

## Examining the Influence of Drug Abuse in Learning Institutions in Kenya Academic Article

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### Abstract

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*Drugs are chemical substances, either synthetic or natural which when taken alter the normal physiological functioning of the body. Drug abuse relates to excessive use of psychotropic substances resulting to changes in behaviour and normal functioning of the body. This article is aimed at examining the influence of drug abuse in learning institutions in Kenya. The article looks into the common drugs abuse, the consequences of drugs and ways and means of mitigating the same. It also looks into the factors influencing drug abuse in Kenyan schools and colleges. The article highlights the causes of abuse among them being peer pressure, frustrations at home and availability of drugs. It goes on to give an insight on discussions and literature from various studies and gives a conclusion and recommendations on the drug situation in Kenyan learning institutions today.*

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**Key Words:** Drug abuse, Chemical substances, learning institutions.

### Introduction

Drug abuse among youth is of rising concern. Initiation into drugs begins often during teenage years and usually peaks between 18 to 25 years. Peer pressure, curiosity and lack of awareness are often cited as the main reasons for youth getting involved in drug use. It is therefore essential to generate awareness and organize programmes in schools and colleges about the ill effects of drug abuse and addiction.

According to the UN World Drug Report 2014, Globally, it is estimated that in 2012, some 243 million people corresponding to some 5.2 per cent of the world population aged 15-64 had used an illicit drug, mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulant (ATS) group, at least once in the previous year. Although the extent of illicit drug use among men and women varies from country to country and in terms of the substances used, generally, men are two to three times more likely than women to have used an illicit substance. While there are varying regional trends in the extent of illicit drug use, overall global prevalence of drug use is considered to be stable.

Similarly, the extent of problem drug use, by regular drug users and those with drug use disorders or dependence, also remains stable, at about 27 million people (range: 16 million-39 million). With respect to the different groups of substances, there has been an increase in opioid and cannabis use since 2009, whereas the use of opiates, cocaine and ATS has either remained stable or followed a decreasing trend. However, not all countries conduct national surveys on drug use, and most countries that do so conduct them only periodically, once every three to five years. This is based on the prevalence rates of any drug use among males and females reported to the United Nations Office on Drugs and Crime (UNODC) by Member States through the annual report questionnaire. Therefore, rather than looking at the year-to-year change, it is more meaningful to take a longer-term perspective. Also, year-on-year changes in a country's prevalence rate have only a slight impact on a region's overall prevalence unless they occur in a country with a large population. For 2012 data, updated prevalence estimates are available for 33 countries, mostly countries of Western and Central Europe and North America, representing nearly 12 percent of the global population aged 15-64. Therefore, the trends and global annual estimates of overall drug use and of different substances reflect only the changes in or revision of the estimates for those countries and regions.

The report goes on to say that in Western countries illicit drug use increased strongly since the 1970s, and this upward trend, though moving at a somewhat slower pace, is likely to continue for some time. Illicit drug consumption in the United States which, in contrast to the global trend, actually declined from the high levels of the 1980s has been increasing since 1992.

Eastern Europe and the countries of the Commonwealth of Independent States have been noting an increased usage since the 1990s; so, also, are Africa, many parts of Asia, Latin America and western Europe. Consumption of illicit drugs looks like becoming a global phenomenon, no longer confined to the status of a demand problem in industrialized countries. The traditional distinction between supplier and consumer countries is breaking down. The developing countries that produced, but tended not to consume, illicit drugs, are showing increased domestic consumption, more often of modern rather than traditional drugs: *bazuco* in Bolivia, Colombia and Peru; heroin in Myanmar, Pakistan and Thailand; methamphetamine in Far-East and South-East Asian countries; fenetylline in several countries of the Arabian peninsula and methaqualone in several countries of southern Africa.

The largest single consumer of illicit drugs in the world, however, still seems to be the United States, with some 12.8 million current drug abusers out of a total population of 260 million in 1995. Drug abusers represent 6.1 percent of the population aged 12 years and over. An estimated 3.6 million people have severe drug problems and are in need of professional drug treatment services. The number of people having consumed illicit drugs at least once in the year prior to the survey (1994) was 25.9 million or 12.4 per cent of the population aged 12 years and over. Such figures are high not only in absolute terms, but also in comparison with the prevalence rates reported in most other parts of the world. Drug abuse in the United States evolved within the broader context of the historical relationship between people and the psychoactive organic compounds in their immediate environments. Historians and archaeologists have noted that the use of alcohol is, for the most part, a human cultural universal. The chewing of cocoa and other psychoactive plants has existed in many societies for millennia. Marijuana and the opium poppy are indigenous to several regions of the world and have been used as intoxicants and in rituals likely since prehistoric times. The explosion of the world trade following the discovery of America by the Europeans, brought local proactive plants-from tobacco and marijuana to cocoa and opium poppy, and related techniques of distillation, refining and crossbreeding-to the attention of world consumers. The American drug experience emerged, evolved and endured within the framework of this worldwide trafficking of what was originally psychopharmacological plants (Inciadi, James A., (1986). Only a few countries, for instance Australia and Brazil, report slightly higher prevalence rates, due mainly to more widespread consumption of cannabis.

The situation in Africa is not any different. Africa now occupies second position worldwide in the trafficking and consumption of illegal drugs. According to UN statistics 37,000 people in Africa die annually from diseases associated with the consumption of illegal drugs (UNODC, 2003 World Drug Report) Apart from cannabis abuse in northern and southern Africa and khat chewing in north-eastern Africa, the history of drug abuse in Africa is relatively short. The abuse of drugs in Africa is nevertheless escalating rapidly from cannabis abuse to the more dangerous drugs and from limited groups of drug users to a wider range of people abusing drugs. The most common and available drug of abuse is still cannabis, which is known to be a contributing factor to the occurrence of a schizophrenic-like psychosis. The trafficking in and abuse of cocaine and heroin are the most recent developments in some African countries that had had no previous experience with these drugs.

Efforts should be made to design and implement drug abuse assessment programmes to determine the real magnitude and characteristics of the problem and to monitor its trends. A lack of funds and a shortage of adequately trained personnel have made it difficult to implement drug abuse control programmes. In addition to formal drug control involving the implementation of legislation, there is an informal system of drug abuse control operating through the family, church, school, neighbourhood and work environment, as well as healthy recreational activities. It is suggested that efforts in African countries should be directed towards strengthening not only the formal drug control system but also informal control in order to compensate for the insufficient funds and the shortage of personnel trained in implementing formal drug control measures. It is very likely that the drug problems in African countries will worsen in future unless more effective measures are implemented to arrest the current situation.

In Kenya drug abuse scourge has taken toll on the society. This is largely out of the fact that not many people treated the various substances as the source of serious health afflictions. Evident lack of awareness, fanned by unavailability of accurate information on the adverse consequences of indulgence habits left the problem of drug and substance abuse to permeate communities throughout Kenya. Drug and substance abuse is indeed a menace in Kenyan schools, requires concerted efforts to overcome (NACADA- National baseline survey on the abuse of alcohol and other drugs in Kenya report 2004). The targeted Kenyan youth are aged between 10-24 years and it is revealed that substance abusers, both illicit and licit are forming a culture among Kenyan youth. Amayo (1993), asserts that trafficking of hard drugs into developing countries had not spared Kenya and that the drug consumption among secondary and college students had led to unrest, destruction of life and property. The UN World drug report 2000 ranked Kenya among the four African Nations notorious for either consumption or manufacture of narcotics in the world.

According to the National Campaign Against Drug Abuse (NACADA) in Kenya which was initiated in early 2001, the past twenty years has seen drugs and drug abuse soar to an extent that it now cuts across all sectors of life. The level of drug abuse is startling and even more frightening because of the fact that many young people are getting hooked on drugs each passing day. Alcohol, bhang and tobacco are increasingly being abused by school going children. Research and seizure statistics show it has a steady upward trend. Those between 16 to 30 years of age, a critical period in one's development are most affected. 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, tranquilliser, 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. Half of these have become regular users. Up to 30 to 40% in class seven, eight and form one have taken drugs at one time or another. Drugs abused are available next to every family's door. They are available next to every family's door. They are available everywhere 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. Drugs are a lucrative industry run by ruthless cartels who rake millions of shillings from the business annually. It is a complex syndicate woven by powerful people who have enlisted the services of security and immigration personnel. Corruption abounds. Sophistication in the mode of transportation and packaging makes the work of the Drug control organization increasingly difficult. Customs immigration and County administration and anti-narcotics personnel are all caught in this web. The anti-narcotics squad-a unit within the Kenya police force makes the challenge look more insurmountable. Already, Nairobi has become an important transit point for drugs. Although trafficking of drugs is controlled by adults, the immediate source of drugs for the youth is other youth. Students are supplied with drugs by fellow students. Most of the drugs other than alcohol are purchased in school.

A report by the criminal investigations (CID) and the Anti-narcotics Unit of the Kenya police single out Kenyan and Tanzanian coastal towns as conduits for drug trafficking. In the year 2001 a total of 4210 suspects were arrested in the East African region. Out of these 4162 were Kenyans while 48 were foreigners underlining the seriousness of the problem in Kenya. By sex, 3889 of the suspects were male while 289 were female. During the period, a joint regional police swoop netted: 52,000 tablets of mandrax and a record 383 tons of cannabis. 355 tons was netted in Mt. Kenya and Gwasi hills. 20 kg of heroine and 200mg of cocaine were seized at Jomo Kenyatta International Airport (JKIA).

With these foregoing, it is clear how far Kenya has been invaded by the supply and the use by the youth of the drugs.

It is important that the problem was tackled early otherwise it can go to the United States of America way where studies show that by the time seniors graduate from high school, 92% of them have tried alcohol and 1/3 of them are heavy drinkers.

### Literature Review

Although it is difficult to authenticate the actual extent and nature of drug and substance abuse among youth in learning institutions, research indicates that most students, experiment with and abuse alcohol and other drugs. A report by Chesang (2013) indicates that by the age of 15, 34% of this age group had used tobacco, 18% cannabis sativa, 32% had abused khat and 5% cocaine; with the age group at most risk put at between 16 and 18 years. In addition, the Daily Nation Newspaper, Tuesday 15 July 2014 (newsdesk@ke.nationmedia.com) reported that of the 27 people who died after consuming poison alcohol in Nyeri County, among them were university and secondary school students, between 15 and 20 years old. ISSN: 2201 6333 (Print) ISSN: 2201 6740 (Online) www.ijern.com 632.

A countrywide survey conducted by NACADA (2012) among students and school leavers revealed that substances of abuse, both licit and illicit, were forming a sub-culture among Kenyan youth. Contrary to common assumptions, the survey demonstrated that drug and substance abuse was widespread, and that it affected the youth mostly; and cut across all social groups. Overall, the most commonly abused drugs were found to be alcohol, tobacco, khat and cannabis. According to national statistics from the Rapid Situation Assessment of Drug and Substance Abuse in Kenya (NACADA, 2012), 11.7% of young people aged 15-24 are current users of alcohol, 6.2% use tobacco, 4.7% khat while 1.5% are users of cannabis. In addition, the median age of initiation to tobacco products is 10 years while the minimum is 8 years. Alarming, the median age for alcohol is 10 years and the minimum 4 years. The above statistics are an indication of the grave situation faced by children and the youth in Kenya who are already burdened by other socio-economic challenges. In addition, students were found to be abusing imported illegal substances such as heroin, cocaine and mandrax. However, it was noted that of the school youth who engaged extensively in drug and substance abuse, most of the cases took place in secondary schools and institutions of higher learning. These findings show that drug and substance abuse is a reality among Kenyan youth; and there is need for the development and implementation of intervention strategies to curb the problem especially among students. It is important to note that all drugs are dangerous and that the deliberate ingestion of drugs is wrong and harmful to the individual, the family, the community and society as a whole. Although no consensus exists about the specific root causes of drug abuse and addiction for particular individuals, the reasons why people turn to narcotics, as well as the factors associated with drug and substance abuse are many and varied, and include individual predispositions, family characteristics as well as complex social and environmental determinants.

A number of authors and researchers have shown that there are many contributing factors to drug and substance abuse among young people including students. Drug abuse is caused by a combination of environmental, biological and psychological factors (Agrawal & Dick, 2008; Kuppin & Carpiano, 2006). The most influential factors include the family, peer association, school performance and social class membership. The family and especially so the parents, are the child's basic socializing agents. Maithya (2012) and Muchemi (2013), indicate that a child gains his/her first standards of behaviour from the teaching of the parents and other grown-up persons around them. They further argue that if the child observes a disjuncture between the parents' teaching and practice, it creates doubt, which is carried into adolescence, giving rise to deviant behaviour.

Chesang (2013) associates delinquency, for example alcohol and marijuana abuse, with lax, inconsistent or abusive parental discipline. Owing to the diverse socialization agents, such as the peer group, teachers, the mass media, the government and the church, and interaction with various people, young people are acquiring values that go beyond those of their immediate localized culture. Since the family is less involved in the socialization of the young, very little is communicated to the young people in the way of values and customs. As a result, the traditional value system has been eroded leading to moral decay.

According to the Sunday Standard Newspaper report by Kibet (June, 2014), peers have a high degree of influence only when parents have abdicated their traditional supervisory roles. Hence, active and involved parents may be able to limit the influence of peer groups on young people's International Journal of Education and Research Vol. 3 No. 1 January 201 633 attitudes towards use of drugs and substances, and therefore have a crucial influence on children's behaviour.

A survey report released by the National Agency for Campaign against Drug Abuse (NACADA, 2012) authority in Kenya, shows that young people, students included between 10 and 24 years whose parents use or sell alcohol and other drugs are likely to abuse these substances themselves. At times, youth, including students, who sell such substances on behalf of their parents, are themselves exposed to substance abuse in due course.

According to the World Drug Report (2014), drug users like other people, seek approval for their behaviour from their peers whom they attempt to convince to join their habit as a way of seeking acceptance. Studies carried out by Maithya (2012) and Chesang (2013) on drug abuse among young people showed that there is a significant relationship between the subjects' drug-using behaviour and the involvement of their friends in drugs. In their view, if an adolescent associates with other adolescents who use drugs, the risk of involvement with drugs is further increased. The studies also argue that peer pressure encourages youth to use substances under the false impression that some drugs stimulate appetite for food, increase strength and give wisdom as well as courage to face life.

A rapid situation analysis carried out by NACADA (2012) in all the provinces of Kenya established that 27% of young people including students who have ever abused drugs had friends who had taken similar drugs. The social environment has a part to play in drug abuse and deviant behaviour in general. Kibet, reporting for the Sunday Standard Newspaper (June, 2014) asserts that school activities are a focal point of adolescents' behaviour. These activities include poor school performance and conflict between the school system and the values of lower class youth. Reports on the impact of substances abuse on academic activities indicate that it interferes with physiological, psychological and emotional functioning. Among the problems recorded are impaired memory and other intellectual faculties, and tracking inability in sensory and perceptual functions (Agrawal & Dick, 2008). Further, the habit creates preoccupation with acquiring the substances, adverse psycho-pathetic complications and social development. This may lead to truancy, lack of concentration on studies among others (Eisenstein, 2005). Reduced cognitive efficiency leads to poor academic performance and thus resulting in decreased self-esteem. This contributes to instability in an individuals' sense of identity, which in turn, is likely to contribute to further substance abuse, thus creating a vicious circle (Hawkins, Catalano & Miller, 1992; Eisenstein, 2005).

Other studies have expounded that it is not only those who abuse substances that are affected. Students who abstain frequently suffer the second hand effects from the behaviour of other students who abuse psychoactive substances (INCB, 2006). While launching the second national conference on Drug and Substance Abuse: A Call for Action, organized by NACADA in 2013, to formulate measures to curb drug abuse; the President of Kenya, Hon. Uhuru Kenyatta directed the National Treasury to allocate more resources for prevention and control of alcohol and drug abuse. In addition, the treasury was advised to seek innovative ways of securing funding to increase NACADA's resource base in the fight against drug and substance abuse in the country, particularly among the young people both in and out of learning institutions (Standard Newspaper, June, 2014). In spite of the measures taken by the government to curb drug abuse, the practice is still widespread in schools and institutions of higher learning.

A report appearing on TV, K24 channel on 13th July, 2014 revealed that a 16 year old male student in a secondary school in Nyeri County died after drinking alcohol in a bar. Additionally, another story by the Nation Media team, in the Daily Nation Newspaper July 15th 2014, indicates that two university students were among 21 brew victims who died after consuming adulterated spirits in Eldoret County. As a result, Uasin Gishu County Commissioner banned the sale of spirits indefinitely. This means that drug and substance abuse among students in Kenya has become a serious problem that affects all the people in the country, and especially students. It is in view of this background that the current study was carried out.

### **Conclusion and Recommendations**

In line with the objectives and findings of the study, the researcher concludes that the current drug and alcohol abuse school-based preventive strategies had to a larger extent impacted on pupils positively. For instance, pupils were now more knowledgeable about the dangers of drug and alcohol abuse, they are able to learn about drug abuse at a younger age, and the involvement of parents to discuss their children's drug and alcohol abuse behaviour helped some pupils to change their behaviour.

However, the aspect of positive behaviour change has not significantly been influenced. Some pupils still abuse drugs and alcohol as a way of fitting in peer groups, believing that it can enhance their intellectual capacities or feel that they are grown-ups.

It can therefore, be argued that although the use of these strategies (lessons in classrooms, lectures, talks by DEC officers, video shows, counseling and over reliance on information dissemination) had a significant positive impact on pupils' knowledge about drug and alcohol abuse, there was very little impact on pupils' behaviour change. It is the view of the researchers, just as this study and many other studies have indicated that in order to have a greater impact on pupils,' in terms of behaviour change, there is need to:

1. Use school-based preventive strategies that are interactive and skill-based, such as role plays and focus group discussions.
2. Educators should ensure that they teach pupils more of drug refusal skills in combination with social life skills training.
3. Give teachers and peer educators special training in drug and alcohol preventive education.
4. Provide preventive education to pupils on a regular basis.
5. Increase funding to National Education Campaign Division of Drug Enforcement Commission to enable it to use evidence-based strategies such as focus group discussions, life skills training and role plays which require a lot of financial and material resources.

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