THE IMPACT OF ALCOHOL AND DRUG ABUSE ON PERSONS WITH DISABILITIES IN HOMA-BAY COUNTY

M.A RESEARCH REPORT

BY

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RESEARCH REPORT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTER OF ARTS DEGREE IN SOCIOLOGY (RURAL SOCIOLOGY AND COMMUNITY DEVELOPMENT), UNIVERSITY OF NAIROBI

UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK
DECLARATION

I declare that this research project report is my original work and that it has not been presented in this or any other university or institution for academic credit.

Signature.................................................... Date...................................

Florence Njeri Kiburuthu

C50/ 63923/2011

Recommendation

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

Signature ....................................................Date..........................

Professor E K Mburugu

Faculty of Arts

University of Nairobi
DEDICATION
I dedicate this research report to my dear parents for their unceasing encouragement, support and prayers throughout my time at the university and in the course of working on this project.
ACKNOWLEDGEMENTS
I thank God for enabling me to complete this project despite the countless challenges I faced. To him I give all the glory.

Special gratitude goes to my parents; Mr. John Kiburuthu and Mrs. Lucy Kiburuthu for sponsoring me through this project. Mum, dad, I would not have made it this far without your financial, moral and spiritual support and guidance.

I thank all the people who consented to being the respondents in the study; Members of the Homabay Disability Development Network; All the key informants; Homabay DSDO Mr Charles Nerima, the officer at the Homabay office of the National Council for Persons with Disabilities Mr Agengo. I would also like to appreciate Mr Richard Ochieng- Chairman of the Homabay County Disability Development Network and Mr Joshua Rume for introducing me to the community and making it possible for me to collect the data. I am also grateful to my colleagues and everyone else who supported me in any way towards the successful completion of this project.

Special thanks go to my supervisor Professor E.K Mburugu. Thank you for your advice, patience and guidance leading to the successful completion of this project. God bless you.

May God bless you all
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Abstract

There has only been one research study in Kenya focusing on the problem of alcohol and drug abuse. However, the study by NACADA (NACADA, 2013) only focused on three regions of Kenya: Nairobi, Coast and Central. The researcher, hence, chose to extend this study into Homabay County. This study is on the impact of alcohol and drug abuse among persons with disabilities in Homabay County. The study specifically focused on Asego Division. This study is important as it helps bring to light a real challenge facing persons with disabilities, thus, making it possible for significant stakeholders to intervene. The results of the study will also be instrumental in informing programmes and interventions targeted at persons with disabilities to include alcohol and drug abuse as a priority area.

The study utilized stratified sampling coupled with simple random sampling to draw a 40% sample from a sampling frame of 140 persons with disabilities drawn from 6 support groups within Asego division. The stratification was based on the three disability types; hearing, visual and physical disabilities. Simple random sampling was used to draw the FGD participants from the population. 6 key informants were purposively selected. The key informants included leaders of local disability groups, an official from the National Council for Persons with Disabilities (NCPWDS), a special school teacher, the area District Social Development Officer. Data collected from the field was processed through data cleaning. The data was then categorized and coded according to themes for easier analysis. SPSS was used to analyze quantitative data while qualitative data was analyzed by thematic interpretation in accordance with the main objectives of the study and thereafter presented in narrative excerpts within the report. The data was presented using pie charts, tables, graphs and percentages.

The results of the study revealed that peer pressure, poverty and lack of information were the major risk factors for alcohol and drug abuse among persons with disabilities. Other risk factors include curiosity and quest for fun. PWDs are exposed to more risk factors for alcohol and drug abuse than their counterparts without disabilities. These include; stigma and the inaccessibility of information on drugs. The results of the study also showed that the main impacts of alcohol and drug abuse among persons with disabilities include breaking of families due to family violence, depletion of economic resources, and inability to support children’s education among others. Compared to people without disability, persons with disabilities may have the limitations caused by disability further worsened by the impact of ADA. This could be through acquisition of additional disabilities or increased dependency on others either for mobility or financial support.

The study recommends that major awareness creation efforts on ADA should be directed towards persons with disabilities. In addition, the study recommends that persons with disabilities should be enrolled in economic empowerment programmes that will keep them busy and dissuade them from using drugs. The other main recommendation of the study is to have disability friendly and accessible rehabilitation services.
CHAPTER ONE: INTRODUCTION

1.0 Background of the study

This study is an extension of a similar study which was recently conducted by the National Authority for the campaign against Drug Abuse (NACADA) in the Central, Coast and Nairobi regions of Kenya. Persons with disabilities (PWDS) are exposed to multiple risk factors for alcohol and drug abuse (ADA) (NACADA, 2013). According to NACADA, persons with disabilities are rendered vulnerable to drugs and substance abuse by several factors which in one way or the other are related to disability. These factors include- the possibilities of low self-esteem as a result of the frustrations that PWDS face in trying to manage day to day life, the lack of/ very weak support systems from the general society and family members which makes it almost impossible for PWDS to find acceptance, as well as, ignorance to the dangers of alcohol and drug abuse due to inaccessibility of information on drugs in disability friendly formats. In addition, most Persons with Disabilities have low education levels which make it a challenge for them to secure stable jobs. The result is that they end up begging along the streets or running roadside businesses and therefore being at high risk of being used as drug peddlers and/ or persuaded to use drugs (NACADA, 2013). Jamieson A, 1984, articulates that multiple drug misuse and abuse is mostly reported amongst persons with a chaotic lifestyle, i.e. who lack stable employment, personal relationships and accommodation (Anne Jamieson, 1984).

In Kenya, Persons with Disabilities are classified amongst the vulnerable groups, alongside the elderly, Women and Children. These special groups have received very little attention from sociological researchers in relation to drug abuse. It is only recently that studies in the field of sociology made attempts to look at drug abuse amongst school going children. However, the studies were more reactive than proactive because they were only done after numerous cases of drug abuse had been reported in schools. Taylor Abril, in her PHD thesis published in 1993, noted that that by then, very little sociological research had been directed at female illicit drug users (Abril, 1993). She further coins that the greatest number of studies on the use of illicit drugs have had an overwhelming concentration on young male users, thus, ignoring or depicting female users as marginal. The recent years have seen a spirited struggle in the fight against marginalization of women and the campaign for gender equity. As a result, women have received a relatively fair share of attention on various fronts, including, in various studies on drug use. However, this is not so for persons with disabilities who until now are viewed as a marginal
group and a subset of the general population. As a matter of fact, the closest that research has come in unearthing the relationship between drug abuse and disability is the discovery that drug abuse causes disability, for example, in cases of drunk driving. However, there has been failure to acknowledge that the relationship is stronger reversely i.e. disability may be mentioned among the major causes of drug abuse.

The American department of health and human services in 2010 estimated that an approximate 68% of persons with disabilities were not in the workforce despite their willingness and possession of relevant skills. The situation is worse in Kenya where there are only a few special schools catering for the needs of students with disabilities and even with considerably few being employable, most of them spend their entire lives outside the workforce. Consequently, section 54 of the Kenyan constitution stipulates that at least 5% of people in appointive and elective bodies should be persons with disabilities (Kenya, 2010). Even so, most employers are yet to implement this principle. Such realities and frustrations render persons with disabilities more prone to substance use disorders such as abuse of illicit drugs as compared to the general public. Generally, life stress has been identified as one of the reasons why people abuse drugs; the victims try to distract themselves from the harsh realities of life. A study conducted in 2010 by the United States office on Disability revealed that persons with disabilities abuse substances at rates of 2 to 4 times that of the ordinary population, while Moore, 2002 says that in any given year, 1.5 million Persons with Disabilities are likely to require substance addiction treatment (HHS, 2010).

1.1 Statement of the problem
Despite numerous studies on drug abuse amongst persons with disabilities having been conducted in parts of the developed world, Kenya generally lacks data on the same, as was articulated in the first workshop held by NACADA after its establishment in 2012 (NACADA, 2012). The only attempt to establish the prevalence rates, risk factors, and impact of drug abuse amongst PWDS was made in 2013 by NACADA. However, NACADA’s study only covered three regions and was, therefore, not generalizable to the entire population. Moreover, when we look at the materials used for information and advocacy, most of them are focused towards persons without disabilities and do not in any instance mention persons with disabilities. Advocacy materials are produced in formats that are not friendly to persons with certain types of disabilities; those that are printed are not availed in Braille and/or large print for persons with visual impairments. Furthermore, the language used in most of these information materials is too
sophisticated for persons with disabilities, most of whom, have only received basic or no formal education. When audio visual materials are used to educate the public on the dangers of drug abuse, the clips only feature persons without disabilities and this creates the misconception that ADA is unheard of amongst PWDs. ADA educational and prevention literature, videos, presentations, and materials found in print media, on television, and on the World Wide Web primarily show images of persons without disabilities, sending the inaccurate message that persons with disabilities are not at risk. When it comes to cases of illegal drug trafficking and peddling, no person with disability has been charged despite a recent study by NACADA finding that 7% of persons with disabilities in Mombasa, Nairobi and Central regions had been personally involved in peddling/ selling drugs (NACADA, 2013). Testimonials from persons with disabilities who have been engaged in drug peddling prove that so many people with disabilities act as illicit drug suppliers but the police never suspect or even try to investigate the kind of work these people do. This however, is beside the point; the point here is that Kenyans need to be educated on the prevalence rates, as well as on the causes and impact of alcohol and drug abuse on persons with disabilities.

Children continue to be born with or develop disability from certain illnesses or accidents, therefore, parents need to be equipped with information on some of the predisposing factors to alcohol and drug abuse for their disabled children. With this kind of information, parents will be able to better understand their children and enroll them in programmes that empower them to avoid substance abuse.

Due to lack of information and the fact that there have been no studies focusing on this issue, there are so many misconceptions surrounding it. As a result of the stigma towards persons with disabilities, it is thought that PWDS are too weak to engage in alcohol and abuse of other drugs including hard drugs. As a result of the knowledge gap caused by researchers not focusing on this area, Kenyans fail to realize that the vulnerability of persons with disabilities is actually a predisposing factor to alcohol and drug abuse, rather than a protective one. Community organizations that support PWDS mostly seem to focus their energies on projects such as economic empowerment, rights advocacy, and stigma reduction, but rarely do those organizations focus on issues of alcohol and drug abuse amongst the mentioned group. This also goes to confirm the fact that very few studies have been done on ADA amongst PWDS, and hence the huge gap in knowledge.
In addition, because of the lack of information on drug abuse amongst Persons with Disabilities, there is no information on the effects suffered by persons with disabilities as a result of alcohol and drug abuse. PWDS in this country are also not able to seek addiction treatment because treatment programmes and institutions have not been tailored with the consideration of the special needs of Persons with Disabilities. Indeed, the World Health Organization (WHO) affirms that there exists substantial evidence suggesting that there are serious barriers in various settings that prevent PWDs from accessing the needed rehabilitation and health services (WHO, 2013).

1.2 Research Questions
The study addresses the following questions:

a) To what extent are persons with disabilities in Homabay County engaging in alcohol and drug abuse/ what are the prevalence rates?

b) What kind of drugs are mostly abused by persons with disabilities in Homabay County

c) What are the risk factors for alcohol and drug use and abuse amongst persons with disabilities in Homabay County?

d) What is the impact of drug use and abuse amongst persons with various types of disabilities in Homabay County?

e) What strategies could be used to address the issue of alcohol and drugs use and abuse amongst persons with disabilities?

1.3 Objectives of the Study

1.3.1 Overall Objective
The main objective of the study is to establish the impact of alcohol and drug abuse amongst persons with various types of disability in Homabay County. To achieve this goal, the study is guided by the following specific objectives:

1.3.2 Specific Objectives
The specific objectives of the study are:

a) To assess the extent of alcohol and drug abuse by persons with physical disabilities in Homabay County
b) To identify the most commonly abused drugs by persons with various types of disabilities in Homabay County

c) To document the predisposing factors for alcohol and drug abuse amongst persons with disabilities in Homabay County

d) To determine the impact of alcohol and drug abuse amongst persons with disabilities in Homabay County.

1.4 Justification of the Study

The study is important as it contributes to the generation of knowledge on the risk factors and impact of alcohol and drug abuse amongst Persons with Disabilities. This information is useful to a great extent in filling the knowledge gap that exists in Kenya concerning this topic and further opens up opportunities for more research. In addition, knowledge generated from this study will help raise awareness amongst various players in alcohol and drug abuse programs so that their interventions are more sensitive to the special needs of persons with disabilities. The study also generates knowledge that nullifies the misconception that persons with disabilities do not have the capacity to abuse drugs/ are not predisposed to the vice.

The National Authority for the Campaign against Drug abuse will also benefit from this study because it will help inform its future programmes and campaigns. Without focusing on this special population, NACADA’s work might be rendered incapable of totally curbing the vice of ADA in the country. This is because PWDs have very high rates of alcohol and drug abuse and interventions targeted at the general public are not effective in reaching out to persons with disabilities. The study is useful in helping NACADA improve its performance by using unique approaches targeting various groups. The study depicts how alcohol and drug abuse campaigns need to be sensitive towards various sub cultures within the general population.

Knowledge generated from this study will also be useful to various government run and private drug treatment institutions. With the knowledge that PWDs also need to access drug treatment services, rehabilitation centers and treatment programmes will be improved to increase accessibility for Persons with Disabilities. This means that this study will enable Persons with Disabilities to access addiction treatment just like other members of the general public.

Findings from this study are useful to Drug Rehabilitation Centers, the Ministry of Gender Children and Social Development, Alcohol Control Board, Ministry of Health and NACADA in
formulation of policies and advocacy materials that also cater for persons with disabilities as being among the most at risk populations. Additionally, findings from this study are useful to the parents, caregivers and teachers of children and youth with disabilities.

It is a unique area of study which has not received much attention or interest from researchers in Kenya.

1.5 Scope and Limitations of the Study
The study focuses on alcohol and drug abuse, as well as, the risk factors and impact of drug abuse amongst persons with various disabilities in Homabay County. Study focus is mainly on persons with physical disabilities; however, persons with intellectual disabilities are not covered by the study because covering these two kinds of disabilities in the same study would take a lot of time and resources which the researcher does not currently have access to. The study does not cover the entire Homabay county or other counties due to the limitations of time and finances. However, it is an important study that can be replicated in other parts of the country and even to the entire East Africa. Therefore, the findings of this study are only generalized to Asego Division in Homabay County but not to other counties in the country.

The issue of alcohol and drug abuse is a sensitive issue and hence persons with disabilities were not ready to divulge information on their use of alcohol and drugs with ease. Therefore, it took a lot of time and patience to access the information needed. In addition, the study focuses on a special population of people who are also skeptical in sharing information and it took the researcher a lot of time in building trust. Additionally, given the approach taken by Non-Governmental Organizations in working with vulnerable groups, the respondents expected to get monetary returns in exchange for the information shared with the researcher. Persons with Disabilities were not willing to share information with the researcher since they felt that people only came to them when they needed such information and never shared the results with them. However, the researcher dedicated a considerable amount of time explaining to the respondents why and how the study would be beneficial to them. To communicate with respondents with hearing impairments, the researcher required the services of a sign language interpreter and, hence needed more financial resources in facilitating the study.

Finally, this being a new area of study, the researcher could only access limited literature on the subject. However, the researcher is well equipped to critically analyze the already existing
literature, as well as, source from a wide range of sources such as magazines and journals, books, and online sources.

1.6 Definition of Significant Terms

Drug: is any substance, which when ingested by a living organism, affects or alters mental processes. These include both illicit and prescription drugs.

Drug abuse is the illicit use of a substance, as well as, non-medical use of prescription drugs, despite, being aware of the recurrence of certain social, psychological, physical, and occupational problems that are either caused or enhanced by the use or continued use of the drug/ drugs.

Disability in this study refers to impairment or a problem in body structure or function; this makes a person to be significantly limited in performing daily living activities either periodically or continuously over prolonged periods of time. This study focuses on the following disabilities: Hearing impairment (deafness), visual impairment (blindness), and Physical impairment of the limbs.

Drug Non Users: The study defines non users of drugs as those who were not using drugs at the time of the study, regardless of whether or not they had used drugs in the past.

Drug Users: As used in this study, users of drugs are those people who use drugs infrequently, under no compulsion and would discontinue use in case of negative effects.

Drug Abusers: Abusers of drugs were considered as those respondents who used drugs frequently, felt that they were under some sort of compulsion to use the drugs and continue to use the drugs despite negative effects.

1.7 Organization of the study

Chapter one of the study contains introduction, giving a background of the study while putting the topic of study in perspective. It gives the statement of the problem and the research questions. This chapter also outlines the objectives, scope, limitations, and the assumptions of the study.
Chapter two outlines scholars’ perspectives on the topic of alcohol and drug abuse amongst persons with disabilities. It critically looks at the predisposing factors and the impact of alcohol and drug abuse. It also outlines the theoretical framework as well as the conceptual framework of the study.

Chapter three consists of the research methodology used in the study. It covers the study size and population, research design, sampling design, data collection, data analysis techniques, and ethical considerations. References are at the end of the paper.

Chapter four comprises of the research findings and discussions. The findings are discussed in line with the objectives of the study. In this chapter, the analyzed data is presented in tables and figures.

Chapter five is the last chapter of the study in which the researcher presents the summary, conclusions and recommendations of the study.

References are at the end of the documents followed by the appendices.
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction
This chapter focuses on a critical exposition of what various authors have said on the topic of drug abuse, disability and the relationship between the two. Here, the researcher focuses on bringing out the already documented risk factors, as well as, impacts of drug abuse on persons with disabilities. However, some of the review will be based on review of literature that is not necessarily focused on Persons with Disabilities, but on the general population. As mentioned in section 1.6 of the previous chapter, there have been very few studies focusing on the issue of drug abuse amongst persons with disabilities. The chapter concludes with a discussion of the theoretical and conceptual framework utilized by this study.

2.1 Alcohol and Drug Abuse
Alcohol is an organic substance that is formed when a hydrogen atom is used in a hydrocarbon to substitute a hydroxyle group. The type of alcohol that is used in alcoholic beverages is ethanol which is derived when sugar is fermented with yeast. Once ingested, alcohol acts as a central nervous system depressant (Hanson, 1995). Drug abuse, on the other hand, refers to regular and/or compulsive use of illicit drugs (Wills, 2005). The social problem of escalating drug misuse and abuse cannot easily be ignored (Anne Jamieson, 1984). According to the NACADA authority, the Kenyan populus has had difficulties drawing the line between drug use, and drug abuse. The term drug use refers to experimentation or low frequency, typically irregular, use of illicit drugs for example, “alcohol use”. The mind of the researcher is that if people would only use and not abuse drugs, not even the Kenyan government would be concerned about the issue as there would be no negative effects. As a matter of fact, the government would not feel the need to legalize some drugs. Jamieson (1984) says that in spite of the growing size of the drug problem, the political will to respond effectively is lacking. We are seeing a tragedy born of inaction as a respected leader recently stated on local media that the government’s stand on the issue of Miraa is that Miraa is not a drug (MUKURU, 2013). This happened even after a number of studies conducted in different parts of the world revealed that Miraa is indeed a drug, and harmful to the human brain (Carrier, 2007). The researcher, however, does not wish to delve much into the Miraa debate, as this would call for a new study altogether and preferably in the medical field.
The indiscriminate use of drugs is practiced widely by people from all walks of life including physicians and the general public (Louria, 1968). All over the world, there exists a fantastic array of drugs all of which are subject to either indiscriminate use or illicit use (USCMDU, 1973) Louria (1968) says that prescription drugs are often subjected to indiscriminate use, while, other drugs of abuse are subjected to illicit use. In the recent years, Kenya has experienced an increase in the numbers of people abusing drugs and succumbing to their negative effects. Boarding schools and universities have continued to struggle with this menace without success (Maithya, 2009). Why? This is the question educators, administrators, the clergy, physicians, sociologists, psychologists, and parents ask themselves over and over again (Louria, 1968). Generally, the explanations offered by those committed to repeated drug use and abuse are a combination of obvious superficialities, facile rationalizations, sweeping generalizations, and bitter statements pointing an accusing finger at our materialistic and dehumanizing society (Cunningham, 1996). However, of essence is the fact that beneath the angry façade, there are a considerable number of individual factors which play an important role in an individual’s use of any illicit drugs (Sournia, 1990). This only emphasizes the idea of the researcher that each group of people should be studied in isolation in trying to identify the risk factors and the impacts of drug abuse on each unique group; persons with disabilities are a unique group in themselves and should not be studied as a subset of the general population, but as a unique population of people. Rarely is one factor the cause; rather, two or more acting in concert propel the individual into drug abuse (Sournia, 1990).

The Kenyan government recognizes that alcohol and drug abuse pose a major threat to the citizenry and has, thus, enacted a legal institutional framework to control both legal and illicit drugs. There are institutions that have been established to reduce both the demand and supply of drugs in the country.

2.2 Commonly Abused Drugs in Kenya
An estimate by the World Health Organization (WHO) shows that there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million have diagnosable alcohol use disorders making alcohol the most used and abused substance world over (WHO, 2004). The NACADA authority in their 2013 study conducted in 3 regions identified the drugs that are mainly abused by persons with disabilities. These include; alcohol, Miraa, Tobacco, Marijuana, Heroin and Cocaine (Abuse N. C., 2013). Each of the mentioned drugs will briefly be discussed.
in the subsections to follow. The researcher will avoid discussing Miraa as a drug as the Kenyan government and NACADA authority do not recognize Miraa as a drug.

In 1978, the National Research Council in the US initiated a study of alternatives policies affecting the prevention of alcohol abuse and alcoholism (Elizabeth Hanford Dole, Steve Olson, 1985). The study panel consisted of researchers in anthropology, economics, education, epidemiology, psychiatry, psychology, as well as, experts in the analysis of historical, legal and other dimensions of public policy (Olson, 1985). One of the conclusions from this study was that alcohol problems are permanent, because drinking is an important and ineradicable part of this society and culture. Clearly, drinking alcohol is a culture that has been practiced for many years, not only in America, but also in our Kenyan society. Traditionally, beer was much revered and would be served to the men in important ceremonies (Bamforth, 2008). Alcohol is legal in Kenya, thus, making its consumption permissible, however, the problem that the Kenyan society needs to deal with right now is the transition from use to abuse (NACADA, 2013). In very recent occurrences, Kenya has seen women from various parts of the country taking to the streets to protest too much drinking of illicit brew by their husbands. Due to the emergence of cheap liquor, many young and middle aged Kenyans have resulted to excessive drinking, rendering some of them alcoholics (KNA, 2004). In an attempt to portray how much alcohol has become part of everyday life all over the world, Olson (1985), uses the following statement:

“A parent raises a glass of Champagne to toast to a newly wedded couple. Friends gather after work or on weekends to talk, drink and relax. A host produces a prized liqueur to top off a special meal”

In Kenya, however, the situation is much worse and some of the most seasoned drinkers often report to the bar early in the morning before reporting to work. Cutland (1990) talks of alcoholism as a progressive illness in which the victim goes through three stages of social drinking, trouble drinking, and merry go round drinking. She then continues to state that the victims then land in jails and hospitals, eventually losing their homes, families and their self-respect. According to Cutland, alcoholism is a progressive illness and there are only three ends to it- the insane asylum, the morgue, or total abstinence (Cutland, 1990). Alcohol interferes with the brain chemistry and alters judgment (ohn H. Hannigan, 1999). The first few drinks affect judgment and reaction time and as you take more, reactions become even more sluggish and physical coordination is delayed. It is important to note that too much consumption of alcohol
can result in suppression of body functions and eventual death (Brick, 2008). When alcohol is ingested continuously and excessively, it affects the subjects physical appearance resulting in dehydrated skin and aging. In the worst case scenario, alcohol poisoning can result when the person vomits in his/ her sleep causing lung poisoning as one inhales their own vomit (Bamforth, 2008). Moreover, taking too much alcohol causes diseases and cancers such as liver and mouth cancers, diabetes, and heart disease. Studies have revealed that alcohol is second to smoking as a risk factor for oral and digestive tract and oral cancers (Brick, 2008). This happens in the mouth as alcohol breaks down into acetaldehyde which can bind to proteins that are present in the mouth and produce cancerous cells (Cutland, 1990). Beer or alcohol is also mentioned as one of the causes of depression and mental illness. When one becomes an alcohol addict, social problems such as isolation from family, friends, and relatives may stem as people try to detach themselves from a person who is now seen as living a reckless life. Excessive drinking is a major factor in a large majority of child abuse cases (Buss A, 1989). Legislation introduced in recent years to control the practice of drinking and driving has drawn public attention to the numbers of deaths and injuries that occur on the roads (Sournia, 1990). Alcohol affects performance well before a state of drunkenness is reached. Relatively small amounts increase the driver’s temerity and without him realizing it, reduce visual acuity, vigilance and the precision with which actions are performed (Cutland, 1990).

Tobacco is a stimulant which is mostly inhaled, chewed or smoked. Examples of commonly used drugs that contain tobacco in Kenya are cigarettes, Shisha, and Kuber. Each of these drugs contains varying concentrations of tobacco which is a harmful substance. Research has revealed that the adverse effects of tobacco are the same regardless of whether the drug is inhaled, chewed or even smoked (Gibbons, 1868).

Doctors and health organizations decry the harm caused by tobacco use and demand that the government impose tough regulations to control the tobacco industry (Fowler, 1978). Tobacco manufacturers and farmers oppose regulation arguing that there is no proof that smoking is harmful, that government intervention in the market place is unjustified, that regulation will cost jobs and hurt the economy and that there is no proof that regulation will accomplish intended objectives (Cunningham, 1996). Although many people believe that tobacco smoking is harmful, few appreciate just how much damage it really does. On average, smokers lose 15 years of life. Tobacco kills 1,200 people a day and more people die from smoking than from AIDS, car
accidents, suicide, murder, fires and other drugs combined (NACADA, 2013). Among the negative health effects of tobacco is that it causes respiratory diseases, cancers and dental problems among others (Mecklenburg, 2004).

Marijuana is the drug which has caught the fancy of the young and the rebellious in American society (Earleywine, 2002). This is also true of the Kenyan society. It has been widely used in Asia and Africa both medicinally and as an intoxicant (Louria, 1968). Currently, its medicinal utility has been supplanted and it is now used exclusively as an intoxicant, stimulant or mild hallucinogen (Shohov, 2003). It is obtained from the Cannabis Sativa/ Cannabis Indica plant. Locally, the drug is commonly known as “Bhang” Studies have suggested very high rates of use among high school students but its use is by no means confined to colleges, high schools or slum areas (Earleywine, 2002). It has now invaded middle and upper class urban and suburban communities. Heavy use of Marijuana over a long period of time causes permanent changes in the brain. Brains of young heavy users of cannabis reduce in size and may go up to the size normally found in people who are 70-90 years old. Additionally, individuals who smoke Bhang/hashish for long periods show a tendency toward bronchitis (Abuse U. S., 1973). Smoking or possessing marijuana is illegal in Kenya, but those seeking to beat the law seem to have resorted to concealing the drug in cakes, brownies, muffins, cookies, chocolates or sweets.

Cocaine is a powerful stimulant that affects the central nervous system when ingested, snorted, smoked or injected (Abuse U. S., 1973). In the western countries, it is referred to as a high-priced way of getting high. Cocaine causes a short-lived, intense high that is immediately followed by the opposite—intense depression, edginess and a craving for more of the drug. Regardless of how much of the drug is used or how frequently, cocaine increases the risk that the user will experience a heart attack, stroke, seizure or respiratory (breathing) failure, any of which can result in sudden death (Louria, 1968). Cocaine interferes with the way the brain processes chemicals, one needs more and more of the drug just to feel “normal.” People who become addicted to cocaine (as with most other drugs) lose interest in other areas of life and Coming down from the drug causes depression so severe that a person will do almost anything to get the drug—even commit murder. In case one can’t get cocaine, the depression can get so intense it can drive the addict to suicide (Anne Jamieson, 1984).

Heroin, on the other hand, is a brown powder commonly known as brown sugar (Abril, 1993). It is used as both a pain-killer and a recreational drug and has high potential for abuse. One of the
most common methods of illicit heroin use is via intravenous injection. Users tend to initially inject in the easily accessible veins in the arm, but as these veins collapse over time through damage caused by the acid, the user will often resort to injecting in other veins (Brick, 2008). Frequent and regular administration is associated with tolerance, moderate physical dependence, and severe psychological dependence which often develop into addiction. It is also administered through snorting, or smoking by inhaling its vapors when heated; either with tobacco in a rolled cigarette or by heating the drug on aluminum foil from underneath (HHS, 2010).

Prescription drug abuse is when someone takes a medication that was prescribed for someone else or takes their own prescription in a manner or dosage other than what was prescribed. In the most common instances of prescription drug abuse, the person illegally accesses prescription drugs and uses them for purposes other than what they are usually prescribed for. Some of these drugs are depressants, stimulants or hallucinogens (Anne Jamieson, 1984).

Continuous and consistent intake of alcohol and/ or the drugs leads to a condition known as tolerance (Neal, 2010). Tolerance means that the body becomes so accustomed to the drug such that the person may require higher quantities of the drug to attain a high which would previously be attained by a lower amount of the drug (Anne Jamieson, 1984). With time, the victim feels the need to take in more and more of the drug and at higher frequencies for them to feel normal. Withdrawal symptoms such as dizziness, sweating, or seizures without a history of epilepsy are experienced by the victim in case of failure to take the drug. The end result is that the person becomes dependent on the drug (Brick, 2008). The person becomes addicted to the drug or alcohol, hence, cannot function normally without it. Addiction is a disease which needs treatment. Sadly, most of the rehabilitation facilities and programmes are not accessible to PWDS in terms of design, as well as, the high cost which persons with disabilities cannot afford (Buss A, 1989). Unlike the developed nations, Kenya’s government does not sponsor drug treatment for its citizens and, therefore, for PWDs, who are not able to raise the hefty amounts, it becomes like the beginning of the end for them. Most of them lose their lives to the negative effects of the drugs they are addicted to (Oslo, 1985).

2.3 Drug Abuse among Special Populations
In Kenya, various researchers have studied the causes and effects of drug abuse among various groups of people. According to a study by Richard Kipkemboi, a PHD student at Moi University,
drug abuse amongst Kenyan youth has no single cause. Among the causes of drug abuse in Kenyan youth, Richard mentions peer influence, the weakening of social controls as new values replace old ones, disintegration of the family, frustrations and emotional stress due to failures, sorrows of miseries of life, poverty, boredom or fear of it, abandonment or homelessness, anxieties of adolescence, availability of drugs, emulating the older generation, curiosity, and the pleasure factor (Chesang, 2013). According to the National Campaign Against drug abuse in Kenya (NACADA), the most influential factors for alcohol and drug abuse in secondary schools include peer association, the family, social class membership and school performance (Maithya, 2009). Even as these studies focused on the youth, the researcher does not mention youth with disability and this, therefore, means that this special group of people failed to have a representation in this study and, thus, the findings of this study cannot be generalized to them. The study by NACADA on drug abuse in Secondary school also failed to sample some special secondary schools.

According to Leukefeld and Tims, drug dependence and abuse among incarcerated populations is a stark reality that enormously complicates the task of rehabilitating offenders (Carl G. Leukefeld, 2002). Studies focusing on alcohol and drug abuse among prisoners in Kenya have also been conducted. There is increasing evidence for the association between substance use and criminality, including a high prevalence of substance use disorders in prison populations. Various studies have also demonstrated the need for the enhancement of mental health services to cope with the high number of mentally ill prison inmates, including those with substance related problems. Among prisoners, the common reasons attributed to drug abuse include relaxation, to relieve stress, acceptance by peers, experimentation, availability, to feel normal and for the confidence to commit crime. Daniel and Lukoye found that some of the negative effects attributed to alcohol use amongst inmates include unprotected sex, scuffles and fights, medical problems, suffering blackouts, and discord relationships (Atwoli, 2013). The researcher notes that this report does not provide any information on inmates with disability.

According to Dr W Sinkele, alcohol and drug abuse are significantly higher among vulnerable groups either, as a result, of the environment in which they live or due to their work. Sinkele goes ahead to mention vulnerable populations to include HIV positive persons, sex workers, out of school youth, cart pullers and bar patrons. Notice that Sinkele does not mention Persons with Disabilities amongst the vulnerable populations.
2.4 The Relationship between Drug Abuse and Disability
There have been numerous studies centered on drug abuse as a cause of disability; however, Kenyan researchers have not focused on studying disability as a cause of drug abuse. Persons with Disabilities are rarely mentioned when the topic of drug abuse is being discussed. ADA is responsible for many accidents that occur on the road or even at home. Accidents may occur as drunken pedestrians use the road carelessly, or when drunk drivers cause accidents through reckless driving. Accidents are also likely to occur at the workplace as people attempt to use certain machinery or tools under the influence of drugs or alcohol (Buss A, 1989). For PWDS, getting involved in serious accidents only means the acquisition of multiple disabilities, total incapacitation or, in the worst case scenario, death. However, Buss focuses on drug abuse as being one of the major causes of disability but does not mention disability as a cause of drug abuse. According to a study data by the World Health Organization, alcohol use and mental health problems account for 45 percent of disabilities among young people between the ages of 10 to 24 globally. Although, this is known, more studies need to be conducted on the reverse relationship between disability and substance abuse.

The literature review reveals that Persons with Disabilities are almost completely ignored when it comes to issues of drug abuse. This then creates a major knowledge gap concerning this issue and hence the misconception that persons with disabilities do not or cannot abuse drugs. This study hence seeks to fill the identified gap in knowledge.

2.5 Drug Abuse among the Deaf, Blind, and other Physically Disabled
Deaf persons use sign language to communicate, and generally, not many people without hearing impairments take time to learn to speak or even understand sign language. What this means is that deaf people are isolated from normal flow of information by their language. Debra Guthmann, former president of the National Association on Alcohol, Drugs, and Disability, notes that this isolation is a major risk factor for alcohol and drug abuse amongst the deaf or persons who are hard of hearing. This is because it causes an information gap which cannot be filled by the currently available visual and written materials because they are not distributed in a systematic way, or are written in a language level that is too high for the understanding of a deaf child (Guthmann, 2000). According to Guthmann, higher levels of stress are registered amongst deaf adolescents, as compared to their counterparts with normal hearing. As a result, these adolescents are likely to turn to alcohol and drug abuse so as to cope with stress, as well as, fit in with hearing peers. However, even with the risk factors for ADA facing deaf adolescents and with
numerous studies focusing on drug abuse among adolescents, there have been very few studies in
the world focusing on identifying the factors that predict ADA amongst deaf adolescents.
According to Dick (1996), deaf students using marijuana were found to have lower grades in
school than those who were not using Marijuana. Dick also found that deaf students, who had
many friends with normal hearing, had higher rates of alcohol and drug use than those with
fewer hearing friends (Dick, 1996). In America, one out of seven deaf people suffers from
substance use dependency. Therefore, the problem of alcohol and drug use and abuse is real
amongst the deaf and those who are hard of hearing.

The situation is no different among the blind. According to a study conducted by Nelipovich,
Wergin, and Kossick (1998), about 250,000 out of 1.1 Million people with visual impairments in
America could require treatment for substance abuse disorders (Nelipovich M, 1998); this, at the
time, was estimated to about 50% of persons with visual impairments. Earlier in 1989, Buss and
Cramer found that approximately 45% of blind people experienced alcohol abuse problems
(Buss A, 1989). Such findings provide a strong ground acting as basis to the argument that the
visually impaired or blind are at a high risk for Alcohol and Drug Abuse. It is important for more
researchers to pay attention and gather more data on this special population. Recently in Kenya,
there have been incidences of people losing their sight as a result of consuming illicit brew.
People who have acquired blindness in that way are more likely to continue abusing alcohol at
higher rates than preceding the blindness as they tend to feel that, the worst has already
happened. This is, in addition to the frustrations of learning to manage without their eyesight
which they have had for the better part of their lives.

Numerous studies have revealed that adolescents and youth with physical disabilities suffer from
perception problems. These people feel inferior to their counterparts without disabilities and,
hence, may suffer from low self-esteem. As mentioned earlier, low self-esteem and poor self-
image may lead one to alcohol and drugs abuse as he or she tries to feel better about themselves.
Additionally, physical disabilities act as camouflage for subjects to commit drug related crimes
such as peddling without being suspected. Kenya has numerous centers for special learning, yet,
there are very few or no substance abuse prevention programmes to cater for the special learning
needs of disabled students.

Indeed, numerous studies conducted in the United States have proved that persons with
disabilities have higher rates of drug abuse than the general population. According to the U.S.
Department of Health & Human Services Office on Disability “Substance Abuse and Disability” webpage, poor mental health, violence and substance abuse are among the major identified causes of disability. Therefore, it is apparent that disability and drug abuse tend to have a causal relationship, however, this study does not delve much into the issue of drug abuse as a cause of disability but rather at how disability makes one more vulnerable to ADA, as well as the impact of this on the affected. A recent study by NACADA showed that alcoholic beverages are the leading drugs used by PWDS followed by tobacco products, khat (miraa) and marijuana (bhang), respectively. The study further concluded that some persons with disabilities in the central, coastal, and Nairobi regions used drugs daily, thus, suggesting dependence or the risk of it.

2.6 Theoretical Framework
The study is based on the following theories:

2.6.1 Anomie Theory
Robert K. Merton coined the Anomie Theory which is mostly concerned with explaining deviant behavior (Merton, 1957). The theory holds that deviant behavior (illicit drug use is a form of deviant behavior) occurs when the avenues to succeed materially become inaccessible or are blocked off. The argument of the Anomie theory is that in a world that is materialistic and competitive, success is emphasized but it is only achievable by a small section of society. As a result, unsuccessful individuals devise disapproved (deviant) adaptations strategies to counter their failure. These kind of people who are called retreatists have given up on ever achieving the materialistic goals of society, whether by legal or illegal means. The coping mechanisms of psychotics, outcasts, drug addicts and chronic drunkards, fall in this category (Merton, 1957, p153). An extension of the theory by Cloward and Ohlin (1960) holds that the individual with the highest probability of becoming a drug addict is one who has already attempted and failed at using both legitimate and illegitimate ways of attaining success. He then retreats into the world of addiction which he/she views as undemanding (Einstadter, 2006).

2.6.2 Social Control and Self Control Theory
The adherents of these two theories make attempts to rationalize criminal and deviant behavior which includes drug abuse. They try to explain why a section of people adhere to the laws and norms prescribed by society. The assumption here is that deviant behavior which also includes drug abuse does not require any explanation. The notion is that all people, when left to themselves, deviate from norms by breaking the law and abusing drugs among other activities.
Deviance is what comes naturally for humans and, therefore, the need to explain why some people fail to deviate from societal norms (Joseph Howard Rankin, 2011).

The social control theory holds that drug use and other deviant behavior are caused by the absence of strong social controls that encourage conformity. The reason why most people steer clear of deviant behavior is because of the existence of strong ties with societal norms and beliefs. If these bonds are weak, then one tends to be released from the rules and freely deviates to vices such as drug use. The more one is attached to societal norms and values, the less likely they are to violate them (Joseph Howard Rankin, 2011). However, according to the theory, everyone at some point deviates from the norms but the degree is what differs.

The Self-control Theory explains drug use alongside other social behavior by focusing much on explaining the absence of controls rather than blaming this absence for drug abuse. In this theory, Gottfredson and Hirschi in their book, A general theory of crime, use the words “force or fraud in pursuit of self interest” to define crime (Gottfredson, 1990). They consider drugs and crime as similar activities. In this case, the deviants just do what they think will bring them pleasure without caring much about the legal or social consequences. Therefore, this kind of behavior portrays low level or lack of self control. Therefore, people who engage in crime or take drugs are impulsive, short sighted, self centered and take short cuts with no consideration of possible consequences. According to the two authors, self control lacks due to poor parental socialization (Gottfredson, 1990).

2.6.3 Social Learning and Sub-cultural Theory
According to the social learning theory, reinforcement, punishment and rewards mold behavior. The actions that people continue to perform are based on present and past punishments and rewards for those actions (Brookman, 2005). The definition of behavior as good or bad is learnt through interaction with members of certain social circles. The theory proposes that the abuse and use of drugs can be explained by exposure to social circles within which use of drugs is rewarded. This theory, therefore, explains the role of peer pressure in ADA. The theory simply implies that people will repeat what they like doing, if whoever does not explain why drug use is favored by some people and not others. Therefore, one will repeat behavior that is positively reinforced within their social circles, as opposed to, that which is punished (Brookman, 2005).

The sub-cultural theory, on the other hand, stipulates that a person’s own use of drugs is fostered by their involvement in certain social groups that possess favorable attitudes to drug use (Walter
S. DeKeseredy, 2006). The reverse is true as involvement in groups that view drug use negatively discourages the person from the behavior. Therefore, the use of drugs is encouraged and expected in particular social groups, but in others it is highly disapproved and even punished. Howard S. Becker conducted the first systematic application of this theory using Marijuana. His focus was on the reason why a person used marijuana and later continued to use it to attain pleasure. For this to happen, one must learn how to use the drugs, perceive its effects which are usually subtle, and finally, one must learn how to enjoy the drugs effects. However, the occurrence of these three processes will only depend on the level of individual’s engagement in a group of other users (Joseph Howard Rankin, 2011). Deviant behavior such as marijuana use takes root when one is able to avoid societal controls and instead starts responding to the controls of a smaller group. Therefore, according to Becker, the use of drugs causes motives, rather than the vice versa.

2.7 Conceptual Framework
Drug abuse amongst persons with disabilities occurs as a result of the presence of the predisposing factors. On the other hand, the impact of drug abuse amongst persons with disabilities can only be felt or observed where drug abuse is present. Therefore, the conceptual framework below represents the relationship among the three variables. The predisposing factors to alcohol and drug abuse are the independent variables as they are not affected by any of the other two variables. In the presence of the predisposing/ risk factors, drug abuse is likely to occur. When drug abuse occurs, the impacts are felt and observed in the lives of Persons with Disabilities. Hence, drug abuse is the proximate variable because it has a direct influence on the impacts experienced by persons with disabilities who engage in alcohol and drug abuse. On the other hand, the impact of alcohol and drug abuse on persons with disabilities is the dependent variable as its occurrence depends on the occurrence of both the predisposing factors, as well as drug abuse. Figure 2.4 below represents the relationship between the three variables in a conceptual framework.
The abuse of various drugs by a PWDs is triggered by predisposing factors which include; poverty, stigma, discrimination, inaccessibility of information on drugs, and peer pressure. It is important to note that all this factors are in one way or another related to disability. According to the researcher, disability could also be considered as one of the predisposing factors to ADA. In Kenya, persons with disabilities do not have access to equal opportunities as their counterparts without disabilities. Children with disabilities need to be enrolled in special schools. When the parents cannot afford to pay school fees and buy the child specialized learning equipments, the child misses out on school. What this means is that the child grows up into an adult who does not have any academic or professional training. The chances of such person getting a job are thin and even when they do get jobs; they are employed in the informal sector which does not provide much in terms of financial remuneration. On the other hand, for PWDs who have gone through school, stigma and discrimination by non-disabled members of the society makes it almost impossible for them to access employment despite having the necessary qualifications. These are
some of the numerous challenges that face persons with disabilities in addition to other limitations caused by disability. All these challenges cause PWDs to be vulnerable to alcohol and drug abuse as they try to explore avenues out of their predicament. Peer pressure is also a major predisposing factor to alcohol and drug abuse.

When a person with disability is unable to deal with the frustrations of life, they are likely to end up abusing drugs such as alcohol, marijuana, bhang, Miraa, cocaine, heroin, prescription drugs and any other available drugs. However, what is more likely to happen is that such a PWD is likely to abuse drugs that are readily available in his/ her locality. Most PWDs will abuse low price drugs because they lack access to financial resources.

On the other hand, once a PWD gets into alcohol and drug abuse, they become exposed to certain impacts of the same. The impacts of alcohol and drug abuse on PWDs include depletion of financial resources, family violence which leads to disintegration of families, isolation by family and friends, acquisition of additional disabilities, poor health, and lack of entrepreneurial ambition. The impacts of alcohol and drug abuse further worsen the already poor condition of persons with disabilities. The conceptual framework above shows the relationship between all the variables in question.
CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction
The chapter outlines the overall methodology employed by the study. This includes the study size and population, research design, sampling design, data collection, data analysis and ethical issues.

3.1 Site Description
The study was carried out in Asego Division of Homabay County. Homa Bay County is a county in the former Nyanza Province of Kenya. Its capital and largest town is Homa Bay. The county has a population of 963,794 (2009 census) and an area of 3,154.7 km². Approximately 80% of Kenya’s Lake Victoria is in Homabay County making the county a leading supplier of fresh lake fish in Kenya. Asego is one of the five administrative divisions in Homabay with a population of 76,778. The main economic activities in Homabay County include fishing and fish trade, fish processing, commercial business and agriculture such as production of maize, millet, cassava, and sun flower. The researcher could not access data on the population of persons with disabilities in Homabay County.

3.2 Research Design
This study gathered quantitative and qualitative data describing the risk factors and impact of alcohol and drug abuse on persons with disabilities. The study adopted a descriptive research design since such an approach portrays an accurate profile of situations, persons and events (Robson, 2002). Descriptive research allows the researcher to collect qualitative data which can be analyzed quantitatively using inferential and descriptive statistics. Mugenda and Mugenda (2003), say that descriptive research is used to obtain information concerning the current status of the phenomena to describe "what exists" with respect to variables or conditions in a situation. Thus, the researcher felt that descriptive methods are best suited for this study since they allow for the description of the risk factors and impact of alcohol and drug abuse amongst Persons with Disabilities in Homabay County. Quantitative data was collected from individual persons with disabilities, while qualitative data was collected from key informants, as well as, through focus group discussions.

3.3 Units of Analysis and Observation
The unit of analysis is the object about which generalizations are made following analysis. In this study, generalizations are made about the risk factors and impacts of alcohol and drug abuse
amongst persons with disabilities. Therefore, the units of analysis are both the risk factors and impact.

The unit of observation represents the objects that are observed and about which information is systematically collected. In this study, the units of observation were Persons with disabilities.

3.4 Target Population
The population of the study constituted of persons with disabilities who are members of 6 disability self help groups that are registered with the Homabay Disability Development Network. The study area for this study is Asego Division of Homabay County. The study size constitutes 140 Persons with Disabilities from the six support groups. The study also collected data from six key informants who are mainly persons who have had close interaction with Persons with Disabilities. The study mainly focuses on persons who are blind, deaf, or physically disabled. The key informants comprised of various ministries dealing with persons with disabilities, caregivers, siblings and parents of persons with disabilities in the area.

Table 3.1 Distribution of the Target Population by Type of Support Group

<table>
<thead>
<tr>
<th>Support Group</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homabay Disability Development Network</td>
<td>27</td>
</tr>
<tr>
<td>Hoamabay Self Sustained Group</td>
<td>23</td>
</tr>
<tr>
<td>Crocodile Disabled Group</td>
<td>20</td>
</tr>
<tr>
<td>God Mbondo Disability Group</td>
<td>23</td>
</tr>
<tr>
<td>Homabay Empowerment for Persons with Disabilities</td>
<td>24</td>
</tr>
<tr>
<td>Homabay Women with disabilities</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td><strong>140</strong></td>
</tr>
</tbody>
</table>

3.5 Sample Size and Sampling Procedure
Sampling involves the selection of a given number of items from a population that is already defined. The sample should be representative of the population. According to Gay (1992), the probability of having a sampling error is dependent on the size of the sample and, thus, the larger the sample, the smaller the sampling error. Whatever generalizations or statements made of the studied sample should also be true of the population. This study utilized stratified sampling to
ensure that representative samples were derived from all three disability types under focus; visual, hearing and physical. Within the strata, simple random sampling was used to select a sample of 40% from each disability.

Table 3.2 Determination of Sample Distribution by categories of Disabilities

<table>
<thead>
<tr>
<th>Types of Disabilities</th>
<th>Population</th>
<th>Sample size (40%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Deaf</td>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td>Physically Disabled</td>
<td>100</td>
<td>40</td>
</tr>
<tr>
<td>TOTALS</td>
<td>140</td>
<td>56</td>
</tr>
</tbody>
</table>

To select the actual respondents, while ensuring that each subject received an equal chance of being selected, the researcher randomly picked the first subject from a list, and then proceeded to pick the \( n \)th number from each disability until the desired sample size was achieved. The \( n \)th number is determined by dividing the population by the sample size.

To determine the \( n \)th number while selecting “Blind” respondents, the researcher divided the total number of blind persons in the population with the sample size which is 40% of the total blind persons as shown below:

\[
n^{th} = \frac{\text{Total Population of Blind Persons}}{\text{Sample size of blind persons}}
\]

\[
n^{th} = \frac{15}{6} = 2
\]

Therefore, the researcher selected every second person from the “Blind” strata until a sample of 6 had been derived.

The same procedure was used to derive samples from the “Deaf” and “Physically Disabled” strata. Using the same procedure, the nth item for both the Deaf and Physically disabled persons is 2. This is how the 56 respondents were drawn from the total population.

Three (3) focus group discussions were held, one for each disability type i.e. hearing, visual, and physical. To randomize selection of participants for the focus group discussion, the researcher had the names of all respondents listed on separate pieces of papers for each disability and each
disability had each gender listed separately. Having randomly selected the first respondent from each list, the researcher then selected every Second /2^{nd} (n^{th}) person to get a total of eight (8) for each of the three focus group discussions. Simple random sampling gives every person an equal chance of being selected. To select the key informants, the researcher used purposive sampling. The FGDs constituted equal numbers of men and women.

3.6 Data collection Methods

The study collected data from both primary and secondary sources. Primary data was collected using a structured questionnaire, key informant guide and a focus group discussion guide. The sources of primary data were Persons with Disabilities and key informants. Secondary data was collected from books and publications on the topic under study. Secondary data was mainly constituted in the literature review and the researcher analyzed all forms of data to come up with the findings. All the tools for data collection were administered through interviews. The structured questionnaire was administered through one on one interviews with persons with disabilities.

3.7 Ethical Issues

The study was conducted in an ethical manner. The purpose of the study was explained to the respondents who were also be assured that the information shared with the researcher would be treated with confidentiality and that their names would not be disclosed.

3.8 Data Analysis

Data was collected, examined and checked for completeness and clarity. Numerical data collected using one on one interview guides was coded and entered and analyzed using a computer Statistical Package for Social Scientists (SPSS) programme. Responses from the interviews were taken through a critical assessment of each response and examined using thematic interpretation in accordance with the main objectives of the study and thereafter presented in narrative excerpts within the report. This method of data analysis is described by Stake (1995) as a way of analyzing data by organizing it into categories on the basis of themes and concepts. Qualitative data provides deeper insights into the phenomena under study.
CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter provides a summary and discussion of the research findings on the topic of the risk factors and impact of alcohol and drugs abuse amongst Persons with Disabilities in Homa- Bay County- Kenya.

The chapter contains findings on the study’s main sub topics: Demographic Characteristics of respondents, Awareness on alcohol and drugs among persons with disabilities, the extent of drug abuse and most commonly abused drugs by PWDs, the risk factors of alcohol and drug abuse among persons with disabilities, impact of alcohol and drug abuse among persons with disabilities and accessibility of information on alcohol and drugs to persons with disabilities and appropriate measures in mitigating the risk factors and impact of alcohol and drug abuse among persons with disabilities.

4.1 Response Rates

The study engaged a total of 56 one on one respondents, against a project sample size of the same number. Also engaged were 6 key informants and 3 focus group discussions just as projected. This then represents a 100% response rate.

4.2 Respondents’ Social and Demographic Characteristics

The social and demographic characteristics of the respondents were analyzed using their Gender, age, education background, marital status, type of disability and dispersion of respondents within Asego Division. All respondents were drawn from Asego Division.

4.2.1 Gender Composition of Respondents

An item was included in the questionnaire seeking information on the respondents’ gender composition. The findings revealed that of those who took part in the study, 54% were male, while 46% were female. This is shown in Table 4.1 below:
4.1 Gender Composition of Respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>30</td>
<td>53.6</td>
</tr>
<tr>
<td>Female</td>
<td>26</td>
<td>46.4</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The levels of stigma associated with disability seem to be much higher among women with disabilities than among men with disabilities, hence, the higher response rates from men than from women. The findings further indicate that more than half of the respondents who reported to have used drugs were male; hence, male PWDs seem to abuse drugs at a higher rate than female PWDs. This is similar to what happens among the general population.

4.2.2 Age of Respondents

The study targeted respondents who seemed to be fairly distributed across age groups. 11% of the respondents were aged between 15-20 years, 13% were aged between 21-25 years, 21% were aged between 26-30 years, 16% were aged between 31-35 years, 7% were aged between 36-40 years, while, 37% of the respondents were above the age of 40. The distribution of the respondents across age groups is illustrated in the table below:

**Table 4.2 Age of Respondents**

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-20</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>21-25</td>
<td>7</td>
<td>12.5</td>
</tr>
<tr>
<td>26-30</td>
<td>12</td>
<td>21.4</td>
</tr>
<tr>
<td>31-35</td>
<td>9</td>
<td>16.1</td>
</tr>
<tr>
<td>36-40</td>
<td>4</td>
<td>7.1</td>
</tr>
<tr>
<td>Above 40</td>
<td>18</td>
<td>32.1</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100</td>
</tr>
</tbody>
</table>
This, therefore, means that close to a third of the respondents were below the age of 35, thus, belonging to the youth bracket. The benefit of having the age of the respondents fairly distributed across a wide range of ages is that it will help the researcher identify if drug abuse among Persons with Disabilities is a new phenomena or one that has been there through the ages. The study findings indicate that 56% of Persons with Disabilities who had ever used drugs were above the age of 35 years.

4.2.3 Education Background of Respondents

Included in the questionnaire was an item seeking information on the education levels of the respondents. According to the analysis of the findings; 52% of the respondents had primary education as their highest level of education, 40% had attained secondary education, while the remaining 8% had gone up to tertiary level of education. 20% of those who had attained up to primary level of education had only gone up to standard three (3). The findings are illustrated in figure 4.1 below:

![Fig 4.1 Education Background of Respondents](image)

This clearly shows the low levels of education among Persons with Disabilities. According to the findings, unemployment resulting from low levels of education was one of the risk factors for alcohol and drug abuse among PWDs. Most Persons with Disabilities are not able to sail through the education system either due to the lack of finances or due to the limitation caused by disability. The end result of this is that despite the 5% threshold provided by the Kenyan constitution for the employment of PWDs a great proportion of Persons with Disabilities remain unemployable within the formal sector due to lack of skills.

4.2.4 Marital Status of Respondents

An item was included in the questionnaire which sought information on the marital status of the respondents. According to the analysis of the findings, 38% of the respondents were single, 30%
were in monogamous marriages, 23% were in polygamous unions, while 9% were widowed. This is illustrated in table 4.3 below

Tab 4.3 Marital Status of Respondents

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>21</td>
<td>37.5</td>
</tr>
<tr>
<td>Married Polygamy</td>
<td>13</td>
<td>23.2</td>
</tr>
<tr>
<td>Married Monogamy</td>
<td>17</td>
<td>30.4</td>
</tr>
<tr>
<td>Widowed</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The study reveals that 38% of PWDs who were using and abusing drugs were single, as compared to 31% who were in polygamous unions and 31% who were in monogamous unions. Very small percentage of widowed PWDs was abusing drugs. A correlation was, therefore, established between loneliness and drug abuse. Those that were single and spent most of their lives on their own were at a higher risk for alcohol and drug abuse.

4.2.5 Type of Disability

An item in the questionnaire sought to find out information on the type of disability for each respondent. The study focused on three (3) disability types: Blind, deaf, and Physical disabilities. 11% of the respondents were blind, 18% were hearing impaired, while 71% were physically handicapped. The findings are as shown below in fig 4.2 below:

From the findings, physical disability is the most predominant type of disability in Homabay. 78% of those found to be abusing drugs were persons with physical disabilities. The hearing impaired were found to have the lowest rates of drug abuse with only 10% of them being found to have used drugs at some point in their lives.
4.2.6 Dispersion of the Respondents within Asego Division

The study was carried out on the members of the Homabay Disability Development Network which comprises of six (6) support groups drawn from Asego Division. An item in the questionnaire sought to find out information about the respondents’ sub location of residence. The respondents were dispersed as follows: 35.4% were from Asego, 44.3% were from Township, while 20.3% were from Arujo.

4.3 Analysis of the risk factors and impact of alcohol and drug abuse among PWDs

For a long time, persons with disabilities have not been considered as a most at risk population when it comes to alcohol and drug abuse. In Kenya, only NACADA has conducted a study on this topic and even so, NACADA’s study covered a very small proportion of the country. Hence, the results of their study could not be generalized to the entire population of PWDs in the country. This study seeks to further extend NACADA’S study to Homabay County. The results of the study will be analyzed in this section in line with the study objectives.

4.3.1 Awareness about alcohol and drugs

Persons with disabilities, caregivers, support group leaders, District Social Development Officers and officials of the National Council for Persons with Disabilities were presented with various items on the topic of awareness of alcohol and drug abuse among PWDs in the form of interview guides, key informant guides and questionnaires. The results are as analyzed in the subsections below:

4.3.1.1 Basic Awareness on Drugs and Other Substances that can be Abused

The study sought to find out about the knowledge and awareness of persons with disabilities on drugs and other substances of abuse. The respondents reported that they possessed some basic knowledge on alcohol and drugs. 98% said that they were aware of drugs and other substances that can be abused, while the rest reported to have absolutely no knowledge of alcohol and drugs as shown in chart 4.3 below:
It was important for the researcher to establish whether the subjects possessed the most basic understanding of drugs and alcohol and a majority of the respondents were aware of drugs and other substances of abuse.

### 4.3.1.2 Main Source of Knowledge about Drugs

The researcher sought to find out the main sources from which PWDs obtained knowledge about drugs. This was important as it would help establish whether there were any formal channels through which information about drugs was being disseminated to persons with disabilities.

The study revealed that 43% of those who were aware of drugs and alcohol mentioned friends and family as their main source of knowledge about alcohol and drugs, 31% had television and radio as their main source of knowledge about drugs, while, 9% mentioned print media as their main source of knowledge on drugs and alcohol. Churches were the main source of knowledge for 8% of this group of respondents, while 10% mainly got knowledge about alcohol and drugs from other sources such as schools. The results are displayed in the graph below:

![Fig 4.3 Basic Awareness on Drugs and Other Substances of Abuse](image)

![Fig 4.4 Main Sources of Knowledge about Drugs](image)
This proved that most persons with disabilities obtain information about drugs and alcohol from friends and family. This in itself is a risk factor for alcohol and drug abuse because information obtained from peers might be misleading. However, there was also a considerable proportion that obtained information about drugs and alcohol from the mass media. Notable, though, is the fact that none of the respondents said that they had accessed information about drugs and alcohol from NACADA or civil society organizations. This reveals that NACADA and other organizations working in drug abuse have not conducted interventions that are specifically targeted at Persons with Disabilities. Hence, this group of people has received little or no education on the topic of alcohol and drugs.

4.3.1.3 Drugs that PWDs are Aware of
An item in the questionnaire required PWDs to mention specific drugs of abuse they were aware of. This item only received a response from those respondents who had answered “Yes” in section 4.3.1.1 above. The study revealed that 27% of the respondents were aware of Alcohol as a drug of abuse, 23% were aware of Bhang as a drug of abuse, 14% were aware of cigarettes as a drug of abuse, 8% were aware of cocaine as a drug of abuse, 10% of the respondents were aware of Miraa as a drug of abuse, 5% were aware of Kuber as a drug of abuse, 4% were aware of tobacco as a drug of abuse, and 3% recognized prescription drugs as drugs that could be abused. Further, the findings show that 1% of the respondents mentioned Heroin, Valium, Formaline, Petrol and injected drugs respectively as drugs of abuse that they were aware of. A further 1% of the respondents did not seem to understand what was meant by drugs of abuse and they mentioned AIDS and VCT as drugs of abuse that they were aware of. The findings are illustrated in Figure 4.5 below:
This section of the study reveals that a large proportion of PWDs do not seem to have the knowledge of hard drugs such as Cocaine and Heroin which are uncommon but whose effects are more destructive and severe than those of more common drugs. This poses a risk factor for PWDs as they are likely to be introduced to hard drugs without knowing what they really are.

4.3.2 Extent of Alcohol and Drug Abuse among PWDs and Most Commonly Abused Drugs

Alcohol and drug abuse is a real problem among persons with disabilities. Just like members of the general public, persons with disabilities struggle with drug related problems and the effects of this are further worsened by the fact that persons with disabilities possess very limited knowledge on alcohol and drugs. Additionally, there have been no interventions targeting PWDs in matters of alcohol and drug abuse. This section presents an analysis of the findings on the extent of alcohol and drug abuse among persons with disabilities in Homabay County. This section also provides an analysis of findings on the most commonly abused drugs by PWDs. The results are analyzed in the subsections below.

4.3.2.1 Ever used drugs

The study sought to find out if the respondents had ever used drugs at some point in life. It is important for the researcher to know the proportion of PWDs who had already been introduced to drugs. This is because there is a high likelihood for someone who has already tasted a drug to become an addict as compared to a person who had never tasted drugs. When asked if they had ever used drugs at any point in their lives, 41% of the respondents said that they had used drugs at some point in life, while 59% said that they had never used any drugs. The findings are presented in Figure 4.6 below

Fig 4.6 Ever Used Drugs
4.3.2.2 Most Commonly Used Drugs by PWDs

The study sought to find out the most commonly used drugs by PWDs by having an item in the questionnaire which inquired about drugs that PWDs had ever used. Alcohol was the most commonly used drugs by PWDs with 61% of those who had ever used drugs having used it. A further 14% of those who had used drugs reported to have used cigarettes and a further 14% having used Marijuana (Bhang). 7% of PWDs who had used drugs at some point in their life reported to have used Miraa at some point in life, while, 4% of this group of people had chewed tobacco at some point in life. The analyses of the findings are illustrated in Figure 4.7 below:

As per the findings, PWDs who are first time users of drugs mostly experiment with alcohol since they consider it a mild drug. Notable is the fact that more than half of the respondents who had experimented with alcohol said they had used local traditional brews mentioned as Changaa, Busaa, Nyasora, and Ndovu. They are oblivious of the detrimental outcomes that would result if they were to be addicted to the substance. PWDs consider Marijuana (Bhang) and alcohol as equal drugs and experiment with both at equal rates. 7% of the respondents considered Miraa a drug and admitted to have used it at some point in their life.

People with physical disabilities had the highest rates of drug abuse and from the focus group discussions, it emmerged that a great majority of them were those who were abusing alcohol. The trend of alcohol being the highest abused drug was common across the three disability groups and those who were using other drugs such as Marijuana and Cigarettes were using them alongside alcohol.
4.3.2.3 Extent of Drug Use and Abuse by PWDs

The researcher sought to find out if PWDs were abusing drugs and thus included an item in the questionnaire seeking information on drugs used by PWDs and the frequency of use. Drug use is the occasional, inconsistent and irregular use of psychoactive substances. On the other hand, drug abuse is the frequent, consistent and compulsive use of psychoactive substances. Therefore, to distinguish between the PWDs who were using and those who were abusing drugs, the study sought to establish how frequently the drugs were being used.

Of the respondents who reported to have used drugs at some point in life, 57% reported that they were still using those drugs, while 43% reported that they were not using drugs at the time of the study. Overall, 27% of PWDs interviewed were currently using drugs.

The questionnaire contained an item which sought to find out the frequency of use of drugs for those who were currently using. The study found out that 44% of those who were currently using drugs reported to use on a daily basis. This accounts for 14.2% of the total respondents. What, therefore, this means is that 14.2% of the respondents were abusing drugs at the time of the interview. The results are as presented in the figure below

**Fig 4.8 Frequency of Drug Use**

Further, 50% of those who had ever used drugs reported that they had only used drugs once in their lifetime. 3.56% of the respondents reported that they only used drugs occasionally, while 1.7% of the respondents said that they were using drugs once every week. This is quite shocking as it presents very high levels of drug dependency for PWDs.
4.3.2.4 Age at First Use
The study sought to find out the ages at which PWDs first used drugs. This information would be important in establishing the ages at which PWDs are most vulnerable to being initiated into alcohol and drug abuse. The study revealed that 12.5% of the respondents had initiated drug use at age 10-14, a further 12.5% had initiated drug use at age 15-19, 5.4% of the respondents had initiated drug use at age 20-24, 10.7% at age 25-29, 3.6% at age 29-33 and 1.7% had initiated drug use at above 39 years of age. This reveals that PWDs are most vulnerable to drug abuse in their teenage, and during their late twenties. The figure below illustrates the findings:

![Fig 4.9 Onset of Drug Use](image)

The y-axis represents age in years. The study reveals that at the onset of teenage, PWDs are vulnerable to drug use i.e for those who start between the ages of 10-19. It is possible that at this age PWDs experience an identity crisis which is likely to lead one into deviant behaviour such as drug abuse. Teenagers with disabilities face the challenge of not being able to associate with their peers who do not have disabilities. The limitations caused by disability make teenagers with disabilities not to be able to participate in recreational activities such as sports and attending music concerts. This leaves the teenager feeling alone and isolated, hence, the temptation to experiment with drugs. Most of those who start using drugs during their late 20’s mainly cited life stress as the main cause of drug use. Notable, though is the fact that a considerably low number of PWDs started using drugs in their early twenties. Those that experimented with drugs at very early ages mostly experimented with alcohol and said that it was because the drug was readily available and extremely accessible; either brewed at home or provided freely by a friend.
4.3.3 Risk Factors for Alcohol and Drug Abuse among PWDs

PWDs are exposed to higher than the normal risk factors for alcohol and drug abuse as compared to the general population. This is because in addition to the usual struggles of life that every human being goes through, PWDs suffer additional limitation caused by disability. This group of people has access to limited resources and opportunities as compared to their counterparts who do not have disabilities. Therefore, this study focuses on revealing the factors that predispose PWDs to alcohol and drug abuse in the subsequent subsections.

4.3.3.1 Reasons why PWDs contemplate using Drugs

The study sought to find out if the respondents had ever found themselves contemplating using drugs and the reasons that led them to contemplate drug use. As shown in the table below, 44.6% of the respondents had at one point in their life contemplated using drugs, while, 55.4% said that they had never contemplated using drugs. The respondents were asked if they had ever contemplated drug use and the responses were as shown in the table below:

Tab 4.4 PWDs Contemplating Drug Use

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>44.6</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>55.4</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Further, an item was included in the questionnaire which sought to find out the reasons that led PWDs to contemplate drug use. The findings revealed that 18% of the respondents had contemplated drug use as a result of peer pressure. This group of people considered using drugs because other people around them were already using drugs. According to the focus group discussions, some of the PWDs are persuaded by their peers to experiment with drugs. Further, it was revealed that 14.2% of the respondents had contemplated using drugs as a result of poverty and the frustrations of life. It is clear from the study that most Persons with Disabilities live below the poverty line since they have no jobs. Hence, most of them suffer frustration and life stress and this is a major reason why most of them contemplated using drugs. Idleness as a result of unemployment was also mentioned among the reasons why the respondents had contemplated using drugs. Economic empowerment was mentioned as one of the most effective means of tackling ADA among PWDs. A majority of the respondents felt that providing PWDs with
employment would reduce frustrations caused by poverty and consequently, the urge to get into alcohol and drugs would also reduce. Economic empowerment through loans and grants to start small business was also mentioned as a venture that would dissuade PWDs from drug peddling by offering them alternative livelihood solutions. Still on economic empowerment, most of the respondents felt that the government needed to come up with special sponsorship programs enabling PWDs to go through the 8.4.4 education system at subsidized rates or full scholarships. This view was also echoed by the key informants. A further 5.3% of the respondents contemplated using drugs because the drugs were readily available. This mostly applies to respondents who came from homes where traditional brews were made. As children, PWDs are usually left at home as the rest of the family go to their jobs and schools. What this means is that if the PWDs comes from a home here beer is brewed, they are left in charge of the brew. This puts them at the risk of experimenting with the drug, not to forget the fact that they have to taste to check whether the brew is ready for sale. 5.3% of the respondents said that curiosity led them to contemplate using drugs. They wanted to know how the drugs tasted, and how one felt after taking them. Other reasons given by PWDs for contemplating using drugs include; they wanted to be happy/ for fun (2.6%), as a way of socializing with friends at drug dens and pubs (1.7%), imitating parents (1.7%), as medicine (1.8%) and some thought drugs such as Marijuana would increase their libido (1.7%). In one of the FGDs the respondents said that PWDs view drugs as stress relievers. Another reason given for PWDs contemplating the use of drugs is that PWDs are usually sad and they feel that drugs will make them happy. Another reason given for this was that PWDs think that using drugs will prove that they are equals with persons without disabilities. They do it to prove a point; that they are capable of using drugs just like anyone else. Some of the respondents reported that they used traditional brew for medicinal purposes for example to cure typhoid. This, clearly shows the low levels of awareness on drugs among.

4.3.5 Accessibility of Information on Alcohol and Drug Abuse

The literature review revealed that one of the predisposing factors for PWDs to alcohol and drug abuse is the lack of information. PWDs lack important information on alcohol and drugs, most of them do not know where to get help in case they have drug related problems. Most of the information on drugs is not available in accessible formats to PWDs. The lack of crucial information on drugs makes PWDs more vulnerable to alcohol and drug abuse and more likely to succumb to ADA. In the subsequent subsections, the researcher analyzes findings on accessibility of information about drugs to PWDs.
4.3.5.1 Awareness Levels

An item in the questionnaire sought information on whether the respondents felt that they had received adequate awareness creation messages on alcohol and drug abuse from the government and civil society organizations. The item was in form of a statement which the respondents were supposed to choose from a scale of 1-5, with the lowest being “strongly disagree” and the highest being “strongly agree”. The first statement was as follows;

“I have received adequate awareness creation messages on alcohol and drug abuse from the government and civil society”.

The responses were as presented in the graph below:

![Graph showing responses to awareness creation messages](image)

32.1% of the respondents strongly disagreed with the above statement, 30.4% disagreed with the statement. These group of respondents said that they did not remember an instance when anyone from the government or the civil society talked to them about drugs. 10.7% said they were neutral. This is the group that was not sure on what information about alcohol and drugs entailed and they, therefore, could not make a decision on whether they had received such information. However, 26.7% of the respondents felt that they had received adequate awareness creation messages on alcohol and drug abuse from the government and the civil society. What then, this means is that information about alcohol and drugs has been disseminated, but it has not been disseminated in formats that are accessible to most persons with disabilities. People with hearing impairments felt that the government is only interested in people who can hear and that it was not keen in reaching out to the deaf. People with visual impairments also felt that they had been sidelined by the government when it came to information dissemination. People with these two kinds of disabilities need information in specialized formats. PWDs generally felt that local civil
society organizations and NGOs needed to tailor their ADA programmes to fit the needs of persons with disabilities. The respondents also expressed that the PWDs need to become aggressive in seeking information on drugs.

### 4.3.5.2 Accessibility of Information

25% of the respondents strongly disagreed to the statement that information about alcohol and drugs was disseminated in formats that are easily accessible to PWDs. A further 32.1% of the respondents disagreed to the same statement, 17.9% were neutral, 19.6% agreed, while 5.4% strongly agreed. The results are as presented below:

![Accessibility of Information on ADA to PWDs](image)

This clearly indicates that information on ADA need to be tailored to the unique needs of persons with disabilities. The blind need large print, Braille and audio material. The hearing impaired need information that is transcribed in sign language and print materials produced in simple language which they can understand. Generally, given their low levels of education, persons with disabilities need to receive material in simple and local languages for ease of understanding. Further, 41% of the respondents felt that Civil Society Organizations conducting awareness creation on alcohol and drug abuse did not use simple language that PWDs could understand. Majority of the respondents expressed that more awareness creation on ADA needed to be carried out. According to the respondents, PWDs need more knowledge and information on alcohol and drug abuse, addiction, and addiction treatment. The respondents also expressed that the government needed to design drug rehabilitation centers that are disability friendly to make it easier for PWDs to access drug treatment.
4.3.5.3 Knowledge of Where to Get Help For Drug Related Problems
An item in the questionnaire sought information on whether the respondents knew where they could seek help in case they had a drug related problem. The statement, “I know where I can get help in case of a drug related problem” was posed to the respondents. The results are as presented in the figure below:

53.6% of the respondents said that they did not know where they could seek help in case they had a drug related problem. A further 42.9% said that they knew where to get help in case of drug related problems, 3.6% were uncertain as to whether or not they knew where to seek help. Deaf respondents during the focus group discussion said that they only knew the hospital as the only place one could go for drug related problems. It is clear that more sensitization on addiction treatment needs to be done among persons with disabilities so that those suffering from addiction may be empowered to seek help from NACADA and other relevant avenues.

4.3.5.4 Awareness on the Negative Effects of Alcohol and Drug Abuse
The researcher sought to find out if the respondents were aware of the negative effects of alcohol and drug abuse. The statement, “I am aware of the negative effects that alcohol and drug abuse can have in my life” was posed to the respondents. The responses were as shown in the figure below:
78.5% of those interviewed said that they were aware of the negative effects that ADA can have in their lives. This is quite a big proportion most of whom had learnt about these effects through personal real life experiences, or from the experiences of others. A few had received education on the same by civil society organizations. 19.7% said that they were not aware of the negative effects that ADA can have on their lives. This, therefore, means that more education and awareness creation on these effects is needed.

4.3.3.2 Ever Peddled/ Trafficked Drugs

The study sought to find out if the respondents had engaged in the peddling or trafficking of drugs and if they did it for themselves or for others. This information was important in establishing whether PWDs are also vulnerable to being used by others to peddle drugs. The researcher wanted to establish if disability is also a risk factor for being lured into drug peddling. The questionnaire contained an article requiring the respondents to provide information as to whether or not they had engaged in drug peddling. The results were as shown in the figure below:

16.1% of the respondents had engaged in the peddling of drugs, while, 83.9% said that they had never engaged in the peddling/ trafficking of drugs. This goes to confirm what was revealed by
the literature review; that disability often becomes a camouflage enabling PWDs to peddle illegal drugs without raising suspicion from the concerned authorities. Further, the questionnaire contained an item that sought information on whether PWDs had peddled drugs for themselves or they had been asked to do it by other people. The study revealed that 8.9% of the respondents had trafficked drugs for themselves/ out of their own free will, while, 7.1% had done it on behalf of other people. The results are presented in the table below:

Table 4.5 Person Drugs Were Peddled for

<table>
<thead>
<tr>
<th>Person Drugs were Peddled for</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myself</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>Someone Else</td>
<td>4</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Because of stigma towards PWDs by the general public, most PWDs struggle with low self esteem and always look for ways in which they can relate with members of the general public as equals. Therefore, a PWDS will sometimes go out of his/ her way to please someone without a disability as long as this creates a conducive environment for association. The study revealed that PWDs often peddled drugs on behalf of persons without disabilities. This, therefore, shows that in addition to income generation, PWDs also peddle drug as a way of trying to create rapport with members of the general public. When PWDs render favors to persons without disabilities, they seek to be acknowledged and accepted as equals with the latter.

4.3.3.3 Reasons for Peddling/ Supplying Drugs

The questionnaire contained an item which sought information on the reasons why PWDs decided to engage in the supply of drugs. The study revealed that 54.4% of those who had peddled drugs said that they did it because it is a form of employment just like any other. As noted in another section of the study, 34.8% of the respondents were earning less than Ksh. 5000 per month, while, a 19.6% of the respondents said that they had no source of income at the time of the study. Therefore, PWDs supply drugs as a form of gainful employment so as to earn a living. A further 38.2% of those who had peddled said they did it as a kind of assistance to their parents and/ or relatives. They were sent by their parents/ relatives to supply or sell the drug so as to fend for themselves and their families. This way, the PWDS also feels that he/she is contributing to the family income. PWDs who came from families where traditional brew was sold were also actively involved in the brewing and sale of the alcohol. 7.4% of those who had
peddled drugs said that they did it so that people without disabilities would learn to respect them and accept them as equal and useful members of the society. The findings are as shown in figure 4.15 below:

![Fig 4.15 Reasons for Peddling Drugs](image)

The physically handicapped reported that one of the reasons they peddled drugs was that it is an easy job which is not energy consuming. All one needs is to sit in their wheelchair at a strategic place and that’s as much as the job requires. The respondents felt that the law should be reinforced indiscriminately and that those found breaking it (including PWDs) by selling illegal substances are executed. The respondents also said that the police needed to be keen in ensuring that PWDs do not engage in drug peddling.

### 4.3.3.4 Stigma as a Predisposing Factor to Alcohol and Drug Abuse

Literature review revealed that stigma by the general public towards persons with disabilities is a predisposing factor to alcohol and drug abuse. The researcher sought to find out whether this is true and, therefore, included an item in the questionnaire that sought information on how PWDs felt about their relationship with non-disabled members of the society. The results are as displayed in the table below:

#### Tab 4.6 Interaction with Non-Disabled Members of Society

<table>
<thead>
<tr>
<th>Rating</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>Good</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>Fair</td>
<td>7</td>
<td>12.5</td>
</tr>
<tr>
<td>Poor</td>
<td>20</td>
<td>35.7</td>
</tr>
<tr>
<td>Very Poor</td>
<td>18</td>
<td>32.1</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>
As shown above, 32.1% rated their interaction with non-disabled members of the society as being very poor. 32.1% of the respondents felt that their interaction with non-disabled members of the society was poor. Some of the respondents felt very strongly that members of the general public did not value PWDs and made no efforts to associate with them. From the discussions, it became apparent that PWDs felt that members of the general public would only interact with them when the latter stood to gain something from the interaction.

12.5% of the respondents felt that their interaction with non-disabled persons was fair, 10.7% felt it was good, while, 8.9% felt it was very good. Quite clearly, the level of stigma toward persons with disabilities is still very high. The exclusion of PWDs from day to day life makes them vulnerable to drug abuse as a result of loneliness and low self-esteem. A considerable number of respondents felt that the society was responsible for ensuring that they make PWDs feel as equal human beings by not shunning them or excluding them from important forums and decision making arenas.

4.3.4 Impact of Alcohol and Drug Abuse on PWDs
Alcohol and drug abuse is known to have numerous adverse effects on members of the general public. For persons with disabilities, the impact of alcohol and drug abuse is further worsened by the limitations caused by disability. The impact of alcohol and drug abuse includes depletion of economic resources, hindrance to children’s education, family violence, deterioration of addict’s health and many others. This section will discuss findings on the impact of alcohol and drug abuse among persons with disabilities in the subsequent subsections.

4.3.4.1 Monthly Income and Sources of Income for PWDs
In order to establish the proportion of income spent on alcohol and drugs, the study first sought to find out the income levels of the respondents.
The results are as shown in the graph below:

![Bar graph showing income levels for PWDs]

It is important to note that only 82.2% of the respondents responded to this item as the rest had no source of income, whatsoever. As shown above, 34.8% of the respondents reported that their monthly income was less than Ksh.5000 per month. In this group were mostly those who engaged in casual labor. A further 39.1% said that they were earning Ksh 5000-10000 per month. In this bracket were mostly small business owners. The results above show that more than 70% of PWDs are earning less than the minimum wage per month. Those earning more than Ksh.10,000 per month are those that are in salaried employment either in government offices, other people’s businesses or civil society organizations.

Further, the questionnaire contained an item that sought to find out the sources of income for the respondents. The study revealed that 44.6% of the respondents were running small businesses as their main source of income. The small businesses included, retail shops, sale of newspapers, leather works, tailoring and small scale farming. 23.2% of the respondents engaged in casual labor as their main source of income; this is the group with a monthly incoming averaging to about Ksh. 3000. The study further revealed that 19.6% of the respondents had no source of income at the time of the study. This mainly comprised of those with severe or multiple disabilities, as well as, a large proportion of those with visual impairments. 12.5% of those interviewed were engaged in salaried employment. Persons with disabilities are lacking skills for employability and most of them end up in own small businesses and casual labor. Those that lack the capital to start small businesses end up having no source of income as the inadequacies caused by disability may make them unsuitable for most casual jobs.
4.3.4.2 Monthly Expenditure on Drugs
An item in the questionnaire sought information on the amount of money spent per month on alcohol and drugs. 32% of those who were abusing drugs said that they spent between 100-500 Shillings per month on alcohol and drugs. A further 35% of those who were abusing drugs said that they spent between 501-1000 Shillings on alcohol and drugs. Further, 12.7% said that they spent between 1001-1500. The remaining 7% reported to spend 1501-2000 Shillings on alcohol and drugs. 3.3% of the respondents were spending more than 2000 Shillings per month on drugs. It is important to note that most of the respondents were working for minimum wage, while a great proportion had no source of income. This shows the rate at which alcohol and drug abuse is worsening the economic situation of persons with disabilities despite the fact that most of them are already in very low economic levels.

4.3.4.3 Dependence on others as a Result of Alcohol and Drug Abuse
An item in the questionnaire sought information on whether alcohol and drug abuse caused persons with disabilities to become more dependent on others especially with regard to mobility. The study revealed that 8.9% of the respondents felt that alcohol and drug abuse made them more dependent on others. When persons with disabilities such as those who use crutches engage in drugs such as alcohol, their mobility is impeded and they, therefore, need to depend on others to help them move from one place to another. Those respondents who had no source of income had to borrow from others in order to purchase drugs. Further, 42.9% said that they did not feel like alcohol and drug abuse made them more dependent on others in any way. The results are displayed in the table below:

<table>
<thead>
<tr>
<th>Dependence on Others Caused by ADA</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>42.9</td>
</tr>
</tbody>
</table>

Considering that only those who were using drugs at the time of the study responded to this question, it is apparent that alcohol and drug abuse among persons with disabilities causes them to be more dependent on others.
4.3.4.4 Impact of Alcohol and Drug Abuse on Ability to Support Children’s Education

An item contained in the questionnaire sought to find out if alcohol and drug abuse negatively affected PWDs ability to support their children’s education. The study revealed that 5.4% of the respondents had encountered problems supporting their children’s education. This amounts to 13% of those who were using drugs at the time of the study. Problems encountered in this area mainly entailed the lack of school fees and inability to afford other learning materials as a result of overspending on alcohol and drugs. Probably, the reason why it seems like a very small number of the respondents felt that alcohol and drug abuse had negative effects on supporting children’s education is because Primary School education is offered for free and, therefore, the respondents most of whom were youth and middle aged did not encounter problems supporting their children’s education.

4.3.4.5 Family Violence as a Result of Alcohol and Drug Abuse

An item was included in the questionnaire which sought to find out if alcohol and drug abuse had led to incidences of family violence. 44.4% of those who were using drugs at the time of the study said that they had had incidences of violence in the family as a result of alcohol and drug abuse. These incidences were either witnessed in the respondents’ place of birth or in their own families/ homes. Some of the respondents who had been brought up by parents who abused drugs reported that they had witnessed violence between their parents when one or both of them had used drugs. Some of the respondents said that they had abused their spouses or children after using drugs. The results are as displayed in the figure below;

Fig 4.17 Incidences of Family Violence Caused by ADA

Alcohol and drug abuse is responsible for most incidences of violence in families and results in vices such as child abuse, and wife/ husband battering, not to mention the breaking of families.
4.3.4.6 Health Problems Caused by Alcohol and Drug Abuse
The questionnaire included an item seeking to find out if the respondents had encountered any health problems as a result of alcohol and drug abuse. 22.2% of those who had used drugs said that they had developed health problems as a result of drug abuse. This accounted for about 10% of the total population. Most of the respondents experienced health problems immediately after taking the drugs and some also acquired serious illnesses. Most of the respondents suffered withdrawal symptoms for not taking the drug for some time.

Among the health complications reported included falling sick after taking the drug, respiratory complications for smokers and sleeplessness for those chewing Miraa. Additionally, one of the participants reported to have acquired Gangrene due to excessive smoking and eventually had his right leg amputated. Generally, drugs are known to cause health problems when used in excess and most of the time people who abuse drugs end up succumbing to illnesses caused by the drugs. The question was whether the respondents had developed any health complications as a result of ADA. The responses are shown in the figure below:

**Fig 4.18 Health Problems Caused by ADA**

![Health Problems Caused by ADA](image)

4.3.4.7 Acquired Disability from Alcohol and Drug Abuse
The study sought to find out if PWDs had acquired disabilities as a result of drug abuse. 7.4% of those interviewed said that they had acquired disability as a result of drug abuse. Drug abuse is responsible for a very large proportion of cases of acquired disability. One of the respondents had lost his eyesight to illicit brew while others had different encounters of how they acquired disability though drug abuse. Some of the respondents had their limbs amputated due to road accidents caused by drunkenness.
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction
This chapter contains a summary of the key findings from the study based on a careful examination and analysis of the same. In this chapter, the researcher draws conclusions from study findings and provides recommendations for what key stake holders should do, given the situation. The chapter also contains recommendations for future studies based on the knowledge gaps identified in the course of this study.

5.1 Summary of Key Findings
The study sought to establish the risk factors and the impact of alcohol and drug abuse among persons with disabilities in Homabay County. The researcher was guided by four research questions which were also in line with the study objectives. The research questions sought to establish the following:

- The extent of alcohol and drug abuse among persons with disabilities
- Most commonly abused drugs by PWDs
- The risk factors for ADA among PWDs
- The impact of ADA on PWDs
- Strategies that could be used to address ADA among PWDs.

It was noted that quite a considerable proportion of PWDs are using and abusing drugs and alcohol. What makes this apparent is the revelation that 41% of PWDs interviewed had used drugs at some point in their lives. Additionally, 27% of the respondents were currently using drugs with 44% of these using drugs on a daily basis. This, therefore, shows that 14.2% of the respondents were using alcohol and other psycho active substances on a daily basis. Also apparent was the fact that persons with disabilities start experimenting with drugs very early in life with 12.5% of the respondents using drugs for the first time at ages 10-15 years. Additionally, 10.7 % of the respondents initiated drug use between the ages 25-29 years. The researcher noted that most of the respondents either started using drugs in their early teens or in their late 20s. This means that there are unique incidences or occurrences during these periods that cause PWDs to engage in drug use and abuse.
The study revealed that the most commonly abused drugs by PWDs in Homabay County are; Alcohol, Bhang, cigarettes and Miraa and Tobacco. None of the respondents was found to have used hard drugs such as cocaine and Heroin. The reason for this could be the low awareness levels on drugs by PWDs. They probably are not aware of the availability of these drugs in their locality. The researcher says this because an earlier survey conducted by NACADA in Mombasa revealed that persons with disabilities in that area were abusing cocaine and heroin. Alcohol was the most abused drug by PWDs in Homabay County with 61% of those who had ever used drugs having used it. The most popular kinds of alcohol among persons with disabilities are the local/ traditional brews such as Chang’aa and Busaa. Those who had used alcohol said that the reason they preferred it is because it was readily available at affordable prices. This was more so for respondents who came from families where beer was brewed for sale. In such homes, children with disabilities are usually left in charge of the brew as their parents go to work and their siblings go to schools. Marijuana (Bhang) and cigarettes were abused at the same rate with 14% of those who had ever used drugs having used it. Tobacco is highly used and abused by PWDs as all three; cigarettes, Bhang and chewed Tobacco contain different varying concentrations of tobacco.

It was established that PWDs were at a higher than normal risk for alcohol and drug abuse. 44.7% of the respondents were found to have contemplated using drugs at one point or another. This means that almost half the number of persons with disabilities in Homabay county have thought about using drugs. The most common reason why PWDs thought of using/used drugs is peer pressure. 18% of those interviewed ventured into drug use/abuse because their friends were already using them and persuaded them to also use. Poverty and frustrations as a result of lack of employments was also mentioned as a major risk factor for alcohol and drug abuse with 14.2% of the respondents engaging in drugs as a result of poverty. Idleness was also mentioned as a major risk factor for alcohol and drug abuse. Persons with disabilities look for ways of staying engaged and in the process find themselves falling into the abuse of drugs and alcohol. Availability of drugs was also identified as a major risk factor for alcohol and drug abuse with 5.5% of the respondents saying that drugs such as alcohol are extremely accessible, thus, the temptation to use them. There were also a number of respondents whose parents used to brew alcohol and as children with disabilities, they found themselves being left at home to ensure the brew was well cooked and sell to patrons. Curiosity was also identified as a major predisposing factor to alcohol and drug abuse among PWDs with 5.3% of the respondents revealing that they
engaged in the use of drugs due to curiosity. The respondents said that they were curious to know how alcohol tasted and how one felt after taking it. This kind of curiosity often occurred when one lived amongst people who used drugs and upon observing them also gets curious to know why their behavior changes after they use the drug. A large proportion of Persons with Disabilities admitted that they were not happy as a result of the various challenges facing them as PWDs. 2.6% of the respondents said that they used drugs because the drugs made them feel happy. The need for socialization was also a major risk factor for alcohol and drug abuse with 1.7% of the respondents reporting that they used drugs since it provided them with an opportunity to come together and socialize with friends, for example in pubs and other dens where drugs are shared. Lack of information on drugs was also identified as a major predisposing factor to alcohol and drug abuse for Persons with Disabilities. The study showed that persons with disabilities had very low awareness levels on drugs and alcohol. 62.5% of the respondents felt that they had not received adequate awareness creation messages on alcohol and drug abuse. 55.1% of the respondents felt that information about drugs and alcohol had not been availed in accessible formats for PWDs. Accessible formats would include Braille and large prints for the visually impaired, sign language interpretation for the deaf and information in simple English and local languages easily understood by people with low education levels. Further, 53.6% did not know where to seek help in case they had drug related problems. This lack of information predisposes persons with disabilities to alcohol and drug abuse and the likelihood of succumbing to it.

Alcohol and drug abuse was found to have major impacts on the lives of Persons with Disabilities. Depletion of financial resources was noted as one of the major impacts of ADA. More than 34% of Persons with Disabilities were spending up to 1000 shillings on drugs every month, it is important to remember that about 35% of these people were earning a monthly salary of less than 10,000 shillings per month. In essence, more than 30% of Persons with Disabilities spend more than 10% of their meagre incomes on alcohol and drugs. This then means that ADA especially by the head of the family depletes the family incomes. Consequently, persons with disabilities end up having poor households and can barely support their children through school. This results in an endless cycle of poverty for PWDs and their families. ADA was also found to increase PWDs dependence on others. This was mostly so for those with physical disability. Upon using drugs, these group of people reported that they highly depended on others to help them move from one place to another. For example, someone who uses crutches to walk would
not be able to move if they are drunk on alcohol. The deaf respondents also reported that alcohol made them lose their balance and they had to rely on their friends to get them home. Additionally, alcohol and drug abuse increased PWDs economic dependence on others. They had to depend on their families and friends to give them money to purchase the drug. The situation is even worse for PWDs who have no source of income. 8.9% of the respondents felt that ADA made them more dependent on others as PWDs. Another negative impact of ADA on the lives of PWDs was the inability to support their children’s education. 13% of respondents who were abusing drugs said that ADA had negatively impacted their ability to see their children through school. This results in cycles of generational poverty and illiteracy in PWDs family lines as semi illiterate parents, raise semi illiterate children who have low income levels. This children, then, end up raising poor families and so on. Family violence was also noted as a major impact of alcohol and drug abuse among Persons with Disabilities. 44.4% of those who were using drugs said that they had witnessed incidences of family violence caused by alcohol and drugs. This then leads to breaking of families and negative psychological effects for children raised in such families. Therefore, alcohol and drug abuse destabilizes the families of persons with disabilities. The other negative impact of ADA on PWDs lives is the negative health impacts that alcohol and drugs had had on the lives of PWDs. 22.2% of those who had used drugs reported that they had experienced negative health impacts as a result of ADA. One case was of a respondent who had developed Gangrene; a life threatening condition that causes parts of the body to rot. Others reported cases of chest complications from too much smoking. Acquisitio of additional disabilities was another identified impact of alcohol and drug abuse among persons with disabilities. 7.4% of the respondents said that they had acquired disability from alcohol and drug abuse. Some of them had had their limbs amputated, while others had lost their eye sight to illicit brew.

The study identified various strategies for dealing with ADA among PWDs. Most of the respondents felt that economic empowerment of PWDs would be effective in curbing ADA among PWDs by reducing idleness and poverty. Most of the respondents also felt that awareness creation efforts by the government and civil society should be strengthened. The respondents also felt that the general public needed to show more acceptance and appreciation towards disabled members of the society so as to ensure that they did not feel left out and result to ADA. This also means that stigma reduction and disability awareness creation efforts should also be strengthened.
5.2 Conclusion
From the findings, the researcher concludes that the rate of alcohol and drug abuse is considerably high among PWDs in Homabay County and suitable measures need to be adopted by the government, civil society and the larger society before the problem gets out of hand. The study also concludes that Alcohol, Marijuana (Bhang), and cigarettes and the most commonly abused drugs by PWDs. This is mostly because the three drugs are readily available in the PWDs localities. In addition, PWDs consider these as soft drugs and most of them are oblivious of the damage these drugs are slowly causing in their lives. From the findings, it can be concluded that awareness levels of PWDs on matters of ADA are quite low and this is because there have been minimal efforts by the government and other stakeholders in reaching out to this group of people with information on alcohol and drugs. For this reason, PWDs in Homabay County have no idea where to seek help when they have drug related problems. The study also concludes that the risk factors for alcohol and drug abuse among PWDs in Homabay County are; peer pressure, poverty/frustrations in life, curiosity, easy accessibility of drugs, lack of information on drugs/ignorance, idleness, the need for socialization and stigma/loneliness/low self esteem. Furthermore, the researcher concludes that the impacts of alcohol and drug abuse on the lives of PWDs in Homabay include; depletion of individual and family economic resources, inability to support children’s education resulting in vicious cycles of poverty in PWDS households, acquisition of additional disabilities making the PWDS more vulnerable, Increase in incidences of family violence leading to breaking of PWDS’ families, increase in PWDS’ dependence on other people for economic and other support as well as, health complications some of which are fatal or terminal.

5.3 Recommendations
From the study, the researcher identified several strategies that the government, civil society and PWDs themselves could adopt in order to mitigate against the risk factors and negative impacts of alcohol and drug abuse among persons with disabilities in Homabay County. The researcher recommends the following:

i. The government should come up with rehabilitation programmes tailored to cater for the special needs of PWDs. This includes having accessible structures and staff that are trained to handle persons with disabilities

ii. Economic empowerment of PWDs is key in reducing the risk of ADA among PWDs
iii. NACADA, Disabled Persons Organisations, and other CSOs should carry out intensive awareness creation forums on ADA among persons with disabilities

iv. Information about drugs should be disseminated in disability friendly formats such as Braille, large print, sign language, Swahili and other local languages to ensure that persons with disabilities are able to access it.

v. Disabled persons organizations, NGOs, CBOs and CSOs need to design and implement ADA programmes targeting Persons with Disabilities.

vi. NACADA should target PWDs as a most at risk population in ADA programming

vii. Stigma reduction campaigns should be carried out in the general public so as to increase the inclusion and acceptance of PWDs by the general public. This will reduce low self esteem and loneliness which are risk factors for ADA

viii. The police need to be more vigilant and Frisk PWDs for drugs to ensure that they do not continue peddling drugs under the camouflage of disability.

5.4 Suggestions for Further Study

Based on the knowledge gaps identified in the course of the study, further studies are recommended in the following areas:

i. Risk factors and impact of alcohol and drug abuse among persons with intellectual disabilities

ii. An assessment of the inter-relationship between disability, drug abuse and inter generational cycles of poverty

iii. An extension of the current study into unreached regions of Kenya such as the North Eastern
References


Gibbons, H. (1868). *Tobacco and its effects: a prize essay showing that the use of tobacco is a physical, mental, moral, and social evil*. New York: Carlton & Lanahan.


Stephanie Acquilano, S. A. (1996). *Alcohol, Tobacco, and Other Drug Prevention Activities for Youth and Adults with Disabilities*. Dayton: substance Abuse Resources and Disability Issues (SARDI), School of Medicine, Wright State University.


APPENDICES
Appendix I

Questionnaire

A study on the Impact of Alcohol and Drugs Abuse amongst Persons with Disabilities in Homabay County

Introduction by enumerator
Hello, my name is Florence Kiburuthu and I am a Masters student at the University of Nairobi. As my final project for the course, I am carrying out a study on the risk factors and impact of alcohol and drug abuse amongst Persons with Disabilities in Homabay County. I would like to get to know you better and the information you share with me may be used to inform future programs and projects targeting Persons with Disabilities. Before I begin my questions I would like to assure you that the information you share is for this study’s use and remains completely confidential. The interview should not take more than 30 minutes. Thank you!

<table>
<thead>
<tr>
<th>Questionnaire Number</th>
<th>Interview Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enumeration sublocation</td>
<td>Interviewee Consent</td>
</tr>
<tr>
<td>Name of enumerator</td>
<td></td>
</tr>
</tbody>
</table>

SECTION A: BIO DATA

A1. Gender:

☐ Male
☐ Female

A2. Age (in complete years)

☐ Below 15
☐ 15-20
☐ 21-25
☐ 26-30
☐ 31-35
☐ 36-40
☐ Above 40
A3. Education background (completed)

☐ No education
☐ Lower Primary (1-4)
☐ Upper Primary (5-8)
☐ Secondary
☐ Tertiary

A4. What is your marital status?

☐ Single
☐ Married polygamy
☐ Married monogamy
☐ Widowed
☐ Divorced/Separated

A5. Type of Disability

☐ Blind
☐ Deaf
☐ Physical

SECTION B: Awareness about alcohol and drugs

B1. Are you aware of any drugs or other substances that can be abused?

☐ Yes
☐ No

B2. (If Yes, above), what has been your main source of knowledge about drugs?

☐ TV/Radio
☐ Friends
☐ Print Media
☐ Enlightenment by friends and family
☐ Church
☐ Other (Specify..........................................................)
B3. Please tell me the drugs that you are aware of

B4. Have you ever used any of the drugs you have mentioned?

☐ Yes
☐ No

B5. (If Yes above) Which drugs have you used?

B6. For each of the drugs mentioned above, kindly tell me how old were you when you first used it, and the last time you used this drug

<table>
<thead>
<tr>
<th>No</th>
<th>Name of Drug</th>
<th>Age at first use</th>
<th>Month and year of last use</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why did you stop using drug 1, 2 or 3?

B9. For each of the drugs that you are currently using, how accessible would you say they are?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extremely</td>
</tr>
<tr>
<td></td>
<td>Easily</td>
</tr>
<tr>
<td></td>
<td>Fairly</td>
</tr>
<tr>
<td></td>
<td>Difficult</td>
</tr>
<tr>
<td>Drug 1</td>
<td></td>
</tr>
<tr>
<td>Drug 2</td>
<td></td>
</tr>
<tr>
<td>Drug 3</td>
<td></td>
</tr>
</tbody>
</table>
SECTION C: Risk Factors

B10. As a PWDS, have you ever contemplated using/abusing drugs?
☐ Yes
☐ No

B11. Please tell me the reasons that led to you contemplating using drugs.

B11. Have you ever peddled/ trafficked drugs?
☐ Yes
☐ No

B12. If you answered yes to B11 above, did you do it on your own terms or had you been asked by someone else to do it for them?
☐ for myself
☐ for someone else

B13. What reasons made you decide to supply/ peddle drugs/ what made you do it?

SECTION D: Impact of ADA

D1. How much do you/ were you spending per week on alcohol and drugs?

D2. What is your monthly income?
☐ Ksh 5000- 10,000
☐ Ksh 11,000- 15000
☐ Ksh 16000- 20,000
☐ More than Ksh 20,000

D3. What is your main source of income?
Square the appropriate option:

- Own Business
- Salaried employment
- Casual labour
- No Source of income

D4. Does alcohol and drug abuse make you more dependent on others as a PWDS? Please elaborate

- Yes
- No

D5. Has alcohol and drug abuse negatively affected your ability to support your children’s education? Please explain

- Yes
- No

D6. Have you had any problems or violence in the family as a result of alcohol and drug abuse? Please explain

- Yes
- No

D7. Have you had any health problems as a result of alcohol and drug abuse? Briefly share

- Yes
- No

D8. Have you acquired any additional disabilities as a result of alcohol and drug abuse? Briefly share

- Yes
- No

D9. How would you rate your interaction with non-disabled members of society living around you?

- Very Good
SECTION E: ACCESSIBILITY OF INFORMATION ON ALCOHOL AND DRUG ABUSE

<table>
<thead>
<tr>
<th>Number</th>
<th>Questions (Tick as appropriate)</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility of information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E1</td>
<td>I have received adequate awareness creation messages on alcohol and drug abuse from the government and civil society</td>
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<td>E2</td>
<td>Information about alcohol and drugs is disseminated in formats that are easily accessible to Persons with Disabilities</td>
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<td>E3</td>
<td>The CSOs (NGOs, CBOS, FBOs, and SHGs) conducting awareness creation on alcohol and drug abuse use simple language thus people like me are able to understand.</td>
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<td>E4</td>
<td>I know where I can get help in case I have a drug related problem</td>
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<td>E5</td>
<td>I am aware of the negative effects that the abuse of drugs can have in my life</td>
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Appendix II

Focus Group Discussion Guide

A study on the Risk factors and Impact of Alcohol and Drugs Abuse amongst Persons with Disabilities in Homabay County

Date of Focus Group: __________________________ Location of Focus Group: __________________________ Participants summary: No. of Male ____________ No. of Female ____________

Introduction by enumerator
Hello, my name is Florence Kiburuthu and I am a Masters student at the University of Nairobi. As my final project for the course, I am carrying out a study on the risk factors and impact of alcohol and drug abuse amongst Persons with Disabilities in Homabay County. I would like to get to know you better and the information you share with me may be used to inform future programs and projects targeting Persons with Disabilities. Before I begin my questions I would like to assure you that the information you share is for this study’s use and remains completely confidential. The interview should not take more than 30 minutes. Thank you!

Let us begin. Let us find out some more about each other. Tell us your first name and what you do for a living.

1. **General knowledge about alcohol and drugs**
   a) What comes to your mind when we talk about alcohol and drug abuse?
   b) What are some of the most commonly abused drugs?
   c) Which drugs are the most commonly abused drugs by PWDs?
   d) In general, how would you perceive PWDS’s knowledge of issues concerning alcohol and drug abuse?

2. **Measures taken to protect PWDs from the negative effects of alcohol and drug abuse?**
   a) What programs, projects or activities are currently being implemented by the government to address your awareness on issues of alcohol and drug abuse? Please explain.
   b) Do you feel that information about alcohol and drugs is disseminated in disability friendly formats? Please elaborate with examples.
   c) What remedies are available to PWDs of this area when they have problems related to alcohol and drugs?

3. **Possible risk factors for alcohol and drug abuse amongst PWDs**
   a) What do you think are the reasons why PWDs get involved in the peddling of drugs?
b) What would you regard as the reasons why PWDs indulge in alcohol and drug abuse?

c) What do you think can be done to mitigate the risk factors that lead PWDs to alcohol and drug abuse?

4. Impact of alcohol and drug abuse

a) What negative effects have you experienced in your life or witnessed in the lives of other PWDs as a result of drug abuse? Please elaborate

b) What do you think needs to be done by the government, and other players in Homabay to ensure that PWDs are protected from the negative impacts of alcohol and drugs?
Appendix III

Key Informant Interview Guide

A study on the Risk factors and Impact of Alcohol and Drugs Abuse amongst Persons with Disabilities in Homabay County

Background

1. I would like to know how you have interacted with persons with disabilities in this area
2. What are the living conditions of persons with disabilities in this area?
3. What is the condition of alcohol and drug abuse in this area?

Persons With Disabilities and Drug Abuse

1. Generally, what can you say about the engagement of PWDs in alcohol and drug abuse?
2. Do persons with disabilities in this area use drugs and what do you perceive as the reasons why this group of people abuse drugs?
3. What can you say about the effects that alcohol and drugs have on the lives of persons with disabilities?
4. Do you feel like the government has done enough in ensuring that Persons with Disabilities stay away from alcohol and drug abuse?

Recommendations

1. What do you think persons with disabilities should do to be able to avoid alcohol and drug abuse?
2. What do you feel the government needs to do in order to protect PWDs from the negative effects of alcohol and drug abuse?
3. In your opinion, what is the role of the society in protecting Persons with Disabilities from drug related problems?