

**DRUG ABUSE AMONG YOUTH IN KENYA AND THEIR
ATTITUDES TOWARDS COMMUNITY INTERVENTIONS
A CASE STUDY OF KIBERA YOUTH**

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Signed: 

Date: 28th Aug 2007

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This Research Project has been submitted for examination to the University of Nairobi by my approval as the research Supervisor.

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DECLARATION

I, CATHERINE NYAMOITA RAINI, declare that this Research Project is my original work and has not been submitted for examination in any other learning institution.

ACKNOWLEDGEMENT

I would like to sincerely thank my lecturer and supervisor, Dr. Robert M. Ayot who has been guiding me and directing me in this research from the early start up to this end. His insights and knowledge have been immeasurable and they have helped me to come up with this research project.

My appreciation goes out to those who in one way or another are involved in the fight against drug abuse in our community.

A DEDICATION TO MY BROTHER

Dear brother,
This is my dedication to you,
You have been my brother and friend,
When I joined the primary school,
You held my hand,
Showed me the way to school,
You were there when the bullies came after me,
Dear brother you were a symbol of strength to me!

Dear brother,
I am now looking at you,
My heart is aching at what my sight beholds,
I see you with a rough beard and uncombed hair,
I see you wearing a look of dreams faded away,
I see you against a façade that could have been your future.

Dear brother,
My eyes start to water,
When you say, dear sister please give me some coins,
I feel the pain in your throat as those words tumble out of your mouth,
I know it is not your wish to borrow, I know you need one more roll
Of your favourite joint,
I feel the pain of lost hope,
I can feel the misery of that heart.

The once strong and energetic footballer,
The once acclaimed 'scientist' in Toi Primary,
Is now what many would label 'mwenda wazimu'
Or, as the English say, a crazy man.
I feel the loss of a gifted youth,
I see the pain in your parents' eyes,
The nation has been robbed of a great mind,
We are left at mercy's end.

Dear brother, no one and nobody deserves to
suffer this way,
How long can we bear this pain brother?
Dear brother, take heart and let us join the war,
It is a fight against drugs!

Dear brother, I speak because I love you!

Raini Catherine

ABSTRACT

The purpose of this study is to find out how the attitudes of young people can influence the success of community interventions aimed at curbing drug abuse. This study will assess the attitudes of youth towards existing strategies and will be able to determine and identify gaps that are in the existing interventions being used. Through this the community will be able to review the current programmes and initiate additional initiatives to compliment the current ones and also identify additional resources that can be used in the fight against drug abuse

According to a rapid assessment done by Dr. Halima Mwenesi in 1996, the awareness of the community needs to be raised through preventive education so that the community can participate more effectively in the control and prevention of substance abuse. The same report also recommends that existing institutions in the community such as schools, churches/mosques and NGO/CBOs can be used as entry points in the fight against drugs.

Review of current literature strongly indicates that participatory approaches in community programmes are a necessity for one to achieve successful interventions.

As such policy makers and institutions need to involve the youth in the development of strategies aimed at controlling/preventing drug abuse. Besides this, the participation by the youth in programmes that affect their livelihood will definitely empower them by creating a sense of ownership.

The findings of this study will be useful in the creation and development of strategies to fight drug abuse within the community and for the community. We will also be able to find out the young peoples' ideas on desirable interventions and better strategies for the prevention of drug abuse.

This study is an attitudinal study by nature and the main research method used is the survey method by use of semi-structured questionnaires. This will be administered to the sample population in Kibera area of Nairobi. Data will be analysed by use of a statistical software (SPSS 11), which will enable us to come up reliable information and be able to draw conclusions and recommendations of our study.

Table of Contents	Page
Research project submission.....	i
Declaration	ii
Acknowledgement.....	iii
Dedication.....	vi
Abstract.....	v,vi
Contents.....	vii, viii

Chapter One

1.1 Background of the study.....	1
1.2 Statement of the Problem.....	2
1.3 Purpose of the study.....	4
1.4 Objective of the study.....	4
1.5 Research questions	4
1.6 Assumptions	5
1.7 Significance of the study.....	5
1.8 Delimitations	6
1.9 Limitations of the study	6
1.10 Definition of Terms.....	7
1.11 Organization of the chapters.....	8

Chapter Two

2.0 Introduction.....	9
2.1 Defining drug abuse	9
2.2 Overview of drug abuse.....	10
2.3 Causes of drug abuse	11
2.3.1 Myths about drug abuse.....	13
2.4 Classification of drugs.....	14
2.4.1 Common drugs of abuse and their effects.....	14
2.5 Efforts to control drug abuse.....	17
2.6 Community Interventions	18
2.7 Community groups	19
2.8 Levels of Intervention	21
2.9 Theoretical framework	22

Chapter Three

3.0 Introduction.....	23
3.1 Method of Study.....	23
3.1.1 Records	23
3.1.2 Questionnaires and Interviews	23
3.1.3 Observation.....	24
3.2 Procedure/ Design of Study.....	24
3.3 Scope of Study.....	25

3.4 Interpretation & analysis of data.....25
 3.5 Chapter summary 26

Chapter Four

4.1 Introduction.....27
 4.2 Analysis of findings..... 28-62

Chapter Five

5.0 Introduction.....63
 5.1 Summary..... 63
 5.1.1 Specific objectives of Study63
 5.1.2 Findings of the Study64
 5.1.3 Causes of substance use and abuse65
 5.2 Conclusion65
 5.3 Recommendations 66
 References.....69
 Appendices.....
 Blank Questionnaire.....
 Blank Interview guide.....

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The subject of drug abuse among youth in our society has been a major concern in our nation and the world as a whole. In the recent past there has been a significant increase in the number of youth who use and/or abuse various drugs that are available in the market. Recent studies conducted by Dr. Halima Mwenesi of KEMRI during a rapid assessment study of drug abuse in Kenya show that Kenya falls under the category of “apparently endangered country” where statistics from health and social workers indicate a rising trend in the number of people and drugs abused. This is a cause for worry for many parents, institutions, local authority and the government as they grapple for an answer to this problem.

The youth are a special risk group when it comes to drug abuse. The population of this group in our country with inadequacy of social services, educational and employment opportunities and recreational facilities bears the brunt of this problem. In a recent study by the National Campaign Against Drug Abuse (NACADA) the five most commonly abused substances were Alcohol, tobacco, bhang, miraa/khat and lastly inhalants. (year 2003 survey)

This study will mainly look at the attitudes of young people towards the use/abuse of drugs in our Kenyan setting and how they rate the efforts being made to control and/or reduce the level of dependence. This stems from the fact youths are a part of the community and their role should not be ignored. According to the Oxford Advanced Learner’s dictionary, attitude is defined as **the way someone thinks or behaves towards something or somebody**. It goes on to say that the **attitude shows what one feels or thinks about somebody or something**.

Tesser (1993) in his writings as a psychologist explains that attitudes do change over time and that unlike personality, attitudes are a function of one's experience. There are numerous theories of attitude formation and change that have been advanced over time but we will take the one of Tesser to be of greater application in our study. Human beings naturally belong to a community as soon as they are born and the experiences in this social setting will form/shape their attitudes as they grow. Thus the outlook of many young people, that is their ideas, beliefs, perceptions and even dreams are likely to be as a result of their socialization.

At the same time the use of drugs in any society according to Clausen (1972:298) is culturally patterned, depending "as much on social norms as upon physiological characteristics of drug users". This consequently means that drug prescriptions are very much culturally determined. Therefore by understanding the attitudes of youth we may be able to realize the role of culture in forming the same attitudes.

We believe that for any community to have effective interventions in a problem that affects the youth the attitudes of this group needs to be considered and given the weight it deserves. This is because the youth have a major role in this problem as they are likely to be either participants and/or beneficiaries in the war on drugs.

1.2 Statement of the problem

The problem of drug abuse has been studied in depth by many students of sociology and other interested individuals. However, we find that not much has been done on the issue of the attitudes of young people in regard to coming up with approaches to control the incidence of drug abuse. We feel that by finding the attitudes (both formed and in the making) held by the youth we will be able to discover better interventions and a means to alleviating the drug abuse problem.

The seriousness of the drug abuse problem in our society cannot be underestimated and the disturbing statistics are an outcry for action to be taken as soon as possible.

In a national baseline survey conducted by NACADA in the year 2001/2002, the findings demonstrate that:

- substance abuse is widespread among youth but it cuts across all social groups
- alcohol, tobacco, bhang and miraa are the substances most often abused, and
- the youth are more and more abusing imported, illegal substances such as heroine, cocaine and mandrax.

The community in its efforts to alleviating the problem has also come up with various interventions at the local and national levels. For instance the Kenyan government formed the National Campaign Against Drug Abuse (NACADA) as a department to educate people about drugs and also to boost the efforts of other institutions working to fight this problem.

The efforts by the community as a whole are worthwhile but they stand to gain if all the stakeholders in this problem have something to contribute to alleviating it.

According to a United Nations report on drug control in 1989, the failure in the past of government agencies and education institutions to communicate accurate information on the dangers of drug abuse to people young and old, is the one reason why drug use has reached epidemic proportions today. (United Nations and Drug Abuse Control, New York, 1989. Page 50)

Therefore this study will be helpful to the community as it will help to uncover some areas from which it can learn and add knowledge. In the long run the community stands to gain by knowing the attitudes (beliefs and perceptions) of the youth and as such come up with better interventions.

The interventions could include better approaches, strategies and initiatives to control drug abuse.

1.3 Purpose of the study

The purpose of carrying out this study is to find out the attitudes of the youth in respect to community interventions aimed at curbing drug abuse.

1.4 Objective of the study

The general objective will be to find out the attitudes held by the youth and how this can influence the incidence of drug abuse in the community.

The specific objectives of this study are:

- To find out the extent to which attitudes held by the youth can influence the success of community interventions.
- To find out the type of community interventions and how effective they have been in reaching the youth.
- To find out what the youth think and feel the community needs to do control the problem of drug abuse.
- To find out various entry points for the community in alleviating the problem of drug abuse.
- To find out how well informed the youth are in the subject of drug abuse.

1.5 Research questions

- To what extent do the youth feel the community is currently involved in alleviating the drug problem in the study area?
- What community interventions exist and how effective have they been in controlling the problem?

- To what extent can positive attitudes among youth towards the interventions help to bring about change?

1.6 Assumptions

Some of the assumptions in our study will be as follows:

- The youth are the best channels to understanding the interventions that can be relevant and how they can be implemented.
- Secondly the youths are responsible decision makers and should be involved in matters surrounding their community. They should be empowered by having a say in what their community is doing to solve problems or come up with ideas.
- Another assumption is that the community is dynamic and can make adjustments as situation demands to address its problems.

1.7 Significance of the Study

This study will be useful to the community and the nation as a whole who may use the findings to come up with better interventions. The importance of this study includes but not limited to the following reasons:

- Young people are known to possess a lot of potential and are the backbone of any nation. It is unfortunate that these youth are the same population that is worst affected by the problem of drug abuse. The future of our nation is uncertain if the youth who have the potential to work and lead will succumb to substance abuse and other addictions.
- This study will be able to shed light on some of the issues which may be overlooked by stakeholders when coming up with strategies to fight drug abuse. As

such it will help to generate new ideas and knowledge that is useful in controlling the problem of drug abuse.

- The country has also invested a lot of resources in the youth in terms of education and health and all this is likely to go to waste if the youth end up as unproductive adults in need of more care.
- By looking at the problem of drug abuse from the point of view of the youth it is hoped that this study will break new ground in the fight against drug abuse.

1.8 Delimitations

The data collected was mainly collected through semi-structured questionnaires and thus our generalization will greatly depend on the sample size of the population.

The study was done in one geographical area and thus the findings will be greatly influenced by the environmental and socio-economic factors of the study area.

1.9 Limitations of the Study

The study was mainly an attitudinal study and the possibility of individual bias cannot be eliminated. At the same time the some of the respondents were unwilling to give their opinion for fear this would later be used by others especially law enforcement agents to deal with them.

Another limitation was that some respondents felt they need to be paid to give their ideas on the subject.

1.9 Terms used in the Study

Some terms that are commonly used in this study are outlined here below. In a study of this nature the terms used are to be understood in the context of the subject matter and thus the need to define them.

Addiction: Being unable to stop a harmful habit or practice

Attitude: The way one thinks or behaves towards something

Behaviour: A particular way of acting towards people or events

Community: People who live in a particular area where they feel they belong.

Community Intervention: Strategies aimed at bringing change in the community

Community participation: A process whereby stakeholders influence and share control of development initiatives which affect them

Drug: Any substance that you drink, eat, inject, inhale or otherwise put into your body that changes your brain chemistry and makes you act or feel differently from when you are not taking the substance.

Drug abuse: The consumption of a drug apart from medical need or in unnecessary quantities.

Drug addiction: A state of periodic or chronic intoxication produced by the repeated consumption of a drug

Media: main ways that large number of people receive information

Perception: How one views things or discerns the nature of what they see

Peer group: Someone of a similar age or social status

Population: The total number of people who live in a particular area

Rehabilitation: A place where one gets help to lead a normal, useful life again.

Stigma: Feelings of disapproval people have about a behaviour

Stakeholders: Members of a group who feel they have an interest in its success

Youth: popular use refers to someone who is neither an adult nor a child

1.10 Organization of the Chapters

This study will be divided into five chapters and each chapter has its introduction.

The first chapter gives the background of the study and this is where we have the introduction to the problem to be studied also the purpose of the study as a whole.

The second chapter will be the section for Literature Review and here we will look at other related studies that have been done before and also compare our study to see if there are any similarities or differences. The literature to be reviewed will be both from the Kenyan scene and the international scene.

The third Chapter contains the Methodology of the Study and this section will look at the scope of the study, the design to be used in carrying out research, the target population and analysis of the data collected.

The fourth chapter has the analysis of the data that was collected by using semi-structured questionnaires. The data so analysed is organized by the use of frequency tables, graphs/histograms and also pie-charts. The tables and charts thus constructed will be used for analytical purposes that give rise to significant aspects of interrelationships. From the summarized information in the tables, conclusions will be drawn.

The fifth and final chapter contains the summary of the interpretations of the findings in chapter four. This is also where the researcher is able to draw conclusions and make recommendations in regard to the study as a whole.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter is on the review of literature on drug abuse and community interventions aimed at curbing drug abuse. It surveys literature on causes of drug abuse, the effects and ways to control the problem.

It also attempts to look at the socio-cultural, economic and political trends in society that may contribute or could be impacted by the problem of drug abuse.

2.1 Defining drug abuse

Drug abuse is simply defined as the use of any chemical substance for any reason other than its intended purpose.

However, the WHO committee (1965) provided a specific definition of the term drug abuse as follows:

Drug abuse is the consumption of a drug apart from medical need or in unnecessary quantities. Its nature and significance may be considered from two points of view: one relates to the interaction between the drug and the individual, the other to the interaction between drug abuse and society. The first viewpoint is concerned with drug dependence and the interplay between the pharmacodynamic actions of the drug and the physiological and psychological status of the individual. The second — the interaction between drug abuse and society — is concerned with the interplay of a wide range of conditions, environmental, sociological, and economic.

Individuals may become dependent upon a wide variety of chemical substances that produce central nervous system effects ranging from stimulation to depression. All of these drugs have one effect in common: they are capable of creating, in certain individuals, a particular state of mind that is termed "psychic dependence".

Some drugs... induce physical dependence, which is an adaptive state that manifests itself by intense physical disturbances when the administration of the drug is suspended or when its action is affected by the administration of a specific antagonist.

The NACADA handbook on Prevention of Drug and Substance Abuse in Kenya defines the term drug as follows:

The word 'drug' stands for any chemical substances which when taken into the body modifies some functions of the body. It poses a fascination for many persons and in miniscule amounts it is able to heal, injure and kill. Drugs by virtue of their near miraculous properties have been tried as remedies for ills of man, animals and societies.

2.2 Overview of Drug Abuse in Kenya and Africa.

In Africa, youth and Adults, rich and poor, rural and urban people are seen to abuse drugs without knowing the dangers of doing so. Research has shown that in Kenya like the rest of Africa, alcohol is by far the most widely abused drug causing the most harm to families and communities.

Also Cannabis Sativa (Bhang) is the most common illegal drug traditionally produced and abused drug in Kenya. Abuse of the most dangerous illegal drugs such as Cocaine and Heroin among young people, particularly among urban youth is on the increase. This is an emerging concern as the drugs have become available in major cities and towns as African ports are now used as transit points in the global traffic of these drugs.

The Drug counselors Handbook by UNDCP, Eastern Africa 2000), says that (Khat) production and use is traditional to the highlands of East Africa especially in the Horn of Africa and its abuse is common in this region. The rest of the world first learned about Mirra as a common drug of abuse in the Somali civil war among fighters.

According to the findings of a baseline survey done in Kenya by NACADA between 2001 and 2002, the overall prevalence of substance abuse among youth aged between 10 and 24 years is as shown in Table 2.1

Table 2.1 Prevalence of drug abuse among students and non-students

Substance	Ever use % Long term use	Ever use % Long term use	Current use % (In the last 30 days)	Current use % (In the last 30 days)
	Students	Non- students	Students	Non- students
Alcohol	27.7	77.1	8.6	60.1
Tobacco	8.3	65.7	3.1	58
Bhang	2.8	34.9	0.6	21.1
Miraa	9.1	55.1	2.1	20.8
Inhalants	3.4	12.5	1.6	7.2

Table 2.1 above shows that at least 27.7% of students have a history of having used alcohol compared to 8.6% who had at least used alcohol in the last 30days in the survey period. This contrasts with 77.1% of non-students who had a history of having used alcohol and also the current use (last 30 days) of 60.1%

As seen in table 2.1 other drugs such as Tobacco and Bhang are also consumed by the two groups mentioned.

2.3 CAUSES OF DRUG ABUSE

In Africa as in the rest of the world, people use drugs to alter or enhance their mood based on a variety of needs that fall into two main categories:

The need to self medicate, to feel better, to alleviate real or imagined pain and secondly for appetite and desire for pleasure or entertainment.

According to the Drug counselors Handbook by UNDCP (2000) some of the reasons put forth for drug abuse are that the rich may turn to drugs for entertainment or relief from boredom while the poor are more likely to use drugs to escape from their unfortunate situation. This is evident in that both the poor and rich are seen to abuse drugs and this cuts across all social classes.

Another possible reason is that children and youth working on city streets abuse substances on a daily basis to help themselves feel better to be close to their friends, to

separate themselves from the hard, cold pavement. Some of these include the homeless. So called 'Street Children' may be run-aways from hostile home environments.

Some people would abuse drugs because of the stress of economic hardship, coupled with the breakdown of traditional systems of community and family support, which in the past might have helped individuals to meet their needs in healthier ways. This is made worse in some countries which have experienced stress among both the fighters and civilian population.

Some people turn to drugs as a reaction to the experience of broken dreams when they move to the city. Drawn to the promise and allure of urban life, they confront the stark reality of poverty and unemployment. Drugs offer temporary relief and for some 'easy money'.

In some instances especially among the young people it is evident that experimentation or wanting to try drugs after hearing or seeing media adverts that glamorize drugs is a cause for abuse. This coupled with the need to fit in with ones peers and peer pressure is seen to result in drug abuse.

In some cultures drug abuse may be part of a powerful 'culture' where drug use is considered 'normal'. It is common to find communities where social drug use is tradition. In this case home brew is taken in adult gatherings, some people smoke Cannabis or chew Khat as a social activity despite the negative effects that this habit has on their well being and their families. Parental drug use is an especially powerful influence on children's behaviour. As such drug culture is seen to play a part.

Another example of drug culture among young people is to wish to identify with Reggae star, Bob Marley. Marley was an advocate of social and recreational use of cannabis and religiously justified its use. Young people have deep affection and even reverence for artists who openly admit to drug use – giving some young people expectations and misconceptions about the effects of drug use which in turn influences experimentation and continued abuse.

Other causes mentioned in the NACADA handbook on Prevention of Drug and Substance Abuse in Kenya (pg 35) include weak control policies and breakdown of norms. The weak control policies do not appreciate the root causes of drug abuse in the first place as they only come up with administrative decrees or prohibitive Acts which are punishable. The problem of drug abuse cannot easily be rectified by administrative decrees or prohibitive Acts issued by the government.

Another factor contributing to the causes of drug abuse is rapid social changes and sudden economic prosperity or any other event that occurs disrupting the 'normal' running of functions of society. These changes rarely provide of society and individuals are left on their own devices no moral guidance.

2.3.1 MYTHS ABOUT DRUG ABUSE

Citing from the UN report on drug abuse control (1989) some common myths held about drugs in our society are notably:

- Why the big outcry? Drugs aren't really a big problem.
- Recreational use of drugs is not harmful
- Marijuana is no worse than using alcohol or tobacco.
- Only weak individuals become addicts.
- Everybody is taking drugs.
- Drug abuse is a 'victimless crime', it only hurts the user.
- If a person wants to take drugs the government should not interfere.
- All addicts should be imprisoned.
- The cultivation of drug crops gives a poor farmer a chance to make money.
- Peddling drugs is one way the poor can earn money.
- Each country should take care of its own drug trafficking problems.
- The problem is so vast there may be no solution.

2.4 CLASSIFICATION OF DRUGS

A broad classification of substances of abuse will entail 3 categories.

(a) General (non-selective) central nervous system depressants. (CNS)

These substances depress the central nervous system and include alcohol, solvents and some prescription medicines.

(b) General (non-selective) central nervous system stimulants. (CNS)

These also act throughout the CNS and range from strong stimulants to weak ones like Caffeine in tea and Theobromine in cocoa.

(c) Selective modifiers of the CNS.

These substances exhibit either depressant or excitatory effects or sometimes both of these effects on different systems. Included in this group are anti-convulsants, narcotics and all the psychotropic drugs. The most commonly abused are alcohol, tobacco, bhang, miraa and inhalants.

2.4.1 Common drugs of abuse and their effects.

(A) Alcohol

The National Drug Law Enforcement Agency (1996) report of Nigeria says that alcohol is the oldest commonly used drug of abuse. According to Burns (1992) approximately 10% of social drinkers develop alcohol abuse or alcoholism.

Alcohol is a psycho-active substance but society has allowed its use by the public either socially or for medication.

In chemical terminology, alcohols are a large group of organic compounds derived from hydro-carbons and contain one or more hydroxyl group compounds. Ethanol (C_2H_5OH) is one of these classes of compounds and is the main psychoactive ingredient in alcohol beverages.

Effects of alcohol.

The initial effects are ones of mild euphoria leading to intoxication and disinhibition

Alcohol brings about physical dependence and tolerance is developed at high level of usage. Evidence suggests that alcohol dependence has a hereditary trait.

Problems associated with alcoholism

Prolonged use and abuse of alcohol can produce organic changes that manifest in physical and psychological symptoms for instance liver and brain cell death and heart disease. Other medical problems are sexual dysfunctioning in both males and females, such as impotence in men and low sexual libido in women. The 'alothé' syndrome or infidelity jealousy is becoming increasingly common as couples accuse their spouses of infidelity.

Malnutrition due to vitamin deficiency and other dietary inadequacies may result in psychosis whose outstanding symptoms are memory defect.

(B) Cannabis Sativa (bhang)

According to the Drug counselors handbook by UNDCP (2000) cannabis sativa plant grows wild and thrives in a wide variety of locations in the world. It is known by many names for example, bhang, marijuana, grass, ganja, hemp or pot. When rolled in a cigarette paper it is called a joint or a stick. The active chemicals in cannabis are called delta-9-tetra-hydro-cannabinol (THC) which is concentrated in the resin. It is obtained from the flowering tops and the dried leaves and contains seeds and stems. In this form it is grayish green/ or greenish brown. It is smoked alone or baked into sweet meats.

Effects of cannabis

Use of cannabis is associated with a variety of effects depending on the amount consumed and the personality and expectations of the person using it.

When cannabis is used in small moderate doses it brings hilarity and euphoria including pleasurable physical sensations. Although recent research in Europe and America

indicates that it may be useful as a painkiller and also to prevent vomiting and improve appetite in cancer and AIDS patients further research is recommended.

Cannabis also causes a change in perception of time and space. Users claim experiences of increased perception, loss of inhibition, temporary enhancement of creative sensitivity and ability in playing music, telling stories, singing or dancing. It is also said to 'amplify' the feelings of the users thus it can make a happy person feel happier but make a depressed person more depressed, fearful and even paranoid.

Like alcohol it is a disinhibitor - that is, it 'loosens up' or reduces the inhibitions of the individual user. This is why it may be favored by artists as a creative stimulant. However, it also causes impairment in coordination, reflexes, judgment and memory particularly if it is used habitually. Typically it causes itching and redness of the eyes and dilation of the pupils when the user is 'stoned'. Lethargy and sleepiness eventually set in. Other negative effects include conjunctivitis and bronchitis. With higher doses more serious perceptual and affective disturbances are observed. Confusion and psychotic behavior may manifest and in some cases may lead to 'acute cannabis psychosis.'

Prolonged, habitual use is associated with loss of libido, impairment in cognition, reduced immunity and decreased resistance to infections. It some times causes loss of energy and drives, slow and confused thinking and impairment of memory.

Brief summary on the consequences of Drug Abuse

Beyond the human destruction caused by drug dependence is the damage to traditional values, lifestyles and national economies. Drug abuse causes a serious threat to societies everywhere.

Perez de Cuellar, UN Secretary General is quoted as follows in UN report 1989.

'The misery caused by drug addiction is immeasurable, moreover in the number of countries, the vast profits derived from this illicit production and trafficking have the direct effect of making sections of local economies dependent on the trade and thus creating militant constituencies for its continuance. In some cases administrative and judicial structures are being undermined to the extent of endangering political stability.

2.5 Efforts to Control Drug Abuse

It goes without say that the community has a problem at hand and we need to seek for a remedy to the problem.

A countrywide needs assessment study undertaken in 1994 by the government of Kenya and the UN drug control programme revealed that drug abuse has permeated all strata of Kenyan society. Youth and youth adults being the most affected groups. One of the main recommendations of the study is that the government should set up specific demand reduction programmes to enlighten and educate the public on the problem of drug abuse.

The latest Kenyan legislation against drug trafficking and abuse is the narcotic drugs and psychotropic substances (control) act of 1994. The enactment was followed by the setting up of the inter-ministerial drug control committee whose responsibility was to evaluate drug policies in the country.

A national policy on drug abuse in Kenya was developed on the premise that the government ratified 3 UN conventions on narcotics drugs and psychotropic substances.

These are namely:

- The single convection on narcotics of 1961.
- The conventions are psychotropic substances of 1971.
- The convection against illicit trafficking on narcotic drugs and psychotropic substances of 1988.

According to Prof. David Ndeti (2004) who conducted a Rapid Situation Assessment the greatest achievement of the interministerial committee was the production of the Drug Master Plan in 1998 which was approved in early 2001.

That same year the National Agency for his campaign against drug (NACADA) was formed to enhance advocacy against drugs of abuse in the country. NACADA's main objectives were to coordinate, implement, monitor and evaluate programmes on the campaign against drug abuse in Kenya.

NACADA intends to develop a strategic plan that would include public awareness campaigns, interventions for special groups, counseling services and rehabilitation for the vulnerable, the youth and support services.

2.6 Community Interventions

Due to the fact that the community is directly affected by the problem it is paramount for efforts to be made to involve the participation of its members in the fight against drug abuse. It is recommended that a comprehensive, multidisciplinary approach be applied in solving the problem of drug abuse and substance abuse.

This is the entry point of community interventions that can be used to help in curbing the drug abuse problem.

The problem of drug abuse cannot be underestimated and it demands the concerted efforts of all the individuals and organizations to tackle it. As such the need for community interventions to help in the problem is a very positive move if a remedy needs to be found.

In a 1992 survey conducted in Nairobi to determine parents' attitudes towards who should be responsible in preventing, controlling and stopping substance abuse, the response is as shown Table 2.2

Table 2.2 Parental Response on groups that can help in drug abuse control

Group	Preventing	Controlling	Stopping
Schools	42 %	30 %	22 %
Religious organizations	28 %	19 %	14 %
Community Authority	14 %	23%	14 %
Parents	6 %	16 %	28 %
	10 %	12 %	18 %

42% of the parents interviewed felt that schools have the obligation to prevent drug abuse. Not many parents felt they have a major role in stopping substance abuse. They also felt that the community had a greater role 23% to control substance abuse compared to themselves at only 12%.

They also felt that the authorities (civil) had the 28% responsibility to stop the problem and this without realizing that the problem is more deep rooted and prohibitive measures may not solve it.

Several groupings make up the community and they can be involved in several ways. From the 1992 report it is evident that a multi-disciplinary approach is what is needed if success is to be achieved.

In addressing the community it is not possible to mention all the different groups that constitute a community but we will look at some of the main groups.

2.7 Community groups

Some of the groups that can be involved in the community level include but not limited to health and social service providers, tertiary institutions, professional bodies, religious bodies, mass media, parents and schools. These groups can be used in the prevention of drug abuse by having programmes tailored to the needs of the community.

Health centers and social service providers can help by:

- Providing volunteers to speak about drugs, their health about drugs, their health and social effects
- Providing referrals to local treatment centres.
- Establishing and conducting counseling and support groups for the community.
- Meet parents, teachers and community leaders and discuss signs of drug and substance abuse.
- Informing the community about counseling resources, treatment and rehabilitation centres.

Religious groups can help by:

- Educating the congregation about facts, effects, signs and dangers of drug and substance abuse

- Make drug education materials available to members and community as a whole
- Publicize and carry out drug and substance abuse campaigns
- Assist victims of drug abuse, equipping their members with counseling and treatment skills.
- Create and initiate activities that are recreational like youth camps, sports, choir and concerts.

Mass media

There has been controversy about the role of media but it has a very wide audience and a reliable means of getting the message out. The media must be invited to practice preventive journalism in addition to what it is now doing.

Thus the media can:

- Give factual statistics on drug and substance abuse
- Educate the community about the nature of drug and substance abuse in the community
- Publicize community efforts to combat the problem.
- Provide time to air educational materials and events on television and radio
- Counter the adverse advertisements in the media that extol drug abuse

Schools can help by:

- Determining and monitoring the extent and nature of drug abuse in the schools
- Establish clear policies with strong corrective actions on drug abuse
- Implement a comprehensive drug abuse prevention curriculum which emphasizes among other factors development of self esteem and self discipline
- Resisting pro-drug messages by issuing anti-drug messages
- Development of communication skills through life skills.
- Establish clubs, societies and other recreational activities that emphasize benefits of drug free environment.

Other groups that can help in the prevention and control of drug abuse and who are within the community itself are parents, ex-addicts and businessmen. These are a very important resource which needs to be tapped by agencies and institutions so as to help in the war against drug abuse.

2.8 Levels of intervention in drug abuse

The efforts undertaken by government and other organizations can be classified into two.

- Demand reduction strategies
- Supply reduction strategies

Citing from the NACADA handbook on Prevention of Drug and Substance Abuse in Kenya (2001), nationally and internationally up to 1998, the focus was mainly on reduction of supply of drugs. However, in the UN General Assembly Special Session held the same year the international community committed itself a Political Declaration on Guiding Principles harmonizing Drug Demand Reduction and International Cooperation to counter the world drug problem.

The interests of Kenya as a nation lie in the successful attack of both the demand and supply of drugs and chemical substances.

Supply reduction measures

These include government decrees and Acts, for example:

- In 1979/80 decrees were issued to the provincial administration to eradicate production of bhang (*cannabis sativa*) countrywide.
- Prohibition of possession, trafficking in narcotic drugs and their cultivation
- Provides for the forfeiture of land on which prohibited plants are grown.
- Allocates the responsibility of rehabilitation of drug dependent persons and establishing facilities for them on the Minister for Health
- Measures were put to regulate intoxicating brews

Demand Reduction measures

- Establishment of NACADA in 2001 mandated to coordinate activities of individuals and organizations in the campaign against drug abuse
- The agency (NACADA) incorporates drug preventive reduction measures in a multi- dimensional and multi-sectoral strategy to educate the Kenyan society and squeeze out lack of knowledge.

2.9 Theoretical framework

In our society we have seen the efforts of various agencies to fight drugs being initiated and this has been due to the need to prevent and control the problem of drugs. Early studies in Kenya and the rest of the world show that substance abuse is on the rise and needs to be checked at all levels. In Kenya earlier studies by Dr. Halima Mwenesi (1996) during a Rapid assessment of drug abuse in Kenya show that the awareness of the community should be raised through preventive education to promote its involvement in the control of drug abuse levels. The assessment goes on to say that while teachers can reach those in schools and other institutions of learning, non-governmental organizations would be the entry points into the communities and would help those out of school. They can also form the basis for training of trainers in preventive drug education.

In the assessment (Ibid), the agencies/ NGOs and CBOs that try in a small way to deal with the problem are handicapped by lack of trained manpower and clear objectives. The majority of organizations lack funds and few have assured sources of income. In this study we look at how the various institutions and organizations working in the community can be involved in coming up with interventions to fight drug abuse. This study would not be complete without involvement of youth who bear the brunt in the problem. As such their attitudes and opinions towards drugs/substance abuse and what needs to be done form the basis of this study.

CHAPTER THREE

METHODOLOGY OF THE STUDY

3.0 Introduction

This chapter will look at the various methods that have been used in coming up with the findings of this research. Among the items to look at is the method of data collection, scope of the study, sample population, the instruments that have been used for the collection and interpretation of the data.

3.1 Method of Study

The instruments that were used in devising this study comprised of the following tools:

3.1.1 Records

The initial study was done through materials gathered from early writings by various authors in journals and also documents that have been produced on the subject of drugs. The internet was also an important source of more recent information that is now in circulation.

3.1.2 Questionnaires and Interviews

According to Maholtra (1996) survey is research design where structured questionnaires are given to a sample population and designed to elicit specific information. It involves issuance of similar questions to the sample population thus enabling the research to get response from the sample chosen for the same questions. Also, Peil (1995) adds that survey method if well used can provide reliable, valid and theoretically meaningful information.

The collection of data in this study will be done by use of questionnaires which are administered to the sample population randomly. The questionnaire is a suitable tool for gathering large amount of data and also it ensures anonymity.

Interviews will be used in the final stages of this research so as to gather qualitative data from the agencies (NACADA and CBOs) working with the youth in the study area.

These ideas will help to get an unbiased view of the problem and the interventions being employed.

3.1.3 Observation

This will be an important tool for this study. Observation will be done for two weeks prior to administering doing the survey research. This will help to get an idea of what is actually happening on the ground and to avoid bias in the findings of the study.

3.2 Procedure/ Design of Study

In this study a pre-test of the questionnaire will be given to at least five youth to see if the questions are suitable and also to do any revisions before they are administered to the sample population.

The questionnaires will administered to a target three locations within Kibera although the findings may include those of adjacent locations due to the movement of residents within the Kibera area.

The first location of Karanja is chosen as the population is comprised of relatively middle income households. The other two locations of Gatwekera and Makina are considered slum areas and most of the households are said to earn less than a dollar a day. As such the views will come from three areas which are representative of the population in Kibera (both income and low income earners)

The data collection will be done with the aid of two research assistants for three consecutive weeks in the field.

There will be need to translate the questions to some of the subjects due to the language barrier as the questions are in English.

3.3 Scope of the Study and Sample population

The study covers mainly three locations of Kibera and a few adjacent locations due to their proximity. These areas are representative of the larger Kibera as they do comprise of the population across the board (both the poor and those of middle income groups).

The sample population was made up of 150 subjects who were randomly selected from the three study areas. The sample targeted youth aged between 16 and 40 years and this was because this group was more likely to understand the problems that the youth face in the community.

3.4 Interpretation and Analysis of Data

To analyze the data, both qualitative and quantitative data analysis methods will be used. In the analysis of quantitative data we will use the Statistical Package for Social Sciences (SPSS version 11). This method of analysis will enable us to come up with frequency distribution tables and percentages.

The data thus will be organized by the use of frequency tables, graphs/histograms and also pie-charts. The tables and charts thus constructed will be used for analytical purposes that give rise to significant aspects of interrelationships. From the summarized information in the tables, conclusions will be drawn.

Data thus analyzed will be used to draw inferences by breaking it into manageable information that is meaningfully recognized in tables to arrive at the conclusions.

Qualitative data from interviews will also be used in the coming up of recommendations for this study.

3.5 Chapter summary

This chapter has explained the methodology used in this study. The survey method was employed in the collection of the required data. Also included in this chapter is the methodology that was used to arrive at the sample size. Lastly, the chapter has described the procedure used in this research and the data analysis methods.

CHAPTER FOUR

ANALYSIS, RESULTS AND PRESENTATION

4.1 Introduction

This chapter presents the actual observations made in the study as guided by the research objectives. Data and information is mainly presented by use of tables, graphs and charts (pie charts and bar charts). There is an explanation at the end of every table and figure.

Table 4.1 Age classification of the participants

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 16-18	29	19.5	19.5	19.5
2 19-21	28	18.8	18.8	38.3
3 22-25	46	30.9	30.9	69.1
4 26 and above	46	30.9	30.9	100.0
Total	149	100.0	100.0	

The figure outlines the number of the respondents targeted out of the sample size of 150 in total. However, 1 questionnaire was destroyed during the data collection exercise.

As a result the observations below shall be that of 149 respondents. From the table the majority of the respondents fall in the age category of (22-25) and (26 and above) each with a frequency of 46 participants. 29 respondents were between the ages of (16-18), while 28 of them fall in the age bracket of (19-21)

Table 4.2 Gender of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 male	101	67.8	67.8	67.8
	2 female	48	32.2	32.2	100.0
	Total	149	100.0	100.0	

Figure 2 compares the gender of the participants by frequency and percentages. The male comprised of 67.8% while the female were 32.2% of the sample size.

Fig 4.1

percentage of respondents by age and gender

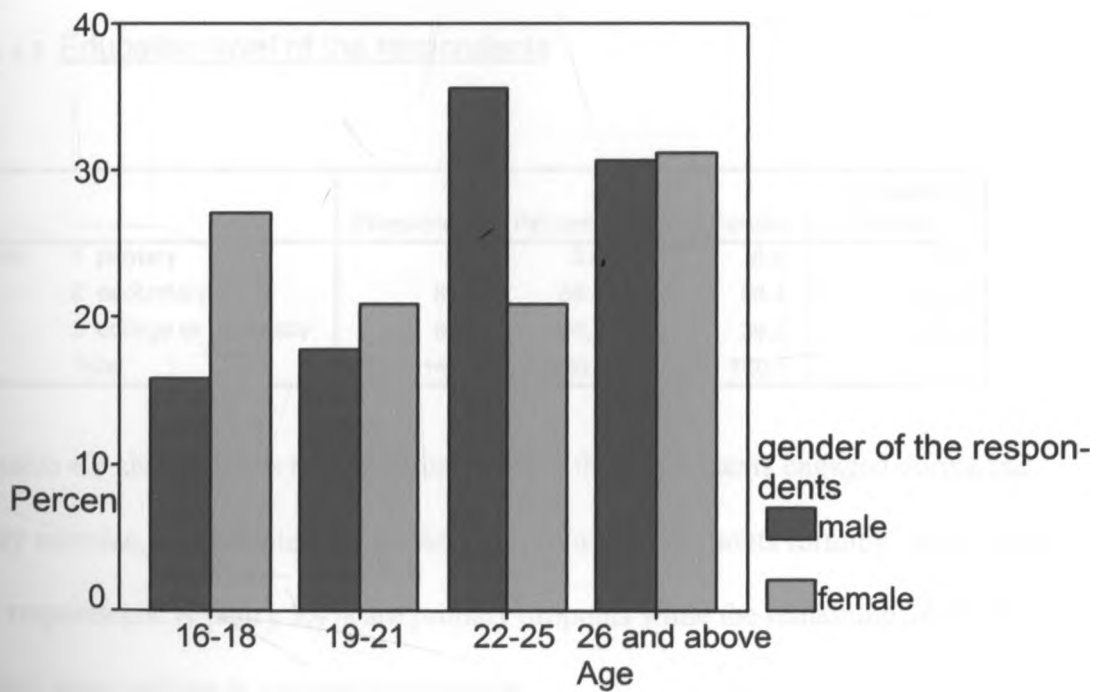


Figure 4.1 above shows the percentage of the respondents grouped in the various age categories against their gender. For all the age categories of the respondents, females

formed a higher percentage as compared to the males in the survey except for the age category of (22-25years).

Table 4.2 Gender of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 male	101	67.8	67.8	67.8
	2 female	48	32.2	32.2	100.0
	Total	149	100.0	100.0	

Table 4.2 compares the gender of the participants by frequency and percentages. The male comprised of 67.8% while the female were 32.2% of the sample size.

Table 4.3 Education level of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 primary	8	5.4	5.4	5.4
	2 secondary	87	58.4	58.4	63.8
	3 college or university	54	36.2	36.2	100.0
	Total	149	100.0	100.0	

The table 4.3 above shows the education level of the respondents engaged during the survey exercise. As indicated the majority are form four dropouts forming 58.4% of the total respondents. A paltry 5.4% are primary dropouts while the remaining 36.2% have attained some college or university education.

Table 4.4 Respondent's occupation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	1	.7	.7	.7
1 employed	88	59.1	59.1	59.7
2 unemployed	24	16.1	16.1	75.8
3 student	36	24.2	24.2	100.0
Total	149	100.0	100.0	

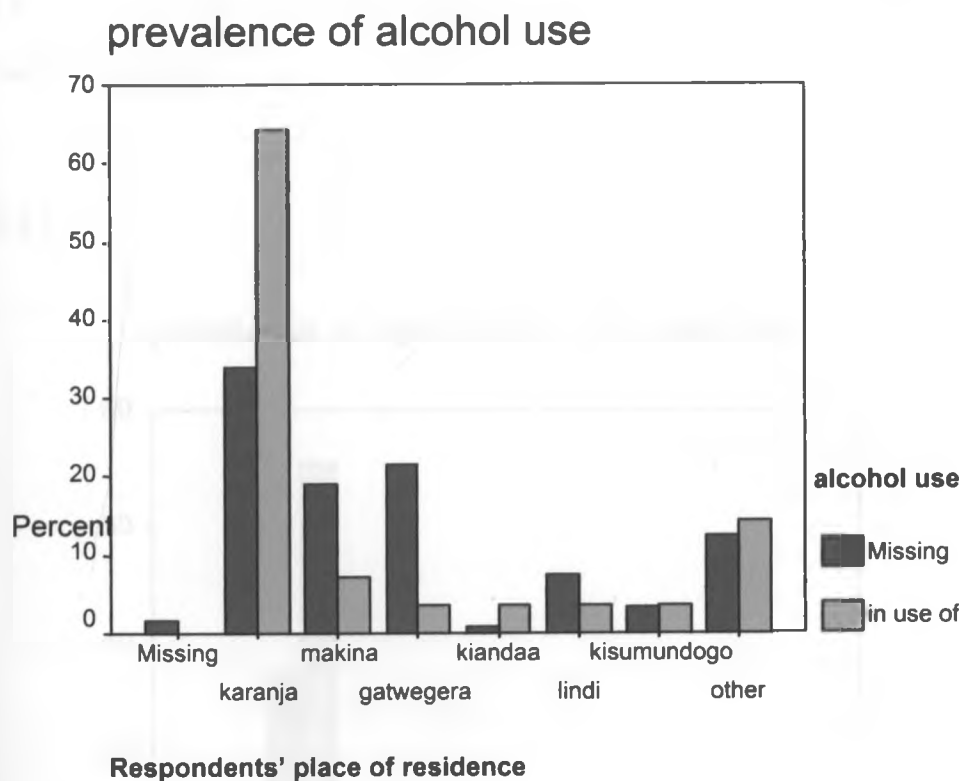
The table above shows that the majority of the respondents 59.1% were employed, 16.1% were unemployed, while, 24.2% were students.

Table 4.5 Alcohol use by the respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 in use of	28	18.8	100.0	100.0
Missing 0 not in use of	121	81.2		
Total	149	100.0		

The table above illustrates the percentage of alcohol use by the respondents. 18.8% of the respondents use alcohol while 81.2% do not use the drug.

Fig 4.2



From the table 4.2 it is clear that the majority of those who abuse alcohol are from Karanja location of Kibera.

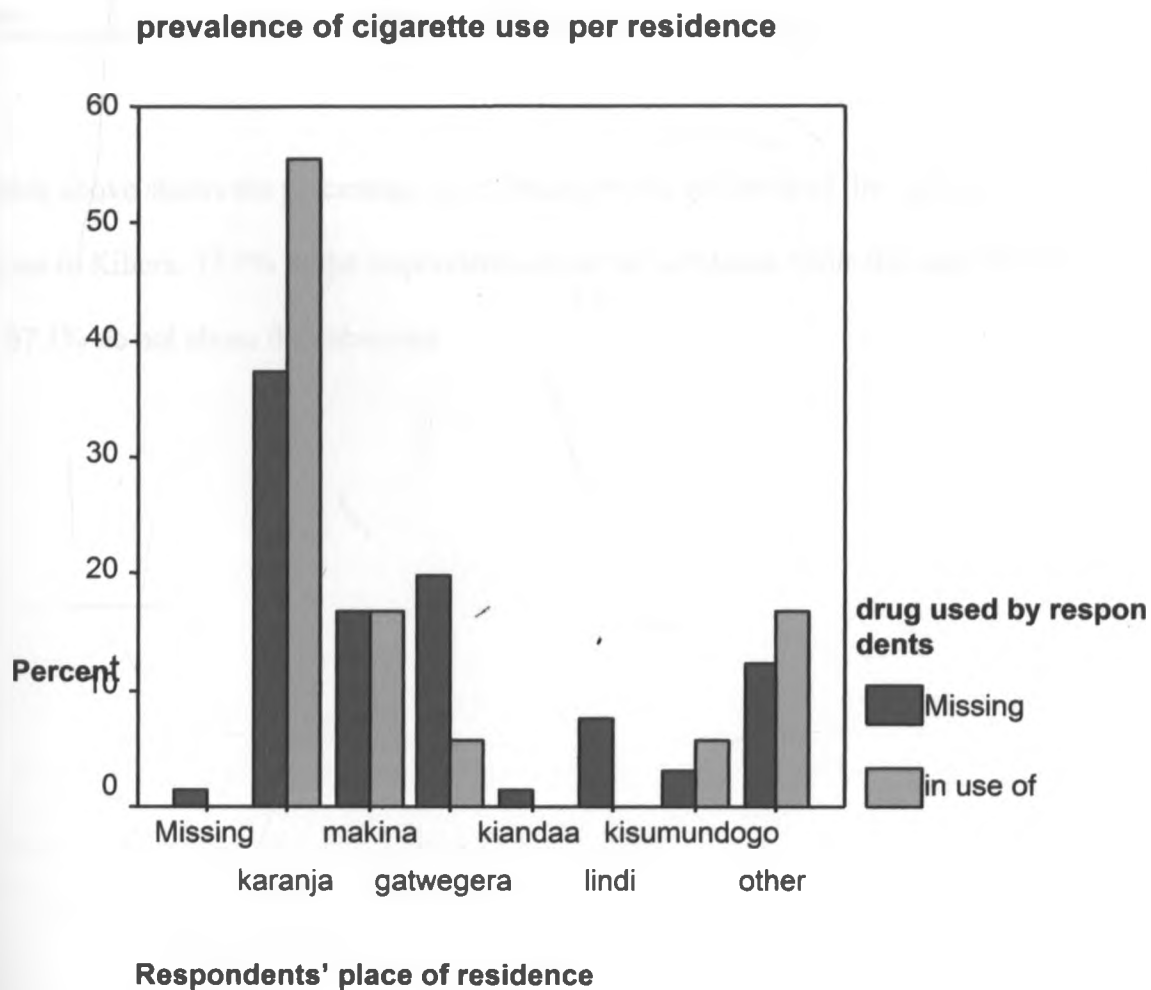
The residents of Kiandaa and Kisumu Ndogo have comparatively low percentages of alcohol

Table 4. 6 Cigarette use by the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 in use of	18	12.1	100.0	100.0
Missing	0 not in use of	131	87.9		
Total		149	100.0		

The table above shows the percentage use of cigarettes by the residents of Kibera from the different localities. Of the total respondents, 87.9% do not smoke while only 12.1% do smoke cigarettes.

Fig 4.3



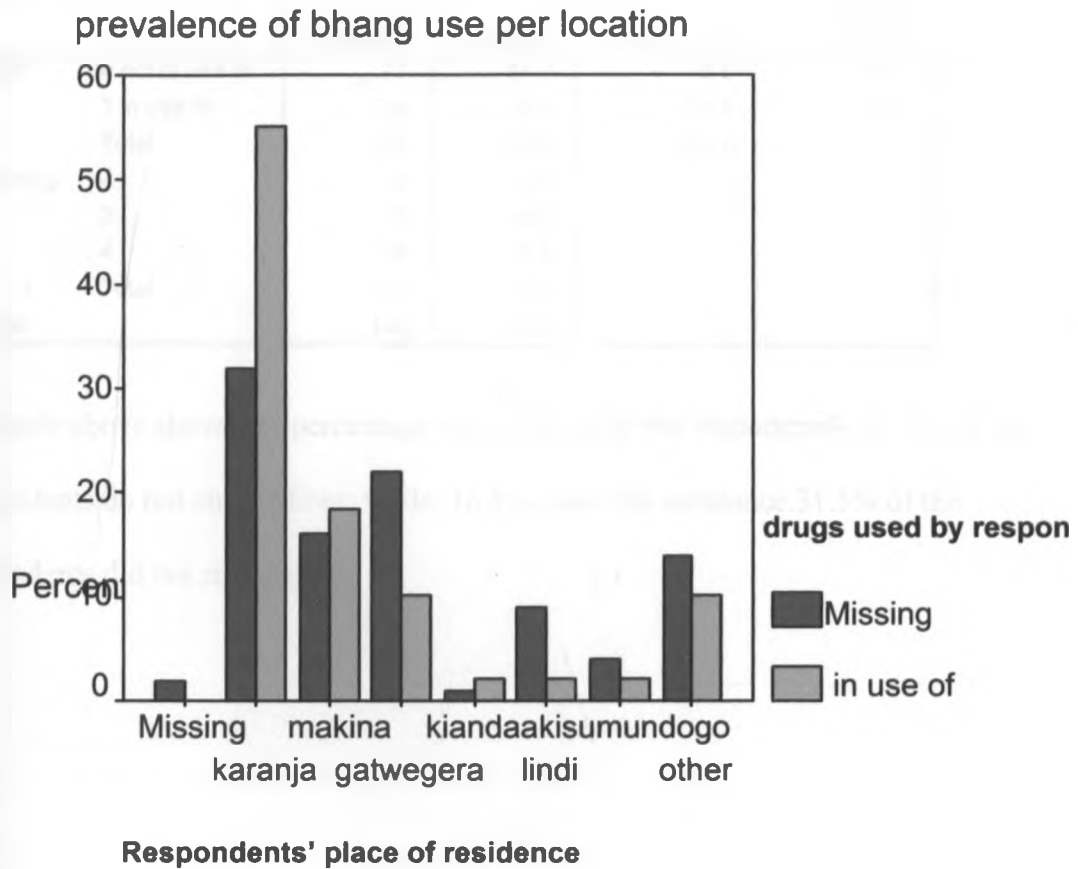
As shown in the figure 4.3 above out of the 12.1% who smoke the majority of them around 57% are residents of Karanja location. It is also clear that the majority of the respondents who do not smoke hail from the same location (Karanja) Most of the residents from Kiandaa do not smoke. Residents of Laini Saba did not respond.

Table 4.7 Bhang use by the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 in use of	49	32.9	100.0	100.0
Missing	0 not in use of	100	67.1		
Total		149	100.0		

The table above shows the percentage use of bhang by the residents of the various locations in Kibera. 32.9% of the respondents abuse the substance while the majority of them 67.1% do not abuse the substance.

Fig 4.4



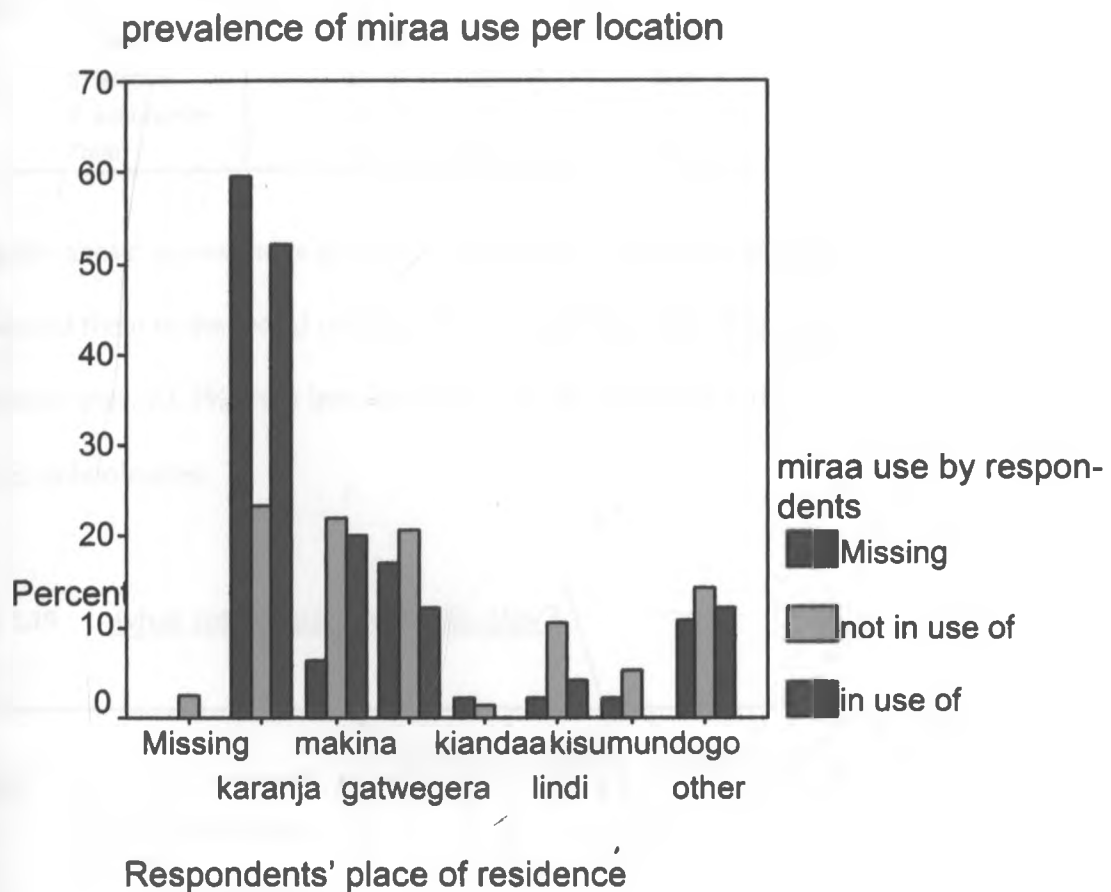
As indicated in the fig 4.4 the majority of those who abuse bhang are from Karanja location. Very few respondents from Kiandaa, Kisumu Ndogo, and Lindi abuse the substance. Respondents from Laini Saba did not respond.

Table 4.8 MIRAA use by respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 not in use of	77	51.7	75.5	75.5
	1 in use of	25	16.8	24.5	100.0
	Total	102	68.5	100.0	
Missing	2	3	2.0		
	3	6	4.0		
	4	38	25.5		
	Total	47	31.5		
Total		149	100.0		

The table above shows the percentage use of Miraa by the respondents. 51.7% of the respondents do not chew Miraa; while, 16.8% chew the substance.31.5% of the respondents did not respond.

Fig 4.5



As illustrated in Fig 4.5 above the majority of the respondents who chew Miraa are from Karanja location. It is also clear that the majority of those who did not respond are from the same locality (Karanja). Very few respondents from Kiandaa and Kisumu Ndogo chew Miraa.

Table 4.9 who influenced the respondents to taking the drug/drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	74	49.7	49.7	49.7
	1 friend	35	23.5	23.5	73.2
	2 relative	30	20.1	20.1	93.3
	3 schoolmate	10	6.7	6.7	100.0
	Total	149	100.0	100.0	

The table above shows the respondents' experiences and feelings on the influences that introduced them to the world of drugs. 49.7% said they tried drugs as a result of individual tries. 23.5% were introduced by friends, 20.1% by a relative and a further 10% by their schoolmates.

Table 1.10 what role does the media play?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	8	5.4	5.4	5.4
	1 serves commercial purposes	60	40.3	40.3	45.6
	2 contradictory/distorted	24	16.1	16.1	61.7
	3 glamourise drugs	45	30.2	30.2	91.9
	4 gives one a choice	12	8.1	8.1	100.0
	Total	149	100.0	100.0	

From the table above the majority of the respondents (40.3%) believe that the media is only concerned with making money. They also think that in most cases the media glamorizes drugs and more often present contradictory and distorted information to the public. A few (5.4%) did not give their view on the role of the media.

Table 4.11 Drugs can make you clever

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	12	8.1	8.1	8.1
2 agree	20	13.4	13.4	21.5
3 disagree	36	24.2	24.2	45.6
4 strongly disagree	81	54.4	54.4	100.0
Total	149	100.0	100.0	

The table above shows the respondents feelings on whether drugs have beneficial effects in terms of increasing intellectual prowess.

Table 4.12 lack of money to buy drugs can lead to stealing

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	9	6.0	6.0	6.0
1 strongly agree	52	34.9	34.9	40.9
2 agree	63	42.3	42.3	83.2
3 disagree	7	4.7	4.7	87.9
4 strongly disagree	18	12.1	12.1	100.0
Total	149	100.0	100.0	

The table indicates the respondents thinking on whether there is a link between stealing and the need to buy drugs. A majority felt that drugs can make one engage in stealing.

Table 4.13 Drugs can lead to mental instability/madness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	90	60.4	60.4	60.4
2 agree	44	29.5	29.5	89.9
3 disagree	8	5.4	5.4	95.3
4 strongly disagree	7	4.7	4.7	100.0
Total	149	100.0	100.0	

The table 4.13 illustrates the participants' responses on whether use/abuse of drugs can adversely affect the normal functioning of the brain. Out of the total surveyed 60.4% felt that chances for madness were high with use of drugs.

Table 4.14 drugs can break homes

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	63	42.3	42.3	42.3
2 agree	79	53.0	53.0	95.3
3 disagree	2	1.3	1.3	96.6
4 strongly disagree	5	3.4	3.4	100.0
Total	149	100.0	100.0	

The table above presents the respondents thoughts on whether drug abuse can break homes or not. 53% of the respondents felt that use of drugs can lead to broken homes while a paltry 1.3% disagreed.

Table 4.15 Drugs can give you peace

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	8	5.4	5.4	5.4
2 agree	39	26.2	26.2	31.5
3 disagree	64	43.0	43.0	74.5
4 strongly disagree	38	25.5	25.5	100.0
Total	149	100.0	100.0	

Above table shows the respondents reaction as to whether the use/abuse of drugs can guarantee one with a peace of mind and happiness. A cumulative total of 31.5% felt that drugs could somehow give peace while a cumulative 68.5% differed.

Table 4.16 Drugs weaken the immune system of the body

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	28	18.8	18.8	18.8
2 agree	71	47.7	47.7	66.4
3 disagree	38	25.5	25.5	91.9
4 strongly disagree	12	8.1	8.1	100.0
Total	149	100.0	100.0	

The table above shows the respondents feelings and experiences on whether drug use/abuse affects or weakens the immune system of the body. At least a cumulative Percent (66.4) felt that drugs could compromise the body's immunity.

Table 4.17 It is difficult to stop once you are addicted

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	55	36.9	36.9	36.9
2 agree	26	17.4	17.4	54.4
3 disagree	38	25.5	25.5	79.9
4 strongly disagree	30	20.1	20.1	100.0
Total	149	100.0	100.0	

The table indicates the respondents' reaction on whether it is difficult to stop the use/abuse of drugs after addiction. At least 54.4 % felt it was quite difficult to overcome addiction once you are "hooked."

Table 4.18 Something should be done to help the addicts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 strongly agree	85	57.0	57.0	57.0
	2 agree	52	34.9	34.9	91.9
	3 disagree	7	4.7	4.7	96.6
	4 strongly disagree	5	3.4	3.4	100.0
	Total	149	100.0	100.0	

The table shows the respondents' reaction on whether the addicts should be helped.

A great majority sympathised with the drug users and a cumulative % of 91.9 felt that addicts need to be helped.

Table 4.19 Families of addicts suffer a lot (financially & emotionally)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 strongly agree	65	43.6	43.6	43.6
	2 agree	75	50.3	50.3	94.0
	3 disagree	4	2.7	2.7	96.6
	4 strongly disagree	5	3.4	3.4	100.0
	Total	149	100.0	100.0	

The table shows respondents' thoughts on whether the families of drug addicts are likely to go through emotional and financial strain. A great majority 94.4% (cumulative) felt that the families do suffer in these terms.

Table 4.20 Drug abuse exposes one to risky sexual behaviour & HIV/AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	9	6.0	6.0	6.0
1 strongly agree	48	32.2	32.2	38.3
2 agree	86	57.7	57.7	96.0
3 disagree	1	.7	.7	96.6
4 strongly disagree	5	3.4	3.4	100.0
Total	149	100.0	100.0	

Table above indicates the respondents' feelings on whether drug abuse increases the chances of one contracting HIV/AIDS. Out of the total respondents 90% felt that drugs play a role in exposing one to risky sexual behaviour. A paltry 4% disagreed while 6% did not give their views.

Table 4.21 Suggestions on what the media should do to keep people aware about drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 air real stories of addicts/ex addicts	21	14.1	15.8	15.8
	2 specific programmes to educate	68	45.6	51.1	66.9
	3 give correct information on drugs	5	3.4	3.8	70.7
	4 give public address on drugs	9	6.0	6.8	77.4
	6 advertise on the dangers	1	.7	.8	78.2
	7 ban adverts on drugs	29	19.5	21.8	100.0
	Total	133	89.3	100.0	
Missing	0 no response	16	10.7		
Total		149	100.0		

The table above indicates the varied responses the respondents gave on what the media should do so as to create awareness and enlighten the public on the dangers of drugs.

Worth noting is that 15.8% felt that real stories of ex-addicts would help create awareness apart from educational programmes about drugs.

Table 4.22 The government has failed in controlling drug abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 strongly agree	67	45.0	45.0	45.0
	2 agree	61	40.9	40.9	85.9
	3 disagree	3	2.0	2.0	87.9
	4 strongly disagree	18	12.1	12.1	100.0
	Total	149	100.0	100.0	

The table above illustrates the respondent's feelings on whether the government has failed in its duty to control and curb drug abuse.

Table 4.23 institutions within community fighting drug abuse

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	6	4.0	4.0	4.0
1 vocational centre	22	14.8	14.8	18.8
2 schools (pri & sec)	61	40.9	40.9	59.7
3 NGOs/CBOs	23	15.4	15.4	75.2
4 clubs	21	14.1	14.1	89.3
5 college/tertiary	16	10.7	10.7	100.0
Total	149	100.0	100.0	

The table above indicates the various institutions operating within the Kibera community and playing some role in the efforts of combating drug abuse.

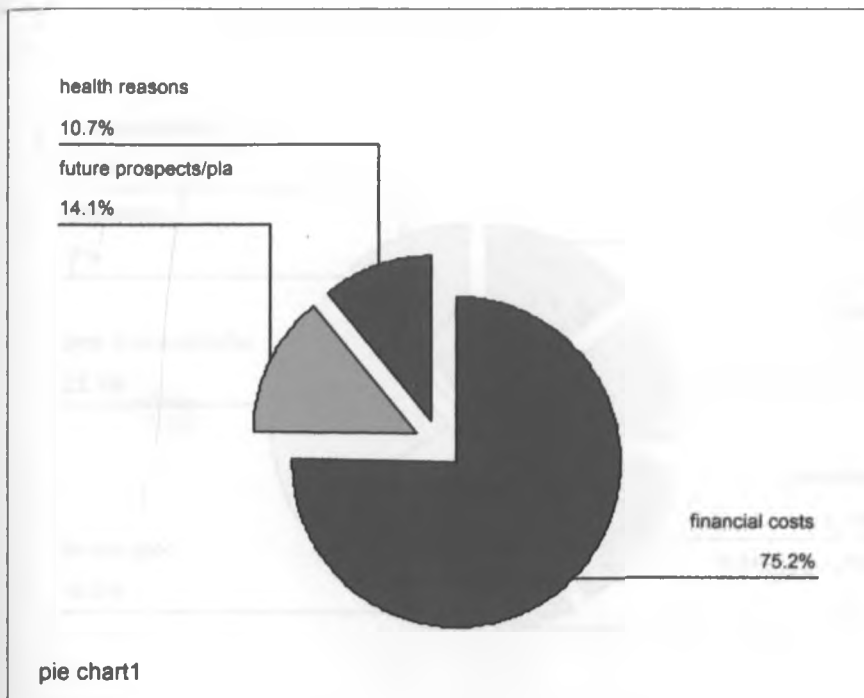
Table 4.24 what kind of activities do the various institutions engage in

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	42	28.2	28.2	28.2
1 information/advice	55	36.9	36.9	65.1
2 recreation/sports	20	13.4	13.4	78.5
3 guidance and counselling	22	14.8	14.8	93.3
4 usual treatment	10	6.7	6.7	100.0
Total	149	100.0	100.0	

The table above indicates the respondents perspectives on the work undertaken by the various institutions within their locality. 28.2% of the respondents were of the opinion that the majority of the institutions only concentrate on their core business and are not socially responsive to the needs of the community especially on issues dealing with drug abuse.

Pie chart 1

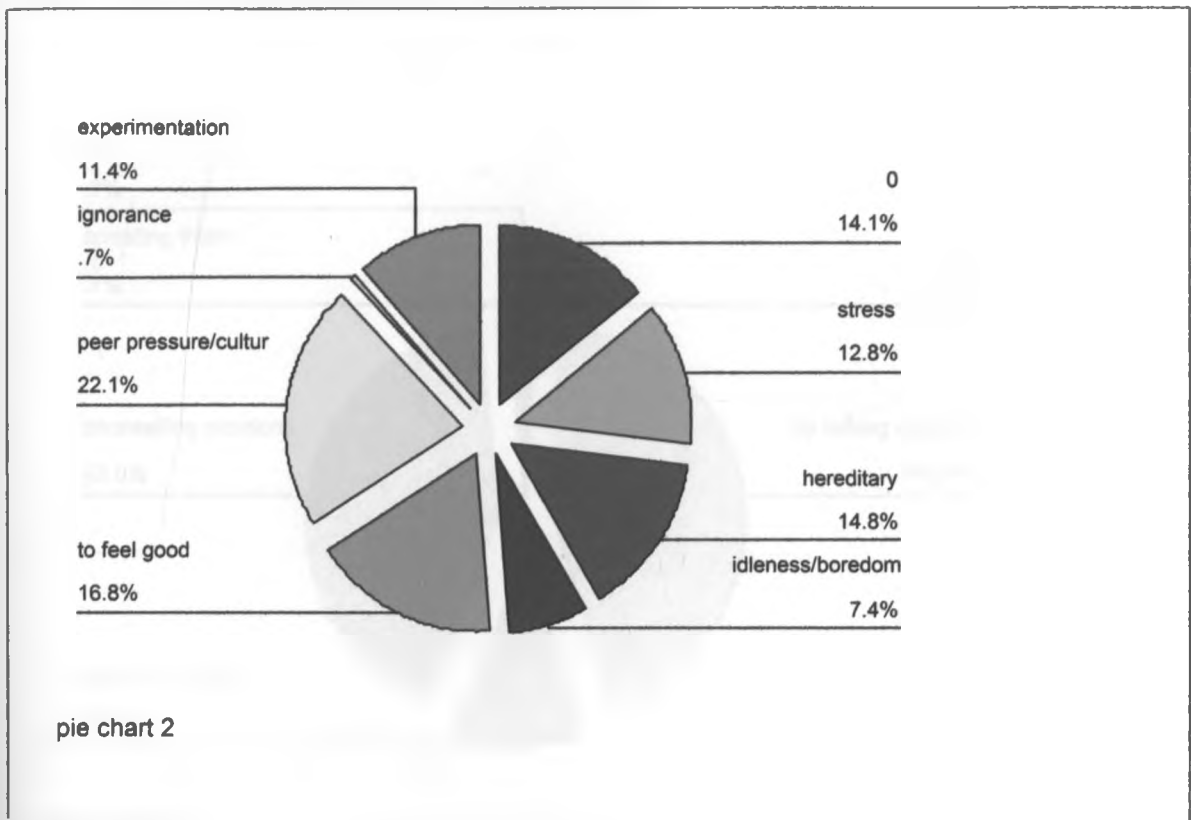
Reasons why the respondents want to stop using Drugs



The figure above is a presentation of the key reasons why some respondents are contemplating to quit using drugs. At least 75.2% felt that the financial costs associated with substance abuse were too high and wanted to stop on account of that. Comparatively, only 10.7% felt they needed to stop due reasons associated with their health as individuals. The rest 14.1% felt substance abuse may undermine a promising future and that their future prospects/plans could be bleak if they continued with drug abuse.

Pie Chart 2

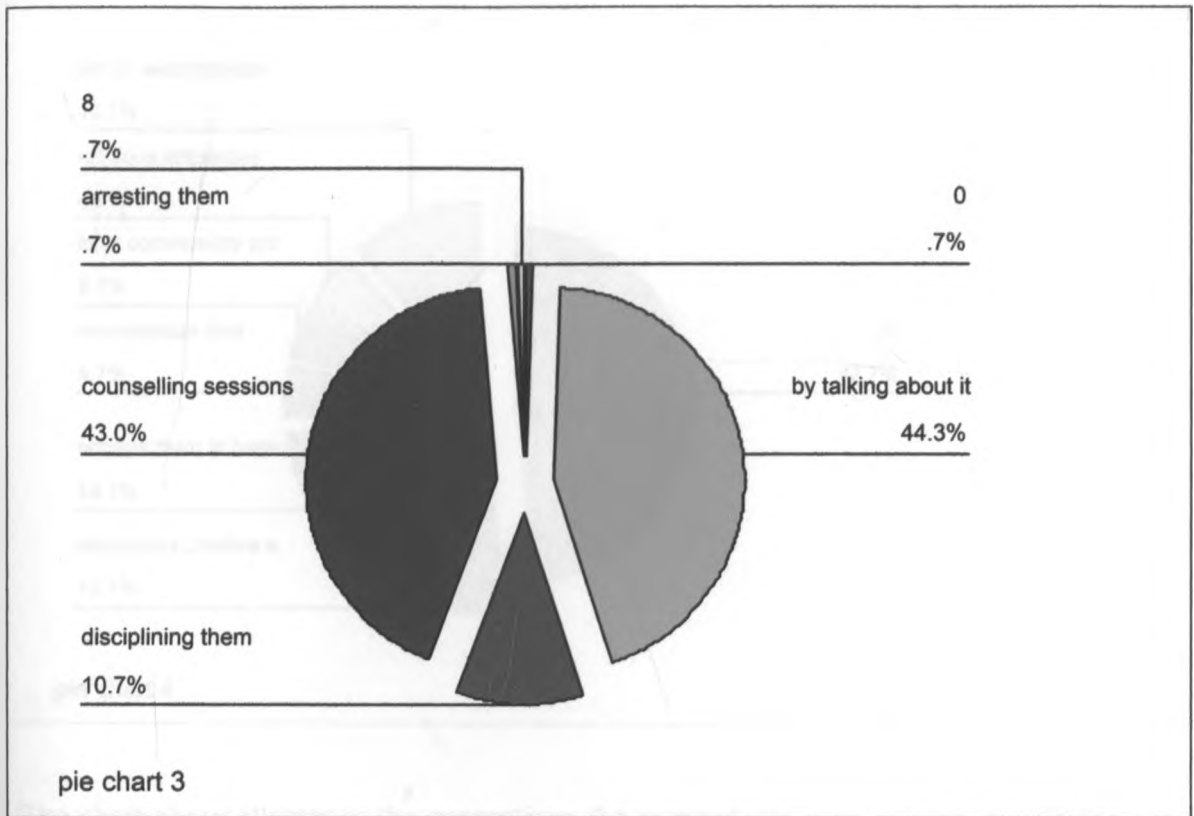
Causes of drug abuse in the community



The figure above shows the various reasons the respondents cited as the main causes of drug abuse in their community. The chart shows that 22.1% felt it was due to peer pressure and 16.8% to feel good. Experimentation and also boredom are also seen to contribute to drug abuse.

Pie chart 3

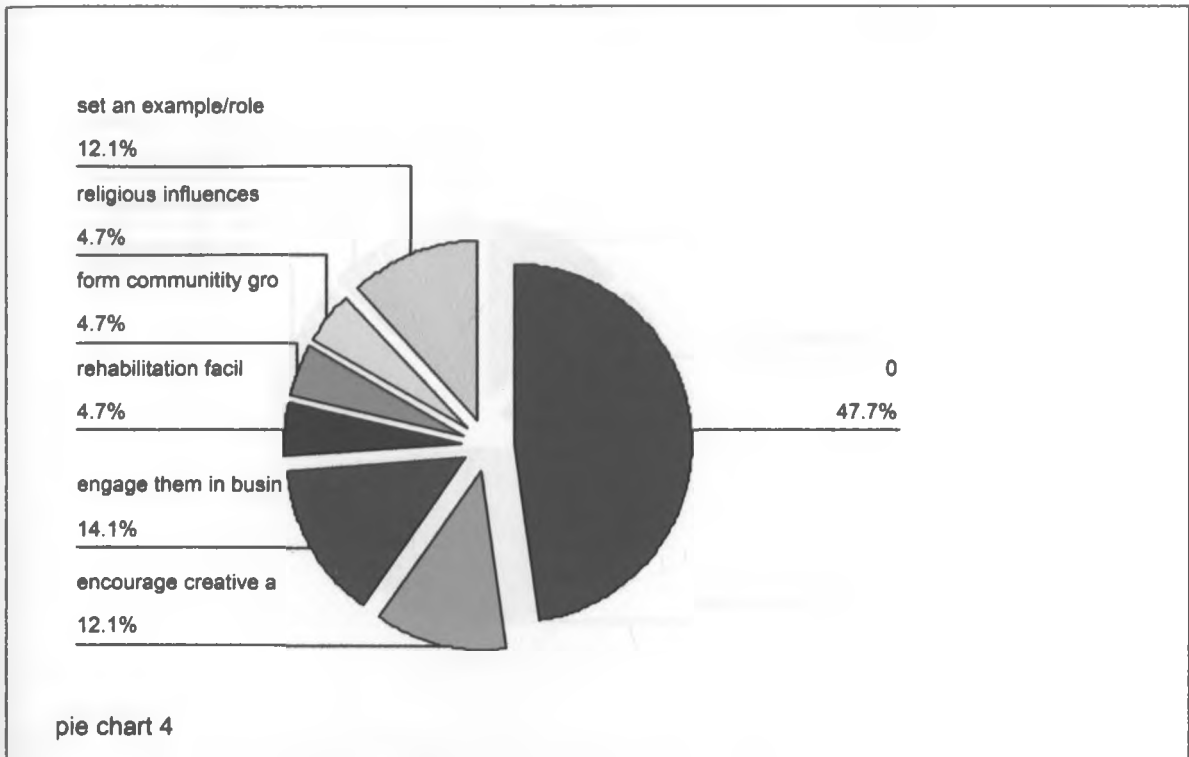
How parents can help children who abuse drugs



The figure above represents the respondents' percentage ranking on their feelings on what parents can do to help children who abuse drugs. A great majority of the respondents felt parents would be more helpful if they talked to their children about drugs (44.3%) and also if they could counsel them (43%). A paltry 0.7% felt that reporting them to authority to be arrested would be of help.

Pie chart 4

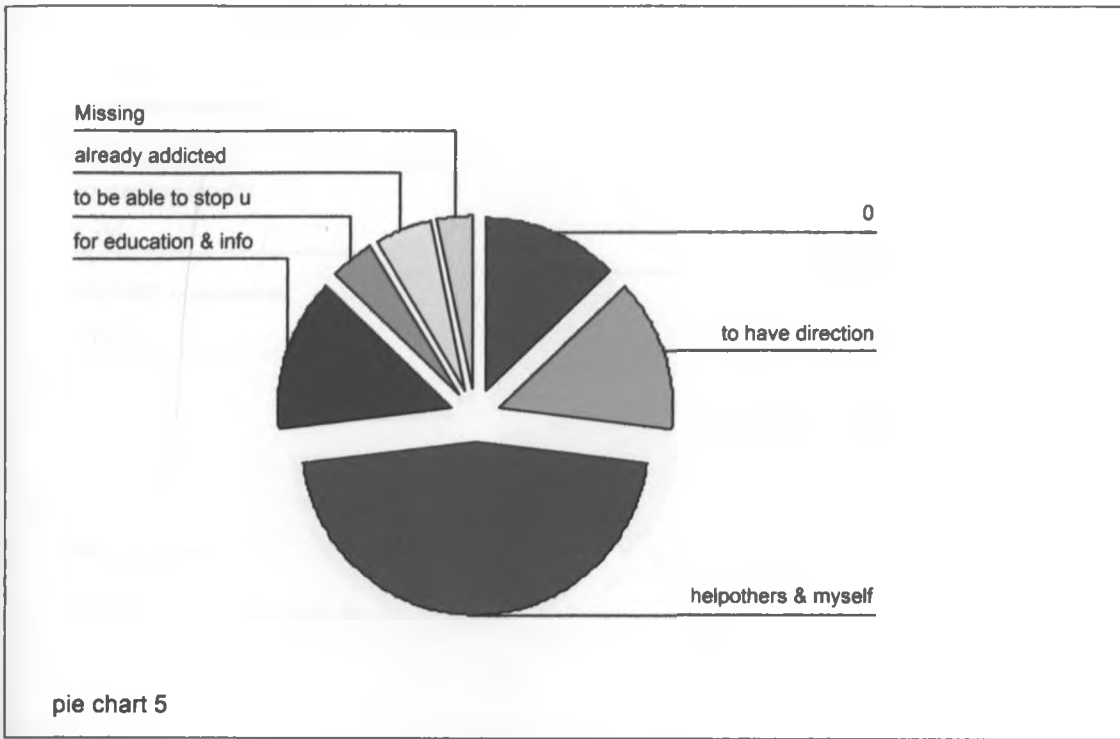
Suggestions given on how to combat drug abuse at family level



The chart above illustrates the suggestions the respondents gave on how to win the war against drugs at family level. At least 12.1% felt that parents should set a good example by being role models to their children. Other suggestions were to encourage the children in their creative activities (12.1) and also to help them by engaging them in business (14.1%). Unfortunately 47.7% did not share their views on what could be done at the family level.

Pie chart 5

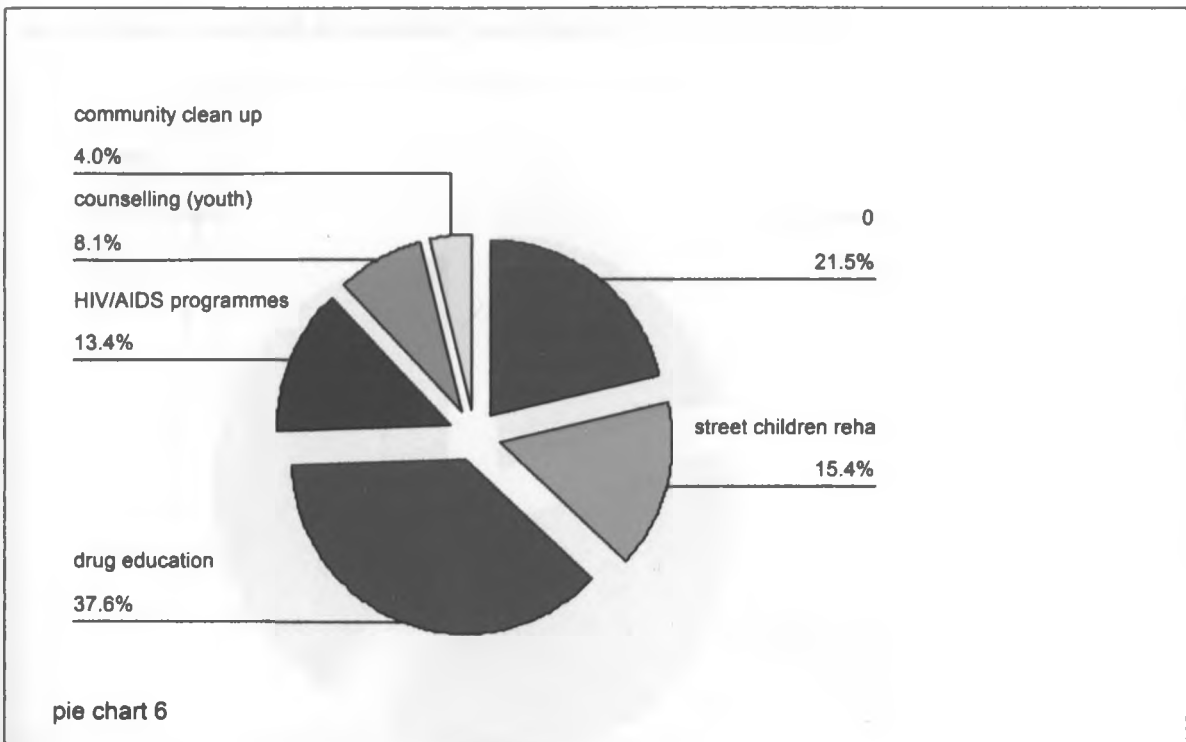
Why the respondents would like to learn more about drugs



The above chart gives a number of reasons the participants would like to learn and get more information on drugs. A great majority wanted this information so as to be able to help themselves and also others. Other reasons cited were for the sake of knowledge (education) besides being able to have a sense of direction. A few others responded by saying they already know enough.

Pie chart 6

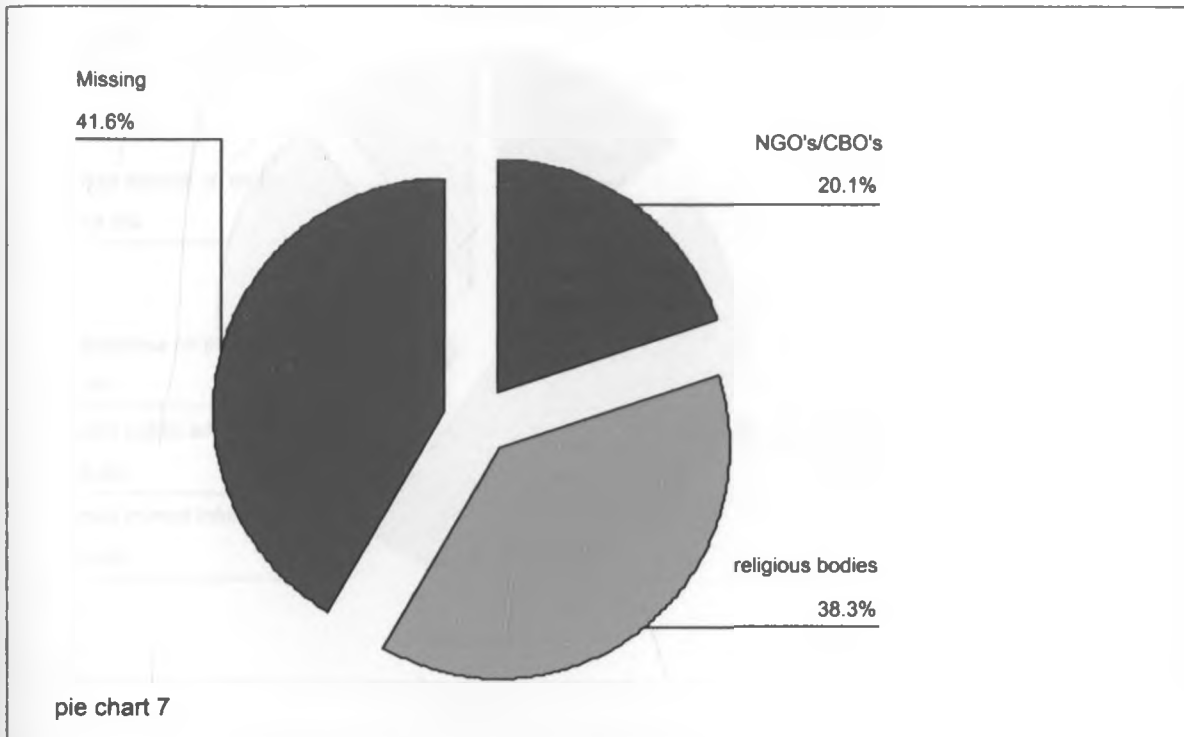
Programmes being implemented in the community



The above are some of the many projects being implemented in the community by existing institutions within the larger Kibera community. At least 37.6% felt that drug education was offered in some institutions (schools, churches and clinics) that operate in the locality. Other programmes were HIV/AIDS counseling programmes and street children rehabilitation.

Pie chart 7

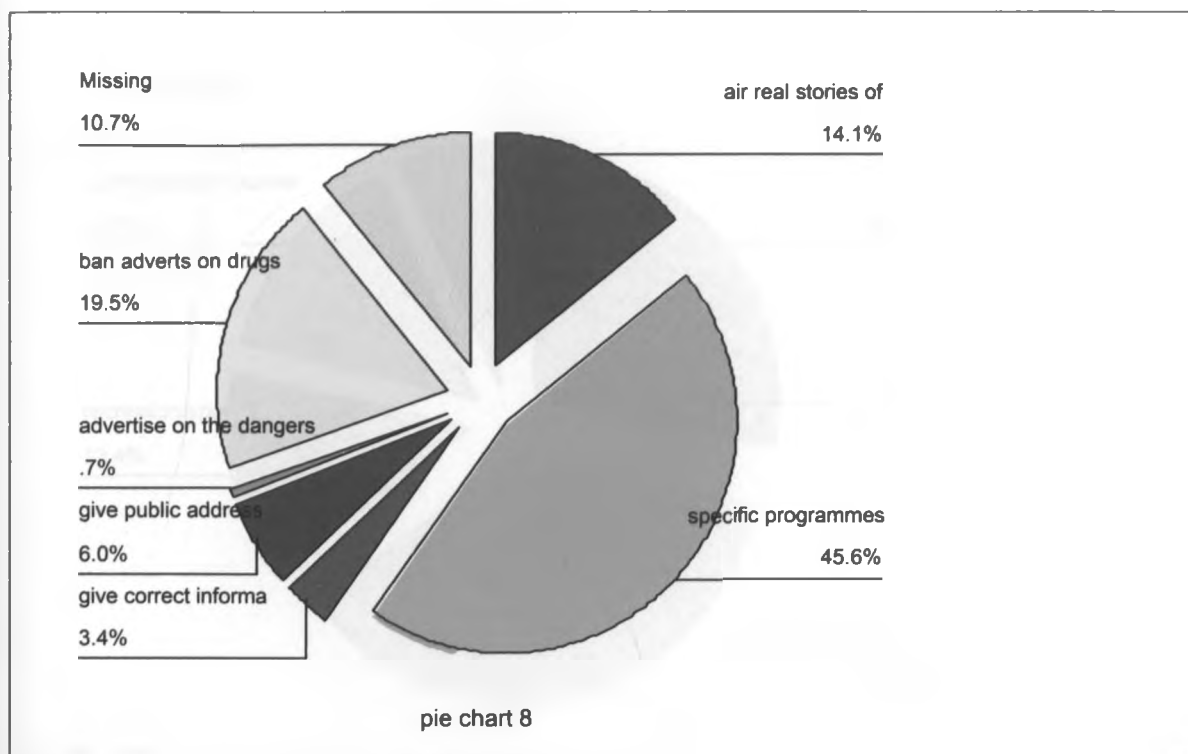
Institutions involved in teaching on drugs in the community



The chart above indicates the institutions within the community doing some drug related teaching. From the respondents 38.3% felt that religious institutions (churches and mosques) were on the frontline in educating their adherents. NGO/CBOs were also quite involved 20.1% as seen in pie chart 7 above. However, a majority 41.6% did not have any idea of which institutions were involved in this work within their community.

Pie chart 8

How the media can create awareness

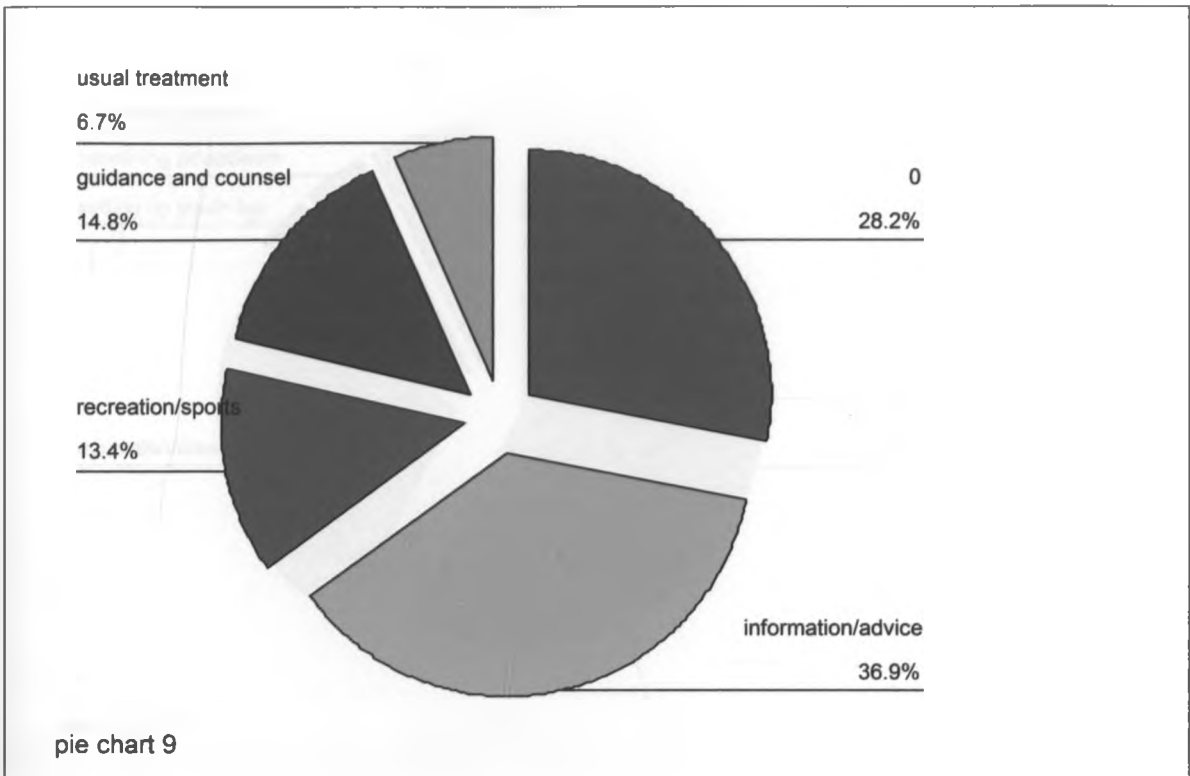


At least 45.6% of the respondents said the media should run specific educational programmes to create awareness. 19.5% feel that the media should ban advertisements on drugs. Another 14.1% think that the media can create awareness by airing real stories of drug addicts and ex-addicts. 6% believe that the media can create awareness through public addresses. A further 3.4% believe the media can only achieve this by giving the correct information on drugs. A paltry 0.7% believes that the media can create awareness by advertising on the dangers of drugs.

Of all the respondents 10.7% did not respond.

Pie chart 9

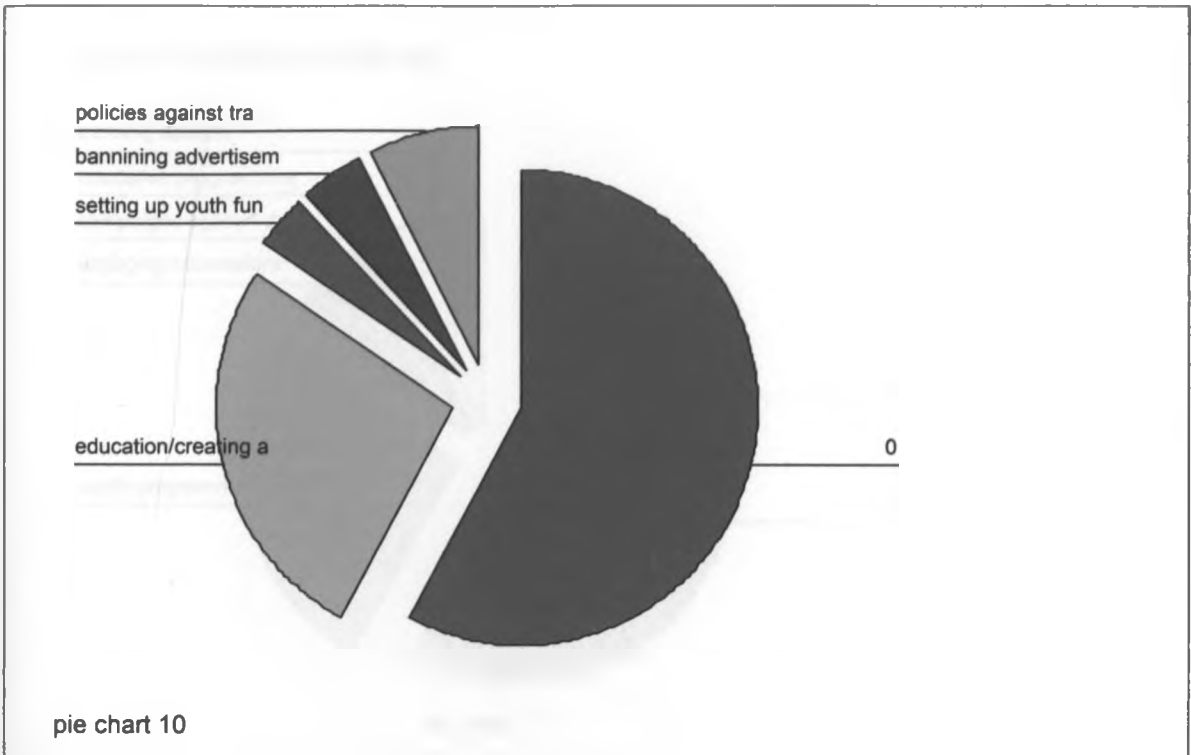
Activities that are run by hospitals in the community



The figure above shows the respondents' feelings towards local hospital initiatives and activities to assist the community on drug abuse. 36.9% think that hospitals engage more in providing information and advice. 14.8% said the hospitals provide guidance and counseling. A further 13.4% said the hospitals are involved in their core business of giving treatment to their patients.

Pie chart 10

What the government has done at the national level to combat drug abuse



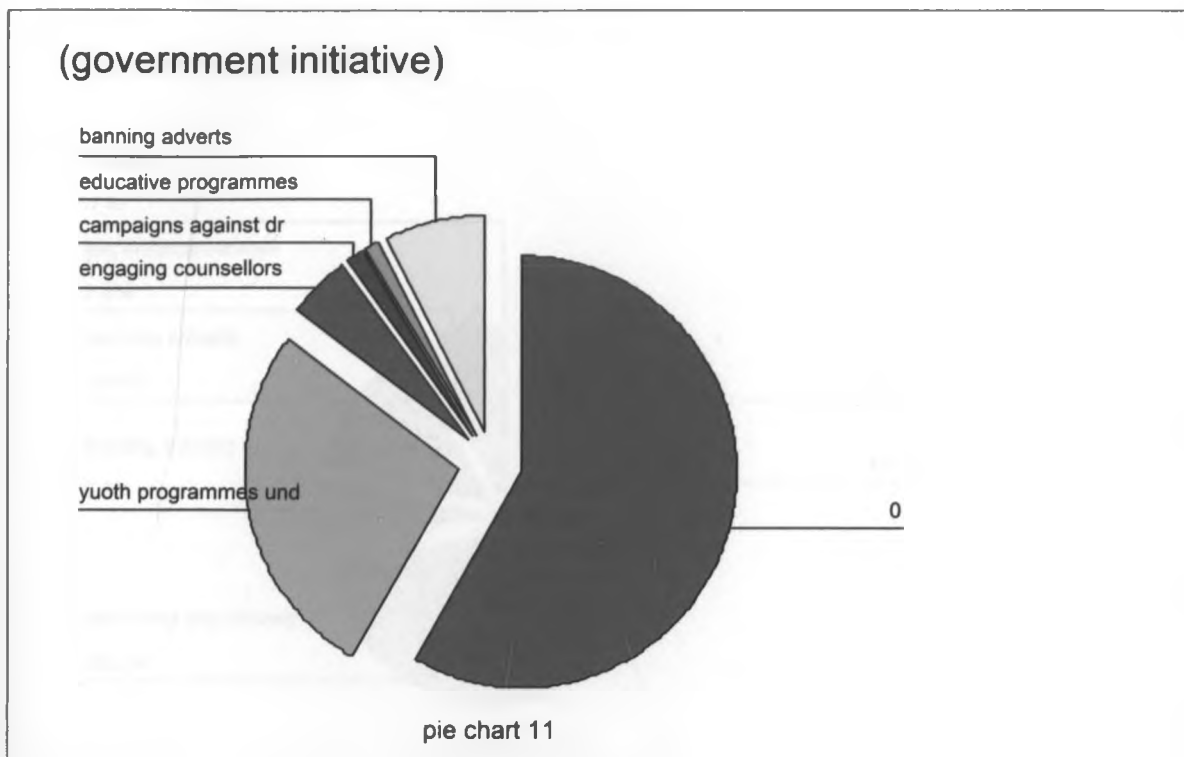
The above pie chart 10 above shows various government efforts at national level, which have already been implemented so as to curb drug abuse in the country.

The majority of the respondents were of the opinion that much has not been done by the government. However, others felt that there was education and awareness done by some government agencies at the national level.

Other respondents cited establishing of polices against drug trafficking has been helpful besides the banning of advertisements of some drugs.

Pie chart 11

What the government has done at provincial level to combat drug abuse

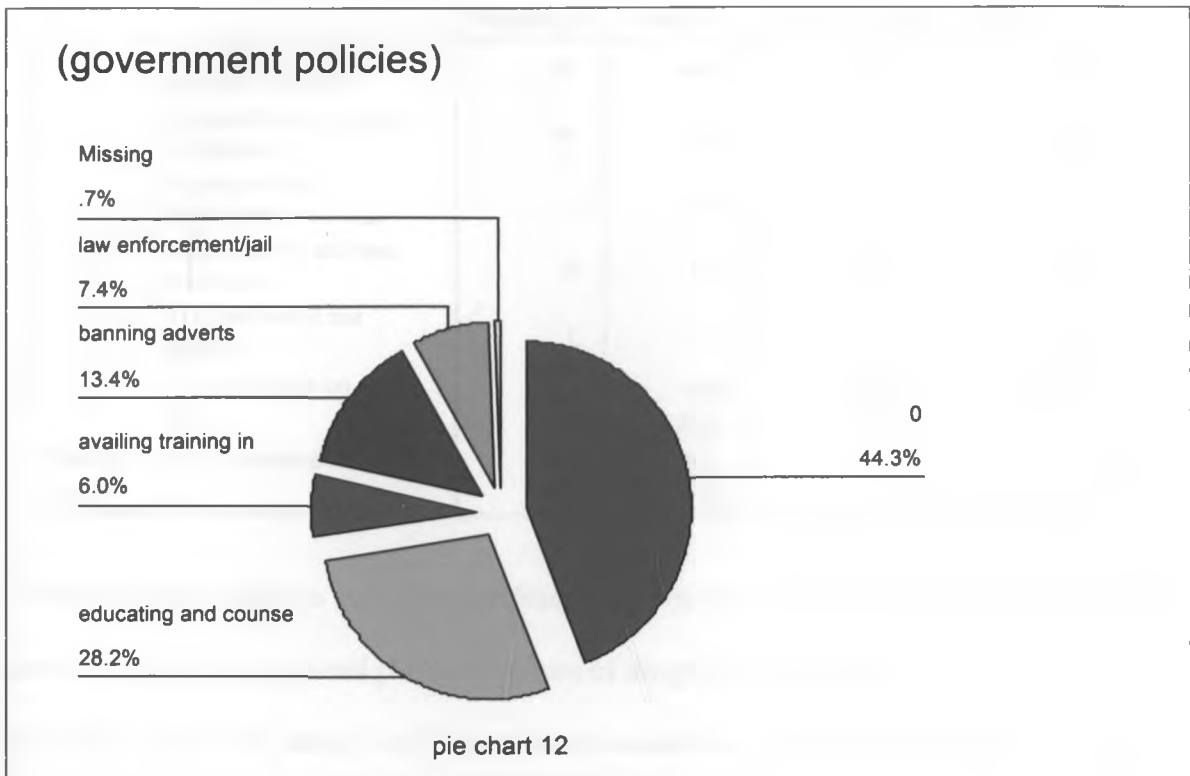


The pie chart 11 is a presentation of the government initiatives at the provincial level to curb drug abuse. The majority of the respondents were of the opinion that the government has performed minimally in its effort to fight drug abuse.

Some respondents felt that the government had come up with youth programmes recently at provincial level and this was helping to fight drug abuse.

Pie chart 12

What the government has done at the location level to combat drug abuse



The chart above illustrates the various efforts undertaken by the government at the location level to contain drug abuse. The majority of the respondents 44.3% felt that the government had not done much in their locations to fight drug abuse. However 28.2 % felt that the government had helped by educating and counseling the community about drugs through its agencies such as NACADA. The banning of adverts and also dealing with drug dealers by arresting and jailing them was also seen to help in combating drug abuse.

Table 4.25

Suggest on what the media should do to keep people aware about drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 air real stories of addicts/ex addicts	21	14.1	15.8	15.8
	2 specific programmes to educate	68	45.6	51.1	66.9
	3 give correct information on drugs	5	3.4	3.8	70.7
	4 give public address on drugs	9	6.0	6.8	77.4
	6 advertise on the dangers	1	.7	.8	78.2
	7 ban adverts on drugs	29	19.5	21.8	100.0
	Total	133	89.3	100.0	
Missing	0 no response	16	10.7		
Total		149	100.0		

The table above outlines varied suggestions given by the respondents on what the media can do to inform the general public on issues of drugs and drug abuse.

At least 15.8% felt airing real stories from ex-addicts would be beneficial to create awareness on drugs besides having specific programmes (51.1%)

Table 4.26

the government needs to assist in setting up rehabilitation centre

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 strongly agree	125	83.9	83.9	83.9
	2 agree	14	9.4	9.4	93.3
	3 disagree	10	6.7	6.7	100.0
	Total	149	100.0	100.0	

The table 4.26 above indicates the respondents' reactions on whether the government should commit itself to the setting up of rehabilitation centres. At least 83.9% of the

respondents strongly felt that the setting up of rehabilitation centres should be undertaken by the government.

Table 4.27 drug abusers need care more than serving jail sentences

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	48	32.2	32.2	32.2
2 agree	84	56.4	56.4	88.6
3 disagree	4	2.7	2.7	91.3
4 strongly disagree	13	8.7	8.7	100.0
Total	149	100.0	100.0	

The table above indicates the respondents' thoughts on whether addicts need more care as opposed to serving jail sentences. A cumulative 88.6% were of the opinion that drug abusers need care more than serving jail terms.

Table 4.28 Drunk drivers who cause accidents should be jailed

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	31	20.8	20.9	20.9
2 agree	70	47.0	47.3	68.2
3 disagree	27	18.1	18.2	86.5
4 strongly disagree	20	13.4	13.5	100.0
Total	148	99.3	100.0	
Missing 0	1	.7		
Total	149	100.0		

The table above outlines the participants' feelings on whether drunk drivers who cause accidents should be jailed. A cumulative percent (68.2%) felt that drunk driver who cause accidents should be jailed while only 13.5% disagreed.

Table 4.29 Peddlers need to be arrested and jailed

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	66	44.3	44.3	44.3
2 agree	46	30.9	30.9	75.2
3 disagree	2	1.3	1.3	76.5
4 strongly disagree	35	23.5	23.5	100.0
Total	149	100.0	100.0	

The table 4.29 shows the respondents reactions on whether drug peddlers should be arrested and jailed. At least 44.3% felt that drug peddlers need to serve jail sentences while only 23.5 strongly felt that should not be the case.

Table 4.30

Drug addicts need special clinics/hospitals for treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	43	28.9	28.9	28.9
2 agree	82	55.0	55.0	83.9
3 disagree	11	7.4	7.4	91.3
4 strongly disagree	13	8.7	8.7	100.0
Total	149	100.0	100.0	

The table indicates the participants' responses on whether drug addicts need special clinics and hospitals for their treatment. At least 83.9% felt that addicts need special clinics for their treatment while a paltry 8.7% strongly disagreed.

Table 4.31 Can parents & parent teams can help reduce drug abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 strongly agree	39	26.2	26.2	26.2
	2 agree	76	51.0	51.0	77.2
	3 disagree	27	18.1	18.1	95.3
	4 strongly disagree	7	4.7	4.7	100.0
	Total	149	100.0	100.0	

The table illustrates the respondents' responses on whether parents and parent teams can help to reduce drug abuse. The involvement of parents in fighting drug abuse was supported by a majority 77.2% of the youth while a mere 18.1% of youths felt that parents would do better by keeping off!

Table 4.32 Do drug abusers cause alot of strain on the economy? (money spent in health recovery)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 strongly agree	48	32.2	32.2	32.2
	2 agree	67	45.0	45.0	77.2
	4 strongly disagree	34	22.8	22.8	100.0
	Total	149	100.0	100.0	

The table above illustrates the respondents' divergent views on whether drug abusers cause a lot of strain to the national economy. A total 77.2% felt that the financial cost in terms of health implications among drug abusers was causing a lot of strain in the country's economy.

Table 4.33 Should drug advertisements on radio/television be banned

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	24	16.1	16.1	16.1
2 agree	33	22.1	22.1	38.3
3 disagree	10	6.7	6.7	45.0
4 strongly disagree	82	55.0	55.0	100.0
Total	149	100.0	100.0	

The table above gives the opinions of the respondents on whether drug advertisements through the media should be banned. At least 38.3% felt that drug adverts should be banned while 55% were of the opinion they need to remain.

Table 4.34 Radio and TV should teach on drug abuse (awareness & prevention)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	68	45.6	45.6	45.6
2 agree	73	49.0	49.0	94.6
3 disagree	7	4.7	4.7	99.3
4 strongly disagree	1	.7	.7	100.0
Total	149	100.0	100.0	

The above table shows the respondents' reactions on whether the media (radio and TV), should teach the public on drugs and drug abuse. A large segment of respondents 94.6% felt the media was a vital avenue in creating awareness and prevention of drug abuse.

Table 4.35 Peer groups can be used to teach others about drugs

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	103	69.1	69.1	69.1
2 agree	38	25.5	25.5	94.6
4 strongly disagree	7	4.7	4.7	99.3
0	1	.7	.7	100.0
Total	149	100.0	100.0	

The table above outlines the respondents' reactions on whether peer groups can play a role teaching others about drugs. The participation of peer groups in teaching on drug abuse was highly recommended (94.6%) while only 4.7% stood to disagree with this.

Table 4.36 Religious groups can be used to support addicts spiritually

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 strongly agree	59	39.6	40.1	40.1
2 agree	35	23.5	23.8	63.9
4 strongly disagree	53	35.6	36.1	100.0
Total	147	98.7	100.0	
Missing 0	2	1.3		
Total	149	100.0		

The table above shows the respondents perceptions on whether religious groups should engage in supporting addicts spiritually. 40.1% of the respondents felt that religious groups could help in supporting addicts either through counseling or prayer while 36.1% felt that this was not worth trying.

CHAPTER FIVE

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussion, conclusion and recommendations of the study.

It is divided into three parts, namely the summary, conclusion and recommendations.

The interpretation of the findings discussed earlier in chapter four is carried out in this chapter.

5.1 Summary

The purpose of this study was to find out the attitudes of the youth towards drug abuse and how this can influence community interventions.

Both primary and secondary data was utilized in the development of this study.

Semi-structured questionnaires were administered by the researcher to collect data and the responses helped to collate data.

Face to face (personal interviews) were used in the last stage to get the views of agencies working with the youth.

The data was analyzed by use of the statistical package software for social sciences (SPSS version 11).

Statistical treatment of data included descriptive analysis, use of frequency distribution tables, percentages, graphs, tables and charts were used to analyze the data.

5.1.1 The specific objectives of the study were:

- To find out the attitudes of youth towards drug abuse;
- To find out the attitudes of youth towards existing institutions in curbing drug abuse;
- To find out causes of drug abuse by the various age groups;

- To find out types of drugs abused in percentage by the target sample population
- To find out what the youths feel should be done to control/prevent drug abuse;
- To find out how the community can help in combating drug abuse;
- To find out the attitudes of the sample population towards the government efforts in combating drug abuse.

5.1.2 The findings of the study

The survey reveals that upcoming institutions in the community such as NGO/CBOs and vocational centres are helping in educating the community on drug abuse. At the same time the survey reveals that a high percent of youth feel that very little effort is made by the government to help in curbing the problem of drug abuse.

In this study we find that the community has within itself institutions that are committed in the fight against drug abuse. These are for instance educational institutions, religious bodies and also the media (audio and visual).

These have been able to help in educating and informing the people. However, there is need for more to be done by these institutions if they are to effectively reach the young and help to intervene in the problem of drug abuse.

Apparently many young persons are not involved in the formulation of policies that have to do with drug/substance abuse in their communities.

The survey reveals that the prevalence as well as the type of substance abuse differs with the gender of the youth: more males compared to females are more likely to have used alcohol and other drugs such as bhang and miraa. The gender dynamics relating to substance abuse perhaps call for further study.

The survey further points out that the place the youth live or the people they live with such as friends, family members and schoolmates may introduce them to drugs and this has a bearing on the continued use of various drugs.

It is interesting to note that the majority of youth would want to learn more on drug/substance abuse so as to help others as well as themselves.

5.1.3 Causes of substance use and abuse

The following social causes account for substance use and, substance abuse by the youth:

- Lack of well established institutions fighting drug abuse at the grassroots levels leading to spread of the problem
- Law-enforcement agents do not always curb illegal substance use; indeed, some police officers collaborate with drug peddlers
- Frustrations and boredom resulting from want of gainful employment leads some youth to substance use or abuse.
- There exists official ambivalence towards substance use in the country: alcohol and tobacco are a cause of ill-health, yet the two substances are a source of tax-income.
- The relatively easy availability of most substances has aggravated the problem of drug abuse in the country.

5.2 Conclusion

The survey demonstrates that substance abuse by the youth has continued to grow in leaps and bounds yet little is being done to prevent and control the problem. In light of this the government and other community based institutions need to come up with better strategies and interventions that can be used to prevent and control substance abuse.

The study also shows the willingness of many young people to see that the problem is controlled and thus they need to be involved at all stages in the

development of programmes targeted at reducing drug abuse. Their participation is essential for any programme so designed to succeed!

The government needs to coordinate and harmonize interventions that would prevent and reduce substance abuse in an endeavor to have an environment, which is free of substance abuse and which is a source of a healthy and productive citizenry.

In order to achieve this, there is need to disseminate accurate information based on research. The information gathered from the survey demonstrates the high prevalence of substance abuse among the youth, the lack of commitment by institutions to take on this challenge and general apathy in the community towards this problem.

5.3 Recommendations

This survey indicates the need of the community to intervene in the fight against drug abuse before it becomes a national crisis. In pursuit to this end, the survey makes the following key recommendations:

- This study underscores the need for the community to involve itself in initiating programmes to counsel and educate the young people about substance abuse. It is necessary that the youth being a product of the community are given life skills that will guide them as they grow up. As such there is need to introduce programmes for counseling and rehabilitating the youth relative to substance abuse.
- From the survey, several NGO/CBOs, learning institutions and religious groups are involved in the prevention and control of substance abuse. Unfortunately, they are seen to work as separate entities and their programmes are run solely within their centres. However, it is increasingly evident that networking among similar organized groups is one way to achieve better result. Thus, it is recommended that

these institutions within the community need to come together, share ideas and collaborate so as to gain more ground in the fight against drug abuse.

- The sentiments expressed by the youth is that the existing rehabilitation centres. are quite few in number and are located in distant areas and therefore the impact of these centres is hardly felt. It is recommended that more rehabilitation centres should be built in close proximity with the community and the presence of these centres needs to be felt by the community.
- From the data it is evident that substance abuse has permeated all strata of the Kenyan society and therefore it is necessary to develop up to-date information on types and magnitude of substances abused in the country.
- From the study it is evident that the media (both print and audio-visual) can be used as a tool to sensitize the public on drug abuse and to create awareness. Thus it recommended that this being a reliable means of transmitting information to a large number of persons the media needs to commit itself more to the cause of fighting drug abuse as part of its social responsibility towards the community.
- The youth being a part of the community and major stakeholders in the war on drugs need to participate in this programmes that are implemented. As such it is recommended that they should be involved, trained and have their skills developed in programmes aimed at prevention and control drug abuse.
- In this study is seen that the family and relatives may also contribute in inducting the young to drugs. As such it is important to know the numbers of youth who may be “at risk” and try to seek ways of intervening beforehand. As such it is recommended that there is a need to carry out a survey based on households to capture the magnitude of substance use/abuse by members of the households.

- It was also observed that some families would not accept substance abuse as a real problem when faced with it and lived in denial. As such they could be hostile to the one abusing the drugs and this would lead to alienation and even break up of homes. The study recommends that the family needs to be educated on how to deal with substance abuse and should be involved at all stages in the prevention and control of substance abuse.

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Please indicate N/A for Not applicable questions in this section

2. Who introduced you to the drug/drugs?

Friend Relative Schoolmate Individual try

Other: _____

3. What do you feel could have made you to try out the drug?

Curiosity/experiment peer pressure Advertisements

Other: _____

4. Did you stop after your first try or did you start taking other drugs too?

Briefly explain _____

5. Do you want to stop using any of these drugs?

Yes No

Why? _____

6. If your friend/relative was addicted to a drug would you like him to stop?

Yes No

Explain why: _____

7. What causes people abuse drugs in your community? (2 reasons)

A _____

B _____

8. How can parents help children who take drugs?

By-talking about it Beating & chasing them

Taking them to counselor Having them arrested

Suggest other ways _____

9. Do you feel that advertisement on TV and radio portrays the right image about drugs?

Yes

NO

Briefly explain _____

10. Would you like to learn more about drug abuse prevention and control?

Explain: _____

Attitude towards drugs

Tick one column next to each item

Item	Strongly agree	agree	disagree	Strongly disagree
It is good to try drugs				
Drugs make people happy				
Drugs can make you clever				
Drugs should not be sold to children (under 16)				
Lack of money to buy can lead to stealing				
Drugs can lead to mental instability/ madness				
Drugs can break homes				
Drugs can give you peace				
Use of drugs weakens the immune system of the body				
It is difficult to stop once you are addicted				
Something should be done to help the addicts				
Family of addicts suffers a lot (emotionally & economically)				
Drug abuse exposes one to risky sexual behaviour & HIV/AIDS				

PART C

What educational institutions are in your location and how many in number?

Institution	Numbers of Institutions
Primary school	
Secondary school	
College	
Vocational centre	

Do any of the above educational centres have programmes on drug education in their teaching?

Yes

No

If Yes, name the institution _____

Name some of the programme/ programmes they have?

Which health facilities are found in your location and how many in number?

Health facility	Numbers of health facility
Health clinic	
Dispensary	
Hospital	
Drug rehabilitation Centre	
Special clinic if any? dental or other.	

Does any of the health facilities inform the community about drugs by teaching or warning about dangers of drug abuse?

Yes

No

If yes, please name them: (name of hospital)

What kind of activity/activities do they have ?

Are you aware of any other institutions in your community which teach people about drugs? (e.g church, mosques or NGOs) ?

Give examples: _____

Media

Are you able to get any drug information through the following means?

Tick appropriately

media	Very often	often	Sometimes	rarely
Television				
Radio stations				
Films/ cinema				
Public addresses				

Does any of the above media air programmes on drug abuse prevention or teach on dangers of misusing drugs?

Yes No

If yes, which ones? _____

Do you have any suggestion on what the media should do to keep people aware about drugs? _____

PART D

Attitudes towards the institutions/groups

Tick one column next to each item

Item	Strongly agree	Agree	Disagree	Strongly disagree
Hospitals should support those misusing/abusing drugs				
Schools should teach about drugs to children				
NGOs and CBOs need to help the drug abusers				
Government has failed in controlling drug abuse				
Government needs to assist in setting up rehabilitation centre				

Item	Strongly agree	Agree	Disagree	Strongly disagree
Drug abusers need care more than serving jail sentences				
Drunk drivers who cause accidents should be jailed				
Those selling drugs need to be arrested and jailed				
Drug addicts need special clinics/hospitals				
Parents & parent teams can help reduce drug abuse				
Drug abusers cause a lot of strain on the economy(money for their health recovery)				
Drug advertisements on radio/TV should be banned				
Radio and TV should teach on drug abuse(awareness, prevention)				
Youth/peer groups can be used to teach others about drugs				
Religious groups can be used to support addicts spiritually				

Are you aware of any action taken by the government to fight drug abuse?
Give examples of projects or activities to control drug abuse.

[A] At national level _____

[B] At regional level /provincial _____

[C] Within your location _____

APPENDIX II: Interview schedule number _____

Face to face interview with agency/CBO

1. Please name some of the challenges that face the youth who want to say NO to drugs. _____

2. What are some of the challenges that are encountered by youth who want to overcome their addictions? _____

3. How are the youths responding to your efforts to support and prevent/control their drug problems? _____

4. Do the youths feel responsible for their behaviour which may lead to abuse of drugs? _____

5. Do you feel the youth are ready and willing to come out and support the community in fighting drug abuse ? _____

6. What role is the government playing in fighting drug addiction in any of the following:
Preventive _____

control _____

treatment _____

punishment/law enforcement _____

7. How can the government be more effective in any of its roles?

8. What role is the community playing in the fight against drug abuse?

9. How should the family be involved in this fight against drug abuse?

10. How do you feel about the economic cost associated with supporting and rehabilitating drug addicts? Is it worth the cost and effort?

11. What other initiatives do you feel would be worthy to be used in the fight against drug abuse? At national level and at community level.

12. As an agency/CBO briefly explain some of your objectives/goals as you fight the war on drugs?
