

**INFLUENCE OF GOVERNMENT STRATEGIES IN
CONTROL OF DRUGS AND SUBSTANCE ABUSE AMONG
YOUTHS IN KIKUYU SUB-COUNTY, KENYA**

**By
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DECLARATION

This research project report is my original work and has not been presented for any award in any other university

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

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DEDICATION

This research project report is dedicated to my wife Mercy Karimi Kithaura and my daughter Sandra Kendi Kithaura for their unwinding support through the years. Thank you and God bless you abundantly.

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ACRONYMS AND ABBREVIATIONS

ADCA	Alcoholic Drinks Control Act
APC	American Psychological Association
CBS	Central Bureau of Statistics
CDF	Constituency Development Fund
DSA	Drugs and Substance Abuse
DSU	Drugs and Substance Use
EADIS	Eastern Africa Drug Information System
GAP	Global Assessment Programme
IEBC	Independent Electoral and Boundaries Commission
INCBR	International Narcotics Control Board Report
KCADCA	Kiambu County Alcoholic Drinks Control Act
NACADA	National Campaign against Drug Abuse
NGO	Non-Governmental Organization
TCA	Tobacco Control Act
UNDCP	United Nations Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
W.H.O	World Health Organization
WDR	World Drugs Report
NDPSCA	Narcotic Drugs and Psychotropic Substances Control Act
ONDCP	Office of National Drug Control Policy

ABSTRACT

No county is immune to the consequences of drugs and substance abuse and trafficking. Their social ills which include unemployment, poverty and crime are devastating many families and communities. Empirical data has shown that drug abuse is a major problem conforming Kenya today especially among the youth. In Nairobi alone, it is estimated that 50% of the students have in the past taken drugs. Additionally, it has been alleged that children as young as 10 years are abusing alcohol. Though the government has put in place measures to reduce drugs abuse, there is evidence that the problem is far from over. This study therefore sought to establish the influence of government strategies in control of drugs and substance abuse in Kikuyu Sub County. The objectives of the study were to establish how economic empowerment and establishment of recreation facilities, information and education, legislation and enforcement of laws and treatment and rehabilitation as government strategies influence control of drugs and substances abuse. A descriptive survey study was designed to collect quantitative and qualitative data to help answer the research objectives. The study targeted a total of 3563 respondents comprising of youths from 227 youth groups registered under the Ministry of Labour, Social Security and Services as well as national government officers. Data was collected using questionnaires for youths and interviews for national government officers. Qualitative data obtained was analyzed using content analysis while quantitative data was edited, coded and entered into SPSS version 20 computer software. Specifically, descriptive statistics in the form of frequencies, percentages, mean and standard deviation were used to show various relevant distributions. On ethical issues participants were allowed to choose whether or not to participate in the research and the researcher assured them that the information gathered was confidential and for academic purposes only. Operationalization of the variables was explained and details covering indicators, measurement scale, types of data analysis and tools of data analysis presented in table 3.1. Data was analysed, presented and interpreted. Questionnaire return rate was 95.6% out of a sample of 360. Demographic characteristics of the youths were age, gender, education, employment and monthly income. 71.1% of the respondents were males and 28.9% females. Data on each of the four strategies was presented and interpreted. 94.5% of the respondents were youths and 1.1% National government officers. The study found that economic empowerment and establishment of recreation facilities, legislation and enforcement of laws, treatment and rehabilitation influence control of drugs and substance abuse positively, while the influence of information and education was negative. Youths' age and level of education has no influence on their tendency to use drugs and substances but gender, employment status and income have significant influence. The study recommends adoption of strategies to encourage youths to utilize recreation facilities and access economic empowerment programmes. It also recommends initiation of training programmes on drugs and substances targeting the youths, sensitization of youths on all drugs and establishment of a rehabilitation centre in Kikuyu Sub-County. Suggested areas for further research are; strategies to control drugs and substance abuse by non state actors, capacity of legislations to deter drugs trafficking, influence of government taxation policies on control of abuse of licit drugs and substances and a similar study in an urban area. APA System has been used for references. Appendixes cover, letter of transmittal, research authorization letter, permit, questionnaire, interview guide, budget and time frame.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Excessive indulgence in drugs and crime are interlinked. Drug abusers go to extreme lengths to obtain enough drugs to satisfy their habit. Approximately 50% of all the people arrested in the streets of metropolitan areas of major industrial nations in the world had one or more drugs in their systems (WHO, 2005). Majority of illicit drugs are consumed in industrialized nations but drug addiction affects all nations according to the findings of UNDCP, (1997) report. It crosses national, ethnic, religious, class and gender lines. The report further states that drug addictions creates a myriad of problems for nations which include increased crime and violence, unemployment, deterioration of social fabric and spread of drug related diseases such as AIDS and hepatitis. It is a major international problem. “No country however remote, however robust its democracy is immune to the adverse consequences of drug abuse and trafficking” (UNIDCP, 1997)

According to UNODC, (2005) report cases of risks related to drug and substance abuse have increased the risks' situations which include many negative physiological health effects, ranging from minor issues like digestion problems or respiratory infections, to potentially fatal diseases, like AIDS and Hepatitis C. The effects depend on the drug and on the amount, method and frequency of use. Some drugs are very addictive, like heroin, while others are less addictive. Findings by (UNODC, 2008) indicated that substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These social ills are devastating many families and communities. Drug pushers are forcing young people into taking substances so that once they are hooked; they can manipulate their friends into taking substances (UNODC, 2008).

A report released by the United Nations office on drugs and crime estimated that in 2012 between 162 million and 324 million people corresponding to between 3.5% and 7.0% of the world population had used an illicit drug. An estimated 183,000 drug related deaths of the population aged between 15-64 years were reported in 2012 (UNODC,

2012). Report of INCB (2013) ranks drug abuse nineteenth risk factor out of 43 global killers. The global market for illicit drugs is estimated at 320 billion US dollars. This is larger than individual Gross domestic products of nearly 90% of countries of the world (WDR, 2005).

Every country in the world, developed or developing, incurs substantial costs as a result of damages caused by substance abuse (World Drug Report, 2013). According to World Health Organization (WHO), 2014 report, 36 percent and 8 percent of males and females respectively aged 15 years and above used tobacco products in the year 2011 (WHO, 2014). While smoking rates have been declining in the developed world, they have increased in the developing countries, especially in Asia and in the Pacific region, over the last decade. Addiction to tobacco is therefore a major problem in the developing countries. According to the report prevalence of current tobacco smoking is an important predictor of the future burden of tobacco related deceases.

Despite eradication efforts in countries in Africa, the region still remains a major supplier of some drugs such as cannabis, which is one of the most widely abused drugs. Since the early nineteen eighties, Africa has been experiencing an escalating problem with drug abuse and trafficking.

Africa's role in the global drugs supply chain is increasing. Already the continent is the second largest region for cannabis production, trafficking and consumption, accounting for 26 percent of global seizures of this drug in 2009 (WDR, 2011). Reports by the government of Mauritius indicate that illicit drugs trafficking patterns have diversified from the South Asian axis and an increasing number of seizures have been reported in Nairobi and Johannesburg routes (Abdool, et al 2006). According to INCB (2013) report, increase in seizures of heroine in East Africa since 2009 makes the sub region possibly the largest in Africa for heroine trafficked to European markets. It is estimated that the local market in East Africa consumes 2.5 tonnes of heroine per year valued at \$ 160 million (INCB, 2013). Kenya carried out five interceptions of total of 21 kilograms of cocaine in 2011 (INCB, 2013).

Alcohol consumption is one of the greatest challenges in Kenya today. National statistics show that 13.6% of the people aged 15-65 years are current consumers of alcohol and 5.5% dependent on alcohol (NACADA, Nation Survey, 2012). The situation has occurred despite enactment of alcoholic drinks control act 2010 and campaigns against the same.

One of the strategies used by Kenyan government to control drug and substance abuse among the youth is economic empowerment and establishment of recreation facilities. The macro-environment within which young people live plays a vital role in their lives and yet at the same time is one of the areas that are mostly beyond their control. Kenya GPD grew at 4.7% in 2013 (Economic survey, 2014). This rate is not enough to absorb the youth entering job market.

According to the 2009 Kenya population and housing census the total population of the country was 38,610,097 and the youth account for over 30% of the population (CBS, 2009). A large number of youth work in the informal economy where they earn lower wages and are often subjected to poor or even exploitive working conditions resulting in high youth unemployment rates. Many young people entering the labor market seek employment in the formal sector of the economy, but opportunities in this sector are limited. While some young people have chosen to go into business in the informal sector, many are limited by lack of financing. Other young people have been driven to crime to support themselves while others have gone into drugs and substance abuse and the resulting increase in idleness, insecurity and violence has had an impact in the society. Resources are unevenly distributed in Kenya with some areas getting little support for development. This means that young people from these underdeveloped regions face more risk than others in the more economically developed regions. In addition, differences between rural and urban wages and development have led to mass rural-to-urban migration, which has created a large labor force in urban areas that cannot be readily absorbed into the labor market (Ministry of Labor and Human Resource Development and UNDP, 2004). The government policy is to allocate 30% of the government tenders to the youth.

A second strategy used by the government is information and education. Early approaches to substance education provided information about alcohol, tobacco, and

drugs, based on the assumption that youth and adults behave in a rational manner and given new information, will alter their behavior accordingly. Though an information only approach is not sufficient to affect drug use, providing facts is a necessary component of any drug education curriculum. The problem of anti social behavior is for the whole community and should not be left to a few institutions like schools, churches, police, courts and professionals like psychologists, psychiatrist and social workers. It should be recognized as their own problem by every individual in the community even if their own children are not involved. The Kenya government has recognized the seriousness of the drug problem and initiated the National Campaign against Drug Abuse (NACADA) in early 2001. This organization is charged with the responsibility of coordinating activities of individuals and organizations in the campaign against drug abuse. One of its mandates is to initiate public education campaign and develop an action plan aimed at curbing drug abuse by the youth. Sensitization of public has been done by NACADA through workshops and national administration through public Barazas.

A third strategy is legislation and enforcement of laws. Kenya, like many other developing countries, has not been spared the problem of drug abuse. If anything, the problem is worsened by the fact that the country is used as a conduit or transit point for hard drugs destined to other parts of the world. As such, some of the drugs filter into the local market. In an analysis of one hundred and twenty cases in the period between June 2006-October 2012 in which heroine was seized from air passengers on itineraries involving Europe, Turkey was ranked first, Pakistan second and Kenya third (UNODC, 2014). In the face of this challenge, a broad spectrum of the world community has demonstrated intense concern about the problem. It is in the best interests of every nation, including Kenya, to take a firm stand in combating all aspects of drug abuse. In an attempt to fight drug abuse in Kenya, there has been a campaign to ban smoking in public places (which has been very effective). For example, in many public offices, “No Smoking” signs are prominently displayed.

From an article by Steve Mbogo in the Business Daily dated July 8 2008, titled, ‘Tough times for smokers as ban comes into force’. The writer says that, “Smokers will from today be buying cigarettes in packet, as tobacco companies comply with a new law meant

to protect the public from exposure to cigarettes smoke. The law will end what has been a culture of buying cigarettes in sticks except in up market outlets and supermarkets instead of packets or boxes. The tobacco Control Act of 2007, which came into effect on October 2007, provided for a nine month implementation period which ended yesterday”. This article has cited the implementation of the Tobacco Control Act of 2007 which clearly indicates that Kenyan government has put down measures to curb the abuse of drugs and substances in the country.

In 2010, the Alcoholic Drinks Control Act also known as the “Mututho law” was introduced in Kenya, prohibiting the sale of alcohol by stores or retailers stores before 5pm. The law seeks to regulate every aspect of the alcohol business in Kenya and bring about a great shift on how players in the alcohol industry will conduct business. It is an Act of Parliament that provides for the regulation of the production, sale and consumption of alcoholic drinks, and repeals the Chang’aa Prohibition Act and the Liquor Licensing Act. The object and purpose of this Act is to provide for the control of the production, sale, and use of alcoholic drinks. The Alcoholic Drinks Control Act also reigns in on the high end alcohol market by regulating their advertising, promotion and sale of alcohol. Consequently fancy adverts that glamorize alcoholic drinks, link liquor to social success and therapeutic value are now illegal. This has also brought to an end the multi-million shilling promotions run by the giant brewers with the Act being credited with a drop in alcohol-related deaths in Kenya by 90% (NACADA, 2010).

A fourth strategy used by the government is treatment and rehabilitation of addicts. There are no one-size-fits-all solutions and prevention planners cannot expect to rely on a single prevention programme. Herbert et al (1995) argue that more resources and energy should be devoted to prevention and treatment and each citizen and institution should take responsibility to combat drug abuse and addiction in America. Many countries (Kenya included) ultimate goal should be to reduce the burden and especially the health burden of drug abuse and addiction and their many related adverse consequences to individuals and to society at large. By advancing the science of addiction, the government can change people’s perceptions and replace stigma and shame with a new understanding

of addiction as a treatable disease much like any other medical disease and one which demands a broad but focused, intense and sustained public health solution.

Scientific research since the Mid-1970s shows that treatment can help people change destructive behaviors avoid relapse and successfully remove themselves from a life of substance abuse and addiction. As a chronic recurring illness addiction may require, repeated episodes of treatment before sustained abstinence is achieved.(N.I.D.A, 2010). In general, treatment outcomes are improved when appropriate treatments are also provided for significant life problems (communications problems, lack of assertiveness and unemployment). There is good evidence that substance abuse treatment results in economic benefits for society as a whole, or at least for some sectors. Several studies indicate that the economic benefits resulting from some types of treatment exceed treatment costs. In light of this historical information, the government of Kenya also has come up with modalities in which to address control of drugs and substance abuse among the youth across the country through treatment and rehabilitation.

Kikuyu Sub County is a cosmopolitan district in Kiambu County. It lies within the Nairobi metropolis and Kikuyu town is approximately 25 km from the city centre. The Sub County has three divisions, seven locations and 14 sub locations (Kikuyu Constituency strategic plan 2009 – 2013). The Sub County has a large network of roads. The southern by pass which is currently under construction cuts right across Kikuyu town and is foreseen to boost the trading activities once completed. The Sub County is also privileged to have a railway line (with an active station) connecting it to the city and the western region. According to 2009 national census, the sub county had a total population of 149697(CBS2009).

The main economic activity of Kikuyu Sub-county is agriculture and trade. The sub county is a main supplier of horticultural produce like vegetables to the city. Others have invested in rental houses while a lot others engage in small scale farming. Kikuyu police station has reported cases of Bhang, illicit alcohol and alcoholism, (Kikuyu police station records, 2014).

1.2 Statement of the Problem

Drug abuse is one of the top problems confronting the nation today especially among the youth. Incidences of drug and substance abuse and related anti-social behavior have tremendously increased in recent years. This has become a matter of concern to the government, parents, teachers, Non-governmental organizations (NGOs) and all other relevant agencies. It is more prevalent than society suspect. Parents do not recognize the extent of drug use and as a result, some young people think they can use drugs with impunity. Drug abuse is not confined to young people in certain geographical areas or from particular social-economic backgrounds. It affects the nation as a whole-both urban and rural areas. The problem cuts across class. It is not only in slums or low income areas where people are poor and unhappy but also with families living under better conditions (rich and calmer) where children are better controlled.

According to National Campaign against Drug Abuse Authority (NACADA, 2010), there is a strong link between alcohol/drug abuse by young people and the breakdown in family values. The fact that children as young as 10 years are abusing alcohol (NACADA, 2010) spells danger not only to themselves and their families but also to the well-being of the nation because children represent the future. The family and society as a whole have the obligation to ensure that children grow up in an environment that promotes moral values and a more disciplined way of life. Lack of a proper value system in the society is likely to lead to drug abuse, which in turn would ruin the family life even further.

A few years ago the most commonly abused drugs among students were tobacco, alcohol, bhang and Miraa but today opium, cocaine and heroin have added to the list. Use of sleeping pills, tranquiller, cough mixture, inhalants such as glue and petrol is now rampant especially among the street youngsters. In Nairobi alone 50% of students have in the past taken drugs (NACADA, 2010). Drugs abused are available next to every family's door. They are available everywhere and anytime, in kiosks, bars, social gatherings and over the counter. They are available in every street corner, sold by the street people and other specialized gangs. The drug industry is very lucrative and is run by ruthless cartels who rake millions of shillings from the business annually. It is a complex syndicate. Drug abuse is responsible for lost wages, destruction of property in

schools, soaring health care costs and broken families. It is a problem which affects every sector of the society, and hampers the ability of both young people and adults to reach their full potential. Reducing drug abuse has been a priority of the Kenyan government at national and local level for many years. However, there is evidence that the problem is far from over. This study sought to establish the influence of government strategies adopted in the control of drugs and substance abuse among the youths within Kikuyu Sub-County, Kenya.

1.3 Purpose of the Study

The purpose of this study was to establish the influence of government strategies in control of drugs and substance abuse among youths in Kikuyu Sub-County.

1.4 Objectives of the Study

The study was guided by the following objectives;

1. To establish how economic empowerment and establishment of recreation facilities as government strategies influence control of drugs and substance abuse among the youth in Kikuyu sub-county.
2. To determine how information and education as government strategies influence control of drugs and substance abuse among the youth in Kikuyu sub-county.
3. To assess how legislation and enforcement of laws as government strategies influence control of drugs and substance abuse among the youth in Kikuyu Sub-County.
4. To examine how treatment and rehabilitation programmes as government strategies influence control of drugs and substances abuse among the youths in Kikuyu Sub-County.

1.5 Research Questions

The study sought to answer the following research questions;

1. How does economic empowerment and establishment of recreation facilities as government strategies influence control of drugs and substance abuse in Kikuyu Sub County?
2. What is the influence of information and education as government strategies in control of drugs and substance abuse among the youth in Kikuyu Sub County?
3. How does legislation and enforcement of law as government strategies influence control of drugs and substance abuse among the youth in Kikuyu Sub-County?
4. What is the influence of treatment and rehabilitation as government strategies in control of drugs and substance abuse among the youth in Kikuyu Sub-County?

1.6 Significance of the Study

The study finding can help the County government of Kiambu to better understand the effectiveness of strategies being used by the government in control of drugs and substance abuse among the youth. This may enable the government to decide whether to continue, discontinue or change the strategies. Secondly the findings may be found useful as a contribution to general body of knowledge by scholars in this area. It may enable appropriate employment of resources by the government in control of drugs and substance abuse among the youth. Based on the findings and recommendations, administrators and policy makers may find them useful in improving the current strategies and developing new ones that are more efficient.

1.7 Assumptions of the Study

The study assumed that government strategies on drugs and substance abuse were being implemented in Kikuyu Sub County. It presupposed existence of drugs and substance abuse in the sub county and the researcher got support from all respondents.

1.8 Limitations of the study

This study focused on the youth in organized groups and registered by the Ministry of Labour, Social Security and Services and those arrested due to drugs and substances use as per Kikuyu Police station records. There were unexpected negative responses from the community due to the fact that some respondents were unwilling to give out correct information due to fear and suspicion. However, the researcher assured the respondents of the confidentiality of their responses and that the research was for academic purposes and would not be used by law enforcement officers to arrest and prosecute the respondents.

1.9 Delimitation of the Study

The study covered only youth between 18 and 35 years, registered with the Ministry of Labour, Social Security and Services and those arrested due to drugs and substances abuse. Though there are many strategies, the study focused on only four strategies employed by the government in control of drugs and substance abuse in Kikuyu Sub County. The confinement in Kikuyu Sub County was due to reported cases of drugs and substances abuse in Kikuyu police station, for instance in the year 2014, 2000 cases of alcoholism, 87 cases of Bhang and 20 cases of illicit brews including Chang'aa were reported. Focus on the registered youth groups, enabled the researcher to interview youth who have access to Uwezo fund, youth fund and women enterprise fund as loans from the government.

1.10 Definition of Key Terms used in the study

For the purpose of this study, the following key terms are used;

Economic empowerment and establishment of recreation facilities: This refers to government interventions aimed at reducing poverty among the youth by increasing their incomes and providing opportunities to realize their talents in sports, games and art hence promoting their participation in community development.

Information and education: This refers to transfer of knowledge on drugs and substances by the government to the youth with the aim of imparting skills and changing their attitudes, habits, values and beliefs for control of drugs and substance abuse.

Legislation and enforcement of laws: This refers to international conventions domesticated by government of Kenya through enactment of acts of parliament and other national and county government's laws on drugs and substances and mechanism by which they are implemented for effective control of drugs and substances abuse.

Treatment and rehabilitation: This refers to interventions by government medical professionals, psychologists and counselors aimed at assisting drugs and substances abusers to recover from impacts and effects of abuses and supporting them towards re integration in the society.

Drugs and substance abuse among the youth: This refers to habitual use of chemicals used in the treatment, cure, prevention or diagnosis of diseases by people aged between 18 and 35 years to enhance the physical or mental well being for non therapeutical purposes and chemicals with no known medical benefits solely to alter ones mood, effect state of consciousness or to affect the body and function unnecessarily thereby harming the user.

Control of drugs and substances abuse: This refers to government plans to regulate unnecessary and harmful use of chemicals used in treatment, cure prevention or diagnosis of diseases for physical or mental well-being and also chemicals used for recreation purposes.

1.11 Organization of the Study

The study is organized into five chapters. Chapter one outlines background on drug and substance abuse globally, in Africa, East Africa and Kenya. It covers problem statement, purpose of the study, research questions, objectives, significance of study, assumptions of the study, limitations and delimitations of the study and definitions of key terms. Chapter two highlights literature on economic empowerment and establishment of recreation facilities, information and education, legislation and enforcement of law and treatment

and rehabilitation in relation to control of drugs and substance abuse. It covers theories of DSA related to independent variables, conceptual framework, gaps in literature reviewed and a summary of literature review. Chapter three highlights sample size, sampling procedure, research instruments, data collection procedures, data analysis techniques, ethical considerations and operationalisation of variables which is summarized in a table. Chapter four covers introduction, questionnaires return rate and demographic characteristics of respondents. It also covers data presentation on the four objectives. Chapter five consists of summary of findings, discussions, conclusions, and recommendations. It also covers suggestions for further studies, contribution to body of knowledge, references and appendices.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a review of literature related to the topic. It covers the concept of drugs and substance abuse in Kenya including drugs and substances used and their effects. It also covers literature on government economic empowerment and establishment of recreation facilities, information and education, legislation and enforcement of law, treatment and rehabilitation programmes as drugs and substances control strategies. Literature on theories of drugs and substances abuse specifically linked to the strategies of control, are discussed under the theoretical framework. The relationship between dependent and independent variables and role of the moderating variable, including indicators of various variables is clearly explained under the conceptual framework. Literature is summarized at the end of the chapter.

2.2 Control of drugs and substance abuse among the youth

According to estimates by UNODC Afghanistan and Myanmar account for more than 90% of global production of opium while Bolivia, Columbia and Peru account for entirety of commercial Coca production (UNODC, 2008). Drug seizures are an indicator of countries involved in trafficking. Seizures can also be driven by production, local production and transshipment. Nations that experience large seizures but are neither producers nor major consumers are likely to be involved in trafficking to other countries (Philip K and Norman L, 2010). Estimated seizures of cocaine in 2006 was 413 tons and 139 tons of heroine (UNODC, 2008)

Three types of programmes have been used to reduce source county drug production; eradication, alternative crop development and in county enforcement against refiners. Trafficking and smuggling programmes are also used as a mechanism of control. Most large seizure of drugs are made through interdictions (Philip K and Norman L, 2010).

On treatment and rehabilitation, the prospect for people to change and stop taking substances vary according to their lifestyle and opportunities but there are techniques that can be employed to encourage and promote change (Anthony G;2009).

Gosop (2000) gives an example of Vietnam War where cannabis was estimated to be used by more than three quarters of the troops and 20% had serious addiction to opiates. When they returned to America they ceased their addiction and only 7% continued to use opiates. Less than 1% considered that they were addicted to drugs after their return.

In 1985 United Kingdom Government published “tackling drug misuse”, a summary of the Government strategy. According to Bennet and Halloway (2005) this marked the end of medicalization and prominence given to doctors: instead misuse would be tackled by; reducing supplies from abroad, making enforcement more effective, and maintaining effective deterrents and fight domestic controls, developing prevention, improving treatment and rehabilitation.

The rapid assessment survey conducted in 2007 (NACADA, 2007) reviewed that drugs and substance abuse was a major social problem in Kenya. The survey identified the major direct cause of drug and substance abuse as easy availability of cheap drugs and other substances. Since accessibility also determines cost, hard drugs such as heroin and cocaine were less accessible. According to the study, young adults had the highest drug and substance abuse prevalence. There is an increase in the number of drug users in the community. There is an increase in alcohol and drug consumption among those aged 19-24 years (71.1%), 24-34 years (70.5%) and 14-18 years (55.1%), (NACADA, 2012). Rapid assessment by the National Authority for Campaigns against Alcoholism and Drugs established that 22% of respondents aged between 15-65 years were current users of at least one substance of abuse though with huge variations based on gender and rural urban populations (NACADA, 2007).

According to the US bureau for International Narcotics and law enforcement affairs, in recent years Kenya has a significant transit route for cocaine, heroin and other drugs shipped from South America and South West Asia to US and European markets. There is also a growing market for heroin and to a lesser extent cocaine within Kenya especially in the coastal cities and Nairobi (INLE, 2006). The increase in drug trafficking is attributable to extensive network of sea and airports, a climate of weak regulatory and judicial controls, resources and economic official corruption (Clement et al, 2006).

In central province idleness was identified as a leading factor in alcohol consumption at 76.4% and unemployment at 61.2%. Poverty was cited at 49.2%. The general view of the people in the province is that youth spend much time idling in shopping centers (NACADA, 2010). The survey observes that the higher rate of Chang'aa use in Thika is attributable to the fact that the area is home to large slum areas which include Kiandutu and Kiang'ombe which represent a challenge for law enforcement (NACADA, 2010). The widespread use of alcohol is fueled by ease of its production process and multiple daily usages for recreation; curative and religious purpose (Basang et al, 2006). The risk factors in alcohol use include idleness, peer pressure, unemployment and work related stress. Males used alcohol due to occupational factors and females due to relationship issues (NACADA, 2010).

According to rapid assessment of alcoholic and drug abuse in Kenya in 2007 majority of respondents hold positive attitudes towards consumption of licit drugs such as cigarettes (73%), packaged liquor (72%), traditional brew (69%) other tobacco products (68%) and Miraa (54%). Illicit drugs have low acceptability ratings (NACADA 2007). The effects of alcohol and drugs abuse in Kenya include; increase in crime levels, domestic violence, diseases and high risk to sexual behaviors that may expose one to HIV (Stimsol et al, 2006). Other consequences at individual level include; damage to one's ability to act as a free and conscious being capable of taking action to fulfill ones needs, care for others and contribute positively to society (Ndetei, 2004). Drugs and substances used in Kenya include alcohol products, Tobacco products (Cigarettes, Kuber and Shisha), Khat, Narcotics (Cocaine, Heroin, Bhang and Hashish), Synthetic drugs (Hallucinogens, Amphetamine type stimulants), prescription drugs (Morphine, Codeine, Sedatives, Mandrax) (NACADA, 2012). Those who reported current use of at least one, substance of abuse were 19.8% (NACADA, 2012).

The government of Kenya recognizes the threat posed by drugs and substance abuse and has ratified international conventions and regional protocols. These are the United Nations convention on narcotic drugs of 1961, the convention on psychotropic substances of 1971, the UN conventions against illicit traffic in narcotic drugs and psychotropic

substances of 1988, the political declaration by the United Nations general assembly on guiding principles of drugs demand reduction and plan of action on drug abuse and illicit trafficking in East African region 2001, (NACADA, 2011). The government has enacted the narcotic drugs and psychotropic substances control act 1994, the tobacco control act 2007 and the alcoholic drinks control ACT 2010 which was revised in 2012. Other laws enacted by the government include liquor licensing act Cap 121, Chang'aa prohibition Act Cap 70, industrial possession Act cap 119, and methylated spirits Act cap 129 among others. At the county level, the county government of Kiambu has enacted Kiambu county alcoholics drinks control Act 2013.

The government of Kenya formed the National Agency for the campaign against drug abuse on 27th March 2001 that was gazetted on 26th April 2001 through gazette notice 2841 to coordinate campaigns against drug abuse in Kenya. The organization was upgraded to a state corporation in 2007, National campaigns against drug abuse with reinforced and expanded mandate which empowered it to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the problem of alcohol and drug abuse in Kenya. One of the mandates of the authority is to undertake research directly or in collaboration with other organizations or authorities on matters relating to drugs and chemical substances abuse as may be approved by the board. Other milestones achieved is development of national strategy for prevention, control and mitigation of ADA whose main objective is to reduce its prevalence in Kenya through demand reduction and supply suppression and development of national standards for treatment and rehabilitation of persons with substance use disorders (NACADA,2011).

2.3 Economic empowerment and establishment of recreation facilities and control of drugs and substance abuse

The declaration of the UN general assembly special session on drugs in 1998 proclaimed the importance of demand control, drug use prevention as well as alternative development policies helping to substitute illegal crops with legal ones in developing world (Neil et al, 2012). According to UNODC, (2008) report, illicit drugs are often used in developing countries to make the burdens of poverty, hard labour, violence, hunger or depression endurable. Countries around the world face challenges concerning how to

prevent drugs and substance abuse among the young. One of the ways is through economic empowerment of the communities. Economic empowerment enables marginalized people think beyond immediate daily survival and assert greater control over their resources and life choices, especially decisions in investment in health, housing and education. Stable functional families have been shown to reduce drug use by young people and reduce anti-social behavior (Perrino et al, 2000). Mitigation of the impact of drugs requires societies to dedicate resources to prevention among other strategies (INCBR, 2013).

Drug abuse and poverty are often linked in multiple ways. Drug abuse may occur at events. In poorer neighborhoods, there is often less access to support systems, health care and community organizations. Relationship between drugs and poverty can work in reverse direction, drug abuse can deplete user's income leading to lack of care for family and loved ones and other responsibilities (INCBR, 2013). To reduce economic consequences of drug abuse, the report recommends implementation of social programmes such as vocational training interventions which target those vulnerable to homelessness, social deprivation, unemployment and exclusion from educational opportunities (INCBR, 2013).

Apart from involvement in eradication of illicit drug crops, UNDCP assists farmers in finding legal and profitable alternatives and also supports general development of areas which grow illicit drugs crops. UNIDCP encourages Governments to develop multi-faceted prevention strategies that include alternatives to drug using behavior such as drug free sport, leisure time and recreation activities and provision of resources and opportunities to develop life skills to deal with situations that may initiate drug use (UNIDCP, 1997).

Tobacco control act 2007 empowers the Cabinet Secretary for agriculture to put in place policies to promote economically viable alternatives for tobacco growers. It also states that the government shall put in place policies to promote alternatives for tobacco workers, distributors, retailers and individual sellers (TCA, 2007). One of recommendations by stakeholders regarding regulating alcohol and drugs abuse is to keep

youth busy and engaged through sports activities (NACADA, 2012). According to Nelson and Faith, youth in Makueni District were given loans by the government through youth enterprise fund for business expansion as a way of controlling drug and substance abuse among the youth (Nelson and Faith, 2011).

An economic explanation of defiant behavior is that in situations of poor economic conditions, the youth do not see any hope of employment even with education. It has also been suggested that boredom or even fear of it motivates youngsters to engage in anti-social behavior and may hence result to drug abuse as a satisfying form of recreation. Scholars such as Burgees and Park in their 1920 study of human phenomenon in Chicago City established that slum areas and areas with high population density tended to have more drug addicts. According to Chesang, government poverty reduction programmes should target the problem of housing, unemployment and recreation facilities for the poor sections of the society as a strategy of controlling drugs and substance abuse (Chesang, 2013). Grazyna argues that the answer to alcohol and drug problems was to sweep away poverty and inequality; the social and personal bodies were indistinguishable what was good for one was good for the other. After listening to alcoholics he concluded that poverty, inequality and alcoholism should be swept away (Grazyna, 2004). INCB mission to Lesotho in 2005 recommended alternative development initiatives that enable substitution of Cannabis Sativa with legal crops (INCB, 2014).

One of the recommendations of the survey results on the magnitude causes and effects of alcohol in central Kenya is that NACADA should work closely with relevant government departments to ensure that the youths are positively engaged into productive activities for instance, increased uptake of the devolved funds in a way that is beneficial to them (NACADA, 2010). Phil argues that along with widespread poverty, urbanization and youth unemployment, a weak African state and lack of adequate forces dedicated to counter narcotics contribute to drug trafficking across the continent. The government of Kenya has developed programmes and initiatives aimed at empowering the youth which include youth enterprise development fund, women enterprise development fund and Uwezo fund.

2.4 Information and education strategies and control of drugs and substance abuse.

Drug abuse can be prevented by providing young people with opportunities, skill and information that advises against risky behavior and in favour of healthy lifestyles (UNODC, 2008). One of the objectives of Alcoholic drinks Act 2010 is to inform and educate the people on harmful health, economic and social consequences of consumption of alcoholic drinks (ADCA, 2010). The act specifies that the government shall promote public awareness about the health consequences of addictive nature and moral threat posed in excessive alcoholic drink consumption through a comprehensive nationwide education and information campaign. The campaign will focus on the family and shall be carried out in schools and other learning institutions, prisons, remand homes, other places of confinement among disciplined forces at all places of work and in all communities in Kenya(ADCA, 2010). The relevant agency is required to sensitize opinion leaders in the community. The act requires that health messages be displayed on every package containing an alcoholic drink for instance “excessive alcohol consumption can cause liver cirrhosis” (ADCA, 2010).

One of the purposes of Tobacco Control Act 2007 is to inform, educate and communicate to the public the harmful health, economic, environmental and social consequences of growing, handling, exposure to and use of tobacco products and tobacco use (TCA, 2007). It requires the government to conduct a nationwide education and information campaign (TCA, 2007).The Act stipulates the health messages be displayed on every package containing a tobacco product, sign or advertisement for instance “Tobacco use cause cancer” (T.C.A, 2007). The Government of Kenya formed the National Agency for Campaign against Drug Abuse on 27th March 2001 which was gazetted on 26th April 2001 to coordinate the campaigns against drug abuse in Kenya. (ADA Kenyans views, 2011). The organization was upgraded to a state corporation in 2007 and NACADA key mandate is to facilitate, conduct, promote and coordinate research and dissemination of information on alcohol and drug abuse and to serve as repository of research data (NACADA, 2012). Among other interventions recommended by stakeholders in order to regulate ADA in communities is raising awareness on the effects of ADA amongst the

children and youths so as to provide them with critical information thus empowering them to make informed decisions (NACADA, 2012).

One of the objectives of Kiambu county alcoholic drinks control Act 2013 is to protect consumers of alcoholic drinks from misleading or deceptive inducements and inform them of the risks of excessive consumption of alcoholic drinks. The act establishes a directorate whose function among others is to carry out public education on alcoholic drinks control in the county directly and in collaboration with other public or private bodies or institutions (KCADCA, 2013). The act under section 33, requires a retailer to post a sign that informs the public that the sale or availing of alcoholic drinks to a person under the age of 18 years and sale of alcoholic drinks to an intoxicated person is prohibited and that the sign shall bear the word warning followed by a prescribed health warning (KCADCA, 2013).

According to drug world report 2014 increases in issues of drug trade through the internet “dark net” requires development of strategies to control communication through the net. The (UNDCP, 1997) report, observes that prevention plays an important role in reducing demand for drugs. The public’s knowledge, attitude and beliefs influence the success or failure of drug control efforts. Attitudes are influenced by peers, parents, teachers and role models. Education plays an important role but alternatives to taking drugs are equally important. UNDCP promotes information campaigns (radio, television, posters etc) drug education programme geared for schools, work place initiatives to combat drugs and community based approaches such as outreach programmes for street children (UNDCP,1997). UNDCP assistance to prevent trafficking is in form of capacity building and training among others. One of the objectives of UNDCP is to be a worldwide centre of expertise and repository of information in collecting, analyzing and disseminating data, information and experience in all fields of drug control.

The report of INCB, (2013) emphasizes the necessity of societies to dedicate resources to prevention and education, treatment and rehabilitation. It further observes that economically, impact of drugs manifest itself in prevention and treatment costs, increased morbidity and mortality. Globally it is estimated that drug related deaths account for

between 0.5% and 1.3% of all causes of mortality for people aged 15-64 years. There are estimated 211000 drugs related deaths annually. Estimates indicate that of the 14 million injecting drug users globally, 1.6 million are living with HIV/AIDS, 7.2

million are living with hepatitis C and 1.2 million are living with hepatitis B. Drug prevention initiatives should include providing young people with skills to make health choices and decisions. Engaging community in prevention has shown to be effective in reducing drug abuse and its adverse impact (INCB, 2013). The INCB visit to Kenya in June 2013 noted that the National Household Survey on drug and substance abuse was completed in 2012.

Independent report into the 1971 Misuse of Drugs Act chaired by Lord Runciman emphasized the central role of education in reducing demand (Anthony, 2009). The British government initiative of drugs, protecting families and communities entails public information campaigns, communication and community engagement (Anthony, 2009). One of the strategies is to build young people's resilience in substance abuse by giving information regarding drugs. The white paper developed in 1995 by the British government gave a framework for public institutions to form Drugs Action Teams (D.A.T.) which were tasked with educating the youths on drug misuse.

2.5 Legislation and enforcement strategies and control of drugs and substance abuse

Kenya has ratified three major United Nation conventions on drugs and psychotropic substances. The objective of the conventions is to control manufacture, production and distribution of drugs and psychotropic substances. One of the conventions is the single convention on narcotic drugs of 1961. The convention was adhered to by 86 states illustrating the commitment of governments to the principal of shared responsibility in ensuring availability of drugs for medical and scientific purposes while preventing their diversion and abuse. This convention was amended by the 1972 protocol which calls for governments to implement policies that limit supply of illegal drugs without interfering with licit medical requirements, treat and rehabilitate addicts and punish traffickers. A total of 184 states are signatories to the 1972 protocol. The second is convention on psychotropic substances of 1971. A total of 183 states are signatories to the convention. The convention establishes an international control system for psychotropic substances

which are generally produced by the pharmaceutical industry. It introduces control over a number of synthetic drugs (hallucinogens, stimulants and anxiolytics) (INCBR, 2013).

The third international convention that Kenya has ratified is the convention against illicit traffic in narcotic drugs and psychotropic substances of 1988. There are 183 states who are signatories to the convention. The convention reflects the response of international community to increasing illicit activities on production, manufacture and trafficking activities. It provides for comprehensive and innovative measures against illicit activities related to the precursor and essential chemicals and provision for new methods of international cooperation such as transfer of proceedings, controlled deliveries and extradition of drug traffickers (INCBR, 2013). The political declaration adopted by the general assembly at its 20th special session held in 1998 and political declaration and plan of action on international cooperation towards an integrated and balanced strategy to counter the world drug problem of 2009 together with the convention provide a well-established international framework to improve policies on control of drugs and substance abuse (INCBR, 2013).

There was an increase in seizure of heroin in Eastern and South Eastern Europe, south Asia and Oceania while compared to 2010 and 2011(WDR, 2014). According to enforcement administration of United States reduced availability of cocaine in United States is attributable to law enforcement efforts. Global cannabis seizures in 2012 were reported at 5350tones. United States eradicated 3631582 plants and 6470 sites (WDR, 2014), In the United Republic of Tanzania, 210 K.gs of heroine was seized in 2012(INCBR, 2013).

Kenya has domesticated the convention through the Narcotic drugs and psychotropic substances control act 1994. The Act prohibits possession of and trafficking in narcotic drugs and psychotropic substances and cultivation of certain plants including cannabis sativa. It also provides that medical and veterinary officers will only prescribe, administer, sell or supply narcotic drugs or psychotropic substances for human and livestock treatment as applicable. The act prohibits money laundering which includes concealing or transferring proceeds of drug trafficking. This also includes conversion,

transfer or removal of property from the jurisdiction of Kenya when done for purpose of avoiding prosecution for a specified offence. The court can issue a restraint order where there is a reasonable ground to believe that a person has committed specified offences. This includes possession of narcotic drugs, trafficking in narcotic drugs and cultivation of narcotic drugs (NPSCA, 1994).

On enforcement, the act provides for forfeiture of land used for cultivation of prohibited drugs. If the land in which the prohibited plants are cultivated is leased, the court can order termination of the leased permit, license or any other right in the land. It empowers police officers and authorized officers to enter into any government land where they suspect that prohibited plants are cultivated and inspect. This act gives powers to court to order the police to destroy prohibited plants. It further states that any medical practitioner, dentist or veterinarian, surgeon who commits an offence under the act will be removed from the register of those licensed or registered to practice in Kenya. It states that any person found in possession of any narcotic drug or psychotropic substance contrary to the act, the drug and the psychotropic substances shall be forfeited to the government. Any machinery, equipment, implement, pipe, utensils and conveyance of offence under the act or any narcotic drug or psychotropic substances shall be forfeited to the government (NPSCA, 1994).

The Act provides that where a person has committed a specified offence, all the property owned by him on the date of the commission of that offence or acquired by him after that date shall be forfeited to the government. The act specifies that any person who knowingly or having reasonable grounds to suspect that any property is in whole or in part proceeds of drug trafficking acquires that property for no or inadequate consideration commits an offence (NDPSCA, 1994). The American government has collaborated with other countries for extradition of drug traffickers. In 2006, Mexico extradited twenty Seven drug traffickers to United States (O.N.D.C.P, 2007).

A second legislation is the enactment of Tobacco Control Act 2007. This is an act of parliament to control the production, manufacture, sale, labeling, advertising, promotion and sponsorship of tobacco product, to provide for tobacco control board, to regulate

smoking in areas and for connected purposes (TCA, 2007). Historically there have been attempts to control smoking. In the mid 1600s, Popes urban III and innocent X issued papal bulls against Tobacco use though both the clergy and laymen continued to smoke. In 1633, Sultan in Constantinople, Sultan Murad IV paid surprise visits to his men in combat during war and if caught smoking, the soldiers were punished by quartering, hanging and beheading. In 1634, the Russian, Tsar prohibited smoking. Those caught smoking were punished by slitting their nostrils (Stephen et al, 2011).

Tobacco control Act 2007, empowers the minister for public health to prescribe information on tobacco products and their emissions, sales and advertising data, information on product composition ingredients hazardous properties and brand elements. The minister is also empowered to control labeling, packaging, sale, distribution or advertising of tobacco products. This is to ensure that the purchaser or consumer of a tobacco product is not misled as to its quality, given character, value, composition, effect, merit or safety and to product injury or harm to the health of the consumer (TCA, 2007). Studies in the U.S show a strong relationship between advertisement campaigns targeted to sub groups of youth and increases in smoking prevalence among the sub group (Stephen et al, 2011). The act establishes tobacco control fund which consists among other property forfeited to the government. It gives guidelines for utilization of funds which among other things include research, documentation and dissemination of information on tobacco and tobacco products and for promoting national sensitization and rehabilitation programmes (TCA, 2007).

Tobacco Control Act 2007 empowers the minister of finance to prohibit or restrict as appropriate any sale to or importation for tax free tobacco products by international travellers. It further provides that no person shall promote tobacco or tobacco product by any means including by means of packaging that are false, misleading or deceptive or that are likely to create an erroneous impression about the characteristic, healthy effects, health hazard or social effects of tobacco products or its emissions as may be prescribed by the minister. It prohibits any person to advertise any tobacco product on any medium of electronic, print or any other form of communication. The act prohibits advertising of

tobacco or tobacco products by means of organizing, promotion or sponsoring a sporting culture, artistic recreation, education or entertainment programme event or activities. It further states that no person shall advertise tobacco or tobacco product by means of organizing, promoting or sponsoring trade fairs, exhibition, shows or any other event. The act prohibits smoking in public places except in designated areas (TCA, 2007).

On enforcement, authorized officers who include police officers and public health officers are given powers to enforce the act. The officers may at any reasonable time enter any place in which the officer believes and has reasonable grounds that an offence under the act has been or is being committed. For records authorized officer is empowered to use computer system in the place suspected to be contravening the act and any copying equipment. He can enter a dwelling place with the consent of the occupant or under authority of a warrant issued by a magistrate or a judge of a high court for the purpose of enforcing the act. The officer however can only use force while accompanied by a police officer and as specified in the warrant (TCA, 2007).

Tobacco Act 2007 requires in charge of a place or any other person found in the place to assist the authorized officer in carrying his duties under the act. The authorized officer should not be obstructed while carrying out his duties. It empowers the authorized officers to seize any tobacco, tobacco product or thing. No person shall move, alter or interfere with the seized product or thing. The act provide for forfeiture of the tobacco, a tobacco product or a thing to the state which may be destroyed or disposed as the minister may direct. It also provides for general penalty in which a person convicted under the act which no other penalty is provided is liable for a fine not exceeding five hundred thousand shillings or imprisonment for a term not exceeding three years or to both (TCA, 2007).

A third legislation is the alcoholic drinks control act 2010. The act was revised in 2012. Alcohol has been a double edged sword to human societies. It has been consumed in excess by some with consequent problem to individuals and society. The negative social consequences have led the clergy, prophets, physicians and philosophers to condemn alcohol. Since the 1980s, general trend in the United States has been towards limiting

alcohol use through changes in social attitude and Government control (Stephen et al, 2011). The object and purpose of the act is to provide for the control of the production, sale and use of alcoholic drinks. This is in order to among other things protect the health of the individual in the light of danger of excessive consumption of alcoholic drinks and adopt and implement effective measures to eliminate illicit trade in alcohol including smuggling, illicit manufacturing, and counterfeiting. It requires any person intending to manufacture or produce any alcoholic drink or operate and import or export alcoholic drinks to have a license. It establishes a fund for use in enforcement among other objectives (ADCA, 2010). Section 23 of the act states that no suit shall be maintainable to recover any debt alleged to be due in respect of sale of any alcoholic drink which was delivered for consumption on the premises where it was sold unless it was for consumption with a meal or sold to a lodger on the premises. It prohibits selling of alcohol by automatic vending machines and also selling in sachets. The act prohibits employment of a person who has been convicted of an offence under the act or any other act in the force regulating the sale of alcoholic drinks to sell, control or supervise sale of alcoholic drinks or to have the custody or control of alcoholic drinks on licensed premises. It also prohibits sale of alcohol to a person who is drunk and disorderly, violent or quarrelsome (ADCA, 2010). In section 27 the act prohibit manufacture, importation, distribution, or possession of alcoholic drinks which do not conform to the requirement of the act. It further states that no person shall sell, supply or provide alcoholic drinks to persons less than eighteen years. The act states that drunk and incapable persons in street, road, shop hotel or other public place should be arrested by a police officer and taken before a magistrate. Any person convicted for being drunk and incapable for more than two occasions in a year should not possess alcohol drinks and it is an offence for sellers of alcoholic drinks to knowingly sell to him. For effectiveness, names of such persons are circulated to licensed alcoholic drinks outlet.

The act prohibits sale of adulterated alcoholic drinks or any non alcoholic drinks which has been adulterated with alcohol or which contains any prohibited substances. It also provides for forfeiture of license upon conviction. It further prohibits false promotion, misleading or deceptive or which are likely to create erroneous impression about the

characteristics, health effect or health hazards or social effect of the alcoholic drinks. It prohibits promotions that encourage consumption so as to win an award or price (ADCA, 2007). Enforcement of the act is by police, public health officers and officers authorized by the cabinet secretary for interior and coordination of national government. The act specifies places they may enter for purpose of ensuring compliance with the act and also spells out the powers of authorized officers in carrying out inspection in premises (ADCA, 2010)

The act empowers an authorized officer to use computer or copying machine in the premises suspected to be contravening the act. To make copies of any data, record or document the authorized officer can enter a dwelling place with the consent of the occupant or through a warrant by a magistrate or high court judge for the purpose of enforcing the act (ADCA, 2010). The Authorized officers can only use force when accompanied by police officers and as per the warrant. The owner of the premises being inspected is required by the act to provide assistance to the authorized officer. The act prohibits obstruction and empowers authorized officers to seize any alcoholic drink or thing by means of which or in relation to which the officer believes that the act has been contravened. Unless authorized by an officer no person shall remove, alter or interfere in any manner with any alcohol, alcoholic drink or other thing seized. The high court can issue a reparation order where it is satisfied that the applicant is entitled to possession of alcoholic drink or thing seized and that they will not be required in any proceedings in respect of an offence under the act. For general penalty, the act states that any person convicted of an offence under the act for which no other penalty is provided shall be liable to a fine not exceeding five hundred thousand shillings or to an imprisonment for a term not exceeding three years or to both (ADCA, 2010).

A fourth legislation is the Kiambu County Alcoholic Drinks Control Act 2013. The legislation borrows from Alcoholic Drinks Control Act 2010 commonly known as Mututho law. Following the promulgation of constitution of Kenya and its implementation after the 2012 licensing of alcoholic drinks election was one of the devolved functions. This implied that the county governments had to make their

legislation on alcoholic drinks control. Where counties delayed or experienced challenges in enforcement, they continued using alcoholic drinks control act 2010. In case of Kiambu County, some bar owners took the county government to court on the basis that the liquor license rates introduced were very high in comparison with the Mututho law.

While the act is very similar to the Alcoholic Drinks Act 2010, it introduces the following new elements: It establishes the County Alcoholic drinks regulations administrative review committee and Sub County alcoholic drinks regulation committee. The Act (in section 31) prohibits manufacture, distribution and sale of alcoholic drinks in the county that does not conform to the requirement of the act or any other written law regulating alcoholic drinks. Any person who contravenes provision of the section in relation to manufacture, distribution and importation of alcoholic drink commits an offence and shall be liable to a fine not exceeding two million shillings or imprisonment for a term not exceeding five years or both Section (33) prohibits sale of alcoholic drinks to persons below 18 years and to an intoxicated person. The Act further prohibits sale of alcoholic drinks by vending machines or in sachet (KCADCA, 2013).

In section 38, the act states that a person who sells an alcoholic drink or offers or exposes for sale, an alcoholic drink except in accordance with the act commits an offence and it provides for the court to order the forfeiture of all alcoholic drinks found in the possession, custody together with the vessels containing the alcoholic drink (KCADCA, 2013). The Act specifies time in which alcoholic drink can be sold by various types of outlets. It prohibits sale of adulterated alcoholic and non-alcoholic drinks. Alcoholic drinks license (on license), the licensee is authorized to sell alcoholic drinks from Monday to Friday during the hours 5.00 p.m. to 11.00 p.m. and during weekends and public holidays during the hours of 2.00p.m. and 11.00p.m. for general retail.

On enforcement the act provides for the executive member of the county to appoint authorized persons. It further provides for establishment for a County Alcoholic Drinks Control Enforcement Committee. It also provides for seizure of alcoholic drinks by authorized officers. Entry by the officers to a dwelling place is through consent by the owner or warrant issued by a magistrate or a judge of a high court. On general penalty,

the Act specifies that any person convicted of an offence under the act for which no other penalty is provided shall be liable for a fine not exceeding five hundred thousand on or to imprisonment for a term not exceeding three years or both (KCADCA, 2013).

2.6 Treatment and rehabilitation programs and control of drugs and substance abuse

According to World Health Report (2014), the prevalence of tobacco smoking is an important predictor of the future burden of tobacco related diseases. The report further states that harmful use of alcohol can cause alcohol dependency, hepatic cirrhosis, cancer and injuries. According to United Nations International Drugs Control Programme (UNDCP, 1997), drug addiction is creating a myriad of new problems for nations; increased crime and violence, unemployment, deteriorating of social public, spread of drug related diseases such as AIDS and hepatitis. The single convention on narcotic drugs 1961 and its 1972 protocol calls for governments to implement policies aimed at treating and rehabilitation projects among other major activities (UNDCP, 1997).

Well transmitting the United States National drug control strategy 2014, President Barrack Obama stated that decades of research have demonstrated that addiction is a disease which can be prevented, treated and from which people can recover (ONDCP, 2014). United Kingdom estimates that each of its hard core addicts imposes an average cost to the society of \$ 23,000 per year and United States estimates a cost of \$ 28,000 per year. The British government has dealt with drugs misusing offenders through drug treatment and testing order (Anthony, 2009). There is a link between drugs and crime and pathway to treatment are quicker for offenders owing to this recognition. Advisory Council Report (1991) states that” almost everyone who enters treatment for drug misuse does so under some form of pressure. Those who are impelled to enter treatment by a court are not in a fundamentally different position (ACR, 1991).

Independent report into the 1971 misuse of drugs act chaired by Lord Bunchiman concluded that “demand will only be systematically reduced by education and treatment not by deterrent effect of the law. Harm will not be reduced by imprisoning those whose problematic drug use could more effectively be helped by treatment and rehabilitation in

a setting where all the other problems almost always associated with such drug use can be tackled too. It is clear to us that tackling problem drug abuse must always also involve tackling social deprivation.

In 2002 British Government launched updated drug strategy whose targets include reducing demand by reducing the number of problematic drug users; providing effective treatment and rehabilitation to break the cycle of addiction while minimizing the harm drugs cause. In addressing misuse of drugs and substance, British government strategies have emphasized on treatment and rehabilitation (Anthony, 2009).

UNDCP works closely with governments and NGO's to develop treatment and rehabilitation strategies to reduce consumption. UNDCP views drug dependence as a treatable multifaceted problem which entails both physical and psychological dependence. This defines addiction as a treatable disease which distigmatises addiction and paves way for society to try to help rather than punish or ostracize the addict. UNDCP helps government make laws that are suitable for treatment and rehabilitation. The single convention on narcotic drugs of 1961, the convention on psychotropic substances of 1971, and the united nations convention against illicit traffic in narcotic drugs and psychotropic substances of 1988 set out critical requirements for preventing and reducing drug related suffering which include treatment and rehabilitation (INBC, 2013).

INCB report 2013 states that for addicts' drug treatment with behavioral and medical interventions has proved to be effective in reducing economic consequences of drug abuse. INCB visited Kenya in June 2013 and noted that the government is ensuring standards and licensing for all entities for treatment of drug dependent persons. It observed that availability of services for treatment of persons who abuse drugs by injection is low compared with estimates of such persons. According to article 336 of the INCB report 2013 availability of evidence based treatment and rehabilitation facilities in Africa is substantially below the world average (INCB, 2013). An estimated 183,000 drug related deaths globally and 36,800 drugs related deaths in Africa were reported in 2012 of the population aged 15-64 years and only one in six problem drug users globally

have had access to and receives treatment services each year (UNODCR, 2014). There are great regional disparities with approximately one in eighteen problem drug users receiving treatment in Africa mainly for cannabis use compared with one in five problem drug users receiving treatment in western and central Europe (UNODCR, 2014).

In South Africa treatment facilities report that cannabis remains the most illicit substance used particularly among the young people. Poly drug use also is a common phenomenon among drug users in treatment (UNOCDR, 2014). In major cannabis consumer markets Western and Central Africa, North America, Oceania, Western and Central Europe, treatment enrolment and hospitalization related to cannabis have been increasing. Nearly two thirds of those enrolled in drug treatment in Africa listed cannabis as their primary drug of use. In countries with depenalisation of possession of cannabis for personal use, penalties are reduced or eliminated but there remains a criminal justice encounter whereby individuals would still face some consequences or rehabilitation (UNODCR, 2014).

In an article drug abuse among the youths in Kenya Chesang recommends rehabilitation programmes for drugs dependent persons involving government agencies. This calls for accessibility of psychologists. It also calls for availability of counseling, psychotherapy and treatment, personal supervision and guidance by probation officers for re-education of offenders. Alcohol and drugs abuse Kenya's' views 2011, recommend establishment of rehabilitation centers in the sub-counties. NACADA's rapid situation assessment of status of drugs and substance abuse report in Kenya, established that most people are unaware of rehabilitation centers as facilities for people with serious addiction problem. The report also noted that there was lack of rehabilitation centers in rural areas (2012, report).

The Narcotic Drugs and Psychotropic Substances control Act 1994 empowers the minister for health to establish rehabilitation centers for care, treatment and rehabilitation of persons addicted to Narcotic drugs and psychotropic substances. The act also empowers the minister to establish rehabilitation fund which is used for meeting the capital and current expenditure relating to the centers. Further the act empowers the

Minister to appoint a council whose function is to advise him on matters of administration of rehabilitation centers and the care treatment and rehabilitation of drug addicts. Where the court is satisfied that an offender is addicted to a narcotic drug or psychotropic substance and that he is in possession of narcotic drug or psychotropic substance only for personal consumption, order that such part as it thinks fit of the period of imprisonment imposed on him be spent in a rehabilitation centre. Section 82 of the act states that persons undergoing treatment and rehabilitation programme if not referred by a court may be required to pay a fee depending on their income and property (NDPSCA, 1994).

Article 3 of the Alcoholic Drinks Control Act 2010, identifies one of the purposes of the act as promotion and provision of treatment and rehabilitation programme for those addicted or dependent on alcoholic drinks. Under article 5, the act establishes a fund intended to be used for promoting national cessation and rehabilitation programmes among others. The act further provides that any drunk and disorderly person who is convicted more than three occasions shall be ordered by the magistrate to undergo rehabilitation in a public health institution at their own cost (ADCA, 2010). Kiambu County Alcoholic Drinks Control Act 2013 in article 4 establishes alcoholic drinks control directorate whose function among others is to facilitate and promote in collaboration with other counties and national government institutions the establishment of treatment and rehabilitation facilities and programmes. The act in section 5 provides that rehabilitation facilities for persons dependent on alcoholic drinks will be established in each ward and one referral facility in the county. The directorate established by the act is tasked to ensure that treatment and rehabilitation facilities have necessary human resources for effective operations and service delivery and further to ensure that treatment and rehabilitation services are designed in a manner that is accessible and affordable to persons dependent on alcoholic drinks (KCADCA, 2013).

Tobacco Control Act 2007 spells out the purpose of the act in section three. One purpose among others is to promote and provide for rehabilitation and cessation programmes for consumers of tobacco products. The act provides for establishment of tobacco control

fund to be used for promotion of National Cessation and Rehabilitation Programmes of tobacco dependent persons.

“So long as there are drugs there will be drug casualties. No form of drug taking is without its dangers but the quest to eliminate drug taking has proved to be a search for Chimera. Drug taking is here to stay and in one way or another we must learn to live with drugs” (Gossop, 2000). While appreciating that treatment works Gossop makes the following observation “outcomes are influenced by an interaction between treatment intervention and the psychological and social context in which it occurs. Effective treatment requires more than just exposure to treatment. It requires client engagement in the process of change and sufficient exposure to treatment to facilitate change” (Gossop, 2000).

Studies of a range of treatment modalities in different countries have shown that the impact of treatment on drug use and other outcomes including crime is affected not merely by admission to treatment but by retaining clients to treatment programmes for sufficient period of time to permit treatment processes to have an effect. Minimum retention thresholds for effective treatment have often been defined as 90 days for residential and outpatient care and a year for method one treatment programmes (Anthony, 2009). Treatment needs to be in place as the offender needs help not simply for the duration of the sentence. More effective care arrangements are required to ensure the money and time invested in treatment does not go to waste, after release with the user re-lapsing and re-entering the avoidable cyclical process of drugs and crime (Kothari et al 2002).

2.7 Theoretical framework

This study is guided by the modified social stress model. The model was developed by Rodes and Jason (1988) and modified by world health organization/programme on substance abuse WHO/PSA to include the effects of drugs or substances, the personal response of the individual to drugs and additional environmental, social and cultural variables. The theory maintains that there are factors that encourage drug abuse called risk factors. Factors that make people less likely to abuse drugs are called protective factors. According to the model, if many risk factors are present in a person’s life that

person is likely to begin, intensify and continue the use of drugs. The model identifies risk factors as stress and normalization of drugs and substance use which could be seen in terms of legality and law enforcement, availability and cost of drugs, advertising, sponsorship and promotion through media and well as cultural value attached to various drugs (Maithya, 2009).

The theory can be linked to the government strategy on legislation and enforcement of law in control of drugs and substance abuse. The model can also be linked to the government strategy on economic empowerment and establishment of recreation facilities. This is in relation to stress as a risk factor which includes major life events such as poverty or lack of recreation facilities and everyday problems such as dealing with violent environments.

The strategy on economic empowerment and establishment of recreation facilities is also linked to ecological theory, which was applied by Burgees and Park in 1920 to the study of human phenomena in Chicago city and related deviant behavior to the growth of the city. Deviants were found to come from highly and densely populated areas and especially congested estates of the city; slum areas in Kenya like Mathare, Makuru and Majengo are known to accommodate large number of alcoholics and drug addicts (Chesang, 2013). Slum areas in Kikuyu Sub County include Kiamburi and Kanjeru.

Modified social stress model can also be linked to the government strategy on education and information. This is in relation to the aspect of normalization of substance use which includes advertising, media presentation, peer norms and culture. The model shows that the more protective factors are present the less likely the person is to become involved in drugs. Among the protective factors are attachment to institutions such as religion and school, development of skills to enhance physical and performance capabilities which help people succeed in life and reduce dependence on drugs.

The strategy on education and information is also linked to social learning theory developed by Albert Bandura in 1977: According to Bandura learning is acquired and shaped by positive and negative reinforcements, rewards and punishments as well as observation of other people's behavior. He observed that modeling can be used in

directing or changing behavior. This can be through observing the behavior of others in person, on television and in movies. People are likely to adopt the model's behavior based on the attractiveness of the model. This theory underpins the use of "near peers" to transmit messages to younger children by depicting behavior or attitudes for the children to imitate, for example "say no to alcohol".

The theory is also the basis for prevention efforts using team or buddy approach, teaming individuals, small groups, families and even communities in which new health related behaviors can be modeled and reinforced, helping to set new norms (Elaine et al, 1988).

Modified social stress model can be linked to strategy on treatment and rehabilitation. According to the model it is easy to understand drug problem better if both risk and protective factors are considered at the same time. Availability of resources within the person or the environment which help people meet their physical and emotional needs are important to reduce dependence on drugs. Examples are guidance and counseling, anti drug campaigns and religious faith. The framework is useful in planning interventions to treat problems related to drug and substance abuse (Maithya, 2009).

A theory that is linked to treatment and rehabilitation is addictive experiences theory. A person can begin to use any drug for the whole range of human motivations. The reasons for drug use can determine whether or not the user becomes addicted. Some of the reasons for starting to take drugs are a sense of adventure, a need for stimulation, a desire to emulate others in the peer group and personal needs such as to avoid pain, to escape from reality, to gain a predictable gratification in the absence of other life rewards, to compensate for personal inadequacies (Peele, 1977). People use drugs when they find such use to be rewarding in terms of values, needs and overall life structure, even in cases where drugs can fulfill positive functions such as enabling one to work better or relate with others, there is a danger that functioning in a positive sense will become dependent on drug use.

Addiction occurs along a continuum and it is impossible to designate an exact point at which a drug habit becomes an addiction. There are several criteria in terms of which it is meaningful to evaluate a drug involvement for its addictive potential. Some of these

criteria derive from initial motivation for using a drug and from the motivation for continuing use. If a drug is used in order to eradicate consciousness of pain and anxiety then its use will tend to be addictive. In this case, a criterion for abuse and addiction is that the drug is relied on at regular times for the very predictability on its effects. The most crucial criterion for addictiveness of an involvement is whether use of drug destroys or harms other involvements. For when this is the case, abuse moves inevitably along the continuum towards addiction as other reinforcers fall away and the drug experience becomes the primary source of reward for the individual (Peele, 1977). For those addicted to drugs a strategy on treatment and rehabilitation is necessary to assist them in recovery and participation in social economic activities in the society.

2.8 Conceptual framework

The conceptual framework shows how the independent variables influence control of drugs and substance abuse as a dependent variable. The independent variables are economic empowerment and establishment of recreation facilities, information and education, legislation and enforcement of law and finally treatment and rehabilitation. Moderating variable is covered under the government policy on drugs and substances abuse which can influence the dependent and independent variables. There is also intervening variable with negative indirect influence on dependent and independent variables which is covered under religious and cultural beliefs on drugs and substance abuse.

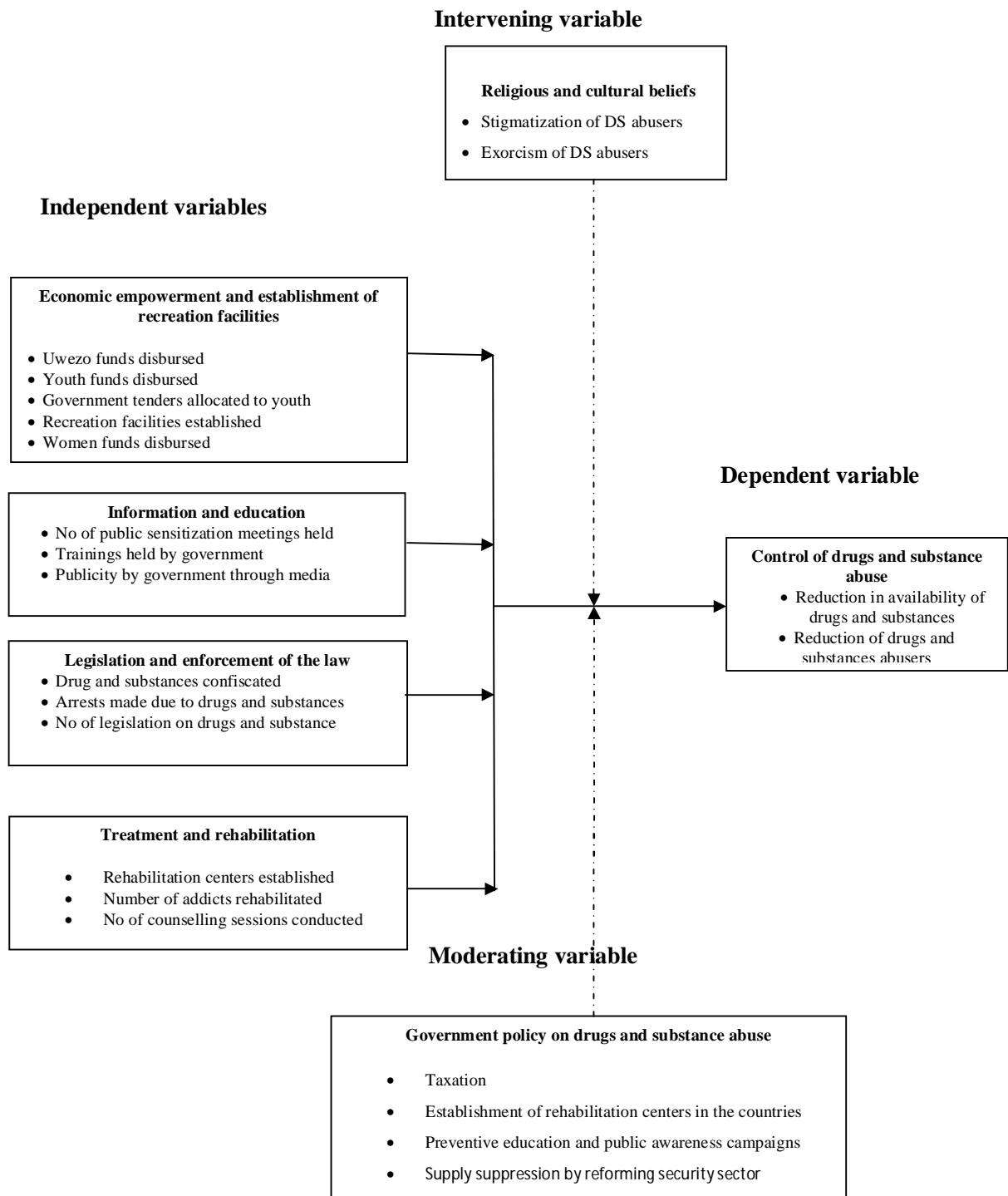


Figure 1: Conceptual framework

There are four independent variables which influence the dependent variable which is government control of drugs and substance abuse. The dependent variable has reduction of availability of drugs and substances and reduction of drugs and substance abusers as indicators. The dependent variable is directly influenced by economic empowerment and establishment of recreation facilities strategy which has youth funds disbursed, Uwezo funds disbursed to youth, women enterprise fund disbursed, government tenders allocated to the youth and recreation facilities established as indicators.

A second independent variable that directly influences the dependent variable is information and education strategy. The indicators under this strategy are trainings held by the government, number of public sensitization meetings by the government and publicity by government through media. The third independent variable that has a direct relationship with the dependent variable is legislation and enforcement of the law. The indicators under this variable are drugs and substances confiscated, arrests and convictions made and number of legislation on drugs and substances.

The fourth independent variable with a direct influence on the dependent variable is treatment and rehabilitation. The indicators under this variable are: rehabilitation centers established, number of addicts rehabilitated and number of counseling sessions conducted. Government policy on drugs and substance abuse is a moderating variable. The relationship between dependent and independent variables is indirectly influenced by moderating variable. Indicators under this variable are government taxation policies, established of rehabilitation centers in the counties, supply suppression by reforming security sector and preventive education and public awareness campaigns. Cultural and religious beliefs are an intervening variable with a negative influence on dependent and independent variables. Indicators under the variable are exorcism and stigmatization of drugs and substance abusers.

2.9 Gaps in literature reviewed

Literature reviewed was mainly from United States of America, Britain and Kenya. However using reports from INCB, UNDCP, UNODC, WHO, WD examples were drawn from South America, Asia and Africa. In Africa examples were drawn from Nigeria, South Africa, Lesotho and Mauritius and hence other countries were not captured in the

literature review. In East African region literature reviewed covered Kenya and examples from Tanzania were given. Other countries in the East African region including Uganda, Rwanda and Burundi were not covered in the literature review. At the international level most of the literature reviewed covered Cocaine, Heroine, Cannabis Sativa, Alcohol and Tobacco. Other drugs including Khat, Kola nuts, Solvents and Pharmaceuticals such as Rohypnol and Diapham were not covered. The study covered four legislations in Kenya but legislations including Chang'aa prohibition Act, Industrial possession Act and Methylated spirits were not covered. The products have been used in Kenya to manufacture illicit brews and adulterate alcoholic drinks. The study has not reviewed all the international protocols on drugs and substances. Among the protocols not covered in literature reviews are Younde declaration and plan of action on drugs abuse and illicit trafficking control in Africa and the protocol on combating drug trafficking in East African region.

2.10 Summary of literature review

Introduction of literature review on the objectives of the study has been covered. Literature on the dependent variable which is control of drugs and substance abuse among the youth has also been covered. The four independent variables which are economic empowerment and establishment of recreation facilities, information and education, legislation and enforcement of law and treatment and rehabilitation have been supported by literature from previous studies. Examples have been given at the global, continental, regional and national levels. Global and national studies regarding issues of drugs and substance abuse from previous studies have been included.

On theoretical framework, modified social stress theory is the major theory used to explain the linkages between the dependent and independent variables. Ecological theory has been used to emphasis the strategy on economic empowerment and establishment of creation facilities. Social learning theory has also been used to explain linkages between information and education and the dependent variable. Conceptual framework shows direct influence of the dependent variable by the independent variables. The indirect influences of moderating and intervening variables have been included in the framework.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology adopted for the study. It covers research design, target population, sample size and sampling procedures, research instruments, data analysis techniques, ethical considerations and Operationalization of the variables.

3.2 Research Design

The design selected for this study is descriptive survey. This is because the researcher intended to study the phenomenon the way it was in its natural setting without any manipulation or interference. The field survey implies the process of gaining insight into general picture without utilizing the entire population (Gall et al, 1996). The researcher collected both quantitative and qualitative data.

3.3 Target Population

The study was carried out in Kikuyu Sub County and targeted youths registered under the Ministry of Labour, Social Security and Services. Youth in registered youth groups were targeted because they were a good representation of youth in the Sub County who qualify to access Uwezo, youth, women enterprise funds and government tenders as a way of empowerment by the government. They were also from all economic backgrounds and live both in formal and informal settlements. Additionally, law enforcement officers from Kikuyu police station, Sub County heads of regular police, administration police and national administration officers were also targeted as key informants. Thus, a total of 3553 youths from 227 youth groups drawn from 14 sub locations in Kikuyu Sub County were targeted. Together with the government officers, a total of 3563 respondents were targeted as per the sampling grid Table 3.1.

3.4 Sample Size and Sampling Procedure

This section describes sample size and sampling procedures.

3.4.1 Sample Size

A sample is any number of cases less than the total number of cases in the population from which it is drawn (Ingule & Gatumu, 1996). Sampling saves time and expenses of studying the entire population (Borg & Gall, 1989). The sample size for this study was calculated based on Yamane's (1967) formula:

$$n = N/(1+Ne^2) \text{ where;}$$

n= the sample size

N= the size of population

e= the error of 5 percentage points.

Thus for the study;

$$n = 3563 / (1 + 3563 \times 0.05^2)$$

$$= 360$$

The respondents for the study were sampled as illustrated by the sampling Table 3.1.

Table 3.1: Sampling Grid

Sub Location	Population			
	Groups	Target Members	Groups	Sample Members
Kinoo	17	311	2	31
Muthiga	22	348	2	35
Kikuyu	35	489	4	49
Sigona	20	265	2	26
Thogoto	20	410	2	41
Gitiba	26	382	3	38
Kerwa	19	297	2	30
Kari	15	235	2	24
Karai	12	183	2	18
Gikambura	26	377	3	38
Lussigetti	5	93	1	9
Renguti	6	102	1	10
Nachu	2	35	1	4
Gatune	2	26	1	3
Government Officials	-	10	-	4
Total	227	3563	28	360

3.4.2 Sampling procedure

To arrive at the requisite study sample, the researcher drew samples from the target population at two different levels; the youths and key informants. Stratified, random sampling method was used to select respondents from youth groups in different locations. According to Mugenda and Mugenda (2003), stratified random sampling is where the population is divided into two or more groups using a given criterion and then a given number of cases are randomly selected from each population subgroup. The advantage of stratified random sampling is that it ensures inclusion in the sample of subgroup which otherwise could be omitted entirely by other sampling methods because of their small numbers in the population. In this case, the criteria used for stratification was the location of a youth group. Subsequently, simple random sampling was used to select individual youth from the sampled registered groups.

Purposive sampling was used to identify police officers and national administration officers to be interviewed. These were the Officer Commanding Police Division, Officer Commanding Police Station, Sub County Administration Police Commander, and Deputy County Commissioner, two Assistant County Commissioners, two Chiefs and two Assistant Chiefs who acted as key informants in the study.

To arrive at the requisite study sample, the researcher drew samples from the target population at two levels; group locale and within groups. To begin with stratified random sampling was used to sample groups from which respondents were to be drawn. Then simple random sampling was used to draw proportionate samples from the groups. Lastly, the key informants including area chiefs/sub chiefs, ACC/DCC, local police chiefs (DAPC/OCPD/OCS) were purposively sampled to provide data on specific issues. Thus the total population sampled was 3563.

3.5 Research instruments

Research instruments used in the study include questionnaires and interview guide. Questionnaires with structured questions were administered to the youths. Interview guide for the government officers included structured and unstructured questions. The questionnaires and interview guide are divided into six sections.

Interviews were administered to national administration and police officers to supplement information, clarify gaps and add insight to the study. To ensure efficient utilization of interview time, an interview guide with a list of questions related to the study was used. The interview guide enabled the researcher to elicit verbal responses from the National administration officers and the police. The interviews solicited for information regarding commonly used drugs. It also solicited the opinion of respondents regarding the influence of the four strategies in control of drugs and substances abuse. In specific it sought for opinion on how economic empowerment and establishment of recreation facilities; information and education, legislation and enforcement of law, treatment and rehabilitation have contributed to change in availability of drugs and substances and change in numbers of drugs and substances abusers. It also sought for the respondents' opinion on the challenges of enforcing the law.

3.5.1 Pilot testing of the instruments

The questionnaires were pretested on a selected sample similar to the sample to be included in the study before actual data collection. The questionnaires in the pilot were administered to thirty respondents among public servants, and youths in registered groups in Kikuyu Sub-County. Pilot testing was considered important in this study since suggestions by respondents during pilot testing enabled improvement of the quality of the questionnaire (Mugenda and Mugenda, 1999). Areas of improvement of the questionnaire included unclear instructions, inadequate writing space and vague questions. Vague questions and unclear instructions were revealed and rephrased by the researcher. The researcher also conducted structured and unstructured interviews to a sample of public servants similar to the actual sample. This enabled the researcher to identify the right time to conduct the interviews and also restructure the questions where they were unclear

and vague. It also enabled the researcher to gauge the time that it took to conduct personal interviews.

3.5.2 Validity of the Instrument

According to Orodho (2005) validity is the degree to which an instrument measures what it purports to be measuring. The researcher tested content and construct validity of the instruments through pre-testing before actual collection of data. Content validity of instruments was determined by expert judgments as supported by Fraenkel et al, (2000) and Huck (2000). The instruments were scrutinized by the supervisor of the study to judge them on the appropriateness of the content and construct validities. The supervisor also suggested areas that required modification and this offered an opportunity to the researcher to refine the instruments and replace inadequate items.

3.5.3 Reliability of the Instruments

Reliability is consistency of a set of measurements or measuring instruments Gall et al, (2003). Cronbach alpha was used to assess the reliability of the questionnaire used for data collection based on the data obtained from the pilot study. Gliem and Gliem (2003) describes Cronbach alpha as a technique that measures internal consistency reliability using only a single test administration to provide a unique estimate of the reliability for a given test. It is the average value of the reliability coefficients one would obtain for all possible combinations of items when split into two half-tests (Brown, 2002). For this study a reliability coefficient of 0.70 was considered as reasonable.

3.6 Data collection procedures

Approval of the supervisors to proceed for field work was sought. The researcher recruited two research assistants who have experience in conducting research and inducted them on the research problem and how to administer research instruments. The questionnaires were distributed to all the respondents with instructions before filling them. Lastly, interviews with the key informants were conducted.

3.7 Data analysis techniques

Data was edited so as to control the quality of data collected. Coding was done to enable labeling, compilation and organization of the data. They were then entered into the SPSS computer software for analysis. Qualitative data was analyzed using content analysis. Quantitative data was analyzed using descriptive statistics in the form of frequency, percentage, mean and standard deviation.

3.8 Ethical considerations

The researcher obtained authority to collect data from the university. Then a research permit was sourced from the ministry of education through the National Council for Science and Technology Innovation (NACOSTI). The permit was presented to the Sub County head of national administration for authority to interview the respondents. Since, the researcher is cognizant of the fact that drugs and substance abuse is a sensitive issue and participants are likely to conceal information, participants were informed of the nature of the study and were allowed to choose whether to participate or not. The researcher assured participants of confidentiality and that the information gathered would only be used for academic purpose. The participants were also informed that codes would be used to protect their identity.

3.9 Operationalization of variables.

Control of drugs and substance abuse by the government is the dependent variable. The measurement of the variable entails percentage change in availability and of drugs and substances. It also entails percentage change in the number of drugs and substance abusers. Among the independent variables is economic empowerment and establishment of recreation facilities by the government. Measurement of this variable entails number of youth allocated; youth, Uwezo, women enterprise funds, government tenders and number of youth using recreation facilities.

A second independent variable is information and education. Measurement of this variable entails number of youth trained on drugs and substance abuse, number of sensitization meetings held and frequency in publicity by the government through the media. Legislation and enforcement of laws is another independent variable. The variable

is operationalized through knowledge of the respondents on the number of legislations on drugs and substances and arrests due to drugs and substances related matters. The fourth independent variable is treatment and rehabilitation. This is operationalized by number of rehabilitation centers established, number of youths rehabilitated and number of counseling sessions held.

Table 3.2: Operationalization table

Objectives	Variable	Indicators	Measurement scale	Types of data analysis	Tools of data analysis
To establish how economic empowerment and establishment of recreation facilities influence control of drugs and substance abuse among the youth in Kikuyu sub county	Independent economic empowerment and establishment of rehabilitation canter	-Women funds disbursed -Youth funds disbursed -Government tender allocated to youth -Recreation facilities established	Ratio scale Likert scale	Descriptive analysis	Statistical package for social science, Computer soft ware
To determine how information and education as government strategies influence control of drugs and substances abuse among the youth in Kikuyu sub county	Independent Information and education	-No of public sensitization meetings held by government -Training held by government -Publicity by the government through media	Ratio scale Likert scale	Descriptive analysis	Statistical package for social science, computer software
To assess how legislation and enforcement of laws as government strategies influence control of drugs and substance abuse among the youth in Kikuyu sub county	Independent Legislation and enforcement of laws	-No of arrests made -No of legislation on drugs and substances	Ratio scale Likert scale	Descriptive analysis	Statistical package for social science computer software
To examine how treatment and rehabilitation programmes as government strategies influence control of drugs and substances abuse in Kikuyu sub county	Independent Treatment and rehabilitation	-Rehabilitation canter established -No of addicts rehabilitated -No of counselling sessions conducted	Ratio scale Likert scale	Descriptive analysis	Statistical package for social science computer software

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTEPRETATION

4.1 Introduction

This chapter presents the study results which have been analysed based on objectives and sub thematic areas. It covers questionnaire return rate, demographic characteristics, economic empowerment and establishment of recreation facilities and control of drugs and substance abuse, information and education and control of drugs and substance abuse, legislation and enforcement of laws and control of drugs and substance abuse, treatment and rehabilitation and control of drugs and substance abuse and regression analysis. Data obtained from the respondents was analysed using SPSS version 20.

4.2 Questionnaire return rate

A total of 344 questionnaires were obtained out of a sample of 360 which represents a return rate of 95.6%.

Table 4.1: Questionnaire Return Rate

Designation	Frequency	Percentage
Youths	340	94.44
Chiefs/Assistant Chiefs	2	0.56
DCC/ACC	1	0.28
OCS / OCPD	1	0.28
Total	344	95.56

The respondents included 94.44% youths, 0.56% chiefs or Assistant chiefs, 0.28% County Commissioner and 0.28% Officer Commanding Police Station. The return rate is deemed reliable for data analysis as per Babbie (2002) who reported that any response of 50% and above is adequate for analysis.

4.3 Influence of Demographic Characteristics pm drugs and substance use

This section describes influence of demographic characteristics of the despondence on drugs and substance use.

4.3.1 Demographic Characteristic of Respondents

Respondents demographic variables considered for review include age, gender, level of education, form of employment and monthly income. Data obtained from the respondents was as summarized in Table 4.2.

Table 4.2: Demographic Characteristics of Youths

Characteristic	Frequency	Percentage
Age: Less than 20	19	5.6
20 – 25	47	13.8
26 – 30	227	66.8
Over 30	47	13.8
Total	340	100.0
Gender: Male	240	70.6
Female	100	29.4
Total	340	100.0
Education: Primary	11	3.2
Secondary	134	39.4
Tertiary	137	40.3
University	58	17.1
Total	340	100.0
Employed: Yes	183	53.8
No	157	46.2
Total	340	100.0
Monthly Income: Nil	136	40.0
Less than 10,000	8	2.4
10,000 – 15,000	13	3.8
15,001 – 20,000	53	15.6
20,001 – 25,000	91	26.8
Over 25,000	39	11.4
Total	340	100.0

The findings on respondents' age shows that 66.8% were of the age bracket 26 – 30, 13.8% were either over 30 years of age or 20 -25 years while 5.6% were below 20 years. This means a majority of the youths were of 25 to 30 years. The majority are of a very critical age where they are starting their careers or families. If control of drugs and substance abuse is not implemented, low productivity of the country's labour may be experienced and the general welfare of the communities including the stability of young families may deteriorate.

Data on respondents' gender shows that there were 70.6% males and 29.4% females indicating that within the youth groups, there are more males than females. Despite efforts to mainstream the female gender as envisaged in the 2010 constitution, the number of females in the groups is low (KC 2010). This implies that strategies aimed at controlling drugs and substance abuse through groups are unlikely to fully reach the

female gender. This may have an adverse effect to the community noting the central role women play in families and the society.

Results obtained show that based on the level of education, only 3.2% of the youths had primary level of education, 39.4% had secondary level, 40.3% tertiary and 17.1% had university education. This implies that the youth groups are mainly made up of youths with secondary and tertiary level of education. Thus a majority of the youths could be presumed to have acquired basic skills to enable them get employment or create opportunities for self-employment. The high level of education is expected to assist the youth in accessing information on drugs and substances and therefore enable them to control drugs and substance abuse as individuals and the community.

The findings on the youths employment showed that 53.8% were employed while 46.2% were not employed implying that a slight majority of members of the registered youth groups were people in employment. That almost half of the youths were not employed is a danger to the community in that they are idle and can be involved in drugs and substance abuse. There is need to engage them in income generating activities.

Lastly, data obtained on the youths' monthly income showed that while 136 40.0% indicated that they were not earning anything, 2.4% were earning less than KShs.10,000; 3.8% earned between 10,000 and 15,000; 15.6% earned between 15,001 and 20,000; 26.8% earned between 20,001 and 25,000 and 11.4% earned more than 25,000 monthly. This means that a majority of the youths though possessing educational backgrounds that should enable them sufficiently provide for themselves were either not earning anything or were depending on merger monthly salary. Lack of income or adequate resources to sustain the youth might encourage them to get involved in drugs and substance either as abusers or peddlers.

4.3.2 Influence of Youths Demographic Characteristic on DSU

The study assessed the extent of youths' involvement in drugs and substance use and probable imputed influence of their background characteristic. The findings are summarized in table 4.3.

Table 4.3: Youths involvement in Drugs and Substances

Variables	Yes		No		Total	
	f	%	F	%	f	%
Has taken a drug	251	73.8	89	26.2	340	100.0
Alcohol	207	60.9	133	39.1	340	100.0
Tobacco	65	19.1	275	80.9	340	100.0
Khat	46	13.5	294	86.5	340	100.0
Heroin	10	2.9	330	97.1	340	100.0
Cannabis Sativa	31	9.1	309	90.9	340	100.0

Table 4.3 contains information on youths' involvement in drug and substance use. The findings show that (73.8%) of the youths acknowledged having taken a drug or related substances for reasons other than medication. This means that a majority of the youths indicated having used drugs. Specifically, 60.9% were using alcohol, 19.1% were using tobacco, 13.5% khat, 2.9% heroin and 9.1 cannabis sativa. This means that according to the respondents, alcohol is the most used drug by youths in Kikuyu Sub County followed by tobacco while heroin is the least.

Results obtained on the influence of their background characteristics using the chi-square analysis were as shown in table 4.4

Table 4.4: Influence of the youths' background characteristics on drugs and substance use

(N=251,p=,05)

Background characteristics	(X ³)	df	p	C
Age	6.413	3	.093	.134
Gender	4.129	1	.30	.115
Education	4.457	3	.248	.108
Employment	5.909	1	.015	.129
Monthly income	10.670	4	.31	.221

Data obtained from the chi-square analysis presented in table 4.4 shows that at .05 level of significance the youths 'age and level of education had no influence on their tendency to use drugs. However, it was found that their gender, employment status and monthly income had a significant influence on their tendency to use drugs. With regards to gender, cross tabulation showed that more males (55.1%) than females (19.1%) indicated being drugs and substance users. Similarly more unemployed youths (37.4%) were using drugs compared to those who were not (9.1%). Lastly based on level of monthly income, more of the youths who were either not earning anything or had low income were using drugs more than youths with better earnings.

4.4. Economic Empowerment and establishment of recreation facilities and Control of Drugs and Substance Abuse

The first objective intended to determine the influence of economic empowerment and establishment of recreation facilities by the government on control of drugs and substance abuse among youths in Kikuyu Sub - County. The youths were requested to indicate whether they were beneficiaries of Uwezo Fund, youth fund, women enterprise fund and government tenders. The findings were as summarized in Table 4.5.

Table 4.5: Involvement in Government Empowerment Programs

Program	Youths' Access				Total	%
	frequency	Yes %	No frequency	%		
Uwezo fund	154	45.3	186	54.7	340	100
Youth Development fund	94	27.6	246	72.4	340	100
Women Enterprise fund	27	7.9	313	92.1	340	100
Government tender	76	22.4	264	77.6	340	100
Total	351	25.8	1009	74.2	1360	100

Results show that generally, fewer youths had benefited from the government initiated economic empowerment programmes. For example only 45.3% of the youths had access to Uwezo Fund, 27.6% to Youth Development Fund, 7.9% to women enterprise fund and 22.4% to government tenders. In total only 25.8% are beneficiaries of government empowerment programmes while 74.2% are not. There is a problem in accessing the

funds and government tenders which can result in exacerbating their levels of poverty and having no activities of engagement resulting to idleness and likelihood to abuse drugs and substances. According to information obtained from National government officers interviewed, the programmes are beneficial to youths who have access to funds and tenders. According to one officer, youths were not ‘idle’ and another felt that the funds made the beneficiaries “proactive”.

Data on youths’ access to recreational facilities was as summarized in Table 4.6

Table 4. 6: Extent of use of Government recreation facilities in 30 days

	Frequency	Percent	Cumulative Percent
Never	141	41.5	41.5
1-2 times	142	41.8	83.2
3-4 times	57	16.8	100.0
Total	340	100.0	

Table 4.6 contains the extent of access to government recreational facilities by youths in the last 30 days. It shows that while 41.5% had never used such facilities in the last 30 days, 41.8% had accessed the facilities either once or twice while only 16.8% had used the facilities for more than two times. This means that 58.5% are users of Government recreation facilities while 41.5% are non users. The number of non users is large and there is need for Government to encourage youths to utilize the facilities to avoid being idle and lured to drugs and substance abuse.

4.5 Information and Education and Control of Drugs and Substance Abuse

The second objective set out to determine the influence of information and education as government strategies in control of drugs and substance abuse among the youths. Respondents were requested to score for their extent of access to information based on trainings and seminars on drugs and substances organized by Government. An inquiry on who had attended such trainings showed that only 38.2% of the respondents had attended while 61.8% had not. A large number of the youth have never attended any training on drugs and substances organized by government. There is need for the Government to train them so as they can get detailed information on how to control individual drugs and substance use and be peer trainers.

Corroborating data on extent of access to information and education through public sensitization meetings and the media is summarized in Table 4.7.

Table 4.7: Access to Information and education

Variable	None		1-2 Times		3-4 Times		5-6 Times		Over 6 Times		Total	
	f	%	f	%	f	%	f	%	f	%	f	%
How many public sensitization meetings on drugs and substance have you attended in the last 12 months?	162	47.6	109	32.1	63	18.5	6	1.8	0	0	340	100
How often do you hear messages on drugs and substances from the government through the media in 30 days	103	30.3	50	14.7	94	27.6	71	20.9	22	6.5	340	100

Data obtained showed that 32.1% had attended sensitization meetings 1 – 2 times, 18.5% 3 – 4 times while only 1.8% had done so 5 – 6 times. In total 52.4% had attended sensitization meetings while 47.6% had not attended any. There is need for government to encourage those not attending sensitization meetings to attend so that they can get information on drugs and substances and how they can prevent and control addiction. Additionally, 14.7% youths acknowledged having heard messages on drugs and substances from government through the media 1 – 2 times, 27.6% had done so 3 - 4 times, 20.9% 5 – 6 times and 6.5% over 6 times. A total of 69.7% had heard messages on drugs and substances by the Government through the media while 30.3% had not. Although the government has made an effort to reach the youth through the media, there is need to continue using the same so as to reach the remaining 30.3%. Generally, the findings show that a slight majority had accessed information on drugs and substances from the government either by attending a government public sensitization meeting or getting an enlightening message by the government through the media.

Information from the interviews conducted also showed that a majority of the officers though acknowledging that there had been seminars held on drugs and substances indicated that such seminars were not common and occurred only when funds were provided which was rare. However, an officer indicated that on occasions when they

were held, the response was good and the seminars were effective in assisting in control of drugs and substance abuse.

4.6 Legislation and Enforcement of Laws and Control of Drugs and Substance Abuse

The third objective intended to assess the influence of existing legislations and enforcement of laws on control of drugs and substance abuse among youths in Kikuyu Sub-County. Data on the youths knowledge of the existing laws obtained was as summarized in Table 4.8.

Table 4. 8: Youths’ Knowledge of Existing Legislations on Drugs and Substance

Responses	Frequency	Percent	Cumulative Percent
None	105	30.9	30.9
One	169	49.7	80.6
Two	41	12.1	92.6
Three	23	6.8	99.4
Four or more	2	6.0	100.0
Total	340	100.0	100.0

Table 4.8 contains data on the youths’ knowledge of existing laws. It shows that 30.9% were unaware of any existing law, 49.7% were aware of one, 12.1% of two, 6.8% were aware of three and only .6% were aware of four or more legislations on drugs and substances. This depicts a high level of ignorance among a majority of the youths on the existing legislations. The 30.9% of the youths who are unaware of any legislation on drugs and substances are a danger to the society. They can be involved in drugs and substance abuse and break the law due to ignorance. 49.7% who are aware of only one legislation is also a high number and can similarly break laws on drugs and substances due to ignorance.

Inquiry on awareness of enforcement of the laws was presented using likert scale. Five levels were used and codes given as follows: strongly disagree = 1, disagree = 2, Not sure = 3, Agree = 4, Strongly agree = 5. Data obtained is as presented in table 4.9.

Table 4.9: Youths' Knowledge of Enforcement of Laws on Drugs and Substance

Statement	1	%	2	%	3	%	4	%	5	%	Mean	SD
There are regular crackdowns by police due to drug and substances	9	2.6	9	2.6	3	0.9	271	79.7	48	14.1	4.00	704
Crackdowns usually lead to arrest of users of drugs and substances	6	1.8	6	1.8	21	6.2	220	64.7	87	25.6	4.11	733
I know of youths who have been arrested in such crackdowns in the last 30 days	9	2.6	12	3.5	9	2.6	359	76.2	51	15.0	3.97	.746

Data contained in Table 4.9 shows the youths' knowledge of the extent of enforcement of existing laws. From the data, it is evident that a majority of youths, 93.8% were aware of regular police crackdowns due to drugs and substances, 90.3% indicated that such crackdowns usually led to arrest of users of drugs and related substances and 91.2% confirmed that they knew some of the youths who had been arrested in such crackdowns in the last 30 days. Generally, the findings imply that a majority of the youths were aware of the efforts of government officers in enforcing the existing laws. Youths are therefore not expected to continue abusing drugs and substances because they are aware of the consequences of breaking the law. However there is need to continue sensitizing those not aware so as to impart knowledge and for them to operate within the law.

Interviews administered to national government officers yielded data that seemed to corroborate the observations of the youths. For instance, most officers interviewed indicated tobacco control Act and 'Mututho law' as the legislations that they were aware of. The officers also noted that though they were willing to enforce the laws, inadequate manpower and corruption were hampering enforcement. None of them could provide statistics on any drug or related substances that had been confiscated in the last 12 months but they indicated that bhang was confiscated and is grown in the Sub County. Lastly, an officer privy to the statistics of the number of youths arrested indicated that

approximately 400 youths were arrested in 12 months in Kikuyu sub-county, due to drug and substance use related offenses.

4.7 Treatment and Rehabilitation and Control of Drugs and Substances Abuse

The last objective set out to examine the influence of treatment and rehabilitation as government strategies on control of drug and substance abuse among youths in Kikuyu Sub-County. Data was presented in likert scale. Five levels were used and codes given as follows, strongly disagree = 1, Disagree = 2, Not sure = 3, agree = 4, Strongly Disagree = 5. Data obtained is as presented in table 4.10

Table 4. 10: Treatment and Rehabilitation

Statement	1	%	2	%	3	%	4	%	5	%	Total	%
There is a government center nearby for those with drug and substance abuse related cases	279	82.1	27	7.9	18	5.3	10	2.9	6	1.8	340	100
I know of youths of have been attended in government rehabilitation centre due to drug And substance abuse	214	62.9	30	8.8	11	3.2	58	17.1	27	7.9	340	100
Counseling sessions on drug and substance abuse are conducted by government officers in the Sub County	182	53.5	66	19.4	53	15.6	37	10.9	2	0.7	340	100

Table 4.10 presents the findings on the respondents' perception of youths' access to treatment and rehabilitation services offered by the government. The results show that only 4.7% were aware of a government rehabilitation centre near them for those with drug and substance abuse related cases. The implication of this is that the Government is doing little in terms of establishing rehabilitation centres to treat drugs and substance abusers. This exposes the youths already abusing drugs to greater danger and the end result is that the country is likely to have unproductive youth. 25% of the youth stated that they were aware of youths who were treated in government rehabilitation centres due to drugs and substance abuse and 11.5% indicated that counselling sessions on drug and substance abuse were being conducted by government officers in Kikuyu Sub County. 72.9% of the youth perceive that counselling services for drugs and substances abusers are not being offered by government officers outside rehabilitation centres while only 11.5% are of the opinion that the services are being offered. There is need for the government to intensify effect and offer counselling services to drugs and substance

abusers so that they can recover and be reintegrated to the communities so as to have a healthy and productive youth. A majority, 83.7% of the respondents indicated that they knew that Mathare hospital was offering rehabilitation and counselling services for drugs and substance abuse. This information was corroborated by the data obtained from national government officers during interviews in which Mathare hospital was indicated as the main government facility that offers treatment and rehabilitation services to youths with drugs and substances related complications. None of the officers could however provide data on the counselling services given to youths on drug and substance abuse within their area of jurisdiction though those who could, indicated that the number of drugs and substance abusers in their areas of jurisdiction were in the excess of 100.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the research findings and discusses the findings. It also contains conclusions, recommendations and contribution to the body of knowledge based on the objectives of the study. Suggestions for further research, references and appendixes are also covered.

5.2 Summary of Findings

The contents of the study findings are summarized based on the four study objectives and background characteristics of the respondents.

5.2.1 Profile of the Respondents

The study attained a response rate of 95.6% which was good. Among the youths 70.6% were males and 29.4% females, 79.7% had either secondary or tertiary education, 17.1% had university education and 66.8% were aged between 26-30 years. Additionally 46.2% were employed while 61.8% were earning Kshs.20,000 or less.

5.2.2 Economic Empowerment and Establishment of recreation facilities and Control of Drugs and Substance Abuse

Findings showed that fewer youths had benefited from the Government economic empowerment programmes. For example only 45.3% of the youths had access to Uwezo fund, 27.6% to youth fund, 7.9% to women enterprise fund and 22.4% had been allocated Government tenders. In total only 25.8% are beneficiaries of government empowerment programmes while 74.2% are not. Regarding use of government recreation facilities by the youths 83.2% had used the facilities two or less times in 30 days with 41.5% reporting not utilizing the recreation facilities and hence 58.5% are users. The study found that economic empowerment and establishment of recreation facilities influenced control of abuse of drugs and substances by youths positively.

5.2.3 Information and Education and Control of Drugs and Substance Abuse

Results showed that only 38.2% of the respondents had attended a government organized drugs and substance training while 61.8% had not. Regarding government public sensitization meetings, 47.6% of the respondents had not attended any meetings and only 32.1% had attended the meetings one to two times in 12 months. On dissemination of drugs and substances message through the media, 30.3% had not heard of any while 55.0% of the respondents had heard three or more times. A total of 69.7% had heard the messages. The study established that information and education influence control of drugs and substance abuse among the youth negatively.

5.2.4 Legislation and Enforcement of Laws and Control of Drugs and Substance Abuse

Results showed that a significant 30.9% of youths were not aware of any legislation on drugs and substances while 49.7% were aware of only one legislation, 12.1% of two and 6.8% three and more legislations. However 93.8% of the respondents had witnessed crackdowns and arrests by police in the last 30 days. Majority of the youths were aware of efforts by government officers in enforcing existing laws. 90.3% of respondents indicated that crack downs by police led to arrests of drugs and substance abusers and 91.2% indicated that they were aware of youths arrested during crack downs. The study found that legislation and enforcement of the laws influence control of drugs and substance abuse among the youths positively.

5.2.5 Treatment and Rehabilitation and Control of Drugs and Substance Abuse

The section summarizes the findings regarding access to government rehabilitation centres and Government counselling services by the respondents.

On respondents perception of their access to government rehabilitation centres only 4.7% stated that the centres were near while 82.1% indicated that there were no Government rehabilitation centres for drugs and substance abusers near. 25% of the respondents indicated that they were aware of youths who were treated of drug and substance abuse in a government facility. Only 11.5% of the respondents stated that they are aware of counselling sessions of drugs and substance of abusers offered by government in Kikuyu Sub-county. Majority of the respondents 83.7% indicated that they were aware that

Mathare Hospital in Nairobi is a Government institution which offers treatment and counselling services for drugs and substance abusers. The study established that treatment and rehabilitation influences control of drugs and substance abuse positively.

5.3 Discussions

This section discusses the findings in relation to the objectives and Sub themes.

5.3.1 Demographic characteristics of the respondents

A large number 66.8% of the youths in the registered groups are aged between 26-30 years. This is an indication of a youthful population in the country likely to be starting their careers and families and therefore require guidance so that they are not lured to drugs and substance abuse. According to Nacada, there is an increase in consumption of alcohol and drugs by 70.5% since the previous report for the youths aged between 24-34 years (NACADA 2012). Regarding gender 70.6% were males while 29.4% were females. Despite efforts by the government to promote gender equity, this is yet to be achieved. These are females of child bearing age and there is a danger to community if they do not access information on drugs and substance abuse and if those already abusing are not treated. Females tend to abuse alcohol due to relationship related issues (NACADA, 2010).

Majority of the respondents 79.7% had secondary or tertiary education. This implies that they have capacity to make the correct decisions regarding drugs and substance use since they are in a position to know the consequences. Drug abuse can be prevented by providing young people with opportunities, skill and information that advises against risky behavior and in favour of healthy lifestyles (UNODC, 2008). Regarding incomes 53.8% are employed with only 11.4% earning over 25,000 shillings. With a large number being unemployed and with meager earnings there is a danger of idleness and inadequate resources implying that the youths are living in poverty. According to Nacada report, in Central Province idleness was identified as a leading factor in alcohol consumption at 76.4% unemployment at 61.2% and poverty at 49.2% (NACADA, 2010).

5.3.2. Economic empowerment and establishment of recreation facilities and control of drugs and substance abuse.

Findings on the economic empowerment and establishment of recreation facilities established that fewer youths benefited from Government programmes for the marginalized categories of people. Specifically only 45.3% of the youth had access to Uwezo fund, 27.6% to youth fund, 7.9% to women fund and 22.4% to Government tenders indicating low access. This implies that either the programmes have inadequate funds or that the youths are facing difficulties in accessing the facilities probably due to poor implementation of the programmes. Low access to Government tenders could be attributed to financial challenges or inability by youths to navigate through complex Government procurement procedures.

Regarding establishment of Government recreation facilities, most are school playing grounds or spaces within market centres. It was established that 41.5% of the youth had not used the facilities in 30 days while 41.8% used 1-2 times and 16.8% 3-4 times. This implies a large number of youths do not use Government recreation facilities probably because of the conditions of the facilities and lack of variety of sports and games in the facilities.

From the National Administration officials it was found that main sporting activities are football and volleyball. Regression analysis showed that economic empowerment and establishment of recreation facilities influenced control of drugs and substances abuse among the youth positively.

The findings are consistent with those of Grazyna (2004) who argues that the answer to alcohol and drug problems is to sweep away poverty and inequality Chesang (2013) suggests that drug problems can be addressed through Government poverty reduction programmes which should target the problem of housing, unemployment and provision of recreation facilities to the poor section of the society. Similarly, Nelson and Faith (2011) observed that youth in Makueni District were given loans by the Government through Youth enterprise fund as a way of controlling drugs and substance abuse among themselves. A further support of the strategy is that NACADA report recommended that

in order to regulate alcohol and drugs abuse, it is imperative to keep the youths busy and engaged through sports activities (NACADA 2012).

5.3.3 Information and education and control of drugs and substance abuse

Findings on the influence of information and education on control of drugs and substance abuse among the youth showed that 38.2% of the respondents had attended trainings organized by the government while 61.8% had not. On sensitization meetings on drugs and substance 47.6% had not attended any while only 20.3% attended more than two times in twelve months. On dissemination of information through the media, 30.3% indicated that they had not heard any messages on drugs and substances through the media while 69.7% had heard with 6.3% indicating that they had heard over 6 times in 30 days.

The findings indicated that majority of the youths have not attended any trainings organized by the Government. This could be attributed to reduction of sensitization workshops by NACADA following devolving of the function of licensing of alcoholic drinks to the County Governments and hence reduction of financial capacity of NACADA.

On attendance of sensitization meetings the study established that a large percentage 47.6% of the youth do not attend the meetings. National Government officials confirmed that meetings are held twice a month to articulate issues pertinent to community among them drugs and substance abuse. Lack of attendance by the youth could be attributed to apathy by the youth or mode of delivery of information by Government officials.

Regarding dissemination of information through the media the study established a large number 69.1% were reached. This implies that this is an effective mode of communicating with youth. The study however emphasized on voice messages which basically meant the radio or television. It established that access to information and education influenced control of drugs and substance abuse negatively among the youth in Kikuyu Sub County. The implication of the findings is that youth in Sub County don't have adequate access to information and education or information received is inadequate.

However information and education positively influences control of drugs and substance abuse. This is supported by the observation of UNODC (2008) that drug abuse can be prevented by providing young people with opportunities, skill and information that advises against risky behavior and in favour of healthy lifestyles. Further one of the reasons for enactment of Alcoholic Drinks Control Act 2010 is to inform and educate people on harmful health, economic and social consequences of alcoholic drinks (ADC,2010). The act specifies that the government shall promote public awareness about health consequences of addictive nature and moral threat posed by excessive alcoholic consumption through a comprehensive nationwide education and information campaign. One of the purposes for enactment of tobacco control Act 2007 is to inform, educate and communicate to the public the harmful health, economic, environmental and social consequences of growing, handling, exposure to and use of tobacco and tobacco products (TCA, 2007). It requires the Government to conduct a nationwide campaign. The Act stipulates that health message be displayed on every package containing a tobacco product sign or advertisement for instance “Tobacco use cause cancer”.

5.3.4 Legislation and enforcement of laws and control of drugs and substance abuse

On this objective it was established that the respondents exhibited high levels of ignorance on legislations. Only 19.4% of the respondents were aware of existence of more than one legislation and 32.9% were not aware of any legislation. A probable reason for this is the over emphasis of “Mututho” law and control of abuse of alcohol by NACADA.

Other drugs especially tobacco and to a lesser extent narcotic drugs rarely form part of public discourse and hence lack of knowledge of tobacco control Act 2007 and Narcotic drugs and psychotropic control Act 1994. On crackdowns and arrests by police on matters pertaining to drugs and substance 93.8% of the respondents had witnessed enforcement by the police in their areas in the last 30 days. This high level of awareness can be attributed to enforcement of the law by the police and National Administration officers. It is also observed that the research was undertaken after the presidential directive that required members of Parliament in Central Region to play a leading role in

the fight against alcohol abuse. Legislation and enforcement of the law positively influence control of drugs and substance abuse among the youth.

Enforcement of the laws is corroborated by the alcoholic drinks control Act 2010 which states that any person convicted of an offence under the Act is liable to a fine not exceeding five hundred thousand shillings or imprisonment for a term not exceeding three years or both (ADCA,2010). Enforcement is also supported by Narcotic drugs and psychotropic substances control Act 1994 which states that if a person is found in possession of narcotic drugs or psychotropic substances contrary to the Act, the drugs or substances, and any other equipment and machinery, implement, pipe, utensils and conveyance of the offence is forfeited to the Government (NPSCA 1994). The Government officers interviewed did not give information of any properties forfeited to government following seizure of drugs. They however mentioned incidents where cannabis sativa was destroyed.

5.3.5 Treatment and rehabilitation and control of drugs and substance abuse

The fourth strategy discussed is the influence of treatment and rehabilitation on control of drugs and substance abuse among the youth. Only 4.7% of respondents said they were aware of Government rehabilitation centre near them. 25% of the respondents were aware of youths treated of drugs and substance abuse in a government rehabilitation facility and 11.5% indicated that they were aware of counseling sessions conducted by Government officers in Kikuyu Sub County. A total of 83.7% indicated that they were aware of Mathare hospital as a rehabilitation hospital for drugs and substance abusers.

The findings were corroborated by National government officers who stated that there was no government rehabilitation centre for drugs and substance abusers in Kikuyu sub County. It is probable that the 4.7% were referring to Mathare hospital since the hospital is less than 30kms from the Sub County. The 11.5% respondents who indicated that they were aware of counseling sessions by the Government could be referring to services offered by Social Development Officers and Probation officers to drugs and substance abusers with an objective of reintegrating them to the communities. It is observable that 11.5% is a very small number.

The lack of rehabilitation centres is supported by INDCDB report of 2013 which states under article 336 that availability of evidence based treatment and rehabilitation facilities in Africa is below the world average (INDCDB, 2013). Similarly KCADCA, 2013 tasks the directorate to establish treatment and rehabilitation facilities with necessary human resources for effective operation and service delivery and further to ensure that rehabilitation services are designed in a manner that is accessible and affordable to persons dependent on alcoholic drinks (KCADCA, 2013). The recommendations in the Act have not yet been implemented. Further, Narcotic drugs and psychotropic substances Control Act 1994 empowers the Minister for Health to establish rehabilitation centres for care, treatment and rehabilitation of persons addicted to Narcotic and psychotropic substances. The act also empowers the Minister to establish rehabilitation fund which is used for meeting the capital and recurrent expenditure relating to the centres. NACADA's rapid situation assessment report in Kenya established that there was lack of rehabilitation centres in rural areas with the main centre offering such services being Mathare in Nairobi.

According to the respondents treatment and rehabilitation significantly influence control of drugs and substance abuse among the youth in Kikuyu Sub County. This finding confirms previous studies which showed that a range of treatment modalities in different countries have shown that impact on treatment on other outcomes including crime is affected not only by admission to treatment but by retaining clients to treatment programmes for sufficient period of time to permit treatment processes to have an effect (Anthony 2009). Minimum retention thresholds for effective treatment have often been defined as 90 days for residential and outpatient care and a year for method one treatment programme.

5.4 Conclusions

Conclusions of the research findings is covered under this section:

From the proceeding discussions, most of the youths were aged between 26-30 years with the majority being males. Most had secondary and tertiary level of education and 46.2% were unemployed. Most of those employed earned meager incomes of less than 25,000 shillings a month. There is low absorption of Government economic

empowerment programmes by the youth and especially access to government tenders and women enterprise fund. It was established that youths rarely used Government recreation facilities. Regarding information and education, a large number of youths do not attend public sensitization meetings organized by the Government. A large number has also not attended Government organized trainings on drugs and substances. The study found out that the media is a strong means of reaching the youth.

Awareness levels of legislations on drugs and substances among the youth are very low with most of them aware of only “Mututho” law. Enforcement of the law by Government has been persistent and effective. There are very few counseling sessions offered by Government officers especially Probation officers to drugs and substance abusers in the Sub County. The Sub County does not have a Government rehabilitation centre with the nearest being Mathare Hospital in Nairobi. Implementation of the four strategies contributed to control of drugs and substance abuse in the Sub County.

5.5 Recommendations

This section covers recommendations based on the findings of the study. The recommendations may help stakeholders strengthen the mechanism of control of drugs and substance abuse among the youth.

1. Strategies to encourage more female youths to register be initiated so that they can benefit more from Government economic empowerment programmes. There are few female youths registered in the Ministry of Labour, Social Security and Services compared to male youths.
2. Greater participation of the youths’ and funding through Economic empowerment programmes be promoted. The study established that access to Uwezo Fund, Youth fund, women enterprise fund and Government tenders were 25% with a paltry 7.9% for women enterprise fund.
3. Mechanism to encourage youths to participate in recreation activities including provision of variety of games and sports be strengthened. The study established

that 41.5% of the youth did not use government recreation facilities. Studies from across the world show that games and sports reduce idleness. They are used as a strategy to control drugs and substance abuse.

4. Training programmes on drugs and substance with relevant content targeting the youth be strengthened or initiated where they do not exist. Access by the youth to information through public sensitization meetings and Government organized trainings on drugs and substances has been low with 47.6% and 61.8% respectively having not attended.
5. Ways of addressing problems related to drugs other than alcohol be mainstreamed. There is a high lack of awareness of legislations on drugs and substances with 30.9% of respondents indicating they were aware of none and 49.7% aware of one which was mainly “Mututho” law. Youths in the sub-county use tobacco, khat, cannabis sativa and heroine. Studies from across the world have isolated alcohol and tobacco as gateway to hard drugs.
- 6 Government rehabilitation centre for drugs and substance abusers be established in Kikuyu Sub County. Officials interviewed indicated that there is no government rehabilitation centre in the Sub County while 83.7% said that they were aware of only Mathare in Nairobi, as a government rehabilitation centre. Only 11.5% of the respondents indicated that they were aware of any counseling services of drugs and substance abusers offered by government officers. Treatment and rehabilitation approach has been used to address the problem of drugs and substances the world over. For instance in addressing misuse of drugs and substances British government strategies have emphasized on treatment and rehabilitation (Anthony, 2009). One in eighteen drug abusers in Africa receive treatment compared to one in five problem drug abusers receiving treatment in Western and Central Europe (UNODCR, 2014).

5.5.1 Contribution to the body of knowledge

This section covers the contribution of the study to the body of knowledge based on the four strategies as presented in table 5.1.

Table 5.1: Contribution to the body of knowledge

S/No.	Objective	Contribution to body of knowledge
1	Economic empowerment and establishment of recreation facilities and control of drugs and substance abuse	The study established that there is positive influence on control of drugs and substance abuse among the few youth who are beneficiaries of Uwezo fund, women enterprise fund, youth fund, Government tenders and regular users of Government recreation facilities.
2	Information and education and control of drugs and substance abuse	Information and education through seminars, public sensitization meetings and the media influences control of drugs and substance abuse among the youth negatively in Kikuyu Sub County.
3	Legislation and enforcement of the laws and control of drugs and substance abuse	Legislation and enforcement of the laws has positive influence on control of drugs and substance abuse among the youth despite the high levels of ignorance on legislations.
4	Treatment and rehabilitation and control of drugs and substance abuse	Treatment and rehabilitation has a positive influence on control of drugs and substance abuse among the youth in Kikuyu sub county..

5.6 Suggestions for Further Research

The following areas are suggested for further study:

1. A study on influence of Government taxation policies on control of abuse of licit drugs and substances.
2. Influence of research and dissemination of research findings on drugs and substance by Government agencies in control of drugs and substance abuse.
3. A study on the capacity of legislations on drugs and substances to deter drugs and substances peddling and trafficking.
4. Influence of Government strategies in control of drugs and substance abuse among the youth in an urban area.
5. A study on strategies used by non state actors in control of drugs and substance abuse.

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APPENDICES

Appendix 1: Research Permit

THIS IS TO CERTIFY THAT:
MR. ELIAS KITHAURA GITONGA
of UNIVERSITY OF NAIROBI, 59159-200
nairobi, has been permitted to conduct
research in Kiambu County
on the topic: INFLUENCE OF
GOVERNMENT STRATEGIES IN CONTROL
OF DRUGS AND SUBSTANCE ABUSE
AMONG THE YOUTH IN KIKUYU
SUB-COUNTY KENYA
for the period ending
30th October, 2016

Permit No : NACOSTI/P/15/91706/8529
Date Of Issue : 2nd November, 2015
Fee Received :Ksh 1000


[Signature]
Director General
National Commission for Science, Technology and Innovation




CONDITIONS

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.**
- 2. Government Officers will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.**

REPUBLIC OF KENYA



NACOSTI
National Commission for Science, Technology and Innovation



RESEARCH CLEARANCE PERMIT

Serial No. A 7025

CONDITIONS: see back page

Appendix 2: Letter of Authorization by the University of Nairobi



UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION
DEPARTMENT OF EXTRA-MURAL STUDIES
NAIROBI EXTRA-MURAL CENTRE

Your Ref:
Our Ref:
Telephone: 318262 Ext. 120

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
N A I R O B I

17th August, 2015

REF: UON/CEES//NEMC/22/222

TO WHOM IT MAY CONCERN

RE: GITONGA ELIAS KITHAURA - REG NO- L50/66574/2013

This is to confirm that the above named is a student at the University of Nairobi, College of Education and External Studies, School of Continuing and Distance Education, Department of Extra- Mural Studies pursuing a Master of Arts in Project Planning and Management.

He is proceeding for research entitled “**influence of government strategies in control drugs and substance abuse among the youth in Kikuyu Sub-County Kenya**”.

Any assistance given to him will be appreciated.


CAREN AWILLY
CENTRE ORGANIZER
NAIROBI EXTRA MURAL CENTRE



Appendix 3: Letter of introduction

**UNIVERSITY OF NAIROBI,
MAIN CAMPUS,
P.O BOX 30197-00100,
NAIROBI.
12/8/2015**

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: LETTER OF INTRODUCTION

I'm a post graduate student studying for a Master of Arts degree in Project Planning and Management at the University of Nairobi main campus. My research topic is on influence of government strategies in control of drugs and substance abuse among the youth in Kikuyu sub County.

The study is expected to contribute to the general body of knowledge and benefit other scholars in the area of drugs and substance abuse. It may also enable the government to decide whether to continue, discontinue or change the strategies employed in control of drugs and substance abuse and hence more efficient and effective allocation of scarce resources.

The information gathered will be used only for academic purposes. Confidentiality of the information given will be upheld and identity of the respondent will not be revealed.

This is therefore to appeal to you to support the research by filling the attached questionnaire or participating in the interview as appropriate. Meanwhile, I take this opportunity to thank you for the time you will use in support of the research.

Elias Kithaura Gitonga

**Appendix 4: Questionnaire for youth registered under the Ministry of Labour,
Social Security and Services.**

(Please tick appropriate boxes where provided)

Section A: Demographic characteristics

1. Indicate your age in years

2. Gender

Male

Female

3. In which sub location do you reside _____

4. Indicate your highest level of education

Primary

Secondary

Tertiary

University

5.

a) Are you employed?

Employed

Not employed

b) Indicate whether formal or self employed

Formal

Self employed

6. If employed indicate the amount you earn per month

Less than 10,000

10,000-15,000

15,000-20,000

20,000-25,000

Over 25,000

Section B: Economic empowerment and establishment of recreation facilities

Has your group benefited from the following Government programs

Program	Yes	No
Uwezo fund		
Youth enterprise fund		
Women development fund		
Government tender		

7. To what extent has the following government programs empowered you as a youth in the last 12 months?

Program	NE	LE	AE	GE	VGE
Uwezo fund					
Youth enterprise fund					
Women development fund					
Government tender					

NOTE: NE – No extent; LE – Less extent; AE – Average extent; GE – Great extent; VGE – Very great extent

8. How often do you use Government recreation facilities in 30 days?

Never 1 – 2 times 3 – 4 times 5 – 6 times More than 6 times

Section C: Information and education

9. How many public sensitization meetings on drugs and substance have you attended in the last 12 months?

- None
- 1-2
- 3-4
- 5-6
- More than 6 times

10. Have you attended any training organized by the government on drugs and substance abuse in the last 12 months?

Yes

No

11. How often do you hear messages on drugs and substances from the government through the media in 30 days?

None

1-2 times

3-4 times

5-6 times

Over 6 times

Section D: Legislation and enforcement of law

12. How many legislations on drugs and substance are you aware of?

None One Two Three Four More than four

13. Indicate your opinion about each of the following statements.

Statement	SD	D	NS	A	SA
There are regular crackdown by police due to drug and substances					
The crackdowns usually lead to arrest of abusers of drugs and related substances					
I know of youths who have been arrested in such crackdowns in the last 30 days.					

Note: SD – Strongly disagree; D – Disagree; NS – Not sure; A – Agree

SA – Strongly agree

Section E: Treatment and rehabilitation

14. Indicate your opinion about each of the following statements.

Statement	SD	D	NS	A	SA
There is a government rehabilitation center nearby for those with drug and substance abuse related cases					
Youths who have been treated in government and rehabilitation centres due to drug and substance abuse					
Counselling sessions on drugs and substances are conducted by government officers at the center					

Section F: Control of drugs and substance abuse

15. a. In your opinion to what extent can reduction in availability of drugs and substance be attributed to implementation of the following government strategies?

Strategy	NE	LE	AE	GE	VGE
Economic empowerment and establishment of recreation facilities					
Information and education					
Legislation and enforcement of the law					
Treatment and rehabilitation					

Note: NE – No extent LE – less extent AE – average extent
 GE– great extent VGE – very great extent

b. How would you rate the following four strategies in reduction in availability of drugs and substances in Kikuyu Sub County?

Strategy	VI	I	RE	E	VE
Economic empowerment and establishment of recreation facilities					
Information and education					
Legislation and enforcement of the law					
Treatment and rehabilitation					

Note: VI – Very Ineffective; I – Ineffective; RE – Relatively Effective; E – Effective;
 VE – Very Effective

16. a) In your opinion to what extent can a reduction in number of drugs and substance abusers among the youth be attributed to the implementation of the following government strategies?

Strategy	NE	LE	AE	GE	VGE
1. Economic empowerment and establishment of recreation facilities					
2. Information and education					
3. Legislation and enforcement of the law					
4. Treatment and rehabilitation					

Note: NE-No extent LE- less extent AE- average extent
 GE- great extent VGE- very great extent.

b) How would you rate the following four strategies in reduction of drugs substance and drugs substance abusers in Kikuyu Sub County?

Strategy	VI	I	RE	E	VE
1. Economic empowerment and establishment of recreation facilities					
2. Information and education					
3. Legislation and enforcement of the law					
4. Treatment and rehabilitation					

NOTE: VI – Very Ineffective; I – Ineffective; RE – Relatively Effective; E – Effective;
 VE – Very Effective

Appendix 5: Interview guide for national administration officers and police officers

Section A: Demographic characteristics

(Please tick appropriate boxes where provided)

1. What is your age in years? _____
2. Gender
Male
Female
3. In which sub location do you reside? _____
4. How long have you served in Kikuyu sub county? _____ (indicate number of years)
5. What is your highest level of education?
Primary
Secondary
Tertiary
University

Section B: Economic empowerment and establishment of recreation facilities

6. What are the most commonly abused drugs in Kikuyu Sub County?
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
7. In your opinion, has Uwezo, women and youth enterprise fund contributed in control of drugs and substance abuse in Kikuyu Sub County?
Yes
No

Please explain?

8. Has allocation of government tenders to the youths contributed to control of drugs and substance abuse among the youth in Kikuyu Sub County?

Yes

No

Please explain

9. In which ways has establishment of recreation facilities helped in control of drugs and substance abuse among the youth in Kikuyu Sub County?

10. What types of government recreation facilities exist in Kikuyu Sub County?

Section C: Information and education

11. How many times in a month do you hold sensitization meetings on drugs and substance abuse?

12. How many training sessions on drugs and substances has the government held in the last 12months?

13. Do you consider sensitization on drugs and substances by the government through the media effective?

Yes

No

Comment on your response

Section D: legislation and enforcement of law

14. What legislations do you use in drugs and substances control?

15. What are the challenges in enforcing the law on drugs and substances?

16. What are quantities of drugs and substances confiscated in the last 12 months in Kikuyu police station?

17. How many arrests in regard to drugs and substance abuse has been made Kikuyu Sub County in the last 12 months?

Section E: Treatment and rehabilitation

18. Is there a government rehabilitation centre in Kikuyu Sub County?

19. How many drugs and substance abusers from your sub location, location division and Sub County were treated in government rehabilitation centers in the last 12 months?

20. How many counselling sessions of drugs and substance abusers has the government conducted in your sub location, location, division and Sub County in the last 12 months?

Section F: control of drugs and substances

21.

a) In your opinion has there been reduction in availability of drugs and substances due to implementation of the following government strategies.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Economic empowerment and establishment of recreation facilities. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Information and education. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Legislation and enforcement of the law. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Treatment and rehabilitation. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

b) Explain how implementation of each of the above strategies has contributed to change in availability of drugs and substances

c) How would you rate the following four strategies in reduction in availability of drugs and substances in Kikuyu Sub County?

Strategy	VI	I	RE	E	VE
1.Economic empowerment and establishment of recreation facilities					
2.Information and education					
3.Legislation and enforcement of the law					
4.Treatment and rehabilitation					

NOTE: VI – Very Ineffective; I – Ineffective; RE – Relatively Effective; E – Effective; VE – Very Effective

23.

a) In your opinion has there been a reduction in number of drugs and substance abusers among the youth due to implementation of the following government strategies?

1. Economic empowerment and establishment of recreation facilities. Yes No
2. Information and education. Yes No
3. Legislation and enforcement of the law. Yes No
4. Treatment and rehabilitation. Yes No

b) Explain how implementation of each of the above strategies has contributed to increase/ decrease of the number of drugs and substance abusers in Kikuyu sub county

c)How would you rate the following four strategies in reduction of drugs substances and DSA's in Kikuyu Sub County?

Strategy	VI	I	RE	E	VE
1.Economic empowerment and establishment of recreation facilities					
2.Information and education					
3.Legislation and enforcement of the law					
4.Treatment and rehabilitation					

NOTE: VI – Very Ineffective; I – Ineffective; RE – Relatively Effective; E – Effective; VE – Very Effective

Appendix 6: Budget and time frame for data collection and compilation of research report on influence of government strategies on control of drugs and substance among the youth in Kikuyu Sub County

(a) Budget

S/NO.	ITEM	NO. OF UNITS	UNIT COST (KSH)	TOTAL (KSH)
1	Photocopies of questionnaires and interview guide	360	12/= per set	4,320
2	Pilot testing of questionnaire photocopies	30	12	360
3	Hiring of two research Assistants	15 days	1000/= @ per day	30,000
4	Transport	1 taxi for 5 days	4000/= per day	20,000
5	Hall	1 for two days	5000/= per day	10,000
6	Airtime	360	10/per call	3,600
7	Typing and printing of the report	6 copies	1000	9,000
GRAND TOTAL				77,280

(b) Time frame

Data collection was carried out between 20/8/2015 and 20/9/2015. Data analysis and compiling of research report was completed on 20/10/2015.