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VARIETIES OF DRUG ABUSE AND EFFECTS AMONG INJECTING DRUG USERS IN NAIROBI COUNTY: A CASE STUDY OF SAPTA/GLOBAL FUND HARM REDUCTION DROP-IN TREATMENT CENTER

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DECLARATION

This project paper is my original work and has not been submitted to any other institution or University.

Signed……..… Date ……..

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

Signed …… Date ……

Professor Edward Mburugu

DEDICATION

This study is dedicated to my son Brian Mutwiri who makes my life worth living and all the addiction Counsellors who work with dedication and commitment to make the lives of addicted persons better.

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However, I am solely responsible for any errors and omissions that may have been made during the study.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
HIV	Human Immuno-Deficiency Virus
IDU	Injecting Drug Use
IDUs	Injecting Drug Users
KIPPRA	Kenya Institute for Public Policy Research and Analysis
MSM	Men having Sex with Men
NAADAC	National association of Alcohol and Drug Addiction Counselors
NACADA	National Campaign Against Drug Abuse
NDLEA	National Drug Law Enforcement Agency
NGO	Non-Governmental Organization
NIDA	National Institute on Drug Abuse
NSEM	Needle and Syringe Exchange Program
ORT	Oral Replacement Therapy
PTSD	Post Traumatic Stress Disorder
SAPTA	Support for Addiction Prevention and Treatment in Africa
SPSS	Statistical Package for Social Sciences
SSHRC	Social Sciences and Humanities Research Council
STIs	Sexually Transmitted Infections
UNODC	United Nations Organization on Drug Control
UN	United Nations
USA	United States of America
WHO	World Health Organization

ABSTRACT

The intensity of drug abuse and specifically injecting drug use (IDU) has been a major concern in recent years. Despite all the efforts being made to control the problem, more and more people get inducted and sucked into the destructive habit. Heroin has the strongest psychological, physiological and physical dependency. The study on IDU was done on the persistence of previous studies conducted in primary schools, secondary schools and tertiary institutions where no studies were individually carried out on IDU. The objectives of the study were; to establish the socio-demographic characteristics of injecting drug users, to identify the predisposing factors leading to drug use among injecting drug users, to determine the types and accessibility to the drugs and establish effects of intravenous drug use among the users. Data were collected using a questionnaire from a randomly selected sample of individuals. In total, one hundred sixty respondents were selected (n=160) from which the study received one hundred fifty responses that were accepted for inclusion in the study representing 93% response rate. Qualitative data was obtained from interviews with six Key informants and three Focus Group Discussions where thirty-six IDUs actively participated in the discussions. From the analysis, the study found out that both genders do inject with heroin, but there are more male than female IDUs. Most of the IDUs are aged between 18 years and 30 years with the majority having been inducted into IDU between the 10-20 age brackets. Most of the IDUs have gone through formal schooling though the frequencies decrease with the increase in educational levels. There is a very close relationship between HIV/AIDS and IDU and dysfunctional families, peer pressure, lack of life skills, sexual abuse, history of drug misuse in the family, easy access, experimentation and abuse of gateway drugs and societal pressures are the predisposing factors. IDUs use other types of drugs together with heroin to potentiate the effect of heroin and manage the effects of withdrawal symptoms. The recommendations from the findings of the study were establishment of specialized rehabilitation centres for IDUs, development of a policy on harm reduction and prevention, establishment of institutions for training addiction counsellors and development of a curriculum on drug and substance abuse for primary and secondary schools to create awareness.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter discusses the background that informed the research study. It clarifies the statement of the problem that the researcher had identified, the purpose of the survey, the research questions that guided the research, the objectives that the researcher had set to achieve, the justification and significance of the research study and the scope of the study and limitations.

1.1 Background of the Study

A drug represents any substance that, when absorbed into the body of a living organism, cures an existing medical problem, alters the normal bodily function or any mood and mind altering substance that when taken changes the functioning of the user's body. All over the world, drugs of abuse are classified into five categories according to their effect on the central nervous system namely domestic drugs, hallucinogens, barbiturates, stimulants and opiates (depressants). They can further be categorized as soft and hard drugs depending on their addictive properties. The methods of administering drugs into the body of the user include dermal, sub-dermal, nasal inhalation, oral, intramuscular and intravenous.

Whereas studies have previously been carried out on drug and substance abuse, they have not assisted in lessening aspects of drug and substance abuse and the situation has been worsening with the numbers tripling every year instead of decreasing. NACADA estimates that there are five million Kenyans abusing alcohol and drugs with 50,000 of them injecting (shooting) drugs intravenously through the veins. Mombasa County is estimated to be hosting 26,000 or over half of all injecting drug users while Nairobi hosts an estimated 18,000 IDUs (NACADA, 2012).

Amayo (1996), focused on youth in post-primary schools while Yambo and Acuda (1982) carried out studies on prevalence within Nairobi and Machakos Districts. Equally, Namwonja (1993) researched on the role of peers in Drug use among the youth in Colleges. Past research has therefore concentrated on schools and institutions hence the purpose of this study will be to precisely carry out a study on injecting (intravenous) drug users since nothing much has been documented. Without any reliable data and relevant research findings, it is impossible for the agencies such as NACADA, Drug Rehabilitation Centres, School Curriculum

developers and Policymakers to come up with effective treatment procedures, intervention and preventive

Programs for those who are already addicted and actively injecting the drugs. Previous programs that were initiated targeting to rehabilitate and reform injecting drug users by the Government failed since the implementers did not have any knowledge on the other types of drugs that the injecting drug users abuse.

According to United Nations Development Program (UNDP, 2007), 5% of the world population (approximately 350 Million people), use at least one form of mood altering substance. The report further identifies these substances as various forms of alcohol, Cocaine, opium, Ketamine, Prescription drugs, Cannabis, Peyote, Tobacco and Khat and further states that 27 million of these are considered as problem drug users. According to Inaba and Cohen (2004), 15 million people worldwide are categorized as injecting drug users. Eight million of this number inject with heroin while the rest inject cocaine, ketamine, crystal-methamphetamine and ibuprenorphine.

Gollo (2007) further contends that three quarters of all countries in the world reported increased cases of heroin abuse with Sub-Saharan Africa recording the highest increase. The author further claims that 25million people are heavily dependent on drugs and that 4.5 million are undergoing treatment. A more scary fact is that one third of the 40 Million people in the world today living with HIV/AIDS, acquired the virus through sharing of injecting syringes with other injecting drug users. According to Doweiko (2002), heroin is the most serious form of illicit drug abused at the global level with 1.5 million chronic injecting users in the United States of America alone (UNODC, 2012). It is further estimated that Intravenous drug use kills 200000 people every year shattering families and bringing misery to millions of other families.

According to UNODC (2012), Kenya ranks first among East African countries in drug and substance abuse and second in opiates (Heroin) abuse, with 3 out of 10 persons of those who experiment with Heroin getting permanently addicted. In addition Kenya has legalized some categories of substances of abuse such as tobacco, alcohol, khat and Kuber which are considered to be gateway drugs to narcotic drugs use. Gollo (2007) indicated that one out of four of HIV/AIDS infected persons in Kenya is an injecting drug user. Government statistics supports this assertion and reveals that 17% of all new HIV infections occur due to injecting

drug use when users share unsterilized needles and other drug use paraphernalia. Furthermore more women have taken up injecting drug use habit. According to Nierburg and Carty (2011), women constitute 5% of the total number of IDUs.

Whereas organizations such as NACADA have been putting a lot of effort on sensitization campaigns and developed preventive programs to increase awareness, more people are getting initiated into injecting drug use in Kenya. It is in light of this that the researcher identified an urgent need to carry out research to find out the varieties of other drugs that injecting drug users use as a substitute to or potentiate the effects once a tolerance to the drug sets in. A clearer understanding of these will contribute immensely in developing demand reduction programs, and the information will be useful to social workers, policy makers and counsellors working in the area of rehabilitation and caregivers.

1.2 Statement of the Problem

The intensity and magnitude of the intravenous (injecting) drug use is a primary concern for the Government, Communities and families yet little research if there is any, has been done specifically to understand or give insights on intravenous (injecting) drug use. Perhaps the assumption is that intravenous substance abuse is just the same as drinking alcohol or smoking cigarettes and therefore the generalized approach to research has left out this particular group. Focusing on intravenous drug abusers is vital for the formulation and development of effective strategies to control and prevent the onset or alleviate and address the already existing problem.

The Government of Kenya identified drug and substance abuse as an issue of national concern and consequently established the National Campaign against Drug Abuse (NACADA) with an act of parliament in the year 2012 and tasked it with the mandate of coordinating activities in the control and prevention of drug and substance abuse. In the year 2011, injecting drug use was identified and recognized to be a significant social, medical and security problem affecting young people especially in the Coast Region, Mount Kenya and Western parts of Kenya. The government embarked on a challenging task of establishing rehabilitation and treatment Centres in public hospitals to address the problem. Equally, the Head of state while visiting Mombasa on 27th day of August 2015, declared IDU as a National Disaster.

According to a survey carried out by NACADA (2012), injecting drug use has serious health, social and economic consequences. This method of substance abuse involves sub-dermal drug use by directly injecting the drug intravenously through the veins. There are serious related risks and consequences such as overdose due to the sudden delivery of large and lethal doses of the drug. This method ensures that the drug crosses the brain barrier within 8 seconds. There is no guarantee of purity since the drugs are criminalized, and the dealers take advantage to adulterate or "cut" using poisonous substances (Ray and Ksir, 2004).

Though the Government has embarked on a Campaign to kick out the habit and has all the good intentions, the impact of these interventions is minimal and with insignificant positive outcomes due to the extremely high rate of relapse. According to Inaba and Cohen (2004), continued abuse of any mood altering substance leads to substance tolerance requiring consumption of increased amounts to attain the initial high or euphoria. They further state that due to the danger of overdose in the case of IDU, abusers mix the injecting drugs or use other varieties of drugs to potentiate the effect and therefore developing cross addictions. Without a proper research being done to find out these types of drugs abused, any rehabilitation of the abuser will fail if the Government does not provide adequate preparations and knowledgeable personnel to deal with cross addictions. This study, therefore, set out to draw and explore a deeper insight into the problem.

1.3 Purpose of the Research Study

The purpose of the study was to come up with factual information that policy makers in the Government, Health Sector, Drug Rehabilitation Centers, NACADA and the University of Nairobi can use to develop primary preventive programs to delay and prevent onset of injecting drug use among the clean populations. The study would also enable the Government to consider establishment of harm reduction activities and centres especially syringe exchange programs like the ones established in developed Countries to prevent transmission of blood borne pathogens such as HIV/AIDS and Hepatitis B and thus ensuring a healthy population. The findings of the study would also be used to start school-based programs that can be used to teach, guide and counsel personnel to sensitize the student population on uptake reduction through training in relevant life skills to enable them permanently avoid initiation into injecting drug use.

1.4 Research Questions

The study attempted to respond to among others the following questions;

i. What are the Social demographic characteristics of injecting drug users?
ii. What are the predisposing factors leading to drug use among injecting drug users
iii. Which other types of drugs are used by injecting drug users?
iv. What are the effects of injecting (shooting) drugs intravenously?

1.5 Objectives of the Study

1.5.1 Overall Objective

The overall aim of this study was to determine the varieties of drugs abuse and effects of the drugs among injecting drug users in Nairobi County.

1.5.2. Specific Objectives

The specific aims of this study were;

i. To establish the socio-demographic characteristics of injecting drug users.
ii. To identify the predisposing factors leading to drug use among injecting drug users
iii. To determine the types of drug used and accessibility
iv. To determine the effects of injecting drugs on the users.

1.6 Significance of the Study/Justification

The study seeks to among other things establish the factors that influence initiation of individuals into injecting drug use. The move will enable policy makers, caregivers and educators to come up with preventive measures that can deter initiation and also discourage early onset of injecting drug use. Once addicted, people are bound to abuse drugs for many years of their productive life, and attempts towards recovery from the same are slow, painful, expensive and prone to very high rate of relapse potential. Also, there are very few treatment and rehabilitation centres in Kenya as well as the scarcity of specialized personnel equipped with requisite skills to handle challenges of injecting drug use. Data gathered will, therefore, add to the pool of existing knowledge on IDU, enhance the general awareness enable the policy makers to develop appropriate programs, educate the communities, enlighten parents and educators on IDU and help treatment and rehabilitation centres to develop appropriate treatment programs.

Secondly, injecting drug use has been identified as a primary mode of contracting HIV/AIDS, and Hepatitis B. This is because injecting drug users shoot up drugs in unhygienic galleries and furthermore share bloody needles, (and even blood) and other related paraphernalia. Once infected, they easily pass it on to other unsuspecting individuals through sexual contact or unsterilized syringes.

The third justification is that psychoactive drugs affect the proper thinking part of the human brain causing a severe impairment in reasoning and judgment capability. They act as a disinhibitor, allowing the drug addict to engage in risky sexual behaviour that they might not engage in without the influence of narcotics. Since HIV/AIDS is a chronic condition, it increases the Government's burden of treatment and care of HIV/AIDS infected persons (Sinkele and Shabaya 2008).

The fourth justification is that Injecting drug users also record a lowered rate of adherence to Anti-retroviral treatment regimen. This research study will, therefore, come up with accurate figures on the sexual behaviour of addicts to help policy makers develop special programs for this category to address new HIV/AIDS infections.

The fifth justification is that Injecting drug use leads to insecurity and social unrest among communities. Once addicted, IDUs compulsively seek and crave the drug of choice which compels them to steal, rob or commit burglary to enable them to support their habit. Women injecting drug users engage in prostitution (vaginal or anal sex) without protection to support their addiction. Sinkele and Shabaya (2008), observed that men equally participate in unprotected sex with other men or the Category referred to as Men having Sex with Men (MSM). The authors further argue that IDUs play a critical role in the spread of HIV into the broader population through the heterosexual or homosexual transmission to sexual partners and mother to child transmission. Besides, injecting drug users are more vulnerable to sexual assault, as the recipient or perpetrator. This research study hopes to increase the understanding of law enforcement agencies and the legal system on matters relating to addicted individuals.

The sixth justification is that injecting drug use causes significant health complications. The process of injecting drugs involves repeated puncturing of the blood veins, an act that causes

scarring of the veins and eventual collapse. The move affects the flow of blood to the heart and brain causing death to the brain cells. Injecting drugs directly to the veins means that massive doses of the drug are delivered to the brain within a very short time. The result is the release of high quantities of dopamine which causes extreme depression or arousal of the nervous system or vice versa. Any accidental overdose leads to instant death. According to Doweiko (2002), drug overdose is the most common cause of death among Injecting drug users. These are preventable deaths that can be addressed through early sensitization of the populace. This research study, therefore, sought to address the stigma associated with drug and substance abuse especially among medical practitioners so that injecting drug users can be able to access treatment in established medical institutions without facing discrimination and stigmatization.

1.7 Scope and Limitations of the Study

The research study specifically focused on SAPTA/ Global Fund Injecting Drug Users drop-in centre situated at Pangani Nairobi County. The centre was chosen because it serves over 70 % of drop-in patients in the county. The selection of this site was driven by the researcher's interest in understanding the injecting drug use in Nairobi County. The research on the varieties of the drugs abused can be easily studied in a drop-in centre context where IDUs are being rehabilitated and helped to cope with life through harm reduction efforts. The site was also selected because it is near the central business district with a high concentration of users and is also close to some up-market housing estates, medium cost housing estates and the sprawling Mathare slums. The research study sought to identify factors leading to drug use among injecting drug users, establish the socio-demographic characteristics of IDUs, determine the effects of injecting drugs among the IDUs and identify the types of drugs used by IDUs.

According to Best and Khan (1993), limitations are conditions beyond the control of the researcher that may place restrictions on the conclusions of the study and their applications to other situations. Since the issue of injecting drug use is sensitive, some ambiguous or incongruent responses were being given, and some respondents did not want to disclose their sources of the drug as it is criminal to sell or be in possession of the. Secondly, the stigma and rejection experienced by injecting drug users with close relatives and friends rejected a

majority made the respondents indifferent and unresponsive but the researcher was able to develop a rapport with them and assure them of confidentiality.

1.8 Definition of Key Terms

Addiction: A chronic relapsing condition characterised by compulsive drug seeking and substance abuse, caused by long-lasting chemical changes in the brain.

AIDS: Is the Acquired Immunodeficiency Syndrome. This is the infection in which the CD4+T cell count is below 200 or less that 14% of the total lymphocyte count or the presence of one of the numbers of opportunistic infections such as recurrent pneumonia, pulmonary, tuberculosis, Kaposi's sarcoma or invasive cervical cancer.

Dependency

According to Diagnostic Statistical Manual Criteria (DSM-IV TR, 2010), dependency is a physiological state of neuro-adaptation produced by repeated administration of the drug, necessitating continued administration to prevent the appearance of the withdrawal syndrome. There is also tolerance, and the user requires larger quantities to get the desired result. The alternative is also to inject frequently to top up and maintain the first effect. Physical dependency is an altered state which requires continued administration of a drug to prevent the appearance of particular illness or withdrawal syndrome. Once addicts develop a dependency, they have a characteristic craving and spend lots of time seeking, using and recovering from the effects of the drug.

Dopamine: Is a neural transmitter or a chemical produced by the brain which rewards us with pleasure when we consume or go through a good experience.

Drug: is any substance that, when absorbed into the body of a living organism, alters normal bodily function or any mood or mind altering substance that when taken changes the functioning of the user's body

HIV: Is the infection with the retrovirus Human Immuno-deficiency Virus type I that results in gradual deterioration of the immune system by killing immune cells known as CD4+T cells.

HIV Transmission- the HIV is transmitted from one person to the other through contact with bodily fluids of an infected person and a healthy person. The primary methods of transmission are sexual intercourse, blood transfusion, breast milk, sharing of injecting needles and from mother to child during the birth process.

Life Skills: abilities to enable individuals to deal with demands and challenges of the daily lives. They include decision-making, problem-solving, creative thinking, effective communication, interpersonal relationships, self- awareness, empathy, coping with emotions and stress.

Prevention: the proactive process which enables individuals to resist destructive behaviours.

Substance Abuse: use of Substance in a manner, amounts or situations such that the drug use causes problems or greatly increases the chances of problems occurring.

Tolerance: Refers to the state in which the psychological or behavioural effects of a fixed dose of a psychoactive substance decreases over time or when a greater dose of a drug is necessary to achieve the same result initially experienced.

Withdrawal Symptoms – When the drug intake is stopped, withdrawal symptoms are experienced. Physical dependence gives rise to withdrawals such as tremors, sweating, nausea, pain in the joints and bones, confusion, stomach cramps, loss of concentration, diarrhoea, loss of appetite and vomiting. Psychological dependence causes withdrawal symptoms such as insomnia, paranoia, hallucinations, restlessness and depression. The intensity of withdrawal symptoms depends on the physical condition of the user and type of drugs used.

CHAPTER TWO: LITERATURE REVIEW AND THEORITICALFRAMEWORK

1.0Introduction

The main observation in this study is that there are other varieties of drugs that are abused by injecting drug users to potentiate the effects once the tolerance to the drug sets in. Earlier research had paid little attention to this and had instead concentrated on prevalence and types of drugs being abused. Scholarly research by Michieka (2006) explored awareness of drugs, attitudes towards drugs, and related behavioural practices. Equally, Yambo (1983), Acuda (1982), Amayo (1988) and Namwonja (1993) concentrated their research studies on the youth in post-primary, colleges and universities. This, therefore, informed the need to carry out the research specifically on injecting drug use since it is the most dangerous, addictive and challenging to treat with comprehensive statistics indicating a 95% relapse rate. With the overall aim of this study being to find out the varieties of drug abuse and effects of the drugs among the injecting drug users, the literature review focused on the history of drug use in the world and changing patterns of drug use in Kenya. Also, the study assesses gateway drugs, substance abuse as a social problem, substance abuse and crime, drug abuse as a global challenge, social and environmental dynamics, factors leading to injecting drug use, effect of drug abuse on the family and Domestic violence. This chapter also contains the conceptual and theoretical Frameworks.

2.1 The History of Drugs in the World.

Human beings have been known to have discovered and used psychoactive substances for many centuries. During the Neolithic period (8500BC-4000BC), the use of psychoactive drugs involved plants and fruits whose mood altering qualities were accidentally discovered and then deliberately cultivated (Inaba and Cohen 2004). Cahlinger (2001) posits that humans are curious creatures and further argues that if something can be done no matter how bizarre, silly or dangerous; somebody somewhere will try to do it. According to Levinthal (1999), the process of discovery was as natural as eating and the motivation as essential as a curiosity. He further states that some plants made people sick, mad, and others even caused death yet man persisted in his quest to try and select the plants had the mood-altering qualities.

From the earliest days, various plants and crude chemicals have been used treat illnesses. The poppy juice was found to treat pain and to have some tranquillizing effects while the coca leaf was found to be stimulating and to boost energy levels. This gave rise to the widespread

use and abuse of opium and cocaine the primary substances derived from the two plants. Whereas cocaine and Opium have been abused for centuries, Barbiturates came along in the early 1900s. It was an instant hit among people of different parts of the world and hailed as the solution to insomnia. The dependency properties had not been studied due to the limited capacity to carry out research at that time, and the result was abuse and massive addiction among the populations. The use and misuse of drugs have been there in societies, but it was not identified as a single largest threat to communities till late 60's. The question that begs for an answer is why to date when there is access to information, sensitization, advocacy and a lot of research done, the rate of abuse is escalating, and more people are engaging in dangerous and habit forming activities such as injecting psychoactive drugs into the body. It is in this background that the research to find out the predisposing factors and effects of IDU were explored.

2.2 Changing Patterns of Drug Use in Kenya

Recent shifts in patterns of drug use and trafficking indicate that a change from smoking to injecting heroin is taking place in Kenya. According to Shabaya and sinkele (2008), recent estimates of HIV infection in Kenya indicate that the number of cases of HIV attributed to injection drug users is increasing with 4.8% of new infections associated IDU. Furthermore, the United States Bureau of International Narcotics and Law Enforcement Affairs declared Kenya to be a significant transit route for cocaine, heroin, and other drugs shipped from South America and Southwest Asia to the US and European markets. Also, they state that there is a growing domestic market for heroin and to a lesser extent cocaine within Kenya, especially in the coastal cities and Nairobi (INL, 2006). The fact that drugs transit through Kenya does not automatically translate to accessibility and for people to use the drugs, they must access the sources. The researcher was, therefore, seeking to find out the availability and accessibility to the drugs. According to rapid assessment survey of Drug and Substance abuse by NACADA (2007), heroin abuse was on the increase. The quick assessment survey, however, did not seek to find out the method of administration whether it was nasal, inhalation, smoking or intravenous and the underlying predisposing factors.

Heroin has been a street drug in Mombasa, the second largest city in Kenya for the last 25 years. During the 1980s, heroin in the form of 'brown sugar' quickly spread from Mombasa to smaller coastal towns such as Malindi and Watamu (Beckerleg, 1995). This type of heroin

was mostly used through inhalation of the vapour, referred to as "chasing the dragon''. A 1997 study of the social and economic effects of drug use in eight African countries identified Mombasa as a major entry point for heroin into Kenya (UNODCCP, 1999). In 1998, white crest, probably from Thailand, started to replace brown sugar. White crest cannot be chased, but is water soluble and therefore suitable for injecting. Hence, by the end of the 1990s users were shifting to injection of heroin in Mombasa and other coastal towns. Fewer data are charting the spread of heroin use in Nairobi. Nevertheless, it is probable that IDU also began in the 1980s, and that injecting levels increased with the switch to 'white crest' in the late 1990s. This does not, however, explain the social demographics and varieties of other drugs abused by IDUs.

2.3 The Gate Way Drugs

In Kenya, alcohol, tobacco, and Kuber use are presenting a significant public health problem with far-reaching ramifications ranging from poor clinical outcomes to diminished production in all sectors of the economy, insecurity and non-attainment of national development goals. Abuse of these substances among children, especially urban adolescents is not only a risky behaviour but users are also likely to experiment and get hooked on the harder drugs such as heroin (Shabaya and sinkele, 2008). The research study, therefore, sought to verify this assumption by finding out factors that influence initiation to IDU. Drug abuse is considered to be a potential source of security threats to a growing city like Nairobi. The researcher would find out the linkage between IDU, crime and safety. Other studies have identified the major consequences of Alcohol and Drug Abuse in Kenya as family breakdown, crime, domestic violence, lack of productivity, and increased the burden of health problems including HIV and AIDS (Ndetei, 2004; NACADA, 2005; NACADA, 2004). These studies did not outline or seek to find out the linkages between other drugs of abuse and injecting drug use but mention heroin as one of the drugs of abuse.

The current trend of substance abuse among youth and especially school age children is troubling. Many fingers have been pointed at the youth themselves while at the same time ignoring the very people who abet the drug habits by the youth. The assumption is that it is only the young people who abuse drugs and especially so the hard drugs. The study, therefore, set to find out the socio-demographic characteristics to understand the type and age group that is more prone to IDU. Drug peddlers and barons are increasingly targeting the

youth, most of them below the age of 18 years (Ngesu et al., 2008). Whereas past studies have concentrated on the prevalence of Alcohol and other drugs of abuse among youth in schools in Kenya, Injecting drug use has substantially been ignored or has not been adequately captured (NACADA, 2004; NACADA and KIPPRA, 2005; NACADA, 2008; Ngesu et al., 2008).

2.4 Drug Abuse as a Social Problem

This views drug and substance abuse as a source of social conflict. The discussion will lean on factual statements on whether heroin addicts become criminals because they are addicts. According to Oakley (1996), the Federal laws in America controlling the sale of drugs were passed because it was believed that they were victims in the transition arousing public interest about toxicity. Without appropriate warnings, some endangered the buyers by selling habit-forming drugs to widespread drug crazed individuals engaging in horrible violent crimes. To monitor the toxicity of drugs, the Federal Government set up drug abuse warning networks that keep records of the drug related medical emergencies. The system does not collect data on the frequency of use or other related health complications but gives a general idea of the total impact.

Control of drug and substance abuse in the society catered for drug addiction in the world. Kenya, for example, has the Anti-Narcotics unit, a special squad in the Police Force that is charged with the responsibility of apprehending drug smugglers. There are on the contrary no systems or programs that have been developed by the Government to address the problems associated with drug use. Scholars found out that those who unknowingly or carelessly took habit forming drugs risked being hooked and enslaved for life thus assuring a steady market for the suppliers and peddlers. The possibility is that drug abuse somehow changes the individual's personality in a lasting way making him into a criminal type (Oakley 1996). Whereas drug abuse might cause criminal behaviour and temporarily make a person engage in criminal behaviour, it is not a predictor of behaviour.

2.5 Drug Abuse and Crime

The Drug-Crime connection has been documented especially as it relates to the crack cocaine use in the USA (Freeman 1992). A study carried out in Detroit showed that when heroin prices rose, crimes rose and when prices fell, the crime rate fell. The findings supported the hypothesis that heroin users try to maintain their level of consumption in the face of price increases and that they relied on crime as a source of money to purchase the drugs. For this study, not much has been done to establish whether the rate of the offence is linked in any way to injecting drug use or whether IDUs commit crimes to support their habit. This research study would, therefore, seek to find out the sources of money that IDUs used to purchase the drugs.

2.6 Drug Abuse as a Global Problem

According to Julian (1997), drug use and abuse is a social problem cutting across every Continent, Nation, and Religion, race or social class. Its existence and consequences can be witnessed in society. Its origin among the populations is not however determined, or the starting point of IDU in Kenya has not been researched on or studied. The underlying concern therefore how an individual begins to shoot drugs through the veins when there are many inherent risks. There must be a need of some sort. Injecting with drugs, in this case, is to satisfy the need and therefore the need for a research study to find out how the IDUs learn about the drugs, get into contact with the drugs, identify and make a decision to use them.

Bagshire (1924) argues that mixing up of priorities and allowing needs of those in society's making. Therefore, it's failure to realise that problem of drugs has proved beyond the means of the individual advanced Countries and the need to seek solutions in regional cooperation and WHO. The quality of facilities and personnel, strictness and efficiency of sustaining the regulations through the weakest links decide the strength of the whole chain in any given age group. For his study, the IDUs top priority is to get the next fix but getting into deviant behaviour then exposes the weakness of control and strictness of drug regulations in Kenya. From the above then, the problem of drug use and abuse can be said to be linked to its existence as a social issue.

2.7 The Problem of Drug Abuse among the Kenyan Youth

There is an urgent need to prioritise sensitization campaigns on drug and substance in our educational system, communities and the larger society. Equally, there is a need for strict law enforcement on trafficking and distribution of Narcotic drugs. This is because peddlers target the youth who are young and gullible at trying new styles and experimenting for new experiences. According to Michieka (2006), out of school young people in Nairobi spend their free time drinking in pubs or hanging out with friends. This accelerates their advance towards a life of ruin. From the above, inferences can be made that there could be a problem among school leavers reflecting on the issue of this study.

2.8 Social and Environmental Dynamics

In the last few decades, there has been a massive migration of people from rural to urban areas. This leads to loss of contact with extended families and therefore loss of crucial social support systems. In the cities, children are brought up by caregivers as their parents eke out a living by working for long hours in the offices. There is, therefore, minimal or no social control and therefore nobody to enforce family values. This disintegration of social fabric has brought about its challenges. For this study, the researcher sought to find out the social and environmental dynamics.

2.9 Effects of Injecting Drug Use

Every action has its consequence and injecting drug use is related to some adverse health effects, including but not limited to increased blood-borne viral infection transmission, increased mortality and morbidity resulting from increased overdose, high levels of drug dependency that makes it hard to quit using. There is no available literature on death and morbidity to prove the assertion. This research was, therefore, seeking to find out the effects of IDU and facts on mortality and morbidity.

HIV Infection

According to Shabaya and Sinkele (2008), there is high HIV prevalence and high rate of infections infection among IDUs. They further state that women IDUs are more exposed to the danger and the stigma, as well as subsequent social isolation compared to male IDUs. A study on selected population such as the Pangani Drop-in Centre will yield accurate statistics to back up the claim.

Health Issues

According to Peters et al. (2003), women who abuse substances have physiological consequences, health problems, and medical needs related to gynaecology. They state that drugs affect women's menstrual cycles, causing increased cramping and heavier or lighter periods. Stevens and Estrada (1999) also indicate that women who use heroin experience amenorrhea (absence of menstrual periods) leading them to believe that they are unable to conceive and misreading early signs of pregnancy as withdrawal symptoms. Subsequently, they are unaware that they are pregnant. Other medical conditions can also cause the symptoms identified by the authors. The researcher interacted with women IDUs to find out the inherent health issues that they experience.

Table 2.1: Health Risks Associated with Drug Abuse

Mother	Baby
• Poor Nutrition • High Blood Pressure • Rapid Heart Beat • Low Weight Gain • Low Self Esteem • Preterm Labour • Sexually Transmitted Disease • Early Delivery • HIV/AIDS • Depression • Physical Abuse	• Prematurity • Low Birth Weight • Infections • Small Head Size • Sudden Infant Death Syndrome • Birth Defects • Stunted Growth • Poor Motor Skills • HIV/AIDS • Learning Disabilities • Neurological Problems

Source: The National Institute on Drug Abuse (NIDA) 2010

Effects on the Family

Drug abuse wreaks serious damage to individual lives and thus the very fabric of society. It also inflicts a massive social and economic cost on nations. No country in the world can afford to bear the social cost of this 'menace' (UNDCP, ROSA, 1998). Specific health, social and economic consequences vary, depending upon the segment of the affected population. For instance, disadvantaged populations like those living in urban

slums and migrants from rural areas are likely to face more severe consequences. The research will seek to find out the impact of IDU on the family.

Domestic Violence

A report of UNDCP (1994) on women and drug abuse focused attention on the dangerous indirect consequences of substance abuse, including domestic violence, on women and men. A study from South America found that 97 percent of domestic violence involved an intoxicated male (Hsu, 1992). Eighty-seven percent of addicts being treated in a de- addiction centre run by police in Delhi reported having been violent with family members (Shankardass, 1998). The association between domestic violence and IDU in Kenya is not known or documented.

Prostitution

According to Agarwal (2000), women may engage in prostitution to support their own or partner's drug habit. This exposes them to the risk of contracting sexually transmitted diseases, including HIV. Women in developing countries may be further disadvantaged by lack of access to information and education about drug and sex related diseases. The inability to negotiate safe sex is also an important affiliated risk. It is not only IDUs who carry out prostitution as an economic activity. There is no existing research study done among the Kenyan IDU population to make an informed inference to the Kenyan situation. This study would, therefore, seek to find out the affordability and sources of money used to purchase drugs.

2.10 Factors Leading to Injecting Drug Use

Most of the injecting drug users in Kenya may not have begun as IDUs but evolve eventually as they develop tolerance and dependence on the drug. This makes them opt for injection because the effect of the drug is achieved very quickly typically with five to ten seconds after injection. This is also because the level of bioavailability is high when the drug is used intravenously. Studies have shown that most of the IDUS live in abject poverty and are jobless and therefore since they cannot afford enough drug to kerb their craving, they resort to injection since small amounts are required for them to feel the effects of the substance. According to Beckerleg, S. et al. (2005), poverty acts as a great contributing factor in the spread of HIV among the IDUs. Other people start using drugs

due to peer pressure especially when the habit is prevalent among peers. However, poverty cannot be determinant to IDU, and there is, therefore, a need for a research study to verify this claim.

2.11 Type of Injecting Drugs Used and their Availability

Odek-Ogunde et al. (2005) found 44.9 % of heroin users in Nairobi had been or were injectors. The 'white crest' is widely available in Nairobi, and injection techniques are similar to those observed at the Coast (Odek-Ogunde, personal communication). Kenyan heroin users and development workers report that heroin is even more widely used and easily available in Nairobi than it is in the coastal town. Even though heroin is highly available, it does not necessarily mean that it is the only drug that the IDUs in Nairobi are using. Availability of injecting drugs in Kenya was not surveyed. There is a possibility of polydrug use too, and therefore this study was aimed at finding out the other drugs being used, their cost and availability.

2.12 Theoretical Framework

In this proposal, the researcher will consider theories that desist from stigmatizing the addict, as this is one of the biggest problems of addiction. It is a stigma that keeps the addict locked up, away from society and in this state sinks deeper and deeper into substance abuse and eventually ends up locked up in prison, an asylum, goes insane, gets in trouble with the law and loses his/her life. The theory that will elicit cooperation from those suffering in the county is the one that posits "positive psychology" which was devised from humanistic approaches. It views people as having the inherent nature to solve their problems capably.

Three fundamental aspects of positive psychology are; self-actualization as proposed by Carl Rogers, Social learning as suggested by Albert Bandura the hierarchy of needs as proposed by Abraham Maslow, and finally, the fully-functioning person which was advocated by both Rogers and Maslow. These theories, as they pertain to substance abuse, will explain.

2.12.1 Theory of Self-Actualization

As a psychologist, Carl Rogers was fascinated by the fact that human beings as living organisms are always striving to make their lives better. This tendency was not restricted to the daily needs but in endeavouring to maintain, as well as, enhance the personality status of the individual emotionally. The on-going process of growth and development is referred by Rogers as the self-actualization process (Rogers, 1959). Carl Rogers, further hypothesised that self-actualization was the underlying goal of humans. The other aspect of the self-actualization theory is the fact that living organisms tend to possess a certain degree of self-worth or self-esteem that enables them to achieve their goals. This is because as babies grow up, they are treated by their parents in a way that makes them feel important hence they grow up with the same feeling. However, others are not so fortunate, and the positive regards are not directed their way hence they have to seek for ways of establishing their self-worth and esteem by carrying out exceptional tasks (Rogers, 1980).

The move poses some interesting conjectures concerning substance abuse. Using drugs or alcohol may act as an artificial mechanism for self-actualization; rather, people can artificially enhance their lives easily and without the rigorous effort required for authentic self-improvement. Injecting substance abusers in effect satisfy the need to self-actualize without all the work or existential functions which are necessary to achieve maintenance and improvement of one's life genuinely. Why, though, do individuals turn to substances rather than other means? One theory is that people subconsciously (or consciously) believe they are incapable of true self-actualization because of insecurities, anxiety, depression, social pressures, or what they were made to feel about themselves as they were growing up (Rogers, 1995). Drugs and alcohol thus become a remedy for this basic need because of perceived deficiencies by the user. This could be one motivation for drugging.

According to Rogers, an individual who attains self-actualization becomes a fully functioning person. This person is conceived as an ideal human being who shares excellent qualities which represent the pinnacle of human achievement. Some of these qualities include an individual who is confident in their value, whose innate goodness leads to the right choices, who lives a life rich filled with emotion, spontaneity self-discovery, reflection, creativity, flexibility, self-reliance, adaptability, trustworthiness,

ethical principles, a sense of open-mindedness, among other virtues. Some facets of existentialism as mentioned before, are tied in as such a fully functioning person bears a close resemblance to Fredrich Nietzsche's Ubermensch "overman" or "superman". The individuals live a life imbued with idealised qualities, therefore. And while some drugs may imitate this feeling, the feeling is short-lived, and disastrous consequences almost always accompany these superficial illusions. The individuals must be helped to seek self-actualization in authentic ways which are possible once the lower needs are met. Though the theory clearly relates the use of drugs to the actualization of one's need, the same does not explain how those needs will be fulfilled in authentic ways.

2.12.2 Social Learning Theory

Observational learning is central to Albert Bandura's social learning theory which posits that behaviour is learned mainly through observation and the mental processing of information. Bandura identified four factors necessary for the learning to occur. First one must pay attention to the model's actions; second you must remember all the measures; third, you must have the ability to reproduce the actions and fourth you must be motivated to perform the action. In this case, observational learning can promote undesirable as well as desirable behaviour. The behaviour is repeated when there are rewards either observed or experienced. When a mood altering substance is introduced into the body, the user experiences a rush or a high which is the reward and the motivation to seek and continue using.

The process of learning involves all the mechanisms participating in any form of learning. Differential association and drug using friends will determine one's pattern of behaviour. Drug users first observe the ritual like mixing the drug, heating, syringe preparation and identification of the vein to inject. But as much as theory explains behaviour, it doesn't explain why some people do not learn and reproduce the behaviour.

2.12.3 Maslow's Hierarchy of Needs

Abraham Maslow described self-actualization as "The intrinsic growth of what is already in the organism, or more accurately, of what the organism is." He developed the hierarchy of needs and based his theory on the assumption that self-actualization is a fundamental motivation for humans (1954). Unlike Rogers, however, Maslow believed

that self-actualization is only possible after other needs are met. Maslow illustrates this in a pyramid, and each level reflects an advancement of requirements. The bottom represents the most basic human needs, such as food, shelter, and sleep. As the hierarchy progresses upward, more sophisticated needs become attainable. These requirements range from security and intimacy to self-esteem and creative expression. It is important to note that the "higher" needs can only be sought after once "lower" needs have been met; the bottommost needs are therefore prioritised because they are essential to biological sustenance compared to the "higher" needs. For this theoretical construct, it is possible never to reach self-actualization if the other "lower" needs are not accommodated (Maslow 1968).

Where drugs and another substance abuse is concerned, however, it is posited that they can serve as a mechanism for jumping or skipping one or many levels without having met the needs on each tier. For example, heroin induces a feeling of intense euphoria as well as eliminates all pain when injected. This in effect satisfies the safety tier, the belonging tier, the self-esteem tier, and possibly even the self-actualization tier. People who have never felt a sense of belonging in their homes or other environments find a new 'home' among heroin users and get that sense of belonging. Once again, though, the meta-claim here is that drugs become a catalyst to superficial actualization.

2.12.4 Merton's Strain and Anomie Theory

The strain or opportunity theory emerged from Emile Durkheim and the structural-functionalist paradigm who warned about the rise of a condition called "anomie: "the absence of social ties that bind people to society, a state where norms about right and wrong have little salience in people's lives. For him, advanced capitalism's ideology of individualism and preference for organic solidarity (specialized, fragmented social relations highlighting individual difference) weakened social ties among people, destabilized society and could lead to chaos. Robert Merton (1958) was the first to directly relate Durkheim's ideas about anomie to the study of crime and deviance, including drug and alcohol abuse. Merton's work targeted delinquents of the era– usually poor and working class boys of myriad ethnic minority backgrounds– who experienced blocked opportunity in obtaining the common dream, which was rapidly taking shape in the United States.

He discussed another phenomenon– unequal opportunity– which could also produce anomie and, consequently, deviance for many. At issue was people's access to opportunities for a full, productive life. Merton argued that such opportunities (economic and educational) were not equally available to all. Instead, access to them was largely a function of one's status that is occupation, neighbourhood, age, sex, race, education, and religion. Anomie or "strain" emerged when there existed a discrepancy between socially approved goals and access to their legitimate attainment. Groups and people with lower status sets were likely to have less access and, consequently, more strain.

Merton posted numerous responses to strain or anomie, which he agreed with Durkheim was a major consequence of advanced capitalism. Some people would continue to conform to social conventions even if they experienced strain. He called these people "conformists." Others who accepted socially approved goals (.e.g., material comfort), but who rejected conventional means for obtaining them, opting for more "innovative" and illegitimate avenues. Corporate embezzlers and drug dealers are good examples of "innovators." Ritualists were those who embraced socially approved goals and legitimate means even while not believing in them. Retreatists and rebels, on the hand, rejected both goals and lawful means. Rebels actively tried to change things in society, while retreatists simply faded into the background and disconnected from social institutions and ideals. Merton maintained that drug addicts, alcoholics were examples of retreatists. The strain theory supposes that responsibility for crime and deviance was shared between social institutions and the individual.

Conclusion of Theories

A review of the theories of drug abuse suggests several things;

First, substance abuse must be viewed as a social phenomenon and in a behavioural context. This study, therefore, seeks to find out the functional aspect of drug abuse. Intervention and prevention efforts should address this functionality and provide alternative behaviour for drug addiction rather than trying to suppress any underlying need or reason for drug abuse.

Secondly, there is strong support for addressing the social-environmental factors in prevention efforts including modelling, availability of drugs and other social factors in the development of drug abuse.

Lastly, the theories consider stress through alienation where the family and societal values are separated from an individual and in the process there is a loss of direction. Lack of parental guidance, imparting of social life skills and parental alienation creates a gap.

2.13 Conceptual Framework

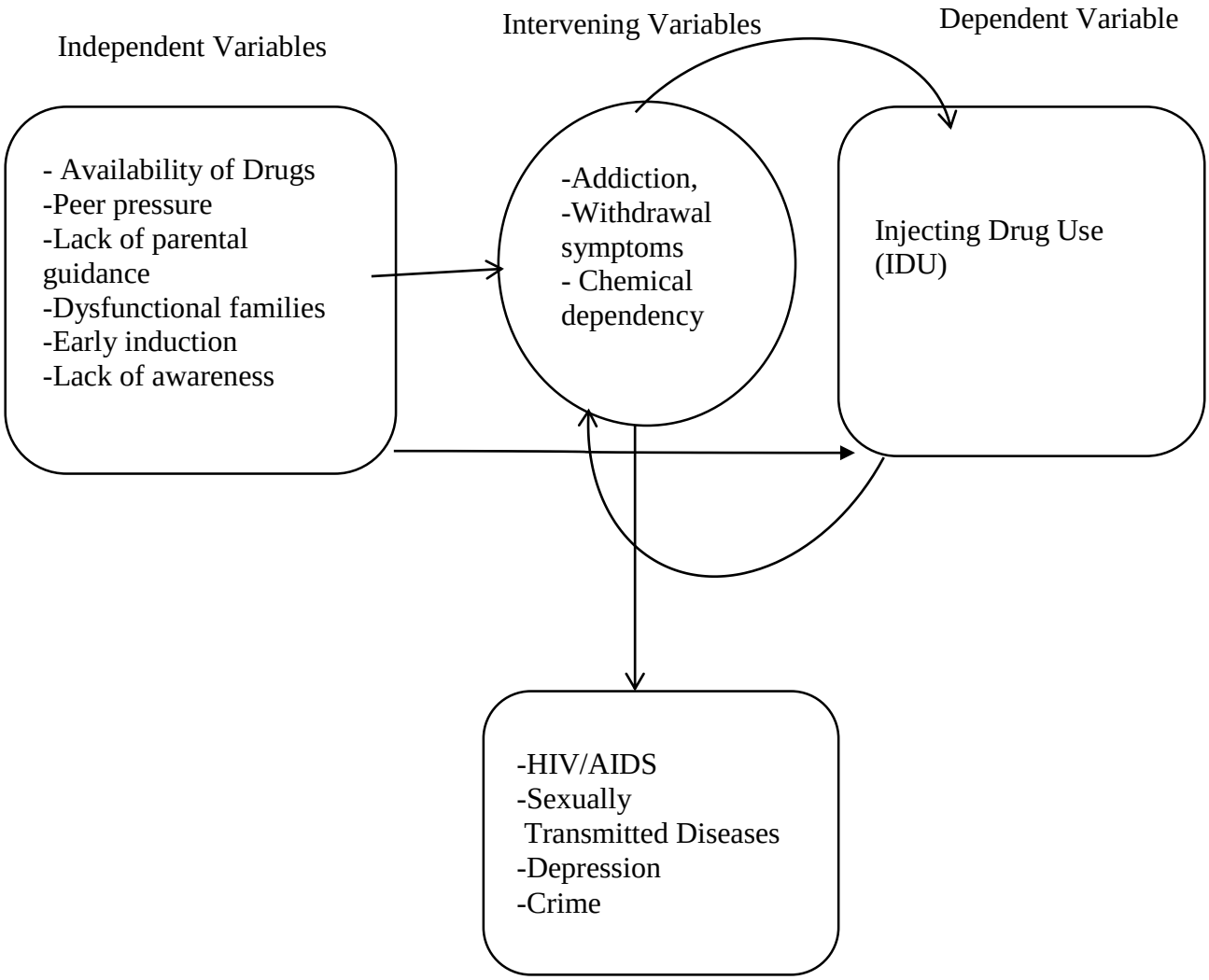
As shown in the figure below, the researcher conceptualises Injecting Drug Use as a cycle that rotates between use, addiction and substance withdrawal syndrome. The Independent Variables are; the availability of drugs, lack of parental guidance, peer pressure, dysfunctional families, Early induction and lack of awareness on drug and substance abuse.

The Dependent Variable is injecting drug use that is dependent on the Variables stated above.

The intervening variables are an addiction to the drugs and chemical dependency and withdrawal symptoms experienced upon withdrawal of the substance from the system.

Crime, Depression, HIV/AIDS and Sexually transmitted diseases are the outcomes of IDU.

Figure 2.1: Linkages between Independent, Intervening and Dependent Variable



CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes in detail the systematic research methods that were used in obtaining the results. The study design is clarified, and methods of data collection clearly stated. According to Kerlinger (1964), a Research design is the plan, structure and strategy of investigation concerned so as to obtain answers to research questions in collecting, analyzing and interpreting observed facts. Kothari (2004) defines research ‘’as a way of systematically resolving the research problem while Nachmias and Nachmias (1992) explain that a research design enables the researcher to come up with solutions to the problems being examined. The Chapter also describes the characteristics of the population, outlines the sample size, describes the sampling procedure, discusses the data collection tool and explains how data was collected, analysed and reported as well as the Ethical considerations. Ethical considerations based on Social Sciences and Humanities Research Council (SSHRC) were strictly adhered to in the process of gathering data for the study.

The following actions were taken by the researcher to ensure that the study complied with the accepted ethical guidelines

- Detailed instructions in the instruments assuring the participant's confidentiality and anonymity
- Letters written by the researcher to participants to request their participation and emphasizing their discretion in responding to the interview
- All contact details of the researcher given on the letter accompanying the instruments

3.1 Site Description

The research study was conducted in Nairobi County at the SAPTA IDU drop in Outpatient Centre in Pangani. Nairobi County is also the Capital City of Kenya covering an area of 696 Square kilometers. According to the 2009 National Censures, Nairobi has a total population of 3,750,000 people and a population density of 5400 people per square kilometer. It has a distinct diversity regarding religion, race, tribe and class SAPTA is an Acronym for Support for Addictions Prevention and Treatment in Africa. The Organization was registered as an NGO in 2004 under that SAPTA Trust. The primary objectives of the Organization are provision of Educational Programs, advocacy for greater success to treatment, promotion of

professionalism in addiction field through strengthening and capacity building for Treatment Centres. SAPTA is recognized by the National Association of Alcohol and Drug Addiction Counselors (NAADAC-USA) as an Addiction Counseling Training Centre, and it is the only NAADAC approved Centre in Africa.

SAPTA IDU Drop-in Centre is situated in Pangani within Juja Road Estate about 300 metres off the busy Juja Road. The centre was established in July 2012 to provide Injecting Drug users with harm reduction services such as psychological counselling, nutritional support, diagnosis and referral for STI, prevention and diagnosis of TB and Needle Syringe Exchange Program (NSEP). Pangani is in Starehe Constituency that has the highest number of IDUS with an estimated 25 000 injecting Heroin Users (NACADA 2007). The centre serves about 200 IDUs daily drawn from Mathare Valley, Majengo, Eastleigh, Dandora, City Centre, Kariokor, Ngara and Mathare North. Here, IDUs are issued with sterile injecting Kits and encouraged to carry along used syringes for safe disposal and exchange with fresh ones to avoid the use of discarded needles collected from rubbish dumps. The injecting Kit is packaged with injecting needles and syringes, sterile water, sterile gauze, Lubricating Gel, a mixing aluminium bowl and a pack of condoms. The area was chosen conveniently for the study because it would save time and constraints during data collection stage and ably enabled the exploratory study of the social demographic characteristics of IDUs, other types of drugs used and availability.

3.2 Research Design

The research study used descriptive research design which is suitable for describing and portraying the characteristics of an event, situation, group of people, community, or a population. The detailed design enabled the researcher to systematically collect data through interviews and administration of questionnaires to a sample of individuals.

The researcher also used the case study method or in-depth investigation of selected individuals. According to Mugenda and Mugenda (1999), a case study is an in-depth examination of a person, group, institution, or phenomenon that gives insight into the typical or extreme circumstances whose unique features are not reflected in the normal situations. Its primary purpose is to determine the relationships among the factors that have resulted in the behaviour under study.

The descriptive design was used to find out the social demographics, predisposing factors and varieties of substances of abuse among IDUs While the case was used to establish the predisposing factors.

3.3 Units of Analysis and Units of Observation

In this study, the unit of analysis entailed investigation into the varieties of drug abuse and effects among injecting drug users (IDUs). On the other hand, the units of observation were the drug users from whom quantitative data was collected using a structured questionnaire and key informant along with focus group discussions from whom qualitative data was collected.

3.4 Target Population

According to Kothari (2004), a target population is a well-defined set of people, services, elements, event, and group of things or households that are being investigated. Mugenda (2003) explains that the target population should have observable characteristics, to which the researcher intends to generalise the results of the study. The definition ensures that the population of interest has shared characteristics.

The research study specifically targeted 622 males and 276 female IDUs, who are actively injecting drugs of abuse intravenously and who are registered and had visited the SAPTA Outpatient Drop-in Centre at least three times in a week in the preceding six months as well as the Counsellors, Community Health Workers and Outreach Workers. The researcher only obtained information and collected data from IDUs who have attained 18 years of age and above.

3.5 Sample Size and Sampling Procedure

A sample is a small portion of a target population while the sampling procedure is the process of selecting the sample.

3.5.1 Sample Size

According to Orodho (2001), a sample size is the total number of individuals who are chosen from a known and identifiable population. The entire population from which a sample is selected must possess similar characteristics and stand an equal chance of being selected or tested for the purpose of the study. There were 622 male and 276 female IDUs registered at the SAPTA IDU Drop-in Centre. A total of 160 IDUs were selected through stratified random sampling for this research study.

3.5.2 Sampling Procedure

The Sampling procedure is the process of selecting an individual from the total population that will represent the whole population. According to Orodho (2001), there are two designs namely the probability and none- probability designs. In probability sampling, all elements or units have an equal chance of being included in the study while in non-probability sampling, items in the sampling frame have different chances of being included (Dane, 1990).

Since there was an existing register of IDUs being attended to at SAPTA, probability sampling method was used in this research study. The research study used the stratified random sampling using the record to give an equal chance to both genders. In this regard, the researcher prepared two separate lists with one list containing the names of 622 male IDUS and the second file containing the list of names of 276 female IDUs. To attain a proportionate number of units for each gender, the total number of units under study were multiplied by the desired sample then divided by the total number of units in the universe or total population using the following formula

K=N/n Where;
K= Sampling Interval, N=Total number of units and n=desired sample size calculated
Therefore;
K= 898/160
K=5.6
K=6

The criteria that were used to determine participant eligibility included injecting drug use (Intravenous) except for the Nursing Officer, Community health worker, Counsellors and Outreach Workers at the drop-in the centre who work with the IDUs. Adequacy of the sample size was determined by the principle of theoretical saturation. The researcher administered 160 questionnaires or approximately to 15% of the target population, conducted three (3) Focus Group Discussions, Interviewed 6 Key Informants and identified three unique cases for in-depth interrogation. Following the widely accepted guidelines about 10 to 12 participants, 3 injecting drug use focus group discussions were conducted. The researcher conducted separate focus group discussions with unique groups such as mothers with small children.

3.6 Methods of Data Collection

According to Koul (1984), methods of data collection are the ways to obtain relevant quantitative and or qualitative data or information for a particular study from the appropriate sources. Kothari (2004) defines methods as the behaviours and instruments used in performing research operations. The methods employed in this research study were determined and dictated by time, accessibility and cost limitations. The researcher used both quantitative and qualitative methods of data collection.

3.6.1 Collection of Quantitative Data

The researcher obtained information using open and closed questionnaires.

Questionnaires

A questionnaire is an assessment device containing a set of closed and open-ended questions or both that is used for the purpose of gathering data from individuals. According to Gay (1976), questionnaires give respondents freedom to express their views and opinions and to make suggestions. It is anonymous and therefore helps to produce more candid answers. The researcher used questionnaires to collect information on predisposing factors leading to drug use, socio- demographic characteristics of IDUs and types of drugs used. The questionnaires had a series of closed questions, with boxes to tick or scales to rank, and also a section of open questions for more detailed responses. Since there were no standard answers to all the

issues and because opinions were sought in addition to numbers, data analysis was more complex.

3.6.2 Collection of Qualitative Data

Qualitative data was collected by use of Key Informants, Focus Group Discussions and Selected Case Studies.

Key Informants

According to Saunders (2000), a Key Informant is an individual who is considered to be particularly knowledgeable about the topic of interest. He further states that using a key informant enables the researcher to capture the respondent both the verbal and non-verbal actions, attitudes, intentions and motivations in a flexible manner. The Key informants in this research study were two Counsellors, one Community health Worker, two Outreach Workers and one Nursing Officer. The researcher used an interview guide schedule to guide the questions as outlined in Appendix III and Appendix IV. Through the Key Informants, the researcher intended to understand the perceptions and policy in caring for the IDUs.

Focus Group Discussions

Focus Group Discussions are group interviews that capitalise communication among research participants to generate data. According to Barker (2010), a Focus Group is an interview conducted by a trained moderator in an unstructured and natural manner with a small group of respondents. Focus groups discussions were used in conducting interviews with the participants at the drop in centre. Focus group discussions are useful in eliciting data on the socio-cultural norms of a society and in generating broad overviews of issues of concern to the groups or subgroups represented and in this case IDUs. The discussion was led by the researcher and her assistant who introduced the topic and asked specific questions using an interview schedule and at the same time controlling digression, apathy and domination. The Focus group discussions were not recorded on a web camera as had been envisaged earlier since the IDUs declined to consent to the request but they fully cooperated in the other discussions.

The primary purpose was to gain insights by listening to a group of people talking about specific issues of interest. This method enabled the researcher to collect data from several people simultaneously in a group interaction using an interview guide. The researcher was also able to clarify information from the group by linking experiences of each member.
The Focus Group members were arranged in a circular formation to allow for maximum eye contact, observing of the non-verbal communication such as fidgeting and scanning the group for any discomfort. Observation method was used in focus group discussions where the researcher found the dynamics in the IDUs groups. Through careful observation, the researcher was able to gain a deeper understanding of the behaviour, motivation and attitudes of IDUs towards drug use. The sitting arrangement also allowed group members to obtain direct eye contact with each other. The first group consisted of only male IDUs, the second group Female IDUs and the third group consisted of persons with disabilities.

Case Studies

According to Hage and Meeker (1988), a case study is a detailed examination in which a large number of processes, events and states are documented. This method allowed the respondent to express deep feelings and attitudes without fear of retribution from fellow IDUs and in-depth examination of an individual without the fear of stigmatisation.

Instruments Validity and Reliability

Establishing validity and reliability in research which has a component of qualitative research can be less precise (Denzin & Lincoln, 2005). General agreement seems to have been reached that quality concepts developed for quantitative research such as generalizability, validity, reliability and replicability cannot be applied to a design that has a qualitative bearing. In such a case, it is more appropriate to look at credibility/ trustworthiness in place of internal validity, fittingness in place of external validity and auditability in place of reliability. Validity and reliability, therefore, addresses issues to do with trustworthiness, fittingness and auditability.

Triangulation was used to ensure the validity and reliability of the data. Triangulation methods use multiple forms of data collection, such as focus groups, observation and in-depth

interviews to investigate the evaluation objectives. Utilising multiple data collection methods leads to an acceptance of reliability and validity when the data from the various sources are comparable and consistent. (Barbour, 2001). Other reliability procedures used in the qualitative design was used as suggested by (Gibbs, 2007), checking transcripts for mistakes, checking the persistent meaning of the codes, coordinating communication among coders and cross-checking codes. The researcher allowed the use of Kiswahili and Sheng' during Focus Group Discussions to ensure active participation by every member.

3.7 Ethical considerations

Ethical principles of respecting the autonomy of respondents, being responsible for them, and ensuring no harm come to the respondents as a result of the research encounter was observed all the time. Furthermore, the dignity, rights and welfare of the people involved in the research were respected. The respondents were assured of confidentiality regarding personal information that they provided. The researcher treated the information submitted with utmost care and took precautions to conceal the identities of the respondents. The informants were assured that the information would be used for research purposes only. Respect for respondent's autonomy was observed, and no one was forced to give information beyond what was considered healthy levels of sharing. The principals of non-maleficence (preventing any psychological harm) and beneficence (ensuring mental wellness) during the exchange of sensitive information in the focus group discussions was strictly observed. The respondents were further informed that the findings of the research study would be shared with the University of Nairobi, Policy makers, Curriculum developers and Drug Rehabilitation Centers.

3.8 Data Analysis

Data analysis is the process of making meaning from the raw data obtained from the field. It is the scientific presentation of data that show the patterns and the interpretation to make deductions and inferences. Both quantitative and qualitative data analysis approaches were used.

3.8.1 Analysis of Quantitative Data

Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) because it incorporates all the most popular analytical procedures for use in social sciences, business research, health sciences and physical sciences to produce descriptive statistics namely frequencies, percentages, tables, graphs and pie charts. This method of data analysis summarizes and condenses raw data forms that supply useful information efficiently by reducing large masses of evidence into masses that can clearly be appreciated.

A coding technique was used to break down the data for further analysis using the three methods of analysis identified. Coding is categorizing the data collected during a study to assign meanings to them. Coding made it easier to search the data, make comparisons and identify patterns that required further investigation. This technique was also used to extract quantitative data from qualitative data through the quasi-statistics which looked at the number of times and or frequency something in a category came up. Codes were based on themes, topics, ideas, patterns, concepts, terms, phrases or keywords found in the data gathered during the study.

3.8.2 Analysis of Qualitative Data

The general inductive approach to qualitative data analysis was used to analyse qualitative data. The inductive method is a systematic procedure for using qualitative data where the analysis is guided by specific objectives. The primary purpose of the inductive approach is to allow research findings to emerge from the common, dominant or significant themes inherent in raw data, without the restraints imposed by structured methodologies (Thomas, 2003).

The purpose of using an inductive approach was to condense extensive and varied raw text into a brief summary format, to establish clear links between the research objectives and the review of findings derived from the raw data. The researcher's aim was to develop a model or theory of the underlying structure of experiences or processes which were evident in the raw data. The underlying assumption was that data analysis is determined by both the research objectives (deductive) and multiple readings and interpretations of the raw data (inductive). Thus the findings were derived from both the research objectives outlined by the researcher(s) and conclusions arising directly from the analysis of the raw data (Thomas,

2003). Content analysis was used to analyse the data through describing phenomena, classifying it and finding how the concepts interconnected as indicated by responses or data. Coding of qualitative data was based on themes, topics, ideas, patterns, concepts, terms, phrases or keywords found in the data gathered during the study.

Thematic Analysis

The analysis was derived from analysis of data according to the emerging themes. Since this type of analysis is highly inductive, it consisted of the topics that emerged from the data rather than the researcher. Here, data collection and analysis took place simultaneously. Case studies were analysed using thematic approach but included in the final research study verbatim as narrated by the respondents.

Content Analysis

The analysis was done at the end to deal with the codes related to content. Using this method the researcher was able to systematically work through each transcript assigning codes such as numbers or words, to specific characteristics within the text. For example the word "kujibwanga" which is a sheng' or code used by IDUs means to inject with drugs or the word "Rosto" which means withdrawal symptoms. The researcher read through each transcript and focused group discussions and let the categories emerge from the data.

Discourse Analysis

This analysis was fundamental especially in the mixed focused group discussions and observations. This type of analysis also referred to as conversational analysis looked at patterns of speech, such as how members talked, what metaphors they used, how they took turns in conversation especially in the mixed sex group. Much of this analysis was intuitive and reflective, but it also involved some form of countings, such as counting instances of turn-taking and their influence on the conversation and the way in which people spoke to others

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

This chapter presents the study findings. The objective of the survey was to determine the varieties and effects of the drugs among injecting/intravenous drug users in Nairobi County. This chapter, therefore, presents that analysis of data, presentation and suggestions.

The results are pegged on the following research Questions;

1. What are the social-demographic characteristics of the injecting drug users?
2. What are the predisposing factors to leading to injecting drug use among IDUs?
4. What other types of drugs do the IDUs use and the how accessible are they to the users?
3. What are the effects of injecting with the drugs intravenously?

4.1 Response Rate

Quantitative data was obtained through administration of structured questionnaires to the respondents. The study employed the stratified random sampling procedure which targeted 160 respondents from the 898 registered injecting drug users attending the SAPTA/Global Fund drop in centre at Pangani in Nairobi County. One hundred and fifty (150) questionnaires were duly filled with a return rate of 93.8% while 10 of the respondents declined to respond to over 50% of the questions or returned them entirely unanswered. As a result, 150 questionnaires were deemed useful, and the responses were coded and subjected to SPSS whose results are contained here below.

Qualitative information was obtained from Key Informants who included the nursing officer, one community health worker, two resident Counsellors and two Outreach Workers. Three Focus group discussions consisting of twelve members each conducted for the purposes this research study. The researcher identified three unique case studies during the FGDs for in-depth investigations into the study.

4.2 Socio-demographic Characteristics of Respondents

Socio-demographic information of the interviewees included age, gender, religious background, marital status, parental responsibility, order of birth and level of educational.

4.2.1 Age of Respondents

The study obtained data on the age bracket of the respondents. Only persons who were 18 years and above or what is considered mature age or age of consent were envisaged for the survey. According to Inaba and Cohen (2004), age is a determinant in experimentation with drugs, and they observe that people become curious about the effects of a drug or are influenced by relatives, friends, advertising or other media and take some when it becomes available to satisfy that curiosity.

Table 4.1: Distribution by age

Age	**Frequency**	**Percentage**
18-25 years	86	57.3
26-30 years	47	31.4
37-40 years	15	10.0
41-50 years	2	1.3
Total	**150**	**100.0**

As indicated in Table 4.1 above, the age of respondents ranged from 18 to 50 years with a mean age of 29 years. From the tabulation, it is evident that majority of the IDUs are in the 18-25 years age bracket with a 57.3% representation of the total number of respondents. The trend decreases as the age increases with the least respondents being of the age bracket of 41-50yrs old recording 1.3% representation. The results indicate that young people are more vulnerable to engage in IDU.

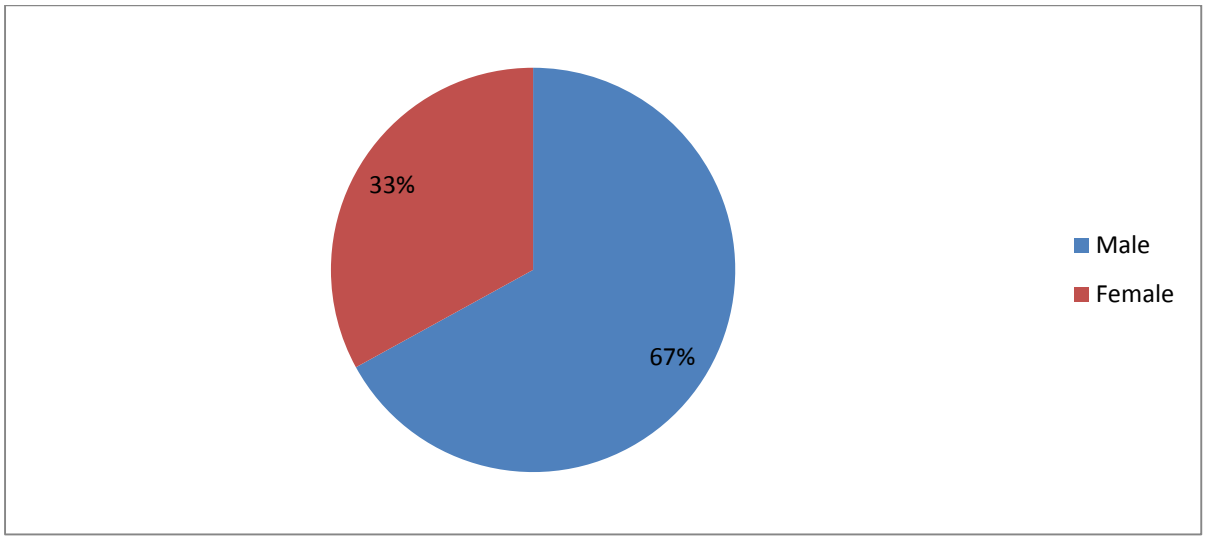
Key informants in this study observed that they have attended to clients as young as 12 years of age and the largest group of customers are aged between 15 years and 25 years. The study was informed that IDU is a leading cause of death among the users since they easily overdose from the drug as they are not able to tell the potency of the drug when they are purchasing. According to the respondents, the majority of the IDUs do not live beyond thirty years. The oldest client whom they have ever attended to was aged 60 years. This particular client, however, had taken up the habit at a later stage in life due to other pressing social issues. It is evident young people are more likely to engage in IDU. One of the respondents stated as follows;

"I was only fifteen years old when I had my first encounter with heroin. My boyfriend introduced me to alcohol, Khat and Marijuana. He, however, used to hide some Marijuana that he would refuse to share with me. One day I demanded that I needed to test the ones he used to smoke, but he vehemently refused and informed me that it was not something good. I continued insisting, and he gave in to my demands. After inhaling two pups, I felt a rush, relaxation and peacefulness that I had never felt before. I had the most peaceful and relaxed night. I later came to know that the joint was laced with heroin. Before long, I developed severe cravings together with tolerance and had to start injecting with heroin to get a high''.

4.2.2 Gender

Gender is the Biological inclination of being born male or female. The society has assigned roles to each gender, and there are certain norms and expectations of each gender. According to Inaba and Cohen (2004), most communities do not allow or approve certain practices for a particular gender. Secondly, any programs being developed to address the problem must take into consideration the unique requirements of each gender. The researcher, therefore, sought to find out whether IDU has an impact on both males and females.

Figure 4.1: Distribution by Gender (n=150)



As indicated in the pie chart above, sixty-seven (67%) of the respondents were males while females constituted the remaining 33%. This clearly shows that more men are involved in IDU as compared to females. It is also an indication that IDU is a problem that affects persons of either gender.

Key Informants in this research study revealed both men and women are addicted to heroin, but there are way much more men than women afflicted by the scourge. They also showed that men easily come out of their shell and are not ashamed of their condition while women will not take a long time before they seek help because of the stigma attached to the habit.

4.2.3 Marital Status

The family is a basic social unit and people get psycho-social support and a sense of belonging from the family unit. Every human being craves love, care and companionship. The study attempted to establish the marital status of the respondents to know the level at which they can function when they are actively injecting with drugs.

Table 4.2: Distribution by marital status

Marital Status	**Frequency**	**Percentage**
Single	86	57.3
Married/ Cohabiting	17	11.3
Remarried	2	1.3
Widow/Widower	5	3.5
Separated	17	11.3
Divorced	21	14.0
No response	2	1.3
Total	**150**	**100.0**

As indicated in Table 4.2, a significant number of the respondents reported having strained marriages with 14% stating they had divorced, 11.3% were separated, 57.3% were still single, and 11.3% were married or cohabiting. However, 1.3% were not willing to give their marital status or just ignored the question perhaps an indication that they are either homeless or they were too ashamed to deal with the stigma.

During the focus group discussions, the majority of the participants indicated that they were not able to function properly as homemakers since they are always preoccupied with acquiring the drug to address their cravings and withdrawal symptoms. They are unable to get an adequate amount of money to cater for a family and drugs which are their most critical need. Some revealed that they had abandoned their wives and children and left to spend time

in the streets with other drug users. The men indicated that they are no longer able to fulfil their conjugal rights because of the substance abuse and it pained them when their partner complained or started having affairs with other men. Equally, the women revealed that their partners left them when they could no longer withstand their habits as they were sometimes compelled by the urge to steal household items to nursing their habits. One of the participants had this to say;

> *"I was married to a white man who cared for me. He organised for my trip to Europe, and we lived together for one and half years. He would provide me with all that I needed, but I concealed the truth about my drug use. One day I went to a mall, and I came across a drug dealer. People in this habit can sniff and tell a supplier from the body language. After a one year break, I went to back to active use with devastating consequences. I overdosed in the house, and my partner took me to the hospital only to be told about my addiction by the Medics. The relationship crumbled, and he requested the authorities to cancel my residence permit. I was subsequently deported back to Kenya''.*

4.2.4 Religion

Religion was an important variable for this study because it forms one of the most valuable essential foundations of life in that the values that are inculcated from an early age constitute the basis of the future engagements in the society. The study sought to establish the religious background of the respondents to know whether there is a relationship between IDU and religion.

Figure 4.2: Distribution by Religion (n=150)

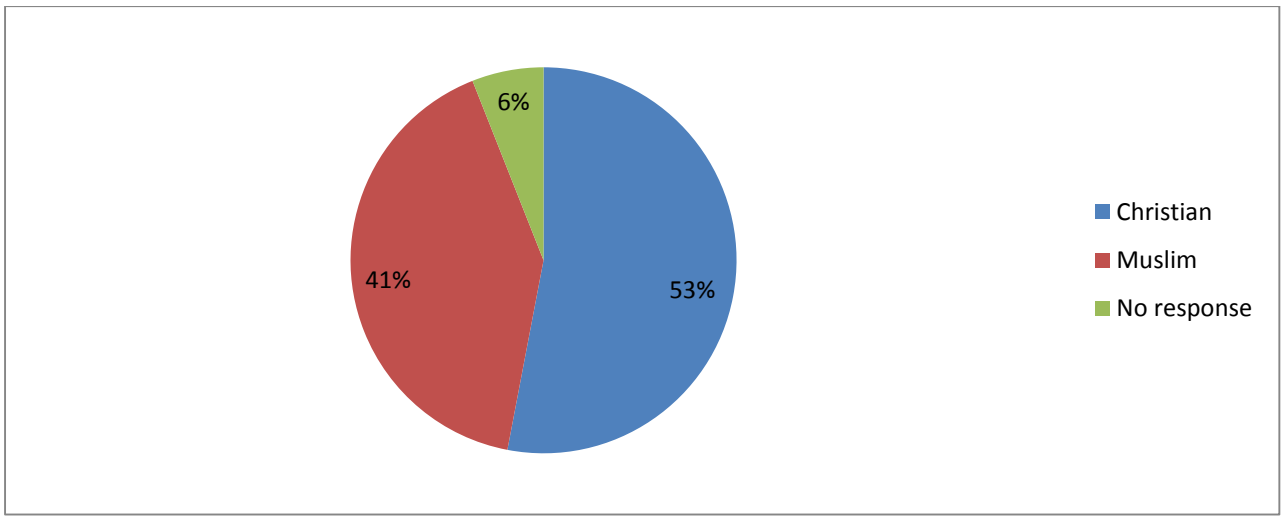


Figure 4.2 indicates that 94% of the respondents are from a religious background. Fifty-three percent (53) of the respondents were Christians while 41% were Muslims. Six percent of the interviewees did not indicate their religious orientation. There were no Hindus, Sikhs or Jews. The Key informants revealed that injecting drug use is a very dangerous practice that is habit forming and one that is tough to kick out of one's life. The problem is not endemic to any social class or religion, but in their observations, there are more Christians than Muslims. They confirmed that they have not attended to any Client from Hindu or Sikh religious backgrounds, a fact they attributed to the closeness of these communities and close-knit family members. These findings can be further explained by the fact that Christianity and Islam dominate the Country. The study established that all the women IDU had acquired Hijabs or the Muslim gown worn by women. One of the participants in the FGD had the following to say;

> *"We all have Muslim Hijabs that we wear when we are visiting Muslim dominated areas to beg for alms. We are offered food and monetary assistance from Mosques, and when we visit Muslim dominated estates, we meet people who are willing and ready to assist the needy''.*

4.2.5 Order of Birth

The study sought to know the birth order that the respondents had been born in the family. According to Wallace (1991), the position of birth in the family shapes the behaviour and character of an individual. Firstborn children tend to be reliable, perfectionists, cautious, achievers, controlling, structured and diligent. Middle children are people pleasers, rebellious, thrive on friendships, have large social circles and peacemakers while last born children are uncomplicated, manipulative, outgoing attention seekers and self-centred.

Table 4.3: Distribution by order of birth

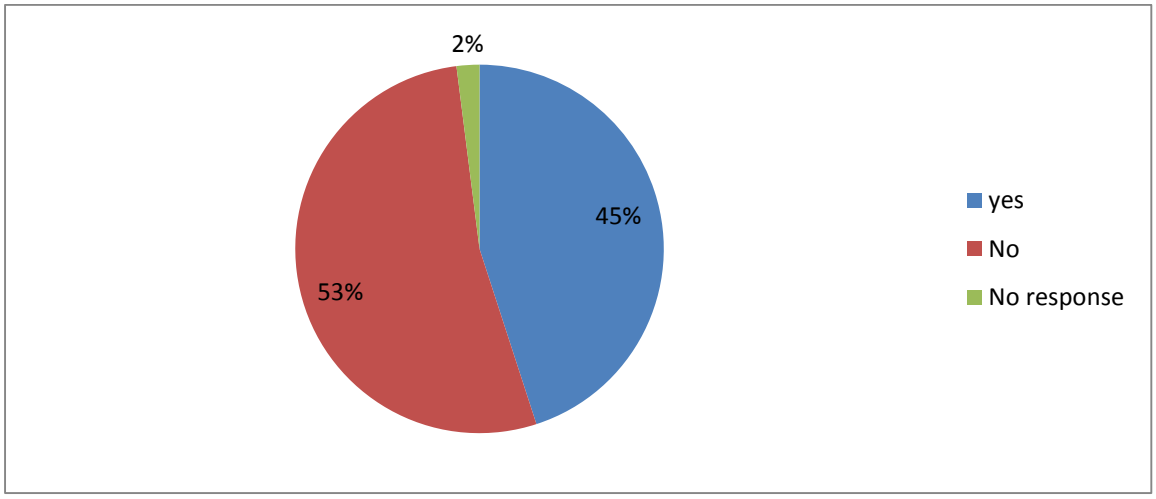
Order of birth	**Frequency**	**Percentage**
First born	48	32.0
Middle child	57	38.0
Last born	43	28.7
No response	2	1.3
	150	**100.0**

The study found out that order of birth did not have any significant influence on determining whether an individual will engage in IDU. Forty-eight (48) of the respondents representing 32% of the total number of the interviewees indicated that they were first born, 57 showed that they were second born and 43 stated that they were last born in the family.

4.2.6 Parental Obligation.

The responsibility of a parent is a continuous occupation and role that requires commitment and dedication. The study sought to know whether the respondents had any parental duty and the coping mechanism for the parents.

Figure 4.3: Distribution of on whether respondents have children (n=150)



The results on figure 4.3 indicate that 53% of the respondents had no children while 45% of the respondents had at least one child while 2% of the interviewees decided not to reveal whether they had any children. Therefore, the respondents avoided the question, perhaps an indication that they had abandoned their children or given them out for adoption.

During the women only focus group discussion, most the women had young children strapped on their backs, and others had children who were of school-going age. Some of the women stated that they had given out their children for adoption or had accepted monetary compensation from some brokers to surrender them. Most of the men also indicated that they had children but had either abdicated their parental responsibilities or were not in touch with the mother of the child for fear of being rejected. The research noted that Children born of mothers who are IDUs are born when already addicted to heroin. This makes the experience

severe painful withdrawals just like the mother. Once withdrawals set in, the mother is forced to inject and then breastfeed the baby. These children also suffer in that the mother has to go out and work to get livelihood and money to purchase the drugs as indicated by one of the participants;

> *"I do commercial sex work. I usually tuck my children to sleep and venture out into the streets to look for clients. Sometimes I leave them in the care of my colleagues who are not venturing out at night. The only problem is that sometimes I get late with a client and they wake up earlier. I feel ashamed that I am not a very responsible mother but what can I do in the circumstances?''.*

4.2.7 Level of Education

Education is a right of every member of the society as stipulated in the new Kenya Constitution 2010 and Education Act of Kenya. The study sought to establish the respondents' level of education to know whether there is a relationship between the level of education and IDU.

Table 4.4: Distribution of Respondents by the Level of Education

Level of Education	**Frequency**	**Percentage**
Primary School Level	50	33.3
Secondary School Level	50	33.3
Diploma Level	18	12.0
Bachelor's Degree Level	23	15.3
Master Degree Level	6	4.0
PHD	3	2.1
Total	**150**	**100.0**

This item became potentially sensitive in the reporting as there was a tendency of participants to state lower levels of education than was the case. Perhaps this is due to the stigma attached to injecting drug use by society. However, most of the respondents as indicated in Table 4.4 were either secondary or primary school drop-outs each recording an equal share of 33.3% of the interviewees. The percentage decreases as the level of education increases, with PhD holders recording a score of 2.1% which is the lowest.

The Key informants revealed that they have attended and registered clients who have attained every level of education and profession, including medical Doctors and Engineers, an indication that IDU is not only a problem for the uneducated. They observed that majority of their clients are primary school and secondary school dropouts. They, however, indicated that the Professionals had picked the habit at a later age. During the FGDs, it emerged that some of the participants were very educated, knowledgeable and well-travelled. Some were university dropouts who could not continue their education due to the drug use habit. One had this to say;

> *"I went to study in America at the age of eighteen years. My parents would at first send me money to pay my fees. In my last year of college, the worst happened. My parents separated and went their different ways. My father remarried and no longer cared about my siblings who were still in school. I had to start looking for menial jobs to support my family. I managed to complete my first degree and got a job as a practising medical assistant. I was still very bitter with my father for having abandoned our family. The last straw was when my mother was diagnosed with stage four cancer. I had to stop working and travel back to Kenya to take care of her. When she died, my spirit sank, and I could not cope anymore. I started using pethidine which was easily available in the hospital to contain my anxiety. When the hospital discovered, I was sacked but by this time I had become addicted to painkillers. I later started smoking heroin which was readily available in the streets. After two years, the authorities caught up with me, and I was deported back to Kenya. I have injected myself with heroin for the last 12 years''.*

4.2.8 Level of Income

IDU is an expensive habit that requires a lot of resources to maintain. The study attempted to find out the financial status of the IDUs.

Table 4.5: Distribution by the Level of Income

Income(Kshs)	**Frequency**	**Percentage**
7,500 and below	77	51.3
7,501-10,000	12	8.0
10,001-20,000	9	6.0
20,001-30,000	8	5.3
30,001-40,000	11	7.4
40,001-50,000	12	8.0
Above 50,000	21	14.0
Total	**150**	**100.0**

From tabulations on table 4.5, 51.3% of the respondents earn Ksh.7500 while 14% of the respondents earn over 50,000. The study found out that majority of the respondents are not formally employed but make their livelihoods through other means. From the FGDs, the study established that IDUs engage in criminal activities such as mugging, pick pocketing and breaking into parked cars among many other vices.

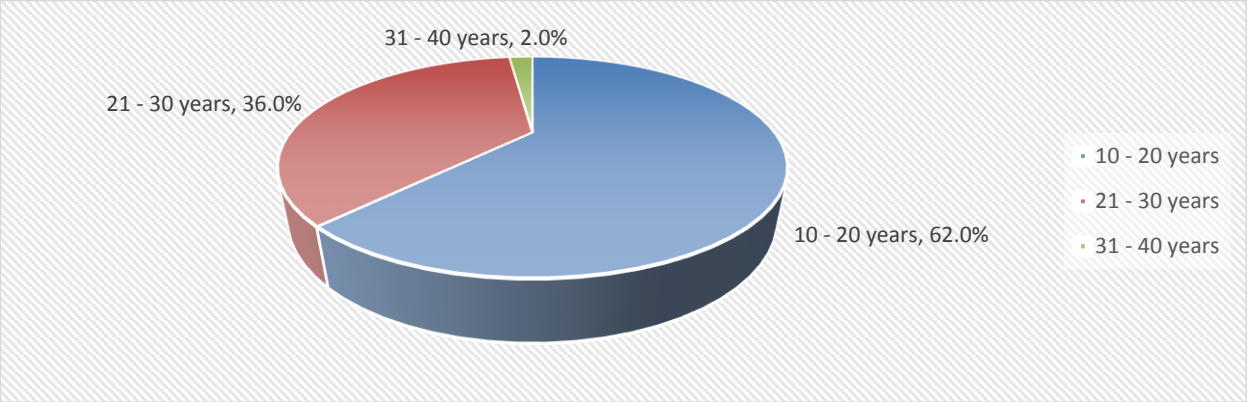
4.3 Predisposing Factors to Injecting Drug Use

The researcher sought to find out the predisposing or push factors that had caused the users to engage in IDU. The study explored social factors such as family interactions, personal relationships and age of onset, economic factors such as level of income and source of income, environmental and psychological factors.

4.3.1 Age of Onset into IDU

This research study considered the age of onset to IDU as an important factor. Any meaningful intervention and prevention measures can only be effective when the program developers know the most vulnerable age. The study therefore sought to find out when the respondents attempted the first IDU injection.

Figure 4.4: Age of when the first drug injection was administered (n=150)



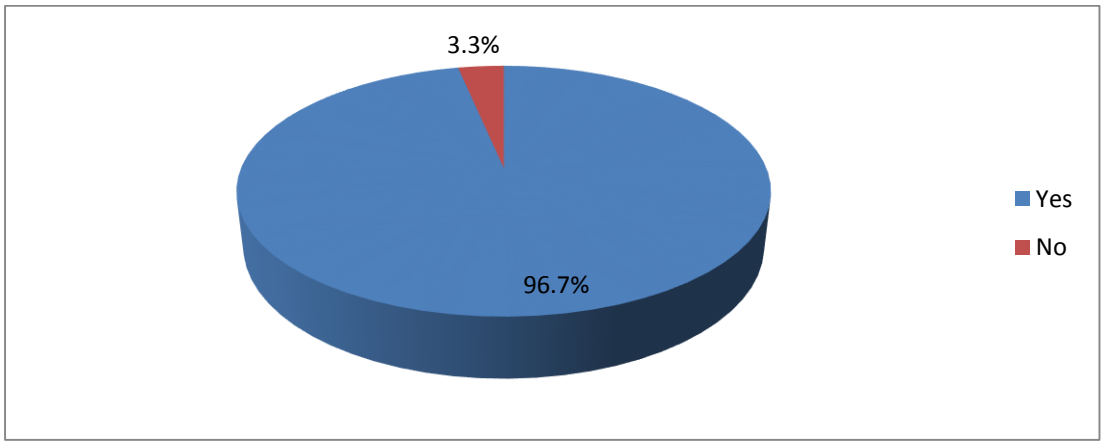
The study found out that age is a predisposing factor that can lead to IDU. Sixty-two percent (62%) of the respondents got their first drug injection in their early or late teen years, 10-20 years while 36% graduated to IDU at the age of 21-30 years age bracket and only 2% of the respondents getting their first drug injection at 31-40 age bracket. The research found out that there is a very high likelihood of being inducted to IDU in the teen years and early adulthood. The key informants informed the research that most people are inducted into IDU during the

teen years since they are testing the limits of the freedom and are discovering and testing new things as they develop their identity. They also revealed that majority of the IDUs die before the age of thirty from overdose and other drug related accidents and complications and that the age of onset of the majority of the users is in their teen years.

4.3.2 Identity of the Person who administered the First Drug Injection

The research study sought to know whether the respondents could recall the individuals who introduced and inducted them to IDU by administering the first Injection to them. This would enable the study to know the person who has the greatest influence on an individual. The researcher in this regard sought to find out whether the respondents could recall the person who administered the injection to them.

Figure 4.5: Response Identity of the person who administered the first Injection (n=150)

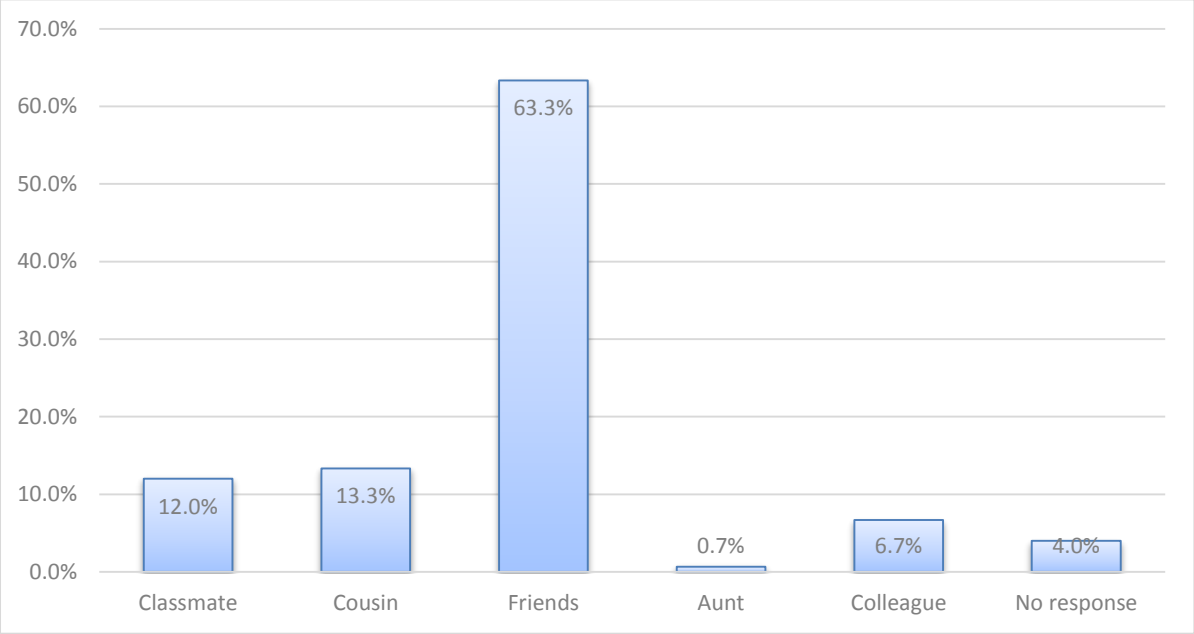


The research study found out that 96.7% of the respondents could recall the person who administered the first drug injection to them. Only 3.3% of the interviewees could not remember the person who administered the first drug injection. From the FGDs, the research study found out that IDU is not a habit that develops overnight but it is a lengthy process that requires trust with the individual who is inducting. Secondly, there is a process through which one graduates to the level of IDU whereby the body develops tolerance to the substance making the user chose the intravenous use as the only other option.

4.3.3 Relationship with the Person who Administered the First Injection.

Humans are social beings and learn through interactions by observing and reproducing the behaviour. Social relations also make people develop trust and confidence with each other. The study attempted to establish the connection between the IDU and the person who had won their trust.

Figure 4.6: Relationship with the person who administered the injection (n=150)



As shown in the bar graph above, 63.3% of the respondents were administered first drug substance injection by their friends who were drug addicts, their cousins administered 13%, 12% by their classmate while an aunt introduced 0.7% of the respondents.

During FGDs, the majority of the participants indicated that they were introduced to IDU by their peers. Others had lived with close relatives who were themselves drug addicts and they started sampling and experimenting without having an idea of the implications. One of the participants stated as follows;

> *"I used to share a room with my cousin. He used to smoke cigarettes and some stuff. At first, he would ask me to act as a sentry to look out for his parents or other siblings since he did not want to be discovered injecting in the house. At first, I thought that he was smoking and injecting with pharmaceutical drugs, but once he was done, I would experience an absolute high and a head spin that I could not explain. I had noted that he used to have squabbles and arguments with his parents for the loss of items from the house, but it never occurred to me that he used to pick them during the day when I was out in school. I had slowly but unknowingly been*

addicted to heroin and noted that whenever my cousin failed to come home and puff his stuff, I was lethargic and would not sleep the whole night. When I shared my tribulations with him, he was more than happy to give me a shot through the vein. This was the beginning of my journey into IDU''.

4.3.4 Number of close friends who inject drugs

The study sought to find the level of acceptance in social settings and patterns of socialisation among the IDUs.

Table 4.6: Number of close friends who inject with drugs

No. of friends who inject	Frequency	Percentage
One	7	4.7
Two	2	1.3
Three	12	8.0
Four	2	1.3
Over five	126	84.0
None	1	0.7
Total	**150**	**100.0**

The research study established that relating and associating with friends who are IDUs can lead to IDU. The results in the table above indicate that 99.3% of the respondents related to close friends or associates who were also injected with drugs. Only 0.7% of the interviewees reported that they had friends who were not IDUs.

During the FGDs, participants revealed that they could only relate well with other IDUS because these are the only ones who do not judge them. Also, they do understand what they go through, and in the case of scarcity of resources to purchase the drugs, they can bail them out and even share contents of the phial and save them the painful withdrawals.

4.3.5 The Setting /Venue of the First Drug Injection

The study attempted to find out the venue where the first episode of IDU occurred. The site of injection or the place of the first encounter is imperative for this research study. According to Inaba and Cohen (2004), the rush and good feeling is so intense that the particular memory

remains anchored in the long term memory. IDUs will always go back to those sites to inject due to the psychological imprint.

Table 4.7: Venue of the first drug injection

Venue	Frequency	Percentage
In a friend's house	63	42.0
Backstreets	8	5.3
Communal injecting sites	6	4.0
Family house	10	6.7
Work place	7	4.7
Bash/Party	30	20.0
Toilet	13	8.7
Dormitory	11	7.3
No response	2	1.3
Total	**150**	**100.0**

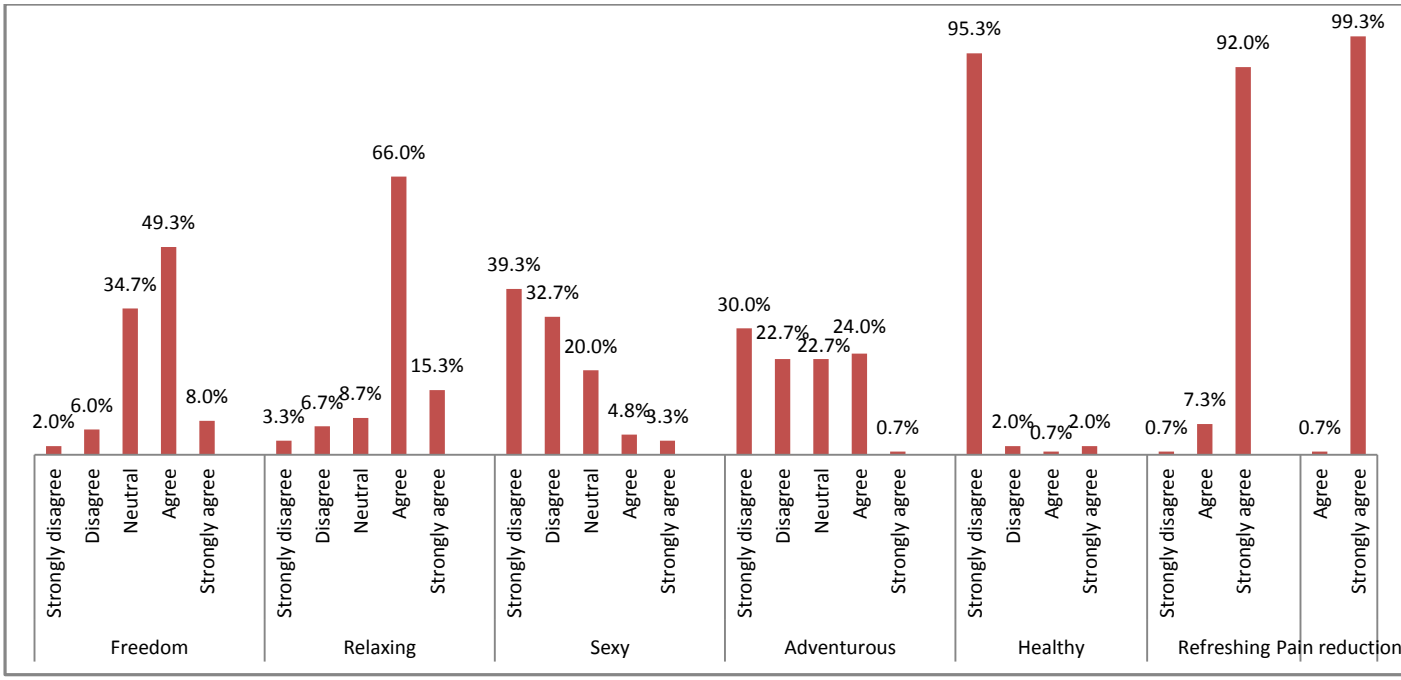
The study found out that certain situations can predispose an individual to attempt IDU. The results indicate that 42% of the respondents got their first drug injection to a friend's house during social gatherings or related with friends who were IDUs. 20% got their first injection in a venue where there was a bash/party, and the drugs were made available. However, some of the respondents got their first drug injection while in high school since the drug was administered either in the dormitory 7.3% or the toilet 8.7%.

During the FGDs, participants revealed that they started injecting with heroin after developing tolerance to smoked heroin. Some participants stated that they had tried heroin as an adventure after trying many other drugs yet reported that they were unintentionally inducted through being offered laced cigarettes and drinking laced drinks from friends in parties and bashes. Some participants revealed that they were convinced by their peers or friends to try. The study further established that once they started using the drugs tolerance kicked in and there was diminished effects and rewards from the substance of abuse. Their preferred injecting drug is white crest heroin although one member preferred speed-balling where he mixed cocaine and heroin for a double pull effect.

4.3.6 Expectation/Motivation for Injection the Drug

Motivation is a pull factor where individuals are motivated to do something and to continue with the habit regardless of the consequences. The motivation can predispose an individual to use drugs.

Figure 4.7: Response on motivation of injecting the drug (n=150)



The response on motivations to inject with drugs are presented in figure 4.7. The study found that there were various motivations that the pushed the IDUs to inject with 66% of the respondents strongly agreeing that they imagined that drugs offered relaxation just like the other substances they had experimented with. Ninety-two (92%) strongly agreed that drugs were refreshing while 99% strongly agreed that injecting drugs reduced pain while 95.3% strongly disagreed that they used the drug for good purposes which means that injecting drugs is not a healthy habit.

4.3.7 Sources of Income for the Respondents

The study sought to establish whether income can predispose an individual IDU.

Table 4.8: Distribution by source of income

Source of income	Frequency	Percentage
Self employed	88	58.7
Employed	15	10.0
Business	22	14.7
Spousal support	2	1.3
Parental support	21	14.0
No response	2	1.3
Total	**150**	**100.0**

From the tabulation on the table above, 58.7% of the respondents indicated that they are "self-employed'', 10% are in formal employment while 14.7%% personal businesses and 14% relied on their parents' income for support. However, 1.3% declined to reveal their source of revenue.

During the Focus Group discussions, the researcher observed that the participants had various injuries and scars on their bodies. From the discussions, it emerged that the injuries had been inflicted by members of the public when they were cornered as they tried to snatch money and items from passersby and motor vehicles. The majority of the respondents earned their livelihood through ''hit and run'' as they referred to the heists, but some had unlimited access to family resources. Women have involved in commercial sex work as well as some men who have sex with men (MSM).

4.3.8 Social Issues that had Influenced Injecting of Drugs

Social pressures to achieve or conform usually create a lot of pressure, stress and depression to members of the family and the society. The study, therefore, sought to find out those social issues in the family that predisposed the users to IDU.

Table 4.9: Response on social issues that predisposed respondent to IDU

Social Issues	Frequency	Percentage
Pressure from parents to perform well in school	10	6.7
Associating with relatives who use drug substances	20	13.3
Influence from friends	34	22.7
Abandoned/dumped by parents	19	12.7
Easy accessibility of the drugs	12	8.0
Family break-up	26	17.3
Physical/sexual abuse	28	18.7
No response	1	0.7
Total	**150**	**100.0**

The research study found out there are social issues within the family that predispose individuals to drug use. When respondents were asked about any social issues that had influenced their uptake of injecting drugs, 22.7% of the interviewees cited influence from drug addicted friends. 18.7% cited physical abuse, sexual abuse and molestation as young children, 17.3% cited family break up, 12.7% cited abandonment, 8% cited easy accessibility and 6.7% cited pressure and influence from close family members.

The researcher inquired from the key informants about the predisposing factors that lead to IDU since they interact with the extended families and nuclear families during outreach sessions and family counselling sessions. The study established that various factors were leading to drug use habits such as dysfunctional families and chaotic homes that lack structure, where children are neglected by parents who are either too busy struggling to make ends meet or who frequently travel on trips out of the home, leaving the children exposed and vulnerable. This is because children from such families make their rules and there is no close supervision. Equally, parents who are addicted to substances of abuse themselves or are IDUs themselves.

The study established that parental attitudes towards IDU and drug use were a predisposing factor. The respondents informed the research that during their field study they come across cases where the parents did not have any issues with the children trying with substances such

as chang'aa (alcohol) and did not bother to follow them up even after they started using other substances.

The study established that availability of drugs was a predisposing factor. All the Key informants stated that on their routine field visits they had noted that it was very easy to access drugs since each IDU had their designated supplier and knew exactly how to get the supply even when there is a crackdown. It is a well-structured and coded arrangement that only the IDUs know. Their only concern is the inability to understand and predict the potency since if it is too cut, they experience withdrawals in quick successions, and if it is too potent, they can overdose and die or be hospitalised.

Substance use disorder is a predisposing factor to IDU. The Key informants informed the research that the IDUs compulsively seek for the drugs and that the more money they have at hand, the more they crave the drug and the more they inject. They constantly think about it and live for nothing else apart from managing their drug habit. Gender is another factor that Key informants considered to be a factor that predisposes individuals to IDU. According to the official records of the Centre and their observations, there were more men than women IDUs. In their estimation, there were twenty times more men than women IDUs regarding ratio of women to men (1:20)

The study revealed that lack of social skills is a predisposing factor. According to the respondents, IDUs lack social skills and are unable to manage peer pressure which made them experiment with drugs upon suggestions by close friends. Lack of adequate prevention and intervention policy by the Government was cited as a contributing factor. The Key informants stated that the Government reactionary measures could achieve petite in that more efforts should be channelled towards prevention and intervention.

During FGDs, some participants cited violence at home, sexual abuse, parental neglect and pressure to perform in the academic studies as the circumstances that pushed them to IDU. The case studies are quoted verbatim as narrated by the respondents.

Case study one: Violence at home

"I never knew my father for anything else apart from a thorough beating fit for an animal. He would come home drunk, demand that we wake up in the wee hours of the morning then parade us and whip us thoroughly. Sometimes he would come home high on what I later learnt was marijuana and forcing my mother to undress in front of us. He would have sexual intercourse in full view and demand that we sit there and watch. We would then be forced to clap when he was done for what he termed as a job well done. When my mother could not bear the humiliation any longer, she packed and left. He then turned on my elder sister who committed suicide because of the shameful acts. When he forced himself on me one night, I could not bear it, and at the age of nine years, I ran away to the streets. I had lived with the guilt of not having protected the other family members and especially my younger brother who was only four years by the time I left. I have not reconnected with any family member for the last twenty-two years. I suffer bouts of severe depression. I have to keep on injecting myself to be able to live a normal life. I also have a compulsive urge to do self- mutilation as you can see the many scars on my thighs and forearms''.

Case study two: Parental Neglect and accessibility

"I was born in one of the slums in Nairobi where there were many drug peddlers in the estate. They would approach parents of young school going children with monetary offers for them so that the children could convey the drugs to various destinations within the city of Nairobi. The drugs would be stuffed in the school bags, and each child would have an adult following from far just in case one lost direction. They would quickly step in and pretend that they were helping and escort the child to the next stage to board the next vehicle. Out of curiosity children would test the contents of the cargo and get hooked. The parents being poor were only too willing to earn that extra coin and would even solicit for the job from the peddlers. With time I got bolder and started experimenting every type of substance that I was assigned to deliver. One day I was sent to deliver sachets with white powder, and when I licked a little of it from one sachet, I felt a rush like I had never felt and there I began my journey when I was only in primary school. I wish my mother could have been more caring. I would not be in the mess that I am in''.

Case study three: Pressure to perform well in school.

"My father was very proud of me, and he would brag that he had a replica of him in me. My primary school performance was sterling, but at the secondary level, I would get episodes of lowered motivation and low moods such that my grades plummeted. My once-adoring father became a monster and would lecture me for hours on end. I lost hope and self-worth. I shared my tribulations with a friend in school who suggested that we share his secret relaxation remedy since he was going through a similar experience. After the first experiment, I felt relaxed, bigger, stronger and invincible. I sank deeper and deer into the abuse and started picking items from the house to sell. My father became more brutal before he finally sent me packing."

4.3.9 Other Drug Substance of Abuse that had Been Attempted or Used Previously.

The study sought to know whether the IDU started abusing heroin from the beginning or they had previously attempted a variety of mood altering substances. According to Inaba and Cohen (2004), softer drugs legal drugs such as alcohol and tobacco act as gateway drugs to hard drugs of abuse.

Table 4.10: Response on other drugs previously abused

Other drugs abused	Frequency	Percentage
Alcohol	106	70.7
Tobacco	21	14.0
Cannabis	10	6.7
Rohypnol	2	1.3
Muguka	4	2.7
Khat	5	3.3
Diazepams	2	1.3
Total	**150**	**100.0**

The research study established that gateway drugs are a precursor and predispose users to abuse hard drugs such as heroin. All the respondents in this research study indicate that they had previously used other mood altering substances. Alcohol had the highest score at 70.7% followed by tobacco14% while 6.7% reported that they had used cannabis sativa, 1.3% had used diazepams, 3.4% had used khat, and 2.7% had used muguuka. During the FGDs, some

of the participants revealed that they had tried everything called drugs. All the participants had experimented with alcohol and cigarettes in their teen years.

4.4 Other Types of Drugs Used and Accessibility to the Drugs

Injecting drug use is not only dangerous, but it is very expensive to treat. Any meaningful programs to address the problem require accurate information on the types of substances used to be able to develop intervention and preventive measures.

4.4.1 Other Drugs Currently Used Together with Heroin

Every drug of abuse of abuse has a threshold of effects leading to tolerance. The user's overtime experience is diminishing satiation and effects. They are forced to use more quantities or add other substitutes to get the initial impact. The study sought to find out the other varieties of drugs that the IDUs combine with heroin when tolerance sets in.

Table 4.11 Response on the types of other drugs used by IDUs

Other drugs abused	Frequency	Percentage
Rohypnol	106	70.7
Ataine	21	14.0
Diazepams (Xanax, Valium)	10	6.7
Jet fuel	2	1.3
Pethidine	4	2.7
Gum/Conta	5	3.3
Cannabis	2	1.3
Total	**150**	**100.0**

The study established that once the IDU habit had set in, the IDUs only craved and sought for heroin and no longer combined the previous drugs of choice with heroin. However, they started trying out other substances that they could mix with heroin to potentate the effects of heroin or address the pain that results from heroin withdrawal. Rohypnol is the preferred drug of choice with a total of 106 respondents followed by Ataine with 21 respondents. Other drugs used by actively injecting drug users include Diazepams with ten respondents and Pethidine with preferred by four respondents

According to the respondents, there is widespread abuse of diazepams, Ataine and Rohypnol by IDUs. The study found out that IDUs who have a very high tolerance to heroin can orally ingest up to fifty (50) diazepam tablets in one day which is a very dangerous practice. The study established that some of the addicts dilute heroin with chang'aa instead of water and shoot intravenously while others use cannabis to smoke Rohypnol and heroin.

4.4.2 How Drug Substance Injected in the Previous 30 days had been obtained

The research study sought to know how the IDU received the drug for injection to know the availability.

Table 4.12: Response on how the drug was obtained

How drug was obtained	Frequency	Percentage
Bought from a drug peddler	140	93.3
Gave someone else money to buy	3	2.0
Got it from friends	4	2.7
Got it from family	1	0.7
No response	2	1.3

The results of Table 4.12 above, indicate that 140 respondents representing a total of 93.3% had obtained the drug from a drug peddler with while 2% of the respondents sent someone else to buy for them. However, 0.7% of the respondents got it from their family members. During the FGDs, the research found out that IDUs only purchase heroin from their designated peddler. They informed the research that there is an inherent danger in buying drugs from a different supplier because of the potency that can lead to overdose and death.

4.4.3 The Level of Ease of Obtaining the Preferred Drug

In Kenya, as it is the case in most counties of the world, it is a criminal offence to be in possession of most drugs of abuse. The crime carries a punitive sentence of up to 20 years in prison upon conviction. However, more and more people get hooked on the drugs, and there is always a ready supply. The research study attempted to understand the ease with which the drug was obtained from the vendors by asking the respondents to choose from a scaled response ranging from very easy to get to tough to obtain.

Table 4.13: Response on rating of ease of obtaining the drugs

Ease of Obtaining the Drugs	Frequency	Percentage
Very easy	126	84.0
Fairly easy	16	10.7
Difficult	3	2.0
Very difficult	3	2.0
No response	2	1.3
Total	**150**	**100.0**

The study found out that is very easy to obtain the drugs. Eighty-four percent (84%) of the respondents indicated that it is very easy to get the drugs with 10.7% stating that it is relatively easy. Only 2% of the interviewees considered that it to be difficult due to the location of their residences.

During the FGDs, the study established that IDUs obtained their daily supplies from peddlers who are based at strategic places that are provided with tight security. The peddlers can only sell to those people who are their regular customers and whom they trust. The peddlers have also got their agents within the estates in Nairobi who supply to the elite clientele who can afford to pay for the delivery service charge. Diazepams (Cs), Rohypnol and Ataine are obtained from contact persons working in Pharmacies. These are also sold in the open air near the primary basis but on a trust basis. They also informed the researcher that every location has its peddlers and that one cannot get clients directly or operating space without the blessings of the "business owners."

4.4.4 Rating of the Risk of Obtaining the Preferred Drug.

There are inherent risks that accompany purchasing of the drug such as arrest and incarceration. The study sought to establish the rating of the IDUs on the risks that they perceive inherent in getting the drugs.

Table 4.14: Response on rating of the risk of obtaining substance

Rating of the risk of obtaining substance	Frequency	Percentage
Slight risk	8	5.3
Moderate risk	126	84.0
Great risk	13	8.7
Don't know	1	0.7
No response	2	1.3
Total	**150**	**100.0**

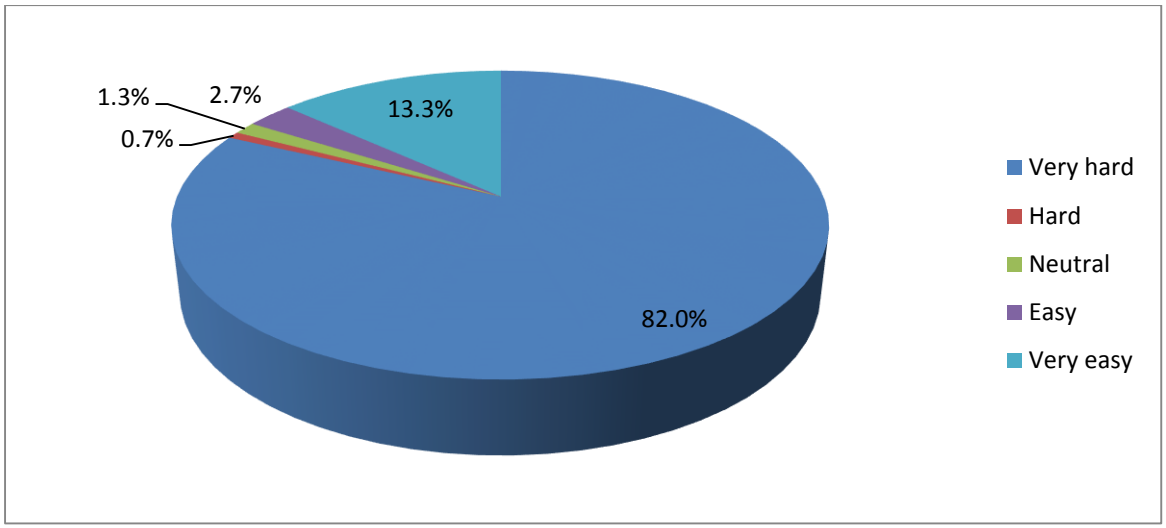
From the tabulated results in Table 4, the reaction was mixed with 84% of the respondents indicating that there existed a moderate risk in obtaining the drug while 5.3% reported that there is a slight risk. Only 8.7% of the respondents felt that there was a significant danger of getting the drugs.

The study established that the only risk experienced is obtaining adulterated heroin which was reported by most of the respondents. It was reported that some pushers diluted or cut heroin with starch, melamine or other powders which had resulted in death after injecting. Another concern is the fact that they cannot tell the potency of the drugs which causes the IDUs to get a drug overdose and death. They were, however, unanimous that they trust their suppliers with the drugs that they sell to them and that is why they only purchase from their trusted suppliers.

4.4.5 How Hard/Easy it is to Afford to Purchase an Adequate Supply of the Preferred Injecting Drug.

Heroin is expensive and is sold to consumers in grammes. Once addiction and tolerance have set in, the users need to increase the number of times they inject due diminished effects. The study, therefore, sought to find out the affordability of the injecting drugs and how the IDUs manage to maintain the habit.

Figure 4.8: Response on ease of obtaining adequate supply of the drug (n=150)



From the results indicated in the pie chart above, 82% of the respondents found it very hard to afford an adequate supply while 13.3% found it very easy to afford the preferred drug.

The study revealed that IDUs who are not employed gainfully or who do not have any form of economic support are involved in car theft and breakages, shoplifting, commercial sex work for the ladies. Additionally, men having sex with men, pickpocketing begging on the streets and mosques, housebreaking, kidnapping for ransom, hiring out children to hawkers at a small fee and selling of infants. Some of the FGD participants could, however, afford an adequate supply and considered it relatively easy. Some had inherited property from their parents and were collecting rental income while the ones who have physical disabilities could easily catch the attention from the public while soliciting for alms and raise enough money.

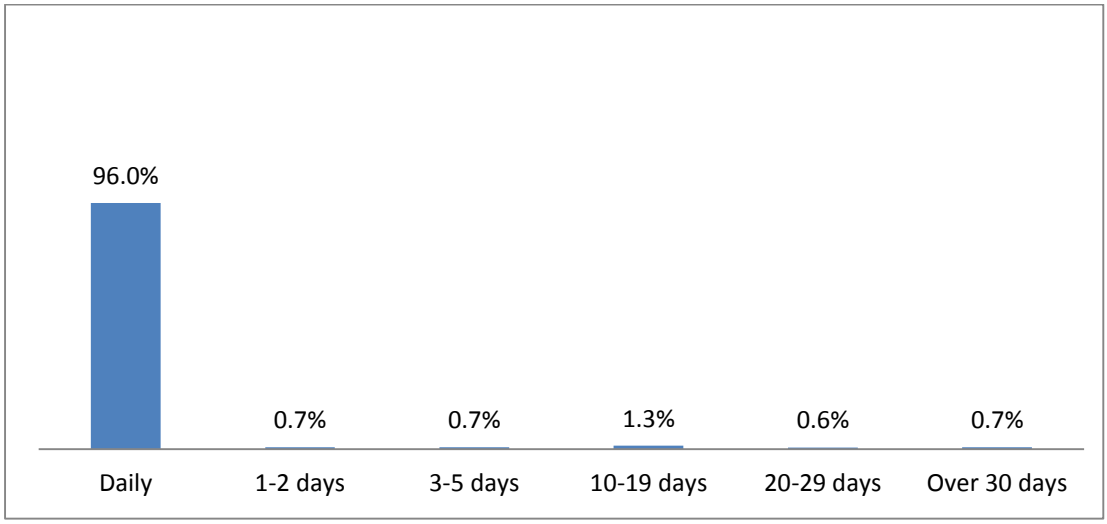
4.5 Effects of Intravenous Drugs Use

Injection drug use is considered as the most dangerous form of the drug of abuse. The substances take only eight seconds to cross the brain barrier. During the process of injecting, pathogens can also be introduced into the blood stream. The study sought to establish the health, social, psychological and economic effects of the Injecting drug on the IDUs.

4.5.1 Frequency of Injecting the Drugs

The research study aimed to find out the frequency with which the IDUs injected with the drugs. Repeated puncturing of the veins by new medical personnel and scarring can lead to the collapse of the blood veins while puncturing the artery can lead to abscess and severe bleeding.

Figure 4.9: Response on frequency of injecting the drugs (n=150)



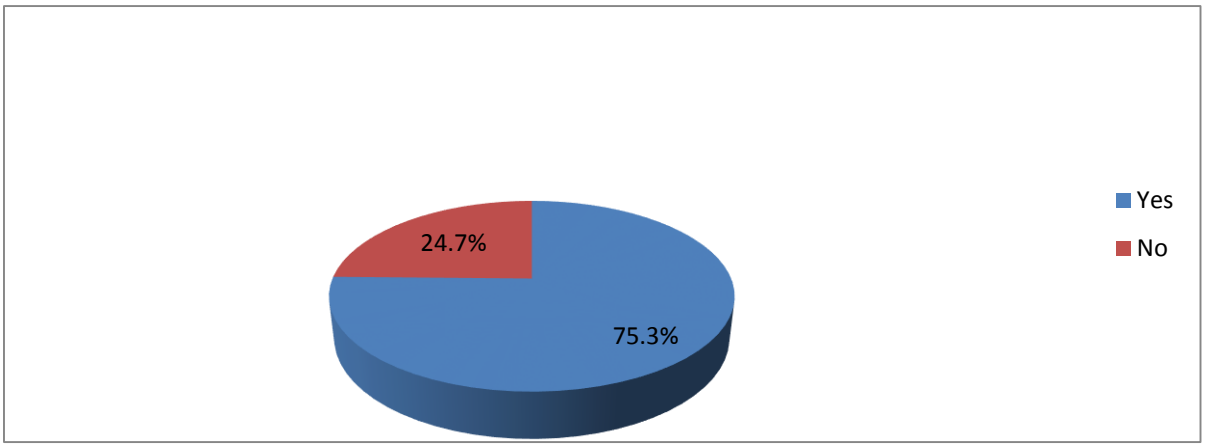
The bar graph above indicates that 96% of the respondents must inject the drugs daily.

The study established that majority of the interviewees injected with the drug at least twice daily, but this could increase if money were readily available. The quantity and potency of the mixture were also determined by the availability of the resources. During the FGDs, the participants revealed that they could never reach the satiation level and the more money they had, the more the urge and craving they experienced. They showed that majority of those who got a windfall of cash usually get complications with overdose and collapsed veins due to repeated puncturing a situation that complicates medical intervention when one gets admitted to a medical facility. The study revealed that open septic wounds occasioned by missing of the vein and injecting body tissues or injecting into the arteries leading the introduction of flesh-eating bacteria are very common among the IDUs. According to the key informant, the Centre attends to 20 cases on average every week of severe infections.

4.5.2 History on Needle/Syringe Sharing.

According to Sinkele and Shabaya (2008), sharing of needles and syringes is a common practice among IDUs. The study sought to establish whether the respondents had any history of sharing needles and syringes with others IDUs. This would inform the research on the vulnerability of contracting diseases.

Figure 4.10: Response on sharing of syringes or needles (n=150)

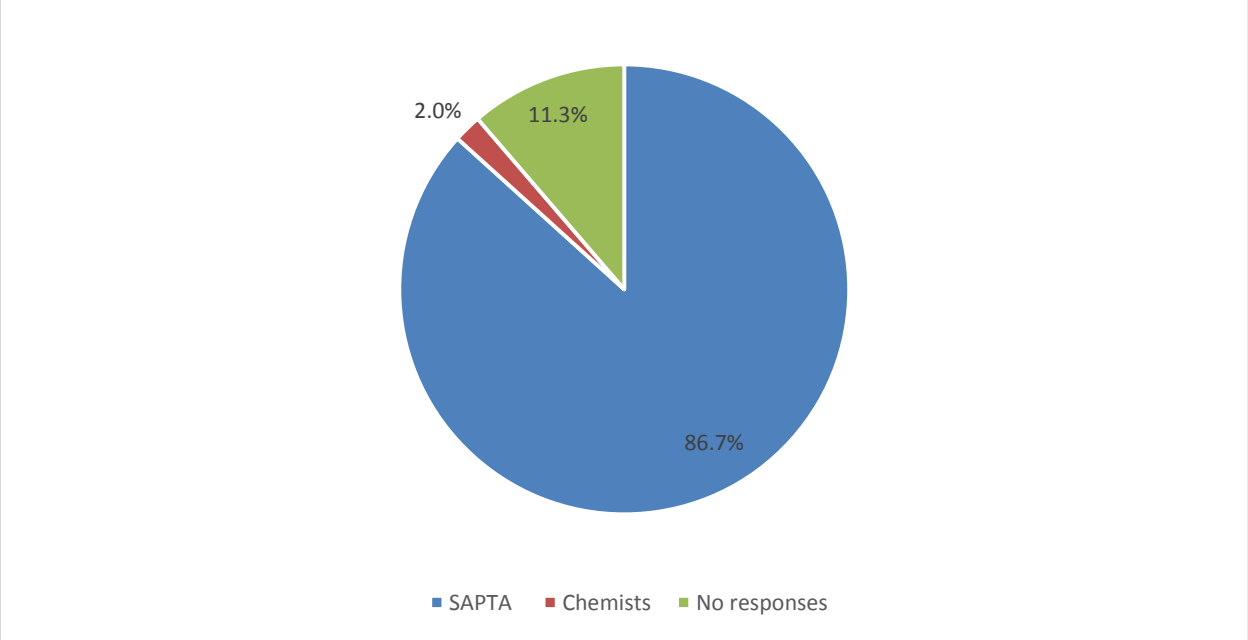


The pie chart above indicates that 75.3% of the respondents had shared the syringe/needle with their friends or colleagues while 24.7% had never shared syringe or needle with anyone. Key informants revealed that sharing of needles is a very common practice among IDUs. The IDUs are exposed to various medical risks such as contracting blood borne pathogens and diseases such as HIV and Hepatitis B.

4.5.3 Source of Syringe/Needle

The research study sought to know where the IDUs obtained their supplies of syringes.

Figure 4.11: Response on source of syringe or needle (n=150)

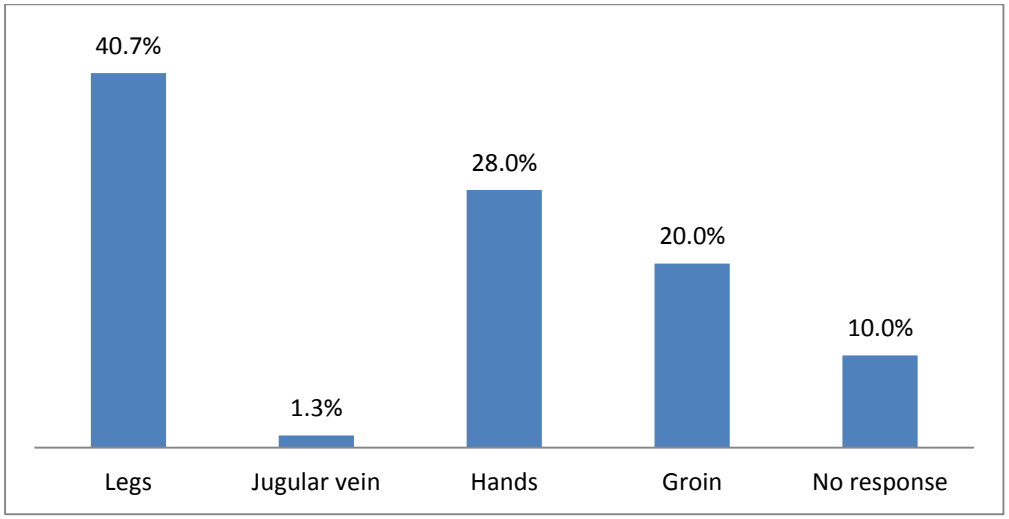


The study found out that 86.7% of the respondents got their supply of syringes from SAPTA while 1.3% got their supplies from chemists. However, 11.3% did not give details on the source of the syringes/needles for drug injection, perhaps an indication that they were collecting from the rubbish dumps.

4.5.4 Part of the body preferred for injection

Once the IDUs veins on the forearms collapse, IDUs seek other veins within the body through which they can inject a practice that is considered dangerous and risky. The research study sought to know from the respondents the preferred parts of the body that they inject to establish the condition of their veins.

Figure 4.12: Response on part of the body preferred for injection



The research study found out that 40.7% of the respondent were injecting the drugs through their legs, 28% injected their hands, 20% injected through the groin while and 1.3% of the respondents injected through the jugular vein. An injection through the legs is an indication that all the veins on both hands had collapsed while injecting jugular vein is an indication that all the veins on both legs and groin had collapsed. During the FGDs, the research study was informed that when they are very desperate to shoot and they cannot locate any other vein, they would even shoot through the veins on the penis.

4.5.5 Negative Social and Health Incidents Encountered in the Previous Year.

The study sought to understand the social and life threatening incidents or encounters with the law in the last 12 months to understand the effects of injecting with the drugs.

Figure 4.13a: Response on incidents encountered in the last 12 months (n=150)

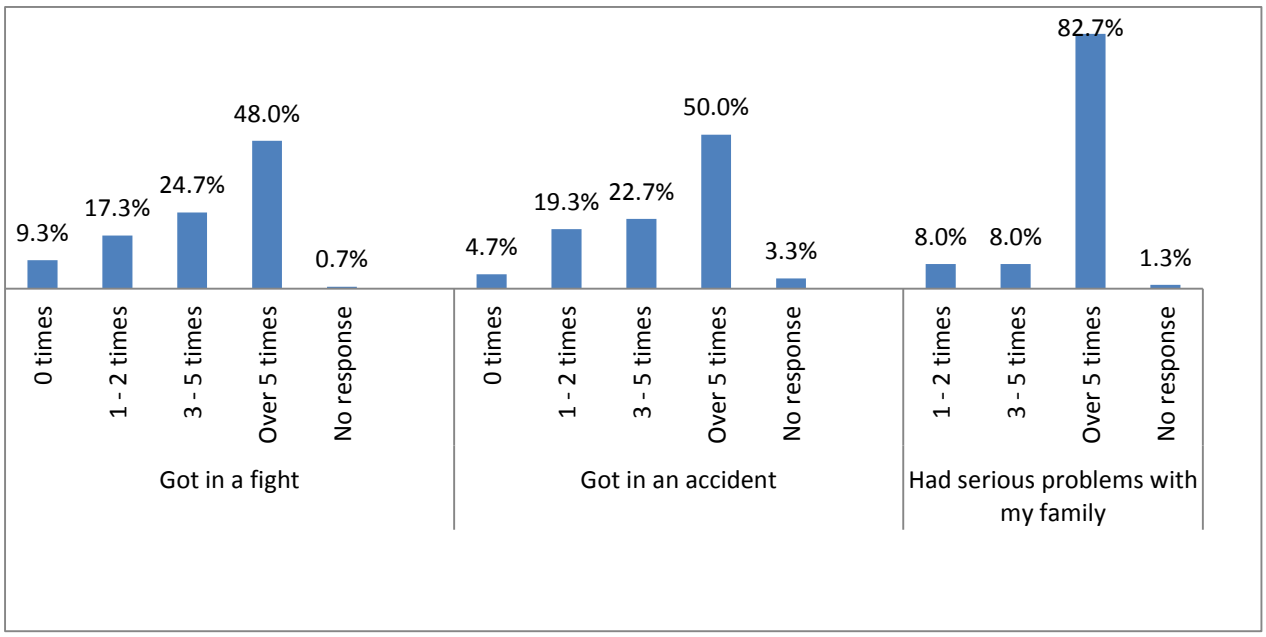


Figure 4.13b: Response on incidents encountered in the last 12 months (n=150)

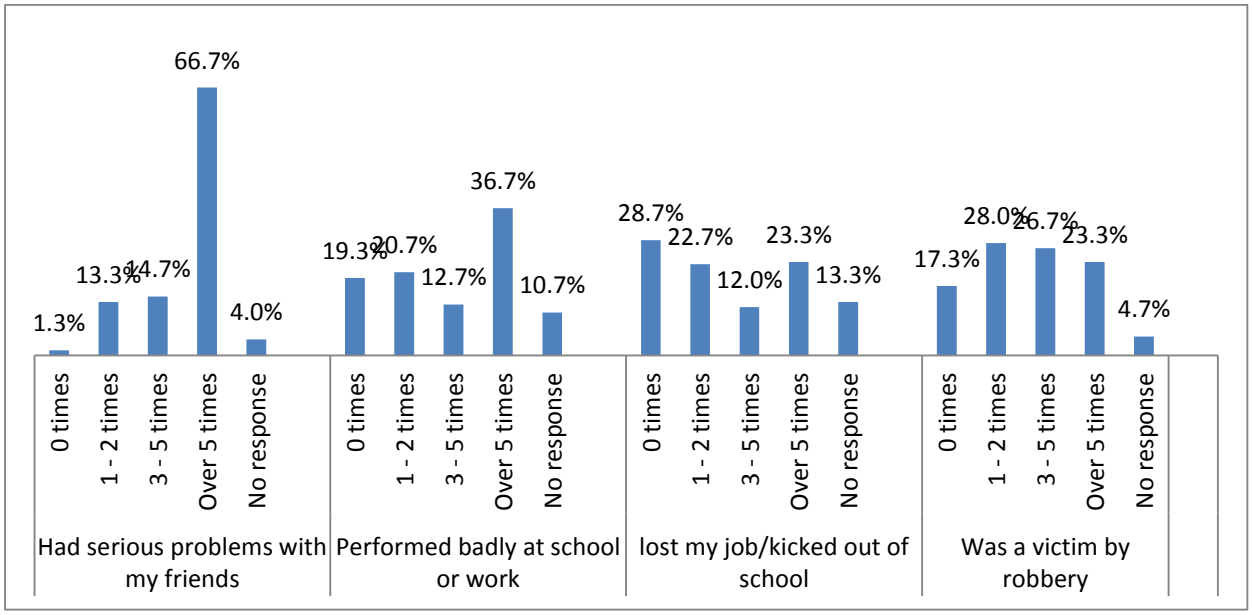
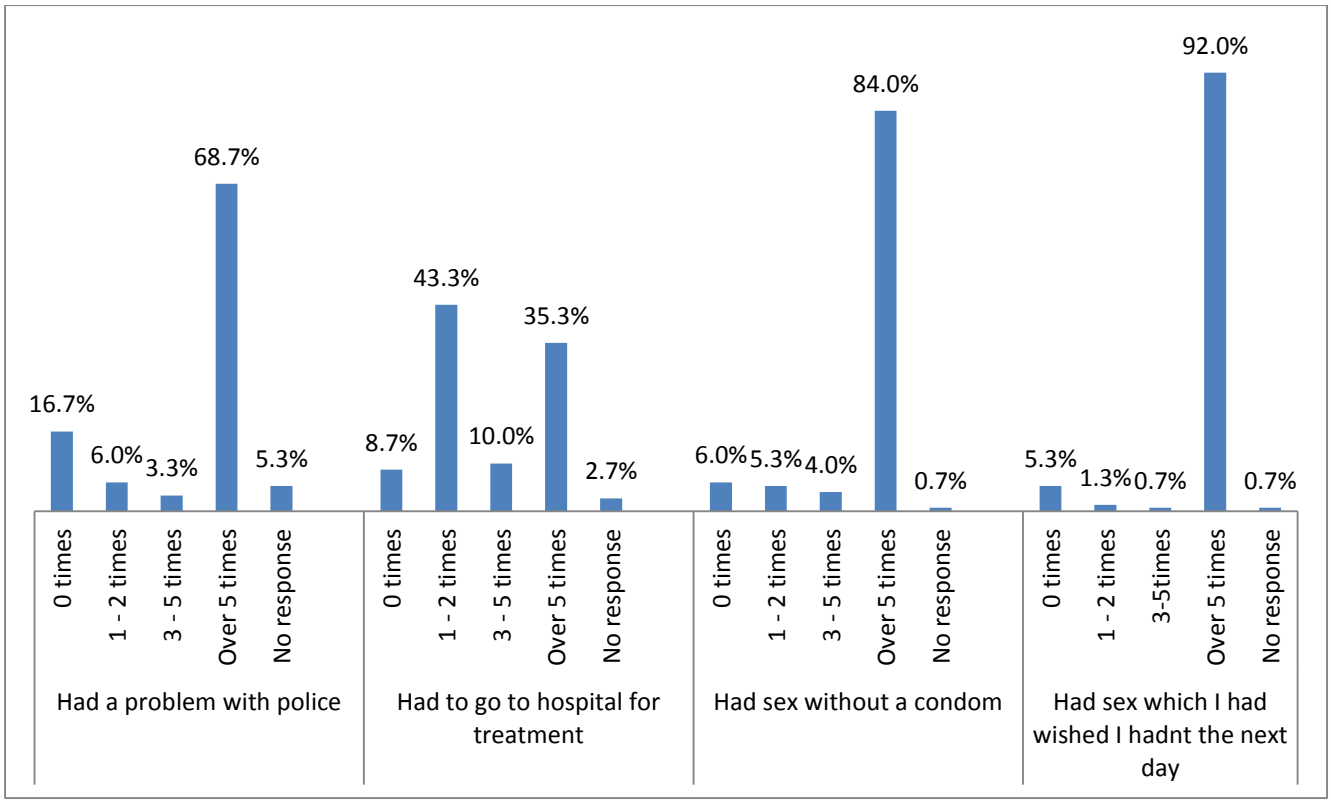


Figure 4.13c: Response on incidents encountered in the last 12 months (n=150)



Figures 4.13a, 4.13b and 4.13c above indicate that IDUs face a lot of social challenges as a result of their drug use. Forty-eight percent (48%) had gotten into serious fights, 50% got involved in accidents, 66.7% had serious problems with their friends. 68.7% had problems with police or law enforcement, 84% got involved in unprotected sex, 82.7%had serious problems with their families, and 92% had engaged in sexual acts which they had later on regretted to have engaged with the following ratings with a frequency rating of five or more occurrences within one year.

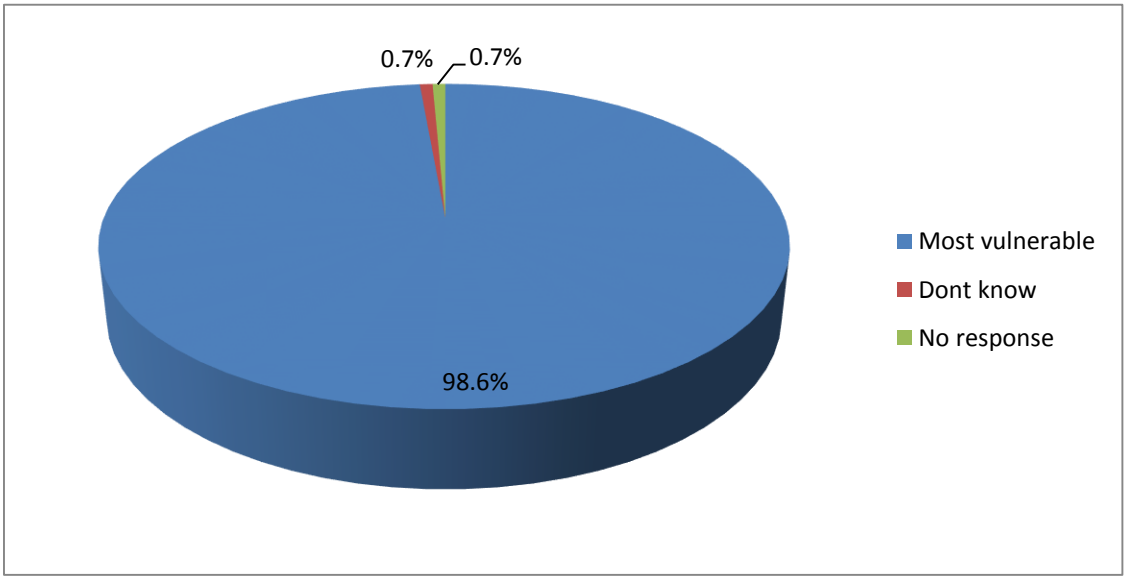
The study revealed that IDU habit affected the social interactions and health of the IDUs. During the FGDs, participants indicated that the effects of drugs on their social life included; ruined careers and finances, dropping out of school, and rejection by family members. Also, it included the inability to access medical care, failure to afford decent housing, failure to afford drugs to manage withdrawals which are extremely painful, and frequent encounters with the law. Also, lack of food, sexual abuse and molestation, gang rape, sodomy, physical abuse, inability to care for their families, lack of information on drug rehabilitation opportunities available.

The study further established that women IDUs faced other challenges such as lack of food for their children, clothing, proper shelter for children who were occasionally sexually abused by sex predators when they were hustling. Also, inability to take their children to school, being gang raped since they sleep in the open, their children have to go through painful withdrawal symptoms when they do not have money to buy heroin since they were born addicted to the drug. Also, physical violence meted on the children by their live-in spouses or those cohabiting, inability to negotiate for safe sex since they work as commercial sex workers, stigma from the society, and failure to access medical treatment for sexually transmitted infections. Others include constant swoops by the police and verbal and psychological abuse from motorists who abuse them when they solicit for alms in the streets. The IDUs are also prone to accidents in that majority do not have any formal employment and have to steal or mug to be able to purchase their daily dose. In the process, many are cornered by the public and beaten seriously occasioning them serious bodily harm.

4.5.6 Rating of Vulnerability of a Person Injecting with Drugs to the Risk of Contracting HIV

According to Sinkele and Shabaya (2008), IDU is a primary mode of transmitting HIV/AIDs. The research sought to find out the level of awareness, their rating and the precautionary measures that the IDUs take to avoid contracting or transmitting the HIV.

Figure 4.14: Response on the rating of vulnerability of contracting HIV (n=150)



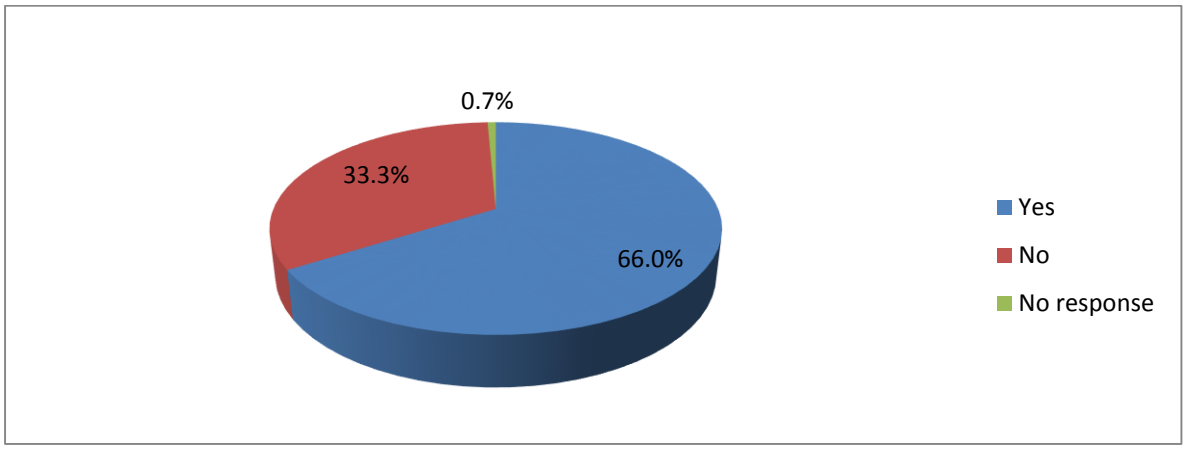
From the results in figure 4.14, 98.6of the respondents indicated that people taking drug substances are most vulnerable to contracting HIV/AIDS while less than 2% either did not know or just decided not to give a response.

The study established that IDUs are very vulnerable to contracting HIV/AIDS. The key informants confirmed that SAPTA has a Health Centre that has a Voluntary HIV/AIDS Testing and Counseling facility where the IDUs are encouraged to go for the screening. According to the Key Informants, HIV Prevalence among the IDU population around Pangani is 37% as compared to the national average among the normal population that currently stands at 8%. There is, however, a marked increase among women IDUs with a 90% prevalence. The study established that this is due to double map effect where women IDUs share needles or blood and at the same time working as commercial sex workers and therefore encounter multiple exposures simultaneously.

4.5.7 History of Sharing Blood

According to Inaba and Cohen (2004), sharing of blood to manage or contain withdrawals was very common among injecting drug users in the United States of America in the early 80s. The research study sought to establish whether the practice is common among the Kenyan IDU population.

Figure 4.15: Response on history of sharing blood (n=150)



The research study established that sharing of blood among injecting drug users was a common practice with 66% of the respondents confirming that they had at one time injected themselves with somebody's blood 33.3% had never injected themselves with someone's blood. During the FGDs, the participants revealed that when there was a scarcity of money to purchase a full dose, two IDUs pooled their resources and contributed 50/50 to buy one

sachet. Once reconstituted, they would share the contents of the phial on a 50/50 basis. The only disadvantage is that the second user will have to inject himself with some blood from the first user since during the injecting process some blood has to be drawn into the phial to confirm that the vein has not been missed. The most dangerous habit, however, is drawing the blood of an IDU and injecting self with it to contain withdrawal and cravings. According to the participants, the practice involves waiting patiently for the potential victim to inject and get inebriated the using the same phial to draw blood from the IDU then injecting oneself. Key informants confirmed that this transmission of diseases such as Hepatitis B/C, HIV/AIDS and bacterial infections were transmitted through these practices.

4.5.8 Perceived Risk of Injecting with Drugs

The research study sought to establish any risks that the IDUs considered to be of concern or those that they were aware of.

Table 4.15: Response on perceived risks of injecting with drugs

Risks of injecting that the respondents were aware of	**Frequency**	**Percentage**
Death	30	20.0
Diseases	17	11.3
Wounds	2	1.3
Contacting HIV/AIDs	92	61.4
Collapsed veins	9	6.0
Total	**150**	**100.0**

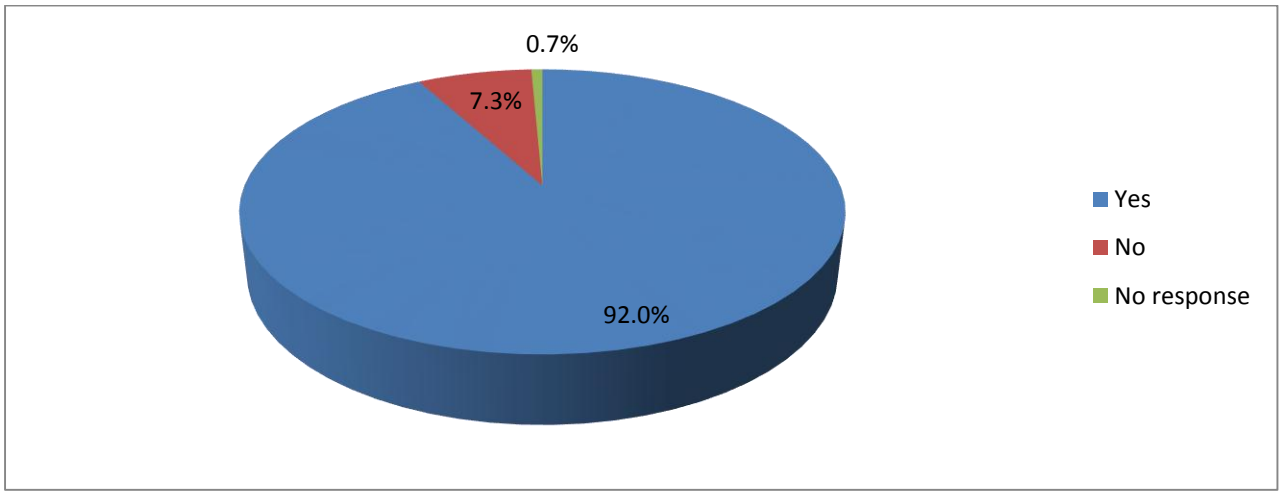
The findings of the study indicate that there are inherent risks in the IDU habit. The results as shown in Table 4.15 show that 61.4% of the respondents perceived that IDU exposures one to the risk of contracting HIV/AIDS. 20% cited death, 11.3% cited diseases such as Hepatitis B and Tuberculosis, and 1.3 % mentioned that they might get septic wounds while 6% responded that they were not aware of any risk. The study found out that the main worry for injecting drug users was the potency and contamination of the drugs. They informed the research that the dealers usually cut or diluted the drugs with powdered milk, talcum powder or starch to increase the volume and make super profits. They had also witnessed a lot of death and knew that they toyed with death anytime they injected with the drugs. The majority

of the participants had lost over five close friends or knew of IDUs who had overdosed or had gotten poisoned.

4.5.9 Attempts to Stop Injecting with the Drug

Injecting drug use is the most dangerous form of substance abuse and the most difficult to treat. Even after undergoing a successful rehabilitation process, a high percentage relapse and go back full circle to abuse. The study, therefore, sought to find out the level of addiction among IDUs

Figure 4.16: Response on attempts to stop injecting with the drugs (n=150)



When respondents were asked whether they had ever attempted to stop injecting with the drug, 92% of the respondents confirmed that they had tried to stop injecting with the preferred drug while7.3% had not tried to stop using the drug while 0.7% decided not to give an answer to the question. The effects of continuously injecting with the drugs had made them be substance use dependency and therefore experienced severe cravings and withdrawals.

4.5.10 Level of Success in Attempting to Stop Injecting with Drugs

The study sought to find out whether the respondents had ever sought to stay clean from the habit and whether with their current level of addiction they can manage the effects of the withdrawal.

Table 4.16: Response on the level of success in stopping to inject

Level of success in stopping	Frequency	Percentage
Very successful	2	1.3
Slightly successful	2	1.3
Successful	3	2.0
Not successful	133	88.7
No response	10	6.7
Total	**150**	**100.0**

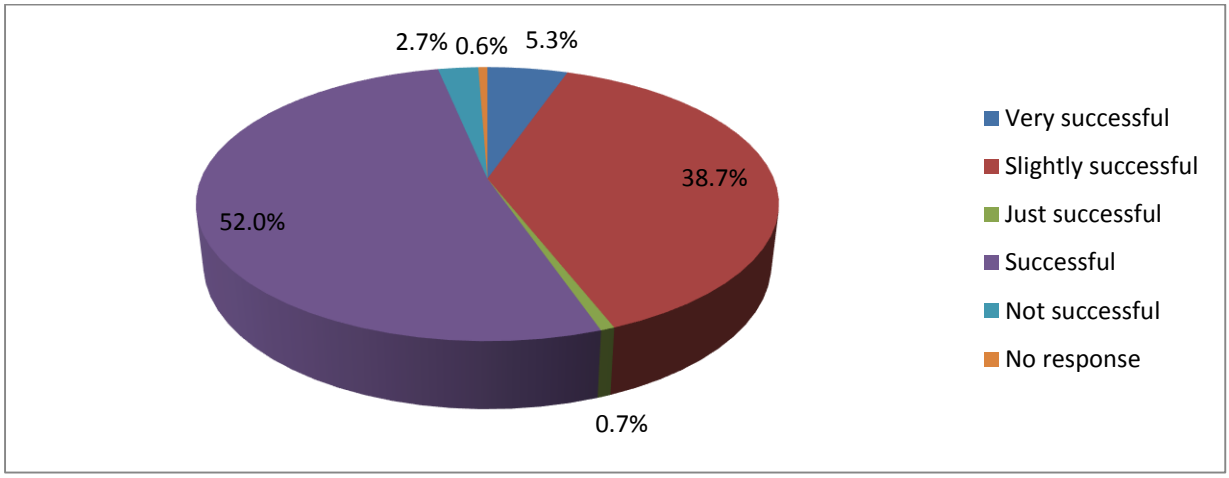
Table 4.16 indicates that 88.7% of the respondents who had tried to stop injecting with the drug were not successful and only 2.0% of the interviewees who had attempted to stop injecting with the drug were successful while 1.3% were slightly fortunate.

The study revealed that IDUs are more than willing to quit the habit. All the FGD participants admitted that they had tried very many times to stop but get back to the destructive practice due to painful withdrawal symptoms. They symptoms includes nausea, vomiting, painful diarrhea, tarchicardia, running nose, irritability, stomach cramps, insomnia, severe headaches, muscle aches, mental confusion, nightmares, blurred vision, hallucinations, extreme substance craving and acute withdrawal induced psychiatric syndrome (referred to by IDUs as kuchizi). The study further revealed that majority of the participants had attempted suicide or experienced suicidal ideation episodes. All the participants indicate that they have sought for treatment to overcome the habit with some being admitted to drug rehabilitation centres several times. The majority, however, stated that the cost of therapy was prohibitive and that they cannot afford although they would welcome any opportunity for treatment.

4.5.11 Success of the Harm and Demand Reduction Treatment Programs

Various programs have been developed to address drug and substance abuse. Whereas most consider the conventional inpatient treatment as the most efficient, another approach aimed at harm reduction has recently been taken into account. The method involves the provision of needles to inject, sterile injecting kit, medical attention, Voluntary Counselling and Testing for HIV/AIDs and general information on the overall welfare of intravenous drug use. The study sought to find out whether the IDUs considered the approach to be successful.

Figure 4.17: Response on success of the harm reduction treatment programs (n=150)



A majority of the respondents considered the out-patient harm reduction drop in the program to be successful with a score of 52 %. Only 2.7% of the interviewees thought the program not to be successful. The study revealed that the sensitization campaigns that are carried out by the Government are not sufficient. The Key Informants informed the research study that addiction to heroin is entirely different from other forms of drug addictions and that is why it lies in the high ranking category of hard drugs. Once heroin is injected intravenously, large quantities of the neurotransmitter dopamine are released into the blood stream that instantly gives extreme relief and a feeling of well-being. Unfortunately, the brain cannot be able to continue releasing dopamine without another dose and severe depression and uncontrollable craving sets in.

The study established that many of the IDUs who attend the outpatient program had been admitted to inpatient rehabilitation programs severally but had relapsed back to active use. Also, the key informants revealed that most IDUs have multiple addictions that need to be addressed differently. They practice poly-drug use where they use other substances of abuse to potentiate the effect. Effective treatment, therefore, would require that each particular substance of abuse be detoxified differently since relapse of use to one automatically leads to abuse of all the others. There is a lack of adequate personnel who are trained in drug and substance and specifically heroin addiction. According to the Key informants, effective treatment of Heroin addiction requires specialised treatment facilities. In Kenya, all persons suffering from addiction, even gamblers and sex addicts are treated in the same facilities.

The respondents also cited lack of half-way homes for re-integrating recovered addicts back to society since recovering addicts face rejection by their families and environmental triggers from the society that are not avoidable. The study established that Kenya lacks treatment protocols locally tailored to suit the local situation and little research has been done in Kenya on IDU to advise on treatment and relapse prevention strategies.

The study further revealed existence Dual Diagnosis among IDUs where there is the presence of independent medical disorders and in somewhere drug abuse is diagnosed alongside mental illnesses such as Obsessive Compulsive Disorders, Post-Traumatic Stress Disorders, Major Depressive Disorder, Schizophrenia, Panic Disorders and personality disorders.

The Key informants also informed of reactive approach strategies being employed by the policy makers where instead of a proactive approach where the Government can establish drop-in centres and then slowly enlighten the IDUs on treatment, the reaction on IDU is an occasional approach brought about by a complaint or event. Stakeholders are also rarely included in the decision making which makes all the efforts to fail.

The study established that SAPTA had given IDUs a lifeline in that they felt accepted, received counselling, got the opportunity to be tested for HIV/AIDs, got hot meals, hot shower, and sterile injecting kits. Also, they were taught how to inject safely, educated about infectious diseases, provided with condoms and taught about safe sex, offered treatment, given information on rehabilitation centres and offered information on dangers of injecting with drugs. The study established that this particular group would greatly benefit if the Government could give them an opportunity to reform and contribute to nation building. Such opportunity would be in the form of by being given a chance to regain their sobriety through free rehabilitation programs, given access to counselling. Additionally, others include access to medical care, empowered with life and technical skills, provided with oral replacement therapy (ORT), be provided with safe injecting zones where they are not harassed and that the Government urgently and firmly deals with the drug dealers.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summarised findings of the study and gives conclusions, appropriate recommendations and areas of further research.

5.1 Summary

This is a summary of the results and in line with the four objectives of the research study

5.1.1 Social Demographic Characteristics of Injecting Drug Users

On the socio-demographic characteristics, the study established that IDU is a habit that has been picked by individuals across the social divide. The academic credentials ranged from secondary school level to PHD holders. This is evident that all are vulnerable to addiction. The study found out that majority of the respondents were aged between 18 and 25 years, an indication that youth are more likely to engage in IDU. The study discovered that more males than females are hooked to the IDU habit. In the natural world, men take risky decisions and are more likely to experiment with strange things. The findings of this study were that the largest group of IDU are aged between 18 years and 25 years and that majority were inducted into IDU at between the ages of 10-20 years. This supports findings from past studies which had shown that drug peddlers and barons are increasingly targeting the youth, most of them below the age of 18 years (Ngesu et al., 2008). Religion is not a determining factor in addiction as the study found out that both the dominant faiths in Kenya had an almost equal representation with Christianity getting a score of 53% and Islam 41%.

5.1.2 Predisposing Factors Leading to Drug use Among Injecting Drug Users

The study found out that there are predisposing factors that lead to intravenous drug use. The IDUs do not start to inject heroin and other drugs from the outset, but there is a clear pattern where they experiment with soft drugs that are also such as tobacco, alcohol, kuber, muguuka and miraa (khat) that are legalised for consumption and sale in Kenya. These drugs are gateway drugs to more serious experimentation once the users develop tolerance and require to take increased amounts to experience the initial euphoria. Over seventy of the respondents reported that they had used alcohol, 14% indicated that they had used tobacco and 3.4% stated that they had used Miraa (Khat). Other past studies have also shown a very high

prevalence of alcohol and drug abuse among youth in schools in Kenya (NACADA, 2004; NACADA and KIPPRA, 2005; NACADA, 2008; Ngesu et al., 2008).

Associating with the wrong peer group and keeping close friends who are IDUs is a predisposing factor. All the respondents in this study indicated that the first injection was administered to them by another person and in specific locations. Sixty-three percent of the interviewees were given the first heroin injection by a close friend while 13.3% were administered by a close relative and 12% by a classmate. The venue of the first injection ranged from friends' houses 42.0%, party/bash 20% and dormitory 7.3%. From these results, we can conclude that people are introduced to drugs by people who are close and can gain the trust of an individual. Close family members such as cousins and close family friends have a significant influence on the initiation to IDU. During the induction phase, they observed and were shown how and where to inject. The effects of the drug such as the euphoric highs gave the rewards that the IDUs kept on seeking by increasing and continuing with the uptake. This gives credence to the social learning theory that behaviour is learned through social learning where the individual observes the behaviour, retains the information and reproduces the behaviour that has been rewarded.

Dysfunctional marriages and families were identified as an important precursor and predisposing factor to IDU. Physical, verbal and sexual abuse in families was cited as the leading cause of long-term trauma among IDUs. Most of the female IDUs reported sexual assault at an earlier age that had left them scarred with long-term traumas. Abandonment and neglect by parents who were either too busy to supervise their children or who were substance abusers themselves. These findings are supported by Ngesu et al., (2008) who reported that lack of parental support, monitoring, and communication and lack of feeling close to parents had been significantly related to the frequency of drinking, heavy drinking, and drunkenness among adolescents. Also, harsh, inconsistent discipline and hostility or rejection towards children had been found to be significant of a predictor of teenage drinking and drug related problems (Chasin et al., 1996). According to a 1994 rapid assessment survey, abusers reported strained relations with family and friends and family break up (200 out of 383). Also recorded was decline or failure in school, loss of employment (52 out of 383), medical complications and legal problems (about 191 out 383) (Mwenesi, Abdullah & Halima 1995). Parental care is an important mitigating factor that can prevent drug abuse. Children who are neglected materially, emotionally and encounter abuse in their homes will likely engage in drug addiction.

5.1.3 Types and Accessibility of Drugs of Abuse by the Injecting Drug Users

IDUs who inject with heroin also use other types of drugs such as Rohypnol, cocaine, Ataine, Diazepams, Gum/Conta, Jet fuel and codeine to potentiate the effects or manage withdrawal symptoms as explained here below. Some of the drugs fall under the strict prescription category, but they can easily access and abuse them. Heroin is the primary drug of abuse among IDUs. It is a central nervous depressant that gives the users a great sense of relaxation and euphoria. Once injected intravenously, the brain releases large quantities of dopamine that is a feel good neurotransmitter. Unfortunately, the effect is short-lived, and the user experiences extremely painful withdrawal symptoms.

Cocaine is central nervous system stimulant that gives an extremely high and euphoria when injected. It has the shortest action span, and the user crashes into an extreme low that can lead to severe depression and suicide. A few heroin users mix heroin and cocaine to prepare a ‘’speedball’’ or a euphoria where cocaine gives the user and extreme upper or stimulation, and heroin gives an ultimate downer that gives the user the feel of a roller coaster.

Diazepams also referred to as Cs in the coded language of IDUs are pharmaceutical drugs dispensed by authorised pharmacists. They are central nervous depressants that cannot be sold over the counter. Besides, they can only be sold upon production of a prescription from a medical Doctor. The research was informed that IDUs use Diazepams as a stop gap measure to manage painful withdrawal symptoms or to potentiate the effect of Heroin for those IDUs whose tolerance levels has considerably increased and they experience a minimal effect from injecting heroin.

Gum (MC) is used by cobblers to repair shoes and as an adhesive in the leather Industry. The IDUs have found and ingenious way of mixing the gum with Conta which is wood glue and Jet fuel to make a very potent concoction that can kick them out of consciousness in a minute. They do this especially when they cannot afford Heroin or when they have accumulated massive debts with their suppliers.

Ataine is an anti-Psychotic medication only administered on prescription to mentally sick patients to contain the manic episodes and calm them. The researcher was informed that IDUs use the drug because it gives them a sense being hidden or that nobody can see what they are snatching or stealing. The IDUs who break into packed vehicles, steal or snatch from pedestrians use Ataine when they are on “mission”. According to the respondents, the drug is

also very addictive and mostly contributes to suicide attempts and suicidal ideation among IDUs.

Rohypnol is a medical drug used as a central nervous system depressant. The study established that the drug is very popular with call girls who use it as a weapon to disable potential targets by lacing their drinks in the night clubs. Due to the high level of tolerance to heroin among the IDU population, Rohypnol when orally ingested or crushed then smoked together with Marijuana increases the euphoria or the heroin high. This is particularly true when money is scarce and two addicts pool resources to share one heroin sachet (When two IDUs do not have enough money, they buy one dose and then each injects half of the contents of the phial. It is also referred to as doing 50/50).

Marijuana (Cannabis Sativa, Bhang) is a hallucinogen. IDUs use marijuana as a base to smoke heroin and Rohypnol.

Codeine is a cough syrup medication used legally in the treatment of coughs. IDUs consume several bottles of cough syrup medicine. They can further potentiate this by crystalizing it by evaporating the mixture and smoking the residue.

Pethidine is a muscle relaxer used mostly in hospital operating theatres during surgery to relax the muscles of the patients.

The study found out that although the drugs such as heroin, cocaine and Marijuana are illegal and attract lengthy sentences and hefty fines upon conviction, they are readily available and accessible to the users with a high score of 82%. The research study found out that the peddlers are situated at strategic locations that are well guarded by sentries posted to be on the look-out and send a coded signal whenever they sense danger. The users also indicated that there is no perceived threat while accessing the drugs and their only concern was the quality of the product regarding potency which often led to the overdose.

5.1.4 Effects of Intravenous Drug Use on the Users

The study found out that the intravenous drug use has psychological, social, medical and economic effects on the users. The psychological effect includes severe painful withdrawal symptoms such as nausea, vomiting, diarrhoea, tarchicardia, running nose, irritability, stomach cramps, insomnia, severe headaches, muscle aches, mental confusion, nightmares,

blurred vision, hallucinations, extreme substance craving and acute psychosis syndrome (referred to by IDUs as kuchizi.

The study established that majority of the IDUs experience health complications as a result of the drug use habits. Due to repeated puncturing of the veins, the majority have collapsed veins in their legs and forearms and the puncturing of the arteries leads to the development of septic wounds. The study found out that there is a high prevalence of communicable and infectious diseases among the IDU population. The HIV/AIDS prevalence rate among IDUs is 37% against the national average of 8% while the prevalence rate among women IDUs is at 90% due to the double map effect. This supports earlier studies by Sinkele & Shabaya (2008) and Inaba & Cohen (2004) where they posited that there is a close relationship between IDU and HIV/AIDS. Female IDUs and some of the male IDUs get money to purchase the drugs by engaging in commercial sex work or men having sex with men (MSM). Due to the inebriation and desperation, they cannot negotiate for safe sex. In this study, 84% of the respondents reported that they frequently engaged in unprotected sex with their clients while 92% indicated that they had engaged in sex acts that they later on regretted. The study also found out that the IDUs share needles with each other as well as blood and even contents of a single phial which is not only dangerous but further exposes them to various other infections.

The research study found out that IDUs who are on ARV treatment find it tough to adhere to the treatment regimen and as a result get opportunistic infections such as Tuberculosis (TB). Pregnant women give birth to addicted babies who are underweight and difficult to nurse at the formative stages, which forces them to abandon their children for adoption.

The study found out that IDUs frequently experience bouts of mental health complications due to poly-drug use with drugs such as Rohypnol and marijuana.

The social effects of IDU on the users include societal stigma, rejection by family members, homelessness, sexual abuse and molestation, inability to access social services and documents, destitution, failure to take care of families, insecurity due to crime and injuries due to lynching by the public.

Economically, IDUs are not able to be financially independent as they cannot be able to hold a stable job for long due to the drug use habit. The study found out that most IDUs were not employed while many did not have any means of earning a living making them engage in crime. They are also prone to injury and crises situations such as mob justice and lynching.

The study established that 50% of the respondents had been involved in incidents more 5 or more times in the previous 12 months. Powis et al. (2000), argued that the link between crime and drugs is not a clear one, as drug use leads to crime, crime leads to drug use and crime and drugs are related to the wider factor in that drugs are usually trafficked and that in itself is a criminal activity. The study, therefore, concludes that injecting drug use leads to crime.

The study found out that the harm reduction programme was more favourable to the IDUs. 75.3% considered the plan to be successful. It was reported that the SAPTA drop-in programme did not stigmatise the IDUs and it enabled the IDUs to access Counseling, hot meals, hot shower, sterile injecting kits, medical care and ability join support groups. Through the outpatient drop-in programme, the IDUs are encouraged to consider rehabilitation and empowered on the skills to apply and reduce the quantities and the number of times that they inject with the drugs. The fact that the IDUs are given unconditional positive regard, they feel accepted and treated well and instead of rebelling they take rehabilitation as an option.

5.2 Conclusions

The first objective of the study was to establish the socio-demographic characteristics of injecting drug users. The study concludes that most of the injecting drug users are in their youthful years. Adolescence is the most vulnerable period of life since the majority of the IDUs were inducted to IDU and stated to experiment with drugs. This is, therefore, the most critical time for prevention and intervention to guard against the early onset of drug abuse.

The second objective was to identify the predisposing factors to injecting drug use among the IDUs. The study concludes that lack of awareness about drugs, rapid changes in lifestyle, parental neglect, abandonment, sexual abuse, dysfunctional families, engagement in commercial sex work, history of drug abuse and use in the family, easy accessibility to drugs, early onset of drug use and abuse, easy accessibility to gateway drugs, policies to combat, prevent and intervene and community attitude towards drug addiction are the predisposing factors to injecting drug use.

The third objective was to identify types and accessibility of the drugs used by the IDUs. The study concludes that IDUs use other drugs such as Ataine, Rohypnol, Diazepams, cocaine, Gum mixed with conta, Valium, Jet fuel, pethidine and Cannabis sativa to potentiate the effect of heroin, experience a double pull or to manage the negative and painful effects of

withdrawal. The study further concludes that these drugs are easily available and accessible to the IDUs but very expensive to afford adequate doses making the IDUs to share the contents of one and to inject themselves with blood from other IDUs.

The fourth objective was to determine effects of intravenous drug use among injecting drug users. The study concludes that there are psychological, social and medical consequences of IDU. Social consequences include rejection by close family members, stigmatisation by society, friends and family members, engagement in crime, inability to form lasting relationships, failure to provide education, housing and medical care for family members, and exposure to dangers such as gang rapes and sodomy and engagement in commercial sex work. Psychological effects include compulsive disorders, extreme craving, mental breakdown, suicidal ideation and painful withdrawal symptoms. The medical health includes long-term mental health complications, reproductive health complications, and exposure to contracting diseases such HIV/AIDS, Hepatitis B/C, Tuberculosis, Sexually transmitted infections, collapsed veins, chronic septic wounds and death.

5.3 Recommendations

The study came up with the following recommendations;

1) The Government should provide a budgetary of funds to be used in establishing rehabilitation centres for IDUs in all the Counties. The study found out that it is very different and difficult to treat injecting drug users together with addicts who are addicted to other lines of drugs because while others can take only ninety days to make a significant recovery, IDUs can take up to one full year to recover due to poly-drug use.

2) The Government should come up with a policy on prevention and harm reduction measures for IDUs to ensure that there is a healthy population. The HIV/AIDS prevalence among IDUs is very high in comparison to the other populations. Due to their lifestyle, this group infect many healthy people since they cannot negotiate for safe sex. To meet the Millennium goals and achieve Vision 2030, the Government should allocate funds and start programs that include the IDU population.

3) There is an urgent need to train addiction counsellors. Currently, only SAPTA trains and certifies addiction counsellors and the number is minuscule as compared to the total number

of addicts that the Country has witnessed in recent years. The Government should, therefore, take up this responsibility instead of leaving this crucial task to the private sector.

4) Since there is a close relationship between IDU and crime, the Government needs to come up with programmes that can empower the IDUs with life skills to enable them to become independent and productive citizens. During their many years of addiction, the IDUs lose the soft skills and fail to acquire the expected milestones in the different life stages. The Government should, therefore, come up with a policy where special slots in institutions such as National Youth Service and National polytechnics are reserved for the IDUs who have gone through rehabilitation.

5) The Government should start a re-integration programme for the IDUs who have successfully undergone rehabilitation by establishing halfway houses. The stigma and rejection that IDUs face from their family members and society make them relapse back to the active use of the drugs.

6) The Government should come up with incentives and alternative cash crops for the farmers who cultivate Tobacco, Miraa and Muguka. The study established that IDU is preceded by abuse of gateway drugs such as alcohol, tobacco, kuber, Miraa and Muguka. There is, therefore, an urgent need to for the Government to come with demand these reduction strategies for these drugs.

7) The Government should strengthen institutions such as NACADA by allocating more financial resources to enable the agency open and operate field offices in all the Counties to allow for timely intervention, unlike the current reactionary approach that the Agency takes when there is a crisis.

8) The Ministry of Education should develop and roll out a curriculum on life skills development and drug and substance abuse to be taught in primary and secondary schools to as a prevention and intervention measure to prevent early onset of abuse. The majority of the drug abusers are introduced and initiated into substance abuse at this vulnerable stage. Empowering them with education and life skills would equip them with necessary tools to manage peer pressure.

9) Religious organisations should introduce marriage and family enrichment programs through churches, mosques and social groups to provide couple education as the home was identified as a primary environment for drug initiation. Furthermore, children who are born in

dysfunctional families are more likely to encounter physical and sexual abuse and later on abuse drugs due to unresolved childhood traumas.

5.4 Suggestions for Further Research

This research study suggests the area of drug and substance abuse is wide and more research needs to be carried out. The following areas of further researcher are thus suggested:

i) Conduct a baseline study on the prevalence of injecting drug use in all the Counties to establish an estimate of injecting drug users and their needs.

ii) Carry out an evaluative research to find out the effectiveness of the drug rehabilitation centres set up by the Government in the Referral hospitals.

iii) Conduct research to determine factors that lead to relapse among recovering addicts.

REFERENCES

Abeyasekera, S. (nd). Quantitative Analysis Approaches to Qualitative Data:Why, When and How. Reading: Statistical Services Centre, University of Reading.

Abraham Fischler School of Education. (ND). Mixed Methods. NOVA South Eastern University.

ICPA seventh Congress Report.

Acuda S. W. (1983). Alcohol Problems in Kenya Today; A Review of Research Report of the Fourth World Congress for Prevention of Alcoholism

Amayo G. N. (1984). Prevention in the Republic of Kenya. The ICPA National Committee in and Practices Among the Youth in Nairobi South B Estate.

Baker L. (2010). What is Primary Data?. How Publication

Barbour, R. (2001). Education and Debate. British Medical Journal, 1115-1117.

Birech J. (2000). Alcohol Abuse and its Impact on Family Life; A Case Study of Nandi Community in Kenya. Nairobi

Broken dreams: violence against women exposed. New York, UN Office for the

Cahlinger P.M. (2001). Illegal Drugs; A Complete Guide to their Story, Chemistry, Use and Abuse. Salt Lake City. Sagebrush Press.

Cindesmith A et al (1964); Anomie and Deviant Behaviour. Free Press. New York.

Collins, K., Onwuegbuzie, A. J., & Sutton, I. L. (2006). A Model Incorporating the Rationale and Purpose for Conducting Mixed Methods Research in Special Education and Beyond Learning Disabilities. A Contemporary Journal 4, 67-100.

Creswell, J. (2012). Educational research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research (4th Ed*).* Upper Saddle River, NJ:: Pearson Education.

Creswell, J. W. (2007). Research Desing: Qualitative, Quantative, and Mixed Methods Approaches(3rd Ed.). Sage.

Denzin, N. K., & Lincoln, S. Y. (2000). Handbook of Qualitative Research (2nd Ed*).* New Delhi: Sage Publication Inc.

Doweiko, H. E. (2002). Concepts of Chemical Dependency (Fifth Edition).

Gacicio E. W (2004) Effects of Drugs and Substance Abuse on Learning in Public Secondary Schools.

Gibbs, G. R. (2007). Analyzing Qualitative Data. In The Sage Qualitative Research Kit. Sage. Glenview

Gollo K.D (2007). Drug Abuse and Media Campaigns; A Study of Knowledge, Attitudes and Practices Among the Youth in Nairobi South B Estate.

Humphreys, C, Thiara, R.K. & Regan (2005) Domestic Violence and Substance Misuse, Overlapping Issues in Separate Services, Greater London Authority and the Home Office

Inaba, D.S. and Cohen, W. E (2004). Uppers, Downers, All Rounders; Physical Effects of Psychoactive drugs (Fifth edition). Oregon. CNS Publications Inc.

Kendler, K.S., et al. (2000) "Childhood Sexual Abuse and Adult Psychiatric and Substance Use Disorders in Women: An Epidemiological and Co-twin Control Analysis". Archives of General Psychiatry: 57(10): 953-959.

Kothari C.R (2004). Research Methodology; Methods and Techniques. New Delhi. New Age International Ltd.

Ksir B.C. and Ray T. (2004). A Comprehensive Guide on Substances of Abuse. New York. McGraw Hill Inc.

Maina N.H. (2007). The Challenges Facing School Counsellors in Eliminating Use of drugs Among Students; A Case Study of Public Secondary Schools in Ruiru Municipality.

Manyara J (2001). The Coverage of the Drug Scourge in the Kenyan Media. An anlysis of the Content, Trends and Quality of Coverage. Nairobi

Marlatt G. A and Judith R. G (1985). Relapse Prevention. New York. The Guildford Press.

Michieka (2006). Drug and Substance Abuse. A case Study of Public Primary Schools in

Mugenda,O and Mugenda A (1999). Research Methods: Quantatitive and Qualitative

NACADA. Rapid Situation Assessment of Drug Abuse in Kenya. 2007

Nachmias F. C. and Nachmias D (1996). Research Methods in Social Sciences (5th Edition). St

Nairobi.

Namwonja G.T (1993). The Role of Peers in Drug Use among the Youth; A Case Study of College

Neubeck K.J (1979). Social Problems; A critical Approach. Scoot Foreman and Company.

Outreach Workers. 25th-29th August2008.Kisumu; Population Council.

Pacific Grove CA. Brooks/Cole.

Powis, B., Gossop, M., Bury, C. Payne, K. and Griffiths, P. (2000) 'Drug-using Mothers: Social, Psychological and Substance Use Problems of Women Opiate Users with Children. Drug and Alcohol Review 19, 171-180

Saunders S., Lewis T. and Thorn H. (20000). Research Methods for Business Students (2nd edition). Pearson Education. London

Sinkele M. and Shabaya T.(2008): Integrating Alcohol and Substance Abuse Counseling into Students in Nairobi. Nairobi

Thomas, D. R. (2003). A general Inductive Approach for Qualitative Data Analysis. Auckland: University of Auckland.

Thomas, D. R. (2003). A general Inductive Approach for Qualitative Data Analysis. Auckland: University of Auckland.

UNDP (2007). Human Development Report 2007/2008. New York, United Nations Development

United Nations Office for the Coordination of Humanitarian Affairs (2005). Broken Bodies,

UNODC (2012). World Drug Report, Vienna.

Wamuyu G.E. (2004). Effects of Drugs and Substance Abuse on Learning in Public secondary Schools in Starehe Division of Nairobi Province. University of Nairobi.

Wasunna and Wasunna (1973). The Use and Abuse of Drugs and Chemicals in Tropical Africa. Sociology Dissertation. University of Nairobi.

Wiersma W. (1995). Research Methods in Education; An Introduction (6th Edition). Massachussets. Simon and Schuster Company.

Yambo M. and Acuda (1983) epidemilogy of Drug Use and Abuse. University of Nairobi.

Links

Latham, J. (2010-2012). Retrieved December 11, 2015, from Dr John Lathan Webite: http://www.drjohnlatham.com/Sampling.html

Latham, J. (2010-2012). Retrieved May 11, 2012, from Dr. John Lathan Website: http://www.drjohnlatham.com/Sampling.html

Lund Research Ltd. (2010). Retrieved May 11, 2012, from http://dissertation.laerd.com/articles/purposive -sampling-an-overview.php

Lund Research Ltd. (2010). Retrieved May 11, 2015, from http://dissertation.laerd.com/articles/purposive -sampling-an-overview.php

INTRODUCTION LETTER

My name is **IKIARA MARTHA MAITI**, a student undertaking a Master's Degree in **SOCIOLOGY (COUNSELING) at the University of Nairobi.**

As part of the course work, am interested in determining the **Varieties of Drug abuse and effects among Injecting Drug Abusers in Nairobi.**

The findings will help influence policy makers in helping those suffering from effects of abuse and develop harm reduction strategies.

Please assist me by responding to the questions/statements below as accurately as you can. Again, **feel free not to indicate your identity.** All the responses will be treated with utmost confidentiality. YOUR ASSISTANCE IS GREATLY APPRECIATED. *THANK YOU*.

Your participation in this research study is completely voluntary. Your decision whether or not to participate will not have any consequences whatsoever. All of your responses will be kept CONFIDENTIAL.

Yours faithfully

IKIARA MARTHA MAITI,

Serial No……

APPENDIX II
QUESTIONNAIRE FOR THE INJECTING DRUG USERS (IDUs)

Part one: Social and Demographic Information

Part A: Demographic information (Please tick(√) as appropriate)							
Age Bracket *Actual age* *Religion*	(18yrs-25yrs) (26yrs-30yrs) (31yrs-40yrs)(41yrs-50yrs) (50yrs-60yrs) (60yrs-70yrs) ……. (Christian) (Muslim) (Hindu) (Sikh) (Traditional)						
Marital status	Single	Married/cohabiting	Married	Re-married	Widow Widower	separated	divorced
Gender	Male	Female					
Birth order	First born		Middle child		Last born		
Do you have any children?	Yes		No				
Education level	Primary school	Secondary school	Diploma	Bachelors	Masters	PhD	Other
Income level (000,Kshs)	Below 7,500	7,500-10,000	10 -20	20-30	30-40	40-50K	Over 50
Source of income	Self-employed	Employed	Business	Spouse		Parent support	

Part Two: Drug use details

1. How old were you when you had your first drug substance injection?

I was _____years

2. Can you recall the person who administered the first injection to you?

Yes_____ No_____

3. If yes above, please indicate your relationship with the person(s)

_____

4. Please indicate the setting and or venue of your first drug injecting episode

_____

5. Currently, what venue or setting do you use for injecting? Please give details

_____-

6. Have you ever shared a syringe or needle with someone else?

Yes_____ No_____

7. If yes above, with whom did you share the syringes and needles? Please give details

_____

8. From where do you get syringes and needles?

_____

9. Which parts of your body do you prefer to inject the drug?

_____

10. With what frequency do you inject with a drug substance? Indicate from table below

PREVALENCE	*mark where appropriate with tick* (√)
During the past 30 days, on how many days did you have at least one injection?	
Daily	
1 to 2 days	
3 to 5 days	
6 to 9 days	
10 to 19 days	
20 to 29 days	
Over 30 days	

11. What are your expectation(s) / motivation for injecting with this brand of drug substance?

Please tick in the appropriate box (s) below.

Expectation	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Freedom					
Relaxing					
Sexy					
Adventurous					
Healthy					
Refreshing					
Pain reduction					

12. Think back again over the last 30 days. How many times (if any) have you had more than one injection in a day?

None	Once	Twice	3-5	6- 9	10 or more times

13. During the past 30 days how did you obtain the drug substance you injected with?

Please tick as appropriate (√)

I did not inject during the past 30 days I bought it from a street vendor	
I gave someone else money to buy it for me	
I got it from my friends	
I got it from my family	
I got from my spouse	
I got it some other way (specify)	

14. Please indicate below, the ease with which you are able to obtain the preferred drug/substance. Please pick one(√)

Very easy ☐ fairly easy ☐ neither easy nor difficult ☐

Fairly difficult ☐ Very difficult ☐ don't know ☐

15. How would you rate the risk of obtaining the preferred drug/substance? Please pick one(√)

No risk ☐ Slight risk ☐ Moderate risk ☐

Great risk ☐ Don't know ☐

16.. Please indicate whether the major source of your wealth/ property/income is from

Inherited from parents/family ☐ Self- acquired ☐

My spouse ☐ Other means ☐

17. Has the manner in which you acquired the property contributed to your decision to use injecting drugs?

Yes_____ No _____

If yes, above, please explain how the manner in which property is acquired has influenced your involvement in drugs abuse

18. Because of my own drug use, I have experienced the following incident(s) in the last 12 months. Please indicate as appropriate in the table below.

Incident	**0**	**1-2**	**3-5**	**0ver 5 times**
Got in a fight				
Got in an accident				
Had serious problems with my family				
Had serious problems with my friends				
Performed badly at school or work				
Lost my job/ kicked out of school.				
Was a victim by robbery /theft				
Had trouble with police				
Had to go to a hospital for treatment				
Had sex without a condom				
Had sex which I had wished I hadn't the next day				

19. How many of your 5-closest friends/ associates inject with drugs? Please tick one(√)

None ☐ 1 only ☐ 2 only ☐

3 ☐ 4 ☐ All do inject ☐

20. Have any of your friends and or acquaintances died as a result of injecting drug use?

Yes _____ No_____

21. If yes above, indicate the number (Please circle appropriately)

1 only ☐ 2 only ☐ 3 ☐ 4 ☐ 5 or more ☐

22. Are there any social issues that have influenced your uptake of injecting drugs? Please identify any_____

_____

23. How hard/easy do you think it is for you to afford to purchase an adequate supply of your preferred injecting drug substance? Please mark one **(√)**

Very Hard ☐ Hard ☐ Neither hard or easy ☐

Easy ☐ Very easy ☐

24. Which other drug substances do you use or have you used in addition to the preferred one? Please give details

_____

25. Kindly indicate the effects of injecting drugs on the following listed issues.
Please give details as to how each have affected you

EFFECT	YES	NO
Effect on Your Health		
Hospitalized		
Sickly		
Contracted STD		
Effects on your Relationships		
Marriage		
Children		
Parents		
Friends		
Effects on your Finances		
Lost job		
Interdicted		
Warning letter		
Transferred		
Demoted		
Effects on your Education		
Dropped out		
Suspended		
Truant		
Poor performance		

26. How would you rate the vulnerability of a person taking drug substances to the risk of contracting HIV? Please tick one (√)

Much more vulnerable ☐ more vulnerable ☐ Not vulnerable ☐

Less ☐ ☐

27. Have you ever injected yourself with a somebody's else blood to deal with withdrawal Problems?

Yes _____ No _____

28. Please indicate any risks of injecting that you are aware of

_____
_

29. Have you ever attempted to stop injecting with drugs?

Yes _____ No_____

30. If yes above, what was the level of your success?

Extremely successful ☐ very successful ☐ slightly successful ☐

Just successful ☐ successful ☐ not successful ☐

31. How would you rate the success of the harm and demand reduction treatment programs that you are going through?

Extremely successful☐ very successful☐ slightly successful☐

Just successful ☐ successful ☐ not successful ☐

APPENDIX III

KEY INFORMANT INTERVIEW GUIDE FOR OUTREACH WORKERS, COMMUNITY HEALTH WORKERS AND COUNSELORS

1. Your role in this centre as a Counsellor (Outreach worker, Caregiver) is very important. Would you kindly share with us the social demographic characteristics of your clients in terms of age, religion and social economic backgrounds?

2. What type of drugs do your clients' abuse?

3. What would you consider to be the main factors that influence your clients into engaging in the drug use habit?

4. What kind of health issues do you encounter with your clients?

5. Lately, a lot of Campaigns and sensitization has been going on. Why do you think that all these efforts do not make any significant impact?

APPENDIX IV

INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSIONS

Introduction and Opening Procedure

- ✓ Greet the Members
- ✓ Moderator/ Researcher introduces self
- ✓ Welcome the Members to Group
- ✓ Make the Introduction round where members say their names
- ✓ Explain to the Group Members that purpose of the Group and the importance
- ✓ Take any concerns from the Group and make any clarifications
- ✓ Ask group members to set ground rules
- ✓ Assure the members of confidentiality
- ✓ Ask members to keep confidential any information discussed on the floor
- ✓ Find out the feelings of the members at the end of the session and carry out a short debrief.

Schedule of Questions for Men

1. Can we start by knowing the age of each member (to eliminate those who are 18 years and below)
2. Are all the members injecting drug users
3. How did we start to use injectable drugs? (allow members to share in a round)
4. What injecting drugs do you use?
5. Where do you obtain your supplies of drugs?
6. What are the personal challenges that you face?
7. How is your relationship with your families?
8. Have you tried to quit?
9. Have ever sought treatment before coming to SAPTA?
10. Do you inject yourself or somebody injects you?
11. Have you ever share a dose with anyone?
12. Have you ever drawn blood from somebody to contain craving?
13. Do you think you receive any help from SAPTA?
14. What help would you require from the Government?

15. Do you have Families? How do you provide for them?
16. Are there other members of your family who inject drugs or use other drugs
17. What other drugs do you use?

Schedule of Questions for Women IDUs

1. Can we start by knowing the age of each member (to eliminate those who are 18 years and below)
2. Are all the members injecting drug users?
3. How did we start to use injectable drugs ?(allow members to share in a round)
4. What injecting drugs do you use?
5. Where do you obtain your supplies of drugs?
6. What are the personal challenges that you face?
7. How is your relationship with your families?
8. Have you tried to quit?
9. Have ever sought treatment before coming to SAPTA?
10. Have you ever shared needles?
11. Do you inject yourself or somebody injects you?
12. Have you ever share a dose with anyone?
13. Have you ever faced any Violence? If yes, what form of Violence?
14. Do you have Children?
15. How do you view your future?
16. What types of drugs do you use?