

**INFLUENCE OF SCHOOL ENVIRONMENT RELATED  
FACTORS ON DRUG AND SUBSTANCE ABUSE AMONG  
SECONDARY SCHOOL STUDENTS IN KISUMU TOWN  
EAST, KENYA**

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**ABSTRACT**

Current evidence reveals a continuing upward trend in substance abuse worldwide (World Drug Report, 2004). The report by WHO (2004) estimates that 1.1 thousands million people, representing a third of the world population above the age of 15 years, use tobacco principally in the form of the manufactured cigarette. Out of these smokers, 800 million live in developing countries, of which 700 million are male. Smoking is therefore a major habit in developing countries. In fact, the same report shows that tobacco causes 4 million deaths annually, besides prenatal morbidity and mortality. The main objective of this study was to assess school environment related factors that influence drug and substance abuse among secondary school students in Kisumu Town East, Kenya The findings of the study would be used to guide policy in the control and prevention of drug abuse in secondary schools.

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## INTRODUCTION

In fact during the last decade alone, the number of cocaine users in Europe has doubled, from two million in 1998 to 4.1 million in 2008. By 2008, the European market (\$34 billion) was almost as valuable as the North American market (\$37 billion). This indicates that the shift in demand led to a shift in trafficking routes, with an increasing amount of cocaine flowing to Europe from Andean countries via West Africa, causing regional stability (UNODC, 2010). The number of clandestine laboratories which involved in the manufacture of amphetamine-type stimulants is also reported to have increased by 20% in 2008 including in such countries where such labs had not been detected before. More over cannabis has remained the world's most widely produced and used illicit substance and is grown in almost all countries of the world. It is smoked by 130-190 million people at least once a year (INCB, 2003; UNODC, 2010). In deed, problems escalated by drug abuse are immeasurable and varied. A report by WHO (2010) estimates that about 76.3 million people struggle with alcohol use disorders which contributes to 1.8 million deaths per year. The report states that around 185 million people over the age of 15 years were consuming alcohol by the end of 20<sup>th</sup> century (World Drug Report, 2009). While tobacco smoking rates are high in developing countries, a report released by National Survey on Drug Use and Health (NSDUH) (2007) on smokeless tobacco use, initiation and relationship to cigarette smoking (2002 to 2007) shows that smokeless tobacco use remained relatively stable in the range of 3.0 to 3.3 percent between 2002 and 2007 among persons aged 12 or older. However, there was increase among certain sub-populations, in particular, among adolescent males (NSDUH, 2007). The same report reveals that among those who have used both smokeless tobacco and cigarettes in their lifetime, 31.8 percent started using smokeless tobacco first, 65.5 percent started using cigarette first, and 2.7 percent initiated use of smokeless tobacco and cigarette at about the same time. The report also points out that smokeless tobacco contains 28 cancer-causing agents and has been linked to oral cancer and increased risk of death from cardiovascular diseases. Therefore, it is important to understand that smokeless tobacco use is not a health alternative to cigarette smoking (NSDUH, 2007). Developing countries are burdened by economic, political and social problems, civil strife and war, poverty, HIV/AIDS, crime and corruption (INCB, 2003; World Bank, 2004). In fact, the reports show that in some of these countries, these problems are closely related to drug abuse. Despite enormous efforts which have been put in place in some of the African countries to control the problem, it has persisted

(UNODC, 2006). Most of these countries have been known to be hubs of drugs. Africa remains a major supplier of cannabis, which is one of the most widely abused drugs (INCB, 2003). More so, African coastal regions are overburdened with the problem of drug proliferation and Kenya is not an exception. The abuse of psychotropic substances is widespread because of inadequate systems of licensing and inspecting trade in such substances. The relationship between drugs and HIV/AIDS cannot be overlooked as was highlighted in an International conference on AIDS held in Durban South African in July 2000 (INCB, 2002). More than 100,000 injecting drug users in New York have been infected with HIV, and more than 50,000 cases of AIDS are reported among injecting drug users, their sexual partners and their children in New York City (Tarlais and Marmur, 2000). Alcohol's contribution to the global burden of disease is significant and growing in some regions to the point that in parts of central and Eastern Europe, alcohol use is contributing to an unprecedented decline in male life expectancy (WHO, 1999). This follows a report by UNCDP (1998) that shows that 23.1 million drug related deaths occurred among men while 5 million deaths occurred among females in Australia, Italy, Sweden, United Kingdom, and USA. World Drug Report (2005) shows that the main drugs used globally are heroin and cocaine. Approximately 200 million people, which accounts for 5% of the world's population aged between 15 and 64 years-old, had used drugs at least once in their lives (UNODC, 2005). Environment has been revealed by some studies as a contributor to drug abuse. In Denmark a study done on a cohort of Danish Men born in 1953 shows that childhood social environment determines drug and alcohol abuse (Merete, 2008)

## LITERATURE REVIEW

### Situation of drug and substance abuse in Africa

For a long time, sub Sahara Africa remained at the margins of drug and substance abuse (INCB, 2001). According to this report, it was not until the early 1990s that the problem became serious, with, for example, the seizure in Nigeria (in late 1993) of nearly 300kg of heroin from Thailand. The perception was that the region was being used as a transit hub for international criminal organizations. This wasn't the truth as hundreds of drug couriers, mainly Nigerians, swallowing heroin and cocaine filled condoms, had been arrested around the world since the early 1980s. According to Interpol, in 1999, 22% of cannabis seized in the world originated in Africa. Seizures of marijuana from East and Central Africa increased approximately 15% in the 1990s.

Based on seizures both in the West African countries and in the international market, the leading country appears to be Nigeria with 17 tonnes seized in 1999, Ghana 4.3 tonnes, Senegal 7 tonnes and Ivory Coast 1.6tonnes. In East Africa, police have on a number of occasions destroyed several hundreds of hectares, particularly in the Rift Valley and in Mount Kenya national park Kenya is singled out as the only Africa countries where opium poppy crops have also been proven (INCB, 2001). According to UNDCP (2002), although marijuana is illegal, its consumption is widespread in Africa. There are more than 25 million users constituting of 5.8% of the adult population; the world average is 3.4% of the adult population. In Africa, 61% of people treated for drug abuse and who often display serious psychological disorders are cannabis users. Two-thirds of these are youth. In 2001, the situation had reached serious level that African countries represented at the International Narcotics Convention held in Vienna in late March 2001 asked the UN to make an exceptional effort in the fight to curb the vice on behalf in the region (INCB, 2001). The sub-Sahara is not a production centre for chemical drugs intended for the international market unlike the other continents but the cultivation of cannabis for local market is developing exponentially everywhere. It has come to the point where it constitutes a threat to food production in the region. Sub-Sahara Africa is thus a not negligible consumer market for virtually all drugs supplied by a host of small rings. Traffickers also use its land, water and air routes to transport hashish and heroin from Southwest Asia in particular and cocaine from Latin America to Europe and the United States (INCB, 2001, INCB, 2002). But, African history of cannabis shows that world wars influenced its present use and functions. In Ghana and Nigeria was used by soldiers who had fought with British troops in Burma and had become accustomed smoking marijuana in their camps in India. In those countries where it was introduced long ago, it is still used for therapeutic and ritual purposes.

### **The Kenyan situation of drug and substance abuse**

The exact situation of drug abuse in Kenya is difficult to tell but estimation is possible. Drug trafficking and abuse are considered criminal offense under the Narcotic Drugs and Psychotropic Substance Control Act of 1994. The Kenya police through its anti-narcotic unit offices are strategically deployed at entry and exit points. But, up to now, minimal success has been achieved to eradicate it. Therefore, being a developing country, Kenya has not been spared the pestilence of drugs and it is abundantly clear that the country is a transit point for hard drugs

from Columbia heading to European capitals (Mwaura, 2003). Nation-wide studies have shown that the use of hard drugs is not yet widespread among the general Kenyan population but the use of the licit alcohol and tobacco is quite high in the general population (UNCDP, 1999; NACADA, 2007). An overwhelming majority of smokers of tobacco smoke daily (90%), whereas 70% of miraa users have it daily (NACADA, 2007). Perhaps, this risk behaviour is enhanced by social acceptability, easy availability and the results of sales promotion through uncontrolled advertisement (UNCDP, 1999; NACADA, 2004). This has led to positive attitude held by Kenyans towards consumption of licit drugs such as cigarettes (73%), packaged liquor (72%), traditional brew (09%), other tobacco products (63%) and miraa (54%) (NACADA, 2007). There is widespread attitude that if a drug is legal, then it is alright to use. In contrast, illicit drugs have particularly, shown low acceptability rating. No wonder, alcohol consumers were found to be at least 13% of people from all provinces in Kenya except North-Eastern (NACADA, 2007).

#### **Drug abuse among secondary school students**

Several studies have been done in Kenya targeting secondary school students. Schools have experienced several problems associated with drug abuse including poor health, examination failure; drop out from schools, suicides, unplanned pregnancy, arson, violence, strikes and truancy, (Ndegwa, 1998; Mugenda, 2003; Orifa, 2004; NACADA, 2004). Other studies also show that drug abuse results in impaired mind, less endurance, absenteeism and poor health. It also leads to low achievement and hopelessness but the studies indicate that poor academic performance does not result in drug abuse (Tabifor, 2000; Orifa, 2004). NACADA (2004) also states that drug abuse renders the affected population less economically productive and leads to failure in school, (NACADA, 2004). Types and prevalence of abused drugs vary with regions (Ominde, 1999; NACADA, 2007). It is a common phenomenon in urban areas due to many predisposing factors which are available (IDP, 2001; NACADA, 2004). Perhaps, the environment may be the principal factor that influences drug abuse. The education sector has put in place some measures to eradicate drug abuse in schools without any research done to establish the impact of the activities. The programs used are as per the discretion of the head of the institution (Orifa, 2005). Common strategies used by schools include general guidance and counselling sessions, song, drama, poem, debate and speeches. Verbal warning, corporal

punishment, parental involvement and suspension are also used to discourage drug use (Ndegwa, 1998; Orifa, 2004; NACADA, 2004). Other approaches used by some schools include use of photos, posters and guidance and counselling of identified abusers, (Orifa, 2004; NACADA, 2004).

## MAIN RESULTS AND DISCUSSIONS

### School environmental characteristics and drug abuse

Several studies have reported that availability and accessibility of drugs contribute to the abuse of drugs (Otieno, 2005; Kiambuthi, 2005; Gikonyo, 2005). According to NACADA (2004), the main explanation why people are tempted to use illegal drugs is the ready availability of drugs. According to Otieno (2005), availability of drug peddlers cheaply selling Miraa, tobacco, alcohol and marijuana locally in shops encourage students to engage in drug abuse. Kiambuthi (2005) reports it to be more serious in a school situation where the public or day scholars easily walk into school and sell their commodities, drugs included. Some studies have reported mushrooming of wine and spirit shops and dubious kiosks that make drugs easily available to the youth (Kiambuthi, 2005; NACADA, 2004). In Kenya, some of the most commonly cited effects of drug abuse in school are poor health, exam failure; drop out from schools, truancy and violence (Ndegwa, 1998; NACADA, 2003; Orifa, 2004). Considerably, these effects would lead to poor performance at the end of secondary course (Orifa, 2004). The reasons for drug abuse among students cited by Kenya Secondary School Heads Association (2009) and Okanga (2009) include ignorance of harmful effects of drug abuse, lack of parental guidance, imitation of heroes or role models and failure in schools. However, Merete (2005) and Harwood (2000) reports that failure in school increases the risk of drug abuse. It is important to note that satisfaction with school reduces the risk of drug abuse (Merete *et al.*, 2005). Though, some views puts it that satisfaction and good performance reduces the risk to drug abuse. Repeating a class has been viewed differently by people. Schools have used it as a means of promotion to performance. The minister of education science and technology when releasing Kenya Certificate of Secondary Education result (2011) referred to repetition of student to perform better as an “Orthodox” method used by schools to achieve good performance. Effects of repetition of a class on a student may include suicide, drop out, truancy and lower self esteem of the student (Otieno, 2010). SAMHSA (1999), reports a study done in USA with findings that repeating a class in

school increases youth's risk of cigarette use in grade 7 – 8 but not in grade 9 – 12. However, some studies have shown that drug abuse leads to poor performance in academics which may then result in repetition of a class or grade (Kiambuthi, 2005). Other findings have also shown that by nature, youth are risk-takers and are adventurers. Therefore, they easily fall prey to the wrong notion that drugs are answers to feeling of depression and hopelessness (Tabifor, 2004). These views are conflicting and therefore, there is urgent need to investigate if there is association between repeating a class and drug abuse.

### Satisfaction/ liking school versus drug and substance abuse

Table 4.23 Satisfaction to school

Satisfaction school	Drug abusers	Non-drug abusers	Odds ratio at 95% conf. level		
			Value	L. limit	U. limit
Yes	111(39%)	172(61%)	0.45	0.19	0.87
No	19(39%)	13(61%)			
Total	130(41%)	185(59%)			

The study investigated if there is any link between satisfaction with the secondary school the teenagers are attending and the habit of drug abuse. Table 4.23 shows the findings which indicate that satisfaction with the school lowers the risk of drug abuse among the learners by 55%. This implies that when a student is satisfied with the secondary school h/she is attending (likes the school), there is significant reduction in chances of engaging in substance abuse among such students.

### School environmental factors influencing drug and substance abuse as reported by respondents

Respondents were asked which school environmental factors they thought influenced drug and substance abuse. Results in table 4.6 indicate that a larger proportion (68%) of the respondents cited peer pressure as the major cause of drug and substance in schools. Other factors which were cited by few respondents included teachers abusing drugs and teachers not being strict with students.

**Table 4.24 School environmental factors influencing drug and substance abuse as reported by respondents**

Factors	Percentage (%)
Peer pressure	68
Teachers abusing drugs	8
Not strict teachers	6
Bad performance	4
Drug dealers	4

This study has shown that distance to the nearest wine and spirit shop, school policy, guest speakers and availability of posters in schools show association with drug abuse as indicated in the tables. Others are class repetition academic achievement at school and a student's satisfaction with (liking of) the school. This study reveals that there is close association between distance from wine and spirit shop and drug and substance drug abuse as indicated in table 4.15. Areas within 200m from the nearest shop had a slightly higher percentage of abusers (37%) as compared to those with shops beyond 200m (33%). This is in agreement with studies done by Kiambuthi (2005), Otieno (2005) and NACADA (2004) which show that availability and accessibility promotes the risk of drug abuse. Strict school policy on drug abuse shows association with engagement in drug abuse as indicated in table 4.14. There were fewer drug abuse cases in schools with policies on drug abuse (33%) compared to cases where there was no clear policy on drug abuse (44%). This is in agreement with other studies which have shown that a school's clear policy on drug abuse reduces the risk of drug abuse as reported by NACADA, 2007; Ndetei, 2009 and Orifa, 2004. However, this is not in agreement with Kiambuthi (2005) who reported that some policies used may be clear but not effective. Invitation of guest speakers shows close association with drug and substance abuse as indicated in table 4.16. There were more drug abusers (51%) in schools where the school administrators did not invite guest speakers with fewer cases of drug abuse in those that invited guest speakers (39%). School satisfaction and achievement shows close association with drug abuse as shown in table 4.23 and table 4.20 respectively. More drug abusers were present (61%) in school in which the students do not like (dissatisfied) while like comparatively low (39%). This shows that liking school reduces



risk drug abuse. School academic performance this study has indicated that more drug abusers (83%) in schools which performed below average while those schools where schools academic performance is good there are few cases of drug abusers (29%). Therefore, satisfaction (liking) to school where a child learns and school's good academic performance lowers the risk to drug abuse. Class repetition shows association with drug abuse as indicated in table 4.22. This study shows that more drug abusers (50%) were those who had repeated at least a class during education life while for those who had not repeated class, the proportion of drug abusers were lower (38%). This reveals that repeating a class increases risk to drug abuse.

Types of punishment shows a relationship with drug abuse cases as shown in table 4.19. More drug abusers (52%) are schools where the mode of punishment is canning/ ignoring while fewer drug abusers (25%) are from schools where suspension is the mode of punishment given to those found guilty with cases involving drugs abuse.

### Recommendations

1. The Ministry of Gender, Children and Social Development in collaboration with Ministry of Education should initiate comprehensive programmes that may engage the youth outside school more particularly the male gender. Activities such as tree planting, sporting activities and voluntary programmes like cleaning the environment should be initiated and encouraged as well as general construction jobs which may minimise idleness.
2. The ministry of Special Programmes, NGOs, village elders and area resource persons ought to sensitize members of the community on their role to raise small sized families which they are able to provide for for better living standards.
3. The ministry of education should promote and fund programmes such as youth polytechnic in villages. This will lower the burden of illiteracy among the citizenry. These will also provide opportunities to pursue further education.
4. The ministry of Special Programs in collaboration with religious leaders should initiate programs that are inherent in promotion of morals and virtues in the community. This may lead to few cases of premarital sex as well as teenage pregnancies.
5. The ministry of Public Health and Sanitation and NACADA should initiate programmes for the school counsellors and administrators, to train them and sensitize them on the need to investigate family background of student in relation to drug abuse.

6. The government of Kenya through the Ministry of Internal Security in the Office of the President should be committed in the control of bars and wine and spirit shops within a radius of 300m as stipulated in Alcoholic Drink Control Law, 2010.
7. School administrators should be strict on school drug policy.
8. The Ministry of Education should introduce clear policies on drug abuse prevention to all learning institutions making them to have programmes such as having regular visits for guest speakers in schools. All schools ought to have strategic academic plan for the whole year and copies be submitted to the Ministry of Education, certified by the district quality assurance officer at the district level, this may enhance good academic achievements.
9. Ministry of Education should have strict policy that student level of satisfaction be investigated on admission, reasons identified and counselling done where necessary. A questionnaire should be used yearly to test different dimensions such as discipline, academics and relationship with teachers and students among others.

#### **Recommendation for future research**

The researcher would recommend the following research gaps be filled in an effort to reduce drug and substance abuse among youths:

1. A similar study should be done in a rural setting since this study concentrated only on an urban setting.
2. A similar study should be done in other institutions of learning like primary and universities/colleges.
3. A similar study should be done in all other districts/ cities in Kenya.

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