

**MALE YOUTH PREDISPOSITION TO DRUG AND SUBSTANCE ABUSE IN
DAGORETTI DISTRICT, NAIROBI COUNTY**

**BY
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DECLARATION

This is my original work and has not been presented for the award of degree in any other university.

Sign 

Jane Muigai

Date: 20/11/12

This project has been submitted with my approval as the university supervisor.

Sign 

Mr. F.K. Kiragu

Date: 20/11/2012

DEDICATION

To my entire family for the unending and invaluable encouragement during the pursuit of my studies, God bless you bountifully.

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ABSTRACT

This was a cross-sectional descriptive study on male-youth predisposition to drug and substance abuse in Dagoretti district. In the study, a close examination of the types of drugs and substances abused by the male youths in Dagoretti and the effects of drugs and substance abuse on male youth in Dagoretti district were conducted. The study was deemed important in providing strategic and evidence-based approaches in dealing with drugs and substance abuse amongst male youth in Dagoretti district. The study used social cognitive learning theory in the diagnosis of drugs and substance abuse.

The study used simple random sampling to select respondents for the survey questionnaires while purposive sampling was used to select key informants and persons for case narratives. Data was collected through surveys and key informant interviews alongside case narratives. Analysis was done through the use of SPSS and thematic approach for the qualitative data.

The findings indicate that Drugs and Substance Abuse have been closely associated with peer pressure which easily drives them into DSA. The average age of drug and substance abuse in the district is 20 years with an increase from 49.4% to 54% which is a statistical significance in the amount of drug abuse. In most of these situations, parents and other guardians lack the skills to intervene.

The study concludes that Drug and substance abuse has high prevalence in Dagoretti and affects both in-school and out of school youths in the district. The average age at which the drug abuse peaks is established to be 20 years amongst the male youths while the least age at the start of drug abuse in this study is 15 years. Alcohol, tobacco and khat are the most abused drugs in the district given their availability and the legal status that the drugs enjoy in the country. However,

bhang, cocaine and Mandrax are abused on the least volumes due to their inaccessibility and the illegal status of these hard substances Community drugs and substances awareness campaign systematically designed to address the plight of the youths should be emphasised through NACADA and the local community based organisations dealing with drug issues in the district as well as school-based drug prevention and awareness programmes should be undertaken by the ministry of education in collaboration with NACADA to address the drug menace amongst the out-school and in-school youths in Dagoretti district.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
DSA	Drugs and Substance Abuse
HIV	Human Immune Virus
KNBS	Kenya National Bureau of Statistics
KIPPRA	Kenya Institute of Public Policy Research and Analysis
ICPA	International commission on Prevention of Alcoholism
UNDCP	United Nations Drug Control Program
UNODC	United Nations Office on Drugs and Crimes
WHO	World Health Organization

1.0 CHAPTER ONE: BACKGROUND OF THE STUDY

1.1 Introduction

The history of the human race has also been the history of drug abuse. In itself, the abuse of drugs does not constitute an evil. Drugs, properly administered, have been a medical blessing. For example, herbs, roots, bark leaves and plants, have been used to relieve pain and help control diseases. However, over the past few decades, the use of illegal drugs has spread at an unprecedented rate and has reached every part of the world. According to a United Nations Office on Drugs and Crime UNODC (2005), some 200 million people, or 5 per cent of the total world's population aged 15-64 have used drugs at least once in the last 12 months, an implied 15 million people more than the 2004 estimate. The report goes on to say that, no nation has been immune to the devastating effects of drug abuse.

According to the world drug report UNODC (2005), drug abuse has increased throughout the world in recent years. The report further states that a major world trend is the increasing availability of many kinds of drugs to an ever widening socio-economic spectrum of consumers. The report argues that the main problem drugs, at global level continue to be opiates (notably heroine) followed by cocaine. A report released by the United Nations Drug Control Programme UNDCP (2004), estimated that 3.3 to 4.1 per cent of the global population consumes drugs, and more worrisome is, according to the UNDCP executive director, those hooked are younger and younger every year. In Pakistan for example, it was reported that the share of those who started heroine use at 15-20 years has doubled to almost 24 per cent of those surveyed. Every country in the world, developed or developing, incurs substantial cost as a result of damages caused by substance abuse UNODC (2005).

The World Health Organization (WHO) estimates that 1.1 billion people, representing a third of the world population above the age of 15 years use tobacco, principally in the form of cigarettes. Of these smokers, 800 million (700 million of them males) live in developing countries WHO (2004). While smoking rates have been declining in the developed world, they have increased in the developing countries by as much as 50 per cent, 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 same report tobacco causes four million deaths annually, excluding prenatal morbidity and mortality. This figure is projected to rise to 1.6 million by the year 2025, 70 per cent of which will occur in the developing world if current trends continue INCB (2003).

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

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

directly contribute to the high prevalence of drug and substance abuse NACADA (2007). DSA has many possible underlying causes that include: weak DSA awareness programme; limited skills and personal capacity of the law enforcers; unemployment and low prioritization of DSA. The implementation of effective awareness programmes is often affected by limited facilities and personnel skills. Since this programme may be accorded low priority, it is often underfunded. The programme is also supported by weak institutional framework in which roles, partnerships and human rights perspectives of DSA are not strongly articulated NACADA (2007).

The root causes of DSA in the society include poverty, corruption and the breakdown of traditional values. The effects of DSA in Kenya include: increase in crime levels, including domestic violence; and risky sexual behaviors and practices, including increased exposure to HIV/ AIDS (Kelli et al. 2004; Stimson et al. 2006). DSA is therefore a threat to good health. Other consequences of DSA at individual level include: damaging one's ability to act as free and conscious being, capable of taking action to fulfill his/her needs, care for others and contribute positively to society (Ndetei, 2004).

1.2 Problem statement

A report by NACADA (2007) observed that drugs and substance abuse both licit and illicit are forming a sub-culture in Kenyan society and immediate attention is necessary. Drugs abused attack the brain, which is the centre of all the vital human functions. When a drug is abused it causes brain injury, alterations within the central nervous systems are produced, at times irreversible ones. When psychoactive substances destroy several thousand neurons, the consequences are fatal. Some students have died through overdose of drugs.

Drug abuse amongst the youth in Kenya has become a serious problem affecting all people in the country. Addiction leads many people, young people prominent amongst them, into a downward spiral of hopelessness that in some cases end fatally. They range from glue-sniffing street children and teenage ecstasy users, to hardcore heroin and cocaine addicts (NACADA, 2005). Drug abuse is responsible for lost wages, destruction of property in schools, soaring health care costs and broken families to name but a few.

Previous studies (NACADA and KIPRA, 2005; NACADA, 2004) had a general approach to drug abuse in the country without breaking into specific population segments like that of the male youth. In order to fill the gap on predisposition of the male youths' exposure to drug abuse, this study was guided by the following research questions;

- i. What are the types of drugs and substances abused by male youths in Dagoretti district?
- ii. What are the effects of drugs and substances abuse on the behavior of male youths in Dagoretti District?

1.3 Objectives of the study

1.3.1 Overall objective

To assess drug and substance abuse among male youths in Dagoretti District

1.3.2 Specific objectives

- i. To examine the types of drugs and substances abused by male youths in Dagoretti District.
- ii. To describe the effect of drugs and substance abuse on male youths in Dagoretti.

1.4 Justification of the study

Drug and substance abuse has many negative consequences for the abuser, relatives and the community at large; some of these are biological, psychological, sociological and even legal. Thus at practical level, the findings and recommendations of this study if adopted by policy makers like the legislature and anti-abuse advocates like NACADA will be important in guiding the strategies to be used in eliminating drug and substance abuse among the male youths.

On a theoretical level, the findings of this study serve to provide scholars with interest and awareness in drug and substance abuse and source of information for reference also a direction for future research. The study recommendations are useful to male youth abusing drugs in helping them know the strategies they can use in order to stop abusing drugs.

1.5 Scope and limitations of the study

This study was carried out in Dagoretti District of Nairobi County. It specifically looked into the perception of the male youths on drugs and substance abuse, the types of drugs and substances abused by the male youths, and the overall effect on the male youths in Dagoretti District.

The small study sample size coupled with unique experiences of youths and drug abuse in Dagoretti may limit the generalizability of the study results to national effects.

1.6 Definition of key terms

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

Drug addiction: Use of drugs for the purposes other than medical reasons. It refers to misuse of any psychotropic substances resulting in changes in bodily functions, thus affecting the individual in a negative way, socially cognitive or physically.

Drug addiction: Addiction to drugs or alcohol meaning that a person's body can no longer function without these substances. The addictive substances usually have negative effects, for example, they can alter the mental state and behavior to the point where the individual becomes a threat to himself and others.

Drug related problems: This term is used to describe all negative effects associated with drug abuse such as violence, conflicts with friends or school authorities, depression, crime, suicide.

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

Youth: In this study youth refers to young males aged between 18-25 years.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In this chapter, literature with respect to drug abuse was reviewed as per the objectives of the study. The review was done using the following sub headings: the concept of drug and substance abuse, perception of the youths on drug and substance abuse, types of drugs and substances abused by the youths and the effects of drug and substance abuse on the youths. The chapter finally looked at the theoretical frame work and the assumptions that guided this study.

2.2 Literature review

2.2.1 The concept of drug and substance abuse

A drug is any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system Escandon & Galvez (2006). The term 'drug' in general includes all substances that alter the brain functions and create dependence. Different drugs and substances abused produce adverse negative effects within the body.

WHO (2003) defines drug abuse as the self-administration of any drug in a manner that diverts from approved medical or social patterns within a given culture? Drugs abused, that impact on psyche of the individual are normally referred to as psychoactive substances. The definition includes both legal and illegal drugs and substances. The legal or licit drugs and substances are socially accepted and their use does not constitute any criminal offence or breaking the laws of the state. Some of the legal drugs and substances in Kenya include alcohol, khat and cigarettes. Illegal drugs and substances are socially rejected. Their use, possession, or sale constitutes a

criminal offence NACADA (2007). Drugs abuse among the students and youths is dominated by legal drugs and substances like tobacco, khat and alcohol. Among the illegal ones common examples are cannabis, ecstasy, heroine, mandrax and lysergic acid diethylamide NACADA (2004). Prescription and over the counter drugs are also abused. They are abused when a person continues to use them without any given medical condition and proper prescription. Some of these prescription drugs could be mood elevators, pain killers or antidepressants. Since these types of drugs have addictive effect, users tend to abuse them after recovery.

Prescription drugs include pain killers with codeine, *phenorbaritone*, valium, *piriton* and sleep control drugs. Some students who would want to read throughout the night use the sleep control drugs. The sleep control drugs are supposed to be used by persons suffering from drowsiness or have a problem staying alert; medical professionals are also known to abuse prescription drugs because of their availability in their places of work Witters et al. (1992). Students from such families tend to copy their parents' behavior.

A study by Rew (2005) states that these psychoactive substances produce in the consumer effects of feeling surplus energy, euphoria, stimulation, depression, relaxation, hallucinations, temporally feeling of well-being, drowsiness and sleepiness. They characteristically cause physical and psychological addiction on the consumer. Due to toxicity and addictiveness, drugs and substance abuse implies slow suicide. They poison and degenerate the vital body organs causing diseases like liver cirrhosis, kidney failure and heart attack. Addiction becomes obvious when the subject continues taking drugs in order to carry out daily duties. This makes the problem of drugs and substance abuse in the society complex and requires a lot of attention.

Drugs abuse among students from the western countries is alarming, Portner (1998). The United States is the foremost market in the world. This country which sets standard for other countries, has shown remarkable increase in the abuse of marijuana. It has also influenced the students from other countries to copy their behavior. Films and magazines show thrilling pictures of people on drug abuse. This kind of information can be deceiving to other viewers, making them vulnerable to drug abuse. The issue of concern is that these are the most favorite shows for students in secondary schools. A lot of music and the wording thereof are all in favour of these drugs and substances abused.

A report by NACADA (2007) observed that drugs and substances abused both licit and illicit are forming a sub-culture in Kenyan society and immediate attention is necessary. Drugs abused attack the brain, which is the centre of all the vital human functions. When a drug is abused it causes brain injury, alterations within the central nervous systems are produced, at times irreversible ones. When psychoactive substances destroy several thousand neurons, the consequences are fatal. Some students have died through overdose of drugs.

2.2.2 Perception of drug abuse by the youths

Substance use and abuse by young people, and problems associated with this behavior have been part of human history for a long time. What is different today is increased availability of a wide variety of substances and the declining age at which experimentation with these substances take place WHO (2005:45). However it is important to note that all drugs are dangerous and that the deliberate ingestion of drugs is harmful to the individual, the family, the community and society as whole. No consensus exists about the specific root causes 'of drug abuse and addiction for particular individuals. The reasons why people turn to narcotics are as varied as the types of

people who abuse them. The factors associated with drug abuse are many and varied, and include individual predispositions, family characteristics and complex social and environmental determinants. A number of authors and researchers have shown that there are many contributing factors to drug abuse among youths. Rice (1981:37), states that in a school setting, drug abuse affects the children of the rich as well as those from poor families. Shoemaker (1984:56) argues that drug abuse is caused by a combination of environmental, biological, and psychological factors. Among environmental factors, the most influential include the family, peer association, school performance and social class members.

According to the United Nations (1992:15), drug users, like other people seek approval for their behaviour from their peers whom they attempt to convince to join them in their habit as a way of seeking acceptance. Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behaviour can also push a susceptible individual down the wrong path.

A study carried out by Kariuki (1998:85) in Nairobi secondary schools indicate that the majority of drug users had friends who used drugs. Scholars such as Karugu and Olela (1993:87), Muthigani (1995:95) and Kamonjo (1997:65), who have conducted studies on the issue of drug use and abuse, agree that there is a significant relationship between the subjects of drug using behaviour and the involvement of their friends in drugs. According to them, if an adolescent associates with other adolescents who use drugs, the risk of involvement with drugs is further increased.

Another survey of youth in southern Nigeria, also found out that the source of drugs for drug using-students was friends in the same or neighboring schools, and students reported using drugs had 'more drug using than abstinent friends Nevadomsky (1982:75). Confirming this finding, Kiiru (2004:78) argues that peer pressure influences 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.

Although it is presumed that there are similarities in the prevalence of psychoactive substances used between young people in rural and urban areas, it is also generally assumed that, at least for some drugs, there is clear deterrence. For example, a rapid situation analysis by Adelekan (1999) in Obot (2005:105) showed that the prevalence of cocaine and heroin use in rural youth populations was generally low. This is in large part due to difference in exposure. According to this study, young people in urban areas have more opportunity to try new drugs and are exposed to influences from peers and the media than rural youth. There is no conclusive evidence that for substances that are easily available in both rural and urban areas (e.g. cannabis and alcohol), there is any significant difference in the rate of use between young people in different residential settings Obot (2005:97).

Much has been said and written about the relationship between the home environment and drug abuse. The family especially the parents are the child's basic socializing agents. Muthigani (1995:102) indicates that a child gains his/her first standards of behaviour from the teaching of parents and other grown-up persons around. She argues further that if the child observes a disjuncture between parents teaching and practice, it creates doubt, which is carried into

adolescence giving rise to deviant behaviour. Shoemaker (1984:98) associates delinquency, for example alcohol and marijuana abuse with lax, inconsistent or abusive parental discipline. The nature of parent-child interaction and the general atmosphere within the home is consistently related to delinquency among the youth. Furthermore, having a parent with a drug problem increases the chances of the same problem developing in the offspring.

Some other studies have looked at issues related to the family and use of drugs as related to the youth. Ndom and Adelekan (1996:105) carried out a rapid situation analysis study in Nigeria and found out that being male in an unstable family was associated with high risk for substance abuse. There is support for this argument from clinical findings by Asumi (1996:48) also in Nigeria, which have shown that cannabis abusers tend to be young men, including students, who have been deprived of parental supervision when they were young. A survey report released by NACADA in Kenya in 2004 indicate that, young people between 10 and 24 years, whose parents use or sell alcohol and other drugs, are likely to abuse these substances. At times youth, including students, who sell on behalf of parents, are themselves exposed to substance abuse in due course.

Authors like Schaefer (1996:130) and Bezuidenhout (2004:122) assert that there are various factors that cause young people to abuse drugs and even become addicted. These include family networks, interaction and home environments. Bezuidenhout (2004:123) says that adolescents with substance abusing parents experience a higher rate of parental and *or* family problems than do adolescents whose parents do not abuse substances. This may cause poor parent-child attachment, which may in turn lead to a lack of commitment to conventional activities, thereby at

times leading to adolescent drug taking. Schaefer (1996:133) adds that youths with poor home support tend to seek support and understanding elsewhere. Many find affection, understanding and support in the lifestyle of a drug abusing subgroup.

Society is always changing, and being a unit of society, the family has undergone many structural and role changes, Rapid social, economic and technological changes may, under certain circumstances, weaken family relationships and reduce the sense of belonging in various social spheres. African family structure has been and is still changing from the mainly extended to the smaller “nuclear family” plus immediate relatives. Unlike in the past, socialization of the young has been neglected. Many children are left in the care of house helps because the parents have to work. According to NACADA (Sunday Nation April 12, 2008:10) there is a strong link between alcohol/drug abuse by young people and the break-down in family values. In the indigenous society, drunkenness was frowned upon. In today’s setting, binge drinking is becoming an acceptable pastime with parents freeing the children from restrictions that once governed alcohol consumption. According to the same report, children as young as 10 are not only consuming alcohol, but are suffering the attendant consequences. Stories of children barely in their teens undergoing rehabilitation due to alcohol problems are a cause of concern NACADA (2008). The problems certainly reflect a bigger problem and they are a direct product of how children are socialized in relation to alcohol and drug use.

2.3 Types of drugs and substance abused by students

According to the United States Department of Health and Human Services (2000) alcohol is the most abused psychoactive drug in the United States. About 90% of the students use it before they

leave high school. In Kenya a report by NACADA (2008) indicated that alcohol is the most commonly abused drug by about 61 % of the population. The same report indicated that 40.9% of the students were abusing alcohol in Nairobi Province and 26.3% in Central Province. These percentages indicate that students are abusing drugs and it is important to address this issue with the seriousness it deserves.

Perkinson (2002) explains that alcohol is basically a central nervous system depressant and dulls the brain making learning a difficult task. When students get to the behaviour of abusing alcohol their reasoning get impaired and education becomes of less priority in the student's life. A survey by NACADA (2004) indicates 35% of the students from Central Province were abusing tobacco related products. The availability of tobacco products is prevalent within the province and is a percentage of which comprise youths/students made readily available to the consumers.

A Research that was done in Australia revealed that bhang smoking leads to trying other harder drugs due to its reinforcing influence. In Central Province a study by NACADA (2004) showed 5.3% of the students/youths were abusing bhang. Drug abuse among young people is a global phenomenon and it affects almost every country. It is difficult to authenticate the actual extent and nature of drug abuse amongst learners. Research indicates that most adolescents experiment with alcohol or other drugs prior at school. It is estimated that about 25 percent of r male adolescents and 10 per cent of female adolescents abuse alcohol at least once a week Gillis (1996:107). While the rate of drugs use in Africa is low compared to industrialized countries, they are a cause for concern. According to a UNDCP/WHO report (2000:19), more than 25

percent of students in Nigeria said it was easy to obtain a wide variety of illegal drugs such as crack cocaine, which has entered the market in Lagos. In South Africa –the only substantially

Industrialized sub-Saharan country –prevalence rates were of similar magnitude, but included the smoking of a mixture of cannabis and methaqualone. Cannabis was said to be a popular drug among secondary school students in both countries. For male and female students, it was reported that the age of first use was between 10 and 17 years. Other drugs of abuse were cigarettes and glue. The use of psychoactive substances in Nigeria has been seen as a problem of youth living in large urban areas. What was known about substance use in the country in 2005 can be summarized as follows: 5 percent of adult males and 22 percent of male youth are cigarette smokers while the use of cocaine and heroin is common among young people in large urban centers (Obot 2005:134).

The most commonly abused drug by both adults and youth is cannabis. One of the studies conducted specifically to address secondary school adolescent drug use in major urban areas of Nigeria, in 2003 Obot et al. (2003:107) showed that, overall, lifetime prevalence of cigarette smoking was 19 per cent, while 10.7 per cent of students reported smoking (at least one cigarette in the past year. Alcohol abuse was reported by 30 percent of the respondents. Other drugs of abuse included cannabis, 5 per cent, and inhalants, most often glue sniffing 14 per cent.

Alcohol and drug abuse among the youth are implicated in a range of social and economic problems in South Africa. A speech delivered on behalf of the Minister for Health at the launch of the International Commission on Prevention of Alcoholism (ICPA) South Africa Chapter, in

Pretoria, on 27 June 2006, revealed that there is an increase in demand for treatment for illicit drugs and substance abuses at treatment centres. Also of concern is the reported increase in the¹ proportion of younger patients coming for treatment. The Minister added that, nationally, almost one out of eight learners has had their first drink before the age of 13. In addition, 31.8 percent of learners had drunk alcohol on one or more days in the month preceding interviews by the South African National Youth Risk Behaviour Survey, 2002. The results also showed that one in five learners had smoked cigarettes on one or more days in the preceding month. The most commonly abused drugs were said to be alcohol, mandrax, marijuana, heroin and tobacco in the form of cigarettes.

In Kenya, drug abuse has threatened the lives of the youth of 29 years and below. While addressing the opening of the Narcotics Drugs and Psychotropic Substances Control Seminar, Wako (2001) said that 60 per cent of drug abusers are youth less than 18 years of age and recommended that drug users should be made to realize the dangers of drug abuse. The Office of the National Agency for the Campaign against Drug Abuse (NACADA) in Kenya was created in March 2001. Between 2001 and 2002, NACADA commissioned the first ever national baseline survey on the abuse of alcohol and drugs in Kenya. The study targeted Kenyan youth aged between 10 and 24 years. The summary of the unedited report, which was released in 2002, revealed that substances of abuse, both illicit and licit were forming a sub-culture amongst Kenyan youth. Contrary to common assumptions, the survey demonstrated that substance abuse was widespread and that it affected the youth and mostly cut across all social groups.

Overall, most commonly abused drugs were found to be alcohol, tobacco, khat and cannabis. In addition, the youth were also abusing imported illegal substances such as heroin, cocaine and mandrax. Although non-students engaged extensively in substance abuse, most abuse was in Secondary schools and universities. The report concluded that substance abuse often begins at a very young age for example, for students and non-students, it starts when they are in primary or secondary school.

Another country wide survey conducted by NACADA (2004) among students and school leavers found that hard drugs like heroin, ecstasy, cocaine and mandrax were widely abused in schools by children as young as ten years. The survey revealed that some legal substances such as alcohol, tobacco and khat were commonly abused leading to high incidence of violence in schools East African Standard (May 22, 2004). Forty-three percent of students from Western Kenya confessed to alcohol abuse 41 per cent in Nairobi, 27 percent in Nyanza, 26 per cent in Central Province and 17 per cent in Eastern Province. Nairobi students led in cigarette smoking followed by Central, Coast, Eastern and Rift Valley provinces. The Ministry of Health estimates that Kenyans smoke about 10 million cigarettes a year. Ministry statistics also show that smoking prevalence rates among children below 15 years are between 13 and 15 percent. Among young people aged between 18 and 29, the rate is estimated to be 44.8 percent, and 52 percent among college and university students Gatonye (Daily Nation May 22, 2006). On the same note, the then Minister for Health, Hon. Charity Ngilu, warned that the number of smokers in Kenya is increasing, saying that 1.1million under age Kenyans were addicted to tobacco Daily Nation (May 23,2006).

A study by the Great Lakes University, Kisumu found in 2009 that 58% of the secondary school students in Kisumu District had consumed alcohol at some point in their lives (Daily Nation, June 2, 2009). The study interviewed 458 students from nine secondary schools in Kisumu and concluded that use of drugs including alcohol, tobacco, khat, cannabis and cocaine had risen drastically in the previous decade. By age 15, according to the study, some students were found to have already started using drugs and by the time they were 19, 33% males and females had already become drug abusers.

2.4 Effects of drug and substance abuse

Drugs and substance abused have varied physiological effects. There are adverse consequences like insomnia, prolonged loss of appetite, increased body temperature, greater risk of hepatitis and HIV/AIDS infection, Perkinson (2002). Overdose of some drugs abused can lead to sudden death. Some of these drugs abused cause various forms of cancers, ulcers and brain damage. A study by Winger et al (2004) came up with various physiological effects such as accelerated heartbeat, speeding in the peripheral circulation of the blood, alteration of blood pressure, breathing rate and other body functions normally decline. A drug like cannabis affects hormonal and the reproductive system, the regular use of cannabis by males reduces their level of testosterone, the male sexual hormone and the amount of sperm cells in male as consumption increases.

Drug abuse contributes to the formation of uric acid which accelerates conditions like arthritis, gout, osteoporosis, heart attack especially for people with coronary hypertensive problems. A student who gets any of these physiological effects will find it difficult to continue with normal learning due to frequent absenteeism from school. Drugs abused affect the brain. This results in

major decline in the functions carried out by the brain, Sternberg (2003). Drugs affect the students' concentration span, which is drastically reduced and boredom sets in much faster than for non-drugs and substance abusers. The student will lose interest in school work including extra curriculum activities. Due to this, there's absenteeism in school resulting into one taking too long to complete studies.

Most of the psychoactive drugs affect the decision making process of the students, creative thinking and the development of the necessary life and social skills are stunted. They also interfere with the awareness of an individual's unique potential and interest thus affecting their career development, Louw and Pluddemann (2001). Core values to live by such as honesty, tolerance, peace, responsibility is lacking, this affects their social skills development. Since most of the students are in their adolescence stage of development if they engage in drug abuse they also lose their identity. Self-concept refers to the way an individual perceives himself or herself in a variety of areas for example academically, physically, socially, Luow (2001). Core values that self-evaluation is dependent on the person with whom one compares him/her with. Low self-esteem leads to redefinition of self-concept and this leads the student to indulge in escapist behaviour especially drug and substance abuse in order to cope.

A study by Merki (1993) postulates that when the students are feeling bad about themselves or they are feeling unworthy, unloved and rejected, they turn to drugs and substance abuse. For when they are high nothing bothers or hurts them psychologically. Loss of control and breakdown of close relationships may lead to feelings of self-doubt, poor self-esteem, guilt anxiety and sadness all leading to drugs and substance abuse for escape. The students are affected more because they are in their adolescence stage of development. During this stage

identity formation is important and self-concept plays a major role, Erikson (1974). Addiction is developed when students' self-fulfilling prophecies reinforce their insecure self-concept and the influence other peers and media becomes too strong for the abuser. Drugs and substance abuse takes center stage of a person's life. They become the social and emotional focus at the expense of other interests and activities. This gradually leads to social, emotional and physical problems. As the health deteriorates the person has feelings of guilt, despair and helplessness.

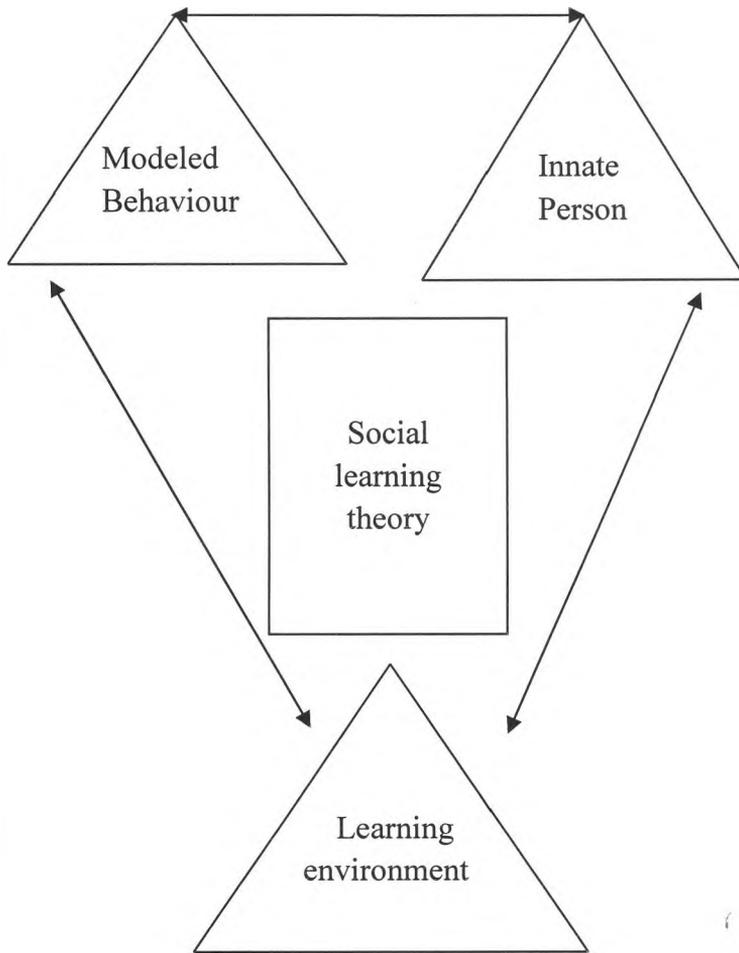
2.5 Theoretical Framework

2.5.1 Social cognitive learning theory

This study was guided by social cognitive learning theory. According to this theory, behaviour is determined by the persons thought processes, the environment and behaviour itself. This means that individuals determine their own behaviour while being influenced by the environmental factors and their own behaviour.

So social learning theory emphasises the importance of observing and modeling the behaviours, attitudes and emotional reactions of others, thus it focuses on learning by observation and modeling

Figure 2.1 Social Cognitive Learning Theory Diagram



According to Bandura, behaviour can also influence both the environment and the person. Each of the three variables namely:- environment, person and behaviour influence each other. Modeling means doing what others do. Youth learn simply by observing other people. Modeling provides an alternative shaping for teaching new behaviours.

2.5.2 Relevance of the theory to the study

The theory brings into focus the individual thought system and environmental determinism as predisposing factors to drug abuse hence placing the final indulgence of individual into drug abuse by individually determined behaviour.

Modeling can provide a faster more efficient means for teaching new behaviour.

People learn through observing others behaviours, attitudes and outcomes of those behaviours.

“Most human behaviour is learnt observationally through modeling from observing others, one forms an idea of how new behaviours are performed and on later occasions this coded information serves as guide for actions, Seligman (1984).

The cognitive expectances, vicarious learning and self-regulation interact to determine the indulgence of the abuser of drugs and substance. In essence, the social cognitive theory presupposes that the youths, who get engaged in the behaviour of drugs and substance abuse, have most likely learnt the behaviour from their environment. These students have decided to get into the behaviour of drugs and substance abuse more often than not out of choice after learning how to model from their peers.

2.6 Assumptions of the study

- i. Various drug and substance types are abused by male youths in Dagoretti District
- ii. Drug and substance abuse negative effects on the male youths in Dagoretti District.

3.0 CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter presents a detailed description of the study site, research design, study population and unit of analysis, sample size and sampling procedure, data analysis and presentation. The chapter finally presents the ethical considerations that guided this study.

3.2 Study site

This study was carried out in Dagoretti District which has an area of 39km². The District is one of the nine districts in Nairobi County. Being in Nairobi County it is a cosmopolitan and a multicultural area and as such has people from different regions of the country and different social and cultural beliefs, and practices, KNBS (2010). Dagoretti district also doubles up as an electoral constituency in Kenya with eight wards namely: Kawangware, Kenyatta Golf Course, Mutuini, Riruta, Uthiru, Ruthimitu and Waithaka (IIEC, 2009)

3.2.1 Livelihoods

The main form of income is casual labor at Dagoretti slaughter house, construction sites, and Small scale trading on groceries and a bunch of traditional careers in carpentry, Masonry, tailoring, farming, horticulture, animal husbandry (KNBS, 2010).

3.3 Study design

This study utilised a cross-sectional descriptive research design. It combined both quantitative and qualitative data collection methods including a review of secondary sources of data.

3.4 Study population and unit of analysis

The study population consisted of young males between 18 years and 25 years who are abusing drugs. The unit of analysis was the individual male who is abusing drugs.

3.5 Sample size and sampling procedure

A simple random sampling method was used for the survey and purposive sampling method was used to identify participants for key informant interviews. It allowed classification of the population into sub-groups of young men aged 18-25 years from each of the wards of Dagoretti District.

A random sample was then drawn from the sub groups. Random sampling was used to select 100 respondents.

3.6 Data collection methods

3.6.1 Survey

A survey questionnaire (Appendix I) was used to collect data from 100 respondents on their opinions and perceptions of drugs, the drugs frequently abused by male youths and the effects of these drugs and substance abuse on the male youths in Dagoretti district.

3.6.2 Case narratives

These were conducted on five drug and substance abuse addicts in order to get the lived experience of individuals with respect to the predisposing factors, the perception of the drugs and Substances, the commonly used drugs and their sources, the socio- economic effects of the drugs

on their lives and any strategies they are using to come out of addiction. These informants were purposively selected based on their history of drug and substance abuse and having been enrolled in rehabilitation centre. A case narrative guide was used (appendix II) to collect the data.

3.6.3 Key informant interviews

Five key informants were purposively chosen for this study based on their professionalism. An officer from NACADA in charge of youths and drug abuse, two counselors from local NGO in Dagoretti dealing with rehabilitating addicts and two chiefs drawn from the area were interviewed. These informants were important in providing information on the social, economic, behavioral and cultural predisposing factor to drug abuse by male youths in the area. They also provided information on the effects of drugs on male youths in the district, the civil society and government responses to drug abuse among the male youths. A key informant interview guide [Appendix III] was used.

3.6.4 Secondary sources

This study has utilized secondary data sources in building up the background and literature review. Sources on drug abuse trends types and nature of drugs abused, the effects of the drug abuse on individuals have been used. Data has been sourced from journals, books, unpublished theses, newspapers reports on drugs and websites.

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3.7 Data processing & Analysis

The qualitative analysis emerging from the case narratives and key informant interviews were transcribed, coded and analyzed according to themes and emerging issues. The quantitative data from the survey questionnaires were analyzed through statistical package for social scientists [SPSS] to come up with trends and pattern on drug abuse among male youths in Dagoretti District.

3.8 Ethical Considerations

Informed consent was ensured by providing the prospective study participants with full information with respect to the study objectives, the purpose and the intended use of the study findings before their participation in the study.

Anonymity of the participants in the study was ensured by making sure that no names are written on the questionnaires or disclosed. Pseudonyms have been used at reporting level and the locations will be coded to conceal any leading identities. Informants and respondents were informed of their rights to withdraw at any point of the study.

An ethical clearance was sought from the Ministry of Higher Education through National Council for Science and Technology before embarking on the fieldwork. The informants and respondents were informed about the availability of the study outcome in the refereed journal publication and university of Nairobi library.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

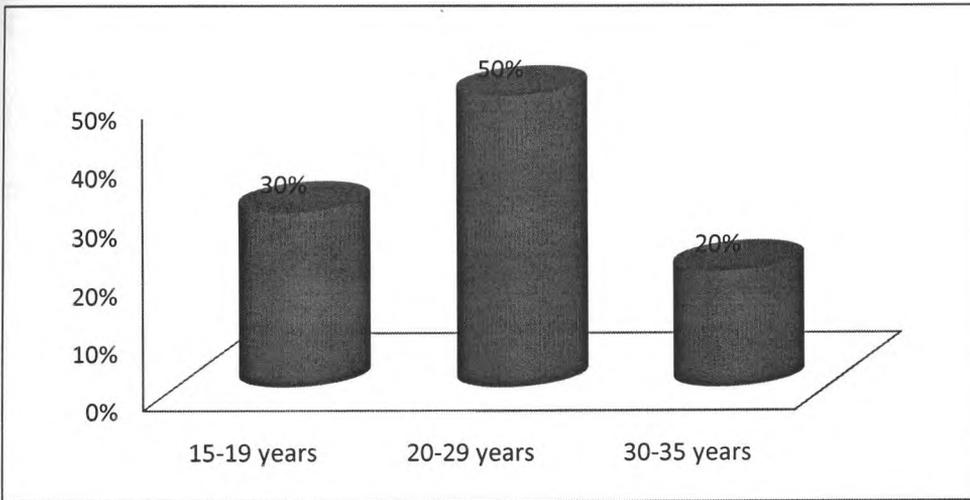
This section presents the findings on male youth predisposition to drug and substance abuse in Dagoretti district. The section presents the types of drugs and substances abused by male youths and the effects these drugs have on the abusers. Demographic characteristics of the respondents have also been presented. An analysis introducing the findings has been carried out.

4.2 Demographic characteristics

4.2.1 Age of the respondents

The study sought to know the age of the respondents because it is important in assessing how old the respondent was at the start of drug and substance abuse. The results indicate that 30% were aged between 15-19 years, 50% aged between 20-29 years while 20% were aged between 30-35 years. The results indicate that a majority of male drug and substance abusers at 90% are below the age of 30 years. High abuse amongst young people could be related to idleness, unemployment, and peer delinquency, decay of moral values and lack of parental guidance to their children. The findings are summarised in figure 4.1 below:

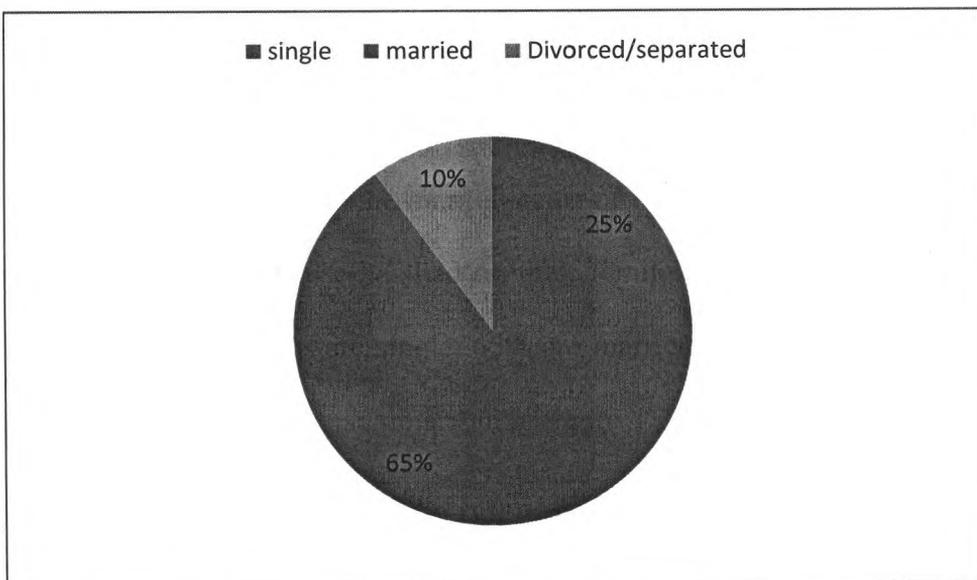
Figure 4.1 Age of Respondents



4.2.2 Marital status of the respondents

The study sought to know the marital status of the respondents. This was important in assessing the effects the drug abuse has had on their families or relationships. The findings indicate that 25% of the respondents are single, 65% are married while a paltry 10% were either divorced or separated. The results are summarised in figure 4.2 below:

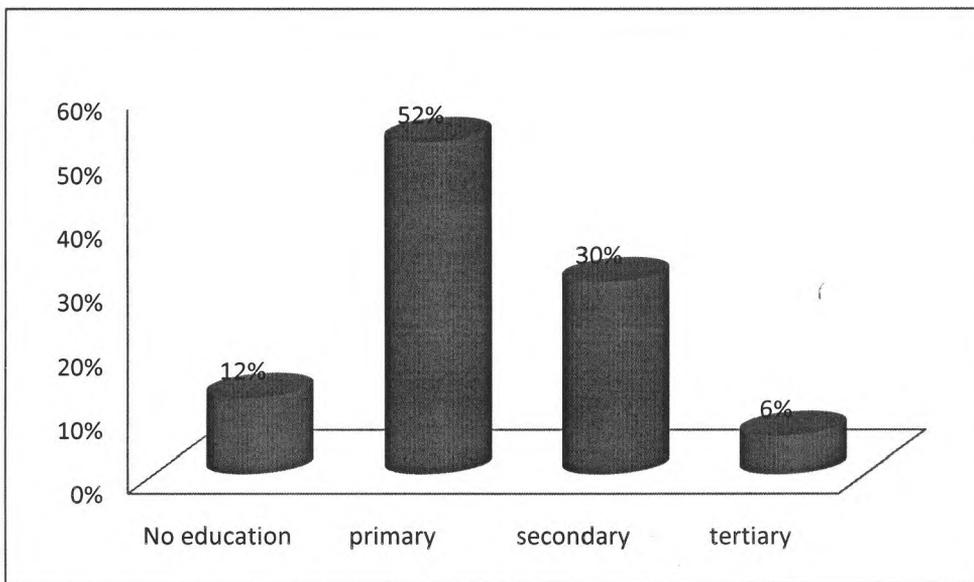
Figure 4.2: Marital status of the respondents



4.2.3 Education level of the respondents

The study sought to know the level of education of the respondents. This was important in assessing the association between different levels of education and the type of drug abused. The results indicate that 12% had no education, 52% had primary level of education, and 30% had secondary education while 6% had tertiary education level. The findings are summarised in figure 4.3 below:

Figure 4.3: Level of education of the respondents

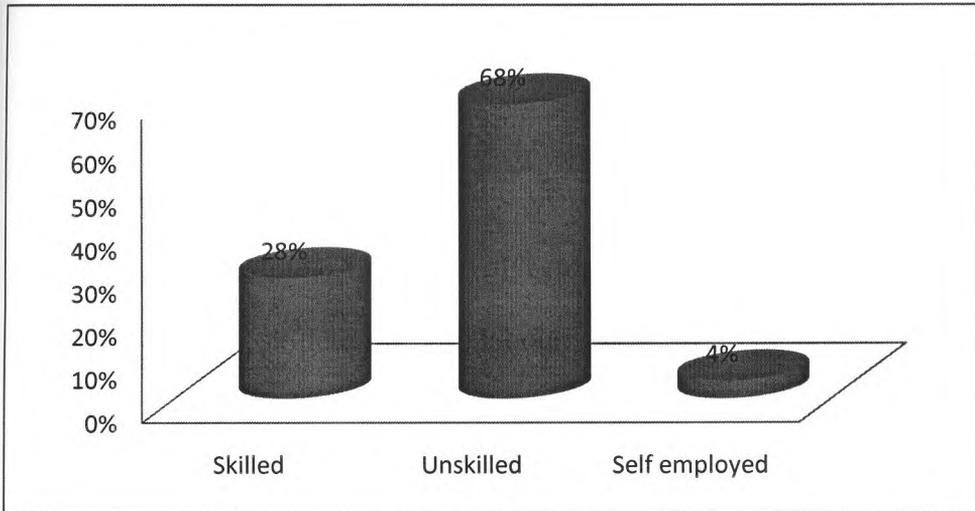


4.2.4 Respondent's occupation

The study sought to know the nature of the respondents' occupation and whether or not they are employed. This was important in assessing the association between unemployment and drug

abuse amongst the youths in Dagoretti district. The results indicate that 75% of the youths are unemployed and while 25% reported being in employment. Of the employed youths, 28% reported being in skilled manual labour, 68% were in unskilled labour while 4% of the respondents were in self-employment. The findings are summarised in figure 4.4 below:

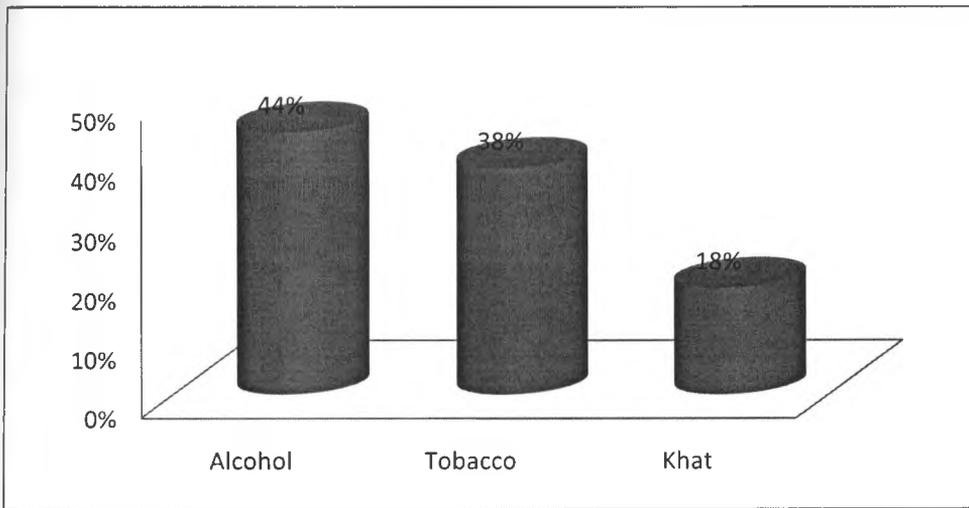
Figure 4.4: Respondents' employment nature



4.3 Types of drugs abused by the male youths in Dagoretti

The first objective of this study was to establish the types of drugs abused by male youths in Dagoretti district. The findings indicate that a majority of the youths abuse alcohol at 44% followed by tobacco at 38% while a paltry 18% reported abuse of the khat (Miraa as locally known) as summarised in figure 4.5 below.

Figure 4.5: Commonly abused drugs by the male youths in Dagoretti district



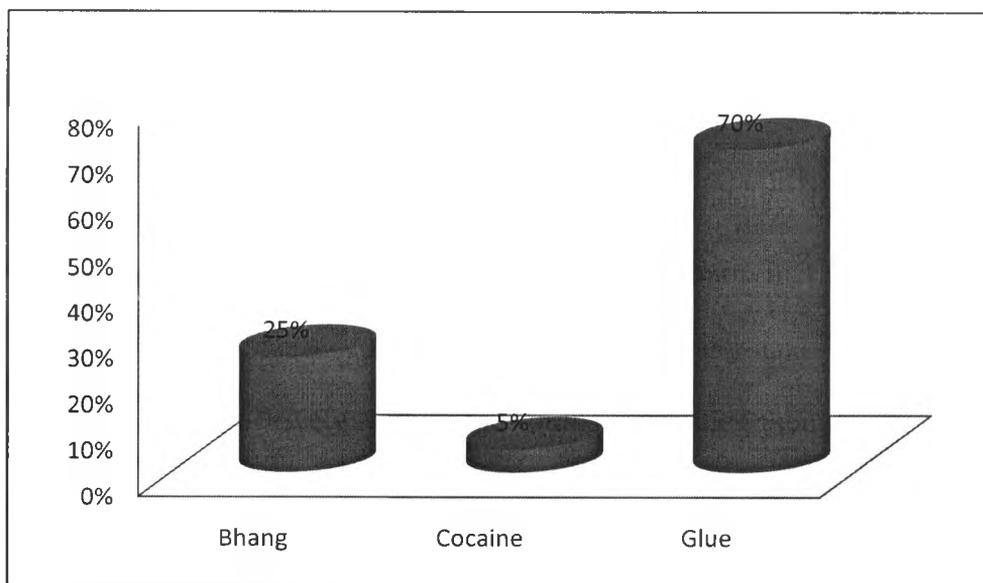
These drugs are easily accessible in Dagoretti to a majority of the youths thus highly abused. Moreover, the cost of obtaining only of the drugs above is within reach of the youths who prefer to use them as laxatives or stress relievers. Key informant interviews concur with this finding:

“alcohol, cigarettes and miraa are common with the youths given their relatively low costs and high prevalence in the district, they are commonly taken by these youths as laxatives in peer groups but some of the youths also use them to defray stress that they experience in their lives in one way or another” (key informant interview with a **rehabilitation centre counselor**).

The study however established that the male youths are aware about the existence of other drugs and substances like bhang, cocaine, mandrax and glue. When asked whether they had abused this category of drugs at any point in their lives, the results indicate that 25% had abused bhang; an overwhelming majority at 70% had abused glue as an initiator drug while a paltry 5% reported having been introduced to cocaine and mandrax as summarised in figure 4.6 below. These drugs had been previously used by the respondents by the time of the interview but are on limited use

due to their inaccessibility, cost or preference as the fast available drugs which include alcohol, tobacco and khat. The key informants were also of the opinion that the penalty imposed by the state on consumers of substances such as cocaine, bhang and other hardcore drugs and substances had worked positively to deter the youths from using them.

Figure 4.6: Drugs initially abused by the male youths

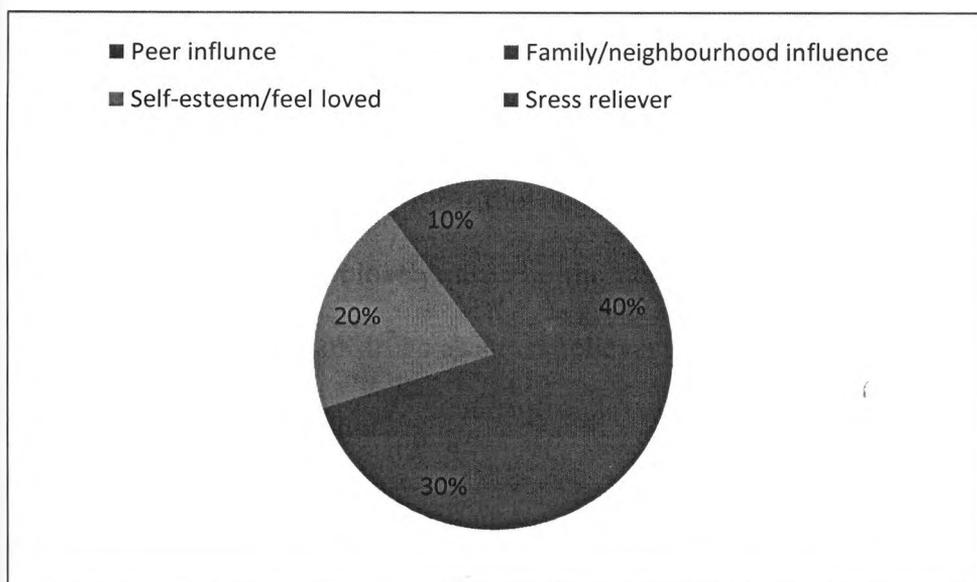


From the survey results, most drugs abused by the male youths in Dagoretti district were found to be alcohol, tobacco and khat. Substances such as glue were reported to have been common with the youths in their initial stages of drug abuse given its availability. Moreover, the youths reported abusing substances such as cocaine, bhang and mandrax but to a lesser degree. Although non-students engaged extensively in substance abuse, most youth engaging in abuse were in Secondary schools and college levels.

4.3.1 Causes of drug abuse amongst male youths

The study sought to know some of the key contributors to drug abuse by the male youths in Dagoretti District. The findings indicate that peer influence in which one has to identify with a group was a major factor at 40%, the family history of drug abuse and the influence of the neighbourhood followed closely at 30%, the need to restore self-esteem and feel significantly loved at 20% while use of drugs as stress reliever stood at 10%. The findings are summarised in figure 4.7 below:

Figure 4.7: Causes of drug abuse



Peer pressure was reported to be experienced both at home and within the school surroundings. The male youths in schools observed that their counterparts from other institutions always advise them on the types of drugs that can help them stay awake for a long period of time while they undertake their studies toward examination periods. The most reported drug in this case is Khat that is thought to depress the sleep levels. Respondents reported that cigarette smoking improves

their appetite for food and has a masculine identity especially when one smokes the expensive brands not so common with other peer groups.

Key informant interviews observed that family history of drug abuse, breakdowns of households, and delinquent neighbourhoods are a major cause of drug abuse amongst the youths in the area. Youths opt to take drugs as a form of solace, as an identity with the family tradition or easily bought into drug abuse by their neighbours who find pleasure in consuming drugs. The key informants also observed that certain drugs such as alcohol are openly brewed in the neighbourhood increasing access and availability to the male youths who sometimes provide cheap labour to the brewers in exchange for a bottle of alcohol.

“There is a chain of complex interaction between availability of drugs, the family drug abuse history, neighbourhood behaviour and the tendency of the male youths to adopt a prevalent subculture. The youths will take it as a norm to abuse drugs as long as there is little opposition from those who are supposed to be their mentors. (key informant interview with the NACADA official).

Another cause of drug abuse in the district is peer delinquency, for example, alcohol and bhang abuse, inconsistent or abusive parental discipline. The nature of parent-child interaction and the general atmosphere within the home is consistently related to delinquency among the youth. Furthermore, having a parent with a drug problem increases the chances of developing the same problem developing in the offspring.

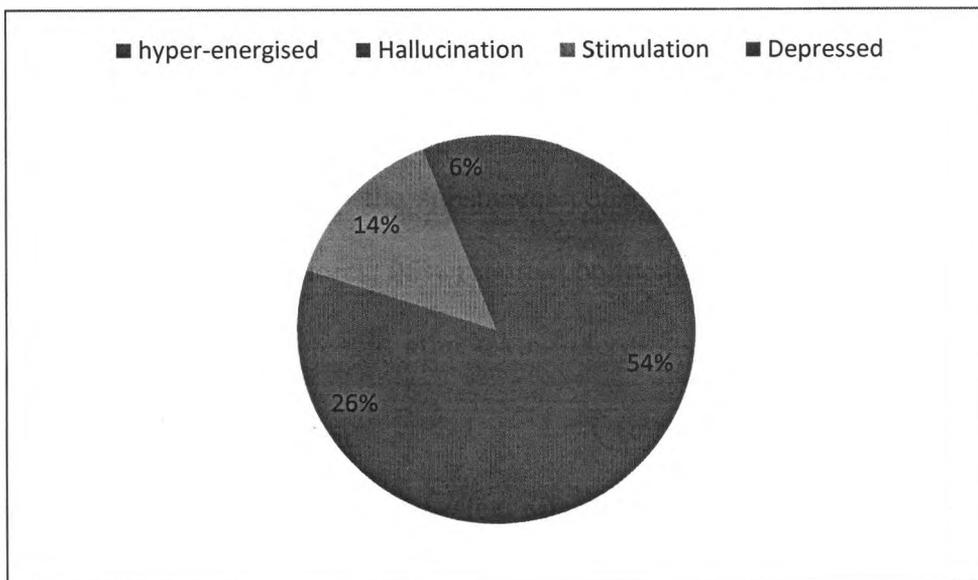
4.4 Effects of drug abuse

The second objective of this study was to establish the effects of drugs and substance abuse on the male youths. This was necessary in interrogating the impacts the drugs have had on the abusers on the socio-economic and psychological planes. The findings are presented vide: social effects, physiological effects, physical and psychological effects.

4.4.1: Physical and psychological effects

The study sought to know what the feeling that the respondents had after abusing drugs in terms of their body reactions to the substances consumed. The findings indicate that 54% felt extra energized to do their chores, 26% reported hallucination, 14% felt stimulated in the nerves while 6% reported being depressed after taking the drugs. The findings are summarised in figure 4.8 below:

Figure 4.8: Physical & psychological effects of drugs



The key informants were of the opinion that majority of the youths have been motivated to abuse drugs by to the feeling that it gives one surplus energy to undertake any duties irrespective of the risks involved. While some of the youths are aware of the negative effects that the drugs have on their body functioning, they have come to the point where drug and substance taking must precede any other the activity even if abuse often results into depression.

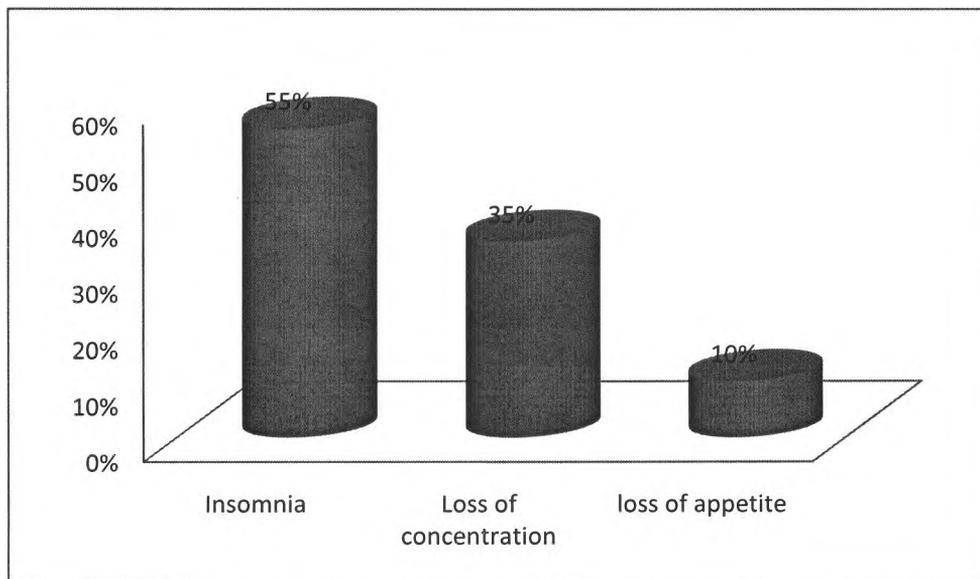
“The treatment of the body functioning to drugs has an effect of acclimatization to the extent that one cannot do without the drugs, some of the youths have been through the drugs risk awareness training but since they are in the addiction phase, they find it difficult to stop taking which of course is a product of individual and environmental factors.(key informant interview with a rehabilitation counselor).

Physical and psychological addictions are the most dreaded effects of substance and drug abuse. They are commonly reported by the abusers and their increase in realization are indicators of addictive behaviour.

4.4.2 Physiological effects

Physiological effects are those that affect the nerval functioning of the body of the abusers. This is because they are likely to result in the malfunctioning of the brain and other nervous systems of the abusers. They are the immediate and primary effects that are met by the drug and substance abusers as soon as the abuse occurs. With continued abuse, these effects mature into addictions which take long to do away with. The findings indicate that most respondents had experienced insomnia at 55%, low concentration span at 35% while loss of appetite at 10%. The findings are summarised in table 4.9 below:

Figure 4.9: Physiological effects of drugs



The key informants were of the opinion that drug and substance abusers may experience a deviation from their biological functioning depending on the type of drug or substance take while insomnia is closely associated with stimulant drugs, its effects are not as grave as those drugs that reduce one's concentration and loss of appetite. This is because the latter may affect an individual's performance both at work and school hence reducing productivity. Loss of appetite is also associated with deficiency diseases since majority of the abusers resort to selected foodstuffs that can accommodate the repellant effects of the drugs and substances consumed.

“One cannot underestimate the physiological effects of these drugs and substances on the abusers...as soon as you introduce a system altering substance, the body reacts in a way to repel the drug but continual abuse means the body must adjust to accommodate the changes. The net effect is a malfunctioned body system that is vulnerable to other attacks (key informant interview with NACADA official).

4.4.3 Social effects of drugs

Social and economic consequences of drug and substance abuse are closely related and interlinked since they act on a feed off mechanism. Some of the recorded effects include among others lack of interests in school, given activities, violence both in public and domestic arena, an increase in crime, suicidal feelings and inadequate decision making abilities. The findings in this study indicate that there was a difference in the effects among the school-going youths and the out-of school youths. Among the school-going youths, lack of interest in school was reported at 65%, lack of interest in extracurricular activities reported at 25% while 10% reported reduced decision making abilities as summarised in figure 4.10 below. On the other hand, out of school youths in the survey indicated that 30% had resorted to domestic violence, 40% had resorted to petty-theft, 15% had contemplated suicide while a similar percentage had engaged in risky sexual activities as summarised in figure 4.11 below:

Figure 4.10: Social effects of drugs on in-school youths

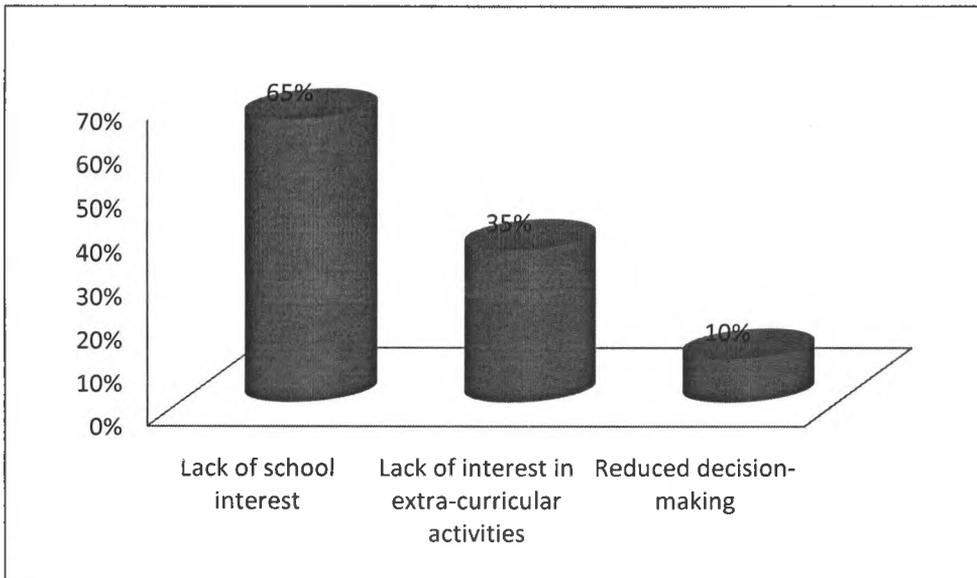
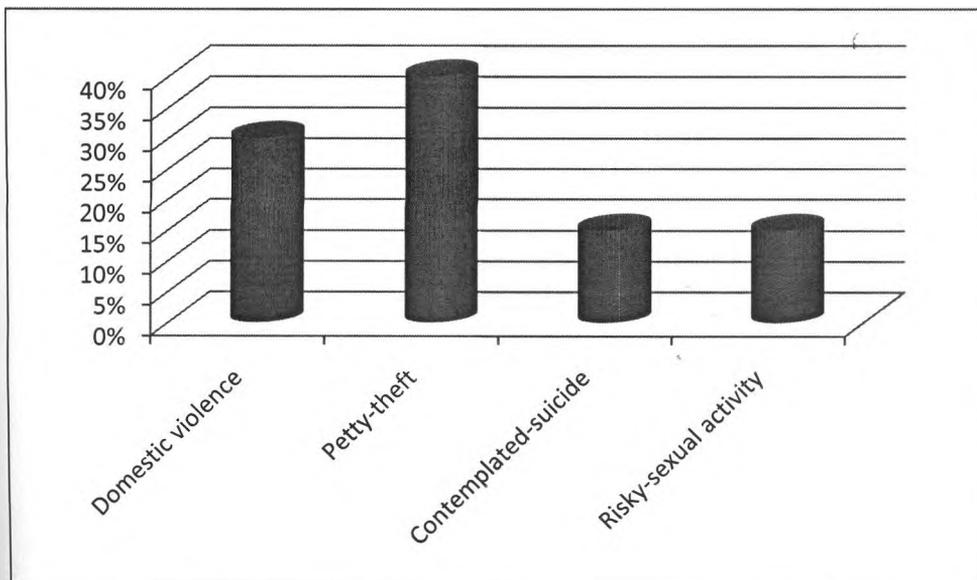


Figure 4.11: Social effects of drugs on out of school youths



From the above findings, it can be deduced that drug and substance abuse have an array of physiological, social pshysical and psychological effects. All the categories have great effects on in-school and out-of-school youths.

CHAPTER FIVE: DISCUSSION OF THE FINDINGS

5.1 Introduction

This chapter presents a detailed discussion of the findings relative to past studies on drug and substance abuse. The discussions have been carried out along the study objectives on the types of drugs and substances abused; and the effects of drugs and substance abuse on the youths.

5.2 Discussions

Drug and substance abuse among the youths in Dagoretti district threatens both the social fabric of the society and the youths' livelihoods at any given time. The age at which drugs and substances are abused by the youths in Dagoretti begins at 15 years meaning that drug and substance abuse in the district begin at an early age. Both in-school and out-of school youths in the district are found to abuse drugs hence out-of-school, school of thought cannot explain the motivation to abuse drugs. It can be noted that those outside the secondary school-going age of 18 years and above comprise the majority of abusers. The results in this study contradict those by UNODC (2004) that indicated that half of drug abusers in Kenya are aged 10-19 years with over 60 per cent residing in urban areas. It shows that there is high prevalence of drug abuse amongst those aged between 20-29 years on the contrary. In essence, while male youths begin taking drugs in early years of their school life, the abuse peaks at the age of 20 a time at which they begin developing the drug problems.

The study indicated that alcohol, Khat and tobacco are the most abused drugs by the male youths in Dagoretti district. There are several underlying reasons why these drugs are abused more than others among them: the relative low cost of accessing the drugs, the high prevalence of these drugs in the district and the social degree to which these drugs have been accepted in the society.

In previous study by NACADA (2004), tobacco, bhang (marijuana), glue, miraa (khat) and psychotropic drugs were found to be the most abused drugs by youths in Kenya. In addition, this study indicated that there is knowledge of the existence of other drugs and substances such as bhang, mandrax and glue but these were reported to be hardly used at the time of the interview. It can thus be concluded that drug and substance abuse among the male youths is dominated by legal drugs and substances like tobacco, khat and alcohol. Among the illegal ones common examples are cannabis, ecstasy, heroine, mandrax and lysergic acid diethylamide which has a bearing on the conclusion of a study conducted by NACADA (2004).

The study findings indicate that of the drugs abused, alcohol is the most abused drug amongst the male youths in Dagoretti district. In a recent study by NACADA (2008), it was indicated that alcohol is the most commonly abused drug by about 61 % of the population. The same report indicated that 40.9% of the students were abusing alcohol in Nairobi Province and 26.3% in Central Province. These percentages indicate that students are abusing drugs and it is important to address this issue with the seriousness it deserves. In Dagoretti district, problems associated with drug abuse are of such grave concern that the effects cannot be ignored.

The report of this study indicate a dismal number of the respondents reported having abused or to be in abuse of hard drugs in Dagoretti at 5%. The findings contrast earlier survey results by NACADA (2004) that indicated that, among students and school leavers, hard drugs like heroin, ecstasy, cocaine and mandrax were widely abused in schools by children as young as ten years. This could be associated with stringent government rules on hard substances penetrating the

country. It could also be a product of drugs awareness campaign mounted by the anti-drug agencies with the support of community-based initiatives. However, a concurrence with this study's findings is the revelation by the previous survey's findings that some legal substances such as alcohol, tobacco and khat were commonly abused leading to high incidence of violence in schools (East African Standard, May 22, 2004).

The study indicated an array of causes of drug abuse amongst the male youths in Dagoretti district which range from peer influence to social-cultural interactions in the society. Youths in Dagoretti have taken to please their peers and create a common identity by partaking in the drug abuse. The finding concurs with the United Nations (1992:15), which stated that drug users, like other people seek approval for their behaviour from their peers whom they attempt to convince to join them in their habit as a way of seeking acceptance. Whether peer pressure has a positive or negative impact depends on the quality of the peer group, unfortunately, the same peer pressure that acts to keep a group within an accepted code of behaviour can also push a susceptible individual down the wrong path as evidenced in Dagoretti district.

Among the school-going youths, there is the tendency amongst this group to cross-share the experiences of their peers in other schools. These drugs and substances are abused in Dagoretti under the illusions that they may stimulate the youths to read for a long time and get energized to perform other chores. Unfortunately, the results indicate a reversed interest in the youths' studies as well as in the extra-curricular activities. On a similar study in southern Nigeria, Nevadomsky (1982:75) found out that the source of drugs for drug using-students was friends in the same or neighboring schools, and students who reported using drugs had 'more drug using than abstinent

friends Confirming this finding, Kiiru (2004:78) argues that peer pressure influences 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. Shoemaker (1984:98) associates delinquency, for example alcohol and marijuana abuse with lax, inconsistent or abusive parental discipline. The nature of parent-child interaction and the general atmosphere within the home is consistently related to delinquency among the youth. Furthermore, having a parent with a drug problem increases the chances of developing the same problem developing in the offspring

The need to boost low self-esteem leads to redefinition of self-concept and this leads the youth to indulge in escapist behaviour especially drug and substance abuse in order to cope as evidenced by the findings in Dagoretti district. Besides, low self-esteem is also associated with inadequate love that pushes more youths into abusing drugs. On similar findings, a study by Merki (1993) postulates that when the students are feeling bad about themselves or they are feeling unworthy, unloved and rejected, they turn to drugs and substance abuse. For when they are high nothing bothers or hurts them psychologically. Loss of control and breakdown of close relationships may lead to feelings of self-doubt, poor self-esteem, guilt anxiety and sadness all leading to drugs and substance abuse for escape.

Family breakdown and history of drug abuse have been diagnosed as causes of drug abuse amongst the male youths in Dagoretti district. Most youths have ended up abusing drugs due to what they see happening in their family tradition or as a way out of the family pressures and troubles. In a previous study by NACADA (Sunday Nation April 12, 2008:10) there is a strong link between alcohol/drug abuse by young people and the break-down in family values. In the indigenous society, drunkenness was frowned upon. In today's setting, binge drinking is

becoming an acceptable pastime with parents freeing the children from restrictions that once governed alcohol consumption. The factors associated with drug abuse are many and varied, and include individual predispositions, family characteristics and complex social and environmental determinants. A number of authors and researchers have shown that there are many contributing factors to drug abuse among students. Rice (1981:37), states that in a school setting, drug abuse affects the children of the rich as well as those from poor families. Shoemaker (1984:56) argues that drug abuse is caused by a combination of environmental, biological, and psychological factors.

Family environment and the neighbourhood strongly influence the use of drugs amongst the youths in Dagoretti district. These set ups affect the predisposition to drugs as well as influence the types of drugs that are abused by the youths. The family especially the parents are the child's basic socializing agents. Muthigani (1995:102) indicates that a child gains his/her first standards of behaviour from the teaching of parents and other grown-up persons around. She argues further that if the child observes a disjuncture between parents teaching and practice, it creates doubt, which is carried into adolescence giving rise to deviant behaviour.

This study established array of drug effects on the male youths from physical psychosocial, physiological and economic effects. Effects are dependent on the types of drugs abused by the abuser at any given time. Some of the respondents reported feelings of hallucinations, depressions and loss of appetite as effects of drug and substances abused. This is a close reflection to earlier findings by Rew (2005) that states that psychoactive substances produce in the consumer effects of feeling surplus energy, euphoria, stimulation, depression, relaxation, hallucinations, temporally feeling of well-being, drowsiness and sleepiness. They characteristically cause physical and psychological addiction on the consumer. Due to toxicity

and addictiveness, drugs and substance abuse implies slow suicide. They poison and degenerate the vital body organs causing diseases like liver cirrhosis, kidney failure and heart attack.

Physiological effects of drug abuse are known to cause malfunction to body organs. This could lead to loss of concentration span, indecisiveness amongst the abusers and inability to undertake certain kinds of duties as was observed in this study. A report by NACADA (2007) observed that drugs and substance abused both licit and illicit are forming a sub-culture in Kenyan society and immediate attention is necessary. Drugs abused attack the brain, which is the centre of all the vital human functions. When a drug is abused it causes brain injury, alterations within the central nervous systems are produced, at times to an irreversible level.

Male youth Students in this survey reported both reduced interest in their studies and extracurricular activities with a certain degree of inability to make decisions. Perkinson (2002) explains that alcohol is basically a central nervous system depressant and dulls the brain making learning a difficult task. When students get to the behaviour of abusing alcohol their reasoning get impaired and education becomes of less priority in the student's life. A survey by NACADA (2004) indicates 35% of the students from Central Province were abusing tobacco related products. The availability of tobacco products is prevalent within the Province, and is readily available to the consumers.

There were also reported socio-economic effects of drug abuse by the youths in Dagoretti district which included among other vices domestic violence and increased crime rates. In their study, Stimson et al (2006) indicate increase in crime levels, including domestic violence; and risky sexual behaviors and practices, including increased exposure to HIV/ AIDS. Similarly, Kelli et al (2004) concluded that drug and substance abuse is a threat to good health. Other consequences of

drug and substance abuse at individual level include: damaging one's ability to act as free and conscious beings, capable of taking action to fulfill their needs, care for others and contribute positively to society.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter presents a detailed discussion of the findings relative to types of drugs and substance abused by the youths as well as the effects of drugs and substances abused by the youths in Dagoretti district. Summary on the study objectives, methodology and findings are also presented in this chapter. Finally, the chapter presents the recommendations on overcoming the drug and substance abuse among male youths in Dagoretti.

6.2 Summary

This study sought to explore male-youth predisposition to drug and substance abuse in Dagoretti district. Specifically, it sought to establish the types of drugs and substances abused by the male youths in Dagoretti and to examine the effects of drugs and substance abuse on male youths in Dagoretti district.

Understanding the types of drugs and substances abused by the male youths is important in creating a deterrent culture amongst the abusers. It also helps to indicate the kinds of drugs and substances most affordable, accessible and within the reach of the youths. To this effect, it is an important policy aspect in informing the government about the legal drugs that are abused by the youths. The types of drugs abused are also a pointer to the causes of abuse which have been established to be socially and economically driven across other spheres.

Drugs and substance abuse have been closely associated with peer pressure which easily drives abusers into DSA. The average age of drug and substance abuse in the district is 20 years with an increase from 49.4% to 54% which is a statistical significance in the amount of drug abused. In most of these situations, parents and other guardians lack the skills to intervene.

The results indicate significant psychosocial, physiological and socio-economic effects of drugs amongst the youths and their families in Dagoretti district, effects which are detrimental to their communal and individual development.

6.3 Conclusions

Drug and substance abuse has high prevalence in Dagoretti and affects both in-school and out of school youths in the district. The average age at which the drug abuse peaks is established be 20 years amongst the male youths while the least age at the start of drug abuse in this study is 15 years. Alcohol, tobacco and khat are the most abused drugs in the district given their availability and the legal status that the drugs enjoy in the country. However, bhang, cocaine and Mandrax are abused on the least volumes due to their inaccessibility and the illegal status of these hard substances. These drugs and substances will continue to affect more youths in the district if not checked.

Drugs and substances have had negative effects on the youths' lives and that of their families that continues unabated in the district. Weak drug and substance awareness programme, limited skills and personal capacity of the law enforcers; unemployment and low prioritization of drugs and substance anti-abuse trainings have interacted to work against the elimination of the vice in the district. Lack of intervention is further complicated by the stigma that is often attached to DSA.

6.4 Recommendations

- Community drugs and substances awareness campaign systematically designed to address the plight of the youths should be emphasised through NACADA and the local community based organisations dealing with drug issues in the district.
- School-based drug prevention and awareness programmes should be undertaken by the ministry of education in collaboration with NACADA to address the drug menace amongst the in-school youths in Dagoretti district.
- The provincial administration should initiate community drugs control units in which the law enforcers and community members are able to report the illicit drugs and substance sources for action.
- There should be a youths' life skill development centre that works to mentor the rehabilitating youths in activity areas that they can apply in order to earn a better livelihood.
- There is need for a further study on factors motivating female youths to drug and substance abuse in order to design comprehensive youth programmes catering for both genders.

REFERENCES

- Asumi, J. (1996). *Socio- Psychiatric Problems of Cannabis in Nigeria*. 16(2). 17.31:376-382
- Bandura A (1986). *Social Learning Theory*, Engwood cliffs, N Y Prentice Hall.
- Bezuidenhout, F. (2004) *A reader on selected social issues*. Third Edition, Van Schaik. Pretoria.
- Erickson (1974) eight stages of psychosocial development Princeton university press
- Gillis, H.(1996) *Counseling Young People*. Sigma Press, Koendoe Port Pretoria International
- Narcotics Control Board (INCB) (2003) The supply of illicit Drugs United Nations Organization Report.
- Kamonjo B.N (1997). *Adolescent and drug abuse*: Nairobi Kenya.
- Kariuki, D. (1998). *Levels, Trends and patterns of Drug Addiction in Nairobi Secondary Schools*. Unpublished M.ED. Thesis, Kenyatta University.
- Karugu, D. and Olela, A. (1993). *Family Life Education Programme of Egerton and Kenyatta University: An Audience Research Report*. Nairobi. Pathfinder fund.
- Kelli I.S., Linda P, Elsie W, Chris P.A, Donald S and Michael R. (2004). *Missed opportunities: Injecting Drug Abuse and HIV/ AIDS in Victoria, Canada*. International Journal of Drug Policy 15: 171- 181.
- KNBS 2010 *principles of drug Quality assurance and pharmaceutical analysis*. The African Book Publishing Record. Volumes 36, issues 3 pages 272- 295 Nairobi Kenya.
- Louw and Pluddemann (2001) P19 "*Drug and Crime in South Africa* Cape town South Africa.
- Merki,HS, (1993). *Substance Abuse and Addiction*. Drug Research/ Arznelmitter for schung.
- Muthigani,PW, (1995). *Issue of Drug use and abuse*: unpublished M.E.D thesis, Kenyatta University.

NACADA (2007) *National Baseline Survey on types of abused drug in Kenya*. Government Printer Nairobi Kenya.

NACADA (2004). *Alcohol and Abuse in Kenya*. Final National Baseline Survey, on Substance Abuse in Kenya. Government Printer; Nairobi.

NACADA (2005: 45). *Gateways to illicit Drug use in Kenya*. Government Printer; Nairobi Kenya.

NACADA and (KIPPRA 2005). *National Education Institutional Survey on Drugs and Substances Abuse in Kenya* (unpublished). NACADA; Nairobi

Ndetei, N.D.(2004). *study of the Assessment of the linkages between Drug Abuse, Injecting Drug Abuse and HIV/AIDS in Kenya* (unpublished).

Ndom, R. and Adelekan, M. (1996). *Psychosocial Correlates of Substance Use among Undergraduates in Ilorin University, Nigeria*. East African Medical Journal 73 (8). 541-547

Obot and Odanyi (2003). *Globalization and drug and alcohol use in rural communication* Geneva W.H.O

Obot,1. (2005). *Substance Use among Students and Out of School Youth in an Urban Area of Nigeria*. Geneva WHO.

Partner (1998). *Western Countries and Drug Abuse*. VSA; Sage Publication.

Perkenson (2002). *Alcoholism facts and drug treatment information*: <http://www.robertperkinson.com> retrieved in 2006.

Rew (2005). *Physiological addiction*: New York: Harpen and Row Publisher.

Rice (1981). *Drug Abuse among student and its effect Princeton*. Princeton University Press

Schaefer, P. (1996). *Choices and Consequences: What to do when a Teenager Uses Alcohol/Drugs*. Washington D.C , National Assembly press

- Seligman and Elaine F. Walker (1984). *Drugs, Society and Behaviour* 10/ 11 4th edition by Amazon U.K
- Shoemaker, D. (1984). *Theories of Delinquency: An Examination of Explanations of Delinquent Behaviour*. Oxford University Press. New York.
- Sterberg Barbaras “*Urine Drug Screening*” Gale Encyclopedia of Mental Disorders 2003 Retrieved 2011.
- Stimsons V.G, Fitch C, Jarlas D.D, et al, (2006). Rapid Assessment and Response studies of injecting drug use: *Knowledge Gain, Capacity Building & and Intervention Development in a multisite Study*, American journal of Public Health, 96(2)
- The South African National Youth Risk behavior survey 2002 *South African Medical Research Council* 2003. Cape town South Africa.
- UNDCP (2004). *Youth and drug substance Abuse*. UN; New York.
- United Nations (1992). *The United Nations and Drug Abuse Control*, (1992). In Publication,
- UNODC (2005). *United Nations Office on Drugs and Crime (UNODC)*. Executive Summary. New York United Nations.
- UNODC (2003). The practice of drug abuse epidemiology Bulletin on Narcotics, 50 (1+2)
- UONDC (2005).*W.H.O. Expert Committee on dependence Producing Drugs: Fourteenth Report*. UN;New York.
- UONDC (2003).*Global Illicit Drug Trends, United Nations* New York 2003
- UONDC (2005) Treatment and guiding Principles and curriculum for training in peer-to-peer prevention for Eastern African Countries* Available at www.unodc.org
- W.H.O (2003) *Tobacco and health of Public Health Programme*, Fifth Report New York: UN

W.H.O (2005: 45). *The availability of Illicit drug* New York UN.

Wako, A, (2001). *Narcotics Drugs and Psychotropic substance control seminar* (documentary)

Nairobi Kenya

Wilters, Debra Winger, Pelicena (1992) *Prescription drugs Abuse*: Cambridge: Harvard University Press.

Winger et al (2004) *illicit drug trends* oxford university press, New York

APPENDICES

APPENDIX I: SURVEY QUESTIONNAIRE

Hello, my name is Jane Muigai, an MA student at the University of Nairobi in Gender and Development studies. You have been selected to participate in this study by virtue, of being a resident of Dagoretti district. The main purpose of the study is to assess male youth predisposing factors to drug and substance abuse in Dagoretti District. The findings of the study will be used to help all the parties concerned to address the issue of drug abuse among the youth in schools and out of school so as to make them more productive in the society. To accomplish this objective, you are kindly requested to complete the questionnaire provided so as to provide the necessary data. If you are interested in the results and recommendations of this study, please advice the researcher to avail them as soon as the study is completed. The information you will give in this study will be treated with strict confidence and you will remain anonymous throughout the study period and in report write up. Your contribution is highly appreciated.

THANK YOU

Do you agree to participate in the study? (**Tick whatever is applicable**)

Yes (proceed with the interview)

No (terminate the interview) .

i.. Age bracket : 15-29 30-49 50 & above

ii. Gender Male Female

iii. Marital status: Married Single Divorced

DRUG ABUSE EFFECTS ON EDUCATION

1. What is your last grade passed?

No education

Primary schooling

Secondary schooling

Tertiary education (including university and college)

2. Are you employed? Yes NO

(b). if yes what type of employment

Skilled manual worker

Unskilled manual worker

Housewife

Self employment, specify.....

(c). if not what do you do to earn a living?

3. What are the economic activities done by the male youth in your community who are unemployed?

4. According to your own opinion is there a relationship between education and male youth Drug and substance abuse.

Yes

No

If Yes, Discuss the relationship.

5. Do you believe that educated youth abuse drug and substance less than uneducated

Yes

No

If Yes, why do you believe so?

DRUG ABUSE AND FAMILY BACKGROUNDS

1. Do you think family backgrounds have contributed to the youth male drug and substance abuse? Yes No

2. Have the family members given enough attention to the male youth?

Yes No

3. Are the family members giving male youth responsibilities that can make them responsible?

Yes No

4. Are male youth facing the problem of not having a father role model?

Yes No

(b). if Yes, what do you think can be done to solve the problem?

	Statement	Agree	Disagree
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SOCIAL FACTORS AND DRUG ABUSE

1. Are the male youth nowadays socializing in a way they can be responsible in future.

Yes No

2. Have the community played any role in male youth drug and substance abuse

Yes No

3. Has the community marginalized the male youth?

Yes No

4. Suggest ways in which the community can use to curb the problem.

DRUG ABUSE AND WASTEFULNESS OF THE MALE YOUTH

1. Do you think drug abuse has resulted to male wastefulness?

Yes No

2. Why do the youths continue to take drugs yet they know the outcome of drug addiction?

3. Statement (please tick if Agree or Disagree).

1.	Taking drugs helps young men to be more I \strong		
2.	Taking Bhang Can make one become insane		
3.	Taking alcohol makes male youth to II I become irresponsible		
4.	Taking Bhang makes youth perform well in		
5.	Youth perform better academically even without drug influence		
6.	Youths can lead a good life without drug abuse		
7.	Abusing drugs can bring bad long term consequences on your health		
8.	Youths who do not engage in drugs are able to use time wisely and economically.		
9.	Male youth can live a life free of drugs		
10.	Drug abusers have bad relationships with others		

4. What are types of drugs used by male youth in Dagoretti district?

5. Have you used drugs other than those needed for medical reasons? ,

Yes

No

6. If yes which drug use?

Yes

No

7. Do you misuse more than one drug at a time?

Yes

No

8. Are you always able to stop using drugs?

Yes

No

9. Do you ever feel bad or guilty about your drug use?

Yes

No

10. Does your spouse (or parents) ever complain about your involvement with drugs?

Yes

No

11. Have you neglected your family because of your use of drugs?

Yes

No

12. Have you engaged illegal activities in order to obtain drugs?

Yes

No

13. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

Yes

No

14. Have you had medical problems as a result of your drug abuse (such as memory loss, Hepatitis, convulsions, bleeding)?

Yes

No

APPENDIX II: CASE NARRATIVE GUIDE

Hello, my name is Jane Muigai, an MA student at the University of Nairobi in Gender and Development studies. You have been purposively selected to participate in this study by virtue of being a resident of Dagoretti district and presently on rehabilitation programme. The main purpose of the study is to assess male youth predisposing factors to drug and substance abuse in Dagoretti district. The findings of the study will be used to help all the parties concerned to address the issue of drug abuse among the youth in schools and out of school so as to make them more productive in the society. If you are interested in the results and recommendations of this study, please advise the researcher to avail them as soon as the study is completed. The information you will give in this study will be treated with strict confidence and you will remain anonymous throughout the study period and in report write up.

Your contribution is highly appreciated.

THANK YOU

When did you start using drugs?

The preferred drug and the reasons behind it

How often the abuser uses the drug and leading factors

The sources of drugs and the reason for their preferences

The socio-economic and environmental predispositions to use of drugs

The psycho-social and economic effects of drug and substance abuse on the victim Strategies being pursued to stop drug and substance abuse by the victim

APPENDIX III: KEY INFORMANT INTERVIEW GUIDE

Hello, my name is Jane Muigai, an MA student at the University of Nairobi in Gender and Development studies. You have been selected to participate in this study by virtue of being a professional with some knowledge on drug and substance abuse. The main purpose of the study is to assess male youth predisposing factors to drug and substance abuse in Dagoretti district. The findings of the study will be used to help all the parties concerned to address the issue of drug abuse among the youth in schools and out of school so as to make them more productive in the society.

To accomplish this objective, you are kindly requested to complete the questionnaire provided so as to provide the necessary data. If you are interested in the results and recommendations of this study, please advise the researcher to avail them as soon as the study is completed. The information you will give in this study will be treated with strict confidence and you will remain anonymous throughout the study period and in report write up. Your contribution is highly appreciated. THANK YOU

How would you define Drug & Substance Abuse?

What are some of the predisposing factors to drug and substance abuse?

Social & Cultural factors that predisposed man to use drug.

Which are the commonly abused drugs? In your own opinion, which are the main sources of these drugs? What measures should the community take in reducing drug abuse problem? How does drug abuse affect male youths in general?

What should parents do to help address the problem in schools and the community at large?
What are some of the institutions that need to be strengthened in society to address the drug and substance abuse among male youths?