leads to other forms of unhealthy, unproductive behaviour. Illegal drugs are associated with premature sexual activity with attendants, risks of unwanted pregnancy and exposure to sexually transmitted diseases like HIV/AIDS, delinquency and involvement in the criminal justice system. In 2005, the overall use of illegal drugs in China, was 20.9 percent of all youngsters between twelve and seventeen years of age on the past month basis.

This rate has risen substantially compared to 8.2 percent in 2004, 10.7 percent in 2003 and 5.3 percent in 2002. The historic low intake in the trend since the 1979 high of 26.3 percent. The University of Tsinghua (1996) monitoring the future study found that more than half of all high school students use illicit drugs by the time they graduate, (Schrager, 2005). In Africa, human beings have used drugs of one sort or

another for thousands of years. Wine was used at least from the time of the early Egyptians, narcotics from 4000 B.C and medical use of marijuana has been dated 2737 B.C in Western Africa (Daniel, 2004).

While no official prevalence figures exist for drug use in South Africa, cannabis and mandrax are seen as the most commonly used illicit drugs. South Africa currently accounts for the second largest quantity of cannabis seized anywhere in the world. It is surpassed by Mexico. Estimates vary, but it is of the worlds consumption of the depressant mandrax occurs within South African borders (Ezekiel, 2004). Over the past decade, South Africa has become part of major international drug trafficking networks. The political changes in the country also have been accompanied by social transition, typical by rapid modernization and a decline in traditional family relationship, (Boone, 2007).

Drug use flourishes in such turmoil, especially among young people. High unemployment, social injustice and weakened family bonds have created an environment where drug abuse and casual sexual relations offer young people both an opportunity to look cool in front of their peers and to escape from harsh realities of everyday life. This also increases their risk of contracting HIV/AIDS, (Ezekiel, 2004)

Other countries like Zimbabwe, Zambia, Botswana, Mozambique and Namibia have also recorded a dramatic increase in the use of illicit drugs since 2000, (Boone, 2007).

Drug users are more likely to engage in risky sexual behaviours such as sex with multiple partners and unprotected sex (Lewis, 2003). According to a study conducted by Medical Research Council (MRC), 2008, who collected information from twenty

five substance abuse centres in five countries namely:-Nigeria, Ghana, Liberia, Cote D'ivoire and Guinea found that between 1996 and 2008, the number of young people using drugs had increased dramatically. Drug choice has also changed over the eight years. Drug users under the age of twenty have increased from a mere five percent in 1996 to 25 percent in 2004, (Chardes, 2006).

In Nigeria, for instance, until recent past, information on the drug abuse situation was minimal and largely on studies on in-school population and small population in the urban areas. Between 1998 to date, United Nations Development Program has sponsored many rapid assessments and generated reports on:- the social, economic and political analysis of illicit drug trend in Nigeria, (CASSAD, 2008).

Abuse of various local plants and other psychotropic substances have been reported in both rural and urban areas. Multiple drug use has been reported among the youth, street children and women. A high use of cannabis, cocaine and heroin was found among commercial sex workers, commercial drivers, self employed, Motor Park touts and law enforcement agents. (Daniel 2004). The main reasons for the prevalence of drug abuse in the population include socio-cultural displacement of the young people through rapid urbanization and modernization, general poverty that increase the vulnerability of the young people and peer pressure as well as easy availability and distribution of such drugs in the country.

The addiction to the routes of drug abuse in the country has compounded the issues of HIV/AIDS/STDS problem. The HIV epidemic has reached every community/locality and as one of the most popular countries of the world to have crossed 5.0 percent

prevalence mark, which is a significant threshold based on epidemiological experience, hence there may be an explosive turn, (Centre for Disease Control and Prevention, 2004).

Drug abuse has been on the rise in Eastern Africa, commonly abused drugs include:- narcotics, depressants and stimulants. In Kenya, the high levels of unemployment, family conflicts, and HIV/AIDS epidemic among others have left the young people indulging in drug and substance abuse. Stimulants like khat are legal in some countries. The main groups of users of khat in Kenya include:- truck drivers, people who run kiosks, bars, hotels that stay open all day and night, university and college students have also been known to consume the product (Posture, 2004).

Today, the young people including women abuse drugs and chew khat. The major consumers of khat have always been the Somali people. In Muslim cultures, khat have always been chewed and brewed in tea for centuries. Drug use flourishes in such turmoil, especially among the young people in Garissa Municipality. High unemployment rates, poor climatic conditions, influx of refugees from Somalia, social injustice, inadequate income generating activities, negligence, negative attitude among the youth towards manual work, peer pressure have created an environment suitable for youth to engage in drugs and to escape from realities of life. Based on this information, the researcher is prompted to investigate the effects of drug abuse on social behaviour of youth in Garissa Municipality which has high unemployed youth population who are idle most of the time. No other researcher has carried out this kind of study in this area.

1.2 Statement of the problem

Drug abuse is not a matter of moral weakness or faulty willpower. It is a vicious cycle that actually changes the brain, leading to stronger and stronger impulses to use. Without help, drug abuse destroys families and takes lives. It can sometimes be hard for parents to tell if their teenager has a drug problem. In order to know this, looking for marked changes in social behaviour, appearances, disappearance of money and objects that could be sold for drugs would be clear indicators. (Boone, 2002)

Heavy drug use directly affects health, lowers productivity at work, increases criminal activity for money and more drugs. In 2004, Kansas City Police Department (KCPD) reported emergence of a new form of khat among other substances within the Somali Community. Grabace dried form of khat similar in appearance to marijuana produced in Ethiopia which is in high consumption by the young people. (Adams, 2001)

The social problems of drug abuse are real among the youth living in Garissa Municipality. Few researchers have studied factors contributing to drug abuse among youth mostly in high schools. The researcher, therefore, investigated the influence of drug abuse on the social behaviour of youth in Garissa Municipality, Garissa District.

1.3 The purpose of the study

This study arrived at investigating the influence of drugs and substance abuse on the social behaviour among youths in Garissa Municipality in Garissa District. It determined ways in which drugs and other substances abuse affect the social behaviour of youth and also identify the factors contributing to use of drugs. It also tried to identify the types of drugs available in Garissa Municipality, signs and

symptoms of drug abusers and social effects of drug and substance abuse. The study also sought to elicit information from the respondents on the possible remedies to drug and substance abuse.

1.4 Objectives of the study

This study aimed at achieving the following objectives;

1. To determine the extent to which peer pressure influences drugs and substance abuse and social behaviour among youth in Garissa Municipality.
2. To establish the relationship between family structure and the social behaviour of youth in Garissa Municipality.
3. To determine the relationship between availability of drugs and substance abuse and social behaviour of youth in Garissa Municipality.
4. To identify the influence of culture of dependency on social behaviour among youth in Garissa Municipality.

1.5 Research questions

This study sought to answer the following questions:-

1. To what extent does peer pressure influence drug and substance abuse and social behaviour among youths in Garissa Municipality?
2. How does the family structure influence the social behaviour of youths in Garissa Municipality?
3. How does the availability of drug and substance abuse influence the social behaviour of youths in Garissa Municipality?
4. What is the influence of culture of dependence on drugs and substance abuse on social behaviour of the youths in Garissa Municipality?

1.6 Significance of the study

The findings of this study may be of practical value in helping prevent and manage drugs and substance abuse as well as social evils resulting from the young people in the society. It is hoped that the study will help in pinpointing areas and issues that are not adequately addressed. The findings of the study may also help ministries of health and Youth Affairs with skills especially on the steps which could be used towards prevention and management of drug and substance abuse as well as curbing of social evils in the society and engaging youth in incoming generating activities respectively.

It is hoped that the results of this study will be useful to the administrators, teachers, parents and policy makers by helping them acquire knowledge, skills and techniques necessary for helping the youth appreciate themselves and make sound decisions for their own good and betterment of the society. The key results of this investment will be seen in the lives of the young people in Garissa Municipality after the relevant stakeholders apply the recommendations of this study.

1.7 The scope of the study

This study focused on youth who are out of school and will be conducted in Garissa Municipality. The Municipality has thirty two villages which are densely populated. The study was conducted between December 2009 and June 2010.

This study was delimited to the following:

1. There is no guarantee that Garissa Municipality is the most suitable area for this study. However, its low academic achievements, limited economic activities and continuous influx of people from Somalia make it more suitable for the study.

2. The study will only involve the youth who are living in Garissa Municipality and not youth in other rural parts of the district.

1.8 Limitations of the study

This study was based on the following limitations:

1. Most of the area is basically urban centre and the results may not apply to all areas in rural setting.
2. The area is an arid region with harsh climatic conditions and poor infrastructure hence accessibility may be hindered to villages in the interior.

1.9 Basic assumptions of the study

This study was based on the following assumptions:

1. The current high rate of drug and substance abuse leads to the increasing social evils in the society.
2. The relevant stakeholders are aware of the dangers emanating from drug and substance abuse and are therefore taking the right measures to curb this behaviour.
3. All respondents will cooperate and give honest and accurate information.

1.10 Operational definition of significant terms

Community – refers to members of the society who reside in one geographical area and have interest in the affairs of the society.

Dependency – refers to the inability of a drug abuser to change his habit and keeps on taking more drugs.

Drug – refers to any chemical substances which when taken changes the normal functioning of the body of the body thus changes one's behaviour.

Drug abuse – refers to repeated and excessive use of chemical substances to achieve a certain effect on behaviour.

Environment – refers to the surrounding area where individuals live and the influence of its activities to the individual's behaviour.

Peer pressure – refers to the influence exerted on the youth by their age mates and affects by their social behaviour.

Social behaviour – refers to the manner in which youth interact and interrelate to other members of the society and impacts of their relationships of the community.

Youth -Person aged between 18 – 35 years.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In order to review literature, this chapter looks at two theories related to behaviour change, it looks at western studies on drug and substance, African and Kenyan studies on drug and substance abuse.

2.2 Theoretical framework

One theory was reviewed in relation to drugs and substance abuse and social behaviour and it is the theory of protection motivation. Rogers, (1983) is credited to this theory. The theory postulates that the motivation to protection on oneself from perceived harmful behaviour mediates the influence of persuasive messages on the intention to engage in health related behaviour. The harmful behaviour may be physical, emotional, social or moral. Motivation to protection oneself comes due to persuasive messages that make individual change behaviour positively so as to protect oneself from harmful consequences.

In relation to the study, the theory suggests that youths are likely to be motivated to protect themselves against the harmful social behaviours associated with continuous drug and substance abuse as a result of persuasive messages contained in health education programs which guide each and every person (youth included) on what is health and unhealthy behaviour. The young people believe that recommended action minimizes dependency on drugs and substances consequently impacting positively on their social behaviour.

2.3 Western studies on drugs and substance abuse and social behaviour of youth.

Human beings used drugs of one sort or another for thousands of years. Wine was used at least from the time of the early Egyptians, narcotic from 4000BC, and marijuana has been dated 2737 BC in China. But not until 19th century AD was the active substances in drugs extracted. There followed a time when some of the newly discovered substances like morphine, laudanum and cocaine were completely unregulated and prescribed freely by physicians for a wide variety of ailments. They were available as patient medicines and sold by travelling thinkers, in drugstores or through the mail. During the America civil war, morphine was used freely, and wounded veterans returned home with their kits of morphine and hypodermic needles. Opium dens flourished. By the early 1900s there were an estimated 250,000 addicts in the United States (Mernill, 2005).

The problems of addiction were recognized gradually. Legal measures against drug abuse in United States were first established in 1875, when opium dens were outlawed in San Francisco. The first drug law was the pure food and Drug Act of 1906, required accurate labelling of patent medicines containing opium and certain other drugs. In 1914, the Harrison Narcotic Act forbade sale of substantial doses of opiates of cocaine except by licensed doctors and pharmacies. Later, heroin was totally banned (Abandinsky, 2008).

Subsequent Supreme Court decisions made it illegal for doctors to prescribe any narcotic to addicts. Many doctors who prescribed maintenance doses as part of an addiction treatment plan were failed, and soon all attempts at treatment were abandoned use of narcotics and cocaine diminished by 1920s.

The spirit of temperance led to the prohibition of alcohol by the eighteenth amendment to the constitution in 1919, but prohibition was repealed in 1933, (Dorothy, 2000).

According to (Office of smoke and healthy 2004), in the 1930s, most states required anti-drug education in the schools, but fears that knowledge would lead to experimentation caused it to be abandoned in most places. Soon after, the repeat of prohibition, the U.S Federal Bureau of Narcotics (now the Drug Enforcement Administration) began a campaign to portray marijuana as a powerful, addicting, substance that would lead users into narcotic addiction. In 1950s use of marijuana increased again, along with that of amphetamines and tranquilizers. The social upheaval of the 1960s brought with a dramatic increase in drug use and some increased social acceptance; by the early 1970s some states and localities had decriminalized marijuana and lowered drinking ages. The 1980s brought a decline in the use of most drugs, but cocaine and crack use soared. The military became involved in border patrols for the first time and troops invaded Panama and brought its factor leader, Manuel Noriega, to trial for drug trafficking (Abandinsky, 2008).

Throughout the years, the public perception of the social dangers of substance abused changed. By 1998, drug laws have tried to keep up with the changing perceptions and real dangers of substance abuse. By 1990, over 55 federal drug laws and countless state laws specified a variety of punitive measures, including life imprisonment and even the death penalty. The Anti-drug Abuse Act of 1986 and 1988 increased funding treatment and rehabilitation; the 1988 act created the office of National Drug Control Policy, (Baum, 2006).

While drug abuse and its consequences threaten Americans of every socio-economic background, geographical region, educational level and ethnic and racial identity, the effects of drug abuse are often felt disproportionately. Neighbourhoods where illegal drugs markets flourish are plunged by attendant crime and violence. Some 350,000 youth in the United States are addicted to substances like heroin, marijuana and cocaine, an increase over the estimated number of addicts during the 1970s and 1980s (Adams, 2001).

In 2005, the prevalence of current use of other illicit drugs, including hallucinogens, inhalants, psychotherapeutic, was less than one percent. Despite the 2008 ban on importation, Rohypnol, a powerful seductive, is still found in the South East and Mid-Atlantic regions. Ethnographers note that this substance was formerly one of several 'club drugs' young people used, which now may be reaching a wider audience. Other 'club drugs' include;- ketamine, quaaludes, xanax, MDMA, and LSP – continue to gain popularity among young adults, (Wig and Varma, 2007).

The social and health costs of illicit drugs are staggering. Drug-related illness, death and crime cost the nation approximately \$66.9 billion. Every man, woman and child in America pay nearly \$1,000 annually to cover the expense of unnecessary health care, extra law enforcement, auto accidents, crime and lost productivity resulting from substance abuse. Illicit drugs hurt families, business and neighbourhoods; impedes education and chokes criminal justice, health and social services systems.

According to (Weckowics, 2003) efforts at fighting substance abuse are dictated by the attitudes of the public and their perception of a substance's dangers. These

attitudes may be framed by personal experience, media portrayals, news events, or drug education. Most drug enforcement in America is local, but the international and interstate nature of the drug trade has gradually resulted in more federal involvement. Approaches to combating the drug problem have traditionally focused on reducing both supply and demand.

In general, heroin and other opiates come into the US and Colombia, cocaine from South America, marijuana from domestic sources; Mexico, Colombia and Jamaica and Elisigues. Drugs for domestic clandestine laboratories. The bureau of Immigration and Customs Enforcement is charged with interdicting smuggled drugs that come in across land borders (Institute of Drug Abuse 2002).

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The concept of controlling drugs is relatively phenomenal in America and one that has met with limited success despite the billions of dollars spends. Some people argue that if drugs are legalized, drug trafficking and the violence it endangers would disappear. Some content also that with the government regulations dosages would be standardized, dangers contaminates eliminated, making drugs safer. Other researchers suggest that resulting lower prices of drugs would preclude the need for criminal activity to raise money for their purchase, and that billions for dollars saved from the supply reduction programs could be put toward education and treatment. Nevertheless, a substantial majority of Americans polled have though legalization a bad idea arguing that legalization would encourage more drug and substance abuse and that people would still steal to buy drugs, and that many drugs are son inexpensive to produce that there would be a black market (Science Research Associates, 2001).

Studies in European countries show that historically people of almost every culture used chemical substance for traditional, religious and cultural reasons. Some like the depressants were used to induce sleep, relieve pain and stress and allay anxiety. While alcohol is one of the oldest and most universal agents used for these purposes. Hundreds of substances have been developed that produce central nervous system depression. These drugs have been referred to as downers, sedatives, hypnotics, minor tranquilizers, anxiolytics and anti-anxiety medications (Belmore and Lulles, 2000)

The most alarming trend is the increasing use of other illegal drugs, tobacco and alcohol among the youth. The use of illicit drugs among the youth is 150 percent over the past five years. While alarmingly high, the prevalence of drug use among today's young people has not returned in 1970s. The most important challenge for drug policing is to reverse these dangerous trends (Mervil 2004). According to (Rhodes, 2003), early drug use often leads to other forms of unhealthy, unproductive behavior. Illegal drugs are associated with premature sexual activity (with attendant risk of unwanted pregnancy and exposure to sexually transmitted diseases like HIV/AIDS) delinquency, and involvement in the Criminal Justice System (Accord, 2003).

In Australia, drug and substance abuse continues to be a major problem among the nations' young people. Adolescents are beginning to smoke cigarettes and take alcohol at a younger age. The mean age of first use dropped from 17.8 years in 1987 to 16.3 years in 1994 and 15.8 years in 2006. In Australia, the social consequences of illicit drug abuse among the youth are staggering. Drug related illness and death consume a lot of family resources which cause family stress. They also lead to social

evils such as thuggery, theft and even murder among others, (Rennick Adams, Schouff and Keegan, 2005).

2.4 African studies on drugs and substance abuse and its effects on social behaviour of youth.

In South Africa, though no official prevalence figures exist for drug use, cannabis and mandrax are seen as the most commonly used illicit drugs. South Africa accounts for the second largest quantity of cannabis seized anywhere in the world. It is surpassed by Mexico. Estimates vary, but it is believed that between 70 and 80 percent of the world's consumption of the depressed mandrax (methaqualone) occurs in South Africa, (Baxtr, Schwartz, Phelps, 2008)

The use of heroin, cocaine and ecstasy has also increased significantly since the mid 1990s, (Boone, 2002). Recent evidence indicated the injecting of heroin was increasingly in South Africa has become part of major international drug trafficking networks. The political changes have also been accompanied by social transition, typified by rapid modernization a decline in traditional family relationships, (Boone, 2002).

Drug use flourishes in such turmoil, especially among the young people. High unemployment, social injustice and weakened family bonds have created an environment where drug abuse and casual sexual relations offer young people both opportunity to look cool in front of their peers and escape from the harsh realities of everyday life. Unfortunately, this also increases the risk of contracting HIV/AIDS and more prone to social evils such as theft fights even murder, (Daniel 2004).

The high risk of sexual behaviour is very common in South Africa. The use of drugs and alcohol alters the mind and impairs judgment. As a result, users are at far greater risk contracting and spreading HIV, (Bonne, 2004). According to, (Ezekiel, 2004) preventing HIV/AIDS and reducing drug abuse and drug trafficking are more public health concern. HIV/AIDS disproportionately affects the young people, creating orphans and decimating the ranks of the skilled and educated during their prime years. The Ke-Moja pilot campaign, run in conjunction with the South African authorities and their parents (PLUS NEWS, 2002).

In Nigeria, information on the drug abuse situation was minimal and largely based on studies on in-school population and a small populations in the urban areas, until the recent past. Between 1998 and date, UNDP has sponsored many rapid assessment and generated reports on; social economic and political analysis of illicit drug trend in Nigeria (CASSAD, 2008). Situation analysis of the preventative programmes being implemented by NGOs in Demand Reduction in Nigeria (Adekan, 2003). Rapid assessment of drug use/situation in four communities, (UNDP, 2003).

The general picture emerging from these assessment is of the under spread and an estimated lifetime consumption of cannabis (10.8%), followed by psychotropic substances (mainly the benzodiazepines and amphetamine – type stimulants) 10.6% and less degree heroin, cocaine of 1.4% in both urban and rural areas among the young people.

Abuse of various plants has been reported in the studies, among the youth and the unemployed. On gender distribution, there appears to be more current male 94.2%

than female (5.8%). However, there is increasing drug specific use among current than past users and the main reasons for the prevalence of drug abuse include; socio-cultural displacement of the young people through rapid urbanization and modernization, general poverty levels that increase vulnerability of children to street or peer pressure for survival and the believe that drugs increase energy and relaxes the mind and body (Johnston, 2001).

In countries like Somali, Uganda, Tanzania, Zimbabwe, Zambia, South Africa and Kenya, possession of substances such as khat is not presently restricted. However, it is illegal in some other countries and people are arrested and prosecuted for carrying khat. Miraa users today are also drug addicts and therefore, face the consequences of their bad habits. The only study that covered psychosis was GTZ in Somali among the war veterans but it failed to isolate the cause of very high incidence of psychotic cases in Hargeisa as miraa abuse.

The reality is that most miraa users spend a lot of time chewing miraa sparing little time for their work and families. Men and youth themselves come home after long periods, having been exposed to the leisure life known around miraa selling areas and not knowing their HIV status. Others wait into the nights for 'order money' in towns where they indulge in alcohol and prostitution wasting all that they had earned (Block and Wittenborn – 2005)

Until the turnoff 20th century, only religious and political elite of the city of Harer in Eastern Ethiopia chewed khat. Its consumption has since then spread to all regions of Ethiopia and all social groups, irrespective of religious affiliation, gender category

and age bracket, have taken up the habit. In a few decades khat has been transformed from a shrub grown for domestic consumption to the religious pronominal cash crop, from a substance chewed on religious and cultural occasions to a visible and pervasive social habit; from a product sold in local market to the most profitable commodity, whole trade involves millions of farmers, traders and other service providers in the Horn of Africa and the Arabian Peninsula (Bellmore and Miller, 2000).

The growing importance of khat has engendered a heated national debate in Ethiopia concerning the legal status of the plant. Opponents contend that khat is a health hazard with deleterious socio-economic consequences and seek a complete ban to curb its 'evil influence' on the country's youth and future (Juhastor, 2001).

2.5 Drugs and substance abuse in Kenya

Drug abuse has permeated all strata of society, with the youth and young adults being the category most affected. Most drug abusers fall between 16 and 30 years of age although experimentation begins earlier. When these young people indulge in drug abuse at this early stage, their future is bleak as so the country's (Wangai, 2004).

The government of Kenya views the problem seriously and has therefore ratified the United Nations conventions of Narcotic drugs and psychotropic substance abuse, and formed a special anti-narcotic unit within the police force and also enacted a law, 'The Narcotic Drugs and Substance Control Act' (1994) to curb drug abuse and trafficking (Wangai, 2004).

Drug misuse is considered to be the misuse of medicine or incorrect use of drugs or medicines with the intention of causing body changes. Drug abuse is the use of any substance whether legal or illegal, which damages some aspects of the users life whether mental or physical health, ability to work or function normally in the study. Most of the commonly abused substances are alcohol and tobacco. They are legally mass marketed through excessive advertisements. Their abuse is fuelled by the fact that they are relatively inexpensive and widely accessible. Miraa, glue and petroleum produce fall under this category and their use is on the increase especially, among the low-income earners in the society (Lucia, 2008)

Alcohol has been and is still used in both the traditional and modern societies for social, medicinal and religious purposes. It includes wine, spirits and beers which are legally brewed as well as traditionally brewed brands such as 'Busaa', 'Muratina', 'waragi', 'chan'gaa', and 'mnazi'. There are other illicit brews that have invaded the market and which are dangerous such as 'kumi kumi', and 'machozi'. Alcohol is a depressant and is addictive, (Johnston, 2001).

Tobacco contains over 4,000 different chemicals many of which are harmful. Nicotine, carbon monoxide and tar are the three main chemicals that affect the human body and cause diseases. Tobacco can be smoked, snorted or chewed. Peer pressure is one of the main cause of tobacco abuse among young people in Kenya. Most young people smoke to fit in a group or because others are doing it. Smoking is also seen as a sign of maturity thus young people smoke to show that they have matured. Others smoke when they are tense and nervous. Young people go through stressful time especially with the current state of unemployment in the country, fear of the future,

when getting into relationships and when facing authority some resort to smoking to calm down, (Adams, 2004).

Like many habits young people adopt, reflect on their values, smoking among the young people can be an indication that they are turning their backs on the values held by their parents and society at large. In families where parental guidance and discipline is not upheld, young people engage in smoking, while they are still under their parents' care, (KIE, 2004).

2.6 Categories of drugs commonly abused by youths

A drug can be defined as a substance, which may be chemical, synthetic or natural, which when taken in by a living organism, may modified or affect one or more of its functions. It may be inhaled, snorted, sniffed, swallowed, injected into the body or used externally as a liquid, lotion, ointment or powder. According to (Merrill, Lewis and Pulves, 2004) there are various categories of drugs, namely:-

- 1. Curative drugs** – These are used to cure infections. They include antibiotics, anti-malarial drugs and surphuraings. If they are taken without a doctors' prescription, they are abused.
- 2. Preventive drugs** – they are used to protect the body, prevent diseases, promote good health and help the body maintain good working order. They include; vaccines, vitamins and minerals.
- 3. Sedatives** - these work on the central nervous system. They relieve pain and induce a feeling of well-being. They include;- aspirins and paracetermals. Opium and barbiturates fall under this category.

4. **Stimulants** – these stimulate the central nervous system. They include tea and coffee, which have caffeine and khat (Miraa).
5. **Palliative drugs** – These are used to control chronic diseases such as diabetes, heart disease, cancer and asthma.
6. **Narcotics** – These induce false sensory impressions or hapticinention, they include marijuana (bhang), hashish and nicotine in tobacco.
7. **Tranquillizers** – these alleviate pain, anxiety and have a calming effect. Examples are valium and Librium. They are also referred to as anti-depressants.
8. **Depressants** – They have a relaxing effect and suppress rapid eye movements during dreams, causing deep sleep though not necessary rest. Such drugs include mandrax and alcohol.
9. **Volatile inhalants** – these are solvents such as glue, petrol fumes, cigarette, lighter fuel, etc.

2.7 Causes of drugs and substance abuse

According to Wangai, (2004), drug abuse and addiction is due to many factors. A powerful force for addiction is the ability to self-soothe or get relieve from untreated mental or physical pain. With stress, loneliness or depression drugs can be tempting way to deal with the situation. Some other risk factors include; Family history of addiction: while the interplay between genetics and environment is not entirely clear, if one has a family history of addiction then one is at higher risk for abusing drugs. History or mental illness: drug abuse can worsen mental illness or even create new symptoms. Untreated physical pain: without medical supervision, pain medications or illegal drugs like heroin can rapidly become addictive. Peer pressure: if people around a person are abusing drugs, then it becomes difficult to resist the pressure to try them, especially among the young people so as to be socially accepted. Mass media: some

substance like alcohol and tobacco are freely advertised portraying people who take them as having a great time. This puts a lot of pressure on the young people who are more image conscious. Family problems like rejection, poverty and shaky family background. Poor parenting in terms of modelling as well as laxity among the parents hence losing influence over their children's lives. Parents who are drug users are bad examples to their children and are most likely to leave drugs in places accessible to their children. Social economic conditions and background especially coming from a 'miraa' growing zone and availability and accessibility of the drugs.

2.8 Signs, symptoms and social effects of drugs and substance abuse

According to (Wangai, 2004) what makes drug abuse and addiction so challenging to face, as opposed to other mental or physical problem is that drug abuse affects the person's life in many ways, including health, finances and stability. It also affects the entire family, friends, colleague and even the community. Worse still is the strong denial and rationalization of the person using drugs that makes it extremely difficult to get help, and can make concerned family members feel like they are the problem.

2.8.1 Drug abusers may exhibit the following psychosocial signs:

Drug abusers will exhibit the following signs; Withdrawal from the family members and friends. Being involved with other company that is of suspicious behaviour. Mood swings in which victims may sometimes become violent, excessively excited or argumentative. Confused conversation, impaired judgment and lack of proper concentration in a given tasks. There will be behaviour changes where some may present extreme changes in behaviour and personality for instance being untidy or very neat all of a sudden. Others may present blank, dreamy expressions, fear or lack of sleep. There will be also despair, loss of interest in life which may lead to

depression. Mental sickness may set in and victims may experience hallucinations and delirium such as seeing things that are not real. Drugs could also lead to suicide and at times compulsive drug seeking.

2.9 Health effects and cure

Those who abuse drugs have a greater risk for health problems down the road from neglecting their own health to risk of loose sexual behaviours expose one to the risk of infectious diseases like hepatitis B or HIV from sex or even sharing needles.

Heavy drug use directly affects health which may lead to death from overdose. Productivity at work often suffers, and eventually trouble keeping a job or even homelessness can occur. The urge to use is so powerful that criminal activity for money or more drugs can be strong temptation (CSAP, 2006).

Staying addiction due to denial or rationalization especially when the urge to use is so strong that the mind finds many ways to rationalize drug use. This may lead to a temptation of under estimating the quantity of drugs and the amount they are costing them, and how much time it takes away from their family and work. Such people may lash out at concerned family members, making the family feel like they are exaggerating and overstating the problem. This denial and rationalization can lead to increased problems with work, finances and relationships. The person abusing drugs can blame and 'unfair boss' for losing a job or a 'nagging wife' for why he is increasingly going out with friends to get high. While work and relationships stresses happen to emerge, an overall pattern of defensible and blaming may be a sign of trouble (Lunts Research Companies, 2006).

According to (Merril, 2005) drug abuse doesn't only affect the drug abuser, but friends, family and the entire society. Child abuse and neglect is much more common when there is drug abuse in the family. The abuser may neglect a child's basic needs in the quest for more drugs, or lack of impulse control can lead to increased physical and emotional abuse. Domestic violence happens more frequently. Abusing drugs leads to higher risk of injuries and death to self and others in car accidents.

Drug abuse causes an enormous emotional pain to the family members hence leading to family stress. Family members are forced to cut back from work to deal with the abusers problems or even working more to make financial ends meet. Drug abuse can disrupt the family and meet destructive patterns of co-dependency, that is, the spouse of the whole family out of love or fear of consequences. (NNICC, 2005)

Drug abuse affects the society in many ways. In the work place, it is costly in terms of work time lost and inefficiency. Drug abusers are more likely than non users to have occupational accidents endangering themselves and those around them. Over half of the highway deaths in United States involve alcohol. Drug related crime can disrupt neighbourhoods due to violence among drug dealers, threats to residents and the crime of the addicts themselves. (UNDCP, 2006).

2.10 Conceptual Framework

Figure 2.1: Conceptual Framework

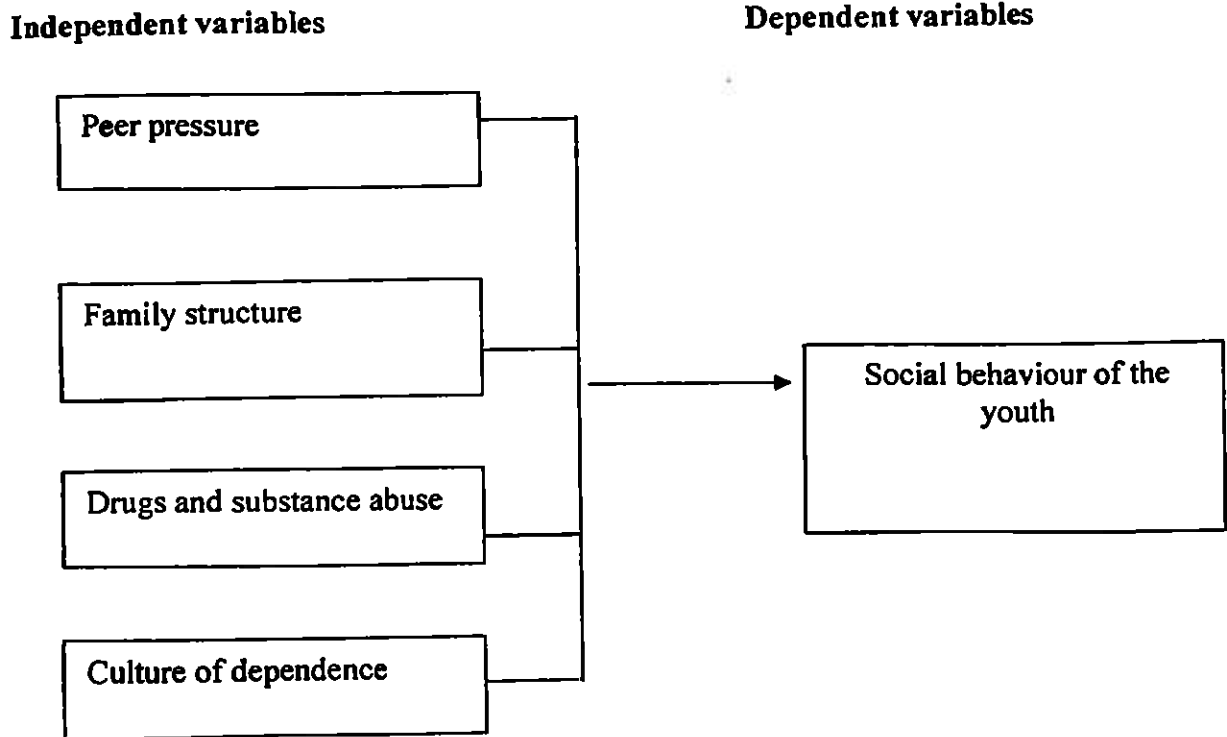


Figure 2.1 Summary of literature review

This chapter dwelt on the theoretical conceptual framework, western studies on drugs and substance abuse, Africa studies and Kenya studies of social effects of drugs and substance abuse.

Figure Operation Definition of Variables

Table 2.1: Operationalization Table

Objectives	Variables	Indicators	Measurement scale	Tools of analysis	Type of tool
1. To determine the extent to which peer pressure influences behaviour.	* Independent number hours spent met peers * Dependent social activities e.g. drinking, fighting, quarrelling	Less than 1 hour 2-3 hours 4-6 hours All day long	Fixed ratio	Quantitative qualitative frequency	<ul style="list-style-type: none"> • Range • Percentages • Mean • Mode
2. To establish how family structure influences youth drug abuse and their social behaviour	Independent variables -Family structure -single parent/divorce. Dependent variable -idleness, fights, quarrels.	Single parent, Polygamous families and monogamous families		quantitative	<ul style="list-style-type: none"> • Percentage • Mode
3. To determine the relationship between availability of drugs and substance abuse and social behaviour	Independent variables -Drugs and substance availability and abuse Dependent variables -Stealing, theft, drinking/smoking	Not available, slightly available and easily available	Variable ration Variable interval	qualitative	<ul style="list-style-type: none"> • percentage • mode • mean
4. To identify if the culture of dependency influences drug and substance abuse on social behaviour of youths.	Independent variables Youths depending on their own e.g.-employed Dependent Those who depend on others	Self depended and dependant on others	Variable ration		<ul style="list-style-type: none"> • Percentage • Mean

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The methodology section of this research study describes the procedures that are going to be followed in conducting the study. The steps involved in conducting the study are described in details. In doing so, the following were discussed, the research design, variables, the location of the study, population sampling techniques and sample size, instruments for data collection, pilot study as well as techniques for data sampling.

3.2 Research design

This section describes the research methodology that was used in the study. Thus study will use descriptive survey design aimed at investigating the influence of drug and substance abuse on the social behaviour among the youth in Garissa municipality. Both qualitative and quantitative approaches were used. The descriptive survey design attempted to collect data from the target population in order to determine the current status of the population in relation to drug and substance abuse and its effects on the social behaviour among young people. This was a self report study whereby information was used to draw logical conclusion on the interrelationships between phenomena.

Best and Kahn, (1993), postulates that descriptive survey is the most appropriate design in the behavioural sciences as it seeks to find out factors associated with occurrences of certain events and conditions of behaviour. It enables the researcher to

collect in depth information including sensitive and personalized experiences concerning the issue being investigated. The descriptive survey design allows the researcher to study variables as they exist. The researcher will not be able to manipulate such variables as drug and substance abuse, peer pressure, poverty levels, unemployment, economic/income generation activities as well as availability of drugs and other substances. Gay, 2000, concurs that descriptive research is the best as it involves a process of collecting data in order to test hypotheses or answer questions concerning the current status of the subject in the study. It determines and reports the way things are. It attempts to describe such things as possible behavior, attitudes, values and characteristics. The following steps are involved in descriptive research namely: formulating the objectives of the study, designating the methods of data collection, selecting the sample data collection and analyzing the results.

3.3 Location of the study

This is the area where the study was carried out. This study was conducted in Garissa Municipality, Garissa district in North Eastern Province. Garissa Municipality is basically urban set up. It is dry and arid with limited economic activities that go on. Levels of education are rather low in most households. The main economic activity is business for households with most of the youth leading idle lives while few are trying to search for employment with the rest of their families members being pastoralists in their rural homes.

3.4 Target population

A population is a complete set of individual cases or objects with common observable characteristics. This section describes the sample size and the target population is the subjects that the researcher wants to generalize the results of the study. This study will

targeted provincial and district youth officers, youth group leaders and individual youths. Garissa Municipality has seven sub-locations and thirty two villages.

3.5 Sampling techniques and sample size

The Procedures of selecting the subjects to be included in the sample will be described in this section. A sampling frame is therefore, a list, directory or index of cases from which a small representative that is drawn from the large population which the results are going to be generalized to the large population.

Garissa Municipality has seven sub-location and thirty two villages which have youths who are out of school. This area was purposively selected because of its feasibility in the sense that it is within reach by the researcher who is a resident of Garissa town and its uniqueness in that many youths are idle and busy using drugs and idle in town during the night and sleeping during the day. There is no available literature indicating a similar study having been carried out in this area, (2008, UNICEF report).

Stratified random sampling (SRS) was used to select eight villages from the thirty two. All the seven sub-locations were involved with two villages being selected from the central sub-location which has the highest youth population. From the eight villages, eight youth group leaders and ten youth from each were selected by simple random sampling, this is because each youth group has at least three leaders namely: chairperson, secretary and treasurer. The provincial and district youth officers were purposely selected because they are in charge of the youth affairs. The study therefore consisted of:-

Table 3.1: Number of respondents

Area	Sub-location	Village	Number of respondents		
			Youth officers	Youth leader	youths
Garissa Municipality	1. Central	Garissa ndogo	Provincial youth officer & District youth officer	1	10
		Hidaya			
	2. Township	Iman		1	10
		Liban			
		Posta			
	3. Waberi	Bula sheikh		1	10
		Bula jaribu			
4. Iftin	Bula kamor	1	10		
	Bula bunda				
	Power				
5. Korkora	Bula bura	1	10		
	Iftin				
	Southc				
6. Medina	Bashal	1	10		
	Bula ijar				
	Collage				
7. Galbet	Bula mzuri	1	10		
	Bula iskadeq				
	Bula masalani				
TOTAL	7	32	4	8	80
		Bula ADC			
		Bula rig			

This will give a total of 92 respondents.

3.6 Data collection instruments

This section describes the instruments with which the researcher will develop to collect the necessary information. The researcher used an interview schedule and questionnaires to collect data.

3.6.1 Interview schedule

An interview is an oral administration of a questionnaire or an interview schedule. Interviews are face-to-face encounters. In order to obtain accurate information through interviews, the researcher tried to establish a friendly relationship with the respondents prior to conducting the interview so as to obtain maximum co-operation.

Interviews are advantageous in that they provide in-depth data which is not possible to obtain required data to meet specific objectives of the study because they can overcome any resistance of the respondents. There is also greater flexibility consequently allowing easy collection of personal information. Samples are also well controlled as there is no difficulty of the missing returns on non-response. Supplementary information can be adapted to the ability on level of education of the respondents. However, interviews have a number of disadvantages in that is very expensive method especially when large spread geographical area is taken. Respondents in high income or executive officials may not be easily approachable; therefore, data may prove inadequate. It is also relatively more time consuming.

One interview schedule was developed and this was administered by the researcher himself to both provincial and district youth officers. This allowed the interview to follow up the respondents' answers to obtain more information and clarify vague statements. The researcher hence, used this method to seek clarification to some responses pertaining to drugs and substance abusers and their effects on the social behavior among the youths. Prior to administering the interview schedules, the researcher made an effort of visiting both the provincial and district youth offices form familiarization and explain the purpose of the interview to the respondents.

3.6.2 Questionnaires for youths and youth based group leaders.

A questionnaire is an instrument used to gather data, which allows measurement for or against a particular view point. This method of data collection has the following advantages. The closed-ended questions are easier to analyze as they are in an immediate usable form. They are easier to administer because each item is followed by alternative answers. Questionnaires are also economical to use in terms of time and money. The open-ended questions permit greater depth of responses and are easier to formulate mainly because the researcher does not have to labor to come up with appropriate response categories. However questionnaires have the following disadvantages. They are more difficult to construct because categories must be well thought out and responses are limited especially in the closed – ended questions where the respondent is compelled to answer questions according to the researcher's choices. Responses given may be difficult to analyze qualitatively. Responding to open-ended questions is time consuming and this may put some respondents off. The two type of instruments will be used with an aim of supplementing each other and ensure validity and reliability. Two questionnaires will be developed, one for the provincial youths officer and another one for the youth group based leaders.

The questionnaires had both open-ended and closed-ended questions; the respondents consisted of a set of answers that closely represent their views to choose from. In the closed-ended questions, the likert scale was used in rating, which will help in the reduction of subjectively and also made it possible to quantitatively analyze the data. The open-ended questions allowed the respondents communicate their views without being forced to get within the preconceived answers. Orodh, (2004), contends that questionnaire is a suitable method, indeed, the easiest and the cheapest way of data

collection. It has both the ability to collect a large amount of information in a reasonable quick span of time. Kathori, (2000), observed that questionnaire is free from bias of the respondents who are not easily approachable can also be reached conveniently. Therefore, the questionnaire will obtain information concerning the use of drugs and other substances, factors contributing to the abuse, and possible interventions against drugs and substance abuse, as well as influences on social behaviour.

3.6.3 Pilot study

This involves giving the research instruments to a small representative sample identical to but not including the group that will be involved in the actual study before carrying out the real study. The piloting helps in enabling the researcher to check whether the items used are valid and reliable, and also correct mechanical problems, correct misunderstanding, checks language level and any ambiguity at the right time. The piloting also elicited comments from respondents which helped in the improvement of the instruments by modifying and making instructions given in order to avoid misinterpretation during the actual data collection.

The pilot study was done in Garissa municipality using two villages which were randomly selected. This small representative was identical to, but was not involved in the actual study. It comprised of Deputy provincial/district youth officers; two youths based group leaders and ten youths. The respondents will not be included in the actual data collection.

3.6.4 Validity of the instruments

This was concerned with establishing whether the instruments are measuring what they are supposed to measure. The instruments were subjected to analyses by a team of supervisors (at least two specialists in the area of study focused on). They assessed the instruments developed and make structural changes for the purposes of improving and refinement before embarking on the actual data collection. This enabled the researcher to have a firsthand experience in administration of the instruments.

Orodho, (2004), contends that validity concerns the accuracy with which the item generated measures what it is supposed to measure. Churchill, (2004), adds that valid instruments are reliable. The test-retest of the instruments was important because of the following consideration. First, vague questions to convey the same meaning to all subjects. This revealed if the anticipated analytical techniques were appropriate. The deficiencies in the presetting for example, unclear instructions, insufficient space to write the response, clustered questions, and wrong phrasing of the questions were detected, and then the questions reconstructed by incorporating the changes.

The predetermined criteria of evaluation was used to ensure validity of the study by piloting the instruments on a small representative sample identical to but not included in the group that will be involved on the actual study. After the instruments were found to cover the required content and sample language was used in constructing them, they were valid, logical or good enough to be used in the actual data collection. The researcher took every precaution to make sure that the two instruments used to collect data adequately assures all researcher's objectives of the study.

3.6.5 Reliability of the instruments

This is the consistency in producing reliable results. The pilot study was done to ensure that the items consistently measure the variables in the study and produce reliable results, that is, ensure that the instruments yields the same results on repeated trials. It focuses on the degree to which empirical indicators are consistent across two or more attempts to measure the theoretical concept.

According to Mugenda and Mugenda (1999) the test retest procedure helps to ascertain that the instruments of collecting data are free from pitfalls and mistakes that would have surfaced in the main data collection process if the pre-testing of the instruments had not been done. To determined the reliability of the study, the instruments will be piloted an a shade representative sample identical to but not included in the actual study. After the data from the instruments positively correlated then they were good enough to be used in the actual data collection.

3.7 Data collection techniques

This involves identification of the data collection instruments and defining their relevance. Information about the organization of the instruments was included for instance, the pre-testing, testing of validity and reliability subjected to the instruments.

3.7.1 General data collection procedures.

First and foremost, the researcher obtained a permit from the Ministry of Education that allowed him to carry out the research in the targeted area. Ethical issues and considerations were put in a place by the researcher to ensure that all the respondents participate with informed consent.

3.7.2 Specific data collection procedure

The researcher visited the youth officers' offices to familiarize himself with the officers in order to make respondents open to issues. The researcher administered the interview schedule to both the provincial and district youth officers. The questionnaires for youth based group leaders and youths were given to the respondents and were allowed a period of two weeks to respond to the questions after which the researcher collected the questionnaires back.

3.8 Data analysis

This was a process of systematically searching, arranging scripts, field notes, data and other material from the field to be coded qualified and then summarized with an aim of increasing understanding. It enabled the researcher to present them to others. Descriptive statistics was used to analyze the data in this study. The analyzed data was presented using tables, graphs and the charts which were later be merged and conclusion drawn to establish the relationship between the variables.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

In this chapter, the findings of the study are analyzed and discussed. For systematic presentation, the data is organized to answer the research questions and achieve the research objectives by use of description, frequency table, percentages and discussions at the main methods of data analysis. The chapter unfolds in the following order:- the principal/district youth office related variable, the youth based organizations' leaders and youth related variables. The research study was set to investigate the influence of drugs and substance abuse on social behaviour among youths in Garissa Municipality. The focus of the study was to determine the following:-

- a) The extent to which peer pressure influences drugs and substance abuse among youth.
- b) The relationship between family structure and the social behaviour of youth.
- c) The relationship between availability of drugs and substance abuse and social behaviour of youth.
- d) The influence of culture of dependency on drugs and substance abuse among youth.

In presenting the results relevant to these issues, the chapter has been organized according to two ways namely:

- (i) Answers to the research questions that guided the study.

- (ii) Research findings from the objectives that were meant to be achieved after carrying out the study.

4.2 Demographic information of the respondents

Table 4.1 : Gender of respondents

Gender	No. of male	Percentage	No. of female	Percentage
Youth officers	4	0.63	0	0
Youth leaders	4	0.63	4	16.67
Youth	60	93.74	20	83.33
Total	68	100	24	100

Observation from this table shows that all the four youth officers who participated in the study were male with no female. Youth leaders were equal in number for both males and females which was fifty percent. Male youth were 93.74 percent while females were 17.36 percent. Most of the youth who participated were aged between 16-20 years and this was 56.45 percent while 33.25 percent were between 21-25years and 10 percent youth were between 26-30years. These results concurs with Wangai, (2004), who contends that most drug abusers fall between 16 and 30years of age although to her, experiments begins earlier.

All the respondents indicated the existence of youth based clubs/organizations in their villages. Approximately 48.4 percent of the youths were members while 51.6 did not belong to any youth group. Most of the youth organizations were involved in environment based activities, sports and health issues. Most youth indicated that they rarely received any information on drugs and substances. Two youth officers had served for a maximum of three years while the other two had between one and two years.

4.3 Influence of peer pressure on drugs and substance abuse.

To determine what extent peer pressure influences drugs and substance abuse among youth in Garissa Municipality.

Table 4.2: How peer pressure influences youth on drugs and substance abuse.

Peer influence	Youth No	officers %	Youth No	leaders %	Youths No	%
Social welfare	4	25	4	16.6	34	1.41
Clubs/pubs	2	12.5	6	25.0	60	24.00
Youth groups	2	12.5	4	16.67	48	20.01
Sports	4	15	3	12.5	35	14.53
Modern technology (internet, T.V, movies)	4	15	7	29.17	63	26.25
Total	16		24	100	240	100

Results from this table show that peer pressure influence youth in drug and substance abuse especially during the social welfare activities such as club/pubs which indicated the highest level for the three categories of respondents with 25 percent from the youth officers 24 percent from the youth themselves and 25 percent from youth leaders. Other social gathering that enhanced drug and substance abuse were young groups where technology such as internet, T.V and movies had 29.17 percent from the youth leaders, 26.25 percent from the youth and 25 percent from youth leaders.

Wig and Varma, (2007), made similar observation where they noted that several 'club drugs' was a major source of influence to drug and substance abuse. They content that

peer pressure in these clubs influenced many youth into drugs and substance abuse. Weckowics, (2003), also noted that media potrayals, news events, recreational activities are avenues through which peers influence each other into drug and substance abuse. Spending time together chewing substances like miraa especially during leisure time around the miraa selling places has a lot of influence of youth.

4.4 Relationship between family structure and social behaviour of youth

To establish the relationship between family structure and the social behaviour of youth in Garissa Municipality.

Table 4.3: Effects of family structure on social behaviour among youths.

Modes of influence	Youth officers No.	%	Youth leaders No.	%	Youths No.	%
Emulation of parents behavior	4	20	6	15	46	13.53
Miraa / drug parents business	3	15	8	20	64	18.24
-Extended nature of family lifestyle	4	20	8	20	64	18.24
-Ignorance/illiteracy of family members	4	20	4	10	54	15.88
-Family conflicts/chaos	2	10	6	15	44	12.93
-Peer pressure	3	15	8	20	68	20.00
Total	20	100	40	100	340	100.00

Results from this table indicate that extended nature of family structure whereby members depend on each other for their livelihood has a lot of influence of drugs and substance abuse among the youth. This marked 20% from both youth officers and youth leaders and 18.14 percent from youths. Ignorance/illiteracy among family members, emulation of parents who abuse drugs and other substance were also key to influencing youths. The factors also marked 20 percent response from youth officers and youth leaders and 18.24 percent from youth. Other family factors that had significant influence include family conflicts/chaos which led to separation and/or divorce hence frustrations that led to drugs and substance as an escape from the frustrations.

According to Adams, (2004), like many habits young people adopt, neglect on their values, drugs and substance abuse and most commonly smoking and taking of alcohol, can be an indication that they are turning their backs on the values held by their parents and society at large. In families where parental guidance and discipline is not upheld, young people engage in drugs and substance abuse while they are still under parents' care. Merrill, (2005), family history of addiction leads to a higher risk of young people for abusing drugs. If family member owns a business that deals with drugs and substance abuse where people around a person abuse drugs then it also becomes difficult to resist the pressure to try drug abuse, especially among youth people so as to be socially accepted. Family problems like poverty, rejection and shaky family background and poor parental modelling leads to higher chances of drug abuse by young people.

4.5 Factors contributing to accessibility and availability of drugs and other substances abuse

To determine the relationship between availability of drugs and substance abuse and the social behaviour of youth in Garissa Municipality.

Table 4.4: Factors contributing to accessibility and availability of drugs and other substances.

Factors	Youth officers	%	Youth leaders respondents	%	Youth response	%
-Peer pressure	4	16	8	12.67	60	15.79
-Idleness	3	12	5	12.78	42	11.05
-Unemployment	4	16	6	13.33	58	15.26
-Illiteracy/ignorant	3	12	5	12.67	47	12.37
-Family history of addiction	2	8	4	8.88	33	8.68
-Mass media	3	12	6	13.33	48	12.63
-Family problems	4	16	6	13.33	62	16.31
-Poor parenting styles	2	8	5	2.67	30	7.90
Total	25	100	45	100	380	100

Results from this table indicate that peer pressure, unemployment and family problems ranked highest and reasons for accessibility of drugs and substance abuse by youth. These had 16 percent response of youth officers, 13.33 percent from the youth leaders and 15.26 percent from youths. Other factors include idleness, illiteracy/ignorant, mass media influence and poor parenting styles which had 12 percent response from youth officers, 12.67 percent from youth leaders and 12.63 from the youths.

Jonstone,(2001), identified similar reasons for people engaging in drugs and substance abuse, where he noted that with stress, loneliness or depressing, drugs can be a tempting way to deal with the situated and cited factors such as family history of addiction leading to higher risk of abusing drugs, peer pressure whereby, living with people who abuse drugs especially among the young people becomes difficult to resist abusing drugs so as to be socially accepted. Mass media where substances like tobacco and alcohol are freely advertised portraying people who take them as having a great time, puts a lot of pressure on young people who are more image conscious. Merrill, (2005), also notes that family problem such as poverty, rejection and shaky background, poor parenting styles in terms of modelling as well as laxity among parents, similar to parents who are drug abusers are bad examples to their children and are most likely to leave drugs in places easily accessible to their children.

Table 4.5: Social behaviours associated with drugs and substance abuse.

Social behaviour resulting from drugs and substance abuse	Youth officers response	%	Youth leaders response	%	Youths response	%
Violence	4	18.19	5	12.50	60	14.23
Injuries/death	2	9.09	4	10.00	40	9.52
Crimes (stealing, robbery)	3	18.19	8	20.00	78	18.57
Prostitution	2	9.09	4	10.00	42	10.00
Family stress	3	13.63	6	15.00	64	15.23
Strained relationships	4	18.19	8	20.00	72	17.14
Noisy (chaotic)	3	13.63	5	12.50	58	23.81
Total	22	100	40	100	420	100

As indicated in this table, violence, social crimes such as stealing, fights and murder, strained relationship ranked highest as being resultant features of drugs and substance abuse. These had 18.19 percent response from youth officers, 20 percent response from youth leaders and between 15 and 18 percent response from youths. Family stress and noise/chaos followed with 13.63 percent from youth officers, 15 and 12 percent from youth leaders and 15.23 and 23.81 percent respectively from youths. Both prostitution and injuries/death had less than ten percent response from youth officers, ten percent from youth leaders and 9.52 and 10 percent from youths.

According to a study carried out by UNDCP, (2006) in United States, drugs and substance abuse affect the society in many ways. It noted that drug abusers are more likely than non-abusers to have accidents endangering themselves and those around them. Drug related crime disrupts neighbourhood due to violence among drug dealers, threats to residents and the crime of the addicts themselves. Merrill, (2005), contends that drug abuse leads to domestic violence and a higher risk of injuries and death to self and others. Drug abuse causes an enormous emotional pain to the family members hence leading to family stress.

Belmore and Lullies, (2000), noted that early drug abuse leads to other forms of unhealthy, unproductive behavior, illegal drugs are associated with premature sexual activity with attendant risk of unwanted pregnancy and exposure to sexually transmitted diseases like HIV/AIDS, diligence and involvement with criminal justice system. Renmick, Adams, Schouff and Veegan, (2005), noted that drug related illness and death consume a lot of family resources which cause family stress. They lead to social evils such as thuggery, theft and even murder among others.

All the respondents identified drugs and substances such as miraa, cigarettes/tobacco, glue, cannabis sativa, opium, bhang, mandrax and alcohol as the commonest abused drugs. They quoted the following as signs and symptoms of drugs and substance abuse:- drowsiness, sleepy/red eyes, withdrawal/isolation, dirty, mental sickness such as hallucinations, mood swings and poor concentration.

4.6 Factors contributing to culture of dependency in drugs and substance abuse.

To identify the influence of culture of dependency on drugs and substance abuse on youth in Garissa Municipality.

Table 4.6: Factors contributing to culture of dependency in drugs and substance abuse.

Factors leading to culture of dependency on drugs and substance abuse	Youth officers response	%	Youth leaders response	%	Youths response	%
Socio-cultural factors	2	6.06	4	6.06	40	6.67
Urbanization	3	9.09	6	9.09	64	10.67
Modernization	3	9.09	6	9.09	62	10.33
General poverty	4	12.12	8	12.12	70	11.67
Peer pressure	4	12.12	8	12.12	68	11.33
Availability and distribution of drugs	4	12.12	8	12.12	65	10.83
Somali culture	2	6.06	4	6.06	42	7.00
Unemployment	4	12.12	8	12.12	68	11.33
Influx of refugees from Somali	3	9.09	6	9.09	51	8.5
Negative attitude towards manual work	4	12.12	8	12.12	70	11.67
Total	33	100.00	66	100.00	600	100.00

Reasons from this table indicate that the culture of dependency on drugs and substance abuse among youths in Garissa Municipality has been enhanced by factors such as socio-cultural discipline of young people with factors such as general poverty, peer pressure availability and distribution of drugs and negativity towards manual work have created an environment suitable for youth to engage and depend on drugs and to escape from realities of life. These factors recorded 12.12 percent responses from youth officers and youth leaders had 11.33 percent response from youths themselves. Urbanization and modernization and influx of refugees from Somalia have greatly enhanced culture of dependency on drugs and substance abuse among youths. The responses from the respondents ranged from 8- 10 percent.

According to Boone, (2002), who had similar results, noted that drug and substance abuse dependency flourishes in such turmoil, especially among young people due to high unemployment rates, peer pressure, easy access to drugs, poverty, modernization and urbanization have rendered youth more vulnerable to drugs and substance dependence. He also noted that it is sometimes difficult for parents to talk if their teenager have a drug problem and recommended that looking for marked changes in behaviour, appearances, disappearance of money and objects that could be sold for money to buy drugs would be clear indicators.

4.7 Possible intervention measures to drugs and substance abuse

The three categories of respondents that is, youth officers, youth leaders and youths themselves, gave the following intervention measures to curb the drugs and substance abuse. These included the establishment of rehabilitation centres for youths who have been psychologically affected by drugs and substance abuse for behaviour modification, Involve all stake holders such as parents, teachers, religious leaders,

ministry of education, Ministry of Youth Affairs, Ministry of Health and society at large, Provide youth with funds to start businesses and other income generating activities, Provide bursaries and scholarships to youth to enhance retention of youths in schools and prevent drop-outs, Provide facilities and enhance sports activities to keep youths busy and avoid idleness, Strengthen guidance and counselling in learning institution and religious forums in order to create awareness and sensitize youths on the dangers of drugs and substance abuse, Introduce and include drugs and substance abuse in the school curriculum, Enforcement of anti-drugs laws in the country and regulation of trade on alcohol and drugs to prevent young people from buying them.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents three issues namely; summary of all relevant research findings, conclusions and recommendations for further studies. This research was intended to investigate the influence of drugs and substance abuse in social behaviour of youths. The study was conducted in Garissa Municipality, Garissa District, North Eastern Province. Provincial/District youth officers, youth based organizations leaders and youths were involved in the study.

5.2 Summary and discussion of the findings.

For the purpose of data collection, interview schedules and questionnaires were used. The researcher availed the questionnaires to the respondents personally and collected them after a period of two weeks to enable them respond to each item as clearly as possible. The researcher who visited each office, severally, administered the interview schedule to the respondents which was often accompanied by informal interviewing. This was meant to supplement the information gotten from the questionnaires. The researcher analyzed the data gathered from the field with an aim of achieving the research objectives and answering the research questions.

The study revealed that male youths were more involved in drugs and substance abuse than female youths and most of the highly affected youths by drugs and substance abuse are aged between 16- 30 years. It also showed that peer pressure greatly

influences youths into drugs and substance abuse with an aim of being socially accepted. This occurs mostly in social gatherings such as clubs/pubs, youth groups, sports and other recreational activities and use of movies. Family structure especially, the extended type of lifestyle practiced by Somali people has had a lot of influence on youths into drugs and substance abuse. This was more prominent where the parents themselves engaged in drugs and substance abuse, families that run drugs and substance based businesses, dependant on each other for upkeep and livelihoods, low levels of education or illiteracy in the family had more chances of the children engaging in drugs and substance abuse. The availability and accessibility of drugs and substances abuse which is enhanced by idleness among the youth due to high rates of unemployment, family history of addiction, family problems and conflicts, poor parenting styles and mass media led to drugs and substance abuse among youths.

Anti-social behaviours such as violence, injuries/death, stealing, fighting, prostitution, family stress, strained relationships among others resulted from drugs and substance abuse and also the culture of dependency on drugs and substance abuse contributed a lot to abuse of various substances. This dependency was associated with general poverty that caused stress, idleness, peer pressure, availability and accessibility of drugs, Somali culture of taking drugs (mirra), unemployment rates, negative attitude among youths towards manual work and influx of refugees from Somalia.

The research has found out that the most abused substance in Garissa Municipality is miraa and medicine which is used with the miraa. Male youth were mostly involved in drug and substance abuse than female. Drug and substance abuse was found to negatively affect the social behaviour of youths and it was influenced by peer pressure, family structure, the culture of dependency and the cash availability of the

drugs and substance abuse. The research recommended that the government should initiate and enforce anti drugs and substance abuse, establishment of rehabilitation centres for youth have become drug addicts, provision of youth empowerment, funds and loans, regulation of trade and sale of alcohol and miraa and provision of sporting facilities to make the youth busy and occupied.

5.3 Conclusions

The research has found out that drugs and substance abuse affects negatively the social behaviour of youths in Garissa Municipality. The most abused substance is miraa which is cheaply and readily available in town, it is addictive and most of the youths spend most of their time chewing it and at times they use sedatives which makes them feel high and drunkard. As compared to other cities and towns in Europe and America, miraa is hardly available and is prohibited by law, but instead, the youth normally abuse alcohol and other hard drugs like marijuana and cocaine. When the youth take these hard drugs, they exhibit strange behaviours like being violent, over excitement, withdrawal culture, extreme behavioural change, loss of interest and they sometime commit suicide.

Peer pressure has been found out to be the most factor which influences youth on drugs and substance abuse in Garissa Municipality and all over the world. Youth normally influence each other in social gatherings like clubs, pubs, chewing dens, sports activities, outings, camping and movie house. Family structure, culture of dependency and availability of drugs and substance abused also influence youth on abuse of drug and other substance there by affecting their social behaviour.

In conclusion, the problem of drug and substance abuse which affects the social behavior of youth is real and with us. In order to overcome this, the research has proposed several measures and they include; the regulation of sale, advertisement and trade of alcohol and tobacco, establishment of rehabilitation of drug addicts, provision of youth enterprise funds, free and compulsory higher education to youth and finally provision of sports facilities and talent development centers for youth.

5.4 Recommendations

The research study makes the following recommendations on the influence of drugs and substance abuse on youths.

(a) Interventions against drugs and substance abuse.

1. The government to take the initiative and enforce anti-drugs and other substances.
2. Establishment of rehabilitation centers for youths who have been addicted into drugs and substance abuse.
3. Provision of funds for youths out of school to start business and income generating activities.
4. Provision of bursaries and scholarships for youth in schools and colleges in order to prevent drop outs and enhance retention rates.
5. Provide facilities for sporting activities and identity programmes that exploit and develop various talents among the youth and keep them meaningfully occupied.
6. Regulation of trade on alcohol and other drugs in the world market.

(b) Measures to regulate social behaviour of drugs and substance abusers.

1. Identification of youths involved in drugs and substance and take them to rehabilitation centers for behaviour modification.
2. Establish and strengthen guidance and counselling centres at all administrative levels to help youth change their behaviour.
3. The government to identify all offenders of social crimes and have them serve the necessary measures to be a warning to others.
4. Introduce role models who were once drug addicts and have reformed their behaviors to talk to drug and substance abusers.
5. Religious bodies to play their roles maximally to uphold the morals of their youths.

5.5 Suggestions for further studies

The researcher makes the following recommendations for further studies.

1. A similar study can be carried out in a different geographical area to investigate role of the religious bodies in managing drugs and substance abuse.
2. A comparative study on the factors contributing to drugs and substance abuse among youths in rural and urban set ups.
3. A study to evaluate the success of Anti-drugs policy since its inception in Kenya.

4. Impact of drugs and substance abuse on socio-economic development of households of drugs and substance abusers.

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APPENDIX I

INTERVIEW SCHEDULE FOR PROVINCIAL/DISTRICT YOUTH OFFICER

Introduction

This study intends to investigate the effects of drugs and substance abuse on the social behaviour of youths in Garissa Municipality. As a youth officer, your resourcefulness in this study will be very important.

1. (a) How long have you been a district/provincial youth officer?

.....

(b) When did you become a youth officer in Garissa?

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2. (a) Does Garissa Municipality have any youth based organization/groups?

Yes

No

(b) If yes, approximately how many?

.....

3. (a) Do you think peer pressure influence drugs and substance abuse among youth in Garissa Municipality?

Yes

No

(b) If yes, how does it influence?

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4.(a) Do youths engage in drug and substance abuse?

Yes

No

(b) If yes, what factors contribute to drug and substance abuse?

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5. (a) Which types of drugs are commonly abused by youths in Garissa Municipality?

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(b) Are drugs and other abused substances easily available in Garissa Municipality?

Yes

No

(c) If yes, how do youths access these drugs?

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6. (a) Does drug and substance abuse influence the youths social behaviour?

Yes

No

(b) If yes, in which ways is their behaviour influenced by drug and substance abuse

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7. (a) What are the signs and symptoms of drug and substance abuse among the

youth?

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(b) (i) Does your office handle youths with drug and substance abuse problems?

Yes

No

(ii) If yes, how does it do it?

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8. How do family structure or setup influences the abuse of drugs and other substance among youth in Garissa Municipality?

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9. How does the culture of dependency in our society influences drugs and substance abuse among the youth in Garissa Municipality?

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10. (a) Are there other stakeholders involved with youths who take drugs and other substances?

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(b) If yes, what challenges do they face?

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11. In your own opinion, what are the possible remedies to drugs and substance abuse?

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Thank you for your co-operation

APPENDIX II

Questionnaire for youth based organization/group leaders

The aim of this study is to investigate the effects of drugs and substance abuse on the social behaviour of youths in Garissa Municipality. As a youth group leader, your responses will be very important and will be treated with total confidentiality. They will be used to secure the purposes of this study only:

Please do not write your name.

1. (a) State the name of your youth group.

.....

(b) How many years, including the current year have you served as a youth leader?

(i) Less than one year ()

(ii) 1 – 2 years ()

(iii) 3 – 4 years ()

(iv) Above 5 years ()

2. (a) How many youths do you have in your group/organization?

(i) Less than 10 ()

(ii) 11-20 ()

(iii) 21-40 ()

(iv) 40 and above ()

(b) (i) Are there some youths who are engaged in any form of employment?

• Yes ()

• No ()

(ii) If no, how do they spend most of their time?

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3. (a) Are there cases of youths engaging themselves in drugs and substance abuse?

- Yes ()
- No ()

(b) If yes, what factors contribute to drug and substance abuse among the youth?

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4. (a) Are drugs and other abused substances easily available in Garissa Municipality?

- Yes ()
- No ()

(b) What drugs/substances are commonly abused by youths in Garissa Municipality?

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(c) How do youths access these drugs?

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(d) Where do you think the youth get their finance to purchase drugs and substance abuse?

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5. (a) Do youth engage in anti-social behaviours as a result of drug and substance abuse?

- Yes ()
- No ()

(b) If yes, what kind of antisocial behaviours do they engage in?

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.....
.....

(c) What are the signs and symptoms of drug and substance abusers?

.....
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(a) (i) Does peer pressure influence drugs and substance abuse among the youth in Garissa Municipality?

- Yes ()
- No ()

If yes, how does it influence?

.....
.....

6. (a) Do family structure or setup influence drugs and substance abuse in Garissa Municipality?

- Yes ()
- No ()

(b) If yes, how does it influence drugs and substance abuse?

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.....

7. (a) Is the culture of dependency common in our society?

• Yes ()

• No ()

(b) If yes, how does it influence drugs and substance abuse among the youth in Garissa Municipality?

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8. (a) What role, if any, do other stakeholders play to manage the problem of drug and substance abuse?

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(b) In which ways are the anti-social behaviours resulting from drugs and substance abuse addressed by the society?

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9. In your own opinion, what are the possible remedies to drugs and substance abuse?

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Thank your for your cooperation

APPENDIX III

Questionnaire for youths

This questionnaire is designed to gather information on the effects of drugs and substance abuse on the social behaviour of students in Garissa Municipality. Please give the information required for confidentiality purposes, do not write your name.

1. (a) What is your sex?

- Male ()
- Female ()
- Any other ()

(b) What is your age bracket?

- 16-20 ()
- 21-25 ()
- 26-30 ()
- Above 31 ()

2. (a) (i) Do you have youth groups/organizations in your village?

- Yes ()
- No ()

(ii) If yes, are you a member?

- Yes ()
- No ()

(b) Which activities do you engage in?

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.....

.....

3. (a) Do you receive any information on drugs and substance abuse?

- Yes ()
- No ()

(b) (i) Are there youths in your group/organization who abuse drugs or other substances?

- Yes ()
- No ()

(ii) If yes, which drugs/substances are commonly abused by youths?

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4. (a) Do you think peers influence each other on drugs and other abused substances

- Yes ()
- No ()

(b) If yes, how do they influence each other on drugs and other abused substances

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5. (a) What factors contribute to drug and substance abuse among the youth?

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(b) Are drugs and other abused substances easily available in Garissa municipality.

Yes ()

No ()

(b) How do youths access these drugs/substances?

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6.(a) Is there a relationship between drugs/substance abuse and the social behaviour of the youths?

- Yes ()
- No ()

(b) If yes, what kind of behaviours among the youths results as a result of drugs and substance abuse?

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7. (a) What signs/symptoms indicate that youths engage in drugs and substance abuse?

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(b) (i) As youths, do you get any support from other organization concerning youth challenges?

- Yes ()
- No ()

8. (a) Does family structure and set up influence drugs and substance abuse among youth in Garissa municipality?

- Yes ()
No ()

(b) If yes how do you think family structure influences drugs and substance abuse among the youth in Garissa municipality?

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.....

9. Do you think the culture of depending on others like relatives and parents in our society influences the youth to abuse drugs and other substances?

Yes ()

No ()

(b) If yes, how do you think the culture of dependency influences drugs and substance abuse among the youth in Garissa municipality

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10. (a) How do the antisocial behaviours manifested by the drugs/substance abusers affect the society?

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(b) In your own opinion, what are the possible remedies to drugs and substance abuse?

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Thank you for your co-operation