

***“AN INVESTIGATION INTO THE STRATEGIES USED IN
ADDRESSING DRUG ABUSE PROBLEMS” A CASE STUDY
OF NAIROBI PROVINCIAL BOYS SECONDARY SCHOOLS***

BY

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DECLARATION

This Research Project is my original work and has not been presented for the award of a Degree/Diploma in any University.



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30/04/02.

DATE

This Research Project was cleared for research, data collection and analysis with my approval and supervision as a Kenyatta University, University Supervisor.



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DEDICATION

This study is dedicated to the eternal memory of my late mother Rodah Imbagala and my father Alex Muhati who loved, endured, sacrificed, and taught me the art of loving, enduring and sacrificing without abusing or being influenced by drugs.

And

To my loving husband, Nyakundi, children: Nyabicha, Kerubo, and Nyagaka; and all the students of the Republic of Kenya. May you greatly benefit in your endeavours in a safe and drug-free environment

ACKNOWLEDGEMENT

This study grew out of my great concern and curiosity in the ever increasing drug related problems that have bedeviled Kenyan secondary school in the recent past. However, my contribution is only one part, many have immensely contributed to its richness.

This study could not have been possible without the patience and understanding of my loving husband, Richard Nyakundi who immensely supported me at every stage of this study; my children: Eric Nyabicha, Sheila Kerubo, and Collins Nyagaka who missed my company and denied themselves other needs while I undertook my studies.

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Finally, I am grateful to the Principals of the schools I visited for giving me a chance to carry out this study in their schools and to all respondents for accepting to participate in the study, I am indebted to them.

ABSTRACT

Many secondary school students are nowadays experimenting with drugs. This is causing a lot of concern as drug abuse has been identified as a major cause of several of the problems experienced by secondary schools in Kenya.

This study aimed at finding out the strategies and programmes used in secondary schools to increase drug awareness and curb their use and abuse. The study's presentation has been arranged in five chapters. Chapter one, addresses the background information, statement of the problem and objectives of the study. Chapter two makes a review of relevant literature to the study, whereas chapter three describes the methodology that was employed in sampling, collecting and analyzing the data. Chapter four has been dedicated to the analysis of the data and chapter five gives the conclusions and recommendations drawn from the study.

The study was carried out in six boy secondary schools in Nairobi. A purposive sample of 24 teachers and a random sample of 120 students participated in the survey. The 144 participants responded to a questionnaire that was given to them. Their responses were tabulated and organized through frequency tables and percentages, and descriptively analyzed.

From the survey, it was found that drug use and abuse occurs within the student population as a result of a complex range of factors and although while most of the head teachers, teachers and students admitted that drug abuse is a problem in their schools, only a few are taking a stand on the issue and helping to find solutions.

The study revealed that some prevention, intervention and action strategies, and programmes are being used with a view to tackling the drug problem. However, these

strategies are conducted in isolation from the wider school, community, and environmental context. The study noted little evidence that the programmes in existence have had any extended impact on student smoking, drinking or drug use because so many other factors—parental engagement, parental substance abuse, depression, anxiety, learning disabilities, low self-esteem—are beyond the scope of these programmes.

The programmes are reactive rather than proactive, have no clear objectives, are scanty, not well planned, implemented and give no procedures and guidelines on evaluation. The study also revealed that the schools have no clear drug policy. This has made it difficult for them to effectively express their intent, beliefs and resolve toward the prevention, intervention and control of drug abuse. The programmes in place have not been able to result into statistically significant reductions or generate a documentable positive impact.

Considering that drug use and abuse carries with it both personal and interpersonal meaning and an inherent set of values which are dependent upon both the perceived benefits and negative consequences of such behaviour, a comprehensive study of drug use and abuse in schools should be carried out, after which, a detailed drug policy that shall encourage smooth planning, implementation and evaluation of the prevention, intervention and action strategies shall be developed.

The study recommends multicomponent programmes, as they are likely to produce the most positive effects for the greatest number of participants. And in view of the risk and potential factors associated with drug use, schools should forge collaborative linkages with other schools, family, students, teachers and the community so as to effectively develop and implement effective strategies and programmes to deal with drug problems. Other recommendations that may be adopted by schools, education administrators and parents have been made in chapter five.

Finally, research being the only sure route to new knowledge that will help in improving drug abuse prevention, intervention and control strategies and programmes. A number of

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CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND TO THE PROBLEM

Drug use is as old as the history of mankind. Man has used available psychoactive substances to seek relief from cold, hunger, deprivation, anxiety, pain and boredom. He also has used such substances to receive pleasure or to achieve new experiences. However, in the last few decades, drug use has outstretched the purposes for which they are intended leading to abuse. Drug and alcohol abuse is a pervasive problem affecting almost every community around the world. It drains the physical, intellectual and economic resources of each individual affected as well as their families, communities and nations. Today, millions of people in the world are dependent upon mood altering drugs. These substances range from illicit drugs such as crack, cocaine and heroin to legal drugs such as tobacco, alcohol, and prescription drugs. Use of these drugs often leads to chemical addiction, which in turn leads to high rates of debilitating illness, crime, and even death, and among those most affected are school going children.

According to a report by African News, Monday, 6th, September, 1999, drug abuse is turning Kenyan youth into little terrors and is most prevalent in secondary-school pupils. For instance, the Kyanguli tragedy of 2001, Nyeri High School incident of 1999, and the St. Kizito tragedy of 1993 were all attributed to students having been under the influence of drugs. In a special report by the Daily Nation newspaper, of Wednesday, 9th January, 2002, drug abuse was described as a very expensive culture that had hit Kenyan schools.

Indeed drug and alcohol abuse have plagued Kenya's secondary schools in recent years. According to the Naomy Wangai, Ministry of Education Report, 2001, use of alcohol,

tobacco, and other illicit drugs was linked to the 230 cases of student unrest that dominated the education sector for most part of the year 2001.

Wagner, (1984), and Nyangweso (1996) have also attributed several cases of school drop-outs, memory gaps, decreased physical endurance, stealing habits, violence and even death to drug abuse. Kamara (1996) observes drug abuse as a cause of moral decay and a decline in academic prospects among students. A report by Karugu and Olela (1993) also cites various complaints from administrators at all levels of Kenyan education about drug abuse. According to the Africa Recovery, vol. No. 1 of August, 1998, one in every 15 Kenyan students is on drugs. An investigation by Ochieng (1986) studied the effects of drug abuse among students in selected secondary schools in Nairobi. The findings indicated that 75% of the students were in contact with drugs. This trend is worrying, particularly in Nairobi and other urban centre schools where drugs are easily acquired.

Schools must therefore proactively address the drug and alcohol abuse problem if they are to provide the safe environment and quality education necessary for a healthy and prosperous nation.

1.2 STATEMENT OF THE PROBLEM

According to the East African Standard newspaper of 17th January, 2002, 18 per cent of Nairobi province students abuse drugs in school. This is despite, the existence of a code of discipline for students in schools, and the establishment of a department of Guidance and Counseling within the Ministry of Education head office and at various school levels to cater for the moral part of the students' life while in school.

The above revelation, coupled with the spate of violence, arson and general indiscipline in our secondary schools which has largely been associated with drug abuse, has raised concern among parents, educators, religious organizations, and the mass media.

A study by Onyango (1985) involving Nairobi East and Nairobi West Divisions, investigated the influence of drugs on high school students. The study recommended that a programme on drug and drug abuse prevention and control be put in place. Onyango's recommendation was based on the understanding that schools provide an important setting for interventions aimed at preventing or reducing the misuse of drugs and reducing the harms arising from, and associated with, the misuse of drugs. Young people spend a considerable period of time in the school environment, and it is acknowledged that teachers and peers contribute to young people's understanding of, and responses to, drugs.

According to Anthony (1999), the prevalence of drug abuse is greater for boys than girls and with the advances in information technology, the manner in which students, entertain themselves, obtain information and communicate has profoundly changed. The internet is being used as a tool to promote drug abuse messages and students are likely to be drawn into drug abuse and related crime by misinformation and propaganda. This will affect the manner in which schools devise drug abuse prevention, intervention and action strategies.

Considering that both in principle and in practice schools have a role to play in addressing drug-related issues by providing a drug free and safe school environment and appropriate policy and practices, including student welfare programmes, this research investigated into the strategies and programmes used by boys secondary schools in Nairobi province and how these strategies were applied in addressing the drug abuse related issues, their effectiveness as perceived by teachers and students.

1.3 OBJECTIVES OF THE STUDY

The purpose of this study was to investigate into the approaches used in addressing drug related problems and how they are applied.

1.3.1 SPECIFIC OBJECTIVES

- (a) To investigate the approaches and the extent to which they are used in addressing drug abuse problems in boys secondary schools.
- (b) To assess the involvement of the school community in drug abuse prevention and control approaches
- (c) To find out whether schools have a drug policy and the challenges encountered in applying it.
- (d) To investigate on whether schools were raising student awareness and caution on information acquired from the internet.
- (e) To make recommendations after the investigation concerning the approaches in use.

1.4 SIGNIFICANCE OF THE STUDY

Drug abuse is one of the most serious social problem of our time. The problem not only threatens the lives of countless students in this country but is a cause to crimes in various schools, unhappiness in the addicts' families, and even affects the economy of this country.

According to Kandel (1980), Dupont (1989), early use of alcohol, tobacco, or illicit drugs has been linked clearly to later substance abuse. This makes our secondary students a particularly at-risk population and therefore a target for prevention efforts.

Schools are uniquely situated to play a major role in prevention because young people spend much of their time in school, and because schools are a major influence in transmitting appropriate standards of behavior. Schools can contribute to the national prevention efforts, not only by presenting accurate information about drugs, but also by developing and enforcing firm, consistent policies that discourage their use and sale.

This research will be beneficial to educational practitioners, planners and administrators and shall act as an eye opener in designing preventive as well as curative measures in addressing the drug abuse problem. The research shall enhance the stakeholders appreciation of the efforts made by schools in addressing the drug issue.

This study will make a contribution to the effort of scholars and researchers who are equally exploring on the new potentials in addressing the drug problems within secondary schools with a view of offering new solutions to the problem and saving the future generation of our youth.

The study will also act as a basis for developing programmes and improving on the existing ones in the campaign against drugs. In the absence of specific policies and substance abuse (Kamonjo 1997), this study has made some recommendations.

1.5 ASSUMPTIONS OF THE STUDY

The study was carried out against the following assumptions:

- (a) There are well-developed drug abuse control approaches in our schools.
- (b) Most schools apply more than one approach in solving drug related problems.
- (c) Schools have a policy on drugs
- (d) Drug abuse control is the responsibility of all members of the school community.

1.6 SCOPE AND LIMITATIONS

The area of drug abuse in schools is very wide and may not be dealt with exhaustively. This study mainly addressed and was limited to approaches used in the fight against drug and alcohol abuse in secondary schools.

According to a report by African News, Monday, 6th, September, 1999, drug abuse is most prevalent in secondary-school pupils in Nairobi and the Central province. The report further revealed that over 60 percent of boys in secondary schools have abused drugs by the time they get to Form Four. This study was therefore limited to boys' provincial secondary schools within Nairobi Province and because of the nature of my degree course which was school based, I had no enough time to carry a study out of Nairobi or in all the secondary schools within the province.

Although the results of this study may not be generalized for all secondary schools in the province every effort was made to ensure that the sample was representative.

It was difficult to finance this project as I was a self-sponsored student. However all efforts were done toward its completion.

1.7 AREA OF STUDY

The study was conducted in Nairobi Province Boys' Secondary Schools of the Republic of Kenya. Nairobi is a cosmopolitan city drawing members from all ethnicity of the Republic of Kenya. This is also reflected in the Provincial Schools which handle students of different social, economic, ethnic and political background. The Province hosts the headquarters of the Ministry of Education where the policies related to school issues are designed and one would expect the schools in this province to adequately utilize the advantage.

1.8 DEFINITION OF TERMS AND MEANING OF ACRONYMS

The following will be defined as they are operational in the study.

Approaches: The strategies or methods used in addressing, eliminating or curbing the drug related problems in schools.

Denial: This is the refusal to recognize or admit the negative consequences of using drugs and pretending that everything is under control. Denial creates a situation in which it is difficult to talk with drug users about potential abuse or addiction. People close to the drug use may also deny that there may be problems.

Drug: Any product other than food and water that affect the way people feel, think, see taste, smell, hear or behave. It is a substance, which by virtue of its chemical nature has direct effect on the structure or function of an individual. Once introduced in the body, it brings about physical, emotional or mental changes in the person. It can be chewed, inhaled, smoked, drunk, rubbed on the skin, or injected into the body.

Drug abuse: It is the use of drugs for the purposes other than the functions for which they are intended. It also refers to habitual use of chemical agents in spite of significant harmful consequences to individual user, the society or both. It is using a drug and experiencing negative consequences. The abuser may not be aware of these negative consequences, which can range from adverse health effects, an increased willingness to take a risk with health or safety, saying or doing things that are later regretted or any outcome that negatively affects others

Drug addiction: This is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). It is a condition developed through the effects of repeated actions of a drug such that its use becomes necessary and cessation of its action causes mental or physical disturbances.

Drug dependence: This is a state of psychic or physical dependence, or both on a drug, arising in a person following administration of that drug on a periodic or continuous basis. It is the continued use of a drug despite negative consequences.

Drug Education: It is the giving of drug information or knowledge

Drug habituation: This is a condition resulting from the repeated consumption of a drug. It is a condition in which the habitué desires a drug but suffers no ill effects on its discontinuance.

Drug-related incident: occasion involving alcohol, tobacco and/or other drug use and/or the possession of a drug or drug-related equipment, including bongos, pipes, and syringes (except for legal medical use).

Drug-related problems: comprehensive term that describes all problems associated with drugs, including those that arise from personal use and use by another person or persons.

Effects: behavioral displays

Effective: drug abuse prevention programmes that have positive outcome effectiveness results in reducing risk factors or increasing protective factors for drug use or actual drug use initiation and use.

Effectiveness: refers to how successful the approaches have been

Intervention: It aims to identify drug users and to assist them in modifying their behavior or, if necessary, obtaining early treatment. Intervention includes activities, programmes, or practices that prevent a health problem from continuing once it has been detected.

NACADA: National Agency for the Campaign Against Drug Abuse

Provincial secondary schools: Schools that admit 100% of their form one students from within the province.

Prevention: These are activities, programmes, or policies aimed at enabling people to stay healthy and encouraging students to strengthen environments which promote health and change those conditions which predispose individuals to develop problems. Prevention is a holistic approach to enrich, enhance, and empower an individual to live a healthy and productive lifestyle by overcoming negative

Psychoactive drug: Any substance that affects the central nervous system and alters mood, perception and consciousness.

Protective factors: These are those factors associated with reduced potential for drug use. The factors include: parental monitoring, success in school performance, strong bonds with other prosocial institutions such as school and religious organizations, clear

rules of conduct, adoption of conventional norms about drug use. They are factors that decrease the likelihood of substance abuse

Risk factors: Those factors that make the potential for drug use more likely. The factors include: chaotic home environments, particularly in homes which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially children with difficult temperaments or conduct disorders; lack of mutual attachments and nurturing; shy or aggressive behaviour in the classroom, failure in school performance; poor social coping skills; affiliations with deviant peers or peers displaying deviant behaviours; and perceptions of approval of drug-using behaviours in family, work, school, peer and community.

SCAD: Student Campaign Against Drugs

School drug policy: set of brief statements outlining the school community's agreed position on, and accepted procedures for dealing with drug-related issues.

School drug policy guidelines and/or procedures: A number of statements that detail the accepted procedures for dealing with drug-related issues. School drug policy guidelines may include appendixes or references to other school, Education Department or other sector policies.

Substance abuse: Includes all chemicals (drugs and other industrial solvents such as nail polish removers, paint thinners, petrol and glue). Substance abuse includes all those drugs that produce a dependence (psychological and or physical) in a percentage of individuals who abide by them.

W.H.O World Health Organization.

U.N United Nations

U.N.D.C.P United Nation Drug Control Programme.

WCOTP World Confederation of teaching profession.

CHAPTER TWO

2.0 REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

The abuse of licit and illicit drugs represents a major public health problem to countries. The costs to society of such abuse include premature deaths annually due to drug-related illnesses, accidents, and homicides; economic costs related to health care, criminal justice, and lost productivity; mental and physical pain suffered by many. Many of the ills plaguing many countries today; including increased crime and violence, and homelessness in some cases may be linked to individuals' physical dependence on a variety of abusable substances.

The consequences of substance abuse and addiction have been felt by people within every economic, social racial, religious and political boundaries. Use of alcohol and drugs by students poses a serious threat to society, to the students themselves, and to the educational process. Drug and alcohol abuse has been linked with dropping out of school, depression, suicide, and violence.

Of direct concern to educators is the effect of drugs on student learning. According to Hooper, (1988), scientific research has shown that many drugs, even when taken in small doses, can cause permanent damage to the learning centers of the brain-damage which increases with increased drug use.

As a response to the drug crisis, schools require to assess their substance abuse problems, develop and implement comprehensive substance abuse programs, Cashman,(1986). However, any effective approach to prevention or reduction of drug abuse must consider not only the drug but also the individual and the environment in planning and applying

countermeasures. In this chapter I reviewed related literature relevant to this research problem.

2.2 FACTORS CAUSING DRUG AND ALCOHOL ABUSE

Although no consensus exists about the specific root causes of substance abuse and addiction for particular individual, knowledge about the factors causing drug and alcohol abuse, as noted by Hawkins, Catalano, & Miller (1992), is crucial in the development and implementation of substance abuse and related problem behaviors prevention programmes.

In this section, I looked at the several factors that are necessary for substance abuse and addiction to occur.

According to Hington and Mathews (1979), many abuse drugs to escape the stress of everyday's life and seek to enjoy themselves. Einstein (1980) argues that people take heroine for the pleasure it gives whereas Madden (1979:108) says that people smoke, drink and take pills at an even increasing rate; often only to induce pleasant physical state. Other studies reveal, when people are anxious and frustrated, they take drugs as an escape, consequences caused by failure to achieve goals.

Among the major factors causing drug and alcohol abuse are personal attitudes and predispositions related to drug abuse. Brounstein, Altschuler, Hatry, & Blair, (1989) associate the use or non use of drugs, as an individual's perception of risk. Johnston, O'Malley, & Bachman, (1995), attribute the recent increase in student drug use to decreased perceptions of risk.. Other predispositions include increased levels of impulsivity, hostility, or disinhibition; increased alienation from the dominant values of society; and greater levels of rebelliousness.

Another major factor causing drug and alcohol abuse is the family. From the prenatal stage through late childhood, the family, parents, caregivers or parent surrogates, siblings, and close relatives, is the main influence in the development of children and youth, and it

is also the crucible in which problem behaviors and all their antecedents are shaped. Kumpfer (1993) has observed, that remaining in an abusive or conflict-ridden family is far more detrimental to children than divorce. Kumpfer also notes that, marital discord is a stronger predictor of delinquency than family structure (such as a single-parent family).

Kumpfer, (1993); Hawkins, Catalano, & Miller, (1992) have further identified economic deprivation; reduced supervision, formal controls, and social supports; living in impoverished neighborhoods characterized by high crime rates and alienation; differential family acculturation; poor family management, discipline, problem-solving practices, parental use of alcohol and drugs and both parental permissiveness and positive attitudes toward alcohol and drugs, as some of the major family factors that enhance drug abuse among students.

School failure is the other factor that has been identified as one of the strongest factors that enhance drug and alcohol abuse. According to Hawkins, Catalano, & Miller, (1988) although to a great extent school failure is shaped by an individual's experiences in early childhood, within the family setting, and during the preschool years, some school-related factors are believed to exacerbate preexisting problems and dispositions. Principal among these are a negative, disorderly, and unsafe school climate and low teacher expectations of student achievement. Hawkins, Catalano, and Associates, (1992), have closely associated drug and alcohol abuse to an unsafe and disorderly school climate, and a lack of clear school policies regarding drug use.

Another factor causing drug and alcohol abuse is negative influence of peers. According to Swisher, (1992), adolescents who are strongly peer-oriented hold more negative views of themselves, see themselves as less dependable, more hostile, more likely to disobey adults, less interested in academics, and less future-oriented. This, coupled with weak bonds with traditionally positive norms such as those espoused by the family, community, or religion, are likely as noted by Hawkins, Catalano, & Miller, (1988) to make the young adult be involved with peers who use alcohol and drugs and engage in other forms of problem behavior.

The other important factor causing drug and alcohol abuse is the community. Emshoff, Erickson, and Thompson (1992), and Mosher (1990) have identified Community norms as a factor that promotes or permits substance use. Community norms may favor inappropriate alcohol use among adults while discouraging youthful drinking, thus creating a conflicting message for youth. Other factors identified include: poverty or lack of empowerment, lack of community bonding and community disorganization, cultural disenfranchisement, policies that encourage or fail to discourage substance use, pro-use messages in the general media, pro-use messages specifically in advertising (as distinct from other media).

2.3 TYPES OF DRUGS ABUSED

Below is a list of drugs that are commonly abused and how they affect the body.

Depressants: These slow down the activity of the nervous system. They include alcohol, inhalants (including glue, nail polish remover, cleaning fluid, lighter fluid, antifreeze, aerosol from cans or household products and gasoline), minor tranquilizers (including Valium), and sedatives (including barbiturates, Quaaludes, and PCP - phencyclidine). All depressants except PCP can be obtained legally. Phencyclidine is used as an immobilizing agent.

Stimulants: These stimulate activity, suppress the appetite, and ameliorate emotional depression. They include the legal drugs caffeine and nicotine as well as the legal and illegal amphetamines and the illegal methadrine, ecstasy and cocaine.

Hallucinogens: These are mind-distorters. They have no medical use and create altered perceptions. They include marijuana, (only recently has marijuana been considered for medical purposes) LSD (lysergic acid diethylamide), and mescaline. All hallucinogens are illegal.

Narcotics: These have an analgesic effect. They relieve physical pain and make surgery possible, but they are highly addictive. They include morphine, codeine, and heroin.

Knowledge of the type of drugs being abused is important in the development and implementation of a drug abuse prevention and control strategy.

2.4 EFFECTS OF DRUG ABUSE ON STUDENTS

Drugs produce many effects, including distortion of memory, perceptions, and sensation (U.S. Department of Education, 1986). Drug use is associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure and poor judgment which may put students at risk for accidents, violence, unplanned and unsafe sex, and suicide. Use of cocaine and amphetamines give users a false sense of performing at a high level when on the drug. So-called designer drugs, chemical variations of illegal drugs, have caused brain damage and death (Towers, 1987).

According to a report by the National Commission on Drug-Free Schools, in America, (1990) mind-altering chemicals lead to long-term impairment of cognitive ability and memory. The report associates substance use with a lack of motivation and self-discipline as well as reduced school attendance. Substance abuse is also correlated with antisocial and violent behavior. Frequent drug users skip school or arrive late to class (Wagner, 1984).

From studies made by Schonberg (1988), there was an indication that young people are more likely to engage in risk-taking behavior and sexual experimentation when under the influence of alcohol and other drugs. Nader (1993), supports the findings of Schonberg, and adds that the use of drugs by students while in school damages not only the educational atmosphere but also the social climate as well. Nader, further links drug and alcohol abuse to a decline in academic performance, to truancy and dropping out, and to crime and misconduct.

According to Kihumba (Sunday standard November 5, 2000: 1 and 23), drug use in our institutions of learning is on the increase and it is becoming alarmingly high and dangerous to the students. Kihumba further attributed the destructive and rowdy behaviour of students in our schools to drug abuse.

Continued marijuana use can cause memory gaps and also lead to decreased physical endurance (Wagner, 1984). Marijuana users often develop sinusitis, pharyngitis, bronchitis, and emphysema within a year of beginning use (Wagner, 1984).

Experimenting with drugs, particularly at a young age, often leads to dependence (Towers, 1987). Those dependent on drugs sometimes support their habits by stealing, selling drugs to others, and sexually prostituting themselves.

2.5 WHAT SCHOOLS CAN DO TO CONTROL DRUG ABUSE

Schools can add a crucial component to the drug prevention efforts of parents by incorporating prevention strategies within the context of health, science, and family life curricula. Schools also provide an organized peer group setting in which children can develop communication and decision-making skills.

Early intervention and prevention activities should characterize a school's drug abuse program (Towers, 1987). School administrators should determine the extent of the drug problem within their jurisdiction before initiating a new intervention program. This can be accomplished by an anonymous survey of students and consultation with local law enforcement officials. Collaborative plans should be made with parents, school boards, treatment agencies, and concerned groups within the community to ensure successful programs.

School officials should establish clear, consistently enforced drug-use policies that specify drug offenses, consequences (including notification of police), and procedures. Security measures should be implemented to eliminate drugs from school premises and school functions. Teachers should receive appropriate training to participate in the program.

School systems generally combine two approaches to preventing drug abuse (Lachance, 1985). One emphasizes discipline - what school personnel should do when drug abuse or

peddling is encountered at the school. The other concerns education - instructing students about drugs and helping them develop skills and attitudes that will keep them away from drugs.

Schilit (1991) notes that new methods of drug prevention programs should focus on social influence and peer group norms. The program should be designed for school juniors and seniors. He also suggests that prevention programs may require different timing and may face less favorable odds of success given its common use among youths. Therefore the need for schools to create a drug free support infrastructure and the identification of peer group forces that promote drug abuse and approaches to deal with them. This is because the schools contain natural social groups that can reinforce the approaches of prevention. He advocates for the production and disseminating of information materials; brochures pamphlets, print and broadcast announcements, prepackaged information and teaching kits for teachers, physicians and media personnel's assistance in establishing a base of concerns the direct initiatives.

According to Einstein (1980) long term education programme should be designed because short term programs do not result into long term outcomes schools programs that address the broad developmental needs of children and youth are the most effective in preventing and reducing drug abuse. Effective preventive school drug program must give consideration to, the nature and extent of the drug problem in each school and attention given to be variety of physical, psychological social and spiritual needs of the abusers, include more than just education (there is need for guidance and counselling and assistance in usual formal education), view drug abuse as symptomatic, establish goals that are behaviourally centred and realistic in achievement focus on improvement of quality of human interaction and human relatedness, school activities to be coordinated and related with effort taking place in school and out of school, formal educational program should be graded, sequential and comprehensive and should start from kindergarten. This study will attempt to establish if any of the above mentioned approaches exist in our institutions.

Presently, some confusion exists regarding the proper role of the school in handling the increasing drug problem. Cornacchia (1978) observed that despite a number of fine efforts and expenditure of funds, there is no sufficient literature to adequately address the problem or alternatives in preventing or handling drug abuse. No wonder many schools have in desperation initiated fragmentary superficial, incomplete and uncoordinated programs have done little to resolve the problem. He notes that schools and teachers have a special role to play in drug misuse and abuse. They can help reduce drug problems through preventive action. Education, law and law enforcement as well as rehabilitation and treatment are preventive procedures.

According to a World confederation of Teaching Profession (WCOTP: 1977) research carried out on problems of drugs in six African countries: Cameroon, Nigeria, Senegal Sierra Leone, Togo and Kenya, it was found that drug problem had already infiltrated into the urban schools in the specified countries. To eradicate the problem, it was suggested that the youths, parents, teachers, the government and general public be involved. In my study, I tried to establish how this was being carried out in Kenya's Nairobi Provincial boys secondary schools.

2.6 METHODOLOGICAL APPROACHES TO DRUG CONTROL AND PREVENTION IN SCHOOLS

According to Botvin 1996; Botvin and Botvin (1992), drug control and prevention efforts in schools can be divided into four general approaches: information dissemination, affective education, social influence, and competence enhancement.

2.6.1 INFORMATION DISSEMINATION

The underlying assumption of these approach is that the problem of drug abuse is caused by a lack of knowledge about the dangers of using drugs. Correspondingly, it is assumed that drug abuse can be prevented by making individuals aware of the appropriate facts about drug abuse.

It is hoped that adolescents, armed with these facts, will make a logical and rational decision not to smoke, drink, or use illicit drugs. Closely related to information dissemination approaches is the use of fear-arousal techniques or scare tactics to dramatize the dangers of drug abuse and increase motivation to avoid drugs.

Despite the widespread use of these approach, studies by Richards (1969), Goodstadt (1974); Swisher and Hoffman (1975), Dorn and Thompson (1976); Kinder et al. (1980); Schaps et al. (1981) have consistently shown that this approach is not very successful.

These studies show that information dissemination approaches are effective in their efforts to increase knowledge and also frequently increase antidrug attitudes. However, they fall short where it counts most - having an impact on drug use behavior.

2.6.2 AFFECTIVE EDUCATION

The focus of affective education approach is on increasing self-understanding and acceptance through activities such as values clarification and responsible decision-making; improving interpersonal relations by fostering effective communication, peer counseling, and assertiveness; and increasing students' abilities to fulfill their basic needs through existing social institutions; Swisher (1979).

However, although affective education approach, has in some instances, been able to demonstrate an impact on one or more of the correlates of drug use, according to studies by Kearney and Hines (1980); Kim (1988), it has not been able to affect behavior.

2.6.3 SOCIAL INFLUENCE

Social influences arise from the media, peers, and the family. The social influence approach has several components, such as: psychological preparation, drug resistance skills, normative expectations correction, and peer leaders.

According to a research by Evans and colleagues (1976); Evans et al. (1978), on adolescent cigarette smoking it was found that the approach has an impact on behaviour,

as students aware of the various social pressures to smoke they would likely encounter as they progressed through the various school levels so they would be psychologically prepared (innoculated) to resist the influences. Its success is also attributed to the various demonstrations and techniques it offers to students on how they can effectively resist various pressures to smoke, periodic assessment of smoking with feedback to students to correct the misconception that smoking is a highly normative behavior, and information about the immediate physiological effects of smoking.

Arkin et al. (1981); Hurd et al. (1980); McAlister et al. (1979); Luepker et al.(1983); Perry et al. (1983); Telch et al. (1982); Donaldson et al. (1994); Ellickson and Bell (1990); Snow et al. (1992); Sussman et al. (1993), have emphasized on teaching what has come to be referred to as "drug resistance skills" or "drug refusal skills." Students are taught the requisite information and skills to recognize, avoid, or respond to high-risk situations - situations in which they will have a high likelihood of experiencing peer pressure to use drugs. Students are taught not only what to say in response to a peer pressure situation (the specific content of a refusal message), but also how to say it in the most effective way possible. In addition, students are taught how to respond to influences from the media to use drugs, particularly how to resist the persuasive impact of advertising by recognizing the advertising appeals contained in ads and formulating counterarguments to those appeals.

According to Hansen and O'Malley (1996) the third major component of the social influence approach to drug abuse prevention involves correcting normative expectations, that is, correcting the misperception that many adults and most adolescents use drugs. The normative method involves having students participate in the prevention program to organize and conduct classroom, school-wide, or local community surveys of drug use.

The fourth component is the use of peer leaders as programme providers. Peer leaders are selected because of their role as opinion leaders. They are individuals who appear to have high credibility with the participants in the prevention program. The rationale for using peer leaders is that peers often have higher credibility with adolescents than do teachers or other adults. Peer leaders serve a variety of functions, including serving as

discussion leaders, role models who do not use drugs, and facilitators of skills training by demonstrating the drug refusal skills being taught in these prevention programs.

2.6.4 COMPETENCE ENHANCEMENT (LIFE SKILLS TRAINING)

The competence enhancement approach to drug abuse prevention emphasizes teaching general personal and social skills, either alone, Caplan et al. (1992) or in combination with selected components of the social influence model Botvin et al. (1980); Botvin and Eng (1980); Botvin, Baker, Renick et al. (1984); Botvin, Baker, Botvin et al. (1984); Botvin et al. (1983); Pentz (1983), Schinke and Gilchrist (1983, 1984); Gilchrist and Schinke (1983), Schinke (1984), Botvin, Baker, Filazzola, and Botvin (1990).

The competence enhancement approach, is much more comprehensive than the information dissemination, affective education, or social influence approaches. Drug abuse is conceptualized as a socially learned and functional behavior, resulting from the interaction of social influences that promote drug use and intrapersonal factors that affect susceptibility to these influences.

According to Caplan et al. (1992), the primary aim of programs designed to teach life skills and enhance general competence is to teach the kinds of skills for coping with life that will have a relatively broad application. This contrasts with the social influence approach, which is designed to teach information, norms, and refusal skills with a problem-specific focus. Competence enhancement approaches, such as the Life Skills Training program, emphasize the application of general skills to situations directly related to drug use and abuse, such as the application of general assertive skills to situations involving peer pressure to smoke, drink, or use other drugs. These same skills can be used for dealing with the many challenges confronting adolescents in their everyday lives, including but not limited to drug use.

The following is a brief description of the content areas covered by the Life Skills Training programme.

2.6.4.1 DRUG RESISTANCE INFORMATION AND SKILLS

The Life Skills Training prevention model that the author and colleagues have tested incorporates aspects of the social influence approach that are intended to deal directly with the social factors that promote drug use. It also includes general self-management skills and social competence skills. Components from the social influence model include: teaching an awareness of social influences to use drugs, correcting the misperception that everyone is using drugs and promoting anti-drug norms, teaching prevention-related information about drug abuse, and teaching drug refusal skills.

2.6.4.2 SELF-MANAGEMENT SKILLS

The Life Skills Training approach also involves teaching students a set of important skills for increasing independence, personal control, and a sense of self-mastery. This includes teaching students: general problem-solving and decision-making skills, critical thinking skills for resisting peer and media influences, skills for increasing self-control and self-esteem (such as self-appraisal, goal-setting, self-monitoring, and self-reinforcement), and adaptive coping strategies for relieving stress and anxiety through the use of cognitive coping skills or behavioral relaxation techniques.

2.6.4.3 GENERAL SOCIAL SKILLS

Drug use behavior is learned through modeling and reinforcement and is influenced by cognition, attitudes, and beliefs. To enhance social competence, students in the Life Skills Training program are taught a variety of general social skills. This includes teaching: skills for communicating effectively (such as how to avoid misunderstandings by being specific, paraphrasing, and asking clarifying questions), skills for overcoming shyness, skills for meeting new people and developing healthy friendships, conversational skills, complimenting skills, and general assertiveness skills.

These skills are taught through a combination of instruction, demonstration, feedback, reinforcement, behavioral rehearsal (practice during class), and extended practice (outside of class) through behavioral homework assignments from the interplay of social and personal factors.

The study investigated on how the various strategies I have discussed above are employed by schools in Nairobi in their attempt to address drug and alcohol abuse issues. In the following chapter, I shall discuss the research methodology that was applied in the collection and analysis of data for the study.

CHAPTER THREE

3.0 METHODOLOGY OF STUDY

3.1 INTRODUCTION

As discussed in the previous chapter, many students in our schools have a problem with substance abuse. It is therefore important for us to understand the problem and even find ways to deal with this problem.

In this chapter, I present the methodology that I used in the sampling, collection and analysis of data relevant to this study.

3.2 SAMPLING DESIGN

Out of the 76 public and private secondary schools in Nairobi Province, 18 are provincial Boys secondary schools. Purposive sampling was used to select six provincial boys secondary schools for the investigation. The sample of schools was controlled to minimize random error, and ensure validity. The schools sampled, draw students from all levels of society.

The schools purposively drawn from the provincial category included the following: Dagoretti High School, Jamhuri High School, Eastleigh High School, Parklands Boys' Secondary School, St. Theresa Boys and Upper Hill secondary school. They represented 37% of the provincial boys secondary schools in Nairobi Province.

The target student population was the form three classes in the sampled schools. The students of these classes were targeted because they had been in the school relatively longer and could give relatively more reliable information about the drug issues in the school. The head teachers, discipline masters, guidance and counselling teachers, and class teachers were also targeted.

Since there were six schools, six head/deputy teachers, six guidance and counseling teachers six discipline master teachers and six class master teachers were purposively sampled and a total of 120 randomly selected students were utilized in this study.

3.3 DATA COLLECTION

Data for the study was collected from the headmasters of the sampled institutions, guidance and counselling teachers, discipline masters, class teachers and students for the purpose of verifying the assumptions earlier made in this study.

Three questionnaires for the investigation were developed as follows: head/deputy teachers, other teachers, students. This instrument was developed from the literature related to drug abuse, researcher's own knowledge and experience.

Secondary data of documented information on drug and alcohol abuse control approaches in schools was also utilized to enrich the study.

3.4 RESEARCH INSTRUMENTS

The main research instrument used in this study were questionnaires. There were three questionnaires; appendix "I" was administered to the head/deputy teachers, appendix "II" was administered to the discipline masters, guidance and counselling teachers, and class teachers while appendix "III" was administered to the students.

The questionnaire was chosen as the main instrument over other instruments because it takes less time, energy and is less expensive. It is also not manipulated by extraneous factors that may be experienced in an instrument like interview.

The questionnaires were divided into three parts; consisting of questions related to the objectives. Part "A" sought information of the respondent. Part "B" focused on the nature of commonly abused drugs, reasons for abuse and problems resulting from drug abuse. Part "C" was used to collect data on the approaches used by the schools to

address drug and alcohol abuse, implementation, challenges and how implementation of the strategies and programmes could be enhanced.

The questionnaires were delivered to the sampled schools, directly administered to student respondents and collected the same day. For the teachers and the head/deputy teachers, the questionnaires were given to them and collected after one week.

3.5 DATA ANALYSIS

The data collected was analyzed descriptively. Tables, frequency distribution and percentages were used to present the data.

Tables were used as they were easy to interpret. Frequency distributions were convenient in giving a general overview of the problem under study. Use of tables, frequency distribution and percentages made it easier in deducing conclusions and making recommendations and suggestions for further action.

CHAPTER FOUR

4.0 DATA ANALYSIS AND PRESENTATION

4.1 INTRODUCTION

Drug abuse is a widely prevalent phenomenon cutting across different age and socioeconomic groups. This study attempted to find out the methods used in our secondary schools to address drug and alcohol abuse problems.

In this chapter, an analysis of the data collected through questionnaires is made. The data has been presented in tables that show the actual numbers of responses and corresponding percentages.

It was necessary in some of the areas to analyze data from different samples separately depending on the nature of the information, but generally the data was analyzed wholesome.

The following general areas have been considered in the analysis:

- a) The background information of the respondents
- b) The reasons that make students to abuse drugs and alcohol
- c) The type of drugs abused by the students
- d) The effects of drug abuse students
- e) Prevention, intervention, and control of drug abuse in schools
- f) Programme personnel
- g) Drug policy in schools
- h) Impact of drug abuse control strategies on the schools
- i) Suggestions on how to improve the programmes

4.2 BACKGROUND INFORMATION OF THE RESPONDENTS

Three groups of respondents were used for this study. All the respondents were selected through purposive and random sampling as explained in chapter three. The respondents were drawn from: head teachers, discipline masters, guidance and counselling teachers, class teachers, and students.

4.2.1 BACKGROUND INFORMATION OF THE STUDENT RESPONDENTS

A sample of 120 (12%) out of 1008 form three students from the sampled schools was selected to complete the questionnaire. The age of the student respondents ranged from 16 to 20 years.

AGE (YEARS)	NUMBER OF RESPONDENTS	PER CENTAGE
16	08	6.7
17	94	78.3
18	12	10.0
19	05	4.2
20	01	0.8
	120	100

Table 1: Age of the student respondents

From Table 1 above, majority of the respondents were aged 17 years. This is the prime adolescent age and has been described by various human growth and development theorists and researchers as the most crucial in the maturation process. During these years adolescents are faced with difficult tasks of discovering their self identity, clarifying their sexual roles, asserting independence, learning to cope with authority and searching for goals that would give their lives meaning.

89 (74.2%) of the student respondents were Christians. Table 2 below shows the distribution of the religious background of the respondents.

RELIGION	NUMBER OF RESPONDENTS	PER CENTAGE
Christian	89	74.2
Muslim	24	20.0
Hindu	1	0.8
Buddhist	1	0.8
Others	5	4.2
	120	100.0

Table 2: Religious Background of student respondents

From Table 2 above, majority of the student respondents were religious. This is expected to make them have a negative attitude towards drug abuse.

108 (90%) of the student respondents had all their parents, 9 (7.5%) had one parent, whereas 2 (1.7%) were orphaned.

4.2.2 BACKGROUND INFORMATION FROM TEACHER RESPONDENTS

Six head teachers, six class teachers, six guidance and counseling teachers, and six discipline master teachers were purposively selected to complete the questionnaire.

Out of the 24 teacher respondents, 16 (66.7%) were female while 08 (33.3%) were male. The age of the respondents ranged between 26 years and 53 years. 15 (62.5%) were over 35 years. The respondents were therefore mature and able to handle students issues in a school.

The teacher respondents had a varied length of teaching experience in various schools. Figure 1 below shows the number of years taught by the respondents. All the teacher respondents had taught over 5 years. 10 (41.7%) of them having taught between 6 to 10 years. 14 (58.3%) had taught for over 10 years.

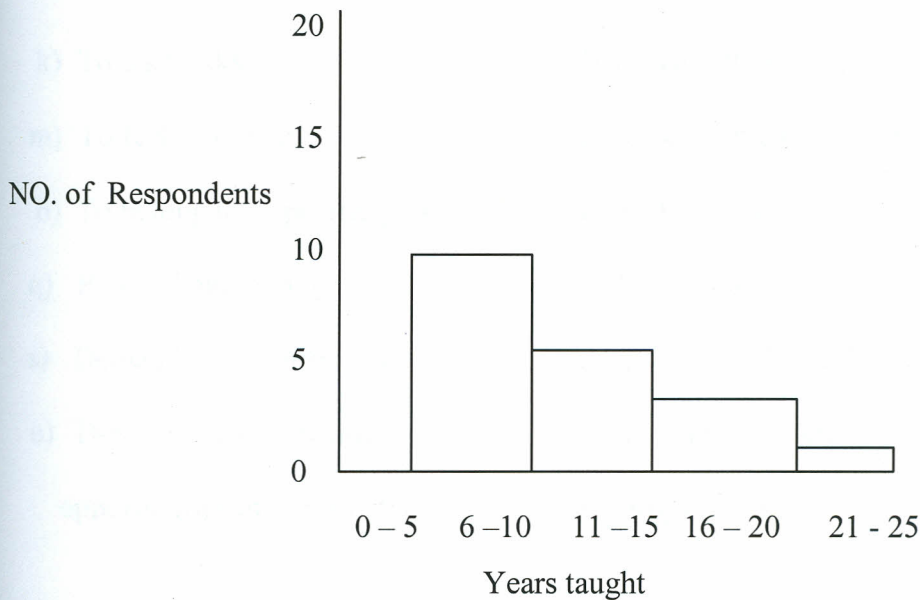


Fig. 1: Number of years the respondents have taught

The respondents were quite experienced in secondary teaching and therefore were expected to be conversant with drug and alcohol abuse in secondary schools.

17 (70.8 %) of the teacher respondents had a degree in education, 5 (20.8%) had a diploma in education, and 02 (8.4 %) were approved teachers. The respondents were therefore trained in the skills to help create a healthy environment for learning in schools.

4.3 REASONS WHY STUDENTS ABUSE DRUGS

During the study, respondents were asked to give reasons they thought made students in secondary schools to abuse drugs. Below is a list of reasons why students in secondary school abuse drugs and alcohol as given by the 144 respondents. The list has been arranged in the order of merit based on the number of respondents who gave reason.

- | | |
|-----------------------|--|
| a) Peer pressure | b) They are away from parents |
| c) Want to experiment | d) To impress their friends and show off |
| e) To get high | f) They want to relieve boredom |
| g) To feel good | h) To forget their troubles and relax |
| i) To have fun | j) To satisfy their curiosity |

- k) To take risks
- l) To ease their pain
- m) To feel grown-up
- n) To show their independence
- o) To belong to a specific group
- p) To look cool
- q) Parental pampering
- r) Unconducive home environment
- s) Demand to perform well
- t) Poor counseling facilities
- u) Diminished advancement opportunities in the country
- v) Economic pressures
- w) Drugs are easily available

From the reasons given above, drug abuse by students is the result of a combination of several factors such as peer pressure, curiosity, and availability of drugs.

Experimentation with drugs during by the students may not be surprising since adolescence is a time for trying new things. Unfortunately, these adolescents often don't see the link between their actions today and the consequences tomorrow. They feel indestructible and immuned to the problems that others experience.

Using drugs at a young age increases the risk of using other drugs later. The possibility of some of these students who experiment drugs continuing to take them to an extent of developing a dependency, and even moving on to more dangerous drugs and causing significant harm to themselves and possibly others is very high.

The reasons further indicate that the students who are at risk of taking drugs are those that could be suffering from:

- a) A family history of substance abuse
- b) Those who are depressed
- c) Those who have low self-esteem
- d) Those who feel like they don't fit in or are out of the mainstream

4.3 CAUSES OF WIDESPREAD AVAILABILITY OF DRUGS IN SCHOOLS

The respondents attributed the widespread availability of drugs in schools to malignant neglect of parents, teachers, administrators, communities and students themselves. The problem they reported is aggravated by persistent finger pointing and denial: parents blame schools; teachers blame parents; school administrators cite a lack of community support; community members claim that the school officials are indifferent; and students blame their peers. Other factors that were found to have contributed to the rapid increase of drug abuse in schools are:

Students tend to use a combination of drugs. Poly substance abuse tends to fuel rapid progression of chemical dependency because the intoxication from many different drugs in the adolescents brain and body increases tolerance at an accelerated rate. As a result, the adolescent must use increasing amounts of these drugs in order to get the same desired effect.

Use of Stimulant Drugs: Stimulant drugs cause dopamine to be released in very large amounts. As a result of this "rush" in dopamine, tolerance develops quickly and, as a result, the student must use more of the drug in order to get the same effect.

School Environment: Easy access to drugs at school was found to be a significant factor contributing to the progression of drug use. Many schools have become a "drug supermarket" where adolescents can buy and sell drugs as well as join in the camaraderie of sharing their fun drug experiences and planning new times to get "high."

For drug-using students, intoxication is their social event.: Due to the limited availability of social events in schools, drug use is considered by drug using students as a social event and their main reason for socializing is to become intoxicated.

Pervasive messages in the electronic and print media as well as advertisements that glamorize tobacco and alcohol and associate it with images of being successful, sophisticated, and socially acceptable. Use of alcohol, tobacco, and medication is presented as a part of life without serious regard to the potential consequences.

4.4.1 RISK FACTORS FOR STUDENT DRUG ABUSE

The respondents who participated in this study gave the following as factors they thought increased the likelihood of students developing a substance abuse problem:

- a) Permissive parental attitudes towards use
- b) Parental drug abuse
- c) Poverty
- d) Family instability Inadequate parenting and low parent/child contact
- e) Parental absenteeism due to separation, divorce, or death
- f) Earlier age at onset drug using
- g) Psychological characteristics: low self esteem, high anxiety, depression, eating disorders
- h) Family history of drug dependency
- i) Perceived norm of peer acceptance of drug abuse
- j) Expectations that drugs reduce stress and increases social acceptance
- k) Lack of life skills such as: stress management, study skills
- l) Lack of a clear drug policy
- m) Lack of or inconsistent enforcement of the school rules on drug abuse

4.5 TYPES OF DRUGS ABUSED BY STUDENTS

The study found that students abuse several types of drugs. Table 3 below presents the type of drugs most commonly abused by students and common market names.

DRUG TYPE	MARKET/STREET NAME
Alcohol	Beer, wine, whiskey, vodka, gin, scotch
Marijuana	Bhangi, hashish, hash oil, pot, grass, weed, ndom, kaya, holy smoke, jahs smoke,,
Stimulants	Crack, powdered cocaine, methamphetamine, khat (miraa), tobacco, white sugar,
Depressants	Valium, Phenobarbital, xanax
Narcotics	Opium, heroin, dilaudid, methadone, codeine, brown sugar, bennies, bombitas, jolly beans, the pill, dagga, matembe.
Inhalants	Glue, typewriter correction fluid, cleaning fluid, lighter fluid,
Hallucinogens	Peyote, mushrooms, ecstasy, acid,

Table 3: Type of drugs commonly abused by students

4.5.1 SUPPLY OF THE ABUSED DRUGS IN SCHOOLS

The respondents gave the following as sources of the drugs abused in the schools:

- a) Fellow students
- b) Teachers
- c) Parents
- d) Community around schools
- e) Matatu touts
- f) From within the school compound where students in collusion with some of school personnel grow drugs such as marijuana in flower beds, agriculture and Young Farmers club plots.
- g) Neighbouring kiosks

4.6 THE EFFECTS AND SIGNS OF STUDENTS WHO ABUSE DRUGS

The study found out that students who abused drugs are affected in many different ways. They experience emotional, physical, and social effects. Some of these effects may adversely affect not only the student's chances of maintaining a current and life-long

connection with education, achieving their full potential academically and living fulfilled and well adjusted lives.

EFFECT	SIGNS
Physical	Burns or scratches on the body, dilated pupils or blood shot eyes, attention span is shorter, change in fashion and hobbies, very hyper or sleepy all the time, changes in speech pattern (slurred, stuttering, slang terms), stumbling, confusion and disorientation, high eating appetite, lasting coughs deterioration in physical appearance and grooming, Peculiar odours
Emotional	Unreasonable anger and resentment that leads to violence (verbal and physical), Personality change, sudden mood changes, irritability, irresponsible behavior, low self-esteem, poor judgment, depression, and a general lack of interest, unusual temper flare-ups or outbreaks of tempers, unusually large appetites
School	Decreased interest, negative attitude, drop in class performance, many absences, truancy, disrespect toward teachers and school rules, skipping classes, fights with other students, dropping out of school, poorly concealed attempts to avoid attention and suspicion such as frequent trips to toilet and the dormitory.
Social	New friends who are less interested in standard school activities, problems with the school rules and changes to less conventional styles in dress and music, isolation, lying (blaming others), stealing from others and even from the school., involvement in homosexual behaviours, seems always to have money, very secretive, wearing ear rings and necklaces, wearing clothes with drug symbols, association with known substance abusers, unusual borrowing of money from friends and even parents, less care for the feelings of others, Rock group or drug-related graphics, slogans,

Table 4 : The effects and signs of associated with students taking drugs

The 144 respondents gave various drug abuse effects on students. Table 4 below shows the effects and the associated warning signs that a student may be taking drugs.

As indicated by Table 4 above, abusing drugs may cause sudden mood changes, deterioration of the immune system, nervous breakdowns, unusual flares of temper and many other side effects. Besides the physical side effects, drug abuse and addiction can create problems in a student's social circles. The student may run into many conflicts with his teachers, family and friends, resulting in desire for isolation. This in turn will create more problems since the student will have no social support.

A student who is drug addicted is a person in total need of a drug. The need knows no limit or control. Such a student would lie, cheat, inform on his friends, steal, do anything to satisfy total need. Such students are in a state of total sickness, total possession, and not in a position to act in any other way. They cannot act in any other way than they do. "A rabid dog cannot choose but bite."

Knowledge of the extent and nature of drugs and their abuse as well as the physical, psychological, and social consequences is important for teachers and educational administrators as it will assist them in identifying the students at risk and how to develop and implement successful drug abuse prevention and control approaches.

From the above analysis, drug taking by students has the potential for affecting their behavior in a number of overt as well as subtle ways.

- a) Drugs can affect a student's perception, thereby influencing the way he regards his environment.
- b) Drugs can affect memory, thereby influencing the student's capacity to anticipate the consequences of his actions.
- c) Drugs can alter mental states, thereby affecting his capacity to interpret and order his environment.

- d) Drugs can alter psychomotor function, thereby affecting the student's capacity to respond appropriately to his environment.

4.6.1 FEELINGS OF STUDENTS AND TEACHERS ON DRUG ABUSERS

The research found that 66 (45.8%) of the respondents are more compassionate than condemnatory when it comes to the users of illegal drugs. They are also not willing to point an accusing finger at the abusers because of the intimidation and threats from the drug traffickers .

A majority of respondents 97 (67.4 %) believe that drug use should be treated as a disease, compared to 31 (21.5.%) who favor treating it as a crime. 16 (11.1%) were not sure of how drug abusers in school should be treated.

4.7 USE OF INTERNET BY STUDENTS

97 (80.83%) of the student respondents, reported that they browse the internet. Only 23 (23.71%) of those that use the internet indicated that they were aware of the dangers posed by this technology.

38 (86.36%) of the teacher respondents said that they had heard of the dangers posed by the new technologies, they however had made no attempt to raise student awareness or caution students on the dangers of using the internet.

4.8 PREVENTION, INTERVENTION, AND ACTION STRATEGIES OF DRUG ABUSE CONTROL IN SCHOOLS

Any substance use by students carries extraordinary risk because of the likelihood of progression to the use of additional and more dangerous substances and the impact of such use on physical, physiological, neurological, and emotional development.

Given the increasing proliferation of drugs in our schools, there is need for schools to have an interest in the health, personal and legal well being of students and staff. Schools

should recognize that the consumption of alcohol and other drugs can impair individual well being and can also interfere with student's ability to learn and staff's ability to teach. In addition, student alcohol and other drug use, either on school property or at school events, interferes with the academic and extracurricular interest of the students and staff.

Of the 144 respondents 98 (68.05%) confessed of having abused drugs at one time. 53 (54.08 %) of them, reported that they were still abusing drugs. 139 (96.52%) agreed that prevention, intervention and control of drug abuse in schools was necessary. Below is a presentation of the objectives and analysis of the strategies.

4.8.1 OBJECTIVES OF DRUG ABUSE PREVENTION, INTERVENTION AND ACTION STRATEGIES

If a student wishes to consume a substance which affects his or her morality, rationality and ability to learn, the consequences are that one infringes on the rights of oneself and others and in this case, the schools must interfere.

The study found no written out and stated objectives for the prevention, intervention and action strategies in the schools investigated. However, the respondents in their opinion gave the following as the likely objectives of the strategies in place.

- a. To reduce incidence of substance abuse in schools
- b. To encourage students' abstinence from drug abuse
- c. To reduce students' indiscipline and unrest in schools
- d. To improve academic performance in schools
- e. To develop a law abiding citizen
- f. To promote healthy lifestyles and positive activities not involving drugs and other substance misuse.

For the purpose of analysis the strategies have been divided into three categories: prevention, intervention, and action.

4.8.2 PREVENTION STRATEGIES

Although no clearly organized prevention strategy was found to be in place in the sampled schools, total abstinence seemed to be the main objective of this strategy.

The following were identified as programmes used by schools to disseminate facts about drugs and the dangers of abusing them:

4.8.2.1 STUDENT CAMPAIGN AGAINST DRUGS (SCAD) CLUBS

The Student Campaign Against Drugs (SCAD) Clubs, programme was found to be in 02 (33.33%) of the sampled schools. The Clubs are a joint programme between the schools and the Student Campaign Against Drugs (SCAD), a youth run non-governmental organization that aims at eradicating drug abuse among the youth using the medium of peer counseling.

The Clubs have the following as their key objectives:

- a) Equip students with information on drugs and other youth related issues
- b) Empower students to make healthy and responsible choices
- c) To create an environment where a drug “free” culture is considered “cool” by students.

The Clubs organize interactive activities such as: debates, seminars, workshops, conferences and camping all with anti-drug themes. Through these activities, SCAD tries to :

- e) Talk, discuss, encourage, listen and give time to students express themselves
- f) Demonstrate that drugs are not necessary for one to enjoy life
- g) Discuss drug issues raised by students
- d) Encourage open communication amongst students
- e) Giving truthful answers to students questions regarding drug use

The clubs are co-ordinated by the teachers in-charge of guidance and counseling.

4.8.2.2 GUEST SPEAKERS

Respondents from all the sampled schools reported use of guest speakers in their schools to highlight on drug use and abuse related issues. The guest speakers are normally drawn from a wide range of professionals such as psychiatrists, physicians, pharmacologists, and law enforcing agencies, legal and other professionals.

4.8.2.3 RELIGIOUS PROGRAMMES

The following religious programmes were found to exist in the sampled schools.

- a) Christian Union and Pastoral programmes
- b) Islamic Programmes

These programmes aim at enhancing the spiritual growth and moral judgement of students. The programmes also aim at helping students make sound decisions concerning drugs.

Religion being a key factor in giving students the moral values, the religious certainly offers an enormous opportunity to the clergy to help the students resist the drugs, they confront everyday in their schools and neighborhoods.

From the above programme, the prevention efforts are focused on precluding the onset of substance abuse.

4.8.2.4 LIMITATIONS OF THE PREVENTION STRATEGIES

Prevention is an active process of creating conditions and personal attributes that promote the well-being of students. To prevent the abuse of drugs in schools is to foster a climate in which:

- a) Illegal drugs and tobacco are not used at all
- b) Abusable substances, such as glue, aerosols are used only for their intended purposes
- c) Prescription and over-the counter drugs are used only for the purposes for which they were intended

The respondents gave the following as some of the factors that limited the success of the prevention strategies:

- a) The prevention strategies currently in use are not comprehensively structured to reduce individual environmental risk and increase resiliency factors on the high risk students
- b) All the school stakeholders are not involved thus creating a lack of a shared relationship among all parties. Drug prevention on their own cannot be successful as they are without family, community and social support.
- c) There are known teachers in these schools who abuse drugs and thus students may find it hard to understand the dangers of drug abuse
- d) Increasing awareness, building knowledge, changing attitudes, and maintaining or trying out healthy behaviour and making commitment to that lifestyle is a lengthy process. Schools may not be able to provide enough drug prevention process.
- e) Although some behaviours may be positively affected; widespread and permanent changes in behaviour may not be achieved as they are dependent on drug messages supported by society.
- f) The prevention strategies are not based on any curriculum, have no clear guidelines for the implementation and provide no opportunities for teachers to develop appropriate skills to address drug abuse.
- g) Most of the teachers, students and other stakeholders are not endowed with the necessary skills to enable them address drug abuse issues in their schools.

- h) Guest speakers, make 'one off ' talks. These talks have neither sequence, progression nor continuity over time and do not form part of a sound school health education curriculum
- i) By the time students commence school they have already been exposed to a substantial amount of "real life" drug education. They have seen their parents or other adults use drugs. They have been given medication. They have seen a range of advertisements for legal drugs. These experiences are significant in the formation of their views about drugs and by the time they receive any school-based drug education they have already developed a framework of beliefs about the way drugs are used in society. Furthermore, drug education and prevention strategies is only a small part of health education. Unfortunately, it is not realistic in its impact upon attitudes and behaviours that are already entrenched in these students.
- j) The programmes are poorly planned and based on scare tactics and instead of reducing abusing, they end up promoting it.

4.8.3 INTERVENTION STRATEGIES

The study found no clearly laid out intervention strategies. However, from the activities the schools carry out, the study has classified the handling of cases of students abusing drugs as the intervention strategy. 19 (79.1 %) of the teacher respondents said that their main objective when dealing with students who were abusing drugs was to reduce the harmful and inappropriate use of drugs.

4.8.3.1 PEER GROUPS

In 03 (50 %) of the schools, the teacher respondents reported that they had encouraged the development of mutually supportive peer groups that encourages positive behaviors.

The teachers said that they use these groups in the provision of support to students with special needs such as academic (tutoring), social (orienting new students), physical (aiding handicapped students), or emotional (leading support groups).

The peer groups are also meant to encourage acceptance, respect, understanding for others, and a willingness to help other students solve their problems constructively. The groups also focuses on enhancing the students' self-esteem; improving their decision-making and communications skills; and improving their ability to manage stress, anger, and depression.

The ultimate goals of the programme are decreased drug use and increased school performance and emotional well-being.

The use peer leaders in these programmes certainly play an important role in social influence as they are likely to enhance the chances of positive behaviour adjustment amongst the drug abusers and those at risk. Also, by allowing students to take an active role in prevention and intervention strategies delivery, the schools are not only strengthening the strategies, but they are also boosting the self-esteem and academic performance of the students who assist.

21 (87.5%) of the teacher respondents argued that by giving students appropriate facts about drugs and the dangers of abusing drugs, the students will are expected to be motivated not to abuse drugs.

101 (70.1%) of the respondents reported that incidents of drug abuse are dealt with in a negative and insupportive manner and not in the best interests of the affected students but those of the school.

4.8.3.2 LIMITATIONS OF INTERVENTION STRATEGIES

The respondents cited the following as the shortcomings of the intervention strategies:

- a) The intervention efforts begin rather late when the students are already addicted to drugs
- b) It is not easy to identify drug abusers unless teachers spend enough time with students
- c) The teachers are not trained on techniques to handle a drug abusing student
- d) Schools do not have clear guidelines and procedures on how drug abusers should be handled

4.8.4 ACTION STRATEGIES

Under this category, analysis was made on the appropriate deterrent consequence strategies on the use or possession of drugs the schools had implemented with a view to protecting the health and safety of all students.

The study found that as a general rule, students are not allowed to:

- a) Smoke tobacco or other drugs
- b) Drink alcoholic beverages
- c) Use illegal drugs
- d) Use prescribed or over-the-counter medications inappropriately
- e) Use solvents or inhalants
- f) Possess drug related objects such as syringes, bongs, pipes
- g) Be intoxicated while traveling to and from school or during school events

The schools also prohibit the possession, sale, supply, exchange or negotiation in relation to any of the above items.

Breaking any of the above rules the study found leads to disciplinary action by the disciplinary committee or machinery of the school concerned. Any of the following disciplinary measures may be taken against the drug abuser or trafficker depending on how the disciplinary machinery of the school may view the offence.

- a) Suspension
- b) Caning
- c) Expulsion
- d) Arresting and handing them to the law enforcers
- e) Family conference with school

4.8.4.1 LIMITATIONS OF ACTION STRATEGIES

83 (57.63%) of the respondents said that a majority of the students who abuse drugs are so rebellious that a teacher or student may be risking both his life and that of his family when trying to take steps against the drug abuser or trafficker. The respondents also complained that the 2001 change in the Education Act with regard to student disciplining had become a major deterrent to the effective implementation of the action strategies.

17 (70.83%) of the teacher respondents complained that resource development on drug prevention, intervention and action strategies takes up much of the teacher's time which could ordinarily be spent in other activities that the teachers consider to be more "rewarding".

The study also found that the schools had no clear procedures, guidelines and consequences for students who were found:

- a) Dealing, selling, touting, possessing and using illegal drugs
- b) In possession of use of alcohol, solvent inhalants and abuse of prescription drugs.
- c) Possession and use of tobacco

The kind of action to be taken in the above circumstances is left at the discretion of the implementer, the study further revealed that there are clear roles for the various personnel in the schools when dealing with a drug case.

4.9 PROGRAMME PERSONNEL

The study found a considerable variation among the individuals responsible for implementing drug abuse prevention, intervention and action programmes in schools.

Some programmes are implemented by students, former students, others by members of staff, religious leaders and others have by classroom teachers.

The use of peer leaders in these programmes certainly play an important role in social influence approaches as they influence a change in the behaviours of those with drug problem.

4.9.1 ROLE OF THE COMMUNITY

Since the community and not the school is where most drug abuse occurs, the study enquired from the respondents whether their schools collaborated with the community in the coordination of prevention messages and activities.

It was reported that the schools collaborated with the communities in the:

- a) Provision of religious leaders
- b) The SCAD programme
- c) Guest speakers

Such collaboration between schools and the community is good as communities have the potential to play an active role in changing and supporting non-use-norms and reinforcing messages given at school.

However this collaboration was said to be limited as the community is not involved in the planning and coordination of the school drug abuse programmes.

The perception of being under the scrutiny of the local media was also cited as a restriction to schools undertaking education on drugs.

4.10 DRUG POLICY IN SCHOOLS

From the study, 6 (100 %) of the head/deputy teacher respondents reported that apart from a citation in the general rules of the school, they had no school policy document on drug abuse.

The lack of a clear drug policy in the schools, could allow room for the toleration of drug misuse and create space for inappropriate drug related activities. Further, students whose schools lack a clear drug policy are more likely to use or experiment with chemical substances.

4.11 IMPACT OF PREVENTION, INTERVENTION, ACTION STRATEGIES IN SCHOOLS

The respondents were asked how effective they thought the programmes their schools had initiated had been in controlling drug abuse in the schools. Table 5 below shows how the 144 respondents in the study viewed the impact the programmes had had in the fight against drug abuse in schools.

DESCRIPTION	NUMBER OF RESPONDENTS	PERCENTAGE
Very high	00	00
High	05	3.47
Fair	17	11.81
Low	31	21.53
Very low	43	29.86
Not sure	48	33.33
TOTAL	144	100

Table 5: Description of the impact of the drug programmes in the schools

From Table 4, above it appears the programmes have not had a considerable impact.

The respondents were asked to give reasons for their responses regarding the impact of the drug abuse programmes the schools had employed to address the drug problem in their schools

The 05 (3.47 %) respondents who described the impact as high and the 17 (11.81%) who described the impact as fair gave the following as the reasons behind their statement.

- d) The programmes make the students aware of the dangers associated with drug abuse
- e) The programmes make the students make responsible decisions while in school.

The 31 (21.53 %) who described the impact as low and the 43 (29.86 %) who described as very low, gave the following as the reasons behind their statement:

- a) The programmes do not respond to the needs and interests of students
- b) The programmes are not integrated in the normal school programme as they are run as a different entity
- c) They do not promote positive development and resilience of students and do not enhance the students' competence and sense of autonomy and purpose.
- d) They do not extend the reach of prevention efforts to students who are at high risk for, or who have already tried using drugs.
- e) The programmes lack variety in presentation this makes them boring and unattractive to students.
- f) The programmes lack in follow-up

- g) They discriminate against the abusers and users of drug who are expected to benefit from the programmes
- h) The programmes do not promote the development of social and personal skills, needed to create expectations and success.
- i) Some programmes concentrate on only one aspect of development and miss opportunities to promote the acquisition of other skills

The 48 (33.33%) respondents who were unable to offer their views on the impact drug programmes had on the students, gave the following reasons for their inability statement.

- a) Exaggerated claims about the dangers of drug use and other scare tactics are counterproductive as they cause students to disregard legitimate programmes. The ill-effects of drug abuse had often been over-dramatized, with the result that occasional or experimental drug users, who had some knowledge of the drug in question, ridiculed the information on the basis of their own experience.
- b) The programmes are overtly labeled as drug prevention programmes. Such a label has repelled those students in greatest need, particularly those already involved in drug use.
- c) The school community resents these programmes as they are not involved the programme design.
- d) The programmes are not based on any concrete planning, implementation and evaluation criteria.
- e) The programmes are not related to the real issues affecting the students of the concerned schools

4.12 SUGGESTIONS ON HOW TO IMPROVE THE STRATEGIES AND PROGRAMMES

The respondents were requested to give their views as to how the drug education programmes in their schools can be improved to make them have a greater impact in the fight against drug abuse. The following are the suggestions that were made:

- a) Drug education programmes should be given general names rather than antidrug names
- b) Explain the dangers of drug use as part of more general discussions of the difference between healthy and unhealthy risk taking.
- c) Emphasize the healthy life-style and feelings of well-being that can be gained from the activity and the ways in which alcohol and drug use interferes with those benefits.
- d) Use discussion groups to enable youth to explore their personal concerns about alcohol and other drug use.
- e) In performing arts programs, have students create presentations with themes related to alcohol and other drug use, and then follow up performances for other students with discussions or role-playing. Such a strategy not only provides a positive activity for participants, but may more directly interest the students in the audience in the dangers of alcohol and other drug use and help them to understand the importance of avoiding it.
- f) The skills taught to the students should be appropriate, interesting and done to mastery level.
- g) The programmes should be accessible to everyone rather than to a minority group.

- h) Enough time should be provided for the participants to master the skill.
- i) Make all information and rules needed for participation very clear. Actively supervise students and hold them accountable for their behavior.
- j) Offer an enriching and challenging array of academic, social, recreational, and service activities, so as to attract the most participants and to give each the opportunity to achieve in an activity.
- k) Include activities that require problem solving and critical thinking, and use group activities to facilitate the development of social skills and conflict resolution.
- l) Maintain an encouraging, cooperative, supportive, and structured environment that emphasizes participation and collaboration of all members of the school community.
- m) The views of students with regard to their needs and interests should be solicited when determining the activities most suitable to offer in the programmes.
- n) Get the students to be involved in making decisions and operating the programmes.
- o) Form student advisory boards to set programme policies and communicate the interests of students to the programme co-ordinating teachers.
- p) Use programme participating students to recruit new programme participants.
- q) Create positive, drug-free peer support groups.
- r) Encourage the media to use their potential to reduce the demand for drugs.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 INTRODUCTION

Drugs, alcohol and substance use is one of the most challenging problems facing our secondary schools today.

Early involvement with any drug is a risk factor for later drug use and criminal activity, and the more severe the early involvement, the greater the risk that antisocial behavior will emerge in the future. This has created concern on awareness campaigns and controls being taken by our secondary schools.

The research attempted to find out the various methods use by schools to create drug awareness and curb their use and abuse. The following is a summary of our findings, conclusions, and recommendations.

5.2 SUMMARY

This study focused on methods used by secondary schools in drug abuse prevention efforts. The study appreciates that secondary schools are a natural and convenient site for conducting drug abuse prevention programmes for the adolescent secondary school students.

The study found that drug use occurs within the student population as a result of complex range of factors and carries with it both personal and interpersonal meaning and an inherent set of values which are dependent upon both the perceived benefits and negative consequences of such behaviour. The factors include: peer group pressure, advertising, imitation of parents, adult, parental or older sibling role models who use drugs, boredom, the need to experiment and the individual's self image; the expectation that using will be a beneficial experience which enhances socialization; positive experiences associated with an altered state of consciousness; novelty or sensation seeking, the excitement of

risk taking; the experience of social, economic and cultural change; low religiosity, and a lack of support and guidance.

In addressing the drug problem the schools employed prevention, intervention and action strategies. The schools provide students with information about the adverse consequences of using drugs. However, the strategies are conducted in isolation from a wider school, community, and environmental context.

Some school administrators denied the existence of drug abuse in their schools and therefore no meaningful strategies had been put in place to counter the drug abuse problem.

No school was found to have made an attempt to raise student awareness on the dangers posed by the Internet. Equally no school was found to have developed or had a drug policy.

5.3 CONCLUSIONS

From the study the following conclusions have been drawn:

- a) Drug taking is influenced by what happens outside the within and outside the school. Drug use is a complex social behaviour influenced by many factors. Isolated approaches are unlikely to significantly reduce drug taking.
- b) The anti- drug abuse programmes at the secondary schools are scanty and not comprehensive. They do not contain different levels of students that abuse drugs
- c) The prevention and intervention drug abuse strategies are not proactive, this has made the schools not to be in control of the drug problem

- d) Expelling students who have been found to use drugs is a dangerous practice. Removing a young person from their peer group and a network of professionals is a major risk factor in increasing harmful drug use. Young people deprived of their strongest peer networks, and the watchful eye of teachers who know a student's behaviour, are more likely to develop dangerous drug taking practices. In effect, students who may be expelled are among those who are most at risk and most in need of a supportive school environment.
- e) The drug abuse problems in schools have become serious because the schools do not begin intervention efforts early
- f) The denial by some of the school administrators that drug abuse was not a problem in their schools implies that some schools may not be proactive in their fight against drug abuse
- g) Religion is an important line in the fight against drug abuse and can provide much-needed answers and help those students addicted to alcohol and other drugs
- h) Given the crucial importance of the peer group in adolescence, one of the most important factors in the student's ability to resist negative peer influences is involvement with positive peer group activities and norms. The peer-leader strategy provides positive role models for other students and strengthens the self-esteem of the peer leaders.
- i) The programmes in use do not project a clear no-use messages (Zero tolerance to drugs).
- j) The lack of concern by the teachers on the dangers posed by the new technologies is likely to enhance drug abuse in schools.

- k) Lack of a clear drug policy may make it difficult for a school to effectively express her intent, beliefs and resolve toward the prevention, intervention and control of drug abuse. Without a drug policy, a school may also find it difficult to establish long-range goals and even the tone that will support specific anti-drug abuse actions.
- l) Lack of a clear drug policy that everyone is familiar with leads to delays in dealing with incidents quickly and effectively in the interests of both the student and the whole school community.
- m) Lack of a drug policy could be the reason behind the growing of prohibited drugs in the school compound and even the participation of the school personnel in the supply of prohibited drugs to students.
- n) Schools do not coordinate their programmes with a broader community prevention effort
- o) The teachers and peer leaders in most of the schools do not have any formal training in counseling and are thus not able to skillfully and enthusiastically lead other students with drug problems
- p) Some parents may not be actively involved in the lives of their children and have left the responsibility of guidance to the teachers
- q) The teachers handling drug abuse and counseling in schools do not know much about the drugs students abuse.
- r) Some parents might be uncomfortable talking to their children against drug abuse, because they use alcohol or drugs

- s) The problem of drug abuse our secondary schools will not be solved unless and until parents become fully involved.
- t) There is no teamwork among the stakeholders of secondary schools in the fight against drugs.
- u) The success of drug abuse control programmes in schools will only be possible if there is active engagement of parents, students, teachers, principals, Ministry of Education officials, provincial administration and community members
- v) Schools should be prepared to commit staff resources, time, effort, and funding to help build a movement among parents, teachers and students in the fight against drug abuse.
- w) While there may not be a simple solution for preventing use of drugs, multicomponent programmes should be encouraged as they are likely to produce the most positive effects for the greatest number of participants.
- x) Drug prevention, intervention and control in schools cannot be effective unless they are well planned and delivered within a clear framework.

5.4 RECOMMENDATIONS

In view of the study's findings and the conclusions drawn above, there are no quick fixes in the fight against drug abuse. The study has made the following recommendations:

5.4.1 BUILDING AN EFFECTIVE DRUG ABUSE CONTROL STRATEGIES

The findings of this study reveal that traditional drug prevention programmes which only inform students about drugs and the consequences of abusing them are ineffective. There is need for schools to develop prevention programs that can produce lasting and meaningful reductions in drug use and abuse.

The developed programme should:

- a) Address an identified and specified cause of drug abuse in order to justify its implementation.
- b) Address specific drug abuse problems in the school and the local community.
- c) Considering that adolescents tend to be more interested in the "here and now" than in potential future effects of drug use, programmes should offer information about short-term negative social consequences.
- d) Ensure that the programme offers students ways of learning to resist the reasons for abusing drugs, especially peer pressure.
- e) Provide all staff with training in identifying students affected by drugs
- f) Enlighten staff of their responsibility as an authority figure to counteract and report suspected drug use to the Principal.
- g) Teach the students problem-solving skills as well as goal-setting, stress management, and communication skills.
- h) Ensure that the developed programme taught through role-playing, discussion, and small group activities as these are more successful than traditional lecture-based ones. Ensure that the teachers are very conversant with the programme and the expected inputs and outcomes
- i) Have in-depth interventions and booster sessions as one-shot programme has little likelihood of success.

- j) The programme allows for the creativity of the teacher and students
- k) Reach out into the community and into the homes of the students in order for it to be totally successful.
- l) Enhance protective factors and reverse or reduce risk factors
- m) Target all forms of drug abuse, including use of tobacco, alcohol, marijuana, and inhalants

5.4.2 WHAT TEACHERS AND PRINCIPALS CAN DO

Teachers exert a significant influence on students' attitudes, knowledge, and opinions. They can complement a school's drug abuse program by incorporating drug abuse prevention strategies into their various activities.

In addition, teachers must inform students that they disapprove of drug abuse. Remaining quiet gives the impression of approval or unconcern. Students should be told that they will be reported if they come to school in possession of drugs or under their influence. Any teacher who believes a student is abusing drugs should take action.

The school principal must support of prevention and intervention strategies. Principals need to provide opportunities for teachers to meet for discussions about drug use and how they can fight the problem. They must inform students and parents that teachers have been authorized to communicate their concern. They need to have professionals available to counsel students. Finally, principals should follow up with students and/or parents after school personnel have intervened.

5.4.3 ACTION STEPS FOR SCHOOLS

Some of the ways in which schools can ensure success in the approaches they are using to address drug abuse include:

- a) Establish a team of educators, students, parents, law enforcement officials, community, religious and business leaders to develop a plan for creating a drug-free school.
- b) Ensure that students are engaged in school work that is challenging, informative, and rewarding. When students are fully engaged and absorbed, they are less prone to drug abuse.
- c) Establish, publish, publicize, and enforce policies that clearly define acceptable and unacceptable behavior. These policies should include zero tolerance for use or sale of drugs.
- d) Take immediate action on all reports of drug use or sales. Anyone caught selling or using prohibited drugs without express authority should be dealt with according to the expressly laid down guidelines and procedures.
- e) Create an environment that encourages parents and other adults to visit the school and participate in the school's activities. Develop a sense of community within the school.
- f) Encourage staff to treat each other and students with respect and to act as good role models.
- g) Encourage community members to support the school in their community and to participate in school programmes and services that promote a drug free environment for students.
- h) Work with the media to make the public aware of the drug abuse issues that confront the schools. They should avoid denial and provide accurate assessments of school drug abuse to the public.
- i) Learn about effective practices based on research and proven programs used in other areas and should learn to share the knowledge.

- j) Monitor implementation and progress of the drug abuse prevention strategies, making improvements based on what is learned as well as on new developments in the field.
- k) There is need for schools to develop and promote drug, and substance awareness and prevention clubs. The clubs shall not only select a variety of topics that they feel are relevant to secondary school life particularly those related to drug abuse but they can further be used to carry out various campaign activities that focus on public awareness on drugs and how to curb their abuse. This may help to show students that they can have fun without drugs.
- l) Teachers should be given drug prevention training to enable them assist in the handling of drug abuse cases in their schools.
- m) The Ministry of Education in conjunction with other stakeholders should develop a broad-based drug abuse curricula for all levels of our education system. Such curricula should teach the dangers of tobacco, alcohol, and other drug use, the causes of such use, and effective strategies for prevention. The curricula should also focus on equipping students with the skills needed to successfully resist use of drugs.
- n) Peer support groups similar to Student Campaign Against Drugs (SCAD) should not only be established to assist children in coping with drug abuse but efforts should be made to fund them adequately so that the intended goals can achieved.
- o) Schools should identify interested and concerned counselors, legal practitioners, psychiatrists, law enforcing agencies, physicians and pediatricians in the community and encourage their participation in school-based substance abuse prevention programs.
- p) Schools in conjunction with National Agency Campaign Against Drug Abuse (NACADA) should develop methods to monitor tobacco, alcohol, and other drug use in the community to determine its extent and the need for specific programs and their effectiveness.

- q) Have a "zero tolerance" policy against tobacco, alcohol, and other drug use that applies equally to both students and staff not only at school, but at all school-sponsored and sanctioned activities. Penalties for noncompliance should be clear and enforced, and alternative programs for students excluded from school must be available.
- r) Schools should establish a team of teachers, administrators, and support personnel. This team should receive ongoing training and serve as a resource within the school to assist students, parents, and others concerned in the process of diagnosis, management, intervention, and referral of drug related cases.
- s) Schools should be encouraged to promote activities that are free of tobacco, alcohol, and other drug use, and make school facilities available to student and community groups dedicated to that principle.
- t) Prohibit sponsorship of school-related activities by companies involved in the marketing of alcohol and tobacco products and the advertising and promotion of such products on school property and at school-related activities.
- u) Have personnel who can identify a student with personal, medical, social, or academic problems who may be at high risk for alcohol and other drug abuse. The student's progress should be monitored carefully so that needed assistance can be provided.
- v) Facilitate the return of recovering drug and alcohol users to the classroom and support student groups involved in "sober peer group" assistance.
- w) The current mode of counseling in schools needs to be reviewed as it seems to be inadequate to address the student needs.
- x) Create student and teacher awareness on the use of the internet and the dangers it poses in drug abuse.

5.4.4 ACTION STEPS FOR STUDENTS

Students have an important role to play in ensuring that their schools are safe and orderly. They can take steps to help make their schools places where learning can take place without disruption and without the fear of being victimized or bullied by other students under the influence of drugs. They can:

- a) Participate in, or help develop, guidelines that promote a drug-free, safe, and orderly environment for learning. Volunteer to serve on decision-making or advisory committees such as in the development of drug prevention strategies.
- b) Become advocates for programmes such as peer mediation, peer assistance leadership, or emotional management.
- c) Practice good citizenship, and treat peers and teachers with respect.
- d) Report drug use or sale, bullying threats or intimidation, or vandalism to school authorities and parents.
- e) Learn the consequences of drug abuse and the methods for resisting drug use. Use this understanding to help other students avoid drug use or seek help if they are already involved in drug use.
- f) Follow the school code of conduct, understand that rules are made for everyone, and recognize the consequences of violating the rules.
- g) Encourage their parents to come to the school and be involved in activities that support the school.
- h) Serve as a big brother/big sister, tutor, or mentor for a younger student.

5.4.5 ACTION STEPS FOR PARENTS

Parents play a key role in ensuring that their children are safe and drug-free. Without the active support and participation of parents, schools cannot be free of drug abuse. Parents have to be part of a school's effort to create an orderly, respectful environment.

Parents should also help teachers in monitoring their children's friendships. Before they allow their children to spend too much time with another child, parents should get to know the other child's family. Does the child come home to an empty house after school? Is there adult supervision of the children's activities? An unsupervised home often invites drug experimentation.

Further, like in the schools parents should provide alternative activities for their children while at home. At home, children should be encouraged to read books, or be involved in other activities that use the mind.

Some of the actions parents can take to assist schools are:

- a) Set standards of behavior, limits, and clear expectations for children both in and out of school and develop mutually agreed-upon rules about homework, extracurricular participation, grades, curfews, chaperoned parties, and places that are off limits.
- b) Teach standards of right and wrong and demonstrate these standards through example.
- c) Discuss with their children the school's discipline policies, reinforcing the belief that school rules support the rights of all students to attend schools with disciplined environments safe from influences of substance abuse.
- d) Encourage their children to talk about school, their social activities, their interests and problems, and even their walk to and from school.
- e) Be involved in their children's school life by reviewing homework, meeting their teachers, and attending school functions such as parent-teacher association (PTA) meetings, class programmes, open houses, plays, concerts, and sporting events.

- f) Build a network of other parents in the school with whom they can talk about drug abuse in their children's school.
- g) They must help their children to see the dangers of trying to conform to some group's standards by going along with its drug habits. Parents must show their children that drugs are dangerous and work to counter the clichés of peers who will tempt their children to use drugs.
- h) They must help them to build up their self-esteem. Children with a positive self-image stand a better chance against peer pressure.
- i) Work with the school to develop a comprehensive drug abuse control plan that incorporates a clearly articulated statement to students, parents, and the community regarding what will and will not be tolerated and that also provides a strong emphasis on programs to prevent the use of drugs.
- j) Monitor the programs their children watch, the video games they play, and the music they listen to regularly. Take time to explain to their children the actual nature and consequences of what is being said and done.
- k) Encourage their children to participate in school-sponsored, after-class activities to help limit the amount of time their children spend watching television.
- l) Parents also need to know that, even though their children are heading off to secondary schools, they are still in need of and will respond to parental guidance.
- m) Parents should teach their children about drugs. Drug education cannot be left to the schools. Parents have to be personally involved and let their children know that drugs will not be tolerated.

- n) Parents must set a good example. Parents who are drug-free have a much better chance of rearing drug-free children. If parents are using drugs, they should stop. The unconditional message to the children must be that drugs are wrong and they will not be tolerated at home.

The recommendations above on the action parents can take to help schools address the problem of drug abuse have been made with a view that parents can teach their children to view drugs as a serious concern and that they can influence their children's decisions about whether or not to use drugs.

5.4.6 SCHOOL DRUG POLICY

Given the increasing proliferation of drugs in our secondary schools, there is need for the schools to have a deep interest in the health, personal and legal well being of students and staff. They should recognize that the consumption of alcohol and other drugs can impair individual well being and can also interfere with student's ability to learn and staff's ability to teach. In addition, student alcohol and other drug use, either on school property or at school events, interfere with the academic and extracurricular interest of the students and staff.

Consequently, schools should develop a policy document making a public statement that they are aware and concerned about the problem.

By establishing such a policy, the schools will be expressing their intent to work toward a solution. The policy shall enable the schools to establish long-range goals and set an overall tone that will support specific actions towards prevention, intervention and control of drug abuse at these schools.

It is also expected that the drug policies established shall help the schools to maintain consistency in prevention and intervention efforts and promote fair, uniform treatment of students who abuse drugs.

5.4.6.1 WHY IS A POLICY NEEDED?

Through the development of a policy on drugs schools may be able to:

- a) Reinforce their role in the prevention of drug abuse and other drug-related problems
- b) Demonstrate their responsiveness to drug issues
- c) Provide a planned and coordinated response to drug abuse and other drug-related problems to ensure the efficient use of school community resources and a better outcome for all parties involved.
- d) Set guidelines for students, staff and visitors on what are acceptable and unacceptable drug-use behaviours on school premises
- e) Identify a sequence of events that will be followed when an incident of prohibited drug-use occurs and incorporates appropriate disciplinary measures.
- f) Clarify roles, rights and responsibilities of all school community members in relation to drug abuse and other drug-use problems
- g) Ensure that school staff are not placed at risk by their actions through a clear statement of the school's legal and procedural responsibilities; and supports staff by providing clear guidelines to follow if drug abuse and other drug-related problems occur.
- h) Clarify legal and moral issues regarding drugs
- i) Minimize the harm and potential dangers associated with drugs

- j) Ensure that consistent procedures are followed in specific situations
- k) Reduce the likelihood of over-reaction and ‘spur of the moment’ decisions when dealing with drug abuse cases in the school
- l) Avoid an emphasis on punitive responses to drug use as the only strategy that may be used in the intervention and action strategies in drug control
- m) Ensure a coordinated, ongoing and effective response to drug-related issues
- n) Signal to students, parents and the community that the school is tackling the issue of drug use.

While good policy alone can't reduce substance abuse, it is the indispensable foundation for an effective effort against substance abuse.

5.4.6.2 FACTORS TO BE CONSIDERED IN DRUG POLICY DEVELOPMENT

In developing their drug policies, there may be need for need for the schools to discuss and consider the following factors:

- a) Who will be involved in developing the policy?
- b) What will be the process of development? (Stages may involve: consultation; needs analysis; consideration of other schools' models; first draft; feedback; redraft; launch; implementation and review).
- c) Who will be consulted (students; staff; parents; outside agencies; the local community; local doctors and pharmacists; feeder schools; support services staff; bus drivers)?
- d) Who will the policy apply to (students; staff; visitors)?
- e) How and when will the policy be introduced and publicized?

- f) Which drugs will be addressed in the policy? Will there be separate policies for drinking and smoking?
- g) Are there any particularly sensitive issues in the local community that need to be considered?
- h) What actions will be mandatory for all staff, and which regarded as 'good practice'?
- i) What resources and support services are available in the school and in outside agencies?
- j) Is staff drug use a problem and how will this issue be dealt with?
- k) What disciplinary measures will be involved and how will disciplinary actions available under the Education Act be applied and in what circumstances?
- l) Who is the audience for the policy and how widely will it be circulated?
- m) How will the policy be upheld and implemented?
- n) How will staff receive professional development to implement the policy?
- o) How will the policy be evaluated and updated?

5.4.6.3 FACTORS TO BE CONSIDERED FOR DRUG PROGRAMMES

When determining the drug education program that a school will implement, the following factors need to be considered:

- a) How will the programmes be provided for students as a whole?
- b) How will the particular educational needs of students who are using drugs be provided?
- d) What aspect of the curriculum/teaching programme will drug education be part of?
- e) Who will be responsible for teaching drug education?
- f) What use, if any, will be made of outside agencies and support personnel?
- g) What professional development do staff need to have?

5.4.6.4 ROLES OF THE KEY PERSONNEL

The successful implementation of a drug policy in school will depend on how clear the roles of various members of the school community are with regard to the policy. The following have been proposed to form the roles of the key personnel in the schools as regards the drug policy.

5.4.6.4.1 THE SCHOOL HEADMASTER

The School's headmaster should be responsible for:

- a) The approval of the planning, development and implementation of a drug education program within the school
- b) Development and implementation of a school policy for drug use situations in the school
- c) Approving teacher training in drug education for members of staff
- d) Monitoring the role of staff in assessing drug use and instituting appropriate action
- e) Judging the necessity for policy involvement
- f) Assisting police to conduct enquires within the school
- g) Protecting the interests of staff members

5.4.6.4.2 THE SCHOOL DEPUTY PRINCIPAL

The school's deputy principal should be responsible for:

- f) Providing support to the Principal and other staff in their dealings with students involved in drug use
- g) Investigating the possession of chemical substances by students
- h) Maintaining the discipline policy in relation to drug use and abuse
- i) Liaising with the Principal and Welfare Team on issues to do with drug use and abuse
- j) Judging the degree of parental involvement necessary for policy development and for situations where their children have been identified with a problem

5.4.6.4.3 THE ROLE OF GUIDANCE AND COUNSELLING TEACHERS

The guidance and counseling teachers should be responsible for:

- a) Providing support to the Principal and other staff in their dealings with students involved in drug use
- b) Facilitating an atmosphere within the school so that students and staff can openly discuss drug issues
- c) Becoming well informed about drugs and drug use
- d) Encouraging the development and implementation of drug education programs
- e) Co-ordinating the professional resources available to staff
- f) Providing staff with current trends in drug use and abuse in the school community
- g) Assisting and encouraging the training of school administrators, parents and staff about drugs and drug education
- h) Consulting with counselling services as to the best possible action to be taken in a situation
- i) Liaising with and utilising community resources and referral agencies

5.4.6.4.4 ROLE OF THE TEACHER

Teachers need to exercise professional judgments when dealing with student problem behaviour. A student encountering difficulties needs to be referred to appropriate school

personnel whose responsibility it is to talk to the student. The teachers should therefore be aware of the resources and agencies available to address the relevant student issues.

The teacher's role includes:

- a) Supporting a drug education program within the school
- b) Being aware of students encountering drug related problems
- c) Knowing and appreciating the roles and responsibilities of other members of the school community
- d) Understanding the need for confidentiality when dealing with the affected students
- e) Assisting in creating an atmosphere in which students feel free to discuss their problems openly
- f) Liaising with the school's guidance and counseling, and the disciplinary committees
- g) Recognising that the needs of the students are paramount.

5.4.6.4.5 THE ROLE OF PARENT/GUARDIAN

The school community cannot address the issue of student drug use without parental support. It is essential that the messages for positive health behaviours are consistent at school and at home.

The Role of the Parent/Guardian includes:

- a) Being prepared to be involved in developing and implementing the school drug policy
- b) Being prepared to attend a drug education program for parents to assist them to better deal with the issue of young people and drug use
- c) Acknowledging that the school alone cannot solve or prevent problems and therefore needs parental support.

5.4.7 EVALUATION

Drug education programmes should be evaluated to see whether or not they meet their objectives and have the desired effect on students. The evaluation of drug abuse prevention, intervention and control strategies and their related programmes in schools can only be possible if they have realistic, reasonable, achievable, specific and measurable objectives.

The evaluation should be based on clear procedures and guidelines. It should include an analysis and interpretation of the situation before, during and after the programme. This will enable the schools to make relevant adjustments to the strategies and programmes if need be.

Evaluation is also necessary as it will help schools to determine areas of their programme that need improvement, as well as to demonstrate the positive effects of the programme, to students, parents, and the community and other schools who have not adopted the programme

5.4.8 SUGGESTIONS FOR FURTHER RESEARCH

Drug abuse is an endemic public health problem. It has a very long history in human societies, and nothing we can do will totally eradicate it. Our goal should be to contain it and to minimize the aggregate damage.

This study covered only boy schools in Nairobi province, there is need for a baseline study to be carried out, covering all schools in the Republic of Kenya on the impact of drug abuse in schools and the strategies the schools are employing to address these problems. This would give a more comprehensive view that would be taken to apply effective strategies and programmes in the fight against drug abuse in schools.

There is also need to carry out a comprehensive study on school-parent-community collaboration in order to develop clear drug policy guidelines and procedures that are acceptable and implementable by all parties.

A study may also be carried out to determine what new strategies might be developed to prevent and ameliorate drug abuse. Which prevention and treatment methods are effective and cost-effective, and which ones are not. Given the complexity of drug abuse, what combinations of drug abuse control strategies will be most effective.

Finally, we need to carry out studies to determine the effectiveness of drug abuse prevention initiatives aimed at reducing demand for drugs among our students and how drug abuse prevention measures can be improved, and how ineffective ones can be weeded out.

BIBLIOGRAPHY

Arkin, E. B., & Funkhouser, J. E. (Eds.). (1990). **Communicating about alcohol and other drugs: Strategies for reaching populations at risk**. OSAP Prevention Monograph-5. Rockville, MD: U.S. Department of Health and Human Services, Office for Substance Abuse Prevention.

Austin, G. (1988, Fall). **Prevention goals, methods, and outcomes**. **Prevention Research Update**. (Number One). Western Center for Drug-Free Schools and Communities and Southwest Regional Educational Laboratory, Portland, OR.

Bachman, J.G., Wallace, J.M., O'Malley, P.M., Johnston, L.D., Kurth, C.L., & Neighbors, H.W. (1991). **Racial/ethnic differences in smoking, drinking, and illicit drug use among American high school seniors, 1976-1989**. *American Journal of Public Health*, 81(3), 372-377.

Bandura, A. (1986). **Social foundations of thought and action: A social cognitive theory**. Englewood Cliffs, NJ: Prentice-Hall, Inc

Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). **Prevention effects of the Child Development Project: Early findings from ongoing multisite demonstration project**. *Journal of Adolescent Research*, 2 (1), 12-35.

Bandura, A. (1977). **Social learning theory**. Englewood Cliffs, N.J: Prentice-Hall.

Botvin, G., Baker, E., Dusenbury, L., Botvin, E., and Diaz, T. 1995. **"Long-Term Follow-Up Results of a Randomized Drug Abuse Prevention Trial in a White Middle-Class Population."** *Journal of the American Medical Association* 273:1106-12.

Botvin, G., Baker, E., Filazzola, A. & Botvin, E. (1990). **A cognitive-behavioural approach to substance abuse prevention: One-year follow-up**. *Addictive Behaviours*, Vol. 15, 47-63.

Botvin, G., Schinke, G., Epstein, J., and Diaz, T. 1994. **"Effectiveness of Culturally Focused and Generic Skills Training Approaches to Alcohol and Drug Abuse Prevention Among Minority Youth."** *Psychology of Addictive Behavior* 8:116-27.

Chapman, C. (1992) **Drugs Issues for Schools** London: ISDD.

Coggans, N., Shewan, D., Henderson, M. & Daviers, J.B. (1991) **Could do better: an evaluation of drug education** *Druglink* 6(5), 14-116.

Cornacchia H.J. (1978). **Drugs in the classroom**.

Eigen LD. **Alcohol Practices, Policies and Potentials of American Colleges and Universities**. Rockville, MD: US Government Printing Office; 1991

Einstein S. (1980). **The community's response to drug use**, pergamon press. Oxford.

Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985a). **Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention.** *Psychological Bulletin*, 112, 64-105.

Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985b). **Explaining delinquency and drug use.** Beverly Hills, CA: Sage Publications.

Hawkins, J. D., & Catalano, R. H. (1992). **Communities that Care: Action for Drug Abuse Prevention.** San Francisco: Jossey-Bass.

Hawkins, J. D., & Catalano, R. H. (1994). **Preparing for the Drug Free Years.** Seattle, WA: Developmental Research Programs, Inc.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). **Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention.** *Psychological Bulletin*, 112, 64-105

.Healthy People 2000: **National Health Promotion and Disease Prevention Objectives.** Washington, DC: US Public Health Service; 1991. US Dept of Health and Human Services publication PHS 91-50212

Goodstadt, M. (1980). **Drug education: A turn on or a turn off?** *Journal of Drug Education*, 10, 89-99

Johnston LD, Bachman JG, O'Malley PM. **Drug Survey.** University of Michigan News and Information Services. Ann Arbor, MI: University of Michigan; December 19, 1996:11-12

Johnston LD, O'Malley PM, Bachman JG. **National Survey Results on Drug Use, Monitoring the Future, 1975-1992.** Rockville, MD: National Institute on Drug Abuse; 1993. US Dept of Health and Human Services publication NIH 93-3597, 93-3598

Kamara E (1996) **Some effects of Drug Abuse and use on sexual behaviour among youth in Kenya.** Moi University.

Kamonjo B.N (1997) **The correlates, prevalence and attitudes towards drug use and abuse amongst First, Second and Fourth year students at Kenyatta University -** M.Ed. Thesis.

Karugu and Olela (1993) **Family life Education Programme of Egerton and Kenyatta University. An audience research report.**-Nairobi Pathfinders Fund.

Kihumba - Sunday Standard November 5, 2000.

Kumpfer, K. L. (1993). **Strengthening America's Families: Promising parenting and family strategies for delinquency prevention.** *A user's guide.* Washington, D.C., U.S. Department of Justice, Office of Justice Program, OJJDP

Mburu M. - Daily Nation, June 12 2000.

McAlister, A.L., Perry, C.L., Killen, J., Slinkdard, L.A., and Maccoby, N. 1980. "**Pilot Study of Smoking, Alcohol and Drug Abuse Prevention.**" American Journal of Public Health 70:719-21

Nader PR, ed. **School Health. Policy and Practice.** ed 5. Elk Grove Village, IL: American Academy of Pediatrics; 1993

National Commission on Drug-Free Schools. **Toward a Drug-Free Generation: A Nation's Responsibility.** Washington, DC: US Government Printing Office; 1990

Nyangweso M. (1996) - **The morality of Drug and Abuse: A critical Approach** - Moi University.

Ochieng O. - **The effects of Drug abuse in Secondary Schools in selected schools in Nairobi** - Unpublished.

Onyango A.A (1985) - **An investigation into the influence of Drugs on High School student with special reference to Nairobi.** - PGDE Project.

Onyango R.K (1996) - **An examination of consequences of Marijuana among pupils with special reference to Ebwali Mixed Day Secondary School and Ebwali Primary School** - Kenyatta University

Schilit R (1991): **Drugs and Behaviour:** A sourcebook for the helping professions. Sage Publications; New Delhi.

Schonberg SK, ed. **Substance Abuse: A Guide for Health Professionals.** Elk Grove Village, IL: American Academy of Pediatrics; 198

Swisher, J.D., Cranford. J.L., Goldstein, R. & Yura, M. (1971) **Drug education: Pushing or prevention?** Peabody Journal of Education 49, 68-75.

United Nations Drug Control Programme (1995) : **Bulletin On Narcotics Vol.VLVII** Nos. 1 and 2

US Department of Education. **Drug Prevention Curricula - A Guide to Selection and Implementation.** Washington, DC: Government Printing Office; 1988

US Department of Education. **What Works: Schools Without Drugs.** Washington, DC: US Government Printing Office; 1989

Wanjau R.W (1995) **An investigation of family factors that lead to drug Abuse amongst school pupils PGDE** - Kenyatta University.

APPENDIX

QUESTIONNAIRE FOR HEADTEACHERS/TEACHERS

This questionnaire is designed to be completed by headteachers/teachers who are associated with adolescent health and alcohol use. It is intended for research only. It should be completed in a confidential and honest manner. The questionnaire is required for the study.

1. How long have you been teaching? Tick where appropriate.
 - 1-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - 31-35 years
 - 36-40 years
 - 41-45 years
 - 46-50 years
 - 51-55 years
 - 56-60 years
 - 61-65 years
 - 66-70 years
 - 71-75 years
 - 76-80 years
 - 81-85 years
 - 86-90 years
 - 91-95 years
 - 96-100 years
2. How long have you been at this school? Tick where appropriate.
 - 1-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - 31-35 years
 - 36-40 years
 - 41-45 years
 - 46-50 years
 - 51-55 years
 - 56-60 years
 - 61-65 years
 - 66-70 years
 - 71-75 years
 - 76-80 years
 - 81-85 years
 - 86-90 years
 - 91-95 years
 - 96-100 years
3. What is your current job title? Tick where appropriate.
 - Headteacher
 - Principal II
 - Principal I
 - Senior Principal

APPENDIX I

QUESTIONNAIRE FOR HEAD/DEPUTY TEACHERS

The information given on this questionnaire will be treated with absolute confidentiality and will be used only for the purpose of research only. Please complete the questionnaire appropriately, truthfully and honestly. Your name is not required.

PART A

1. What is your age (tick where appropriate)
25 – 30 years { }
30 – 35 years { }
35 – 40 years { }
40 – 45 years { }
45 – 50 years { }
45 – 50 years { }
2. For how long have you taught? (Tick where appropriate)
0 – 5 years { }
6 – 10 years { }
11 – 15 years { }
16 – 20 years { }
20 – 25 years { }
over 25 years { }
3. How many years have you been in the present station? (Tick where appropriate)
0 – 5 years { }
6 – 10 years { }
11 – 15 years { }
16 - 20 years { }
16 – 20 years { }
4. What is your current job title? (Tick where appropriate)
Headteacher { }
Principal II { }
Principal I { }
Senior Principal { }

Others (Specify)-----

PART B

5. (a) How many classes does your school have? -----

(b) How many streams does your school have? -----

6. What do you understand by the term drug abuse?-----

7. Are you aware of some students who abuse drugs?
Yes { } No { }

b) Which drugs are commonly abused by students? -----

c) State four methods by which students obtain the drugs they abuse

- (i)-----
- (ii)-----
- (iii)-----
- (iv)-----

8. What are the signs of students who abuse drugs?

- (i)-----
- (ii)-----
- (iii)-----

9. Specify some of the drug related experiences you have handled in your present station.

- (i) -----
- (ii) -----
- (iii) -----
- (iv) -----
- (v) -----

10. Which classes in your school are most likely abusers of drugs?

Form I { } Form 3 { }
Form 2 { } Form 4 { }

11. In your opinion, is the drug problem in schools increasing?

Yes { } No { }

(b) Give reasons to your answer in 11 (a) above.

-
-
-
-

12. What problems has your school experienced as a result of drug abuse?

-
-
-

17. Who are the people involved in the drug education programme (if any) were appropriate?

Students { } Invited guests { }
Teachers { } Others (Specify)-----

PART C

13 . What methods are used in discouraging drug abuse in your school?

(Tick where appropriate)

Verbal warning { }

Corporal Punishment { }

Explanation from parents { }

Arresting and arraigning students in court { }

Expelling those involved { }

Others (Specify)-----

14. What effects have these methods had on students? -----

15. What challenges have you encountered while addressing drug abuse related problems in your school?

16. (a) Does your school offer any drug education programmes to students?

Yes { } No { }

b) To what extend have the programmes been effective (Tick one)

Very effective { } Not effective { }

Fairly effective { }

17. Who are the people involved in the drug education programmes (Tick where appropriate)

Students { } Invited guests { }

Teachers { } Others (Specify)-----

APPENDIX II

(Tick where

QUESTIONNAIRE FOR TEACHERS

The information given on this questionnaire will be treated with absolute confidentiality and will be used only for the purpose of research. Please complete the questionnaire appropriately, truthfully and honestly. Your name is not required.

PART A

1. What is your age (Tick where appropriate)

20 – 25 years { }

25 – 30 years { }

30 – 35 years { }

35 – 40 years { }

Over 40 years { }

2. State whether you are a female or male-----

3. For how long have you taught? (Tick where appropriate)

0 – 5 years { }

6 – 10 years { }

11 – 15 years { }

16 – 20 years { }

Over 20 years { }

4. How many years have you taught in the present station? (Tick where appropriate)

0 – 5 years { }

6 – 10 years { }

11 - 15 years { }

16 – 20 years { }

Over 20 years { }

5. What are your professional and academic qualifications?(Tick where appropriate)

S1 { }

Graduate B.A. { }

Graduate B.Ed { }

Diploma { }

Others (specify)-----

6. What is your current job title (Tick where appropriate)

Assistant teacher { }

Subject Head { }

Head of Department { }

PART B

7. a) What do you understand by the term drug abuse? -----

b) Name any drugs that you know of -----

8. a) Are you aware of some students who abuse drugs

Yes { } **No** { }

b) State 2 methods of how the students obtain the drugs they abuse

i) -----
ii)-----

9. a) What are the signs of students who abuse drugs

i)-----

ii)-----

iii)-----

iv)-----

b) What are the dangers of abusing drugs?

10.a) Have you ever handled any drug related experience in your school?

Yes { } **No** { }

b) If your answer in 10 (a) is Yes, specify the nature of your experience

c) Do you have any training on how to handle drug abuse experiences on students?

Yes { }

No { }

11. a) Which classes in your school are most likely abusers of drugs

Form 1 { }

Form 3 { }

Form 2 { }

Form 4 { }

b) In your opinion is the drug problem in schools increasing?

Yes { } **No** { }

c) d) Give reasons to your answer in 11 (b)

12. What problems has your school experienced as a result of drug abuse? ---

PART C

13. What approaches are used in discouraging drug abuse in schools?
(Tick appropriately)

Verbal warning { }

Corporal Punishment { }

Explanation from parents { }

Arresting and arraigning students in court { }

Expelling those involved { }

Others (specify) -----

14. What effects have these approaches had? Give at least four-----

15. What challenges have been encountered while addressing drug abuse in your school? (Tick where appropriate.)

Opposition from students { }

Opposition from teachers { }

Opposition from parents { }

Opposition from BOG/P.T.A. { }

Others (specify) -----

16 a) Does your school offer any drug education related programmes to students? **Yes** { } **No** { }

b) If the answer in 16 (a) is Yes specify two approaches used in the programmes

i) -----

ii) -----

c. To what extent have these programmes been effective? (Tick one)

Very effective { } Fairly effective { } Not effective { }

d. Give reasons for your answer-----

17. a) Who are the people involved in the drug education programmes in your school? (Tick where appropriate)

Students { }

Invited guests { }

Teachers { }

Others (specify) -----

PTA/BOG { }

b) Name some of the programmes used. -----

c) Do you participate in designing these drug education programmes?

Yes { } — No { }

18. a) If your answer in 17 (c) is No, give reasons for this answer

b) What problems face the school in running the programmes?-----

APPENDIX III

QUESTIONNAIRE FOR STUDENTS

The information given on this questionnaire will be treated with absolute confidentiality and will be used only for the purpose it is intended. Please complete the questionnaire appropriately, truthfully and honestly. Your name is not required.

PART A.

1. What is your age-----

2. State your class -----

3. For how long have you been in this school? (Tick where appropriate)

- a) 0 – 1 Year { }
- b) 2 Years { }
- c) 3 Years { }
- d) 4 Years { }

4. Where is your residence when not in school? -----

5. What is your religious background? (Tick where appropriate)

- a) Christian { }
- b) Muslim { }
- c) Hindu { }

d) Buddhist { }

e) Other (specify) -----

6. Do you have the following family members (Tick where appropriate)

a) Father { }

b) Mother { }

c) Sister(S) { }

e) Brother (S) { }

e) Other (Specify) { }

7. Where most of them live?

a) Urban { }

b) Rural { }

c) Specify the actual phase -----

PART B

1. a) How many classes does your school have? -----

b) How many streams does your school have? -----

2. What is drug abuse? -----

3. What kinds of drugs are you aware of (Tick where appropriate)

i) Alcohol { }

ii) Cigarettes { }

iii) Khat (Miraa) { }

iv) Cannabis sativa (bhang) { }

v) Glue { }

vi) Sleeping pills { }

v) Madrax { }

vi) Others (specify use extra paper if necessary -----

b) Are there students who abuse drugs? **Yes** { } **No** { }

c) What drugs are commonly abused by students in your school-----

11. Do you have friends who abuse drugs? **Yes** { } **No** { }

b) List some of the drugs abuse by your friends-----

12. What are the advantages of abusing drugs

i) -----

ii) -----

iii) -----

13. Does any of your family member abuse drugs? **Yes** { } **No** { }

b) Which of the following family members abuse drugs (alcohol etc)

i) Mother { }

ii) Father { }

iii) Sister(s) { }

iv) Brothers (s) { }

v) Others Specify -----

14. Have you ever abused drugs? **Yes** { } **No** { }

b) If yes, are you still abusing drugs? **Yes** { } **No** { }

c) For how long have you abused drugs? (Tick where appropriate)

i) 0 – 1 years { } ii) 3 years { }

f) iii) 2 years { } iv) over 4 years { }

d) What drugs do you abuse?-----

15. Please give some of the reasons that make you abuse drugs-----

16. i) Are you anxious about drugs abuse? **Yes** { } **No** { }

ii) Do your parents know you abuse drugs? **Yes** { } **No** { }

iii) Do your teachers know you abuse drugs? **Yes** { } **No** { }

iv) Do your parents approve the abuse of drugs **Yes** { } **No** { }

v) Do your teachers approve the abuse of drugs **Yes** { } **No** { }

17. How do the students get the supply of drugs in your school? (Give the methods used) -----

20. Are you aware of drug abuse prevention programmes (Tick where appropriate) **Yes** {} **No** {}

b) How were they brought to your awareness? (Tick where appropriate)

i) Through the media (T.V., Newspapers etc) {}

ii) Through peers {}

iii) Through the teachers {}

iv) Through own experience {}

v) Others (specify)-----

21 a) Are students in your school exposed to drug prevention programmes?

Yes {} **No** {}

b) Who are the members involved in the drug prevention programmes?
(Tick where appropriate)

i) BOG/PTA {}

ii) Parents {}

iii) Teachers {}

iv) Students {}

v) Others (specify)-----

22. a) Name some of the activities in the programmes

i)-----

ii)-----

iii)-----

iv)-----

v)-----

vi)-----

b) How have students in your school benefited from these programmes?

23. In your opinion, how can the students who abuse drugs be helped to stop the habit?-----

TIME SCHEDULE

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Literature search and review									
Proposal correction									
Pilot Study									
Field Work and Data Collection									
Data Analysis									
Report Writing									
Presentation Of work for Correction									
Final correction and binding of project									

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PROVINCIAL DIRECTOR OF EDUCATION
NAIROBI PROVINCE
NYAYO HOUSE
P.O. Box 74629
NAIROBI

.....24th October,.....01., 20.....

The Principal,

Dear Sir/Madam,

**RE: RESEARCH ON "APPROACHES USED IN ADDRESSING
DRUG ABUSE PROBLEMS IN NAIROBI."**

The bearer of this letter Muhati Linet Imbosa a teacher at Dagoretti High School, is conducting research on the above topic as a part of Masters Degree Programme.

This office requests you to allow her to carry out her research in your institution and to give her any assistance she may require.


ALUKU I. C.

PROVINCIAL DIRECTOR OF EDUCATION, NAIROBI