

**DRUG AND SUBSTANCE ABUSE IN SECONDARY SCHOOLS IN KENYA. A
CASE STUDY OF KIAMBU COUNTY //**

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
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UNIVERSITY OF NAIROBI**

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DECLARATION

This research project is the product of my own work and is not the result of anything done in collaboration. It has not been previously presented to any other institution.

Signature  Date 4/11/2013

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I confirm that the work reported in this research project was carried out by the student under my supervision.



04/11/2013

Sign

Date

Dr. MUTSOTSO

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DEDICATION

To the Almighty God who has been my strength and divine inspiration in every thing I do.

To my loving husband Anthony Mwangi who has been my greatest source of inspiration and strength. Has offered me unconditional support and encouragement.

To my dear children, Anthony Ngugi and Angelah Wambui who fill my world with so much happiness and gives me every reason to work hard.

To my dear parents Minneh and George Kimani and to my brothers Moses, Francis and Samuel and my dear sisters Eunice, Hannah, Pauline and Lucy for being there for me and encouraging me to work hard.

ACRONYMS AND ABBREVIATIONS

ACP	-	African Convention of) Principals
DSA	-	Drug and Substance Abuse
HIV/AIDS	-	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
KIE	-	Kenya Institute of Education
LSD	-	Lysergic Diethyl Amide
UN	-	United Nations
NGOs	-	Non Governmental Organizations
NACADA	-	National Coordinator for the Campaign Against Drug Abuse
WHO	-	World Health Organization

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ABSTRACT

Drug abuse is becoming an increasing problem in Kenya. A number of studies carried out in the country show that almost every Kenyan youngster at one time or another experiments with drugs, especially beer and cigarettes. The major cause of concern is that a significant proportion of these young people eventually get addicted posing a threat to their own health and safety, while creating difficulties for their families and the public at large into difficulties. This study sought to establish the extent of drug and substance abuse in secondary schools in Kenya, and to analyze the strategies used to address the problem. The ultimate aim was to propose a programme for prevention and intervention.

The study is a descriptive survey. In view of this, the field survey method was adopted to collect quantitative data, using questionnaires and interviews. Quantitative approaches were used in data analysis, inferential statistics such as Pearson Product Moment correlation. The analysis of structured items was mainly done using the Statistical Package for Social Sciences (SPSS).

The key findings from the study were that drug abuse among students is common; both boys and girls have abused drugs with the majority being in boys' schools; the greatest ratio of drug abusers to non-abusers among the sampled schools are aged between 16 and 18 years; there is a significant relationship between drug abuse and age, use of drugs by other family members and easy access to drugs. A variety of factors contribute to drug abuse with the majority of students citing curiosity, acceptance by peers and ignorance as to the dangers of drug abuse and having a lot of pocket money as the main reasons. Both the school administrators and teachers face a number of challenges in attempting to curb drug abuse in schools.

The study makes a number of recommendations for policy and further research. A number of guidelines are proposed for developing a programme for prevention and intervention

CHAPTER ONE

INTRODUCTION

1.1 Backgrounds to the study

Drug abuse is defined as self-administration of drugs for non-medical reasons, in quantities and frequencies which may impart inability to function effectively and which may result in physical, social and/or emotional harm.

The use and abuse of drugs and other substances is a global phenomenon with a long history. (Alder Freda. et.al 1995:320) traces the use of chemical substances that alter behavior to the Stone Age period, they observe that the Egyptians relics from 350 BC depicted opium use in religious rituals and that the Incas of South America are also known to have used cocaine at least 5000 years ago, cannabis sativa the common drug has a 5000 years history.

Over the past two decades, the use of illegal drugs and misuse of therapeutic drugs have spread at an unprecedented rate and have penetrated every part of the globe. No nation has been spared from the devastating problem caused by drug abuse. At the same time, broad spectrum of the world community has demonstrated intense concern over the problem (Ibid, 2000).

The issue of drug abuse is a major headache to societies and authorities from the cities of the North Africa, Latin America and Asia. The menace of drugs has strangled the youthful population reducing them to dummies, zombies and drooling figures only to waste out the prime of their lives when they are most needed to invest their energy in worthy nation building ventures (Kenya Times, July 4th 2003). World Drug Report 2010 report indicate that Cannabis remains the world's most widely produced and used illicit substance: it is grown in almost all countries of the world and is smoked by 130-190 million people at least once a year, The World Drug Report 2010 also contains a chapter on the destabilizing influence of drug trafficking on transit countries, focusing in particular on the case of cocaine. It shows how underdevelopment and weak governance

attract crime, while crime deepens instability. It shows how the wealth, violence and power of drug trafficking can undermine the security, even the sovereignty, of states. The threat to security posed by drug trafficking has been on the agenda of the Security Council several times during the past year.

The modern era of drugs abuse and substance use began with the use of drugs for medical purposes for example two components of opium, morphine and codeine have been used for pain relief and were even incorporated in baby's syrup. During the American civil war, the use of injectable morphine to ease the pain of casualty soldiers was so extensive that its addiction among the war veterans was referred to as the soldier's disease (Aldler et. al, 1995:320).

Drug abuse is one of the major social problems in Kenya with common and easily identifiable manifestations in public health. Half of drug abusers in Kenya are aged between 10-19 years with over 60% residing in urban areas and 21% in rural areas (UNODC 2004). Taking drugs at an early age of 14 or younger greatly increases the chances of developing drug problems in future. The most commonly abused drugs in Kenya are alcohol, tobacco, bhang (marijuana), glue, miraa (khat) and psychotropic drugs (NACADA 2004).

NACADA has adopted an intervention line that encompasses comprehensive education for long-term empowerment of youth and general public to counter drug abuse. There is close collaboration in the fight against drug abuse with key factors including relevant government departments, the media, Non-Governmental Organizations (NGOS) relevant professionals, spiritual leaders, parents associations and institutional leaderships.

While recognizing the measures currently being instituted to combat drug abuse at the International scene, NACADA has chosen to lay more emphasis on homegrown solutions that are conscious of the societal, cultural and economic influences and environments.

The intervention measures underway or in the plan aim at achieving positive change of behavior and attitudes particularly among the youth and young adults in such situations.

The use of drugs and substance abuse in high schools in Kenya is so rampant. A preliminary survey of drug abuse conducted among secondary school students in Kenya was carried out and the results of the study confirmed that drug abuse was quite prevalent among secondary school students. For instance, up to 10% of students drunk alcohol more than three times a week, 16% smoked cigarettes more than three times a week, and nearly 14% had smoked cannabis (bhang) and 16% admitted taking other drugs especially tranquillizers in order to feel high. The study revealed that the problem was more acute in urban schools compared to rural schools. A cross sectional study to determine the prevalence of smoking and to investigate factors that may influence smoking behavior in 5,311 secondary school students in Nairobi found that a total of 2246 (70.1%) were ever smokers out of which 38.6% were males and 17.9% females. In this study, experimentation with drugs started at 5 years of age, and regular smoking at 10 years. The majority of the students 72.2% started at between age 12 and 16 years.

Drug and Substance Abuse (DSA) has a complex cause and effect relationship, the direct causes of DSA may include easy availability of cheap drugs and other substances. Young adults have the highest DSA prevalence. Idleness in association with peer pressure easily drives them into DSA. In most of these situations, parents and other guardian lack the skills to intervene. Lack of intervention is also further complicated by the stigma that is often attached to DSA. DSA often constitute a crime in Kenyan law. Poor enforcement of the law and weak policies also directly contributes to the high prevalence of drug and substance abuse.

1.2 Statement of the problem

The control of drug use and substance abuse is a global challenge; efforts that have been employed at international, regional and national level have not effectively deterred the production, trafficking and consumption of illicit drugs and substances.

In Kenya despite the fact that there are measures such as legal restrictions and awareness creation on the dangers of drug use and substance abuse, this problem is widespread in the society at large and in many institution especially schools, colleges and prisons. Some of the measures instituted to curb drug and substance use and abuse include the introduction of the famous Alcoholic Drinks Control Act, 2009 commonly referred to as 'Mututho Law'. The Act however is limited to alcoholic drinks and seeks to control access to the alcoholic drinks by restricting the minimum allowed ages and drinking hours as well as the licensing procedures. As such, the Act fails to address the use of other drugs such as narcotics (The Alcoholic Drinks Control Bill, 2009).

The damage caused by both licit and illicit drugs and substances of abuse to the society, labor force and the entire economy has been of much concern to the Government. Government action on the problem is evidenced by promulgation of various Acts such as Traditional Liquor Licensing Act, and the recent Narcotic Drugs and Psychotropic Substances (Control) Act of 1994. The Government resolve to combat the menace is further seen in the formation of NACADA with a clear mandate that complements these Acts. In a resolve to reign in on the problem of drug abuse, the government created the office of the National Coordinator for the Campaign against Drug Abuse, (Kaguthi, 2007). The office has a mission of coordinating and harmonizing drug abuse prevention education activities to create awareness with an aim of achieving behavior and attitude change and eventually contribute to significant reduction on demand and abuse of chemical substance especially on the youths

The problem of drug and substance abuse among young people/ youth revolves around Tobacco, alcohol, cannabis, stimulants, inhalants and tranquilizers (Yambo, 1983, Namwonja, 1993). The problem of drugs and substance abuse is real and serious in Kenyan secondary schools more than 25% Kenyans high school students and University students are addicts. (KADDO, 2009)

Most of the drugs users in schools country wide use bhang while in urban areas they use the hard drugs such as cocaine, heroin and opium are on the increase. (Daily Nation September 17th 2006). The students have now moved from the traditional drugs such as tobacco and alcohol to the more sophisticated ones. The reports add that in cases where hard drugs are not readily available, students resort to cough mixtures, tranquillizers, sedatives and sleeping pills, the same newspaper states that between 30-40% of learners in classes 7, 8 and form one had taken drugs at varied times in their lives.

The People Communication Africa (2001), states that about 25.4% of Kenyan adolescent and young adults who experiment with drugs ever become regular abusers. Regular abuse of drugs is defined as an acquired drug use behavior. Something learnt and practiced which has been recurrent or ongoing (usually through the process of reinforcement and habituation). The adolescent and young adults in this case are aged between 16-25 years, this is the age found in the secondary schools.

The problem of drug and substance use and abuse among students in schools constitutes to serious educational problem that requires urgent attention this is because the habit affects about 60% of youths below the age of 18 years of whom a significant portion are students in high schools in Kenya (Ibid, 2000). Consequently schools are faced with problems like student violence, poor performance in exams and high school drop outs. Also the use of drugs has very negative effects on the individual and the society at large, according to the UN report in 1997, drug abuse results to contraction of HIV/AIDS and other blood borne diseases such as Hepatitis B, anti-social behavior, rise in mass indiscipline in school, ill health, also drugs threatens security and integrity of a school.

Drugs and substance use and abuse have been cited as the possible cause of school unrest, violence, absenteeism, truancy and irresponsible behavior among the youth. It is also said to be one of the contributing factors to the rapid spread of HIV/AIDS due to the users engaging in risky sexual behavior and also sharing of needles (Pathfinder Inter, 2000). Drug and substance use and abuse among the youth has led to deaths through

overdose, accidents and drug related diseases such as cancer, mental illness and also suicide (Gacicio, 2001), school work is also affected by the drug abuse habit (Mwenesi, 1995.) a student reported that he was doing well in school but after he started using drugs his grades dropped and with constant complaints from teachers and parents he opted to drop out of school. Another student reported that he started taking bhang while studying in India; he had a mental breakdown when he started on hard drugs, he never completed his studies and he was deported back to Kenya (Mwenesi, 1995). So the issue of drugs in high school is a serious problem that needs to be addressed with immediately.

There are several measures intended to control drug use and substance abuse in schools which seems to be ineffective, for instance, surprise searches conducted on students in their boxes in the dormitories, lockers in classes, there are also rules and regulations that criminalize trafficking and possession and use of drugs and substance abuse in school, also teachers and workers are not only trained to rehabilitate and even counsel the students, but there has been shocking news that the same teachers and other subordinate staffs are involved in trafficking of drugs and substances in schools (Mwenesi, 1995).

1.3 Research questions

- a) Which drugs and substances that are commonly used and abused in secondary schools
- b) How drugs and other substances of abuse are smuggled in the school compound?
- c) What are the factors influencing the use of drugs and substance among the students in the secondary schools?
- d) What are the impact of drugs and substance use on students and their learning?

1.4 General Objective

An inquiry to the extent of drug and substance abuse in secondary schools in Kenya, a case study of selected secondary schools in Githunguri Division of Kiambu County

1.5 Specific objective

- i) Identify commonly abused drugs among the youth in secondary schools.
- ii) To find out how drugs and other substances of abuse are smuggled in the school compound.
- iii) To identify the factors influencing drugs use and substance abuse among the students.
- iv) Identify the effects of drug use and substance abuse on students learning
- v) To establish what stakeholders are doing to eliminate the menace

1.6 Justification of the study

The contribution of the youth in the society cannot be underestimated; the youth are the most energetic group and therefore forms the main source of labor in the economy. It is therefore necessary to study the problems affecting them since this is a critical stage in human development. (Aronoff. et al, 1970). The high rate of drug use among the youth is a major concern and can be a major cause of discontinuity in their personality development. Mathari Psychiatric Hospital emphasized this observation in a report published in (The People Daily 2006:24 Feb 19th) which pointed out that young people are at high risk of losing consciousness due to high risk of drug addiction.

The youth are the future leaders and if the problem of drug and substance abuse is not checked there will be a big problem, most youth have however fallen into the trap of drug and substance abuse and any study designed for trying to investigate on preventive measures on the practices which are likely to be an obstruction in achieving their desired aspiration like the vice of drugs and substance abuse is worth undertaking. Also the number of drug users is on the increase especially on the youths and even on the under aged, (Mwenesi 1995), there are cases of primary school students that have been reported that they are using drugs such as alcohol and smoking tobacco. The consequences of drug use and substance abuse is fatal it can lead to death, accidents caused due to the influence of drugs and even drop out of schools among the youth.

This study will contribute to knowledge by generating and documenting information about drugs and substance abuse in learning institution in Kenya particularly by identifying the various drugs and substances used by the students in high schools. Also this study is important because many studies have been done on drugs but has been on the open society not on the youths in Kiambu County. It will also be very helpful to the curriculum developers since they will be able to identify the gaps in the curriculum as far as drug abuse is concerned.

Drug use and abuse has been a major problem to the youths because of the many negative effects it has on their lives, be it social, academic or otherwise yet studies on drug use among the youths/high school students have been neglected. Also the study will be useful to the government and the stakeholders in undertaking effective intervention strategies against drugs and substance use and abuse by students at Mukuyu Secondary School, other policy makers and planers will also find the study helpful in formulating appropriate policies and programs to control the problem of drugs and substance abuse within other segment of the society. The findings of this research will be of great benefit to the teachers, parents and society at large that they will be in a better position to understand the students and be aware of factors that lead the students to use drugs and other substances.

1.7 Scope and delimitation of the study

This study focuses to investigate on the current trend of drug and substance abuse trends among secondary school students in Kenya, the approaches the schools, stakeholders and the community undertake to curb this menace of drugs and substance abuse and will analyze the strategies to be used to address the problem, with a view to developing a program to guide in prevention and intervention measures.

Also the scope of the study will include the contributory factor that predisposes Secondary school students to use drugs and other substances, the types of drugs abused by the student s in Githunguri division, the effects of the drugs and substances on the

students learning, on their families and also the effect on the community level and other stakeholders. Also on the intervention strategies employed by the stake holders to combat the problem of drugs and substance abuse among the secondary school students.

1.8 Operational definition of terms

Drug any product other than food or water that affects the way people feel, think, see and behave. It is a substance that due to its chemicals nature affects physical, mental and emotional functioning. It can enter the body through chewing, inhaling, smoking, drinking, rubbing on the skin or injection.

Drug abuse: Use drugs for purposes other than medical reason. It refers to misuse of any psychotropic substances resulting in changes in bodily functions, thus affecting the individual's enhanced tendency to engage in conflicts with friends, teachers and school authority. Cognitive effects relate to the individual's lack of concentration on academic work and memory loss such as 'blackouts'.

Drug related problems: This term is used to describe all negative effects associated with drug abuse such as violence, conflict with friends or school authorities, destruction of school's property and academic underperformance.

Drug policy: A brief statement outlining a school's stand or position on procedures for dealing with drug-related issues. It may be reflected in the school rules and guidelines, and is also often a reflection of the laws of Kenya. In Kenya, drug trafficking and abuse is considered a criminal offence under the Narcotics Drugs and Psychotropic Substances Control Act of 1994.

Illegal/legal drugs: In this study illegal drugs refer to the substances that the government regards as harmful to the mental and physical well-being of the individual, hence controlling or discouraging their consumption by law. Legal drugs refer to those such as alcohol and tobacco that are potentially dangerous but whose consumption the government allows.

Intervention: Attempts to help drug users to positively modify their behavior and change their attitude towards misuse of drugs. It also includes activities and programmes put in place to address drug abuse.

Prevention measures: Prevention is best understood when explained in all three levels i.e. primary, secondary and tertiary.

- Primary prevention of substance abuse is preventing the initiation of psychoactive substance use or delaying the age at which use begins (WHO, 2000:12).
- Secondary prevention is the intervention aimed at individuals in the early stages of psychoactive substance use. The aim is to prevent substance abuse from becoming a problem thereby limiting the degree of damage to the individual (World Drug Report, 2000:109).
- Tertiary prevention aims at ending dependence and minimizing problems resulting from use/abuse. This type of prevention strives to enable the individual to achieve and maintain improved levels of functioning and health. Sometimes tertiary prevention is called rehabilitation and relapse prevention (WHO, 2000:12).

For the purposes of this study, prevention refers to educational activities, programmes or policies aimed at enabling young people to stay healthy and inhabit an environment free from drug abuse. It also refers to education of young people about the effects of substance abuse with the intention of preventing their use/abuse and enabling them to make informed decisions when faced with the challenge of drug abuse. Prevention also refers to educational programmes which empower people to live a productive lifestyle, free from drug abuse.

Protective factors/Risk factors: Research has shown that in order to prevent substance use and abuse, two things must happen (O. Malley, et al 2001): □ Factors that increase the risk of the problem must be identified, and Ways to reduce the impact of those factors must be developed. Factors that help to prevent substance use and abuse are called protective factors, and factors that contribute to or increase the risk of developing use and abuse problems are called risk factors. Risk factors are those likely to make the individual abuse drugs, or contribute to the risk of developing use and abuse problems. The only way to ensure the health of individuals is to increase protective factors while decreasing risk factors. Knowledge of these factors will help stakeholders in drug prevention to

better understand them and work out strategies of enhancing the protective while reducing the risk Factors.

Psychoactive Substance: Refers to any substance that when taken by a person can modify perception, mood, cognition, behavior, or motor functions (WHO, 2000:3).

Strategies: This term refers to the methods or approaches that schools have put in place to address drug related problems in the institutions. They are also measures that have been put in place by the Kenyan schools with the aim of curbing drug abuse and controlling its negative effects

Substance abuse: Refers to the use of all chemicals, drugs and industrial solvents that produce dependence (psychological and physical) in a percentage of individuals who take them. It can also be used to refer to repeated non-medical use of potentially addictive chemical and organic substances. According to (WHO 2000:11), substance abuse includes the use of chemicals in excess of normally prescribed treatment dosage and frequency, even with knowledge that they may cause serious problems and eventually lead to addiction.

Youth: Refers to young people between 13 and 25 years or their activities and their characteristics. The majority of students in Kenyan secondary schools are between 13 and 19 years, a stage referred to as adolescence. The term youth therefore includes this age bracket of students.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Drug use and substance abuse is a form of deviant behavior or a manifestation of juvenile delinquency. Deviant behavior is that which a considerable number of people in the society regard as reprehensive and beyond the limits of tolerance (Zanden, 1990, Mushanga, 1996). For society to continue, social order has to be maintained, social order makes human interaction possible and has certain expectations in the society, this is achieved through social controls. Inadequate social controls leads to chaos that would result and will be manifested in massive institutional breakdown and malfunctioning (Zanden, 1990).

Through the socialization process, members of a society are trained to fit into society by acquiring ways of thinking, feeling, and acting characterized of their society's culture. By internalizing the society's way of thinking, feeling and acting the individual is able to translate social control into self-control. Thus the way members of a society are socialized to a greater extent determines their behavior, consequently inadequate or poor socialization of youth's results in deviant behavior like drug use among secondary school students. This problem could also be an indicator that there are many youths who are inadequately socialized. This situation may point to the fact that the institutions for socializing youths into responsible adults for instance the family are failing and that the moral structures of society are in need of re-examination (Zanden 1990). The various abused drugs and substances used by the students can be classified in the following categories:

- i.) Stimulants: e.g. cocaine, nicotine and amphetamines.
- ii.) Hallucinogens: e.g. Lysergic Diethyl Amide (LSD).
- iii.) Narcotics: e.g. Cigarettes.
- iv.) Tobacco.
- v.) Psychotropic: e.g. Anti-depressants, Antipsychotic

2.1 Overview of the drug problem in Kenya

Kenya has its share of drug abuse (and by extension, drug trafficking) problem among the youth, (Ndirangu, 2000,) for instance observes that drug abuse among the Kenya youth is a social time bomb. According to (NACADA 2004) drug and substance abuse in Kenya is widespread and cut across all social groups with the youth being most affected. The youth are increasingly abusing imported illegal drugs and substances such as narcotics which include heroin, cocaine and mandrax, opium and inhalants. However alcohol, tobacco, cocaine and inhalants were the commonly abused substances by Kenyan youths aged between 10-24 years (NACADA, 2004).

In Kenya drug and substance abuse is increasingly being recognized as a serious social problem with negative consequences on the health, security, social psychological, economic and cultural development of the individual drug abuser 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 10-25years.(Mugisha, Hagambe, 2003,) an unfortunate scenario is that over 60% of Kenyan youth aged below 30years have been reported to abuse drug while 40%of students in schools are taking illicit drugs (NACADA 2004,)

2.2 The global situation on drug abuse

Drug abuse has become a global problem, (world Drug Report 2000,) there is hardly any country that has not been affected by this problem. At least 134 countries and territories were faced with a drug abuse problem in the 1990's.Its estimated 1billion men and 250 million women smoke bhang with the vast majority living in low income and middle income countries (World Bank 2000). It kills an estimated 4million by the end of 2000 and is projected to kill 8.4million people by 2020(WHO 2000), while some 1.1billion people globally smoke cigarettes, an estimated 2billion people worldwide consume alcoholic beverages of whom 763million have diagnosable alcohol consumption has serious health and social consequences mainly through intoxication, alcohol dependence and other biomedical effects on the substance.

Studies by the United Nations Drugs Control Programme (UNDCP) provide an insight into the global spread of drug abuse. "Global Illicit Drug Trends" was compiled from questionnaires sent to national governments requesting information on drug seizures by police and customs officials. "The Drug Nexus in Africa" was drawn out of information forwarded by drug control agencies in 10 African states. In the language of statistics, they provide an overview of the scale and depth of drug use internationally. The African report in particular sheds some light on the social, economic and political origins of drug taking. "Global Illicit Drug Trends" points out that the illicit drug trade is a complex and massive global industry, with markets in every country of the world. The growth in world commerce and the explosion in global finance markets have made it much easier for the drug cartels to move their money around and obscure the source of the immense profits being made by the criminal syndicates controlling the trade.

2.3 Global Overview of Young People and Drug Abuse

One of the major concerns is that children seem to be targeted as the new market for the drug industry globally. In economic terms, both licit and illicit drugs are viewed as consumer goods that are traded in a competitive global market. Illegal drugs account for at least \$400 billion of world trade marking it larger than the global iron and steel industries (World Drug Report, 2005). An article in the Chicago Sun-Time reflects the seriousness of how children are targeted by the illicit drug market. An extract from this article reads "High school students must walk past drug dealers and gang members trying to enlist them..." (September 08 2000). Secondly, the World Population Trends Estimates for the period 2000- 2050 show a decline of young people in a number of countries (China, Sweden, Norway, Australia) in the age groups of 10- 19 (U.S. Census Bureau, 2000).

In Africa, with an annual growth of over 3 percent, the youth is estimated to reach 258 million by the year 2025. Presently the 15-24 age group constitutes about 20 percent of the total population of the continent (Fadayomi & Poukota, 1999; Makinwa-Adebusoye, 1999; World Population Prospects, 1998). Thirdly, the other factor that has to be borne in

mind when addressing issues of drugs and young people is that the both the legal and illicit drug industries seem to be well organized, have sophisticated and persuasive marketing and publicity strategies, do their research meticulously on the consumption patterns and establishing new markets and developing high-tech modes of transporting illicit drugs. One of the leading state newspapers in Illinois, the Chicago Tribune carried an article titled "Colombia finds sub (marine) being built to sneak drugs" (September 08, 2000; p.14-Section 1). This was a sophisticated submarine involving highly skilled professionals who could be American and Russian as the article alleges.

Also, both the electronic media and drug industry campaigns against the legal and illicit drug industries send mixed, and sometimes, confusing messages to children and young people. All these messages are usually presented in very appealing, attractive and persuasive packages. Social development interventions therefore have to be alive to the realities and complex challenges posed by the drug industry. Fourthly, children and young people who use and/ or abuse drugs become one of the most vulnerable groups to HIV/AIDS infection. The increase of drug use and threat of HIV/AIDS amongst young people globally are a cause for concern. Young people between 10-24 years are estimated to account for up to 60% of all new HIV infection worldwide (Fadayomi & Poukouta, 1999).

The illicit drug trade is gradually emerging as a serious problem in sub-Saharan Africa. More sophisticated and synthetic drugs such as crack, cocaine, opium, and ecstasy are finding their way into the continent. Africa has huge young and vulnerable populations which are becoming the target market for the illicit drug industry. In Cote d'Ivoire more than half of the entire population is under 18 years and there is a growth in the numbers of "street children". In most African countries, the under 18 population is relatively large; Botswana, Cameroon, Central African Republic, Guinea- Bissau, Egypt, Kenya, Lesotho, Libya, Malawi, Mozambique, Namibia, Nigeria, South Africa, Trinidad and Tobago, Togo, Zambia, Zimbabwe (U.S. Census Bureau, 2000). Drug usage in Africa amongst young people is associated with social and psychological damage produced by social

upheavals and civil war. In other words it is associated with the challenging socio-economic material conditions found within most countries in the continent. A survey of young Kenyans suggested that 63 percent used drugs, including the culturally accepted *qaat*. In Ethiopia it is reported that 82 percent of the street children in Addis Ababa use some kind of a drug (James, 1999). Beside the threat of increasing consumption amongst children and young people, Southern Africa is becoming a major trans-shipment point in the international drug trade as well as a major producer of *dagga* (Honwana & Lamb, 1998). All these factors are threat to the stability and sustained socio economic development initiatives in the southern Africa region.

2.3 The prevalence of drug and substance abuse among the students in Kenya

Kenya like any other country in Africa has been experiencing a rapid increase in production, distribution and consumption of multiple drugs of dependence. The Kenyan scene like any other country has been associated with the growing state of lawlessness among the young people. The current state of unrest and indiscipline among the young people in schools and institutions of higher learning has been linked with the increase in the use of alcohol, *bhang* and experimentation with hard drugs like cocaine, heroin and *mandrax* which are imported to Kenya through illicit trafficking, (Amayo, Wangai Jr, 1994,)

The progression of drug and substance abuse from one type to another follows a logical sequence in that, people normally start experimenting with legal substances like alcohol and tobacco and later graduate to more illicit ones like marijuana, heroin, cocaine (Kuria, 1996). A comparative study on drugs and substance abuse between the rural and urban schools which covered 952 students, the findings showed that alcohol and tobacco were commonly used in both rural and urban areas (Omollo. M. O, 2005,) citing the study done by (Odek Ogundo & Pande Leak 2005.) The undergraduate students in Kenya and their prevalent rates are as follows: alcohol 84.22%, tobacco 54.7%, cannabis 19.7%, and inhalants 7.2%. the report revealed that initiation of drugs use usually begins in lower primary(less than 20%) upper primary and secondary schools (greater than 50%) and

universities 11.25%, according to the study therefore the students at upper primary and secondary schools constitutes the highest percentage and this creates the need for intervention at the secondary school level.

2.4 Availability of drugs and other substances of abuse

The availability of drugs has being found in the past studies to be related to drug use and substance abuse among the youths. Studies by (Yambo, 1995, Haji, 1995) found out that easy availability of drugs is one of the reasons for increasing incidents of drugs use among students; also most of the drugs that are abused are those that are locally manufactured or illegally imported into the country. The rate of circulation of drugs in Kenya is high because Kenya has been identified as one of the countries that serve as transit point for international drugs traffickers from Latin America and Asia (Daily Nation May 8, 1998.) The claim is supported by the many cases of drug traffickers being arrested at the Jomo Kenyatta International Airport. Many of the airlines workers are getting involved in drug trafficking as was evidenced in the sacking of 32 employees of the KQ in 2002. (Daily Nation 20 June 2002.)

In a speech delivered during the official closing of the African convention of Principals (ACP) in Kenya on 27th August, 2004, the then Minister for Education, Honorable George Saitoti noted that some cities in Africa had been identified as either destinations or channel for hard drugs. Drug peddlers and barons were known to target the youth as a lucrative market for their unethical business. He further noted that one of the root causes of some indiscipline cases in institutions could be traced to drug and substance abuse. For this reasons the war against drugs and substance abuse was one that Kenya could not afford to lose because failure to address this problem would lead to the destruction of Kenyan youth and thus the future of this country (The East African Standards January 19th 2004).

Although the drugs and other substances of abuse are easily available, many youths would not indulge in the habit of abuse if they were informed about their repercussions

(Yambo 1993, et. el). Found out that drug use is a habit that is learned mostly from peers, friends and close families and relatives. The group transmits information that portrays the habit as good, pleasant and a cool way of life and a show of maturity, thus promoting false perception about drugs. When such information is given to a person who is not well informed about drugs, the person is likely to start using and later abuse the drugs.

2.5 Classifications of drugs and other substances

Curative drugs: they are used to cure infections that include antibiotics, anti-malarial drugs (Kramar & Cameron 1975,)

Depressants: these drugs have a relaxing effects and suppress rapid eye movements during dreams, causing deep sleep though not necessary useful (KIE 2003:116) other effects of depressants include loss of learned behavioral control due to the depressants effects in the brain since they have the potential changes in the nervous system e.g. madrax.

Volatile inhalants: these drugs have depressants and anesthetic effects and also have the capability of producing perceptual disturbances. The drugs under this category include aesthetic solvents in glues, paint thinners (KIE 2004: Matheus & Davison 1972,)

Preventive drugs: these are used to prevent the body from diseases, promotion of good health and help the body to maintain a good working order. These include vaccines and food supplements like vitamins and minerals (Kramer & Cameron 1999, Aronoff et el 1970).

Narcotics drugs: they cause depression of the central nervous system, they produce deep sleep and relief pain but excessive doses can cause coma, stupor (unconsciousness) and even death. They also include false sensory impulsion or hallucination (Matheson et el. 1972:2, KIE 2004:116) the drugs in this category include heroin, marijuana, hashish and nicotine.

Stimulant drugs: They are referred to as so since they alleviate mild degree of fatigue, although they develop low levels of dependence. The withdrawal effects are limited to headache and fatigue e.g. tea, coffee, cocaine, khat (KIE 2004)

Tranquillizers: these drugs alleviate pain, anxiety and have a calming effects they include, valium and Librium.

2.6 Reasons why students use drugs and other substances of abuse

Easy availability of drugs: According to (Merton and Nisbert, 1971) people use illegal drugs because of their ready availability and promotion interests of those who are in a position to benefit financially from their sale. For instance in Kisumu, The Big Issue (a magazine in the Wednesday Standard) team identified shops at the Kisumu busy bus stop and schools within the town centre as the best known dens of drugs taking an important bearing on whether or not a person will try dependence producing drug. A friend or peer group is likely to be the source of Information for drug users about the availability of drugs and their allegeable effects.

The age factors: Majority of students are adolescents, a stage of transition from childhood to adulthood. It is a momentous period of life filled with changes, difficulties and psychological problems such as self-identification. It is described as period of 'storm' and 'stress', a time of self-discovery and self-assertion. This is the stage the Youth tend to experiment a lot (Okech, 1977). Also Curiosity/modern day rite of passage Curiosity is one of Mans outstanding characteristics. It is not surprising then that many young people will wish to try some drug in order to determine the effects for themselves.

Parental influence (Pudo, 1998) noted that children from homes where parents take drug tend to imitate the behavior of their parents by taking illegal drugs. Young people learn from what they see by imitating what parents and other people in the community do. Availability of cash is another reason for drug use and substances abuse, the availability of cash to the youth as pocket money and travel allowances especially if excessive can be redirected into purchasing of drugs. The money is usually not put into proper use and when opportunities arise they team up with friends, taste drugs and eventually become drug addicts.

School administration related factors: School administration factors will refer to how those who are charged with the management of student's affairs are prepared and equipped to plan mobilize; allocate and in still the necessary control of the attainment of the institutional goals. Highhandedness, of school administration, harsh treatment, lack of freedom on the side of and students' failure to have their grievances addressed creates stress which can lead to the abuse of drugs. Also we have cases where the teachers and even subordinates staffs in the school smuggling/selling drugs to students.

2.7 The fight against drug use and substance abuse

In an attempt to fight drug abuse in Kenya, the government has been on a campaign to ban smoking in public places. For example, in many public offices, "No Smoking" signs are prominently displayed. In addition, the Ministry of Health has proposed a new bill prohibiting smoking in public. According to this proposed bill, people who smoke in public would risk up to six months in jail, a fine or both the then Health Minister, Hon. Ngilu, (Daily Nation May 12, 2006). According to the Minister, the most effective way of dealing with drug abuse is to sensitize people to the dangers posed by drugs to the user, his or her family and society at large.

In response to global warnings on the dangers posed by drug abuse, the National Agency for Campaign against Drug Abuse (NACADA) is pushing for the establishment of a national drug control authority to enforce all drug trafficking laws in Kenya (Kaguthi, 2006:10). According to Kaguthi, although religious education has been instilled strongly in the youth, the majority still abuse drugs and are likely to destroy their lives before they become adults. He argues that most secondary school students today are experimenting with drugs.

Also The Kenya government has ratified two major United Nations conventions on narcotic drugs and psychotropic substances in its quest to protect its citizens from the ravages of the global drug abuse menace. These include the (Single Convention on Narcotic Drugs, 1961) and the Convention against Illicit Trafficking of Narcotic Drugs

and Psychotropic Substances (1988). The government is currently working towards the ratification of the Convention on Psychotropic Substances (1971). In 1994, the government enacted a new anti-drug law, the Narcotics and Psychotropic Substances Control Act, as well as forming the Kenya Anti-Narcotic Unit.

2.8 Effects of drug use and substances abuse

Young people who persistently use drugs and abuse substances often experience an array of problems in, Academics Declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent's substance abuse. (Hawkins, Catalano, and Miller 1992), cite research indicating that a low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Cognitive and behavioral problems experienced by alcohol- and drug-using youth may interfere with their academic performance and also present obstacles to learning for their classmates (Bureau of Justice Statistics, 1992).

Physical health Injuries due to accidents (such as car accidents), physical disabilities and diseases, and the effects of possible overdoses are among the health-related consequences of teenage substance abuse. A large numbers of youth involved with alcohol and other drugs use and substance abuse face an increased risk of death through suicide, homicide, accident, and illness. Transmission of HIV/AIDS primarily occurs through exposure to body fluids of an infected person during sexual contact or through sharing of unsterile drug-injection equipment. Many substance-abusing youth engage in behavior that places them at risk of contracting HIV/AIDS or other sexually transmitted diseases. This may include the actual use of psychoactive substances (particularly those that are injected) or behavior resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances.

Mental health: Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions frequently are linked to substance abuse

among adolescents. Substance-abusing youth are at higher risk than nonusers for mental health problems, including depression; conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development also may be influenced (Bureau of Justice Statistics, 1992).

Families: In addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol- and drug-involved youth (Nowinski, 1990). Substance abuse can drain a family's financial and emotional resources (Bureau of Justice Statistics, 1992).

Delinquency: There is an undeniable link between substance abuse and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many youth engaged in alcohol and other drug use. It cannot be claimed that substance abuse causes delinquent behavior or delinquency causes alcohol and other drug use. However, the two behaviors are strongly correlated and often bring about school and family problems, involvement with negative peer groups, lack of neighborhood social controls, and physical or sexual abuse (Hawkins et al., 1987; Wilson and Howell, 1993). Possession and use of alcohol and other drugs are illegal for all youth. Beyond that, however, there is strong evidence of an association between alcohol and other drug use and delinquent behavior of juveniles. Substance abuse is associated with both violent and income-generating crimes by youth. This increases fear among community residents and the demand for juvenile and criminal justice services, thus increasing the burden on these resources. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse.

2.9 Legal Framework on Drug and Substance Abuse

The alarming prevalence of drug abuse in the country and among the youth in particular has continued despite the existing legislation and its enforcement by the authorities. The government made legislations to deal with drugs, to control access of drugs to certain categories of people and rightly outlaw the use of others, some of the laws in the statute books that specifically are aimed at controlling drug use. The government enacted the liquor licensing Act in 1986 among others regulate the consumption of alcohol, the law prohibits bar to sell alcohol to school going children and under aged children. In 1994 the Narcotics Drugs and psychotropic substances control Act was enacted lagging heavy penalties on drug traffickers.

The National Policy on Drug Abuse in Kenya was developed on the premise that the Kenya Government had ratified three major UN conventions on narcotic drugs and psychotropic substances, namely the Single Convention on Psychotropic Substances of 1961; The Convention on Psychotropic Substances of 1971 and the Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988.

The Narcotic Drugs and Psychotropic Substances Control Act, 1994, in operation since August 26 1994, is the latest Kenyan legislation against drug trafficking and abuse (Daily Nation, September 1, 1994). The act specifies a minimum of 10 years and a maximum of 20 years in jail for possession of drugs. The setting up of the International Drug Control Committee, whose responsibility was to evaluate drug policies in the country, followed the enactment of the above law. The greatest achievement of the Inter-ministerial Committee was the production of the Drug Master Plan in 1998, which was approved in 2001. That same year NACADA was formed to enhance advocacy against drugs of abuse in the country.

famous nationally and a zealous anti-alcohol activist, the former Naivasha MP John Mututho came up with a bill in parliament which later became a law on Alcohol his anti-alcohol campaign, which has made him the subject of hate among many beer lovers and bar owners, started way back in December 1974, when he first tasted the intoxicant. He is

believed, these experiences are what motivated him to begin conducting research on the adverse effects of alcohol consumption. The politician claims that he spent an estimated Sh8.6 million in research, which ultimately gave rise to his crafting of the Alcoholic Drinks Control Act, 2010, variously known as the Mututho law. In the last days of the 10th Parliament, Mututho had proposed that the law be amended to ban consumption of alcohol two days prior to a general election, a move that his peers in Parliament rejected, terming it punitive.

A more recent attempt through the Alcoholic Drinks Control Act 2010 further aimed at controlling drinking and selling of alcohol, law states that drinking of alcohol in bars can only be consumed between the hours of 5pm – 11pm on weekdays (from 2pm on weekends). It focuses on licensing, stating that businesses will only be licensed if considered to be in ‘..Public interest..’ and must be at least 300 meters away from any schools or other learning institutions. With the aim of ensuring that chang’aa is properly brewed and conforms to prescribed standards, the Act has legalized it and provides the conditions for brewing. And hammering home the point of illegality in selling adulterated brews, the offence attracts a hefty fine of Kshs.10mn. Fines for selling alcohol to those below the age of 18 is Kshs.150,000 or 12 months imprisonment or both. Sachets of alcohol have also been banned. The harmful effects of alcohol must also now be displayed. And one may now face a fine of Kshs.500 for drunken behavior.

2.10 Theoretical Framework

Modified Social Stress Model

The Modified Social Stress Model (MSSM) was used by the research in the. The model was developed by Rodes and Jason (1988) and modified by World Health Organization/Programme on Substance Abuse (WHO/PSA) to include the effects of drugs or substances, the personal response of the individual to drugs and additional environmental, social and cultural variables.

Research has shown that in order to prevent substance use and abuse, two things must be taken into consideration: factors that increase the risk of developing the problem must be identified, and ways to reduce the impact of these factors must be developed. The theory maintains that there are factors that encourage drug abuse called risk factors. Factors that make people less likely to abuse drugs are called protective factors. The key to health and healthy families is increasing the protective factors while decreasing the risk factors.

According to this model, if many risk factors are present in a person's life, that person is more likely to begin, intensify and continue the use of drugs, which could lead to drug abuse. The model identifies risk factors as stress (which could be due to the school or home environment, and adolescent developmental changes) and normalization of substance use which could be seen in terms of legality and law enforcement; availability and cost of drugs; advertising, sponsorship and promotion through media, as well as the cultural value attached to various drugs. In addition, there is also the experience derived from the use of drugs, which could be positive or negative. Drugs which produce positive effects are likely to be abused.

The model also shows that the more protective factors are present, the less likely the person is to become involved with drugs. Protective factors are identified as: attachments with people such as family members, peers and institutions such as religion and school. In addition are skills, which refer to physical and performance capabilities that help people succeed in life and reduce incidents of drug abuse. Availability of resources, within the person or the environment, which help people meet their emotional and physical needs, are said to reduce dependence on drugs. Examples include positive role models, religious faith, anti-drug campaigns plus guidance and counseling services.

According to this model, it is easy to understand the drug problem better if both risk and protective factors are considered at the same time. Probability of drug abuse is determined by these factors. The framework is useful as a way of planning interventions

to prevent or treat problems related to drug abuse. Once the risk factors are identified, work can begin on reducing the risks and strengthening the protective factors.

Although Rodes and Jason's theory could explain why the youth in schools do or do not abuse drugs, it is not exhaustive. In addition to the above risk and protective factors there could be others which contribute to the present scenario in families, schools and communities, as suggested in the literature review. The presence of risk and protective factors is context dependent and the proportions of their contribution depend on intensity in given situations. Therefore the actual state of affairs needed exploration for factors unique to Machakos district in Kenya, where the investigation was carried out. This model therefore guided the study by way of examining the drug problem in secondary schools in the district and to analyzing the strategies used to address the problem, but where it proved inadequate other models were taken into account. The aim was to make recommendations for improvement and propose intervention measures to address the problem.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Creswell (2003) defines methodology as a strategy or a plan of action that links methods to outcomes. This section describes the methodology that was used in carrying out the study. Research design, target population, sampling design, data collection instruments and data analysis techniques as well as sources and methods of data collection and analysis was discussed.

3.1 Research Design

The study adopted descriptive research design. As pointed out by Mugenda and Mugenda (2003), descriptive design can be used to collect information about people's attitudes, opinions or habits. She further notes that descriptive designs are used to allow researchers gather, present and interpret information for the purposes of clarification. The design was chosen because the researcher sought to analyze the issue of drug abuse among the secondary schools in Kenya. As pointed out by Janckowic (2002), descriptive studies are not only restricted to fact finding, but may often result in the formulation of important principles of knowledge and solution to significant problems. The design was therefore deemed most efficient in analyzing the nature and extent of drug and substance abuse in secondary schools in Kenya.

3.2 Target Population

According to Kombo and Tromp (2006), a population is a group of individuals, objects or items from which samples are taken for measurement. Mugenda and Mugenda (2003) define the target population as the set of individuals, cases or objects with some common characteristics from which a researcher wants to generalize the results of the study.

In the selected secondary schools there were different people but for the purposes of this study, the primary target population constituted both female students and male students from the selected secondary schools. Another secondary target population was the Heads of schools (principals) from the selected schools and other stake holders.

3.3 Unit of Analysis

Nachmias and Chava (2003) define the unit of analysis as the most elementary part of the phenomenon to be studied. Mugenda and Mugenda (2003) assert that the units of analysis are units that are designed for the purpose of aggregating their characteristics in order to describe some larger group or abstract phenomenon. Singleton et al. (1988) also describe the unit of analysis as “what or whom to be analyzed.” The unit of analysis of this study was thus the information or data collected from the students (male or female) on the extent of drug and substance abuse in secondary.

3.4 Sample Size and Sampling Procedure

Kombo and Tromp (2006) define Sampling Design as the part of the research plan that indicates how cases are to be selected for observation. This study used both probability and non-probability sampling methods at various stages. Purposive sampling (which is a non-probability sampling method) was utilized at the beginning of the study during the selection of the five secondary schools in Kiambu County as the sites of study. This was due to the accessibility and proximity of the schools to the researcher who is in Kiambu County.

Probability sampling methods involving stratified and random sampling methods was used in obtaining the sample for the study. Stratified sampling of the schools was applied whereby the schools were placed into four categories. From each category, a school or schools was picked at random according to Table 1 giving a total of 5 schools. From each of the schools sampled, five students from each form were selected at random from the class registers to arrive at the sample size of 100 students.

The researcher stratified schools into four categories based on the categorization of the schools as boarding and day and also mixed and single sex. Table 1 shows the sample strategy for the study.

Table 1: Sampling Strategy

type of school	total number of schools	number of schools in the sample	percentage of school sampled
Boarding mixed	3	1	33.3%
Boarding single sex	6	1	16.7%
Day single sex	4	1	25.0%
Day mixed sex	8	2	25.0%
Total	22	5	100%

3.5 Methods of data collection

Both qualitative and quantitative methods were used by the researcher. Qualitative methods employed the use of focused group discussion, a total of five focused group discussions was conducted with the students, and the key informant interviews was used for in-depth discussion. The key informants comprised five Principals, five guidance and Counseling teachers and five teachers, in total they were 15 key informants.

3.5.1 Tools of data collection

This study used questionnaire which had both open and close ended questions and the questionnaire were administered on face to face by the researcher. Another tool that the researcher used was the interview guide for the students, this enhanced an in-depth discussion, Focused group discussion guide was used by the researcher to guide discussion with the groups of students and this was facilitated by the researcher.

3.6 Data Collection Procedure

On securing authority to collect data for the study, the researcher circulated questionnaires to the students of the schools and collected the completed questionnaires after they were completed by the students. As the questionnaires were completed, the researcher scheduled interviews with the school principals.

3.7 Pretest

It is important that the research instruments are pretested as a way of fine tuning them. (Wiersma, 1995). This is vital as it enables both the reliability and the validity of the instrument to be determined. In an attempt to pilot and pretest the instruments, a pilot study was carried out in one of the schools in the location which was not included in the final study. The questionnaires and interview schedule were pretested using identical sample and data to be collected two weeks before the actual data collection. The items in the research instrument found to elicit vague responses were removed in an attempt to improve the instruments.

3.7.1 Validity

According to Mugenda and Mugenda (1999), validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. In the current study, the researcher ensured validity in the research tools by asking a series of questions, and often looked for the answers in the research of other research questions and found out whether the information given was consistent with the information expected. During the analysis of the data, the researcher validated the findings by rejecting the responses that were not consistent with the responses given by the particular respondent.

3.7.2 Reliability

Mugenda and Mugenda (1999) define reliability as the extent to which results are consistent over time and an accurate representation of the total population under study. Further, reliability refers to the extent to which the results of a study can be reproduced under a similar methodology. Reliability in the context of the current study was the extent to which items included in the research instrument yielded similar results across the two categories of the samples.

In the current study, the method used to ensure reliability was test retest method (Mugenda and Mugenda, 1999). If the results obtained from the same sample using the

instruments administered at different times were positively correlated, the instruments were assumed reliable. The items that were found to elicit vague responses were eliminated while some more focused items were added to the revised questionnaire.

3.7.3 Ethical considerations

In the process of carrying out the study the following ethical considerations were made:

- **Honesty:** The findings were reported with all the honesty and the researcher's opinions were not featured. The study reported findings as they were without any manipulation or undue assumptions.
- **Confidentiality:** The responses gathered from the subjects were treated with utmost confidence to protect their privacy.
- **Accuracy:** The researcher reported the findings accurately and refrained from bias and subjective analysis of data.
- **Accountability:** The researcher was accountable in capturing and representing all the data and information collected objectively.
- **Other considerations:** The researcher obtained official permission to carry out the research in the locale of study from the Head of Sociology and Social Work Department from the University of Nairobi, head teachers of the sampled schools to collect data from students and the DEO, work within the attached time schedule and schedule the administration of the research instruments appropriately in time and location.

3.8 Data Analysis

The data obtained from the questionnaires was edited, coded and entered in the computer for analysis with aid of statistical software. The study being descriptive it required descriptive analytical methods which included percentages, measures of central tendency such as means, measures of dispersion such as variances and standard deviation as well as inferential statistical tools such as correlation analysis. To enhance clarity, the results were presented in tables, graphs and charts.

CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter presents the analysis and discussion of the findings of the study.

4.1 Description of the Sample

This section analyses the characteristics of the sample of the study. This includes gender, age, class, academic potential and the trend of academic performance as well as family background of the respondents.

On the gender composition of the sample, Table 2 summarizes the gender distribution of the students in the sample.

Table 2 Gender of the Respondents

	Frequency	Percent
male	60	60%
Female	40	40%
Total	100	100%

Majority of the students who participated in the study were male (60%) while the female students made up for 40% of the sample. The gender disparity reflected the enrolment by sexes in the locale of study.

The age of the students is an important factor in determining the amount of exposure the student may have had on drugs and substance abused as well as its effects. The researcher sought to establish the age composition of students in the sample. Table 3 summarizes the age distribution of the students sampled.

Table 3 Age Distribution of the Students Sampled

	Frequency	Percent
Below 15 years	20	20%
16 years	30	30%
17years	20	20%
18 years	20	20%
Above 18 years	10	10%
Total	100	100%

The ages of the students who participated in the study ranged between 15 years and 18 years with majority of them (70%) aged between 16 and 18 years.

The researcher sought to establish the classes to which the students in the sample came from. Information on the composition of the sample in terms of the classes determines the credibility and reliability of the responses generated.

Table 4 Class of the Student

	Frequency	Percent
Form 1	20	20%
Form 2	20	20%
Form 3	30	30%
Form 4	30	30%
Total	100	100%

Table 4 shows that the distribution of the students who participated in the study was distributed uniformly with the students in the upper classes(Forms 3 and 4) accounting for a greater percentage of 60% against those in lower forms(Form 2 and Form 1) who accounted for 40% of the sample. The rationale of having more participants from the higher classes was to enable the researcher obtain information from students who had spent more years in the secondary school and thus obtain a clearer understanding to the

school, factors affecting drug and substance abuse among secondary school students. On the religious affiliation of the students, table 5 summarizes the responses obtained.

Table 5 Religious Affiliation of the Students

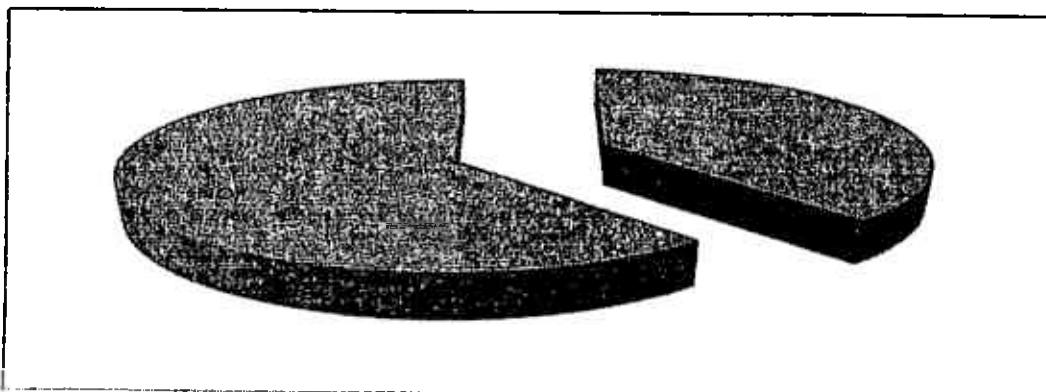
	Frequency	Percent
Christian	85	85%
Muslim	10	10%
Others	5	5%
Total	100	100%

Majority of the students were Christian (85%), 10% were Muslims and 5% belonged to other religious affiliations including Hindu and those who don't ascribe to any religion. This implies that most students profess a form of religion.

On the distribution of the students as per their ethnic groupings, majority of the students belonged to Kikuyu ethnic group it being the local ethnic group and a few from other ethnic groups especially in the township areas which are more metropolitan.

When asked whether they have ever faced serious disciplinary action from the school administration before, Figure 1 displays the responses obtained.

Figure 1 Disciplinary Action



Majority of the students (62%) said that they have never faced a serious disciplinary

action and 38% of the students have in the past had disciplinary action. Further, the majority of the students who reported to have faced serious disciplinary action cited it was due to truancy (55%), drug and substance abuse (32%) and the rest cited others including theft, immorality and gross misconduct as the charges against them.

On the nature of disciplinary action meted on them, majority mentioned two week suspension (78%), manual work (17%) and the rest (15%) mentioned corporal punishment as the disciplinary action they faced.

In an attempt to establish the academic background of the students sampled, the researcher sought to find out the average grade the student attains in the school internal examinations in the past two terms. The responses were as tabulated in Table 5.

Table 6 Average Grade Attained by the Respondents

	Frequency	Ercent
A & A-	20	20%
B- ,B& B+	20	20%
C-,C&C+	40	40%
D- ,D& D+	10	10%
E	10	10%
Total	100	100%

As shown in table 6, the responses obtained indicated that majority of the students in the sample (40%) were average academic performers with grades ranging from C- to C+. In general more of the students in the sample were above average students scoring grades C- and above and only 20% of the students in the sample were below average.

Further, in an attempt to understand the sample better, the researcher sought to find out the trend of academic performance of the students in the sample. Table 7 summarizes the trend of academic performance of the students in the sample in the past two terms.

Table 7 Trend of Performance of the Student

	Frequency	Percent
Increasing rapidly	20	20%
Increasing	65	65%
Declining	10	10%
Declining rapidly	5	5%
Total	100	100%

The findings as reflected in Table 7 indicate that performance of the majority of the students (65%), the academic performance is improving while only 15% of the students have their academic performance declining. The findings indicated that in all the students, the performance has been fluctuating with majority improving in academic performance.

In summary, the findings on the sample demographics indicate that the sample comprises of above average academic performers majority of who have had several years in school. The respondents will therefore be able to provide well informed and credible responses.

4.2 Commonly Abused Drugs among the Youth in Secondary Schools

According to Zanden 1990, there are various drugs and substance that are used by the students. These include: Stimulants, Hallucinogenes, Narcotics or Psychotropes. Further, he points out those different drugs have different effects on the user. In the current study, the researcher sought to establish the specific types of drugs and substances mostly abused by the students. Table 4.6 tabulates the summary of the responses obtained.

Table 8 Drug Mostly Abused

	Frequency	Percent
Alcohol	40	40%
Tobacco	15	15%
Marijuana	5	5%
Cocaine	2	2%
Total	62	62%

As indicated in Table 8, majority of the students (62%) abuse drugs. majority of the students (40%) using with majority(58%) citing local brew(muratina),22% changaa and the rest various brands of wines and spirits packed in sachets. Tobacco mostly smoked (74%) and snuffs (26%) ranks second with 15% of the students using it while marijuana and cocaine are also used though to a smaller extent of 5% and 2% respectively. The findings of the study are consistent with the findings of similar studies by (Mugisha, Hagamb. 2003) which reported that over 60% of Kenyan youth aged below 30years have been found to abuse drug. While 40%of of the users are students in schools NACADA (2004) reported that drug and substance abuse in Kenya is widespread and cut across all social groups with the youths being most affected. On the type of drugs mostly abused by the youths, the findings of the studies concur that the most commonly abused drugs among the youths of the ages in question(15yrs-18yrs) are alcohol, tobacco, marijuana and about 10% cocaine and other inhalants (NACADA, 2004). As to the frequency at which the youths abuse drugs at school, table 9 tabulates the findings obtained.

Table 9 Frequency of Abusing Drugs at School

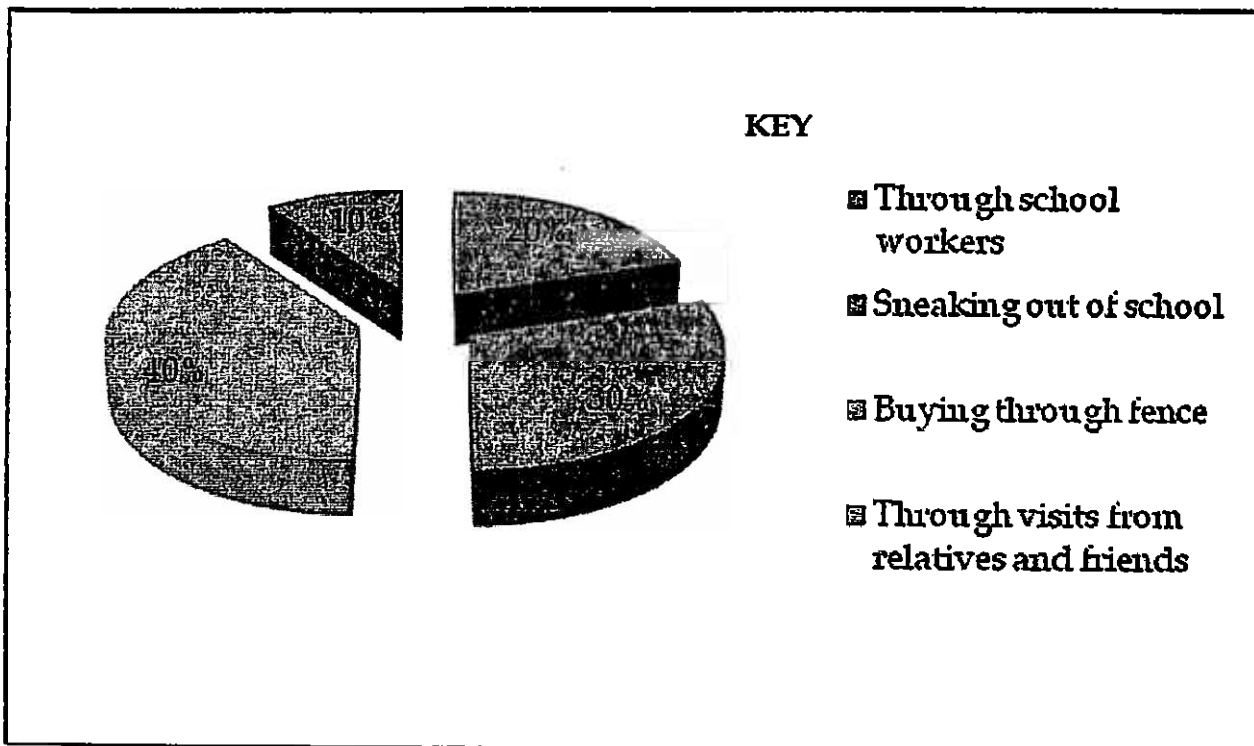
	Frequency	Percent
Very oftenly (Daily)	40	40%
Oftenly (Weekly)	30	30%
Rarely(During School Holidays)	30	30%
Total	100	100%

According to Table 9, majority (40%) reported that drugs are abused very often (daily), 30% often(weekly) and only 30% of the respondents think that the abuse of drugs at school is a rare occurrence(they abuse drugs during school holidays). The fact that majority of the students report that drugs are frequently abused as often as daily at school agrees with the findings of a comparative study on drugs and substance abuse between the rural and urban schools which covered 952 students whose findings showed that alcohol and tobacco were commonly used in both rural and urban areas and that the use is frequent (Omollo. M. O, 2005).

4.3 How Drugs are smuggled into the school compound

According to (Merton and Nisbert, 1971) people use illegal drugs because of their ready availability. For this reason, the researcher sought to establish how the drugs are smuggled into the school since the availability of the drugs could stimulate the use of drugs. This was achieved by asking the students to identify the modes through which drugs get to their schools. Figure 2 displays the findings obtained.

Figure 2 Entry of Drugs to the School Compound



Majority (40%) of the students reported that drugs are mostly bought across the school fence, whereby students make arrangements with villagers to sell the drugs through the school fence especially during break and lunch breaks. 30% responded that drugs are smuggled in by students who sneak out of school as well as smuggling into the school when reporting from holidays and outings, 20% thought that the drugs are brought in by the school workers especially subordinate workers and watchmen and 10% of the respondents were of the opinion that drugs are brought in by relatives and friends during their visits to the schools. Once the drugs are smuggled the respondents said that the drugs are shared out among the students, the leader of the group share the drugs out based

on the amount paid for by each member of the group. The commonest type of drug smuggled into the school was identified by most respondents as cigarettes followed by alcohol packed in sachets and then marijuana.

On the rate of flow of drugs to the school, Table 10 displays the findings obtained.

Table 10 Flow of Supply of Drugs in the School

	Frequency	Percent
Very often(daily)	20	20%
Regular(weekly)	70	70%
Irregular(once a term/month)	10	10%
Total	100	100%

According to Table 10, the majority of the student (70%) said that the flow of drugs to the school is regular, meaning that the drugs got to school on a daily bases. 20% said very regular meaning that the drugs got to school on a weekly bases, while only 10% of the respondents reported that the flow of drugs into the school is irregular mostly once a month during school visits by relatives and family members or once a term when re-opening the school..

Further, the researcher sought to determine the correlation between the flow of drugs into the school and the frequency of drug use in school. The responses provided by the students on frequency of drug use and the rate of flow of drugs were tested for correlation. The findings were as tabulated in Table 11.

Table 11 Correlation between Frequency of Drug Use and Flow of Drugs Supply

		Frequency of Abusing Drugs at School	Flow of Supply of Drugs in the School
Frequency of Abusing Drugs at School	Pearson Correlation	1	.822
	Sig. (2-tailed)	.	.000
	N	100	100

According to Table 11, the rate of flow of drugs into the school and the frequency of abusing drugs at school are positively correlated and the correlation is significant ($r=.822$, $p=0.000$). This implies that when the rate of flow of drugs into the school is high, the students abuse drugs more and vice versa. These further points to the fact that availability of drugs in the school is a contributory factor to the high rate of drug abuse in the school. The findings of the study concur with the past study by (Yambo, 1995, Haji, 1995) found out that easy availability of drugs is one of the reasons for increasing incidents of drugs use among students; also most of the drugs that are abused are those that are easily available at school.

4.4 Factors that determine Drugs use and Substance Abuse Among the Students

The researcher sought to determine the factors that affect the usage of drugs and substance among the secondary school students.

4.4.1 Family Drug History

The study sought to establish whether or not the family drug history of the respondent is a factor influencing the tendency of the students to use or abuse drugs. Figure 3 shows the responses given by the respondents when asked whether their families have a history of using or abusing drugs.

Figure 3 Family Drug History

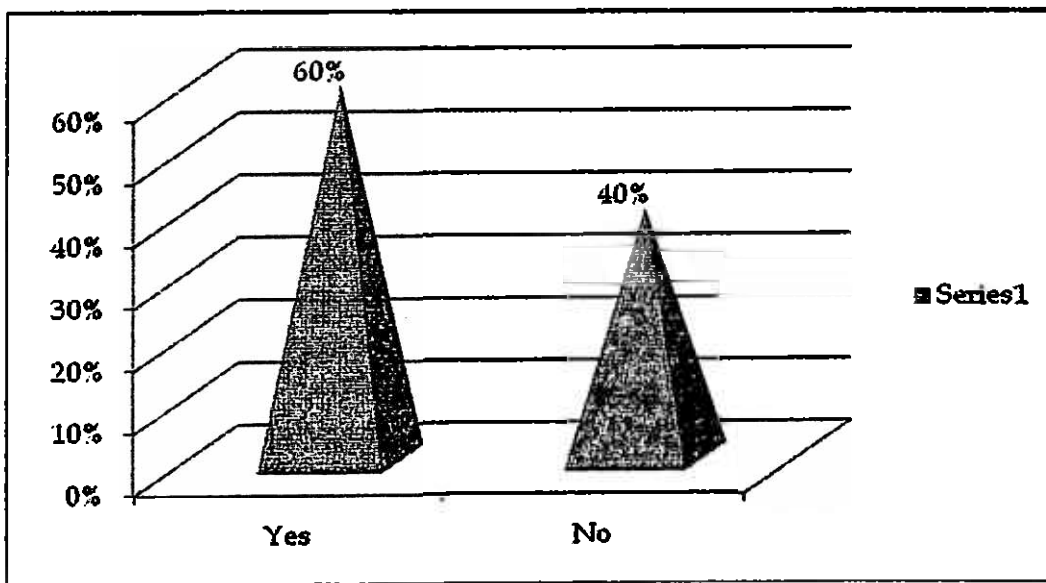


Figure 3 shows that majority of the students (40%) who participated in the study have a history of using or abusing drugs in their family mostly the parents abused drugs. while only 40% of the students have no drug history in their families. On the frequency of using drugs in the family, Table 12 shows the frequency at which the drugs are used by other members of their families e.g. parents and siblings.

Table 12 Frequency of Abusing Drugs in the Family

	Frequency	Percent
Very often(daily)	20	20%
Often(weekly)	30	30%
Rarely(once a week)	10	10%
Total	60	60%

According to the Table 12, majority of the students who come from families where drugs are abused (30%) said that abuse of drugs takes place often, 20% said it occurred very often. Only 10% of the students said the drugs are rarely used and 20% of the students said that drug use in their families is a rare occurrence.

Further, the researcher sought to establish whether there is any correlation between the frequency of drug use by the student and the family drug history. Table 13 summarizes the correlations between the two variables.

Table 13 Correlation between frequency of Drug Use and Family Drug History

		Frequency of Abusing Drugs at School	Family History in Drug Abuse
Frequency of Abusing Drugs at School	Pearson Correlation	1	.604(**)
	Sig. (2-tailed)		.000
	N	100	100

** Correlation is significant at the 0.01 level (2-tailed).

Table 13 shows that there is a positive correlation between the two variables ($r=.604$, $p=.000$). The association between the two variables implies that if there is a drug history in the family, the tendency of the student to use or abuse drugs frequently are high. The findings of the study are consistent with the findings of another study by NACADA (2004) which reported that some children acquire the habit of abusing drugs from other family members.

4.4.2 Age of the Student

Various studies have confirmed that the age at which the youths start engaging in drugs continue to decrease. For instance a study by (Mwenesi, 1995) postulates that the number of drug users is on the increase especially on the youths and even on the under age and that there are cases of primary school students that have been reported to have been using drugs such as alcohol and smoking tobacco. The study sought to establish whether or not the age is a factor influencing the tendency of students to engage in drug use and abuse. Table 14 shows the correlation between the ages of the frequency of abusing drugs.

Table 14 Correlation between Age of the Respondent and Frequency of Abusing Drugs

		Age of the Respondent	Frequency of Abusing Drugs at School
Age of the Respondent	Pearson Correlation	1	-.503(**)
	Sig. (2-tailed)		.000
	N	100	100

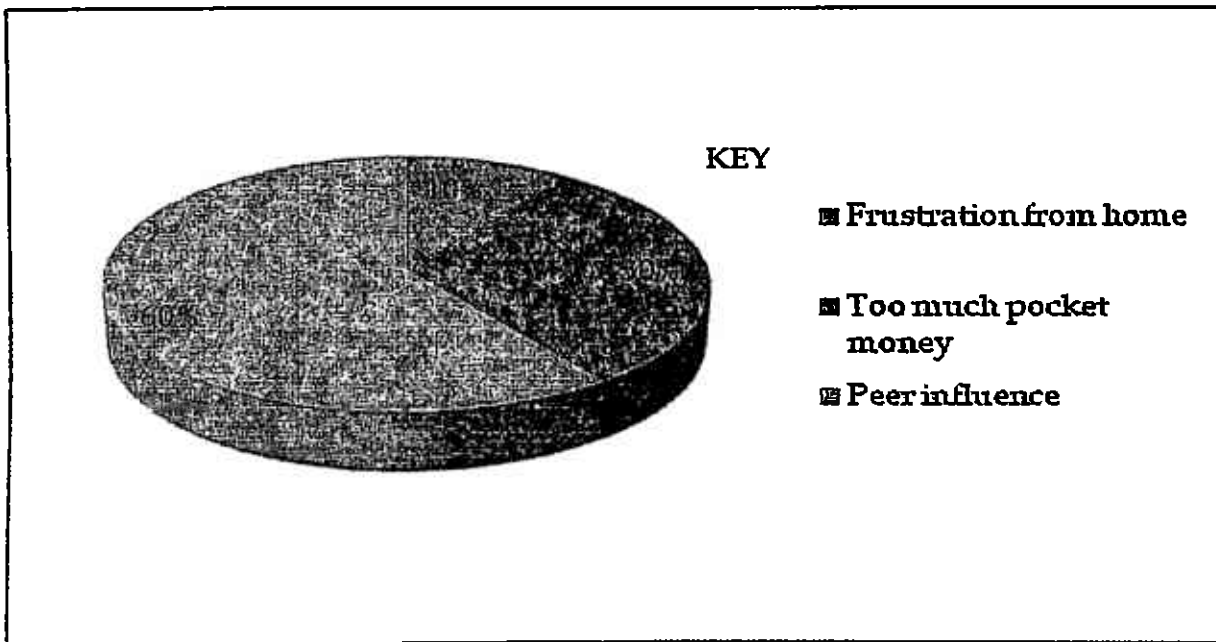
** Correlation is significant at the 0.01 level (2-tailed).

Table 14 shows that there is a significant negative correlation between the age of the student and their frequency of abusing drugs ($r = -.503$, $p = .000$). This implies that the older the student is, the lower the frequency of abusing drugs. This observation may be attributed to the fact that older students are aware of the effects of drugs and therefore are more likely to avoid or minimize the usage. Further, the findings suggest that the younger the student, the more frequently they abuse drugs. The findings of the study therefore indicate that the structures and policies in place in the schools to curb drug use and abuse are likely to be effective in curbing the usage of the drugs at school. The findings that the younger students (in Form 1-2) use drugs more frequently than their counterparts in upper classes (Form 3-4) could be explained by the fact that the young students are curious and excited about trying out or experimenting on the drugs while the older students could have reduced the frequency as they get more serious with their studies and the curiosity dies out.

4.4.3 Other Factors

The study further sought to establish the other factors that influence or stimulate the abuse of drugs in the secondary schools. Figure 4 summarizes the other factors influencing the abuse of drugs in secondary schools.

Figure 4 Other Factors



According to figure 4, peer influence is ranked first among the factors stimulating the abuse of drugs(60%) followed by the students having too much pocket money(30%) and frustration from home.

The findings of the study therefore suggest that most students are influenced by their peers to engage in abuse of drugs. This concurs with the assertions of Yambo.et al. (1993) who found out that drug use is a habit that is learned mostly from peers, friends and close families and relatives. The group transmits information that portrays the habit as good, pleasant and a cool way of life and a show of maturity, thus promoting false perception about drugs. When such information is given to a person who is not well informed about drugs, the person is likely to start using and later abuse the drugs.

On the effect of pocket money on stimulating drug and substance abuse, the respondents further reported that the students get pocket money ranging from Ksh 500 to as much as Ksh 5000. It was found that the students who receive more pocket money tend to engage more in drug abuse than their counterparts who get less because they have a lot of money

to cater for their 'needs' and the remaining money they use it to buy drugs thus there is positive correlation between the amount of pocket money and drug and substance abuse.

Frustration at home was measured from the responses given by the respondents from the question asking the students to describe the nature of the families they come from including the commitment of their parents/ guardians for their upkeep. The study found that the students who come from unstable families tend to engage more in drug abuse. This could be explained by the fact that the students seek solace from drugs to give them relieve though short lived.

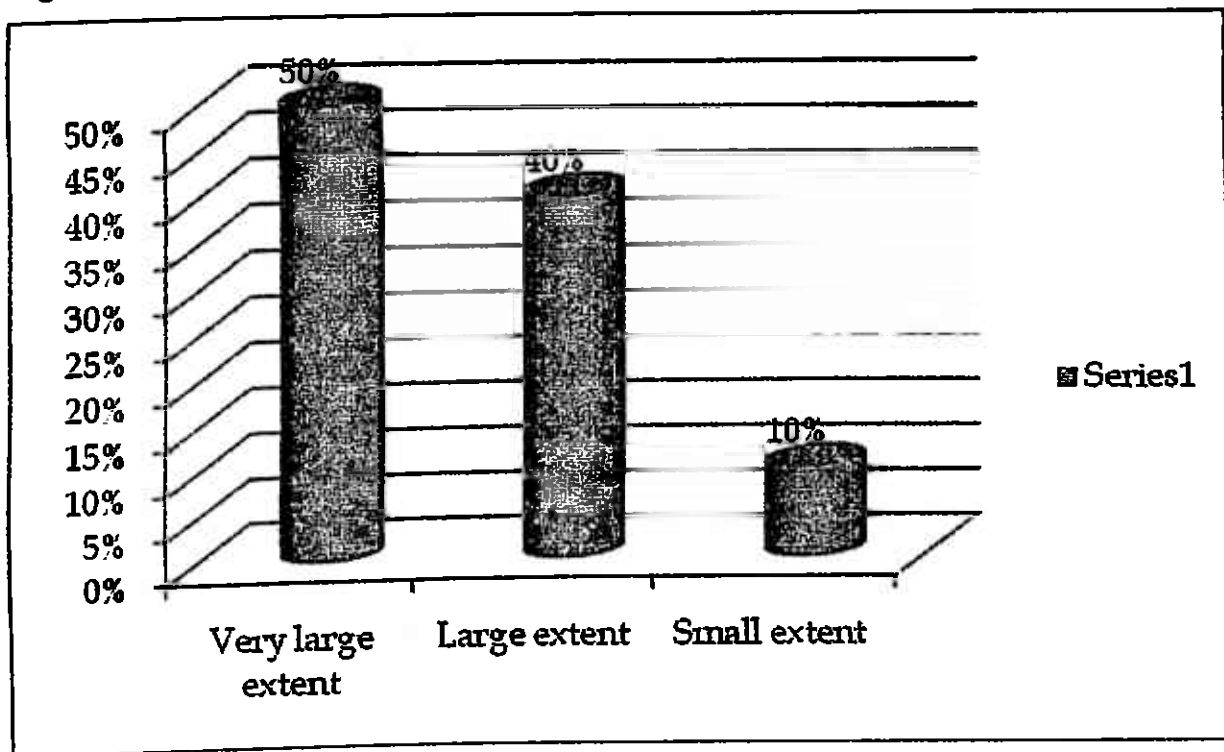
4.5 Effect of Drug Use and Substance Abuse on Student's Learning

According to KADDO (2009), the problem of drug and substance use and abuse among students in schools constitutes to serious educational problem that requires urgent attention. Consequently schools are faced with problems like student violence, poor performance in exams and high school drop outs. The current study sought to determine the extent to which drug use and abuse affects academic performance of secondary school students.

4.5.1 Effect of Drug Abuse on Academic Performance

Figure 5 displays the findings responses obtained when the students were asked to state the extent to which abuse of drugs affects the academic performance of the students who use them.

Figure 5 Effects of Drug Abuse on Academic Performance



According to Figure 5, majority of the students who abuse drugs are affected to A very large extent (50%), meaning they are affected psychologically, emotionally and social 40% are affected to a large extent meaning they can't socialize well with other people who are not drug abusers. and only 10% are affected to a small extent they don't feel affected much because they have friends whom they abuse drug with. The extent of the effect was measured on the level to which the respondents rated the drugs to perform poorly or fail in the examinations. The findings of the study thus indicate that abuse of drugs affects the student's performance to a substantial extent.

On the correlation between the frequency of drug use and the trend of academic performance, Table 15 summarizes the responses obtained.

Table 15 Correlation between Frequency of Drug Use and Trend in Academic Performance

		Frequency of Abusing Drugs at School	Trend of Performance of the Student
Frequency of Abusing Drugs at School	Pearson Correlation	1	-.495(**)
	Sig. (2-tailed)	.	.000
	N	100	100

** Correlation is significant at the 0.01 level (2-tailed).

Table 15 indicates that the correlation between the frequency of drug use and the trend in academic performance of the student is negative ($r = -.495$, $p = .000$). The findings thus imply that the more frequently a student abuses drugs, the more the negative effect it has on their academic performance.

On the effect of the frequency of using drugs on the average performance of the students who use drugs, Table 16 summarizes the responses obtained.

Table 16 Correlation between Frequency of Abusing Drugs and Average Academic Performance

		Average Performance of the Student	Frequency of Abusing Drugs at School
Average Performance of the Student	Pearson Correlation	1	-.436(**)
	Sig. (2-tailed)	.	.000
	N	100	100

** Correlation is significant at the 0.01 level (2-tailed).

Table 16 indicates that the correlation between frequency of abusing drugs and the average performance of the students who use drugs is negative ($r=-.436$, $p=.000$). This implies that the students who use drugs frequently perform poorly academically. Other informants in the study that is, teachers and principals gave similar sentiments on the correlation between frequency of abusing drugs and academic performance. The findings on the effect of high frequency of drug use on academic performance and trend concur with the assertions of Bureau of Justice Statistics (1992) that cognitive and behavioral problems experienced by alcohol- and drug-using youth may interfere with their academic performance and also present obstacles to learning.

4.5.2 Impact of Drug Abuse on Social Development of Students

Hawkins, Catalano, and Miller, 1999) explains in their study that a low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. The current study therefore sought to establish the extent to which drug abuse affects the social development of the students. Table 17 shows the extent to which drug abuse affects the social development of students.

Table 17 Impact of drug use and abuse on Social Development of the Student

Extent of Damage on Social Interactions	Frequency	Percent
Very large extent	30	30%
Large extent	50	50%
Small extent	20	20%
Total	100	100%

The findings indicate that majority of the students (50%) were of the opinion that drug abuse has serious impact on the student's social development to a large extent meaning they can't socialize well with other people who are not drug abusers. 30% said that it damages social interactions to a very large extent meaning they are affected psychologically, emotionally and socially while only 20% of the students said that it only affects the student's social development to a small extent they don't feel affected much

because they have friends whom they abuse drug with. The findings of the study were agreed on unanimously among all the other key informants of the study, that is, teachers and principals.

4.6 Interventions to Drug Abuse

The interventions put in place at the school level include formulation of a drug policy which attempts to control the use of drugs as well as spelling out the disciplinary measures meted to those caught using drugs within the school premises. Other drug and substance control measures at the school level include surprise searches conducted on students in their boxes in the dormitories, lockers in classes, there are also rules and regulations that criminalize trafficking, possession and use of drugs and substance abuse in the school, also teachers and workers are not only trained to rehabilitate but also to counsel the students.

The major challenge with the implementation of the intervention measures includes lack of cooperation from the staff. Cases of some teachers and other subordinate staffs involved in trafficking of drugs and substances in schools were said to be rampant. Smoking, consumption of alcohol and any intoxicating drugs is forbidden and that those who prove to be addicts will face suspension and possible total expulsion. Deputy-head-teachers were also responded on measures taken to address the problem. All five (100%) deputy-head teachers gave the methods as talks by head-teachers during assembly and use of guest speakers on the effects of drug abuse. They also said that all students must sign a copy of the school rules on admission.

Other methods used by the schools as reported by the five deputy-head teachers included impromptu inspections especially in boarding schools, thorough inspections as students come in from holidays and outings, and close monitoring and vetting of students and visitors. All the deputy-head teachers said that no formal programme has been incorporated into the formal school curriculum except guidance and counseling. Guidance and counseling is provided voluntarily by teachers in their spare time.

From the information given so far on methods used to address the vice, it is clear that guidance and counseling is seen as the most commonly used method by the teachers, deputy-head teachers and the students and is also regarded as the most effective method in addressing drug abuse among students. In addition, it is clear that a variety of methods are used but some are perceived to be more effective than others. It can be speculated that the main reason why guidance and counseling is perceived as the best method for addressing drug abuse could be attributed to the fact that there is heavy emphasis on the introduction of guidance and counseling in all schools by the Government.

The emphasis put on guidance and counseling is not unique to this study. It is also a reflection of one of the methods highly emphasized in helping drug addicts in rehabilitation centres (Shauri, 2007:182). According to Shauri, counseling in regard to drug abuse is an art in which knowledge of human relations and skills in relationships are used to help a drug dependent person.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter addresses the summary of the findings of the study in relation to the objectives outlined in chapter one. It also presents the conclusion of the study together with the recommendations of the researcher based on the findings.

5.2 Summary of the Major Findings

5.2.1 Commonly Abused Drugs among the Youth in Secondary Schools

The study found that majority of the students abuse drugs with majority citing local brew (muratina), changaa and the rest various brands of wines and spirits packed in sachets. Tobacco mostly smoked and snuffs ranks second with of the students using it while marijuana and cocaine are also used though to a smaller extent.

On the frequency of using drugs, the study found that drugs are abused very often (daily). The findings that majority of the students report that drugs are frequently abused as often as daily at school agrees with the findings of a comparative study on drugs and substance abuse between the rural and urban schools which covered 952 students whose findings showed that alcohol and tobacco were commonly used in both rural and urban areas and that the use is frequent (Omollo. M. O, 2005)

5.2.2 Entry of Drugs and Substances into the School Compound

Majority of the students reported that drugs are mostly bought across the school fence, whereby students make arrangements with villagers to sell the drugs though the school fence especially during break and lunch breaks. Other students said that drugs are smuggled in by students who sneak out of school as well as when reporting to school from holidays and outings. Some students were of the opinion that the drugs are brought in by the school workers especially subordinate workers and watchmen and yet others reported that drugs are brought in by relatives and friends during their visits to the

schools. Once the drugs are smuggled the respondents said that the drugs, are shared out among the students who use the leader of the group based on the amount paid for by each member of the group. The commonest type of drug smuggled into the school was identified by most respondents as cigarettes followed by alcohol packed in sachets and then marijuana.

On the flow of drugs to the school, majority of the student said that the flow of drugs to the school is regular (weekly), others said very regular (daily) while a small proportion of the respondents of the respondents reported that the flow of drugs into the school is irregular(not predictable). Further, the study found that the rate of flow of drugs into the school and the frequency of abusing drugs at school are significantly positively correlated implying that when the rate of flow of drugs into the school is high, the students abuse drugs more and vice versa. These further points to the fact that availability of drugs in the school is a contributory factor to the high rate of drug abuse in the school.

5.2.3 Factors Influencing Drugs and Substance Abuse among Students

The study found that there is a strong positive correlation between the frequency of drug use in the family and the frequency of student's use of drugs at school. The strong association between the two variables implies that if there is a drug history in the family, the tendency of the student to use or abuse drugs frequently are high.

Other factors influencing drug use and abuse include peer influence which is ranked first among the factors stimulating the abuse of drugs followed by the students having too much pocket money and frustration from home. On peer pressure, the study found that most students are influenced by their peers to engage in drug abuse. It was found that the students who receive more pocket money tend to engage more in drug abuse than their counterparts who get less thus there is positive correlation between the amount of pocket money and drug and substance abuse. Further, the study found out that the students who come from unstable families tend to engage more in drug abuse.

5.2.4 Effects of Drug and Substance Abuse on Students Learning

Majority of the students who abuse drugs are adversely affected academically resulting in declining grades to a large extent. The findings of the study thus indicate that abuse of drugs affects the student's performance to a substantial extent. The correlation between the frequency of drug use and the trend in academic performance of the student is strongly negative implying that the more frequently a student abuses drugs, the more they are negatively affected academically. Other informants in the study that is, teachers and principals gave similar sentiments on the correlation between frequency of abusing drugs and academic performance.

On social development, the findings of the study indicated that drug abuse has serious negative impact on the student's social development to a large extent they are affected psychologically and emotionally. The findings of the study were consistent among all the other key informants of the study, that is, teachers and principals.

5.2.5 Interventions into Drug and Substance Abuse

The interventions put in place at the school level include formulation of a drug policy which attempts to control the use of drugs as well as spelling out the disciplinary measures meted to those caught using drugs within the school premises. Other drug and substance control measures at the school level include surprise searches conducted on students in their boxes in the dormitories, lockers in classes, there are also rules and regulations that criminalize trafficking, possession and use of drugs and substance abuse in the school, also teachers and workers are not only trained to rehabilitate but also to counsel the students. The major challenge with the implementation of the intervention measures includes lack of cooperation from the staff. Cases of some teachers and other subordinate staff involved in trafficking of drugs and substances in schools were said to be rampant.

5.3 Conclusion

Drug abuse among students is common and spells danger not only to the youth who abuse the drugs but also to the well-being of the nation, because the youth represent the future of its people.

Drug abuse is determined by the existence of risk and protective factors. The risk factors associated with drug abuse are many and include lack of family and school role models, peer pressure, poor school performance, conflict between the school system and family values, easy availability of drugs, poor parenting, pressure to perform, the media, low self-esteem, stress, legalization of some drugs, lack of clear school policies on drug use and abuse and relaxed school rules. Protective factors that make people less likely to abuse drugs include attachments with the family, peers and institutions, skills and performance capabilities that help people succeed in life, and availability of resources that help people meet their emotional and physical needs.

Regardless of the school type, students abuse drugs. However, the tendency to abuse drugs is higher in boy's schools than in day mixed and girls schools.

Drug abuse is strongly dependent on age of respondents, easy availability of drugs and having a family member who abuses drugs.

The study has demonstrated that among secondary school students in Kenya drug abuse is quite rampant both in the types, quantity and the frequency of use. The drugs and substances mostly abused were identified as alcohol, tobacco and miraa. The study further identified the factors which increase the cases of drug and substance abuse among the students as drug and substance abuse history in the family, peer pressure, frustration at home and too much pocket money. Further, it was found out that drug and substance abuse among the students adversely affect their academic and social development. Finally, the study found that several interventions to curb drug and substance abuse at the school level have been adopted in most schools.

The respondents suggested that the interventions on drug and substance abuse need to be strengthened as well as imposition of stiffer penalties for the drug offenders. The family factors stimulating drug and substance abuse need to be addressed at the family and society levels to discourage drug and substance use among the students. Further, the government needs to develop comprehensive policy on handling drug abuse at school and equip teachers with skills to handle drug and substance abuse.

5.4 Recommendations

1. The Role of the School in Addressing Drug Abuse

Any education programme aimed at addressing drug abuse among students should therefore be holistic and address both the risk and protective factors. The aim should be to strengthen the protective factors where potential buffers include strong family bonding, school commitment, positive role models and a strong belief in one's own efficacy.

The proposed programme should use the protective and risk factors approach to help the youth understand how to cope with the problem of drug abuse, and the factors that lead to it. While addressing the risk factors, the school administration and teachers should start by identifying risk factors within the school environment and cooperatively look for ways of reducing or eliminating these factors.

2. Parental Responsibility in Addressing Drug Abuse in Schools

While parents should be encouraged to become involved in broad preventive efforts, they have a crucial role to play in preventing drug abuse among students through their role as parents. It has been seen in the current research that most parents have limited time to spend with their children, especially in urban areas where most of them are employed. In addition, the research findings revealed that parents are often not good role models for their children, and are also not supportive when teachers are disciplining students. Parental monitoring of children's behaviour and strong parent-child relationships are positively correlated with decreased drug use and abuse among students (Adlaf and Ivis,

1996:19). It is therefore the duty of parents to work with the school in addressing drug problems affecting their children.

3. Role of the Government

Schools appear to have inherited the drug abuse problem, but in reality, they cannot solve it alone. This is because schools cannot assume the role of parents, the police, medical experts or the church to mention a few. The findings of the research have revealed that most teachers and school counselors feel ill-equipped to address drug abuse issues in schools due to lack of training. In addition, the few teachers involved in counseling students complained of a heavy work load, an indication that they cannot do the work effectively. In the light of these problems, MOE should mount intensive training for all those directly involved in counseling students to give them confidence in service delivery. Apart from training, all stakeholders should co-operate with the teachers in addressing the issue of drug abuse in schools.

4. Role of the Church

Although the Government, NGOs and the community can go along way in addressing the drug abuse crisis amongst school youth they cannot succeed without the church playing its role. The church is the care-giving, helping institution that has access to the greatest number of families including the youth each weekend and on other days of worship. In addition, the public ranks the clergy highest in terms of honesty and observation of ethical standards. This puts the church in the forefront of addressing the problems of drug abuse among the youth in and out of school. The society therefore expects church ministers to lead the way in addressing the problem.

BIBLIOGRAPHY

- Abdool, R. (ed.2004). United Nations Office of Drugs and Crime, 2nd African Union Ministerial Conference on Drug Control in Africa: 14-17 December 2004. Mauritius
- Adelekan, M. (1999). Rapid Situation Assessment of the Drug Situation at Ehin – Eteri, Ijebu North Local Government, Ogun State Nigeria. Lagos: UNDCP
- and 2, 2003. The Practice of Drug Abuse Epidemiology. UN. New York 2003.
- Asumi, J. (1996). Socio-Psychiatric Problems of Cannabis in Nigeria. Bulletin on Narcotics, 16(2): 17
- Blum, R. (1972). Horatio Alger's Children: The Role of the Family in the Origin and Prevention of Drug Risk. San Francisco, Jossey.
- Board on Behavioral, Cognitive, Sensory Sciences and Education (BCSSE). 2004. New Treatments for Addiction: Behavioral, Ethical, Legal, and Social Questions. The National Academic Press: pp. 7-8,140-141. 127
- Bogdan, R. & Biklen, S. (1998). Qualitative Research for Education: An Introduction to Theory and Methods. Boston: Allyn and Bacon, Inc.
- Carlini, E. (1991). The Illegal Use of Legal Drugs by Our Youth: Is It a Problem that can be Solved? Sao Paulo: CEBRID/EPM
- Carlini, E. (1989). The Use of Psychotropic Drugs Among the High School Students of the State Public Schools in 10 Brazilian Capitals. Brazilia...
- Charles, P. & Andreas, P. Alcohol and Drug Abuse Trends. January 2002 South African Community Epidemiology Network on Drug Use (SACENDU), <http://www.sahealthinfo.org/admodule/sacendu.hm>
- Cookson, H. (1992). Alcohol Use and Offence Type in Young Offenders. British Journal of Criminology, 32(3): 352-360.
- Corrigan, D. (1986). Drug Abuse in the Republic of Ireland: An Overview, Bulletin on Narcotics 38 (1-2): 91-97.
- Cressell, J. (2003). Research Design: Qualitative, Quantitative and Mixed Approaches. (2nd Ed.). Thousand Oaks: Sage.
- Ebie, J. & A. Pela (1981). Some Socio-cultural Aspects of the Problem of Drug Abuse in Nigeria. Drug and Alcohol Dependence, 8:302 - 306. 128

- Eisenstein, E. (2005). Youth and Drugs in Brazil: Social Imbalance and Health Risks in
 Obot, I. (2005). Substance Use among Young People in Urban Environment.
 W.H.O. Geneva.
- Eliasov, N. & Cheryl, F. (2000). Crime and Violence in Schools in Transition: A Survey
 of Crime in Twenty Schools in the Cape Mehopole and Beyond.
- Forum on Child and Family Statistics: America's Children 2000- Behaviour and Social
 Environment Indicators: <http://childstats.gov/ac2000/behtxt.asp>.
- Gikonyo, M. (2005). Drug Abusers and Parental Knowledge on Factors Predisposing the
 Youth to Drugs and Substance Abuse in Nairobi Province, Kenya. Unpublished
 M.ED Thesis, Kenyatta University.
- Githinji, J. and Njoroge, S. eds. (2004): The Church Speaks Against Drugs. The Effects
 of Drugs on Your Body. Access Code Communication: Nairobi.
- Government of Kenya (1964). Kenya Education Commission. Government Printer:
 Nairobi. 129
- Government of Kenya (1976). Report of the National Committee on Educational
 Objectives and Policies. Government Printer: Nairobi.
- Harry, F. (2001). Writing Up Qualitative Research. 2nd Edition: Sage Publications.
 London. New Delhi.
- Imbosa, M. (2002). An Investigation into Strategies Used in Addressing Drug Abuse
 Problems: A Case Study of Nairobi Provincial Boys' Secondary Schools. M.ED
 Research Project Report: Kenyatta University.
- International Narcotics Control Board (INCB) Report: United Nations Organization
 Report February, 2003.
- Johnston, T. (2000). Adolescent Drug Abuse in Kenya: Impact on Reproductive Health.
 Pathfinder International, New World Printers: Nairobi. . Kenya.
- Kağuthi, J. (2006). Drug Abuse in Nairobi Province and Nationally, with Specific
 Reference to Educational Institutions. Nairobi, Kenya. UNDCP
- Karechio, B. (1996). Drug Abuse in Kenya. Uzima Press, Nairobi. Kenya
- Kariuki, D. (1998). Levels, Trends and Patterns of Drug Addiction in Nairobi Secondary
 Schools. Unpublished M.ED Thesis: Kenyatta University. 130

- Karugu, D. and Olela, A. (1993). Family Life Education Programme of Egerton and Kenyatta University: An Audience Research Report. Nairobi. Pathfinder Fund
- Kathuri, N. & Pals, D. (1993). Introduction to Educational Research, Nakuru. Egerton Educational Media Centre.
- Kendel, D. (1973). Adolescent Marijuana Use: Role of Parents and Peers. Science 181:1067 -1081
- Kenkel, W. (1980). Society in Action: An Introduction to Sociology. Harper and Row Publishers: New York.
- Khanyisile, T. (2005). Evaluation of Primary Prevention of Substance Abuse Program amongst Young People at Tembiso. Master of Arts Dissertation: Faculty of Arts. University of Johannesburg: South Africa.
- Kiiru, D. (2004). Youth in Peril: Alcohol and Drug Abuse in Kenya. NACADA 2004.
- Koul, L. (2005). Methodology of Educational Research. Vikas Publishing House PVT Ltd: New Delhi.
- Krivanek, J. (1982). Drug Problems, People Problems. George Allan and Unwin, Sydney.
- Lofland, J. & Lofland, L. (1984). Analyzing Social Settings. Belmont, CA: Wadsworth Publishing Company, Inc.
- Mac Naughton, G., Rolfe, S. & Siraj- Blathford, I. (2001). Doing Early Childhood Research: International Perspectives on Theory and Practice. Australia: Allen & Unwin.
- Maithya, R. (1995). Factors Influencing the Choice of Social Education and Ethics among Form Three Students in Central Division of Machakos District Unpublished M.ED Thesis. Kenyatta University 131
- Martens, D. (2005). Research Methods in Education and Psychology: Integrating Diversity with Quantitative Approaches. (2nd Ed). Thousand Oaks: Sage.
- Masita, M. (2004). Initiatives in Counteracting Drug Abuse. Journal on Social and Religious Concern, Volume 17, No 3-2004. Substance Abuse: Causes and Cures.
- Mugenda, O. & A.Mugenda (1999). Research Methods: Quantitative and Qualitative Approaches. NRB - ACTS.

- Muthigani, A. (1995). Drug Abuse: A Rising Concern Among Youth in Secondary Schools in Nairobi. Unpublished M.A. Thesis, Catholic University of East Africa: Nairobi.
- NACADA (2004). Alcohol and Drug Abuse in Kenya. Final National Baseline Survey, on Substance Abuse in Kenya. Government Printer Nairobi: Kenya.
- Nachmias, G. and Nachmias, D. (1996). Research Methods in Social Sciences. 5th Edition. Arnold, London.
- National Tobacco Strategy, 2004-2009. Ministerial Council on Drug Strategy. November 2004. Commonwealth: Australia. 2005.
- Ndom, R. and Adelekan, M. (1996). Psychosocial Correlates of Substance Use among Undergraduates in Ilorin University, Nigeria. East African Medical Journal 73 (8): 541 – 547
- O. Malley, P. (2001). Monitoring the Future: National Survey Results on Drug Use. 1975-2000 Volume 1: Secondary School Students NIH Publication No 4924, Bethesda, MD: National Institute on Drug Abuse. 2002.
- Obot, I. (2005). Substance Use among Students and Out of School Youth in an Urban Area of Nigeria. W.H.O. Geneva.
- Obot, I. and Shekhar, S. (2005). Substance Use among Young People in Urban Environment. W.H.O. Geneva. 132
- Ominde, J. (1976). Abuse of Stimulant Drugs in Nigeria. A Review of 491 Cases. British Journal of Addictions, 71: 51-63.
- Patton, M. (1990). Qualitative Evaluation and Research Methods (2nd Edition). Newbury Park, CA: Sage Publications, Inc.
- Rice, P. (1981). The Adolescent: Development Relationships and Culture. Allyn and Bacon Inc. Boston, London.
- Richman, N. (1991). Helping Children in Difficult Circumstances: A Teachers' Manual 1. London: Save the Children, Mary Datchelor House.
- Rodes, J and Jason, L. (1988). Preventing Substance Abuse among Children and Adolescents. New York. Pergamon Press.

- Russek, B. and Weinberg, S. (1993). Mixed Methods in a Study of Implementation of Technology-Based Materials in the Elementary Classroom. Evaluation and Program Planning. 16(2). 131 –142
- Schaefer, P. (1996). Choices and Consequences: What to do When a Teenager Uses Alcohol/Drugs. Johnson Institute. USA.
- Shoemaker, D. (1984). Theories of Delinquency: An Examination of Explanations of Deliquent Behaviour. Oxford University Press: New York. 133
- Speech by the Minister of Health at the Launch of the International Commission of Prevention of Alcoholism (ICPA): South African Chapter in Pretoria. 27th June 2006. <http://www.doh.gov.za/docs/sp/2006/sp0627.html>.
- Stake, R. (1978). The Case Study Method in Social Inquiry. *Educational Research*, 7(2), 5-8.
- Steinar, K. (1996). Interviews: An Introduction to Qualitative Research Interviewing. Sage Publications: London.
- Strauss, A. and Corbin, J. (1990). Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, CA: Sage Publications Inc.
- U.S. Department of Health and Human Services (1994). Preventing Tobacco Use among Young People: A report of the Surgeon General. Washington, D.C: Public Health Services. 134
- Uba, A. (1990). Counseling Hints. Claverianum Press. Ibadan. United Nations Drug Control
- United Nations (1992). The United Nations and Drug Abuse Control, (1992). UN Publication, Vienna.
- United Nations Office for Control of Crime and Prevention. Bath Press, Great Britain.
- United Nations Office of Drugs and Crime (UNODC). Global Illicit Drug Trends 2003. United Nations. New York 2003.
- United Nations Office of Drugs and Crime (UNODC): Bulletin on Narcotics VOL LV, Nos 1
- United Nations: Office of Drugs and Crime (UNODC). W.H.O. Expert Committee on Dependence Producing Drugs: Fourteenth Report. August 2005.

- W.H.O. Publication (2003). The Health of Young People: A Challenge and a Promise . . .
- Weeks, F. (2000). Behaviour Problems in the Classroom: A Model for Teachers to Assist Learners with Unmet Emotional Needs. Unpublished D. Ed Thesis, UNISA.
- WHO (1993). Programme on Substance Abuse. 'Preventing Substance Abuse in Families: A WHO Position Paper'. Geneva
- WHO (1995). Street Children. Substance Use and Health: Monitoring and Evaluation of Street Children Projects. Document No. WHO/PSA/95:13. Geneva 18. W.H.O (2004):
- WHO/MSD/MDP/2000:17. Primary Prevention of Substance Abuse: A Workbook for Project Operators. W.H.O. Geneva.
- World Drug Report (2005). United Nations Office on Drugs and Crime (UNODC). Executive Summary, United Nations Publication.
- Yamaguchi, K. & Kandel, D. (1984). Patterns of Drug Use from Adolescence to Young Adulthood. 111. Predictors of Progression, American Journal of Public Health, 74, 673-681.

APPENDIX 1

QUESTIONNAIRE FOR STUDENTS ON DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS IN KENYA

Instructions

Kindly use tick (✓) inside the boxes to indicate correct answer(s) where the answers are given in choices.

SECTION A: GENERAL DEMOGRAPHIC INFORMATION

1. What is your gender?

- a) Male ()
- b) Female ()

2. Which of the following best describes your age?

- a) Below 15 years ()
- b) 16 years ()
- c) 17 years ()
- d) 18 years ()
- e) Above 18 years ()

3. Which form are you in this year?

- a) Form 1 ()
- b) Form 2 ()
- c) Form 3 ()
- d) Form 4 ()

4. What is your average performance grade in the examinations over the past two terms?

- a) A and A- ()
- b) B- to B+ ()
- c) C- to C+ ()
- d) D- to D+ ()
- e) E ()

5. How can you describe your trend in academic performance in the past two terms?

- a) Increasing rapidly ()
- b) Increasing ()
- c) Declining ()
- d) Declining rapidly ()

6. Which of the following best describes the type of family you come from?

- a) Both parents present ()
- b) Only one parent present ()
- c) Orphaned ()
- d) Neglected ()

SECTION B: COMMONLY ABUSED DRUGS

7. Have you ever abused any drug in your life time?

- a) Yes ()
- b) No ()

8. If your answer in 7 above is NO, has any member of your family been a drug user or addict?

- a) Yes ()
- b) No ()

9. If your answer to question 7 and 8 above is YES, which drug is mostly abused?

- a) Alcohol ()
- b) Marijuana ()
- c) Cocaine ()
- d) Heroine ()

Other

(Specify) _____

10. How often is (are) the drug(s) abused?

- a) Always ()
- b) Very often ()
- c) Often ()
- d) Rarely ()
- e) Very rarely ()
- f) Never ()

SECTION C: ENTRY OF DRUGS TO THE SCHOOL COMPOUND

11. In your school, how often do the students engage in drug and substance abuse?

- a) Always ()
- b) Very often ()
- c) Often ()
- d) Rarely ()
- e) Very rarely ()
- f) Never ()

12. How do the students access drugs and substances while in the school?

- a) Sneaking out of school to buy ()
- b) Through visits by relatives or friends ()
- c) Buying through the fence ()
- d) Through school workers ()
- Any other

(Specify) _____

b) From your own observation, how is the flow of supply of drugs into the school?

- a) Very regular ()
- b) Regular ()
- c) Irregular ()
- d) Very irregular ()

SECTION D: FACTORS INFLUENCING USE OF DRUGS

a) Which factors in your own opinion promotes the use of drugs among the students in your school?

- a) Availability of drugs in the school ()
- b) Too much pocket money ()
- c) Peer influence ()
- d) Frustrations at home and school. ()
- Others

(Specify) _____

b) In your own opinion, list the school factors that stimulate drug and substance use and abuse.

SECTION E: IMPACT OF DRUGS AND SUBSTANCES

a) To what extent does the use of drugs adversely influence the students?

(a) Academically

- i. To a very large extent ()
- ii. To a large extent ()
- iii. To a small extent ()
- iv. To a very small extent ()

(b) Socially

- i. To a very large extent ()
- ii. To a large extent ()
- iii. To a small extent ()
- iv. To a very small extent ()

b) From your own observation, list down the ways through which the use of drugs has affected the students that you know of.

**THANK YOU FOR YOUR COOPERATION IN COMPLETING THE
QUESTIONNAIRE**

APPENDIX II

INTERVIEW GUIDE TO THE PRINCIPALS

1. How many cases of drug abuse involving students have you had in the school in the last one year?
2. From your own experience with the students, is there any link between the use of drugs by the students and poor academic performance? If so, to what extent does the engagement of students in drug abuse adversely affect their academic performance?
3. Which are the most commonly abused drugs in your school?
4. What factors make students vulnerable to drug and substance abuse?
5. What is the school policy on drug and substance abuse by students?
6. From your own experience, how are the drugs smuggled into the school?
7. Which measures has the school put in place to curb the drug and substance menace?
8. Which the challenges in the fight against drugs and substance abuse in your school?

APPENDIX III

INTERVIEW GUIDE FOR DEPUTY- HEAD TEACHERS, TEACHERS AND SUBORDINATE STAFFS ON, DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS IN KENYA.

The purpose for this interview is to gain insight on substance abuse among students in order to develop a programme for intervention. The researcher is a student at the University of Nairobi pursuing a Masters Degree in Criminology and Social studies, Information gathered through this interview will be made available to legitimate and interested stakeholders in order to establish partners for the development of problem solving strategies in relation to drug abuse.

In order to help address the drug problem in secondary schools, your contribution in this research is important. Therefore, you are kindly requested to provide the researcher with accurate information. Your responses will be treated as confidential.

1. Gender?
2. Age in years?
3. Type of school?
4. Professional qualifications?
5. For how long have you served in the school?
6. Comment on the general situation of drug abuse in your institution.
7. How does drug abuse in your school affect:
 - a. The individual student?
 - b. The school in general?
 - c. Society?

8. What problems have you experienced as a result of drug abuse in your institution?
9. Why do you think students abuse drugs?
10. Which are the commonly abused drugs?
11. Where do the drugs come from?
12. Comment on the known drug abusers in the school – which classes, place of origin, conduct, home background, etc
13. What corrective measures has the school employed to curb the problem?
14. Have you introduced any drug education programmes in your school?
If yes, what are their main objectives?
How are they organized?
Whom do they target in the school population?
15. What challenges have you faced when dealing with drug abuse problem?
16. What measures do you take against drug abusers in your school?
17. What do you think the Ministry of Education (M.O.E.) should do to minimize drug abuse in schools?
18. What recommendations would you like to make in relation to the drug Problems in secondary schools?

THANK YOU FOR YOUR CO-OPERATION