FACTORS CONTRIBUTING TO DRUG ABUSE BY YOUTHFUL OFFENDERS IN THE EASTLANDS AREA OF NAIROBI

BY

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[illegible]

DECLARATION

I, the undersigned declare that this is my original work and has not been submitted to any university other than the University of Nairobi for the award of a degree:

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Dr. Michael Chepkonga

DEDICATION

To those interested in addressing the problem of drug abuse among youth in Kenya.

ACKNOWLEDGEMENT

This research project was a product of the enormous and valuable support received from a number of individuals and organizations: First and foremost, I would like to thank my immediate family members for their kind support during the time of coursework and proposal writing, data collection and compilation phases of the project; bearing in mind that I had to spend many hours away from them.

My University supervisor Dr. Michael Chepkonga offered the necessary guidance and advice throughout the period of the research process and to him I say, a big thank you.

I also extend my thanks to the typists; and all those who were involved one way or another in this work, since their critical roles contributed in making this research project a reality. Without their support, the proposal preparation and, by extension this work, would have been extremely difficult to accomplish.

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ACRONYMS/ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBD	Central Business District
CDC	Centers for Disease Control
CNS	Central Nervous System
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
IDUs	Injecting Drug Users
NACADA	National Agency for the Campaign Against Drug Abuse
NCASA	National Center on Addiction and Substance Abuse
NIDA	National Institute on Drug Abuse
OAS	Office of Applied Studies
SPSS	Statistical Package for Social Sciences
UNODC	United Nations Office on Drugs and Crime
US	United States
WHO	World Health Organization

ABSTRACT

This study set out to investigate factors contributing to drug abuse among youth in the Eastlands area of Nairobi. Its specific objectives were: To establish the types of drugs abused by youth; establish the consequences of drug abuse; identify the contributory factors to drug abuse; and identify intervention strategies employed by stakeholders to combat the problem of drug abuse among the youth in the study area.

The study adopted a primary research design method. A sample of 100 youthful drug abusers was selected using convenience sampling while 9 key informants were selected using purposive sampling. Both primary and secondary sources of data were used in the study.

The study found that youths in the Eastlands area of Nairobi abused a number of drugs and some of the most common ones were alcohol, bhang, miraa and tobacco. The consequences of drug abuse included brain damage, getting involved in immoral activities, poor performance in school, pupil/student dropping out of school, death and negative effect on human health. The factors contributing to drug abuse by the youth included peer pressure, unemployment/ idleness, desire for adventure, presence of carefree parents and ease of access of drugs. Some of the strategies employed to address drug abuse in the study area were counseling and guidance; anti-drug abuse campaigns in schools and churches; imprisonment of drug traffickers; and drug rehabilitation support to youths.

The study recommended that more awareness be created on the dangers of drug abuse; that the government and its partners take urgent measures to provide affordable and accessible treatment and rehabilitation services to the youth hooked into drug use; that the supply of drugs in the market be curtailed in order to reduce the opportunity to access the drugs; and that, the Psychotropic Substances Control Act of 1994 be fully enforced by the players in the Criminal Justice System, especially key departments such as the Police Department.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Many nations of the world, Kenya included, recognize that a drug abuse-free youth is important in the whole process of national social welfare and economic development. According to GoK (2007), drugs destroy lives and communities; undermine sustainable development; generate crime and affects all sectors of society in all countries. Universally, a healthy youth, free from drug abuse is a vital aspect of development. This is because good health, especially among the youth, is important in the attainment of an adequate quality of life. Ndirangu (2000), for example, points out that youths who are in good physical and psychological health are the hope of future economic, social and political development, since they have the requisite energy for production and reproduction of goods and services.

The problem of drug abuse among the youth affects many of the developed and less developed countries of the world (WHO, 1989). According to NIDA (2005), drug abuse has been identified as one of the most serious problems faced by Americans. Millions of people in the US find it impossible to get started in the morning without use of a drug such as a cigarette, or to relax in the evening without a drink. In most countries, the types of drugs abused are diverse. In the US, for instance, studies indicate that 80% of late adolescents (aged between 16 and 19 years) have tried alcohol; 71% have tried a cigarette; 42% have used marijuana or hashish; 7% have used some form of cocaine; and 16% have used some other illegal drug (Cobb, 2001). Although use of alcohol, tobacco and many other illegal drugs had generally declined among adolescents in the US during the 1980s and early 1990s, their use began to edge upward again from 1993 due to increased advertisements that made use of drugs look attractive and glamorous; increased prevalence of drugs in society; the youths' desire to ape their drug using adults; peer pressure; the youths' want to boost low esteem, dull pain, feel more confident or compensate for poor social skills (CDC, 1996; NCASA, 2005). Drug trafficking is also, reportedly, rampant among the nationals of South American countries, Germany and Belgium, hence the likelihood of drug abuse in the same countries. The experience worldwide is that where there is drug trafficking, there is a spill over effect that leads to increased drug abuse within the conduit region (Gathura, 2009; Ngolyo, 2009; Daily Nation, April 8, 2009).

The United Nations Office on Drugs and Crime has shown that the problem of drug abuse is more serious among the developing countries. According to UNODC (2004), the proportion of the population of injecting drug users in some Central Asian and Eastern European countries (commonly referred as IDUs) was estimated to be up to ten times higher than that in many Western European countries. It is estimated that 25% of the IDUs were less than 20 years of age. Similarly, 60% of 15-year old boys in some of the Commonwealth of Independent States reported having been drunk on at least two occasions in 2001. African countries appear to bear the brunt of the illicit drugs problem. Countries such as Mauritius, Democratic Republic of Congo, Seychelles, Cote d'Ivoire, Ghana, Nigeria and South African countries have had to contend with the problem of being transit hubs and consumers of large consignments of heroine and cocaine in what is described as a global trade in narcotics and drug cartels operating in Africa and Europe. East African countries including Kenya have not been spared either. The nationals of these countries have been involved in either drug trafficking or drug abuse or in both. For instance, the Kenya Police Anti-Narcotic Unit arrested 31 Tanzanians, 1 Somali, 1 Rwandese and 3 Ugandans for illicit drug related offences in 2006 (Gathura, 2009; Ngolyo, 2009; Daily Nation, April 8, 2009; GoK, 2007).

Drug abuse has a number of negative consequences on individual abusers and the community in general. It is associated with mental, physical, emotional and social problems. At the worst, drug abuse causes death resulting from extreme intoxication. The resource costs involved in managing drug abuse behavior and its adverse effects are immense and these deplete the resources which would have otherwise been utilized in other development initiatives for the benefit of the youths in particular, and the wider population in general (Phillips, 1994; Mokdad, Marks, Stroup and Gerberding, 2004; Hallfors, Waller, Ford, Halpern, Bodish and Iritani, 2004).

As indicated in studies by NACADA (2004), Phillips (1994) and Ndirangu (2000), factors contributing to drug abuse among the youth are varied. The most visible are socio-psychological and cultural factors; economic factors and criminal justice system institutional factors. Examples of these factors are socially and economically unstable families, peer pressure influences; foreign socio-cultural influences; psychological states within the individual (for example, the search for identity, the quest for ultimate fun, curiosity and negative self-image); the unavailability of legitimate economic opportunities and the

availability of illegitimate economic opportunities such as locally available markets for the drugs and financial benefits from the sale of the drugs. Criminal justice system institutional factors such as the lack of a legal institutional framework for preventing and controlling drugs and substances abuse, inadequate, or lack of preventive strategies; poor control mechanisms with regard to suppressing the supply of drugs and substances; and inadequate counseling, treatment and rehabilitation programmes have also been identified as contributory factors (GoK, 2007).

Recognizing the seriousness of the drug abuse problem among the youth, different stakeholders have used a number of intervention measures to combat the problem. According to Phillips (1994), methods of helping include, education; organized intervention by way of confronting the drug addict about the behavior; tough love; helping families and friends of addicts; chemical dependency treatment; detoxification; primary rehabilitation of drug abusers and after-care counseling are effective ways of addressing the problem. In Kenya, like other countries, the enactment of drug use and trafficking laws and relevant institutions has helped in addressing the problem of drug abuse among the youth (GoK, 2007; NACADA, 2004; Cobb, 2001; Meeks-Mitchell and Heit, 1987). Ray and Ksir (1996) argue that prevention programmes in the schools have worked to deal with the drug use/abuse problem in the American society.

It is worth noting that different factors contribute to drug abuse behavior among the youth in general. However, different contributory factors appear to come into play in the drug abuse behavior among the youth of different localities with some factors being key contributory factors while others being of little consequence. Hence, the present study set out to specifically investigate and document the factors contributing to drug abuse by youth in the Eastlands area of Nairobi. This was based on the realization that general studies on drug abuse (such as on prevalence) had been conducted in other areas of Nairobi but no previous studies on the subject of contributory factors appeared to have been conducted in the Eastlands area, despite the continuous illumination of the area by the mass media as a basically low socio-economic area which is also a hub for illicit drugs in Nairobi.

1.2 Problem Statement

In the last few years, stakeholders (especially the Government of Kenya agencies) attempting to address the drug and substance abuse problem have intensified their campaigns for the prevention and reduction of drug abuse among the youth. The specific efforts have come through the establishment of such agencies as the National Campaign Against Drug Abuse Authority (NACADA, 2004) and the formulation of the Drug Control Master Plan (GoK, 2000).However, despite the huge efforts and resources committed to the cause, a high prevalence and rising rates of drug and substance use/abuse have been reported in Kenya in the recent years. For instance, 77.1% of non-students were reported to be on long-term abuse of alcohol; 65.7% were on tobacco; 34.9% were on bhang; 55.1% were on miraa, while 12.5% were on inhalants in 2007 (Liambila and Wekesa, 2007). This is probably an indicator that stakeholders do not understand the real contributory factors especially in areas where drug abuse is reportedly rampant, for example among the youth in the Eastlands area of Nairobi.

Much has changed since the establishment of NACADA to steer efforts aimed at addressing drug use/abuse in the country. Throughout these changes, our old "standbys", alcohol, tobacco, inhalants, miraa and bhang have remained with us and remained major social issues and major social problems. Regulations have changed, new information is available and new approaches to prevention and treatments are being tried. However, throughout these past few years, these 'traditional' drugs continue to be the most widely abused drugs in our society. Other drugs and substances such as opium and narcotics have penetrated many areas of the country and their use gaining momentum especially in the urban areas. Not until it has been investigated and established whether these drugs are available and used/abused by youths in the Eastlands area of Nairobi can it be possible to institute effective drug abuse control measures in the area.

Drug abuse has generally been reported in Nairobi. However, the City is cosmopolitan with its population in different areas having unique and diverse socio-cultural and economic situations. Some areas are affluent while others are reportedly poor. For example, in the year 2007, 2 million out of Nairobi's population of 3,034,397 were reportedly living in some 100 slums and other forms of informal settlements (a majority of them located in Eastlands) with the remaining population living in middle and upper income residential houses elsewhere

(GoK, 2007b). One is inclined to speculate that Eastlands youths are influenced by different factors to abuse drugs that are unique to informal settlements, hence the need for a study to establish whether there are specific socio-psychological, cultural and economic contributory factors to drug abuse in Eastlands area.

Drug education has tended to focus on providing clinical information about drugs or employing scare tactics to portray the dangers of drug abuse. Neither approach has proved too successful. The youths in Eastlands area need to be aware of how drugs will affect them, and what could happen in their lives. Successful drug education and awareness among youths needs to address the realistic consequences of abusing drugs since when they become addicted, the youths are no longer in control. This therefore necessitates a study to establish the facts about the consequences of drug abuse in the Eastlands area as a step towards emphasizing the need to address the problem. The youth must be presented with factual and not unfounded information about a particular problem affecting the society for them to realize the importance of addressing the problem.

An examination of the available information revealed that Nairobi Province was one of the top two provinces where the five commonly abused drugs and substances were abused by both students and non-student youth. For instance, between 2001 and 2002, Nairobi Province had the highest percentage of students (5.5%) and non-students (15.2%) abusing inhalants, the highest percentage of students abusing miraa (22.6%) and tobacco (19.5%), it was top second province in the percentage of students (4.3%) and non-students (40.3%) abusing bhang and was also second top province in the number of students (40.9%) and non-students (89.9%) abusing alcohol (NACADA, 2004). This clearly showed that Nairobi bore the brunt of drug abuse and hence, the reason to establish drug abuse contributory factors in areas of Nairobi such as the Eastlands area.

Drug abuse is responsible for mental, physical, emotional or social problems among the youth. At the worst, it leads to death among the abusers or crime commission by those under the influence of drugs, especially homicides, carjacking and robbery with violence. Despite the youth being sensitized about the hazards of the behavior, they continue to abuse the drugs. This leads one to assume that there have been little or no efforts to understand from the youth themselves how the problem of drug abuse by the youth could be addressed. The youth

need to be engaged to originate, or even suggest intervention measures to their own problems instead of other stakeholders imposing on the youth what they (stakeholders) think is right for the youth without consulting the affected youth. It therefore becomes necessary to understand drug abuse intervention measures in order to design proper solutions to the drug abuse menace. The social, economic and political development of any country can not be realized without the efforts of the youth, the world's most valuable asset. This study was therefore necessitated partly by the need to reduce the existing knowledge gap on the subject under investigation. The assumption of the study was that there was grey area with regard to types of drugs used/abused, contributory factors, consequences of drug abuse and intervention strategies to combat drug abuse among the youth in the Eastlands area of Nairobi.

The study was therefore guided by the following specific questions:

1. What types of drugs are abused by youth in the Eastlands area of Nairobi?
2. What are the contributory factors to drug abuse in the Eastlands area of Nairobi?
3. What are the consequences of drug abuse among the youth in the Eastlands area of Nairobi?
4. What intervention strategies are employed by stakeholders to combat the problem of drug abuse among the youth in the Eastlands area of Nairobi?

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this study was to investigate factors contributing to drug abuse among the youthful offenders in the Eastlands area of Nairobi.

1.3.2 Specific Objectives

The specific objectives were:

1) To establish the types of drugs abused by youth in the Eastlands area of Nairobi.
2) To identify the contributory factors to drug abuse in the Eastlands area of Nairobi.
3) To establish the consequences of drug abuse among the youth in the Eastlands area of Nairobi.
4) To identify intervention strategies employed by stakeholders to combat the Problem of drug abuse among the youth in the Eastlands area of Nairobi.

1.4 Justification of the Study

This study is significant for a number of reasons: First, the study contributes to knowledge by generating and documenting information about specific aspects of drug abuse among the youth. The problem of drug abuse in the Eastlands area of Nairobi is not well known by Kenyans in general, more so, the specific contributory factors that predispose youth to abuse drugs, types of drugs abused by youths in Eastlands area, the consequences of drug abuse among youths and the intervention strategies employed by stakeholders to combat the problem of drug abuse among youths in the Eastlands area. This was despite Eastlands area being assumed to be a hub for illicit drugs in Nairobi. Importantly, these specific aspects of drug abuse had not been adequately researched on and documented by previous studies in Kenya even though there seemed to be a widespread campaign against the problem in Kenya. Hence the knowledge gap that existed with regard to these key aspects of drug abuse was addressed by this particular study.

The study is useful to the government and other stakeholders in undertaking effective intervention strategies against drug abuse in Eastlands area of Nairobi in particular and Kenya in general. The proliferation of new illicit drugs such as cocaine and heroine and the increased abuse of the 'traditional' drugs (that is, miraa, bhang, tobacco, alcohol and inhalants) especially in urban areas being a new phenomenon in Kenya, the government and other stakeholders have been working without clear data on the problem. The study therefore expects to provide information that would help interested stakeholders to make informed decisions. The study may also help policy makers, planners and implementers in formulating appropriate policies and programmes to combat drug abuse. If combated, improved wellbeing of youths in Eastlands area would be attained.

1.5 Scope and Limitations of the Study

This study set out to investigate factors that contribute to drug abuse among youths. The study site was Eastlands area of Nairobi. The scope of the study included the contributory factors that predispose youth to abuse drugs, types of drugs abused by youths in Eastlands area, the consequences of drug abuse among youths and the intervention strategies employed by stakeholders to combat the problem of drug abuse among youths. The study interviewed 100 youthful drug abusers aged between 10-35 years who were serving non-custodial sentences for drug abuse offences under the Makadara Probation Office. In addition to these

youthful drug abusers, and in order to obtain pertinent information on the subject, at least 9 key informants were selected: These were; 4 Secondary schools teachers, 1 Area Education Officer, 2 Probation Officers, and 2 Police Investigators from one police station in the study area.

There is one main limitation in this study: The usefulness of the data of this study was affected by the use of inadequate respondents who can not guarantee generalization of the findings. Due to the unwillingness and/or unavailability of some targeted respondents to participate in the study and the time limitation in tracing the willing respondents some of whom were not easily and readily available, the study was forced to study only a few respondents. Some of the willing respondents were not easily available since they were away in their daily engagements outside the study site.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter reviewed available literature on the factors that contribute to drug abuse by youth. The thematic scope of the chapter contents included the following: types of drugs abused by youth; factors that influence youth to abuse drugs; consequences of drug abuse among the youth; drug abuse intervention strategies among the youth; and theoretical context of the study.

2.2 Overview of the Drug Problem in Kenya

Kenya has had its share of drug abuse (and by extension, drug trafficking) problem among the youth: Ndirangu (2000) for instance, observes that drug abuse among the Kenyan youth is a social time bomb. According to NACADA (2004), drug and substance abuse in Kenya was widespread and cut across all social groups with the youth being the most affected. The youth were increasingly abusing imported, illegal drugs and substances such as narcotics (which include heroin, cocaine and mandrax), opium and inhalants. However, alcohol, tobacco, bhang, miraa and inhalants were the commonly abused substances by Kenyan youths aged between 10-24 years (NACADA, 2004). A worrying trend in Kenya as been the reported increased use of the country as a transit route for hard drugs from Afghanistan and other drug source countries destined for US and Europe. According to a report on global trade in narcotics, a significant amount of heroin was finding its way into the local market and hence contributing in the destruction of the Kenyan youth (Gathura, 2009; Mugisha, Arinaitwe-Mugisha and Hagambe, 2003). look at My Comments on page 2

In Kenya, drug abuse is increasingly being recognized as a serious social problem with negative consequences on the health, security, socio-psychological, economic and cultural development of the individual drug abusers and the community at large. Previous studies have established that drug abuse is widespread in Kenya, cutting across all social groups but affecting mostly the youth aged 10-35 years. An unfortunate scenario is that over 60% of Kenyan youths aged below 30 years have been reported to abuse drugs while 40% of students in schools are taking illicit drugs (NACADA, 2004). Until recently, Kenyan youths were

known to abuse only a few types of locally available 'traditional' drugs until society was infiltrated by imported and expensive 'foreign' drugs such as narcotics. Although drug abuse can be traced to a number of contributory factors, the specific and most prominent ones have been socio-psychological and cultural factors; economic factors and criminal justice system institutional factors (GoK, 2007). Strategies to address the problem of drug abuse in Kenya have come in the form of treatment and prevention programmes involving medical treatment of the intoxicated abusers, prevention of further drug abuse and rehabilitation of the abusers. Whether these strategies have realized any meaningful results is a subject of a different research study.

2.3 Types of Drugs Abused by Youth Offenders

The misuse or abuse of drugs threatens the health of the user and may cause behaviors that threaten the health and safety of the entire society. Some of these drugs are popularly known as restricted or controlled drugs since their possession, distribution, manufacture and sale are controlled by law (Meeks-Mitchell and Heit, 1987; Ray and Ksir, 1996). Therefore, the first attempt towards dealing with the problem of drug abuse needs to always start with the identification of the types of drugs abused in a specified locality.

2.3.1 Alcohol

The youth abuse a number of types of drugs. One of these types is alcohol. For many years, alcohol has been tried by adolescents and many do so before they reach high school especially for those who continue with their formal education after the primary level (CDC, 1996). According to studies conducted in the US among students in both private and public schools, a significant proportion (31%) of students reported that it was easy to get alcohol (Phillips, 1994). According to GoK (2007), alcohol is one of the most commonly abused substances in Kenya with 70% of Kenyan families having abused alcohol in one way or another. Studies conducted in Kenya confirmed that alcohol abuse was widespread, and that, it affected both the young and the old. Males were found to be more likely than females to abuse it. According to the findings of a national base line survey conducted in Kenya by NACADA between 2001 and 2002 targeting the youth aged 10 to 24 years, alcohol topped the list of substances with regards to ever use (long term use) among students (27.7%) and non-students (77.1%). It also topped in the list with regards to current use among students (8.6%) and non-students (60.1). Although Nairobi Province had the second highest number of

students and non-students who used alcohol in Kenya, there were no statistics of the Eastlands area towards the overall statistics of the province. The manufacture of alcohol in Kenya was found to rise from 222.3 million litres in 2003, to 237.5 million litres in 2004 and 266.3 million litres in 2005 (NACADA, 2004; GoK, 2007).

2.3.2 Tobacco

Tobacco was formally introduced to Europe as an herb for medical uses and was in the 1500s used for persistent headaches, cold or catarrh, abscesses and sores on the head. By 1565, the plant had been called nicotiana and in 1828, some French chemists called it nicotine. Tobacco then spread to other countries, first for chewing, before transiting to smoking and chewing and later for preparation of cigars and cigarettes (Ray and Ksir, 1996). Cobb (2001) observed that by the time American adolescents reach their senior year in high school, over 71% will have tried cigarettes, more than a third smoking at least once a month with 22% reporting daily cigarette use. In Kenya, tobacco has been reported as the drug of first abuse among children and young people. It is known to act as a gatekeeper drug with many users graduating from tobacco to the 'hard' drugs. According to GoK (2007), between 2001 and 2002, Nairobi Province topped all the provinces in tobacco use among both students (19.5%) and non-students (72.3%).

2.3.3 Cannabis Sativa

Cannabis originated in the Orient but now grows worldwide. It has primarily been used for its fibres, from which hemp rope is made. At least three species of Cannabis have been identified, namely, Cannabis *sativa* which grows as a weed in the US and Canada, Cannabis *indica* which is grown for its psycho-active resins and Cannabis *ruderalis*. The plant Linnaeus named Cannabis sativa in 1753 is what is still known as Cannabis sativa (Ray and Ksir, 1996). The psycho-active potency of a cannabis preparation depends on the amount of resin present and therefore varies, depending on the part of the plant used. Different preparations of cannabis have resulted in different types of drugs. The most potent of these is called '*charas*' in India, and it consists of pure resin that has been carefully removed from the surface of leaves and stems. Hashish is the term widely known around the world and in its pure form is pure resin like *charas*. The second most potent preparation is traditionally called *ganja* which consists of the dried flowering tops of plants with pistillate flowers (female plants) while the weakest form in India is bhang which is made by using the entire remainder

of the plant after the top leaves have been picked, drying it and grinding it into a powder (Baudelaire, 1971).

The two most popular drugs obtained from the Cannabis sativa plant are marijuana and hashish. Marijuana is an illegal drug that is a prepared mixture of the crushed leaves, flowers, stems and seeds of the hemp plant, Cannabis sativa. Hashish is an illegal drug that is derived from cannabis plant and it is more concentrated and therefore, more potent than marijuana. Ray and Ksir (1996) call Marijuana the "Assassin of Youth". According to Johnston, O'Malley and Bachman (1989) and Cobb (2001), of all illicit drugs, marijuana is the most frequently used by American adolescents with 42% of high school seniors reporting they have used it. It is also one of the first illicit drugs an adolescent is likely to try (CDC, 1996). In Kenya, bhang, which is derived from the cannabis plant, is the most commonly cultivated and used illicit drug. For instance, the number of persons arrested for possession of Cannabis sativa and Derivatives in Kenya rose from 5,210 in 2004 to 5,447 in 2005, while the quantity of the same drugs/substances seized during the same period rose from 8,486 Kilogrammes to 50,844 Kilogrammes. Cannabis sativa is grown in areas such as Mount Kenya region, Migori, Homa Bay, Suba, Uasin Gishu, Malindi and Kilifi districts, mainly in areas characterized by inaccessibility, low population density and rough terrain (GoK, 2007).

2.3.4 Miraa (Khat)

In Kenya, miraa is not classified as an illegal drug. It is grown in large quantities in Kenya and mainly in the Meru North region where its production is the mainstay economic activity. Miraa is legal in Ethiopia but illicit in Tanzania with Uganda initiating a process of classifying it as an illegal substance. It is a common commodity in Somalia, Ethiopia, Eritrea and Yemen and it is exported to Europe and North America. According to NACADA (2004), Nairobi Province topped all the provinces in the number of student using miraa. It was however not clear whether the Nairobi's statistic took account of the youth in school and out-of school in the Eastlands area and therefore this study attempted to find out whether or not miraa was in use among the youth in general in the area.

2.3.5 Narcotics

According to Cobb (2001), narcotics include heroin, morphine and opium. Heroin is a derivative of morphine, which itself is derived from opium. Opium comes from the seeds of

poppies. Heroin produces its most intense effects when injected into the bloodstream, although it can be injected under the skin or sniffed. In Kenya, the abuse of heroin is a serious problem. According to GoK (2007), both heroin and cocaine abuse was growing rapidly and was spreading from cities to rural areas. Of concern was the emerging use of injection of heroin and cocaine. In 2001, the estimated population of heroin users in Nairobi was 10,000; with 50% of them being IDUs. Phillips (1994) argues that all narcotics are highly addictive and that tolerance develops rapidly. It was therefore important to establish whether or not the youth of Eastlands area abused narcotics in order for stakeholders to find ways of assisting the youth hooked to them and even stamping out the narcotics in the area.

2.3.6 Inhalants

Inhalants are a group of chemicals that produce vapors that have psychoactive effects when inhaled. Among the main household substances that can produce psychoactive effects when inhaled are glue, lighter fluid, furniture polish, paint thinner, insecticides, nail polish remover and gasoline (Meeks-Mitchell and Heit, 1987; Cobb, 2001). According to Phillips (1994), inhalants use is most common with teens between the ages of 12 and 14 years. The chemical inhaled is usually a fluorocarbon propellant. In Kenya, the use of inhalants is a significant problem especially among street children and street youth. Kenya is reported to be one of the few countries that have controlled solvents although they are not classified under any drug control convention. In 2003, the Government included inhalants in the category of controlled substances and their sale to children were prohibited (GoK, 2007). Available statistics from a study by NACADA in 2001 indicate that Nairobi Province topped all the provinces in the number of students and non-students using inhalants in Kenya (NACADA, 2004). It was therefore imperative to establish the abuse of this substance among the youth offenders in Eastlands area of Nairobi in the attempt to deal with the drug problem among our youth.

Therefore, given the fact that there were many types of drugs abused by youth in different parts of the world and even different localities in Kenya, this study found it necessary to establish the types of drugs abused by the youth offenders of Eastlands area of Nairobi. Such a study did not appear to have been conducted before despite the widespread allegations that Eastlands areas of Nairobi were a den of hard and illicit drugs.

2.4 Factors that influence youth offenders to abuse drugs

The negative consequences of drug abuse among youths in particular and the society in general, and the need to address the problem have given stakeholders in general and researchers in particular the impetus to establish the contributory factors to drug abuse. Thus, different studies and scholars have identified a number of contributory factors which may be categorized broadly as socio-psychological and cultural factors; economic factors and criminal justice system institutional factors.

2.4.1 Socio-psychological factors

It is generally true that adolescents are more influenced by their parents when it comes to long-term goals and plans. Also, in early adolescence, parental influences are relatively strong. According to Ray and Ksir (1996), longitudinal research has shown that parents influence adolescent drug-use behavior. These scholars argue that the use of alcohol by parents has an impact on alcohol use by their adolescent children. In Kenya, studies have found that some youth who were brought up by parents who used or sold substances and/or drugs ended up abusing the substances due to their exposure to the substances (NACADA, 2004). According to Phillips (1994), it is hard to resist a drug considered acceptable by your own family. This study therefore attempted to establish whether or not the youth abusing drugs came from families with parents who used drugs.

According to Ndirangu (2000), unfavourable socialization of children by parents (such as parents' harsh, inconsistent discipline and hostility or rejection toward children) has been a contributing factor in drug abuse in Kenya. Ndirangu argues that there is no substitute for parental love and that children need stable families for moral education, for sharing problems and encouragement in their many perplexities of growing up. Phillips (1994) observes that some people who become involved with drugs are looking for an outlet of escape. The problems in their family lives are too depressing to face, or drug use and abuse becomes a shield for the real problems of growing up. The feelings of anger, fear, loneliness and depression arising from deprivation of parental and general family love is hard to deal with. Again, many teenagers use drugs to avoid dealing with similar childhood traumas and any type of abuse during childhood creates a risk factor for teenage drug use. These negative family experiences drive the youth to abuse drugs. NACADA (2004) supports this view by noting that homelessness or hostile or unhealthy homes drive some young people to

experiment with substances as a means of getting high and at the end of the day, of running away from harsh realities of life. It was therefore the interest of this study to establish whether the youth offenders in Eastlands were influenced by social problems within their families to abuse drugs.

As observed by NACADA (2004), peer pressure has been a contributory factor in drug abuse by youth in Kenya. Phillips (1994) observes that peer pressure and the need to be accepted are the single most powerful forces influencing kids to become involved with drugs. If an individual's friends have favourable attitudes towards drug use, this can increase the risk for drug use behavior. Some youths are influenced by their peers to try drugs under the false impressions that the drugs stimulate appetite for food, increase strength to perform heavy tasks, give wisdom or instill courage to commit crime. The assertions by NACADA are supported by Ray and Ksir (1996) who argue that as adolescence progresses, peer influences even in drug-use behavior become stronger. The question one would have wanted to ask was whether peer influence was a contributory factor influencing drug abuse by the youth in the Eastlands area of Nairobi.

According to Ndirangu (2000) and Phillips (1994), some youth abuse drugs in the attempt to search for identity and recognition. The youth abusing drugs want to be recognized/noticed and even be accepted by other people. According to Ndirangu, negative self-image of the youth in Kenya and their search to be recognized as heroes has driven them to look for unconventional ways such as the abuse of drugs for them to realize their "lost or un-recognized identity and self-esteem". Phillips says that the youth in the Western countries abuse drugs in their efforts to be accepted, to prove their fearlessness and to act older. In Kenya, the East African Breweries Company ran music and dance talent promotion shows in their "Tusker Project Fame Phase 3' in several parts of Kenya, Tanzania and Uganda. In the shows, it was the youth who were participating to show their talents in music and dance. It was also an opportunity for them to be noticed. The result of this promotion was likely an increased number of youth using the Tusker beer brand from the Company with the long-term effect of alcohol abuse. It was therefore important to establish whether or not the youth offenders of Eastlands ventured into drug use and abuse in their attempt to search for identity and recognition. A study on such a factor was important in designing conventional ways for the youth to achieve positive self-image, identity and recognition.

According to NACADA (2004), one of the greatest initial influences that make a young person in Kenya experiment with substances and/or drugs is the person's attitudes towards substance and/or drug abuse behavior. For example, Cobb (2001) observes that most adolescents are aware of the hazards of smoking but they go ahead to start and continue smoking as determined by their attitude towards the behavior. Gerber and Newman (1989) reinforce the views by Cobb and assert that adolescents who become smokers do not differ from nonsmokers in their beliefs about negative effects of smoking; they differ only in their more positive attitudes about smoking. Drug abuse control agencies interested in working with the youth offenders of Eastlands area who abuse drugs should strive to establish the role of attitude of the drug abusers in the problem. This is because successful behavior change in socio-psychological problems has to begin with attitude change.

2.4.2 Cultural factors

Cultural factors appear to have a bearing in drug abuse in many places of the world including Kenya. One of these factors is cultural values. Different communities have different values in life, most of which help to shape (either positively or negatively) the behavior of individual members in the particular community. For example, Americans of Irish descent have been found to have higher rates of alcohol-related problems than other ethnic groups. Although they forbid children and adolescents from learning to drink, they seem to expect adult men to drink large quantities. They value hard liquor more than beer and promote drinking in pubs, away from family influences. By contrast, Americans families of Italian descent give their children wine from an early age in a family setting but disapprove of intoxication at any age (Babor, 1986). In some Kenyan communities such as the Akamba, traditional liquors are encouraged during wedding parties and celebrations to mark the coming of newborns (Penwill, 1951). According to NACADA (2004) and Ndirangu (2000), most of the Kenyan communities have witnessed the erosion of their cultural values and foundations, some of which, for instance controlled the use of alcohol by restricting its use to senior age groups or during special occasions. The erosion of traditional values has been blamed on the prevailing social-economic changes including urbanization where the moral fabric has loosened.

Another cultural factor playing a role in drug abuse is religion. For example, Ray and Ksir (1996) observe that Catholics and Jews are more likely to drink than Protestants while the

non-religious are more likely to drink than the religious. In Kenya, and in relation to alcohol, Islamic youth report the least use, Christian youth follow while non-religious youth report the most use (NACADA, 2004). According to Haji (1985), in North Eastern Province where Islam is the dominant religion and forbids the use of alcohol, its use and abuse is low. However, the use of tobacco and miraa is relatively high compared to other areas dominated by other religions. Again, most members of the Mungiki Sect (sometimes taken to a religious grouping) in Kenya are alleged to use tobacco more than other people.

The infiltration of foreign culture into the local culture through the mass media is another contributory factor in drug abuse especially in countries beginning to develop a national identity. Babor (1986) observes that both the Irish and the Russian cultures are associated with heavy drinking which has been attributed to their early invasions by the hard-drinking Vikings at a time when each of these regions was beginning to develop a national identity. The regions had not been exposed to the notion of individual potential that characterized the European Renaissance or to the notions of individual responsibility and sobriety that came with the Protestant Ethic and Reformation. According to NACADA (2004), foreign popular culture coming through radio and television programmes and video shows and internet services some of which portray the use of drugs and substances as a sign of prowess have contributed to drug abuse among the youth. For example, Guinness beer is portrayed as being stable like a lion while pop music heroes such as the late Bob Marley used to be featured smoking bhang.

In recognition of the role played by cultural factors in influencing drug abuse as observed by Babor (1986), Penwill (1951), NACADA (2004), Ndirangu (2000), Ray and Ksir (1996) and Haji (1985), this study will attempt to establish whether or not the youth of Eastlands areas of Nairobi City are influenced by the erosion of their cultural values and foundations, religion and foreign culture to abuse drugs. Most previous studies have not addressed this aspect yet human beings are cultural beings and culture is a way of life. Understanding the role of cultural factors in the problem of drug abuse would enable the mainstreaming of the cultural factors into the campaigns against drug abuse in the location of the study in particular and Kenya in general

2.4.3 Economic Factors

Economic factors appear to contribute to drug abuse in many countries. Scholars such as Phillips (1994) argue that there is a drug economy thriving in many countries. According to Phillips, with almost half of all high school students in the US experimenting with drugs, someone is making money. According to Ritzer (1996), the history of risk distribution shows that, like wealth, risk adhere to the class pattern, only inversely: Wealth accumulates at the top, risk at the bottom. To that extent, risks seem to strengthen, not to abolish, class society. Poverty attracts an unfortunate abundance of risks. Dealing in drugs has continued to be a lucrative venture to some young people because they think it is easy money. In Kenya, for example, one 'stone' of bhang costs about 400 Kenya Shillings and from it one could make 100 rolls of 10 Shillings each. Cocaine sells at about 1,500 Kenya Shillings a fingernailful (Ndirangu, 2000). Studies in Kenya have found out that some youth sell substances and drugs on behalf of their parents thereby increasing the exposure and the possibility of the youth trying the substances. It is a source of income for the families. Tobacco and Miraa are sources of income tax to the Government (NACADA, 2004). According to GoK (2007), drug trafficking is increasingly becoming a major problem in the country with large amounts of drugs on transit to different destinations in the world finding their way into the local market due to their demand (Gathura, 2009). Mass media reports have shown that a global trade in narcotics and drug cartel operates in Africa and Europe (Ngolyo, 2009; Daily Nation, April 8, 2009). The East African Breweries Company makes huge sums of money from the sale of beer. Its current promotion dubbed "Bambika na Tusker" where winning beer consumers receive cash prizes of up to one million Kenya Shillings attests the fact that drugs and substances are a source of income and a lucrative venture in Kenya.

Poverty and unemployment has been reported to contribute to drug abuse. Phillips (1994) says that some youth who find it hard to get a job with no experience, especially in hard economic times, resort to finding self-employment in the selling of drugs and in the process end up using and abusing the stuff they sell. Frustrations arising from lack of school fees or resulting from lack of gainful employment leads some youth to drug use and abuse under the illusion that their problems will have temporarily been settled. This is the case with street children who abuse inhalants to cope with the harsh realities of life (Mathenge, 1996). The drugs also give them the courage or confidence to operate in their occupations/careers of crime such as robbery and stealing. Similarly, idleness among the youth from poverty hit

families who are unable to find gainful employment abuse cheap alcoholic drinks (NACADA, 2004; Ray and Ksir, 1996).

The youth from rich families have not been spared by the problem of drug abuse leading to the conclusion that affluence is a contributory factor in drug abuse. Some youth from rich families abuse drugs because they can afford them. In Kenya, for example, one 'stone' of bhang costs about 400 Kenya Shillings and from it one could make 100 rolls of 10 Shillings each. Cocaine sells at about 1,500 Kenya Shillings a fingernailful but many youth afford to pay about 15-20 Shillings for a puff or sniff which is referred to as 'Chase' (NACADA, 2004; Ndirangu, 2000).

Although studies elsewhere have shown that economic factors contribute to drug abuse among the youth, this study argues that it is not known which of these factors are applicable to the Eastlands area of Nairobi City. This study will therefore seek to establish some of the economic factors contributing to drug abuse by youth offenders in the area. Specific focus was on whether the youth sold drugs as a source of income and employment and whether it was poverty or affluence within their families which drove them to drug abuse. The results would in the end assist in coming up with economic interventions in the area to address drug abuse problem among the youth influenced by the economic factors.

2.4.4 Institutional factors

Studies have shown that a significant proportion of adolescents start and continue abusing drugs when they enter the school system. This implies that schools lack mechanisms of drug abuse control and prevention among the pupils and students. This means that the weak school institutional structures to detect availability of drugs in the schools, the inability to identify in good time those pupils and students who have been hooked into the behaviour and the lack of effective programmes to assist the drug abusers contributes to drug abuse among the youth (NACADA, 2004; Cobb, 2001). According to Phillips (1994), drug education programmes in schools have tended to focus on providing clinical information about drugs or employing scare tactics to portray its dangers and that neither approach has proved too successful. Successful drug education needs to address the realistic consequences of using drugs.

Weaknesses in the institutions of the Criminal Justice System contribute to drug abuse among the youth. Although the Anti-narcotics Unit of the Police Department has been trying to fight

drug trafficking and related crimes in Kenya, the Unit still lacks the capacity to conduct sophisticated undercover operations. Moreover, police officers have been reported to be corruptly compromised by drug dealers leading to police failure to arrest and/or prosecute them. Some courts are also said to be compromised by drug dealers and abusers with the result of light sentences to the drug traffickers and abusers. The Prisons Department in Kenya has not been able to prevent the smuggling of drugs into the correctional institutions. The Prisons and the Probation Departments lack trained staff and effective drug abuse counseling, treatment and rehabilitation programmes and facilities for those already addicted therefore implying that the chances of relapse are high (NACADA, 2004; GoK, 2007).

The lack of adequate and conventional social recreational activities and facilities supposed to be provided by the Nairobi City Council and designed purposely for the youth of Nairobi City has been taken to be a contributory factor in drug abuse among them. For instance, Tiwari (1972) and Obudho and Muganzi (1991) argue that the provision of recreation and leisure services has been a major problem area in Nairobi City. The aesthetic and recreational environment has received little attention from planners in Nairobi. Industrial and commercial enterprises have so far received attention at its expense. Urban parks and gardens have been usurped for the development of commercial buildings. The few that remain are not cared for and continue to be threatened by commercial development. Currently there are only six major open spaces namely Uhuru/Central Park, Jamhuri and City Parks, one arboretum and two forest areas. According to Ndirangu (2000), some Kenyan youth abuse drugs to escape from boredom. Phillips (1994) also observes that boredom can be another reason for drug experimentation and says that some youths are motivated to abuse drugs because of the need for excitement and to have fun in their effort to drive away the boredom. Kenyan youth in Nairobi City have been reported to frequent social joints such as Karumaindo, Kenya Cinema, Nairobi Cinema, Cameo Cinema and Florida 2000 where they access both entertainment and drugs. This study attempted to establish whether the youth offenders in Eastlands area abused drugs due to boredom and their need to have fun and excitement. Such an attempt had never been undertaken before in the study site. Again, these social wants of our youth needed to be factored into our social development plans/programmes in the country.

emotional or social problems. In the US, illicit drug use account for approximately 17,000 deaths annually (Mokdad, Marks, Stroup and Gerberding, 2004). In addition, illicit drug use in both the young and the old is associated with other health and social consequences and transmission of HIV; viral hepatitis and sexually transmitted diseases. Drug abuse has also been linked to motor vehicle crashes and injury due to impaired driving; child abuse and neglect, homelessness, interpersonal violence and increased commission of a number of crimes in general, with specific ones being robbery with violence, murder, real and/or attempted rape (or defilement), grievous bodily harm and assault causing actual bodily harm. The direct and indirect costs of illicit drug use in the US amounts to over $160 billion annually; and include major effects on the criminal justice and social service systems (NIDA, 2005). Drug abuse by youth has several adverse outcomes such as poor academic performance, violence, depression and increased risk for depression and suicidal behavior (Hallfors, et al, 2004; OAS, 2002; Swadi, 1999; Ndirangu, 2000). All these are the general consequences of drug abuse. However, different types of illicit drugs have different consequences when used as discussed in the section that follows.

As observed by Cobb (2001), many people do not think of alcohol as a drug because its use is at times so embedded in the social-cultural context of everyday life, but it is a powerful central nervous system (CNS) depressant. Hence, its abuse is associated with numerous complications. It is absorbed into all tissues of the body, affecting everything from the central nervous system, to internal organs, to the skeletal muscles. Excessive use of alcohol can damage the liver (for example through liver cirrhosis), produce gastritis, affect kidney functioning, lead to sensory disturbances; it can cause blackouts, memory loss, coma and ultimately even death (Insel and Roth, 2000). According to Ray and Ksir (1996), alcohol abuse is associated with issues such as poor health, reduced productivity, violence, spread of Sexually Transmitted Infections and HIV/AIDS, domestic violence, road accidents, child abuse and neglect and indiscipline and decline in academic performance among students. It is for these serious problems that many governments have imposed some restrictions and control for its use.

The need to control tobacco use appears to have impetus from adverse effects of the drug. According to Insel and Roth (2000), adolescent smokers attempting to stop tobacco use experience withdrawal symptoms such as irritability, nervousness, anxiousness, impatience,

difficulty concentrating, increased appetite and weight gain. Although smokers feel both more alert and more relaxed when they smoke, these pleasures come with a heavy price tag which includes increase in heart rate and blood pressure which carry an increased risk of heart diseases. Smoking has also been associated with the increased risk of lung cancer and respiratory diseases such as emphysema and chronic bronchitis. For instance, 85% of all lung cancers in the US occur in smokers (Ray and Ksir, 1996). Tobacco smoking during pregnancy is associated with pre-mature babies, low birth weight, spontaneous abortion and perinatal problems (CDC, 1996). In Kenya, tobacco smoking is a leading cause of disease, disability and death (GoK, 2007).

All the drugs derived from the cannabis plant are known to have negative effects. For instance, marijuana use impairs motor coordination. It causes a loss of steadiness in the hands and body movements so that a person becomes clumsy. It increases reaction time so that response to a stimulus is slowed. Visual perception, such as the ability to react to a flash of light is altered. Marijuana diminishes short memory so that even small doses of it make it difficult to remember even simple things. Other principal physical effects are an increase in heart rate, reddening of the eyes and dryness of the mouth. The long-term use of marijuana has been associated with reproductive problems such as reducing both the number and motility of sperm in males and shortening the phase of the menstrual cycle in which conception can occur in females. The smoke from marijuana causes irritation of the bronchia and can lead to chronic bronchitis (Matuschka, 1985; Cobb, 2001; Meeks-Mitchell and Heit, 1987; Phillips, 1994; Ray and Ksir, 1996; Karechio, 1995).

The side effects of miraa especially on the youth have raised concern. Miraa production engages child labour leading to low school enrolment and high drop out rates (GoK, 2007). According to Haji (1985), some of the side effects of miraa include being temperamental, loss of sleep, restlessness and reduced sexual activity among couples using miraa leading to break-up of families. Youth using miraa are reported to be lawless engaging in criminal activities such as destruction of school property by students, violence and assault among users when in little misunderstandings.

The complications resulting from the use of narcotics have raised concern prompting governments to work towards controlling and/or stamping them out. Users of heroin and

opiates report an intense initial euphoria followed by a more prolonged period of 'false' calm and well-being that lasts for several hours. Weakness, sweating, nausea, stomach pains and vomiting are also common among users (Meeks-Mitchell and Heit, 1987). Hepatitis, tetanus and AIDS are associated with the practice of sharing unsterilized needles during injection of the drug. Some users can inject an air bubble into their blood veins, which can be fatal in the end. The development of dependence on the drugs is costly since the drugs are costly and this drives users to engage in crimes such as robbery with violence in order to support the dependence (Cobb, 2001). According to Phillips (1994), heroin's strong physical addiction results in painful withdrawals.

The impetus to address the problem of inhalants among the youth is informed by the detrimental effects of these chemical substances. Meeks-Mitchell and Heit (1987) argue that these inhalants are extremely dangerous for they can damage the lungs, liver, kidneys and brain and can cause death. Phillips (1994) says that the chemicals in inhalants can cause heart rhythm abnormalities, nausea, headaches and eye and throat irritation above affecting bone marrow. According to Cobb (2001), inhalants result in psychosis, disorientation and even coma and therefore need to be controlled among the youth and treatment be sought for those addicted to them.

2.6 Drug Abuse intervention strategies among the Youth Offenders

Drug abuse is a fact of life in many countries of the world with an extremely negative impact on youth, who are more susceptible to addictive behavior and think less about the consequences of drug abuse. For these reasons, a number of strategies/measures, as discussed below, have been used by the countries to combat drug abuse among the youth. The strategies have normally been categorized into two, namely the treatment and the prevention programmes of drug abuse.

2.6.1 Drug Abuse Treatment Strategies

For a long time, treatment programmes have been designed for those who have at least used and abused drugs. According to Meeks-Mitchell and Heit (1987), drug abuse can lead to life-threatening situations unless quick and proper action is taken and it is for this reason that treatment programmes are used. Treatment programmes are primarily targeted to those who have taken an overdose of a drug. However, another emphasis on treatment focuses on long-

term psychological help especially for the chemically dependent people. Ray and Ksir (1996) identify the three stages of treatment as detoxification, active treatment and aftercare.

2.6.1.1 Detoxification Treatment

According to Ray and Ksir (1996), detoxification refers to the process of removing the offending substance (the "toxin") from the body, either by allowing the body to clear the drugs by normal metabolism and excretion, or by more active methods, while preventing medical complications because of overdose or withdrawal. In a detoxification programme, people are helped to withdraw from psychoactive drugs by receiving medical treatment to prevent withdrawal symptoms (Meeks-Mitchell and Heit, 1987). NACADA (2004) emphasizes on the importance of detoxification programmes in Kenya but points out that for the most part, these services are few and more often than not, unaffordable by the poor. This study therefore tried to establish whether or not detoxification programmes had been used by the youth of Eastlands area of Nairobi bearing in mind that the area had been reported to be characterized by abject poverty.

2.6.1.2 Active Treatment

According to Phillips (1994), active treatment is also called primary rehabilitation. In this approach, a drug addict is put in an intensive inpatient rehabilitation programme, where he/she receives daily treatment and counseling. The programme involves group and individual therapeutic activities scheduled all day, every day. Importantly, the activities enable the patients to use support groups and attend educational sessions to learn about the disease of chemical dependency, to define the physical and emotional effects the drugs have on one and to identify the specific behaviours that lead one to use and that could lead to relapse. According to NACADA (2004), there is need to develop special and affordable facilities for treating or rehabilitating people who abuse the drugs/substances in Kenya. In Kenya, the Ministry of Health is responsible for providing counseling and treatment services to drug abusers. The Prisons and Probation Services departments offer rehabilitation in form of counseling although they have been blamed for lack of capacity to deal with the problem of drug abusers and traffickers in prisons and how to deal with stigma associated with drug abuse. There have been calls to recognize drug and substance dependency as a medical condition and to provide referral for counseling, treatment and rehabilitation services (GoK,

2007). It was not known whether the drug abusing youth of Eastlands areas had been able to access active treatment services and this study tried to establish this fact.

2.6.1.3 After-care Treatment

After-care or relapse prevention is regarded as the last stage in a series of treatment programme activities (Phillips, 1994). After the period of active treatment has ended, the long-term issue then becomes avoiding use of the drugs on a day-to-day basis. After-care normally comes in the form of after-care medication and after-care counseling. According to Kelleher and Goldgerb (1976), medical approaches produce beneficial effects for many addicts and with the development of many new treatment drugs may play an increasingly important role. Kelleher and Goldgerb argue that with outpatient treatment, drugs may be used to assist the drug abuser in maintaining abstinence. Three basic approaches to using medications for addiction treatment have been identified and these are "antagonism" or blockade of the abused substance/drug, "substitution", or providing a drug that reduces the craving for the abused drugs while the last approach involves giving a drug that is "medically incompatible" with the abused substance/drug for example Antabuse which may be given to alcoholics. In Kenya, Mathari Hospital remains to be the only government institution for the management of mental health and drug and substance abuse related problems (GoK, 2007). However, with the large number of drug abusers and the cost involved in seeking after-care treatment in such institutions, it remained unknown whether the youth offenders of Eastlands areas had been able to access after-care medical treatment in their attempt to address their drug abuse behavior. There also appeared to be no study conducted on the use of drug abuse after-care medical treatment in Kenya let alone Eastlands areas of Nairobi.

After-care counselling has at times been called outpatient drug-free programmes. According to Allison, Hubbard and Rachal (1985), outpatient programmes provide facilities and services where people could come to sleep off a drug's effects and receive some non-judgemental advice and counselling. The services include more formal psychotherapy, group counseling, vocational counseling or more professional services from professional psychologists, social workers or trained vocational rehabilitation counselors. Phillips (1994) observes that the programmes may also involve individual and family therapy. Ray and Ksir (1996) argue that the clients in this approach are less likely to be heroin addicts and more likely to be marijuana/bhang or multiple drug abusers. According to GoK (2007), one of the biggest

challenges addressing drug abuse is the lack of public counseling, treatment and rehabilitation centres. This study therefore attempted to establish whether the drug abusing youth of Eastlands areas access after-care counseling services. This was more so because it was not known to many people which institutions in Nairobi in general and Eastlands areas in particular offered after-care counseling services.

2.6.2 Drug Abuse Prevention Strategies

Drug abuse prevention programmes are increasingly gaining popularity in many countries including Kenya. The underlying assumption here is that it may be easier to prevent than to treat disorders arising from drug and substance use and abuse (NACADA, 2004). Studies have shown that the goals and methods of a prevention programe depend on the drug-using status of those served by the programme. For example, the programmes designed to prevent young people from smoking may be different from those used to prevent relapse in smokers who have quit. Following on the idea developed in the mental health field, drug-abuse prevention theorists have discussed three levels or stages of prevention namely; primary, secondary and tertiary (DuPont, Goldstein and O'Donnell, 1979).

Primary prevention programmes are those aimed at young people who have not yet tried the drugs and substances in question or who may have tried a few times. Such programmes may encourage complete abstinence from specific drugs or may have the broader goal of teaching people how to view drugs and the potential influences of drugs on their lives, emotions and social relationships. Secondary prevention programmes are mainly designed for people who have tried drugs in question or a variety of other substances. The goals of such programmes are usually the prevention of the use of other more dangerous drugs and substances or preventing the development of more dangerous forms of use of the drugs they are already experimenting with. The clientele at this level are described as more "sophisticated" drug users who have not suffered seriously from their drug experiences and who are not obvious candidates for treatment. Scholars of drug abuse argue that many college students would fall into this category and programmes aimed at encouraging responsible use of alcohol among college students are good examples of this stage of prevention. According to Allison, Hubbard and Rachal (1985), tertiary prevention is mainly used in relapse prevention and is characterized by follow-up programmes. The emphasis at this stage is prevention of further

drug abuse among persons who had once been treated or had stopped the drug and substance use and abuse without assistance.

2.6.2.1 Drug Abuse Education

One of the key ways of preventing drug abuse is education (Phillips, 1994). The central issue here is to make available the information about drug abuse and leaving it around for the drug users and non-users to read themselves because they may change their attitude that had been encouraging drug abuse. Ray and Ksir (1996) call this approach the "Knowledge-Attitude-Behaviour Model". According to these scholars, the approach may involve antidrug programmes where representatives of the antidrug authorities in a country tell their audience a few horror stories of drug abuse and describe the legal trouble likely to meet any person who got caught with illicit drugs. The approach may also involve showing what the drugs looked like or demonstrated the smell of some burning drugs such as bhang so that the youth would know what to avoid. Goodstadt (1978) has emphasized on the need to extend the antidrug education programmes into schools and stresses on the importance school teachers and counselors attending courses taught by experts in the field. According to Goodstadt, providing information about drugs would increase the students' knowledge of drugs and their effects, this increased knowledge would lead to changes in attitudes about drug use and these changed attitudes would be reflected in decreased drug-using behavior. According to NACADA (2004) and GoK (2007), NACADA has been involved in antidrug educational efforts. However, it was not clear whether the efforts had reached the Eastlands areas. This study therefore tried to establish whether the educational approach was being used in the Eastlands areas.

It is recognized that a significant proportion of the youth who are in formal educational institutions abuse drugs (Johnston and O'Malley, 1986). One reason that young people use psycho-active drugs is to produce certain feelings of excitement, or relaxation, of power, of being in control. An individual child might not really want to take drugs but does so after being influenced by others (Ndirangu, 2000). Educators have been advocating for affective education (that is, education that focuses on emotional content or emotional reactions) in addressing drug abuse among students. Helping students (through affective education) to know their own feelings and to express them, helping them to achieve altered emotional states without drugs and teaching them to feel valued, accepted and wanted are all presumed

to be ways of reducing drug use. Affective education takes a number of forms. There is value clarification which involves teaching students to recognize and express their own feelings and beliefs. The teaching of alternatives to drug abuse where students are taught the so-called natural highs or altered states that can be produced through relaxation exercises, meditation, vigorous exercise or an existing sport is also a form of affective education. In this approach, students are encouraged to try these things and to focus on the psychological changes that occur. Students who take drugs in response to personal or social failure may also be taught personal and social skills where they learn how to communicate with others and are given success experiences (Evans, 1976; Bell and Battjes, 1985). This study attempted to establish from the respondents whether affective education was being used in addressing drug abuse in the Eastlands areas because schools in Nairobi appeared to bear the brunt of the problem of drug abuse as shown by Wanyama (2005).

2.6.2.2 Peer Counseling and Peer Programmes

Peer counseling and peer programmes have been deemed a successful way of addressing drug abuse among the youth (Gardner, 1981). The peer counselors are mainly respected student or non-student leaders selected from various social groups and given training in listening skills, in how to limit the advice or suggestions they provide, and in the resources available for referral of serious drug use problems. Peer programmes engage the power of peer influence and peer participation. Peer influence approaches are based on the premise that the opinions of an adolescent's peers represent significant influences on the adolescent's behavior. Discussions in these approaches may focus on drugs with the peer group discussing dangers and alternatives or they may simply have the goal of building positive group cohesiveness, a sense of belonging and communication skills.

According to Ray and Ksir (1996), in the participation approaches, young people participate in making important decisions and in doing significant work, either as "peers" with cooperating adults or in programmes managed entirely by the youths themselves (for example through the activities of Young Men Christian Association). This study therefore established whether or not the youth of Eastlands areas of Nairobi City had access to peer counseling services and peer programmes in trying to address the drug abuse problem. There did not appear to be information on the use of these approaches in the area of the study yet their usefulness can not be overemphasized.

2.6.2.3 Role Modeling

According to Meeks-Mitchell and Heit (1987), role modeling by parents is considered the most important factor in keeping children and teenagers drug-free. In countries such as the US, various parent programmes have been used to address drug abuse problems. The most used are informational programmes, teaching parenting skills, encouraging the formation of parent support groups and encouraging family interactions. Parent informational programmes provide parents with basic information about drugs and substances as well as information about their use and effects. One important piece of information is the actual extent of use of various types of drugs among young people. Another goal may be to make parents aware of their own drug use to gain a broader perspective of the issue. A basic rationale is that well-informed parents will be able to teach appropriate attitudes about drugs from an early age and be able to recognize potential problems relating to drug use.

One risk factor for adolescent drug use is poor family relationships (Ray and Ksir, 1996). Therefore, improving family interaction and strengthening communications through improved parenting skills may help to prevent drug abuse. In parent support groups, groups of parents meet regularly to discuss problem solving, parenting skills, their perceptions of the problem and actions to be taken. The family interaction approach calls for a family to work as a unit to examine, discuss and confront issues relating to drug abuse. Meeks-Mitchell and Heit (1987) observe that one of the most important keys in promoting a drug-free life is for parents to spend time with their children.

Available literature gives an unfortunate scenario with regard to parental roles in addressing drug abuse in Kenya. Although according to NACADA (2004), the family should play a bigger role in the control of substance abuse, only a small percentage of the youth in Kenya have learnt of the dangers of substance use and abuse from their families leading one to question the family's ability to care for and protect the youth in the country. Phillips (1994), the families of drug addicts have feelings of guilt and responsibility and should therefore have programmes aimed at building their capacities to be able to handle their addicted members are a prerequisite. This study strived to establish whether there were any parental programmes in the study site designed to counter drug abuse.

2.7 Theoretical Context of the study

The purpose of this section is to discuss briefly the theoretical framework adopted in the study. Sociological theories of crime are the most systematic in formulating etiologic (cause) statements about crime and delinquency. The focus of sociological theories is on societies' structure, values, norms and institutions. Sociological theories seek to advance reasons for differences in crime rates in the social environment. The section addresses sociological theories that purports to explain crime and criminality. Through these theories, scholars such as Merton (1957); Sutherland (1970) and Cloward and Ohlin (1961) have propounded reasons that may be regarded as contributory factors to drug abuse among the youth. These theories include: anomie theory, differential opportunity and differential association theories.

2.7.1 Anomie Theory

The Anomie theory traces its origins to Emile Durkheim who developed the concept of social anomie and social disorganization in the early 1890s. This was a time when most European societies were experiencing disorganization in their social structures as a result of the Industrial Revolution. The result of the disorganization was a breakdown of the traditional order of the day. Durkheim noted that the dissolution of the traditional order resulted in the weakening of societal bonds that had acted to keep the social fabric intact. The loosening of the social bonds created the opportunity for individualistic/egoistic and anomic tendencies thus implying that society was not adequately integrated at all interaction points. Hence, as observed by Cloward and Ohlin (1961), a weak and disordered society enabled many of the society's members to escape its social control and influence completely.

The Anomie theory is relevant in explaining drug abuse. Durkheim showed how forces external to the individual produced patterns of abnormal behavior in the affected persons. The effects of urbanization and westernization have resulted in the infiltration of foreign culture (through the mass media) and introduction of international illicit drugs that were previously unavailable in the traditional society. The Kenyan youths can now easily access the foreign drugs. At the same time, they are bombarded with mass media advertisements that portray use of drugs and substances such as tobacco and alcohol as a sign of prowess. A good example is the beer promotion dubbed 'Bambika na Tusker' and 'Tusker Project Fame Season 3'. These situations drive the youth to trying the drugs and substances in order to experience the feelings of greatness. The social changes have therefore occasioned general

disorganization especially among youths. Hence, drug abuse among the youths becomes part and parcel of the general malaise being experienced in the Kenyan society.

According to Durkheim, anomie results from the lack of collective cultural values that help to regulate social life. An anomic social condition is one which is unfavourable for people to fashion or guide their behavior along established norms. This occurs when the socio-cultural norms are ambiguous, weakly structured, or conflicting. In the absence of the effective norms and in situations of rapid social changes, people become confused about the society's real and correct expectations of them making it hard for the society members to re-fashion their actions along the accepted norms and/or collective good. The previously highly regarded norms (such as those specifying the age at which one is allowed to start drinking beer) seem irrelevant in the modern circumstances (for example where an 18 year old is legally allowed to take beer or even smoke cigarettes) and emerging norms (such as shared facilities where the old and the young take drugs and substances together) are poorly mainstreamed to provide the correct leverage for acceptable behavior. Under such disorganized situations where there appears to be broken down social norms, drug abuse among youth becomes likely.

The Kenyan society appears to have become a highly egoistic society. The freedom especially of youths has increased to levels that they are no longer accountable to their parents. Some youths return home very late in the night while drunk yet their parents do not question the behaviour. Other parents abuse their freedom as heads of families and use drugs and substances in the presence of their young children and everybody in the family appears to mind his/her own business with total disregard for society morals. Under such levels of social disorder and malaise, the youths abuse drugs easily.

Anomie theory gains relevance in the study of drug abuse deviance in general and in the designing of intervention measures to combat drug abuse behaviour among youth in particular. If, as the theory tells us, deviance in behaviour results from the break down of the social structure and norms, it makes sense to make effective laws and regulations aimed at attaining acceptable behaviour among society members. Durkheim proposed that the solution to this situation of malaise is the restoration of the importance of intermediary groups in society such as the family, the church and schools so that these can have a firm hold on the individual in order for him to adhere to them (Merton, 1957).

2.7.2 Differential Opportunity Theory

The Differential opportunity theory which combines Merton's anomie theory and Sutherlands's differential association theory was advanced by Cloward and Ohlin (1960). While Merton claimed that deviance in the form of innovation occurred when people lacked access to the legitimate means to reach culturally approved goals, Cloward and Ohlin's theory argues that the structural positions of individuals must be viewed not only in terms of the strain of blocked legitimate opportunities but also in terms of illegitimate opportunities available to individuals in specific social settings. In other words, there is "differential opportunity" to reach cultural goals by legitimate means and there is also "differential opportunity" to use illegitimate means to reach those goals (Conklin, 1995).

According to Cloward and Ohlin (1960), the discrepancies between aspirations and legitimate chances of achievement are very high in lower class structure. The lack of access to legitimate means to reach cultural goals produces intense frustration among the lower class people. This frustration drives them to search for illegitimate means to reach their cultural desires (goals).

The differential opportunity theory suggests that there are two kinds of opportunities which are differentially distributed (Conklin, 1995). First, there are differences in access to "learning structures" which are the appropriate environments for the acquisition of the values and skills associated with the performance of a particular role (Cloward and Ohlin, 1960). The process by which these values and skills are learned through the interaction with others is the focus of differential association theory. Second, there exists differences in access to what Cloward and Ohlin called "performance structures", that is the opportunity to join with others who share a similar problem of adjustment and the opportunity to gain peer approval for one's behaviour. This means that delinquents have two essentials: That is, learning certain values and skills and also support for the performance of delinquent behaviour once they have learned those values and skills. According to differential opportunity theory, the social structure of a community determines the access that lower-class youth would have to both learning and performance structures.

The type of crime committed depends on the specific criminal group one joins. For example, criminal sub-culture gangs are organized systematic operations with professional criminals. Conflict sub-culture gangs are oriented towards street violence and are oftenly found in disorganized transient areas; retreatist sub-culture gangs are heavily involved in drug use.

Differential opportunity theory has an important contribution to the study of drug abuse among youths. As indicated by Wanyama (2005), there are many drugs circulating in Nairobi. This implies that the same drugs are circulating in Eastlands area, hence, the reason why the area is termed as a hub for illicit drugs in the City. Based on the assertions of Cloward and Ohlin about differential illegitimate opportunities, the youths of Eastlands area who aspire to attain high self-esteem in society would be more likely to use drugs to attain this cultural value than the youths from other areas where the opportunities to acquire drugs are limited.

According to Gok (2001), Eastlands area is a low-economic class area with majority of its population living in abject poverty and mainly in slums. The problem of limited opportunities with regard to employment and adequate social amenities such as decent housing in the area may have the effect of causing frustrations especially among the youths. This frustration, coupled with the need to realize cultural aspirations may drive some of the youths in Eastlands area to abuse drugs as a way of driving away the frustrations. Those who lack legitimate economic opportunities to meet their needs and wants may opt to engage in drug trafficking/peddling. The consequence of this would be increased drug abuse rates among youths in the area.

Following in the differential opportunity theory, drug abuse among youths may be combated by increasing legitimate opportunities to the lower class youths. For example, the promotion of Jua Kali artisans in Kenya is one way of opening better economic opportunities for the lower class youth. Equipping youthful drug abusers with professional skills during their rehabilitation could assist them to earn a living with ease and hence, reduce the chances of their being frustrated and also engaging in drug peddling. On a similar note, reduction of the supply of illicit drugs into the free market in particular areas could reduce the illegitimate opportunities available for the acquisition of drugs by the youths. When the opportunity to

acquire the drugs in the Eastlands areas is curtailed by law and order authorities, then the opportunity to abuse the drugs also reduces.

2.7.3 Differential Association Theory

Among the sociological theories, the most prominent is the Differential Association theory advanced by Sutherland (1970). According to the theory, a person becomes a criminal or delinquent because of an excess of definitions favourable to the violation of the law over definitions unfavourable to the violation of the law (Adler et al, 1991). Individuals are exposed to these social and cultural definitions through personal relationships which vary in frequency, duration, priority and intensity. Becoming a criminal is a social learning process involving language, motivations and skills.

According to Sutherland, the Differential Association theory provides a sophisticated version of the old adage that "good companions make good boys; bad companions make bad boys". The theory is based on nine propositions (Conklin, 1995), namely that:

1. Criminal behaviour is learned.
2. Criminal behaviour is learned in interaction with other persons in a process of communication.
3. The principal part of the learning of criminal behaviour occurs within intimate personal groups.
4. When criminal behaviour is learned, the learning includes:
   (a) techniques of committing the crime which are sometimes very complicated, sometimes very simple.
   (b) the specific directions of motives, drives, rationalizations and attitudes.
5. The specific direction of motives and drives is learned from definitions of the legal codes as favourable or unfavourable.
6. A person becomes delinquent because of an excess of definitions favourable to violation of law over definitions unfavourable to violation of law.
7. Differential associations may vary in frequency, duration, priority and intensity.
8. The process of learning criminal behaviour by association with criminal and anti criminal patterns involves all of the mechanisms that are involved in any other learning.
9. While criminal behaviour is an expression of general needs and values, it is not

explained by those general needs and values since non-criminal behaviour is an expression of the same needs and values.

The differential association theory gains popularity in the drug abuse problem in a number of ways. In many instances, young people learn the use of drugs from their peers through peer interactions and influences (Namwonja, 1993). Youths tend to form friendship groups and the group members strive to achieve a sense of belonging and identity by doing whatever other peer members are doing. In the event that some peer group members use drugs and have dominant influence over other members, the non-drug using members may be influenced to start using drugs in order to guard against being discriminated upon. By the same token, imprisonment of non-addicts may be counter productive when non drug-using youth, non-addicts and the users of the softer drugs and substances are incarcerated with hard drug users since these categories of person would learn the use of especially, the hard drugs. In a study conducted among secondary students in Nairobi Province, Wanyama (2005) found that peer pressure and/or influence was the main cause of drug use in secondary schools.

The concept of role modeling helps to explain why some youths abuse drugs. Young people tend to copy what the adult members of the society do. This means that there are high possibilities of young people trying drugs if they are in constant interaction with drug abusing adults. Youths who come from families of drug abusing or peddling parents have been found to have higher chances of abusing drugs than those from the non-abusing parents. This is mainly because many youths model/copy their parents' behavior.

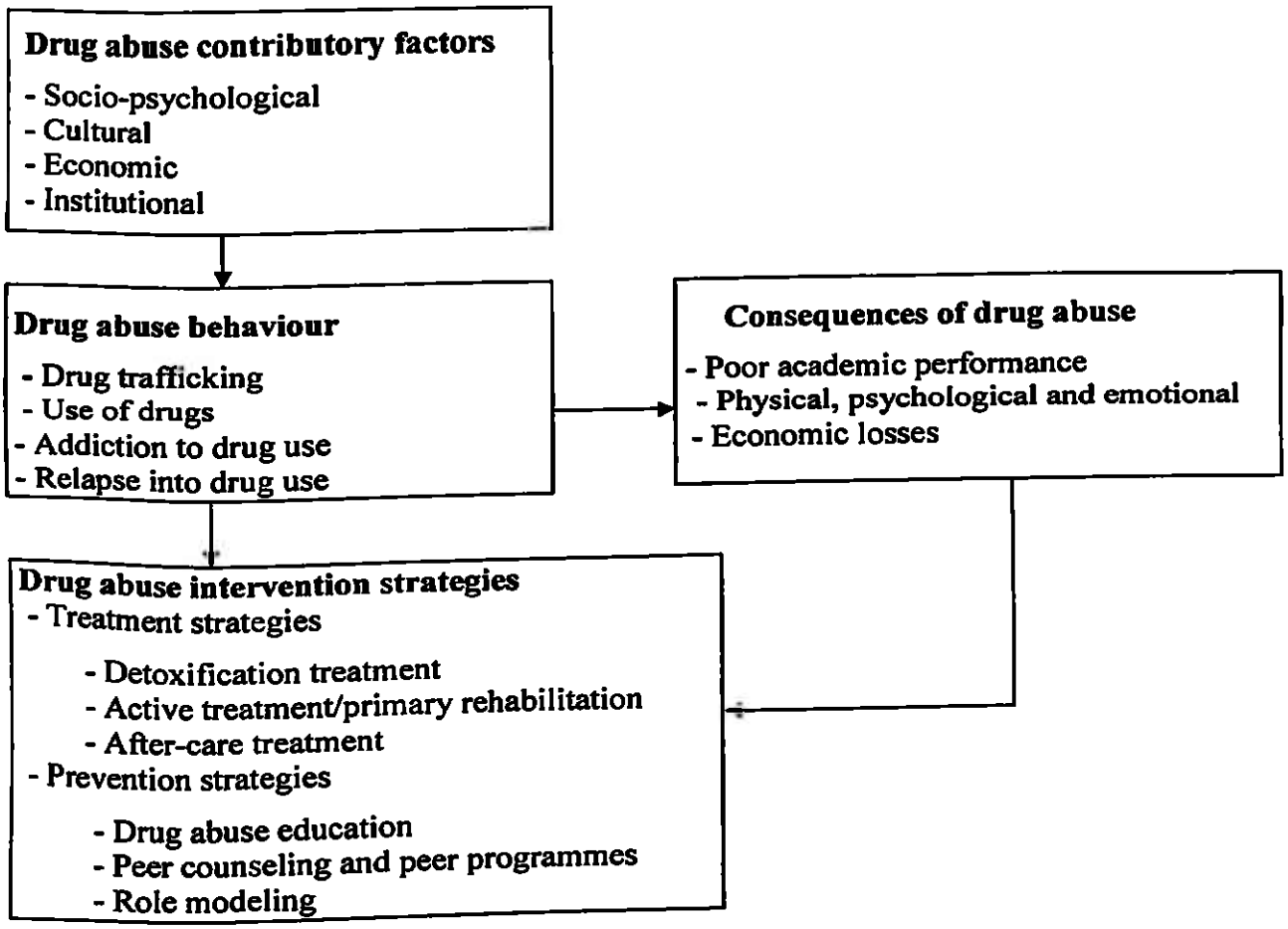
The differential association theory helps to explain drug abuse intervention strategies among youths. In group treatment sessions in the drug rehabilitation centres, criminal behaviour is attacked and conventional behaviour is promoted. In Kenya, society's reaction to drug abuse also includes the extension of peer counseling services to the abusers geared towards behaviour modification.

2.8 Conceptual Model

The conceptual framework as presented in Figure 2.1 shows that drug abuse behavior among youths is a result of a number of contributory factors. The contributory factors may drive youth to engage in drug abuse behaviours such as using drugs, drug trafficking, addiction to drug use and relapse into drug use for those who had earlier on stopped from using drugs.

Drug abuse behaviour leads to problems (negative consequences) such as poor academic performance, physical, psychological, emotional and economic losses on both the abuser and the society in general. To address the problems arising from drug abuse behavior, the most advocated approach has been to address the behaviour itself through two broad intervention strategies, that is, drug abuse treatment and prevention strategies.

Figure 2.1 Conceptual Framework of the Study



CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This Chapter describes the site of the study, research design, population and sampling design, sources of data, methods of data collection and data analysis methods.

3.2 Site Selection and Description

Nairobi is the capital city of Kenya and the principal administrative, political and economic centre of the country. In 1999, Nairobi City comprised of one district called Nairobi which also doubled as the Nairobi Province. However, the City now has more than three districts following a recent subdivision which created districts such as Nairobi East, Nairobi West and Nairobi North. The districts make up Nairobi Province which has an area of 696.1 Square Kilometres. Eastleigh, Bahati, Kayole, Makongeni, Dandora, Buruburu, Umoja and Komarock are some of the estates found in Nairobi East District whose headquarters are in Makadara which is about five kilometers east of the Central Business District (CBD) and accessible mainly through Landhies- Jogoo Road. Records of estate-specific spatial area for most of the City's Eastlands estates are not available at the Kenya National Bureau of Statistics. However, Komarock's area is 1.7 Square Kilometres and that of Umoja is 4.6 Square Kilometres (GoK, 2001).

According to the 2009 Population Census, Nairobi City had a population of 3,138,369 people. Nairobi East alone has a population of 1,144,416. Records of estate-specific populations for most of the City's Eastlands estates are not available at the Kenya National Bureau of Statistics. However, Embakasi's population is 925,775 people. The majority of the population in the City is in the youth-age bracket, that is, below 35 years (Daily Nation, 2010). This implies that the majority of the population is vulnerable to drug abuse, hence an effective anti-drug intervention measures are needed for this special category of population.

Infrastructure facilities in the City are fairly developed, with an exception of some areas where most facilities such as roads and sewerage systems are poor and lowly developed. For example, the transport/road networks are still underdeveloped since there is limited bitumen.

There are two airstrips and a rail line of about 30 Kilometres. Communication network in form of telephone network and especially the mobile telephone network is well developed.

Insecurity is reported to be worse in some estates. The presence of some organized criminal gangs such as Mungiki and Taliban is felt in some estates such as Dandora, Mathare, Kayole and Maringo and most of their members who are in their youthful ages are alleged to abuse drugs and substances such as tobacco and bhang.

There are a number of reasons that justified the selection of Nairobi City. A study conducted by NACADA between 2001 and 2002 indicates that Nairobi Province was either top or second top in the use of most of the drugs and substances by students and non-students. For instance, between 2001 and 2002, Nairobi Province had the highest percentage of students (5.5%) and non-students (15.2%) abusing inhalants, the highest percentage of students abusing miraa (22.6%) and tobacco (19.5%), it was top second province in the percentage of students (4.3%) and non-students (40.3%) abusing bhang and was also second top province in the number of students (40.9%) and non-students (89.9%) abusing alcohol (NACADA, 2004). In a study conducted by Wanyama (2005) in Nairobi, the majority of the respondents argued that drug abuse was prevalent in secondary and that it was affecting over 25% of the students. Again, in the same study, 29.9% of the respondents who were aged between 13-16 years admitted that they had used a drug. This clearly shows that Nairobi bears the brunt of drug abuse and the selection of Eastlands area of Nairobi for the study on drug abuse among youth offenders stands justified. Again, Nairobi and other major urban areas have been found to be the hardest hit by the drug abuse problem going by the seizures of drugs such as bhang, heroin, cocaine and mandrax which finds its way into the local market, while on transit to other countries (UNODC, 2004; Wanyama, 2005).

It is important to note that Nairobi City alone has a population of 3,138,369 million people and more than 1 million of them are reportedly living in the City's estimated 100 slums, most of whom are in the Eastlands area (Daily Nation, 2010). This is a clear indicator of the acuteness of poverty in most areas of the City. It was therefore of interest to study Eastlands area in order to establish whether poverty in the area contributed to the rampant problem of drug abuse.

The study site was also selected for its convenience to the researcher. The researcher works and is a resident of Eastlands area of Nairobi for many years and knows most of the key areas. This factor was useful for it increased the researcher's mobility and facilitated tracing of the respondents during the study period and/or exercise. Availability of accommodation at the researcher's house in Nairobi and the ability to walk and/or drive from the house to some of the research venues/points and back helped in saving on the limited financial and time resources available to the researcher.

Being a resident of the City, the researcher also understands the culture of the locals. This factor helped in establishing rapport with the respondents with less difficulties and this also helped to reduce their suspicion on the study and the researcher.

3.3 Research Design

According to Cooper and Shindler (2000) and Schutt (1996), a research design is the blueprint for the collection, measurement and analysis of data. It is the plan and structure of investigation conceived to obtain answers to research questions. The study adopted the primary research design method. This design was appropriate since it was intended to generate tentative results on factors contributing to drug abuse. It was also appropriate since the data generated was empirical in nature.

This research strategy is both qualitative and quantitative in nature. As clearly put by Koul (1984), qualitative studies provide three types of information: first, of what exists with respect to variables or conditions in a situation; secondly, of what we want by identifying standards of norms with which to compare the present conditions or what experts consider to be desirable, and thirdly, of how to achieve goals by exploring possible ways and means on the basis of the experience of others or the opinions of experts. The design adopted involved the systematic collection of responses to questions that were asked of respondents in questionnaires or interviews in order to gather information and was instrumental in narrating the types of drugs abused by youth offenders in Eastlands area of Nairobi, the contributory factors that influenced the youth in Eastlands area of Nairobi to abuse drugs, consequences of drug abuse and intervention measures employed by stakeholders to combat drug abuse among youth offenders in the Eastlands area of Nairobi.

3.4 Unit of Analysis

A unit of analysis is the entity about whom or which the researcher gathers information. A unit of analysis can also be said to be the element or aggregation of elements (for example individuals, groups, nations, regions) from which information will be analyzed. There are times when the unit of analysis is different from the observation unit, that is, the element from which information is collected (Singleton, 1993). In the case of this study, the unit of analysis is drug abuse by youth in the Eastlands area of Nairobi, whereas the units of observation are youthful drug abusers serving non-custodial sentences for drug abuse offences at the Makadara Probation Office and selected key informants. The units of observation were used in order to provide information on the subject of the study.

3.5 Population and Sampling Design

3.5.1 Population

According to Koul (1984), a population is the total collection of elements about which we wish to make inferences. The population for this study consisted of all drug abusing youth (that is, persons aged 10-35 years), secondary school teachers, Police Officers, an Area Education Officer and Probation Officers in the Eastland area of Nairobi. The targeted population of the youthful drug abusers was the youthful Offender aged between 10 and 35 years currently serving a non-custodial sentence for a drug abuse offence under the Makadara Probation Office and whose records were available at the Makadara Probation Office and resident in the Eastlands area of Nairobi. The target population for the key informants were teachers from secondary schools in the area (since majority of youth abusing drugs are in secondary schools), Makadara Area Education Officer, Probation Officers based at the Makadara Probation Office (which deals with Rehabilitation of Drug Offenders placed on a non-custodial sentence by the Makadara Law Courts (which serves Eastlands area) and Police Officers at the Buruburu Police Station who were knowledgeable about the problem.

3.5.2 Sampling Design

According to Koul (1984), sampling is the process by which a relatively small number of individuals or measures of individuals, objects, or events is selected and analyzed in order to find out something about the entire population from which it was selected. Kathuri and Pals (1993) define sampling as a process of selecting few cases in order to provide information that can be used to make judgments about a much larger number of cases. The "few cases"

are referred to as a sample while the "large number of cases" is referred to as a population or universe. A sampling design refers to that part of the research plan that indicates how cases are to be selected for purposes of gathering information (Singleton, 1993). The design therefore maps out the procedure to be followed to draw the study's sample.

3.5.2.1 Sampling Technique

The study utilized non-probability sampling technique. This technique is mainly used when the researcher requires a maximum degree of insight into the problem with comprehensive information. This study employed non-probability sampling due to its convenience since the interest of the study was to gain insight into the problem by selecting only informed persons (that is, youthful drug abusers and key informants). There were also no reliable complete lists of youthful drug offenders to warrant probability sampling. What existed at the Makadara Probation Office were 1,871 names of the drug offenders dealt with by the Office between 1st January, 2002 and 19th August, 2009, but the availability of the offenders in the area at the time of interview could not be confirmed since some were serving prison sentences at the time of interviews whereas, some had relocated outside Eastlands area ,while others had died.

After compiling a sampling frame list of 323 youthful drug abusers and visiting the study site, convenience sampling was done. This meant that any drug abusing youthful offender, who was traced at the study site and who was conveniently available for the interview was selected. This was in recognition of the fact that some drug abusers were not available for the study interviews. Efforts were made to trace other drug abusers who were resident in the Eastlands area, using information obtained from the interviewed respondents. To select the key informants, the researcher used purposive sampling to select secondary schools where teachers were selected conveniently for the study. Probation Officers, Police Officers and an Education Officer were selected using purposive sampling.

3.5.2.2 Sample Size

The study interviewed a sample of 100 youthful drug abusers aged between 10-35 years who were serving non-custodial sentences for drug abuse offences under the Makadara Probation Office. The sample size had been adopted in order to cater for unforeseen circumstances in the field and to guard against interviewing respondents who would be below the recommended minimal size of 100 for key respondents in primary researches (Kathuri and

Pals, 1993). In addition to these 100 youthful drug abusers, 9 key informants were selected and interviewed. These were 1 Guidance and Counselling or discipline teacher, each from 4 selected secondary schools in the study area.1 Area Education Officer, 2 Probation Officers from Makadara Probation Office and 2 Police Officers from Buruburu Police Station.

3.6 Sources of Data and Methods of Data Collection

3.6.1 Sources of Data

This study used both primary and secondary sources of data. Primary data was the most important and original data collected from respondents in the field pertaining to the objectives of the study. Secondary data was sourced from such sources as private and public statistical records (Statistical Abstract 2007. Nairobi), books (as referenced), newspapers (drug case man resists expulsion; 2009, April 8), magazines (health education monographs 6:263-278) and drug abuse journals (the journal of drug issues 16:29-66).

3.6.2 Data Collection Methods and Research Instruments

According to Koul (1984), methods of data collection are the ways to obtain relevant qualitative and/or quantitative data or information for a particular study from the relevant sources. This study collected data using a number of methods and research instruments.

Secondary data was collected by way of reading, analyzing, collating and recording data contained in readily prepared materials such as private and public statistical records, documents, books, newspapers, magazines and journals. Primary data was collected through structured individual face-to-face interviews conducted by the researcher with the respondents in places of their comfort. This approach was intended to create rapport with the respondents and ensured confidentiality so as to achieve validity of the data information collected. Direct observation method was also used in collecting data on general aspects such as the home conditions and physical health of the youthful drug abusers and the facilities and resources available for the rehabilitation of drug abusers in the area.

Several research tools were used in this study. An interview schedule was used to collect primary data from the youthful drug abusers and key informants. An interview schedule is a device consisting of a set of questions which are asked and filled in by an interviewer in a

face to face situation with another person (Koul, 1984). The schedule in this study had questions on types of drugs abused by the youth in the Eastlands area of Nairobi City, the contributory factors that influence the youth to abuse drugs, consequences of drug abuse and intervention strategies to combat drug abuse among youths in the Eastlands area of Nairobi. The interview schedule consisted of both open and closed ended questions. The observed data details were captured in an observation notebook. The tools used in collecting and recording secondary data included field notebooks, pens, pencils and rubbers.

3.7 Data Analysis

Data obtained from the open and closed-ended questions was coded and then the computer was used in organizing, interpreting and presenting the data for the purpose of analysis. Descriptive statistics such as frequencies and percentages were used to analyze data through the application of the Statistical Package for Social Sciences (SPSS) computer software. The data was then presented in form of figures and frequency and percentage tables. The analyzed data was presented thematically in this research project paper guided by the objectives of the study.

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter discusses research findings that emanate from qualitative and quantitative data collected from the field. The study was carried out among youthful drug abusers in the Eastlands area of Nairobi. The findings are based on responses from a total of 100 youthful drug abuser respondents who were interviewed in the area. Nine key informant interviews conducted with individuals who were also knowledgeable in the subject area. The key informants gave information pertaining to the types of drugs abused by youths in Eastlands area of Nairobi, the contributory factors that influence the youth in Eastlands area of Nairobi to abuse drugs, consequences of drug abuse and intervention strategies employed by stakeholders to combat drug abuse among youths in the Eastlands area of Nairobi. The key informants were a Guidance and Counselling teacher 1 Discipline teacher drawn from 4 schools which were 2 mixed, 1 boys' and one girls' school (to make 4 teachers); 1 Area Education Officer; 2 Probation Officers from Makadara Probation Office and 2 Police Officers from Buruburu Police Station.

The findings are presented in frequencies and percentages. The Analysis of quantitative data was done using the Statistical Package for Social Sciences (SPSS). Statistical methods have been used to summarize data to give meaningful information through the use of descriptive statistics.

The chapter is organized into sections. The first section addresses demographic characteristics of respondents; the second section addresses types of drugs abused by youths in Eastlands area of Nairobi; the third section deals with the contributory factors that influence the youth in Eastlands area of Nairobi to abuse drugs; the fourth section addresses the consequences of drug abuse while the last section deals with the intervention measures employed by stakeholders to combat drug abuse among youth offenders in the Eastlands area of Nairobi.

4.2 Socio-demographic characteristics of respondents

As indicated earlier, the study utilized two major categories of respondents; youthful drug abusers and key informants. Concerning the former, a total of 100 respondents were interviewed while 9 key informants comprised the respondents for the latter category. The socio-demographic characteristics of the youthful drug abusers are profiled in this section. The presentation keys in the demographic attributes of gender, age and ethnicity as well as socio-economic characteristics such as marital status, level of formal education, occupation and income.

4.2.1 Gender

Of the 100 respondents interviewed, 62.0% were males while 38.0% were females. This indicates that there are more male youthful drug abusers than there are female youthful drug abusers. One possible explanation for high number of males is that males traditionally commit more crimes than females. Again, in the African traditional society and culture, it is acceptable for men to drink while women stay home to look after children. Scholars such as Adler et al (1991) agree that the crimes women commit are much lower and are closely associated with their socio-economic position in society.

4.2.2 Age

The age distribution of respondents showed that the majority (72.0%) of the youthful drug abusers were aged between 17-23 years as shown on Table 4.1 below. This age group marks the stage that is generally referred to as youthful adults; it is marked with change and exploration.

Table 4.1 Age of the Respondents

Age (years)	Frequency	Percentage
10-16	16	16.0
17-23	72	72.0
24-30	10	10.0
31-37	2	2.0
Total	**100**	**100.0**

Source: Primary data, October 2009.

The finding that most drug abusers were young people was explained by the fact that some were able bodied people seeking conventional means of livelihood but who in the

Process may have been frustrated by lack of the same due to prevailing economic hardships. To make ends meet, they may have ventured into illegal means of surviving and/or addressing their frustrations through the use and/or sale of drugs. Others are in school at those ages where they are pushed by the forces of peer pressure to use drugs as they seek for identity and/or recognition from their peers. Some of the sources which confirm that there are more offenders in the young ages than in the older ones are Adler et al (1991) and Ministry of Home Affairs (1979).

4.2.3 Marital Status

Of the 100 respondents interviewed, 86.0% were single/never married while the rest were married. This result showed that the majority of youthful drug abusers were people without family responsibilities such as bringing up children since most of them were either in school or had just left school.

4.2.4 Family Structure of youthful drug abusers

Most of drug abusers accounting for 70.0% of the respondents interviewed came from 'normal' parent families. The remaining 30.0% were either from single parent families or families with both parents deceased as indicated on Table 4.2 below.

Table 4.2 Family Structure of juvenile drug abusers

Family Structure	Frequency	Percentage
Both parents living together	70	70.0
Separated parents	0	0.0
Single/Never Married parent (i.e, the mother)	20	20.0
Divorced parents	0	0.0
Both parents deceased	10	10.0
Any other	0	0.0
Total	**100**	**100.0**

Source: Primary data, October 2009.

The above findings implied that most youth offenders abusing drugs were not necessarily from broken families as has been assumed. These findings suggested that there were factors within 'normal' families that were also contributing to drug abuse by youths.

4.2.5 Schooling Status and Level of Education

This study was interested in establishing schooling aspects among the respondents. From the findings, majority (82.0%) of the youthful drug abusers were continuing with education while the rest were not. Further probing showed that 28.0% of all the youthful offenders had dropped out of school before, while the rest had not. The main reason for dropping out of school reported by most (75.0%) of the respondents who had dropped out of school was lack of school fees. Other reasons given included; source of sponsorship going under (20.0%) and early pregnancy (5.0%). From the same findings, it was established that the majority (75.0%) of those who had dropped out of school had dropped for a period of one year. They rejoined schooling after the one year period.

The study went further to establish the level of education of the respondents. The findings of this study showed that the majority (76.0%) of all the respondents had acquired secondary education to fourth form while as shown on Table 4.3 below. This result pointed that majority of the youthful drug abusers were literate, better educated and possibly more enlightened on issues pertaining to drug abuse.

Table 4.3 Level of Formal Education of Respondents

Level of Education	Frequency	Percentage
None	0	0.0
Primary	11	11.0
Secondary-Form 1-4	76	76.0
Secondary-Form 5-6	0	0.0
University/College	13	13.0
Adult Literacy	0	0.0
Other	0	0.0
Total	**100**	**100.0**

Source: Primary data, October 2009.

4.2.6 Respondents' Parents' level of Formal Education

From the findings, it was established that the parents of most of the respondents had acquired formal education. The mothers of the majority (51.0%) of the respondents had attained primary education, 32.0% had attained Secondary-Form 1-4, 12.0% had attained Secondary-

Form 5-6 and 5.0% had attended Adult literacy classes. However, the fathers were more educated than the mothers. At least 77.0% of the fathers of 80 respondents who had fathers alive or had fathers who had passed away had attained Secondary-Form 1-4 with 23.0% having attained Secondary-Form 5-6 education. The education levels of their parents acted as an inspiration to them as each and every student who had dropped out of school had been given a second chance to enroll for studies.

4.2.7 Religious Denomination of Respondents

The majority of the respondents were of Christian affiliation. The majority (61.0%) of the respondents were Protestants while 25.0% were Roman Catholics. Only 10% were Muslims and 4% atheists. The study also established that children attended similar churches attended by the parents. The role of parent as a role model is therefore brought to the limelight. These results showed that the religious teachings the respondents may have received did not help them avoid criminal behaviour.

4.2.8 Ethnicity

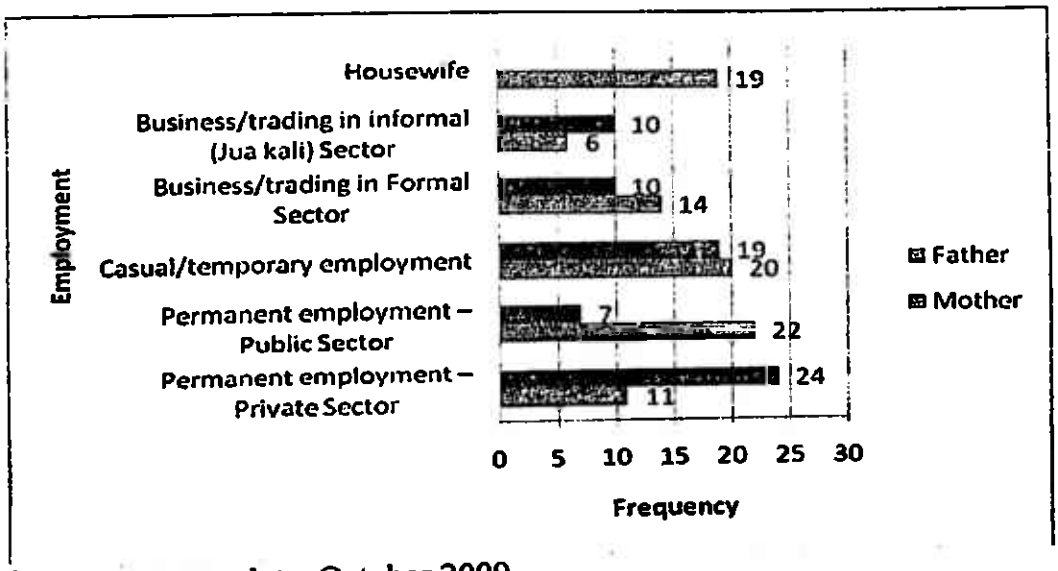
A significant proportion (33.0%) of the respondents were from the Kikuyu ethnic group, while the Luo and Luhya tribes contributed 26.0% each towards the population of youthful drug abusers with the Kamba and Kisii accounting for 5.0% and 10.0% respectively. The result that most respondents are Kikuyu is likely because the Kikuyus are the majority ethnic group in the City and also occupy all the districts surrounding the City. By implication, most fathers of the respondents were Kikuyu. Most of the respondents' mothers were also from the Kikuyu ethnic group.

4.2.9 Occupations of respondents and their parents

The findings indicated that the majority (82.0%) of respondents were in school while the rest were in casual/temporary employment.

This study also considered occupation of the drug abusers' parents. Each gender was considered alone. It was established as is shown in Figure 4.1 that fathers were mostly in permanent employment in private sector. This accounted for 24.0% of all fathers' employment. In the reverse, a significant proportion of mothers totaling 22.0% of all mothers had their employments in the public service. Public service comes with some degree of certainty and surety. Low risk takers can thus comfortably fit in the public sector. Casual and/or temporary employment have nearly similar numbers of engagements.

Figure 4.1 Occupation of respondent's parents



Source: Primary data, October 2009.

4.2.10 Level of Monthly Income of respondents and their parents

On the level of monthly income of respondents, the majority (80.0%) of the 18 youthful drug abusers who were in employment earned incomes of between 5,000 – 9999 Kenya shillings while 20.0% earned between 10,000 – 14,999 Kenya shillings at the time of interview. This finding showed that most drug abusers were low-income earners when their incomes were compared against the high prevailing standards of living in Kenya. All the 18 respondents rated their incomes as very inadequate.

With regards to the levels of income of their parents, all the youthful drug abusers did not know how much their parents earned. However, based on the difficult economic situations in their homes, they all rated their parents' incomes as very inadequate.

4.2.11 Place of Residence of the Respondents

Results from the study as indicated on Table 4.4 showed that a significant proportion (26.0%) of the 100 respondents were resident at Maringo estate, 18.0% in Dandora, 15.0% in Kayole district and 13.0% in Bahati at the time of the interviews. The implication of this finding is that these were the hardest hit localities in Eastlands area in terms of the drug abuse problem and interventions had to be focused on them on a priority basis. Further probing indicated that

all the respondents had been residents in their particular areas for periods of over 10 years, implying that they were knowledgeable about drug use in their respective areas.

Table 4.4 Respondents' Place of Residence

Place residence	Frequency	Percentage
Maringo	26	26.0
Dandora	18	18.0
Kayole	15	15.0
Bahati	13	13.0
Mukuru Kwa Njenga	12	12.0
Pumwani	12	12.0
Umoja	2	2.0
Embakasi	2	2.0
Total	**100**	**100.0**

Source: Primary data, October 2009.

4.2.12 Availability of parents at home

The study sought to establish the availability of parents at home as an important factor in the use of drugs by children. This was in recognition of the fact that access to parents also plays a major role in the development of a child. According to the majority (70.0%) of the respondents, their mothers were available at home, 25.0% said their mothers were very available, while a minority (5.0%) argued that their mothers were not available at home. The findings revealed that most (89.0%) of the mothers were available at home at least 6 days in a week, 9.0% were available at least for 3 days in a week and the rest were available at home for 1 day in a week. According to 67.0 % of the respondents who had fathers who were alive, their fathers were not available at home, 17.0% said they were not available at all, 10.0% reported that the fathers were available and the rest said the fathers were very available. On the number of days in a week their fathers were available at home, most (67.0%) of the fathers were available for 1 day. This implied that mothers

played a larger role than the fathers in the supervision of children. Absence of the fathers to supervise the male youths might have an effect in contributing to drug abuse by the same youths. According to Wanyama (2005), the level of supervision of children by their parents influences the children's use of drugs. Children who were not under adequate control from their parents were more likely to venture into drug use/abuse than those adequately controlled by their parents.

4.3 Types of drugs abused by youth offenders in Eastlands

One of the objectives of this study was to establish the types of drugs abused by youth offenders in the Eastlands area of Nairobi. This section presented findings of the drugs commonly abused by youths in the Eastlands area. Respondents were first asked whether or not there was drug abuse among the Eastlands' youth. All the respondents confirmed the existence of the behavior among the youths of the area. This question was a multiple response one and each attribute had a chance of getting a total of 100 responses from the youthful drug offenders. When they were asked to list and rank the drugs abused in order of the most commonly abused, the majority (87.0%) of the youthful drug abuser respondents listed and ranked alcohol (beer, chang'aa, Kuber, spirits) as the most commonly abused drug followed by bhang (83.0%) and miraa (69.0%) as shown on Table 4.5 below. The key informants also ranked these three drugs in the same order as were ranked by the youthful drug abusers.

Table 4.5 Commonly abused drugs by youths in Easlands

Drug	Frequency	Percentage
Alcohol	87	87.0
Bhang	83	83.0
Miraa	69	69.0
Cigarette	66	66.0
Cocaine	52	52.0
Glue	42	42.0
Heroin	36	36.0
Petrol	11	11.0
Tap Tap	6	6.0
Sprays	4	4.0

Source: Primary data, October 2009.

From the Table above, Cocaine was also mentioned by more than half of those who were interviewed. This is one of the drugs that have gotten into the country from other countries where it is wreaking havoc in health of abusers. Glue, that is synonymous with parking boys, was also mentioned by 42.0% of the respondents. Its affordability and lack of class explains its consumption by mostly street children. Others that are reportedly used by fewer respondents include; Petrol, Tap Tap and Sprays.

According to the results of the study, alcohol, narcotics, marijuana and miraa were available either to a large or very large extent. On the extent of abuse, alcohol, narcotics, marijuana, bhang, hashish and LSD were the drug abused either to a large or very large extent as indicated on Table 4.6 below. The Table shows a high level of accessibility at 4.48 with almost equal level of abuse at 4.39. The availability of marijuana, general narcotic drugs and miraa are graded at very high figures of four and above. The presence of these drugs encourages their use. The rates of abuse of these substances are also rated nearly as high as their availability. Drugs with minimal availability of less than 3.00 also record their abuse at below 3.00. It could therefore be said that increase in availability promotes increase in usage of the drugs.

Key informants had a slightly different opinion from the youthful drug abusing respondents, concerning the extent of availability and abuse of the various drugs. Most of them said "tobacco is available to a very large extent and cited cigarettes as an example". It was then followed by alcohol and then miraa and bhang, all being available at a very large extent. On abuse, the key informants maintained that tobacco (and specifically cigarettes) was abused to a very large extent followed by alcohol, bhang and miraa.

These findings were found to be in tandem with the findings by NACADA (2004) and GoK, 2007) which showed that the same types of drugs were abused by both students and non-students in all the provinces in the country. The implication of this finding is that Eastlands area is home to many types of drugs abused by both youths and non-youths in many areas of Nairobi. As observed by Gathura (2009), a significant amount of imported drugs such as (heroin) and locally prepared drugs were finding their way into the local market and hence contributing in the destruction of the Kenyan youth.

Table 4.6 Extent of availability and abuse of various drugs

Drug	Extent of availability		Extent of abuse	
Depressants	**Mean**	**Standard Deviation**	**Mean**	**Standard Deviation**
Alcohol	4.48	0.95	4.39	1.01
Inhalants				
Glue	2.75	1.33	2.83	1.39
Paint thinner	2.30	1.39	1.97	1.24
Gasoline	2.41	1.72	2.13	1.50
Petrol	2.88	1.55	2.39	1.17
Sprays	2.31	1.52	1.97	1.11
Nail polish remover	2.43	1.43	2.27	1.48
Lighter fluid	2.73	1.61	2.64	1.46
Barbiturates	2.53	0.83	2.77	1.07
Tranquilizers				
Tobacco	2.69	1.35	2.86	1.24
Narcotic drugs	4.55	0.91	4.53	0.84
Opium	2.39	1.11	2.59	1.12
Morphine	2.28	0.93	2.49	1.20
Heroin	2.54	1.11	2.63	1.36
Codeine	2.57	1.10	2.62	1.36
Cannabis sativa				
Charas	2.37	1.55	2.49	1.58
Bhang	3.73	1.45	3.78	1.47
Marijuana	4.21	1.04	4.21	1.14
Hashish	3.56	1.35	3.57	1.38
Hallucinogens				
LSD	3.48	1.73	3.33	1.75
Mescaline	2.63	1.64	2.56	1.63
Stimulants				
Amphetamines	2.26	1.29	2.26	1.29
Cocaine	3.00	1.35	2.77	1.41
Miraa	4.73	4.76	0.71	0.53

Source: Primary data, October 2009.

4.4 Contributory Factors to Drug Abuse by Youthful Offenders

This study also sought to identify the factors contributing to drug abuse by youths in the Eastlands area of Nairobi. Respondents were required to prioritize the factors starting from the highest to the lowest priority factors. From Table 4.7 below, the major contributing factors included; Peer pressure (22.8%), Unemployment/ idleness (14.9%), Desire for adventure (9.5%), Inadequate parenting (9.0%) and Ease of access of drugs (7.7%). Earlier in this chapter, it had been mentioned that drug abusers were mostly between ages 17 years and 23 years. It is this stage that peer pressure takes great control of the youth. It is therefore logical to regard peer pressure as playing a major role in influencing drug abuse because youths would tend to engage in drug use/abuse as they strive to gain acceptance by their peers if the peers are already in the behavior of drug use/abuse. The teachers who were key informants confirmed the information of the drug abusers by saying, "curiosity and copying what the older people are doing is the other key influencing factors".

Table 4.7 Contributory factors to drug abuse

Contributory factors	Frequency	Percentage
Peer pressure	86	22.8
Unemployment/ idleness	56	14.9
Desire for adventure	36	9.5
Inadequate parenting	34	9.0
Ease of access of drugs	29	7.7
Mistreatment/stress	23	6.1
High poverty levels	22	5.8
The surrounding environment	22	5.8
Domestic violence	16	4.2
Inadequate information/ acting on myths	16	4.2
Media adverts	14	3.7
Ineffective security systems	8	2.1
Community cultural value	4	1.1
Poor legal framework for drug prevention	4	1.1
Depression	4	1.1
Infiltration of western culture	3	0.8
Total	377	**100.0**

Source: Primary data, October 2009.

All the youthful drug abusers respondents were then prompted to respond to a set of pre-arranged contributory/predisposing factors by indicating the extent to which each of the factors predisposed youths in Eastlands area to abuse drugs. The indicator for these attributes ranged from 1. Very small extent 2. Small extent 3. Moderately 4. Large extent 5. Very large extent 6. N/A=Not applicable (in case drugs not available or abused) 7. Don't know. According to Table 4.8 below, nearly all the attributes mentioned were of grave concern.

Table 4.8 Confirmation of pre-set factors that predispose youths to drug abuse

Attribute	Mean	Standard Deviation
Easy availability and accessibility of illicit drugs	5.20	1.29
Inability by the Prisons Department to prevent the smuggling of drugs into correctional institutions	5.16	1.54
Weak /lack of legal institutional frameworks for drug prevention	5.16	1.53
Global trade in narcotics and drug cartel	5.16	1.70
Corruptly compromised police who fail to arrest and/or prosecute drug offenders	5.00	1.55
Poverty and unemployment	4.99	1.36
Religion	4.99	2.17
Lack of capacity by Anti-narcotics Police Unit to conduct sophisticated undercover operations in drug trafficking and related crimes	4.88	1.65
Mass media adverts/ promotion of drugs and substances	4.77	1.31
Affluence in families	4.70	2.01
Lack of effective mechanisms of drug abuse control and prevention in the school system	4.70	1.95
Prisons and the Probation Departments' lack of trained staff and effective drug abuse counseling, treatment and rehabilitation programmes and facilities for the already addicted	4.70	1.84
Peer pressure	4.59	1.09
Drugs as a lucrative source of income	4.55	1.85
Infiltration of foreign popular culture	4.45	1.46
Community's cultural values	4.11	2.23
Parents' selling substances and/or drugs	4.09	1.73
Search for identity and recognition by youth	4.03	1.90
Inadequate socialization of children by parents	4.02	1.55
Particular youth's positive attitudes towards substance	3.91	2.02
Parental drug-use behavior	3.77	1.54

Source: Primary data, October 2009.

From the Table above, any mean score of four and above sends the message of large extent and very large extent. The smaller the standard deviation, the smaller the variation. A standard deviation of 2.02 shows how diverse the opinions on the issue were. Ease of access to these drugs and the existence of weak institutional and legal frameworks mainly facilitate the spread of drug abuse. The teachers and the education officer supported the views given by the youthful drug abusers and said " the easy availability and accessibility of illicit drugs and corruptly compromised police who fail to arrest and/or prosecute drug offenders are the top two contributing factors to drug abuse in the Eastlands area of Nairobi City".

Poverty, religion, mass media and cultural beliefs also contribute a lot to the spread of drug abuse. Some youth abuse drugs as a way of forgetting the economic difficulties they are undergoing. In the traditional African society, some religious rituals were conducted using traditional brews. Religion also looks at the issue in two ways, one being a correction to drug abuse. This is practiced by several churches. The other way in which religion looks at drug abuse is by appreciating its use. Though this might be there, it is at very low levels. Some mass media houses run advertisements to promote beer drinking and cigarette smoking thus encouraging some youth to try the drugs and substances. Use of media was also a concern for many respondents as the choice of what to air/print is largely dependent on the host and media station. Obscene pictures, statements, music and others drive the youth to try venturing into these activities hence increase in drug use.

When the youthful drug abusers respondents were asked to rank the contributory factors starting with highest priority factor, the following was the order: Easy availability and accessibility of illicit drugs, inability by the Prisons Department to prevent the smuggling of drugs into the correctional institutions, weak or lack of legal institutional framework for drug prevention, global trade in narcotics and drug cartel and corruptly compromised police who fail to arrest and/or prosecute drug offenders. The key informants listed the same factors in the same order. This implied that these were the immediate explanatory factors that needed to be addressed first if the problem of drug abuse by the youth was to be addressed.

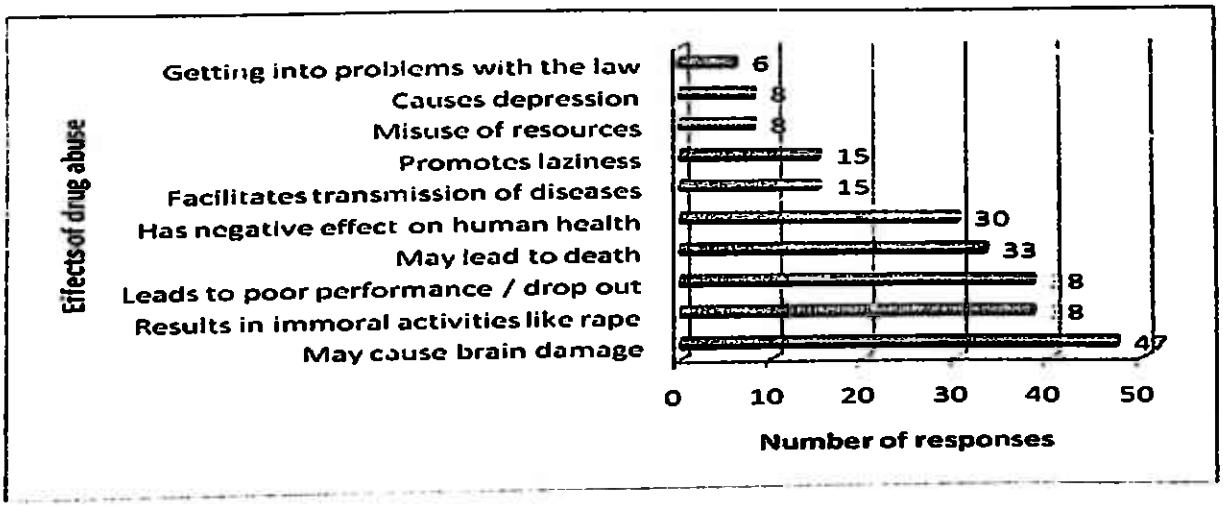
The findings of this study are in agreement with those from a number of studies and/or scholars. For example, Wanyama (2005) found that some secondary school students used drugs in order to relieve stress and achieve relaxation while pessimism about future career

placement arising from lack of jobs in the country also contributed to drug use and abuse. Ndirangu (2000) observes that unfavourable socialization of children by parents (such as parents' harsh, inconsistent discipline and hostility or rejection toward children) has been a contributing factor in drug abuse in Kenya. Phillips (1994) notes contributing factors such as looking for an outlet of escape, problems in family lives being too depressing to face, feelings of anger, fear, loneliness and depression arising from deprivation of parental and general family love and childhood traumas. The findings of the study therefore recognize the importance to address the identified contributory factors if drug abuse is to be addressed significantly.

4.5 Consequences of Drug Abuse among the Youth Offenders in Eastlands

Having understood that drug use is a major concern for individuals, families and governments, there is need to understand why it is a concern. The researcher therefore went on to ask respondents about the consequences of drug abuse to the abusers. Figure 4.2 illustrates the effects of drug abuse as mentioned by respondents spontaneously. All the youthful drug abusers who were interviewed agreed that the abuse of drugs had negative effects on the abusers. When the frequencies of the responses on effects of drug abuse were collated in broad categories, 55.9% of all the 100 youth offenders mentioned that drug abuse had detrimental health impact, 16.0% said it contributed to immoral activities, 16.0% said it contributed to poor academic performance, laziness (6.3%), misuse of resources (3.4%) and breaking of law (2.5%).Those who argued that drug abuse had negative effects were asked to list the effects in order of their magnitude. This question was a multiple response one and each attribute had a chance of getting a total of 100 responses from the youthful drug abusers. The most prominent effect is the danger of brain damage which accounted for 47, (19.7%) as shown on Figure 4.2 below. Drug abuse leaves the abuser with the lack of capacity to make important decisions or even to think rationally.

Figure 4.2 Effects of Drug Abuse



Source: Primary data, October 2009.

From the Figure above, it was clear that there are other effects related to the actions that are taken by abusers after abusing the drug. Some drug abusers are reported to engage in immoral activities like rape to minors or extremely elderly, getting involved into fights and even stealing to get money to sustain purchasing power for the drug. Getting involved in immoral activities accounted for 38 (16%) of all responses received. Drug abuse was also said to contribute to poor performance in school or worse off, pupil/student dropping out of school. This was mentioned by 38, (16%) of the total responses received. The other serious effects mentioned included possibility of drug abuse leading to death that accounted for 33, (13.9%) of the total responses received and the drug negative effect on human health that accounted for 30, (12.6%) of all responses received.

The youthful drug abusers respondents were then prompted to respond to a set of consequences of drug abuse by indicating their level of agreement with the consequences. There were other effects that the respondents commented on after being asked to comment on a set of effects. Respondents were expected to show their approval or disapproval by circling of the score cards for each attribute. The score card was; 1. Strongly Disagree 2. Disagree 3. Undecided 4. Agree 5. Strongly Agree. Table 4.9 below is a summary of effects of drug abuse as per the respondents. Evidently, most respondents strongly agreed that drug abuse had general mental, physical, emotional or social problems.

Table 4.9 Effects of Drug Abuse as pre-empted by Researcher and confirmed by Respondents

Consequence	Mean	Standard Deviation
General mental, physical, emotional or social problems	4.48	0.86
Transmission of diseases	4.70	0.63
Child abuse and neglect	4.55	0.78
Interpersonal violence and increased commission of crimes	4.49	0.89
Poor academic performance	4.48	0.93
Depression and increased risk for depression	4.47	0.56
Death	4.41	0.71
Traffic accidents	4.33	1.01
Suicidal behavior	4.20	0.77
Homelessness	3.98	0.86
Increased costs in the operations of the Criminal Justice system	3.94	1.16

Source: Primary data, October 2009.

The means in the above table are indicators of the ratings of effects of drug abuse by respondents in such a way that the higher the mean, the higher the strength of approval by the respondents on the statement. Findings on Table 4.9 above were confirmed by the key informants most of whom confirmed that drug abuse had general mental, physical, emotional or social problems, increased costs in the operations of the Criminal Justice System and led to transmission of diseases among other consequences.

The findings of this study confirm a number of previous studies. For example, Mokdad, Marks, Stroup and Gerberding, (2004) observe that illicit drug use accounts for approximately 17,000 deaths annually in the US. Insel and Roth (2000) argue that excessive use of alcohol can damage the liver, produces gastritis, affects kidney functioning, leads to sensory disturbances; it can cause blackouts, memory loss, coma and ultimately even death. According to Ray and Ksir (1996), 85% of all lung cancers in the US occur in smokers. According to GoK (2007), tobacco smoking is a leading cause of disease, disability and death in Kenya while Haji (1985) says miraa could make its users to be temperamental, lose sleep, be restlessness and reduce sexual activity among couples using miraa leading to break-up of families. This implies that youths should be sensitized on the dangers they would be exposing themselves to when they decide to venture into drug use and abuse. Wanyama (2005) says that many youths especially those using drugs are ignorant of the negative effects of drug use and abuse.

4.6 Intervention Strategies employed by Stakeholders to combat Drug Abuse among the Youths

4.6.1 Intervention Strategies

The following were Intervention strategies employed by the Police department Buruburu and the Makadara law courts to combat drug abuse among youths as presented below.

Table 4.10 Ways of combating drug abuse

Ways of combating drug abuse	Frequency	Percentage
Cutting the supply of drugs to the area	82	82.0
Improved and uncompromised police operations on drug issues	78	78.0
Stiffer court fines to drug traffickers	76	76.0
Affordable treatment and aftercare counseling programmes for those addicted	74	74.0
Increased public forums on the dangers of drug use and abuse	63	63.0
Empowering the family institution on issues of drug abuse	57	57.0
Strengthening community policing to deal with illicit drug trafficking	51	51.0

Source: Primary data, October 2009.

All the youthful drug abusers and key informants who were interviewed conceded that drug abuse among the youth in the Eastlands area was a problem that needed to be addressed. The interviewees argued that drug abuse affected both the abusers and society in general in a number of negative ways such as the spread of diseases (such as HIV/AIDS and bronchitis), injuries and death arising from careless driving by intoxicated drivers.

The youthful drug abuser respondents were asked how the problem of drug abuse among the youth in their area could be combated and to prioritize their responses. The majority (82.0%) of them argued that the number one way to combat drug abuse was by cutting the supply of drugs to the area. The other ways in order of priority were: improved and uncompromised police operations on drug issues (78.0%), stiffer court fines to drug traffickers (76.0%), affordable treatment and aftercare counseling programmes for those addicted (74.0%), increased public forums on the dangers of drug use/abuse (63.0%), empowering the family institution on issues of drug abuse (57.0%) and strengthening community policing to deal with illicit drug trafficking (51.0%).

The key informants, the probation officers gave almost similar opinions on the ways of combating drug abuse and listed the following as how the vice could be addressed: "creation of employment to youth, affordable treatment and counseling services of the addicted youth, effective police investigations and prosecution of drug traffickers and increased sensitization of the community on the dangers of drug abuse". Other ways mentioned by the key informants included: "counseling, advocacy programmes /awareness creation/ seminars and creation of employment, having active rehabilitation centres, tight police patrols both day and night, involvement of the youth in beneficial projects, enforcement of strict school regulations to discourage use of drugs in schools and encouraging youths to choose good company".

Findings on ways of curbing drug abuse in the area were confirmed through further probing in which respondents were asked whether there were ways of curbing drug abuse in the locality. All of them said there were ways of curbing drug abuse in the locality of the study. The majority (91.0%) mentioned counseling and guidance by the Probation and Aftercare Services Department), 81.0%) mentioned anti-drug abuse campaigns in schools and churches, 73.0% mentioned imprisonment of drug traffickers while 69.0% mentioned drug rehabilitation support to youths to be offered by youth groups in the area. The key informants here who were the teachers reported that the ways of curbing drug abuse in the locality of the study included: "NACADA campaigns on anti-drug use, counseling by probation officers and teachers, imprisonment of both drug users and traffickers and police investigations on drug cartels in the area which was not very effective".

On how adequate the ways of curbing drug abuse in the locality of the study were, the majority (73.0%) of the respondents said that they were inadequate while the rest said they were adequate. Those who gave negative answers (that is, inadequate) argued that the police were compromised in arresting and charging drug offenders, probation officers mainly guided drug offenders and conducted insufficient counseling, there were no accessible and affordable treatment programmes for those addicted and NACADA's presence was not evident on the ground. Those who said the intervention measures were adequate argued that drug abusers had managed to abandon their drug use behavior after counseling and/or imprisonment. Most of the key informants argued that the ways were inadequate and argued that most youth had continued to abuse drugs despite their subjection to the ways of curbing drug abuse.

This study further sought the feelings of respondents on set intervention strategies of combating the problem of drug abuse among the youth. Here, respondents were required to indicate their level of agreement with the set intervention strategies of combating the problem that were classified as treatment, after-care counseling, parent and sectoral reforms programmes. Table 4.11 below presents the ways of combating drug abuse and the strength of respondents' approval of the method.

Table 4.11 Ways of combating drug abuse problem after pre-empting

Intervention Measures	Activity	Mean	Standard Deviation
Broad intervention measures	Undertaking treatment programmes	3.30	0.95
	Providing referral for counseling, treatment and rehabilitation services	3.66	0.69
	Ministry of Health providing more counseling and treatment services to drug abusers	3.63	0.96
	Developing special and affordable facilities for treating or rehabilitating people who abuse drugs/ substances	3.49	0.86
	Prisons curtailing drug trafficking and use in prisons	3.46	1.20
	Capacitating Prisons and Probation Services departments to offer effective drug abuse offenders' rehabilitation	3.34	0.99
	Recognizing drug and substance dependency as a medical condition	3.11	1.42
After-care counseling programmes	Encouraging affective education	3.76	0.77
	Developing public counseling, treatment and rehabilitation centres	3.70	0.73
	Undertaking group counseling	3.60	0.71
	Developing peer counseling and peer programmes	3.58	0.94
	Undertaking vocational counseling	3.54	0.81
	Formal psychotherapy	3.53	1.08
	Providing general drug abuse prevention education especially in schools	3.45	0.80
	Undertaking individual and family therapy	3.34	0.83
Parent programmes	Encouraging family interactions	3.89	0.85
	Encouraging role modeling by parents	3.77	0.77
	Developing parents' informational programmes	3.52	0.80
	Encouraging the formation of parent support groups	3.53	0.88
Undertaking sectoral reforms	Organizing public forums to sensitize on dangers of drug abuse	3.93	0.79
	Stiffer penalties for drug traffickers by the law courts	3.60	0.94
	Increasing capacity for Anti-Narcotics Police Unit	3.49	0.95
	Reviewing of drug control laws	3.43	1.38
	Strengthening community policing	3.25	1.23

Source: Primary data, October 2009.

From Table 4.11 above, it is evident that all the proposed ways of combating drug abuse were approved by respondents. It is therefore right for any of these strategies to be tried in the Eastlands area of Nairobi.

The findings on intervention strategies employed to combat drug abuse agree with findings of a number of previous studies. Meeks-Mitchell and Heit (1987) suggest that treatment programmes need to be targeted to those who have taken an overdose of a drug.
Ray and Ksir (1996) emphasize the importance of detoxification of those already drugged. NACADA (2004) emphasizes on the importance of detoxification programmes in Kenya but points out that for the most part, these services are few and more often than not, unaffordable by the poor. According to Phillips (1994), active treatment enables patients to use support groups and attend educational sessions to learn about the disease of chemical dependency, to define the physical and emotional effects the drugs have on one and to identify the specific behaviours that lead one to use and that could lead to relapse. Kelleher and Goldgerb (1976) observe that in outpatient treatment, drugs may be used to assist the drug abuser in maintaining abstinence.

There are more studies that have been confirmed by the findings of this study with respect to intervention strategies. According to GoK (2007), the Mathari Hospital attends to drug and substance abuse related problems but one of the biggest challenges addressing drug abuse is the lack of public counseling, treatment and rehabilitation centres. Allison, Hubbard and Rachal (1985) argue for after-care counseling of drug abusers with primary, secondary and tertiary prevention being mainly used in relapse prevention and characterized by follow-up programmes. According to Goodstadt, providing drug abuse education and/or information about drugs would increase the students' knowledge of drugs and their effects, this increased knowledge would lead to changes in attitudes about drug use and these changed attitudes would be reflected in decreased drug-using behavior. Gardner (1981) says that peer counseling and peer programmes are inevitable in fighting drug abuse in society while Meeks-Mitchell and Heit (1987), emphasize the need for role modeling by parents which is considered the most important factor in keeping children and teenagers drug-free.

4.6.2 Organizations or persons that assist drug abusers in addressing drug abuse in the Eastlands area

All the youthful drug abusers and key informants who were interviewed said that they knew organizations or persons that assisted drug abusers and/or were addressing drug abuse in the locality. All the youthful drug abusers respondents mentioned the Law Courts, Probation and Police Departments in the area. The Probation Department was assisting drug users and addressing drug abuse by counseling, advising and guiding them out of drug use behavior. The Department was also empowering its clients by sponsoring them for vocational training aimed at self-employment and to reduce idleness among the youth. The Police Department was addressing the problem by arresting and prosecuting drug users and traffickers. The Court Department was addressing the problem by passing sentences to drug-related offenders, especially the Probation and Community Service Orders sentences aimed at rehabilitating drug-related offenders. Other respondents mentioned that schools, churches and the Youth Department in the area were sensitizing youth on the dangers of drug use. Other partnering organizations that were mentioned by the respondents included; Bahati Rehabilitation centre, Teen challenge, NACADA, United Youth Organization and Students Campaign Against Drugs. Bahati Rehabilitation Centre as the name suggests has its core operation in rehabilitation of drug addicts/abusers. Teen challenge and United Youth Organization and Students Campaign Against Drugs are mostly involved in advocacy programmes aimed at discouraging the youth from abusing drugs. NACADA is involved in advocacy programmes but also doubles up as a funding agency to CBOs that combat the drug menace in the area. Key informants reported that organizations such as schools, the Law Courts, Probation, Youth and Police Departments, NACADA and the mass media were addressing drug abusers in particular and the youthful population and society in general through provision of relevant information on drug abuse, guidance and counseling, arresting, prosecuting, sentencing and rehabilitating drug offenders.

The implication of these findings is that the problem of drug abuse among the youth has to enlist the support of both government and non-government stakeholders if it is to be combated adequately. According to GoK (2007), the government has been enlisting the support of both state (such as NACADA, Prisons, Immigration and Probation Departments) and non-state agencies (such as the Anglican Church, Asumbi Treatment and Rehabilitation Centre and Kenya Union of Journalists) in combating drug abuse.

4.6.3 Satisfaction ratings on the forms of assistance provided by the helping Organizations or persons

An attempt was made to establish the satisfaction ratings on the respective assistance provided by the helping organizations or persons (herein referred as helpers). The findings are presented on Table 4.12 below.

Table 4.12 Level of satisfaction on the respective assistance provided by the helping Organizations or Persons as reported by youth offenders

Organizations or Persons	Rating on the level of satisfaction						Total frequency and percentage
	Unsatis factory	Very unsatis-Factory	Averagely satis-factory	Satis-factory	Very satis-factory	I don't know	
Law Courts	50(50.0%)	40(40.0%)	6(6.0%)	4(4.0%)	0(0.0%)	0(0.0%)	100(100.0%)
Police Department	20(20.0%)	50(50.0%)	7(7.0%)	19(19.0%)	1(1.0%)	3(3.0%)	100(100.0%)
Schools	52(52.0%)	7(7.0%)	9(9.0%)	30(30.0%)	0(0.0%)	2(2.0%)	100(100.0%)
Churches	40(40.0%)	12(12.0%)	4(4.0%)	29(29.0%)	11(11.0%)	4(4.0%)	100(100.0%)
Youth Department	16(16.0%)	38(38.0%)	3(3.0%)	17(17.0%)	19(19.0%)	7(7.0%)	100(100.0%)
Probation Department	42(42.0%)	15(15.0%)	4(4.0%)	23(23.0%)	9(9.0%)	7(7.0%)	100(100.0%)
Bahati Rehabilitation centre	34(34.0%)	20(20.0%)	8(8.0%)	30(30.0%)	7(7.0%)	1(1.0%)	100(100.0%)
Teen challenge	18(18.0%)	42(42.0%)	10(10.0%)	27(27.0%)	3(3.0%)	0(0.0%)	100(100.0%)
NACADA	21(21.0%)	37(37.0%)	11(11.0%)	28(28.0%)	3(3.0%)	0(0.0%)	100(100.0%)
United Youth Organization	55(55.0%)	7(7.0%)	6(6.0%)	20(20.0%)	7(7.0%)	5(5.0%)	100(100.0%)
Students Campaign Against Drugs	37(37.0%)	16(16.0%)	8(8.0%)	24(24.0%)	11(11.0%)	4(4.0%)	100(100.0%)

Source: Primary data, October 2009.

N.B-The numbers outside the brackets represent the frequencies of the responses.

Positive rating of the level of satisfaction was indicated by three variables of 'Averagely satisfactory', 'Satisfactory' and 'Very satisfactory' for each of the helpers. Negative rating of

the level of satisfaction was indicated by two variables of 'Unsatisfactory' and 'Very unsatisfactory' for each of the helpers. If the positive side had higher figures than the negative side, this was used to imply that the respondents were generally satisfied with that particular helper's assistance and the converse was true. As shown on Table 4.12 above, the youthful drug abuser respondents were generally dissatisfied with all the helpers' assistance. In all the helpers, the majority of the respondents gave negative rating with most of them saying that the assistance was either unsatisfactory or very unsatisfactory for each of the helpers because the forms of assistance had not been able to address the drug menace in the area.

When the key informants were asked to indicate their levels of satisfaction with the respective assistance provided by the helping organizations, most of them said that the assistance was generally unsatisfactory. The implication of this finding was that the helping agencies needed to improve their drug intervention measures.

4.6.4 Limitations encountered by the helping organizations and possible solutions

This study examined the limitations encountered by the helping organizations with a view to finding possible solutions towards improved interventions aimed at solving the problem of drug abuse in the locality.

4.6.4.1 Limitations

The results showed that there were three key limitations encountered by the helping organizations: the major limitation (73.0%) was that of limited resources (e.g. funds) among the helpers, followed by insufficient government and/or political will (69.0%) and limited support from the local community (67.0%).

Table 4.13 Ranking of limitations encountered by the helping organizations

Limitation	Frequency	Percentage
Limited resources among the helpers	73	73.0
Insufficient government and/or political will	69	69.0
Limited support from the local community	67	67.0
Corruption among the helpers	47	47.0
Complex global drug cartel	33	33.0

Source: Primary data, October 2009.

Responding to a similar question, the teachers and some police officers said that, "the helping organizations encountered limitations such as limited human and financial resources to handle the addicted youth, uncooperative members of the society some of who shield drug traffickers from law enforcement agencies and interference of police investigations and prosecutions of drug cases by senior government officers and wealthy business people making some junior police officers to work under stress".

These findings agree with those of previous studies. For example, GoK (2007) observes that the Prisons and Probation Services departments offer rehabilitation in form of counseling although they have been blamed for lack of capacity to deal with the problem of drug abusers and traffickers in prisons and how to deal with stigma associated with drug abuse. The other weaknesses that have been found to face efforts to eradicate drug abuse in Kenya include: lack of national policy on drugs and substance control; disjointed efforts to address drug and substance abuse in the country; inadequate public counseling, treatment and rehabilitation services; inadequate financial and human resource capacity and limited advocacy at all levels.

4.6.4.2 Possible solutions to the limitations

In an attempt to know how the helping organizations could effectively intervene in the drug abuse problem, respondents were asked to propose solutions to the limitations bedeviling the organizations. The respondents were required to prioritize their responses starting from the highest priority to the lowest priority solution.

From the findings of this study, respondents proposed three broad solutions: The majority (71.0%) of the respondents proposed the improvement of resources of the helpers as the highest priority solution, followed by adequate political and/or government support (69.0%) and elimination of corruption by the 'helpers' especially by instituting strict disciplinary and legal actions against the perpetrators of the corruption (61.0%). The key informants here, who were police officers also prioritized solutions to the limitations as follows: effective coordination among the agencies dealing with drug abuse, frequent sensitization of community members to support initiatives aimed at addressing drug abuse, in addition to entrenching drug abuse education in the school curriculum. This finding explains the reason why the government, through the NACADA Office has been advocating for public support and goodwill, regional and international collaboration and cooperation, correctional services reforms with a rehabilitative outlook, availability of drugs detection equipment in the market and training programmes as a way of addressing limitations in efforts to combat drug abuse in the country (GoK, 2007).

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this chapter is to discuss the major findings of this study and to draw conclusions based on the same results. It also provided some recommendations thought to be useful in policy formulation and implementation and proposed some areas of further research.

This study set out to investigate factors contributing to drug abuse among youth offenders in the Eastlands area of Nairobi. The specific objectives were: to establish the types of drugs abused by youth in the Eastlands area of Nairobi; to identify the contributory factors to drug abuse in Eastlands area of Nairobi; to establish the consequences of drug abuse among the youth in the Eastlands area of Nairobi; and to find out intervention strategies employed by stakeholders to combat the problem of drug abuse among the youth offenders in the Eastlands area of Nairobi.

5.2 Summary of Findings

Most of the respondents (87.0%) and key informants reported that alcohol was the highest ranked type of drug abused by youths in the Eastlands area. Other types of abused drugs in the order of highest to lowest rank were bhang, miraa, tobacco (e.g cigarettes), Cocaine, Glue, Heroin, Petrol, Tap Tap and sprays.

Most youths (22.8%) abused drugs as a result of peer pressure especially in the school environment. Other drug abuse contributing factors were found to be unemployment/ idleness, desire for adventure, inadequate parenting, ease of access of drugs, mistreatment/stress in homes, high poverty levels, domestic violence, inadequate information/ acting on myths, media adverts, ineffective security systems, community cultural values encouraging the use of some drugs, poor legal framework for drug prevention, depression and infiltration of western culture.

The highest ranked consequences included; brain damage, getting involved in immoral activities, poor performance in school, pupil/student dropping out of school, death and negative effect on human health. The medium ranked consequences included: facilitating transmission of diseases and promoting laziness. The lowest ranked consequences included: misuse of resources, causing depression and getting into problems with the law. Further prompting of the respondents showed that drug abuse had other negative consequences such as general mental, physical, emotional or social problems, transmission of diseases, child abuse and neglect, interpersonal violence and increased commission of crimes, depression and increased risk for depression, motor vehicle crashes and injury due to impaired driving, suicidal behavior, homelessness and increased costs in the operations of the Criminal Justice system.

When the youthful drug abuser respondents and key informants were asked to mention the strategies used at the Eastlands area to combat drug abuse among youths, the majority of them mentioned the following, starting with the highest to the lowest ranked strategy: counseling and guidance for example by the Probation and Aftercare Services Department; anti-drug abuse campaigns in schools and churches; imprisonment of drug traffickers and drug rehabilitation support to youths offered by youth groups in the area. When asked how the problem of drug abuse could be combated in the area, the same respondents prioritized the strategies starting with the highest to the lowest ranked strategy as follows: cutting the supply of drugs to the area; improved and uncompromised police operations on drug issues; stiffer court fines to drug traffickers; affordable treatment and aftercare counseling programmes for those addicted; increased public forums on the dangers of drug use and abuse; empowering the family institution on issues of drug abuse and strengthening community policing to deal with illicit drug trafficking.

5.3 Conclusions

Given the overall study findings, the following conclusions have been made: the youth of Eastlands area of Nairobi are exposed to and abuse a wide range of illicit drugs. Some of the drugs are locally produced while others are imported. The locally produced drugs such as alcohol, bhang, miraa and cigarettes are the most abused. Peer pressure, unemployment, the desire for adventure, inadequate parenting, easy availability and accessibility of drugs and weak institutional frameworks for drug prevention are the main

factors contributing to drug use/abuse by youths. Drug abuse behavior has negative consequences. It mainly has health hazards but also contributes to poor academic performance among the school going drug abusers, encourages immoral activities and contributes to economic losses.

The problem of drug abuse among youths has not been left to continue unabated. There have been efforts put by both public and private stakeholders to address the problem in the Eastlands area of Nairobi, with the government playing the lead role. It is not lost that efforts to address the drug menace have encountered numerous challenges, with the main one being that of limited human, financial and institutional resources. The most appropriate way to address the key challenge is to avail the necessary resources to undertake the task of combating the drug problem.

5.4 Recommendations

Based on the results of this study, the following recommendations are made in an attempt to address the problem of drug abuse among the youth.

5.4.1 Policy Recommendations

1. Concerning the types of drugs abused by youths, there is a lot of dynamism with the availability in the market and abuse of some of these drugs being little known and hence little or no focus on them by the anti-drug abuse crusaders. This study recommends that the government (through its relevant agencies) to periodically monitor the influx of new illicit drugs in the study area in particular and the country in general so as to be able to design appropriate measures of tackling them.

2. With regard to contributory factors to drug abuse, this study recommends that: the youth in the country be empowered with information especially by their parents and teachers in the family and school set ups respectively for them to be able to make sound and independent decisions on issues affecting them and be able to resist negative influence from their peers; parents be sensitized by the government and religious institutions not to abdicate their parental responsibility of instilling societal morals/cultural values in their children because morally upright children grow up to become responsible youths and adults; the government strengthens the Economic

Stimulus Programme and the Work For Youth (Kazi Kwa Vijana) Programme in the Eastlands area for the youth to access economic opportunities and be economically stable which would in turn reduce depression/stress among them and encourage them to desist from drug abuse and trafficking; and the mass media advertisements and programmes bent on promoting drug use and negative western culture be banned/restricted in the country by the government, Media Council of Kenya and the Film Licencing Board. This would in turn help to reduce the exposure of youth to retrogressive behaviours.

3. On the consequences of drug abuse, the government and its partners should take urgent measures to provide affordable and accessible treatment and rehabilitation services to the youth hooked into drug abuse because the drug abusers can rightly be categorized as sick people. Also the Ministry of Education should introduce special tuition programmes in schools for drug addicted students whose academic performance is unsatisfactory. This would help to militate against poor academic standards in the schools caused by the drug menace.

4. The task of combating drug abuse among youth in the Eastlands area of Nairobi should involve a number of strategies and stakeholders. This study therefore recommends that: the government plays a leading role in addressing the drug abuse problem by availing to relevant agencies (such as NACADA, the police, public health centres and Probation and Aftercare services) adequate human, financial and infrastructural resources towards the prevention of drug abuse and treatment of youthful drug abusers; more private organizations be encouraged by the government through incentives such as tax waivers to establish drug rehabilitation and treatment centres/services to drug addicts in the area and the whole country in general, specially at the constituency level; and the government to undertake legal reforms and criminalize possession/use of other upcoming drugs and substances (such as miraa) that are found not to be in medicinal preparation form.

5.4.2 Suggested Areas for further Research

1. Since this study was confined to the youth offenders of Eastlands area of Nairobi, more studies could be undertaken in other areas of the City and the country in order to establish the types of drugs abused by youths and the magnitude of drug abuse so that a comprehensive intervention strategy and policy is formulated for elimination of the problem.

:. This study was focused on drug abuse contributory factors among youth offenders aged 0-35 years. It would be of interest to researchers to try and establish drug abuse contributory actors among adults aged beyond 35 years. This is on the understanding that when social nalaise occurs in the community, it affects all members of the affected community and not nly the youth.

:. It is also recommended that future studies could be undertaken to investigate the ffectiveness of intervention strategies of specific oganizations in addressing drug abuse in Kenya. The country can not afford to have organizations that claim to tackle the problem of lrug abuse yet available information indicates that the problem is worsening.

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APPENDIX I: INTRODUCTION LETTER

Dear Respondent,

How are you today Sir/Madam? My name is Lydia M. Mweu. I am a student at the University of Nairobi, undertaking a research study titled **"Factors Contributing to Drug Abuse by Youthful Offenders in the Eastlands Area of Nairobi".** I am therefore requesting you to respond to questions related to the subject based on your knowledge and experience. The information to be collected will enable the researcher to generate knowledge on the subject matter and to complete her Research Project at the University of Nairobi. Kindly note that all the information gathered from you will remain confidential and your identity will not be disclosed anywhere in the report.

Thank you.

APPENDIX II: INTERVIEW SCHEDULE FOR YOUTHFUL DRUG ABUSERS

Questionnaire Serial No._____ **Residential Location**_____

Interview Date_____

Respondent's Background Information

1. Respondent's Sex: Male [ ] Female [ ]
2. Age category of Respondent (in complete years).
   - 10-16 [ ]
   - 17-23 [ ]
   - 24-30 [ ]
   - 31-37 [ ]
3. (a) Marital Status:
   - Single/Never Married [ ]
   - Married [ ]
   - Divorced/Separated [ ]
   - Widowed [ ]

   (b) Family structure (in the case of juvenile/children drug abusers only)
   - Both parents living together [ ]
   - Separated parents [ ]
   - Single/Never Married parent (state whether mother or father:_____) [ ]
   - Divorced parents [ ]
   - Deceased parents (state whether both parents or one parent:_____) [ ]
   - Any other (specify, e.g. adopted)_____ [ ]

4. (a) Schooling status
   - Continuing [ ]
   - Dropped out [ ]
   - Never been to school [ ]

   (b) Have you ever dropped out of school before? Yes [ ] No [ ]

   (c) If Yes , for how long?_____

   (d) If Yes, give reasons for dropping out of school?_____

   _____

   (e) Respondent's Level of Education:
   - None [ ]
   - Primary [ ]
   - Secondary 1-4 [ ]
   - Secondary 5-6 [ ]
   - University/College (Specify)_____ [ ]

Adult Literacy [ ]
Other (Specify)_____ [ ]

(f) Respondent's parents' Level of Education (please probe for both parents where applicable):

	Mother	Father
None	[ ]	[ ]
Primary	[ ]	[ ]
Secondary 1-4	[ ]	[ ]
Secondary 5-6	[ ]	[ ]
University/College (Specify)_____	[ ]	[ ]
Adult Literacy	[ ]	[ ]
Other (Specify)_____	[ ]	[ ]
I don't know	[ ]	[ ]
N/A (e.g in case of deceased parents)	[ ]	[ ]

5. (a) Respondent's Religion:

Traditional	[ ]
Roman Catholic	[ ]
Protestant	[ ]
Islam	[ ]
Other (Specify)_____	[ ]

(b) Respondent's parent's Religion (probe for both parents where applicable):

	Mother	Father
Traditional	[ ]	[ ]
Roman Catholic	[ ]	[ ]
Protestant	[ ]	[ ]
Islam	[ ]	[ ]
Other (Specify)_____	[ ]	[ ]
N/A (e.g in case of deceased parents)	[ ]	[ ]

6. (a) Respondent's ethnicity: _____

(b) Respondent's parent (s) ethnicity: (Mother_____ Father_____)

7. (a) Respondent's Occupation

Permanent employment – Private Sector (specify)_____	[ ]
Permanent employment – Public Sector (specify) _____	[ ]
Casual/temporary employment (specify)_____	[ ]
Business/trading in Formal Sector	[ ]
Business/trading in informal (Jua kali) Sector	[ ]
Other (specify-e.g pupil/student)_____	[ ]
N/A	[ ]

(b) Respondent's parent's Occupation (probe for both parents where applicable)

	Mother	Father
Permanent employment – Private Sector (specify)_____	[ ]	[ ]
Permanent employment – Public Sector (specify) _____	[ ]	[ ]
Casual/temporary employment (specify)_____	[ ]	[ ]
Business/trading in Formal Sector	[ ]	[ ]
Business/trading in informal (Jua kali) Sector	[ ]	[ ]
Other (specify e.g farmer, house wife/husband, etc)_____	[ ]	[ ]
Unknown occupation	[ ]	[ ]
N/A (e.g in case of deceased parents)	[ ]	[ ]

8. (a) Respondent's average monthly income in Kenya Shillings (in case of adults only)

5,000 – 9,999	[ ]
10,000 – 14,999	[ ]
15,000 – 19,999	[ ]
20,000- 24,999	[ ]
25,000- 29,999	[ ]
30,000- 34,999	[ ]
35,000-39,999	[ ]
40,000- 44,999	[ ]
45,000-49,999	[ ]
50,000- 54,999	[ ]
55,000+	[ ]
N/A	[ ]

(b) Respondent's rating of his/her average monthly income (in case of adults only)

Very inadequate	[ ]
Inadequate	[ ]
Average	[ ]
Adequate	[ ]
Very adequate	[ ]
N/A	[ ]

(c) (a) Respondent's parent's average monthly income in Kenya Shillings (probe for both parents where applicable:

	Mother	Father
5,000 – 9,999	[ ]	[ ]
10,000 – 14,999	[ ]	[ ]
15,000 – 19,999	[ ]	[ ]
20,000- 24,999	[ ]	[ ]
25,000- 29,999	[ ]	[ ]
30,000- 34,999	[ ]	[ ]
35,000-39,999	[ ]	[ ]
40,000- 44,999	[ ]	[ ]
45,000-49,999	[ ]	[ ]
50,000- 54,999	[ ]	[ ]
55,000+	[ ]	[ ]
N/A (e.g in case of deceased parents)	[ ]	[ ]

(b) Respondent's rating of his/her parents' average monthly income

	Mother	Father
Very inadequate	[ ]	[ ]
Inadequate	[ ]	[ ]
Average	[ ]	[ ]
Adequate	[ ]	[ ]
Very adequate	[ ]	[ ]
N/A (e.g in case of deceased parents)	[ ]	[ ]

9. (a) Availability of parents at home (probe for both parents where applicable).

	Mother	Father
Not available at all	[ ]	[ ]
Not available	[ ]	[ ]
Averagely available	[ ]	[ ]
Available	[ ]	[ ]
Very available	[ ]	[ ]
N/A (e.g in case of deceased parents)	[ ]	[ ]

(b) In a 7 day week, how many days is each parent available at home?

1 day	[ ]	[ ]
2 days	[ ]	[ ]
3 days	[ ]	[ ]
4 days	[ ]	[ ]
5 days	[ ]	[ ]
6 days	[ ]	[ ]
7 days	[ ]	[ ]

10. (a) Where do you live currently?_____

(b) How long (in years) have you lived in your present locality?

Below one year	[ ]	1 to 5	[ ]
6 to 10	[ ]	11 to 15	[ ]
16 to 20	[ ]	21 to 25	[ ]
26 to 30	[ ]	31 to 35	[ ]

Types of Drugs Abused

11. (a) Would you say there is drug abuse among the Eastlands' youth? Yes [ ] 2 [ ]

(b). If yes, what types of drugs do they abuse (rank drugs in order of the most abused)?

1. _____	9. _____	17. _____
2. _____	10. _____	18. _____
3. _____	11. _____	19. _____
4. _____	12. _____	20. _____

5. _____ 13. _____ 21. _____
6. _____ 14. _____ 22. _____
7. _____ 15. _____ 23. _____
8. _____ 16. _____ 24. _____

12. To what extent are the following drugs available and abused by youths in the area? **(Rate your responses by circling the appropriate score as per the scale provided Below).**

1. Very small extent 2. Small extent 3. Moderately 4. Large extent 5. Very large extent 6. N/A=Not applicable (in case drugs not available or abused) 7. Don't know

	(a) Extent of availability	(b) Extent of abuse
Depressants	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Alcohol	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Inhalants	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Glue	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Paint thinner	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Gasoline	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Petrol	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Sprays	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Nail polish remover	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Lighter fluid	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Barbiturates	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Tranquillizers (valium, Librium,equanil)	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Tobacco (including cigarettes, snuff)	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Narcotic drugs	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Opium	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Morphine	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Heroin	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Codeine	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Cannabis sativa	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Charas	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Bhang	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Marijuana	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Hashish	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Hallucinogens	1 2 3 4 5 6 7	1 2 3 4 5 6 7
LSD	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Mescaline	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Stimulants	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Amphetamines	1 2 3 4 5 6 7	1 2 3 4 5 6 7
cocaine	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Miraa	1 2 3 4 5 6 7	1 2 3 4 5 6 7
If other drugs, specify_____	1 2 3 4 5 6 7	1 2 3 4 5 6 7
_____	1 2 3 4 5 6 7	1 2 3 4 5 6 7
_____	1 2 3 4 5 6 7	1 2 3 4 5 6 7
_____	1 2 3 4 5 6 7	1 2 3 4 5 6 7
_____	1 2 3 4 5 6 7	1 2 3 4 5 6 7
_____	1 2 3 4 5 6 7	1 2 3 4 5 6 7
_____	1 2 3 4 5 6 7	1 2 3 4 5 6 7
_____	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Contributory Factors to Drug abuse

13. Based on your knowledge, what factors predispose youth to drug abuse in this area? **(Prioritize the factors, starting with the major reason).**
    1. _____
    2. _____
    3. _____
    4. _____
    5. _____

14. To which extent do each of the following factors predispose a youth abuse drugs? **(Rate your responses by circling the appropriate score as per the scale provided Below).**

1. Very small extent 2. Small extent 3. Moderately 4. Large extent 5. Very large extent 6. N/A=Not applicable (in case drugs not available or abused) 7. Don't know

1. Parental drug-use behavior 1 2 3 4 5 6 7
   Give reasons for your answer_____
   _____

2. Parents' selling substances and/or drugs 1 2 3 4 5 6 7
   Give reasons for your answer_____
   _____

3. Unfavourable socialization of children by parents (such as parents' harsh, inconsistent discipline and hostility or rejection toward children) 1 2 3 4 5 6 7
Give reasons for your answer_____

4. Peer pressure 1 2 3 4 5 6 7
Give reasons for your answer_____

5. Search for identity and recognition by youth 1 2 3 4 5 6 7
Give reasons for your answer_____

6. Particular youth's positive attitudes towards substance and/or drug abuse behavior 1 2 3 4 5 6 7
Give reasons for your answer_____

7. Community's cultural values 1 2 3 4 5 6 7
Give reasons for your answer_____

8. Religion 1 2 3 4 5 6 7
Give reasons for your answer_____

9. Infiltration of foreign popular culture (e.g through mass media) 1 2 3 4 5 6 7
Give reasons for your answer_____

10. Drugs as a lucrative source of income 1 2 3 4 5 6 7
Give reasons for your answer_____

11. Global trade in narcotics and drug cartel 1 2 3 4 5 6 7
Give reasons for your answer_____

12. Poverty and unemployment 1 2 3 4 5 6 7
Give reasons for your answer_____

13. Affluence in families 1 2 3 4 5 6 7
Give reasons for your answer_____

14. Lack of effective mechanisms of drug abuse control and prevention in the school system 1 2 3 4 5 6 7
Give reasons for your answer_____

15. Lack of capacity by Anti-narcotics Police Unit to conduct sophisticated undercover operations in drug trafficking and related crimes 1 2 3 4 5 6 7
Give reasons for your answer_____

16. Corruptly compromised police who fail to arrest and/or prosecute drug offenders 1 2 3 4 5 6 7
Give reasons for your answer_____

17. Inability by the Prisons Department to prevent the smuggling of drugs into the correctional institutions 1 2 3 4 5 6 7
Give reasons for your answer_____

18. Prisons and the Probation Departments' lack of trained staff and effective drug abuse counseling, treatment and rehabilitation programmes and facilities for those already addicted 1 2 3 4 5 6 7
Give reasons for your answer_____

19. Nairobi City Council's lack of adequate and conventional social recreational activities and facilities 1 2 3 4 5 6 7
Give reasons for your answer_____

20. Weak or lack of legal institutional framework for drug prevention (e.g outdated and/or ambiguous drug-control laws) 1 2 3 4 5 6 7
Give reasons for your answer_____

21. Easy availability and accessibility of illicit drugs 1 2 3 4 5 6 7
Give reasons for your answer_____

22. Mass media adverts promoting some drugs and substances (such as beer) 1 2 3 4 5 6 7
Give reasons for your answer_____

23. If other contributing factors, specify them

_____ 1 2 3 4 5 6 7

Give reasons for your answer_____

_____

_____ 1 2 3 4 5 6 7

Give reasons for your answer_____

_____

_____ 1 2 3 4 5 6 7

Give reasons for your answer_____

_____

_____ 1 2 3 4 5 6 7

Give reasons for your answer_____

_____

_____ 1 2 3 4 5 6 7

Give reasons for your answer_____

_____

Please prioritize the factors by assigning a number on the space provided before each factor starting with highest priority factor assigned number "1"

_____ Parental drug-use behavior

_____ Parents' selling substances and/or drugs

_____ Unfavourable socialization of children by parents (such as parents' harsh, inconsistent discipline and hostility or rejection toward children)

_____ Peer pressure

_____ Search for identity and recognition by youth

_____ Particular youth's positive attitudes towards substance and/or drug abuse behavior

_____ Community's cultural values

_____ Religion

_____ Infiltration of foreign popular culture (e.g through mass media)

_____ Drugs as a lucrative source of income

_____ Global trade in narcotics and drug cartel

_____ Poverty and unemployment

_____ Affluence in families

_____ Lack of effective mechanisms of drug abuse control and prevention in the school system

_____ Lack of capacity by Anti-narcotics Police Unit to conduct sophisticated undercover operations in drug trafficking and related crimes

_____ Corruptly compromised police who fail to arrest and/or prosecute drug offenders

_____ Inability by the Prisons Department to prevent the smuggling of drugs into the correctional institutions

_____ Prisons and the Probation Departments' lack of trained staff and effective drug abuse counseling, treatment and rehabilitation programmes and facilities for those already addicted

_____ Nairobi City Council's lack of adequate and conventional social recreational activities and facilities

_____ Weak or lack of legal institutional framework for drug prevention (e.g outdated and/or ambiguous drug-control laws)

_____ Easy availability and accessibility of illicit drugs

_____ Mass media adverts promoting some drugs and substances (such as beer)

If other contributing factors, prioritize them

_____ _____

_____ _____

_____ _____

Consequences of Drug Abuse

15. Does abuse of drugs have negative effects on the abusers?
    1. Yes 2. No 3. I don't know

If yes, list down the negative effects in order of their magnitude?
(Rank them by starting with number "1" to refer to the effect with the highest magnitude).

Magnitude Number

_____ _____
_____ _____
_____ _____

The following are some of the consequences of drug abuse? **Indicate your level of agreement with the same by circling the appropriate score as per the scale provided below.**

1. Strongly Disagree 2. Disagree 3. Undecided 4. Agree 5. Strongly Agree

General mental, physical, emotional or social problems	1	2	3	4	5
Increased costs in the operations of the Criminal Justice System	1	2	3	4	5
Transmission of diseases	1	2	3	4	5
Motor vehicle crashes and injury due to impaired driving	1	2	3	4	5
Child abuse and neglect	1	2	3	4	5
Homelessness	1	2	3	4	5
Interpersonal violence and increased commission of crimes	1	2	3	4	5
Poor academic performance	1	2	3	4	5
Depression and increased risk for depression	1	2	3	4	5
Suicidal behavior	1	2	3	4	5
Death	1	2	3	4	5
If other consequence (s), specify _____	1	2	3	4	5

Stakeholders Drug Abuse Intervention Strategies

16. Would you say that drug abuse among the youth in the Eastlands area is a problem that needs to be addressed? Yes [ ] No [ ]

If Yes or No, explain_____

_____

How can the problem of drug abuse among the youth in this area be combated? **(Prioritize the responses).**

_____

_____

17. Are there ways of curbing drug abuse in this locality?
Yes [ ] No [ ] Don't know [ ]

If yes, identify each of them:_____

_____

If yes, how adequate are they in curbing drug abuse in this locality?

1. Very inadequate
2. Inadequate
3. Moderately adequate
4. Adequate
5. Very adequate
6. Don't know

Please give reason (s) for your preferred response _____

_____

18. Do you know of any organizations or persons that assist drug abusers and/or in addressing drug abuse in this locality? Yes [ ] No [ ] Don't know [ ]

If yes, who are they, whom do they assist and how do they assist?_____

_____

If yes, how satisfactory is their respective assistance?
(Please list down the stakeholders first and then indicate the satisfaction level by circling the appropriate score as per the following scale).

1. Very unsatisfactory 2. Unsatisfactory 3. Averagely satisfactory 4. Satisfactory 5. Very satisfactory 6. Don't know

Stakeholder	Satisfactory level
_____	1 2 3 4 5 6
_____	1 2 3 4 5 6
_____	1 2 3 4 5 6

What limitations do the helping organizations/agencies and/or persons encounter?

_____

_____

_____

How can the limitations be addressed? **(Prioritize the responses).**

_____

_____

19. The following ways could combat the problem of drug abuse among the youth. **Please circle the scores as per the following scale.**

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly Agree 5. Undecided/don't know

1. Undertaking treatment programmes (e.g, detoxification programme)	1	2	3	4	5
2. Developing special and affordable facilities for treating or rehabilitating people who abuse the drugs/substances	1	2	3	4	5
3. Ministry of Health providing more counseling and treatment services to drug abusers	1	2	3	4	5
4. Capacitating Prisons and Probation Services departments to offer effective drug abuse offenders' rehabilitation	1	2	3	4	5
5. Prisons curtailing drug trafficking and use in prisons	1	2	3	4	5
6. Recognizing drug and substance dependency as a medical condition	1	2	3	4	5
7. Providing referral for counseling, treatment and rehabilitation services	1	2	3	4	5

After-care counseling programmes

8. Formal psychotherapy	1	2	3	4	5
9. Undertaking group counseling	1	2	3	4	5
10. Undertaking vocational counseling	1	2	3	4	5
11. Undertaking individual and family therapy	1	2	3	4	5
12. Developing public counseling, treatment and rehabilitation centres	1	2	3	4	5
13. Providing general drug abuse prevention education especially in schools	1	2	3	4	5
14. Encouraging affective education	1	2	3	4	5
15. Developing peer counseling and peer programmes	1	2	3	4	5

Parent programmes

16. Encouraging role modeling by parents 1 2 3 4 5

17. Developing parents' informational programmes 1 2 3 4 5

18. Encouraging the formation of parent support groups 1 2 3 4 5

19. Encouraging family interactions 1 2 3 4 5

Undertaking Sectoral Reforms

20. Stiffer penalties for drug traffickers by the law courts 1 2 3 4 5

21. Increasing capacity for Anti-Narcotics Police Unit 1 2 3 4 5

22. Reviewing of drug control laws (e.g liquor licensing laws) 1 2 3 4 5

23. Strengthening community policing 1 2 3 4 5

24. Organizing public forums to sensitize on dangers of drug abuse 1 2 3 4 5

25. Instituting and/or strengthening anti-drug abuse work place policies 1 2 3 4 5

Please give any other relevant comments/suggestions on the subject of drug abuse.

_____

_____

Thank you and nice time.

APPENDIX III: KEY INFORMANT QUESTIONNAIRE ON FACTORS CONTRIBUTING TO DRUG ABUSE BY YOUTH

Questionnaire Serial No._____ **Residential Location**_____

Interview Date_____

Types of Drugs Abused

1. Would you say there is drug abuse among the Eastlands' youth? Yes [ ] No [ ]

If yes, what types of drugs do they abuse (rank drugs in order of the most abused)?

1. _____	9. _____	17. _____
2. _____	10. _____	18. _____
3. _____	11. _____	19. _____
4. _____	12. _____	20. _____
5. _____	13. _____	21. _____
6. _____	14. _____	22. _____
7. _____	15. _____	23. _____
8. _____	16. _____	24. _____

Contributory Factors to Drug Abuse

2. Based on your knowledge, what factors contribute to youth to drug abuse in this area? **(Prioritize the factors, starting with the major reason).**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Consequences of Drug Abuse

3. (a). Does abuse of drugs have negative effects on the abusers?
1. Yes 2. No 3. I don't know

(b). If Yes, list down the negative effects in order of their magnitude?
(Rank them by starting with number "1" to refer to the effect with the highest magnitude).

Magnitude Number

_____ _____
_____ _____
_____ _____

Stakeholders Drug Abuse Intervention Strategies

4. (a). Would you say that drug abuse among the youth in the Eastlands area is a problem that needs to be addressed? Yes [ ] No [ ]

(b) If Yes or No, explain_____
_____
_____
_____
_____

(c) How can the problem of drug abuse among the youth in this area be combated?
(Prioritize the responses).
_____
_____
_____
_____
_____

5. (a) Are there ways of curbing drug abuse in this locality?
Yes [ ] No [ ] Don't know [ ]

(b) If Yes, identify each of them:_____
_____
_____
_____
_____

(c) If yes, how adequate are they in curbing drug abuse in this locality?

1. Very inadequate
2. Inadequate
3. Moderately adequate
4. Adequate
5. Very adequate
6. Don't know

Please give reason (s) for your preferred response _____

_____

_____

6. (a) Do you know of any organizations or persons that assist drug abusers and/or in addressing drug abuse in this locality? Yes [ ] No [ ] Don't know [ ]

(b) If yes, who are they, whom do they assist and how do they assist?_____

_____

_____

(c) If yes, how satisfactory is their respective assistance?
(Please list down the stakeholders first and then indicate the satisfaction level by circling the appropriate score as per the following scale).

1. Very unsatisfactory 2. Unsatisfactory 3. Averagely satisfactory 4. Satisfactory 5. Very satisfactory 6. Don't know

Stakeholder	Satisfactory level
_____	1 2 3 4 5 6
_____	1 2 3 4 5 6
_____	1 2 3 4 5 6

(d) What limitations do the helping organizations or persons encounter?

_____

_____

(e) How can the limitations be addressed? **(Prioritize the responses).**

_____

_____

_____

Please give any other relevant comments/suggestions on the subject of drug abuse.

_____

_____

Thank you and nice time.

APPENDIX IV: PROJECT IMPLEMENTATION SCHEDULE

	April 2009				May 2009				June 2009				July 2009				August 2009				September 2009			
Activity/ Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Project revision 1																								
Project revision 2																								
Questionnaire development																								
Pilot test questionnaire																								
Data collection																								
Data capture																								
Analysis and conclusion																								
Final revision																								
Binding and filling																								

APPENDIX V: BUDGET

Activity	Expenditure item	Cost (Kshs)
Proposal development	Photocopy Binding Typesetting Materials	15,000
Data collection	Fieldwork - transport - Allowances - Stationery	30,000
Data Analysis	Entering Analyzing	20,000
Data presentation	Photocopy Binding	10,000
Total Cost		**75,000**