

EPIDEMIOLOGY OF DRUG USE AND ABUSE: FINAL REPORT OF
A PILOT STUDY OF NAIROBI CITY AND KYAUME SUBLOCATION,
KENYA. //

by

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This study was prompted by one main consideration; namely, that the non-medical use of drugs is increasingly seen - rightly or wrongly - as a major social and public health problem in Kenya, affecting not only the users/abusers themselves but also their families and society as a whole. In other words, what the WHO has been saying for over a decade about trends in the world as a whole is seen to be increasingly reflected in the specific case of Kenya. Our concern was that the precise character and magnitude of the drug problem in Kenya has yet to be adequately documented. Much of what now passes for 'hard' evidence seems to us little more than guesswork. At best, the question of who uses/abuses what drug type in Kenya, to what extent and in what situations has only partially been addressed - often with poorly developed research tools.

The pilot study whose results are reported here is intended to be the first step in a research effort whose main objective is to generate national baseline data on the epidemiologic dimensions of drug use and abuse in Kenya. The objectives of the pilot study itself were: to determine the prevalence of drug use and abuse in Nairobi city and Kyaume sublocation; to identify the major drugs of use and abuse; to specify the population(s) at risk; to outline prevailing community attitudes toward drug use; to propose effective preventive measures based on our data; and last but not least to lay the groundwork for a countrywide study.

The findings reported here are based on responses obtained from a stratified random sample of Nairobi youth and household heads, on the one hand, and a randomly selected sample of Kyaume youth and household heads. Interviewing lasted from March 12, 1982 to May 21, 1982. After all the necessary editing, the sample of respondents eventually included in our analysis was distributed as follows: In Nairobi - 59 high income youth (and 30 household heads); 149 middle income youth (and 90 household heads); and 239 low income youth (and 115 household heads). In Kyaume - 116 youth and 58 heads of household. Most of our data analysis concentrates on the Nairobi sample.

One of our most significant findings is that the drug-use behaviour of Nairobi youth as a whole has not yet reached a level of intensity or spread to cause serious alarm - except in the case of tobacco, alcohol and, to some extent, khat. We also find that 65% of all Nairobi youth who take tobacco regularly also drink alcohol, and vice versa. Single drug-use in the city most frequently involves tobacco, alcohol, khat or amphetamines. Polydrug use most frequently involves tobacco, alcohol, khat and tranquillizers. In the overwhelming majority of cases, over 30% of regular users of a given drug type turn out to be abusers. However, the percentage of abusers to all users and non-users in most cases remains below 10%

Tobacco abuse is widespread across all income groups in Nairobi, and in Kyaume as well. However, the abuse of tobacco is most common among low income youth. It is also more common among Nairobi's non-students than full-time students. The impact of socioeconomic background on drug abuse is mediated by the availability of the drug types in question. As to the linkage between attitude and behaviour, we find the attitudes of household heads to be a better predictor of the drug-use behaviour of Nairobi youth than the attitudes of the youth themselves.

On the basis of these and other findings, we conclude that: (a) any campaign against drug abuse in Nairobi must focus primarily on tobacco and alcohol, and only secondarily on khat and cannabis; (b) any campaign against the regular use of drugs in Nairobi should focus primarily on tobacco, khat and alcohol, and only secondarily on amphetamines, inhalants, cocaine and tranquillizers; (c) any campaign against increasing drug abuse in the city should concentrate primarily on tobacco, cannabis and amphetamines.

Based on the foregoing and other inferences, we conclude that any campaign launched in Nairobi against the main drugs of use or abuse - tobacco, alcohol and khat - would have to focus imaginatively on the availability of, or access to, "target" drug types; and on attitudes toward specified types of drug use behaviour. Furthermore, such a campaign can be waged through the mass media with little risk of inadvertently increasing (through the curiosity effect) the number of youth using or abusing any of the three main drug types. One must be extremely careful, however, about how one handles a media campaign against any of the other drug-types. The risk of arousing needless curiosity among the youth would seem to outweigh the likely benefits of the campaign. A focus on availability would appear more promising.