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ANTECEDENTS AND EFFECTS OF SUBSTANCE ABUSE AND
ADDICTION AMONG URBAN ADOLESCENTS IN KENYA

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Abstract

Purpose: The study sought to determine antecedents and effects of substance abuse and addiction among urban adolescents in Kenya

Methodology: The study was a survey research that incorporated quantitative form of research. It involved self-administration of a questionnaire that integrated structured or closed-ended questions. This study was conducted at Nairobi Pentecostal Church-Karen, Kenya. A total of one hundred respondents (fifty boys and fifty girls) were picked through simple random sampling. The questions were answered on the spot and handed over to the researcher.

Results: Results revealed that various factors lead the adolescents to the use of DSA. These factors include peer pressure, family problems, adjusting to studies and negative media. Results revealed that there are various causes of DSA addiction. This includes peer pressure and family environment. Results revealed that there is a strong relationship between DSA and STDs, HIV and unwanted pregnancy. Finally, the study concludes that adolescent male is more prone to DSA than adolescent female.

Unique contribution to theory, practice and policy: It was recommended that youths be engaged in youth programmes so that they may spread word of drug abuse to other fellow youths.

The study also recommended that parents and guardians to emphasize discussions with their children on drug issues so as to make them aware and know the effects of drug abuse.

It is also recommended that all schools to educate youths on use of drug abuse, effects and the consequences of drug abuse.

The study recommends that family based programs to reach families of children at each stage of development to be implemented and to train parents in behavior skills.

Keywords: adolescents, drugs and substances, addiction.

1.0 Background of the Study

DSA occurs when a person continues to use a psychoactive substance despite harmful negative effects that cause distress or interfere with daily life. A psychoactive substance is a natural or synthetic substance that acts on the psyche and modifies its operation. It can result to changes in perception, mood, consciousness and behavior. Addiction is therefore a persistent compulsive dependence on a behavior or substance. The term addiction has been extended however to include mood –altering behaviors or activities.

Addiction can be divided into two; Process addiction, for example gambling spending, shopping, eating and sexual activity and Substance addictions, for example, alcoholism, drug abuse and smoking. The person who is addicted is sometimes called an addict. There is a growing recognition that many addicts such as poly drug abusers are addicted to more than one substance.

1.2 Who Is Affected?

Drug abuse and addiction is not confined to a specific socio-economic group neither is it gendered. It is also not specific to developed or developing countries. Studies have shown that it is a habit common among the youths. Research has found that DSA is a habit with roots during preteen age and is amplified in the teenage years especially in secondary school. This transition period between childhood and adulthood is known as adolescence. G.Stanley.Hall, (1904) call it a time of –stress and storml. The period is critical as adolescents find themselves striving to prepare themselves physically and intellectually for adult life and personal identity. It is a time they try to assume sex roles and learn to come to terms with authority.Parental interference with social life in general, lack of adequate financial assistance, psychological stress, peer pressure, availability of drugs creates a suitable environment for potential abuse of drugs for the adolescent. The wide range of factors affects why, what and when people take drugs and how much harm results as well as the attitude held.

1.3 Drugs and Substance Abuse Situation in Kenya

DSA in Kenya as in other countries permeates every sphere of society and indeed threatens nationhood. Jenifer Kimani (2007) in the article on National Campaign Against Drug Abuse Authority, NACADA. A study done by NACADA (2007), Rapid Situation assessment of DSA in Kenya, established that Kenyans generally hold positive attitudes towards illicit drugs such as alcohol, tobacco, and tobacco products and miraa. A good number use such drugs and substances. Peer pressure and availability of drugs in the community are closely associated with DSA leading to addiction amongst adolescents in Kenya.DSA is one of the major social problems in Kenya with common and easily identifiable manifestations in public health. Half of the drug abusers in Kenya are aged between 10 -19 years, with over 60% residing in urban areas and 21% in rural areas (UONDC, 2004). Taking drugs in early adolescent age greatly increases the chances of developing drug problems in future. The most commonly abused drugs in Kenya are alcohol, tobacco, bhang (marijuana), glue, Miraa (khat), and psychotropic drugs (NACADA, 2004).

1.4 Extent of Drug Use in Kenya

Drugs for the purpose of altering mood and achieving euphoria have been in use in Kenya for a long time with use of alcohol, bhang and miraa having indigenous roots. These substances have been widely used in early societies. However there exists no evidence of DSA as part of the indigenous heritage. Society does regard drunkenness as a disgrace. Restrictions were placed on drinking alcohol through rules and values which allowed the practice with distinct social age groups of elders. Consumption was confined to occasions such as marriages, births, circumcision ceremonies, funerals and other special cultural events (Some, 1994). In recent years African countries such as Kenya have had an upsurge in the production, distribution and consumption of drugs with the adolescents being most affected (Affinih, 2002). Breakdown of the indigenous society, for example, the extinction of rituals and ceremonies of rites of passage, that were marked by tooth extraction and circumcision, and educating the adolescents on issues of adulthood. The other factor is the introduction of foreign influences that have made a variety of drugs and substances available in large quantities. Media influence, as it depicts the gratifications of DSA as stylish and cool. Traditional values and family patterns which had for a long time given society coherence, sense of belonging and identity have been assaulted and in some areas discarded altogether in our shrinking –Global village (Ndirangu, 2004). In Kenya substances that the law permits and prohibits are available to adults and the adolescents both male and female. Bhang is grown secretly because it is illegal while miraa is cultivated, used openly and exported because the country legalized it in 1977. Ingredients for making alcoholic drinks and tobacco products are grown in Kenya, for example barley and sugar cane. Heroin, cocaine, mandrax, find their way into the country since the major international entry points, Nairobi and Mombasa are the transit routes for trafficking illegal substances. In the city of Mombasa and especially among men in the early 20's DSA is a major issue. In Mombasa and Kilindini there are approximately forty maskani (meaning location in Swahili) where drug addicts meet to share drugs. The traditional recreational drug is cannabis, but heroin injection is becoming increasingly popular (Allan & Karen, 9th May 2006).

1.5 Source of Income through Tax

The brewing and use of indigenous drinks is mainly illegal, yet the production and use of foreign alcoholic drinks is extensive and legal. Miraa as a drug when abused it causes dependence, yet the government value it as an export commodity (Aden, 2006). In 2002 at least 140 Kenyans died at a Nairobi slum known as Mukuru Kwa njenga and Mukuru kanyaba, some people went blind and others were hospitalized. They had consumed an illicit alcoholic drink that had been brewed with methanol, battery acid and formalin (Arinatwe and Hagembe, 2003). Along the Kenyan streets, young boys and girls of all age groups (street children) sniff gasoline, glue and other substances. The above observations of alcohol and drug indulgence express the frustrations, hopelessness and powerlessness of the poverty stricken segment of society.

1.6 Government Initiative

The problem of DSA and addiction is a concern for governments, Nongovernmental organizations (NGO's), and other organizations fighting the menace. Narcotic Drugs and Psychotropic Substances (Control) Act No. 4 of 1994. The Unit was established in the year 1983.

This is an Act of Parliament to make a provision with respect to the control of the possession of, and trafficking in narcotic drugs and psychotropic substances and cultivation of certain plants to provide for the forfeiture of property derived from, or used in, illicit traffic in narcotic drugs and psychotropic substance and related purposes.

1.7 DSA Cause and Effect Relationship in Kenya

The direct causes of DSA are the easy availability of the drugs and other substances. Adolescents have the highest prevalence. Idleness in association with peer pressure easily drives them to DSA. The other factor is parent's lack of skills to intervene, and the complication that arise from stigma that is attached to DSA. Underlying causes of DSA include weak DSA awareness programs, limited skills and personnel capacity of law enforcement Programs are underfunded since they are accorded low priority. This has led to lack of appropriate and up to date data and information on DSA in Kenya. Implementation of evidence based practices and programs to address specific DSA problems are not always possible. Unemployment and low prioritization of DSA effects awareness. Other main root causes of DSA are poverty, corruption and breakdown of traditional values, parents' conflicts, adolescents' mal adaptations, media influence, unemployment and socio-economic inadequacies and psychological stress of the adolescents.

1.7.1 The effects of DSA in Kenya

Increase in crime levels, domestic violence, risky sexual behavior and practices increase exposure to human immune virus and acquired immune deficiency disease (HIV/AIDS).

DSA is a threat to good health status. At individual level, DSA damages one's ability to act as free and conscious being capable of taking action to fulfill their needs, care for others and contribute positively to the society (Ndetei, 2004).

1.8 Statement of the Problem

An adolescent undergoes turmoil and stress at this stage of development. Some of the issues contributing to the stress are;

Developing biologically, hence have hormonal changes, growth spurt and sexual maturation.

Their cognitive development is characterized by idealistic and logical thinking in an egocentric way. Socio-emotional development is characterized by increased seeking independence and greater interest in romantic relationships. These changes bring about conflict with parents, and the adolescents are stressed psychologically by the changes that are taking place within their bodies. Conflict between mothers and sons is the most stressful during the apex of adolescent development. At this stage adolescent views parents as old fashioned and of an old generation. Drug addiction amongst the adolescents is prevalent because of the adolescent associating with peers, who influence each other in order to fit into the social network. At the same time social isolation or inability to -plug in to a social network may be linked to different forms of problems ranging from delinquency to DSA, to depression (Hops et.al, 1997). The adolescent is torn between the peer group and family or parents. At this time the adolescent need strong parental guidance, on DSA, and its effects.

Lack of parental guidance may lead to DSA among the adolescents. DSA effects are not articulated to the adolescents hence they tend to depend on friends and media for information

about DSA and its effects which may be misleading, and may lead them astray. DSA is a major problem to the adolescent group for it is seen as cool culture and the good thing to do in the radical mind of adolescents. Many adolescents end up in drug addiction, also because parents and guardians are not equipped or are too busy to identify the change of behavior in their adolescents who is involved in DSA. Parents and guardians are also not aware of the recovery and rehabilitation programs that are available to treat and re-socialize the addict. Therefore the addicted adolescent may end up with psychiatric complications due to DSA. At this developmental stage the adolescents are stressed because they are in an identity crisis. They prefer to identify with same sex role models, like their mothers, fathers or guardians. If their expectations are violated they may lose self esteem and identify with the wrong people who may introduce them to bad habits including drug abuse. During this adolescent period, the adolescent encounters changes of various kinds. For example, joining new college brings change of environment and new friendships. There is movement towards independence and dating begins. Most adolescents view freedom as an opportunity to indulge in alcohol drinking sprees, experimenting on drugs and substances with little knowledge of the danger of getting addicted.

1.9 Research Objectives

- I. To determine why the adolescents are prone to DSA and addiction.
- II. To identify the causes of addiction
- III. To find out which drugs and substances are abused most by adolescents.
- IV. To find out the consequent effects of drugs and substance abuse
- V. To determine if adolescent male are more prone to DSA than the adolescent females
- VI. To investigate the adolescents understanding of drugs.

2.0 LITERATURE REVIEW.

2.1 Theoretical Framework

Theories of various orientations will be used to explain the behavior of an addict. Biological theories tend to focus on non-normative use or addiction. They postulate some sort of physical mechanism that causes an individual to use drugs, or to continue to abuse them after they have experimented. Psychological theories will focus on compulsive and continual use of illicit drugs. The reinforcement is positive; the person feels good and seeks to continue. Inadequate personality theory focuses on the use of drugs in order to cope. The individual has emotional or physical deficit. It is a way of escapism from reality. The individual seeks euphoria, which is adaptive for an immature individual who lacks responsibility, independence and is unable to postpone gratification. Sociological theories will emphasize understanding of the individual located within specific social structures. The group the individual belongs to impacts to the individuals' behavior.

2.1.2 Subculture theory related to social learning theory

For the adolescent to violate the norms, they only need one significant other who teaches them that norm violation is OK. In the sub cultural theory they learn to obey a different set of norms and define themselves in these terms. Howard Becker: *Becoming a marijuana smoker* (1953), explains that motive for continuous behavior evolves through participation in the

behavior in the company of others. The individual learns to use the drug, perceive its effects; enjoy the effect; access a supply; maintain secrecy; neutralize stigma through identification with the sub culture.

2.1.3 Genetic theory

According to Godwin et al (1973), cigarette smoking, alcoholism, overweight, divorce, child abuse and religion run in the families. The addictive inheritance has been most studied in the case of alcoholism Studies endeavoring to separate genetic from environmental factors such as those in which adopted children with non-alcoholic biological parents, have claimed a three to four times greater alcoholism rate for those whose biologic parents were alcoholic.

2.1.4 Simple learning theory

Although there are recognized physiological factors involved in hardcore addiction, addiction is also found in learning theory. Components such as cultural, environmental, availability, exposure to drug use patterns and self perceived needs, contribute to the acquisition of a drug habit. Physical relief occurs in addictive cycle and cannot be separated from the psychological aspects which accompany it. The impact of profound relief adds appreciably to the learning process, (Crowly, 1972).

2.2 Factors Influencing Drug Use and Addiction in Adolescents

2.2.1 Attitude of the adolescent

Partnership for Drug Free America (PDFA) concluded –Attitude tracking –studies in an effort to discover what influences teen drug use. The perception teens have on drugs vary widely and have direct-affect on a direct-popularity and frequency of use. The factors are – perceived risk, perceived social approval and perceived availability. The more risky or less accepted a drug is thought to be the less likely it will be used by adolescents. The risk has many dimension; physical risks, emotional (depression, acting inappropriately), social/relational and inspirational.

2.2.2 Technology

The benefits of a drug the (euphoric high), are passed on immediately because of the electronic forms of communication like blogs, chats, short message service, that allow –positivell experiences of drugs to be broadcast and spread quickly.

2.2.3 Access and affordability

Easily available drugs are perceived as socially acceptable and will be used. In Kenya bhang (marijuana) is cheap; a joint could be as cheap as 10ksh. Alcohol is easily available in most recreational places, with little regard for restrictions of the adolescent child. Kenya has been invaded by international drug peddlers and all sorts of drugs are available. Mombasa port and international airports have been used as transit points. In the process, illicit drugs on transit find their way into the Kenyan societies.

2.2.4 Socio economic status of the family

Research reveals that socio-economic status of family can contribute to the adolescent use and abuse of drugs. DSA occurs in both low and high socio-economic status of the family can

contribute to a drug use in many ways for example a family that cannot provide material needs and education for the adolescent; may cause them to resort to drugs, thinking that by using drugs they are solving the situation. On the other hand the adolescents from rich families where material things are available may use/abuse drugs because they have easy access and can afford them. Goodman (1983) indicated that adolescents from the lower socio-economic class are more often alcohol & drug users and abusers than those from affluent families

2.3 Problems Encountered By Adolescents That Influence DSA

2.3.1 Adolescents runaway

The adolescent may run away from home, due to the fact that they are seeking independence and parents inconsistent and excessively severe discipline, cannot let go. So there is great conflict with parents, and the adolescent is motivated to run away and spend more time with the peers who may introduce them to develop in order to cope with the issue.

2.3.2 Relationships

Relationships between parents and adolescents deteriorate, due to the fact that adolescents are experiencing maturation and they begin to reason and challenge parents ideas and discipline methods. According to Hill et al (1985) Conflict between parents and adolescents especially mothers and sons is the most stressful during the apex of adolescents' development. At this time the adolescents need an authoritative parent for guidance and independence.

2.4 Psychological Factors

The adolescents are attracted to drugs because they help to adapt to ever changing environment. Drugs also reduce tension, frustration boredom and fatigue from the harsh realities of their world. Some adolescents also use drugs to keep awake longer to study for exams by use of amphetamines. Sometimes adolescents use drugs to satisfy curiosity because they are intrigued by sensational accounts of drugs in the media and in music, and for social reason to feel comfortable and enjoy the company of others.

2.5 Psychiatric Factors

Post-traumatic stress disorder (PTSD) has been associated to DSA in the adolescents.

Social anxiety disorder; this may be due to a history of physical abuse. Adolescents with a history of physical abuse are six to twelve times likely to abuse alcohol, and eight to twenty one times likely to abuse alcohol if they have a history of sexual abuse, and that PTSD and alcohol dependency was stronger in female than in male.

2.6 Commonly Abused Drugs

2.6.1 Marijuana (bhang)

Marijuana is a mild hallucinogen than LSD, it comes from the hemp plant cannabis sativa, originated from central Asia; but is grown in most of the world. The dried resin is called hashish.

Cannabis has a mildly sedative effect, which leads to decreased blood pressure, increased appetite, feelings of relaxation, mild intoxication and increased sociability. People who smoke the drug usually feel its effects within minutes and they may last up to three hours. Cannabis

may impair short-term memory and affects body coordination. First-time users may feel confused and distressed and anxiety, panic and suspicion are not uncommon side effects. High doses can cause coma, but there are no records of fatal overdose. Heavy use can lead to confusion, aggravate existing mental disorders and sap energy. People may become both physically and psychologically addicted to cannabis. Studies also show that regular, heavy use of the drug may cause nerve damage and affect learning.

2.6.2 Cocaine

Cocaine is a stimulant that causes a feeling of exhilaration and decreases appetite. Users may experience indifference to pain and tiredness. When it is snorted, its effects wear off within 15 minutes to half an hour so it has to be taken every 20 minutes to maintain its effect. Many users believe they perform better on cocaine, but research shows that this is probably just their perception rather than reality. Cocaine can make the heart beat irregularly and increases body temperature. Large or frequent doses can reduce libido and lead to restlessness and paranoia. Very large doses can cause death through heart or respiratory failure. Common side effects after coming down from the drug include depression and tiredness.

Withdrawal symptoms include restlessness and severe anxiety. Some people are very sensitive to the drug and may die after their first dose. Regular snorting of the drug can cause damage to the membranes of the nose and injecting the drug through dirty or shared needles carries the risk of infection. Cocaine use during pregnancy can lead to birth defects and low birth weight babies and babies may be born addicted to the drug. People who smoke crack cocaine are more likely to become dependent and to suffer from side effects. Large doses of the drug can cause anxiety, panic and confusion. Ecstasy is not thought to lead to addiction and there are no specific withdrawal symptoms.

2.7 Effects of DSA and Addiction

Substance abuse alters the normal living patterns of individuals and society as a whole as indicated below.

2.7.1 Effects on family

The devastating effects of DSA and addiction on the family are that; when one member of the family abuses drugs it affects every member of the family because it causes disruption and disharmony within the family. The addict is obsessed by the habit and everything around him is ignored. Socially the addict risks criminal behavior brought into the home. The family suffers personal anguish both physically and psychologically as they watch the destruction of their loved one helplessly.

2.7.2 Drug abuse and school

Drug addiction undermines a student's academic ability, and performance. Most addicted students will drop out of school. In addition, drug use brings to the school environment illegal practices connected to the drug use, such as prostitution, theft, and selling of drugs to others. These practices are not conducive to the development of a healthy productive life.

2.8 Seeking Help

The earlier one seeks for help for their adolescents behavioral or drug problems the better. How does a parent know if their teen is experimenting with or moving deeper to drug culture? A parent must be a good and helpful observer, particular of the little details that make up the adolescent life. Overall signs of dramatic change in appearance, friends or physical health may be signs of trouble.

2.9 Preventive Measures On Dsa

As DSA is worldwide concern to many societies the global initiative on primary preventive of DSA came into existence in 1997, (WHO/UNODCP, 2003; 17). The global initiative was a project jointly executed by the United Nations international drug control program and the WHO aimed at preventing the use of psychoactive substances by young people.

2.10 Desire to Stop Drug Use

At least every five users of any substance are willing to stop taking the substance. Desire to discontinue is higher among cigarette, cocaine and bhang users compared with other drugs, (NACADA).

3.0 RESEARCH METHODOLOGY

The study used a survey research. A questionnaire was prepared to collect data .Simple random sampling method was used . A total of one hundred (100) youths were identified for the research, this included fifty (50) boys and fifty (50) girls. The information derived was put into categories and themes using the Statistical Package for Social Sciences (SPSS) text editor. It was then evaluated and analyzed to determine its adequacy and credibility to the topic of the study. The data was then summarized using descriptive statistics, and some selected data was represented graphically using tables, charts and graphs.

4.0 RESULTS AND DISCUSSIONS

4.1 To determine why the adolescents are prone to DSA and addiction

4.1.1 Factors that lead to usage of DSA

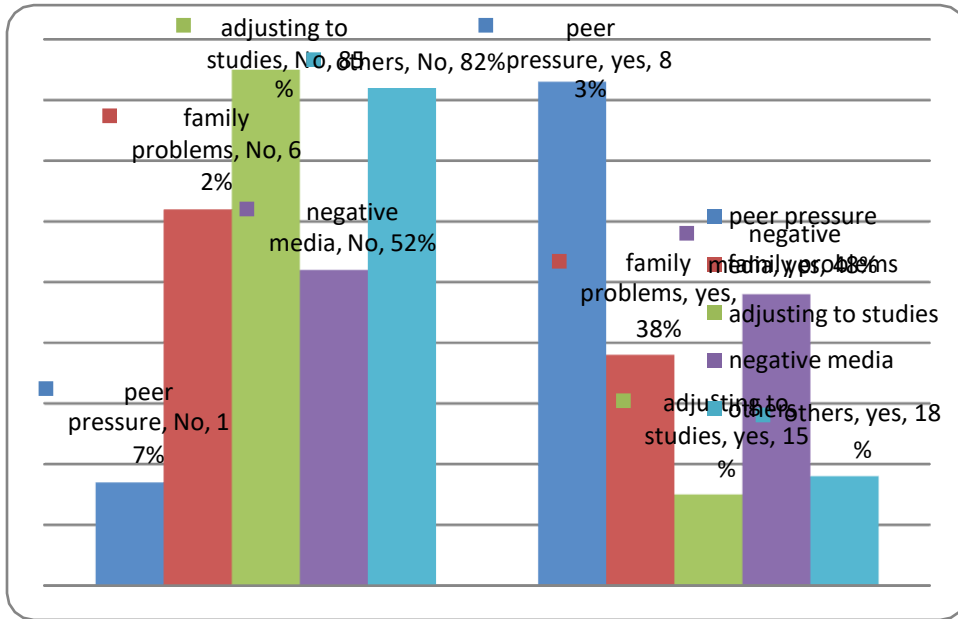


Figure 1: Factors that lead to usage of DSA

4.2 Identification of the causes of addiction

4.2.1 Peer pressure

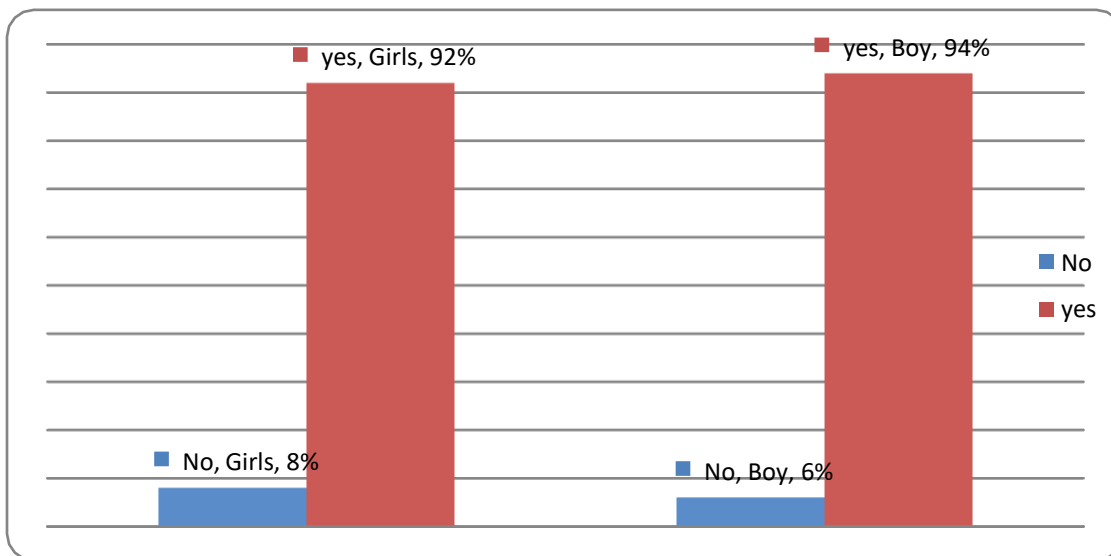


Figure 2: Peer pressure

4.2.2 Does family environment contribute to use of DSA

The respondents were asked to indicate whether family environment contribute to the use of DSA. Results in figure 3 indicated that majority 72% of the girls and 66% of the boys agreed that family environment contribute in a way to the involvement of DSA. Only 28% of the girls and 34% of the boys disagreed with the statement.

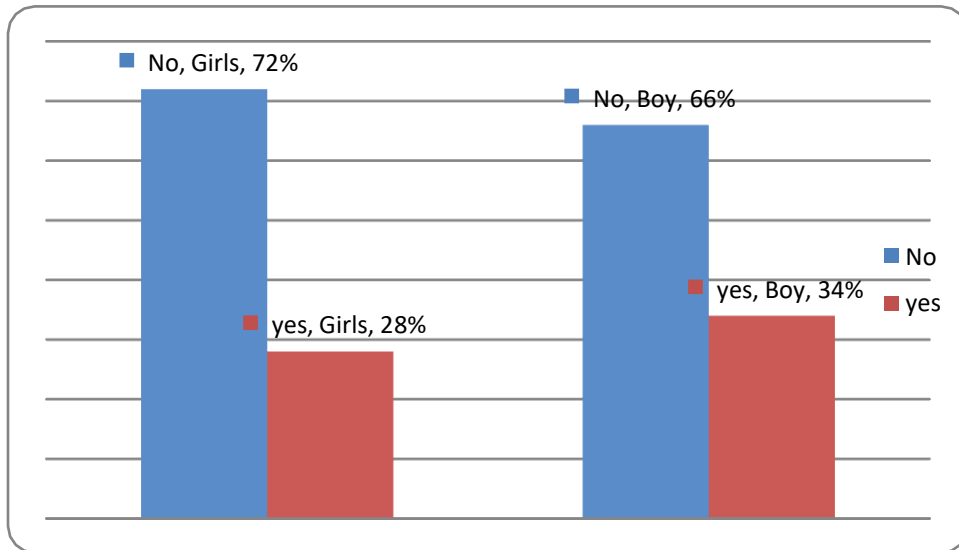


Figure 3: Does family environment contribute to use of DSA

4.2.3 Does school environment contribute to use of DSA

The respondents were asked to indicate whether school environment contribute to use of DSA. Results in figure 4 indicated that majority 64% of the girls and 68% of the boys disagreed with the statement that school environment encourages in any way the use of drug substance abuse by students. Only 36% of the girls and 32% of the boys that agreed with the statement.

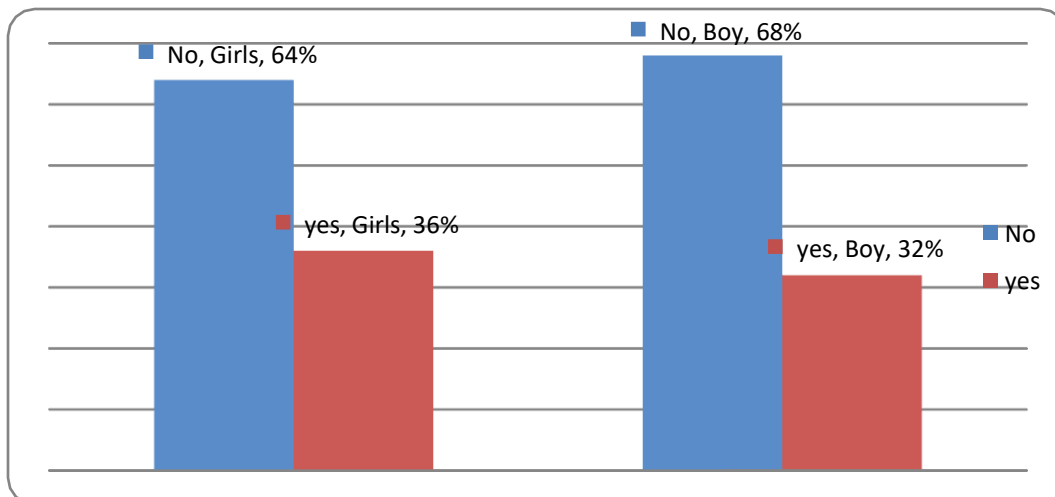


Figure 4: Does school environment contribute to use of DSA

4.3 To find out which drugs and substances are abused most by adolescents.

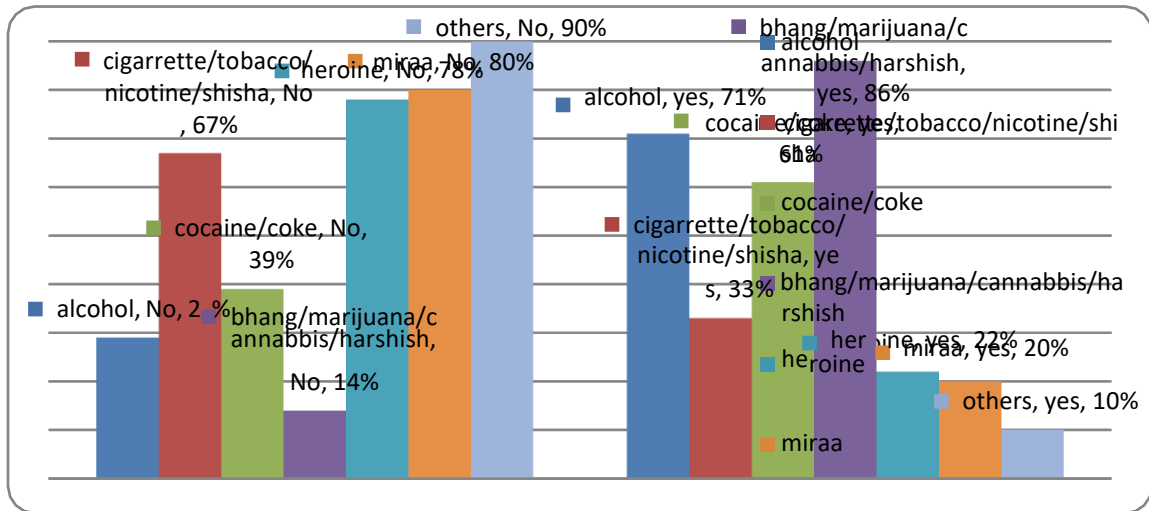


Figure 5: Drugs and substances of abuse

4.4 To find out the consequent effects of drugs and substance abuse

4.4.1 Effects of drug abuse

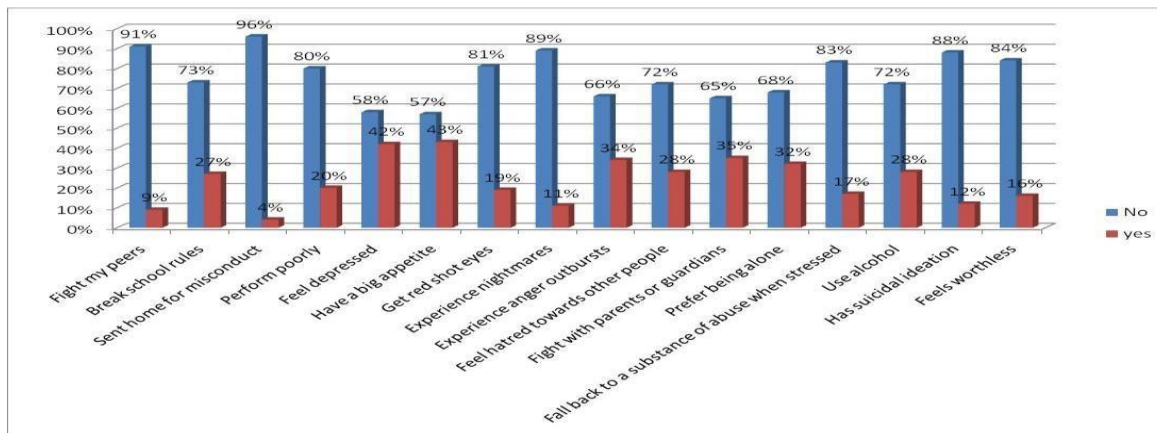


Figure 6: Effects of drugs and substance abuse

4.4.2 Is there relationship between DSA and unwanted pregnancy

The respondents were asked to indicate whether there is any relationship between DSA and unwanted pregnancy. Results in figure 7 revealed that 84% of the girls and 76% of the boys agreed that there is relationship between DSA and unwanted pregnancy. Only 16% and 24% disagreed that there is no relationship between DSA and unwanted pregnancy.

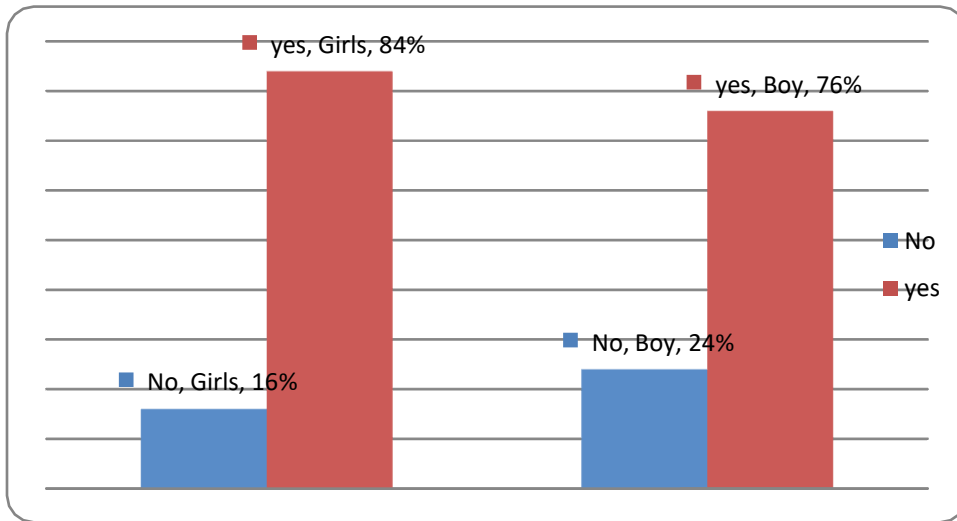


Figure 7: Relationship between DSA and unwanted pregnancy

4.4.3 Is there relationship between DSA, HIV and STDS

The respondents were asked to indicate whether there is any relationship between DSA, HIV and STDS. Results in figure 8 revealed that 96% of the girls and 86% of the boys agreed that there is relationship between DSA, HIV and STDS. Only 4% and 14% disagreed that there is no relationship between DSA, HIV and STDS.

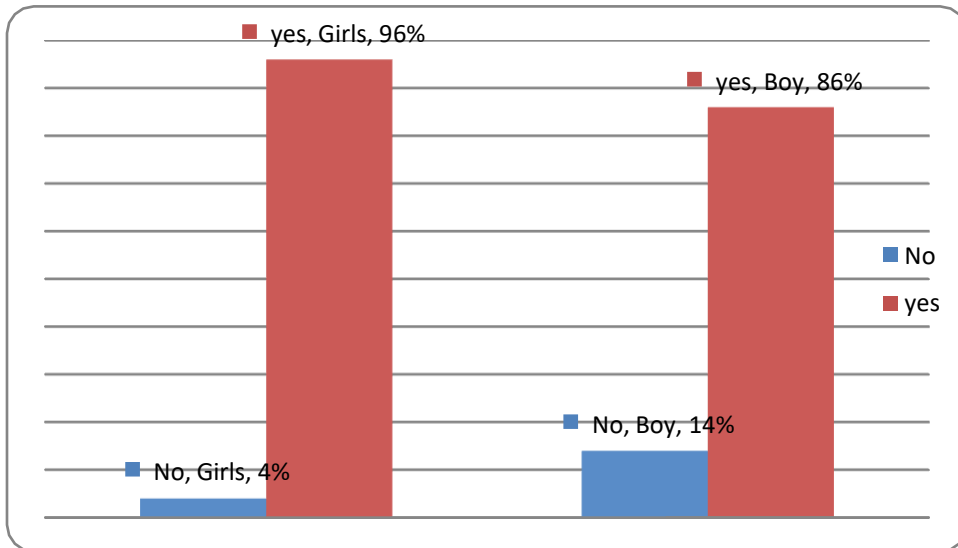


Figure 8: Relationship between DSA, HIV and STDS

4.5 Is the adolescent male more prone to DSA than the adolescent female?

The study sought to establish if the adolescent male are more prone to DSA than adolescent female. Results in figure 9 revealed that majority 80% of the respondents agreed that boys are more prone to DSA as compared to girls. Only 20% of the respondents indicated otherwise.

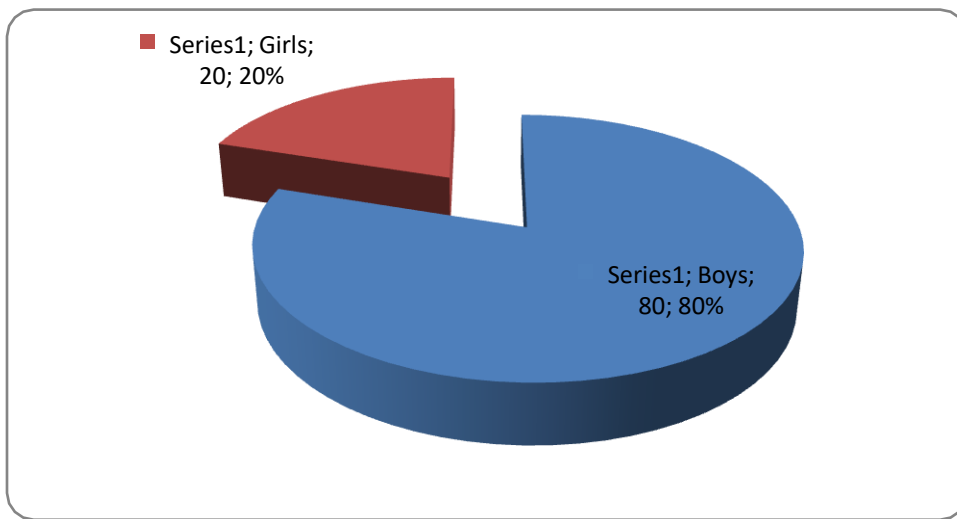


Figure 9: Adolescent male more prone to DSA than the adolescent female

Table 1: Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
alcohol	Girls	50	.70	.463	.065
	Boy	50	.72	.454	.064
cigarette/tobacco/nicotine/shisha	Girls	50	.28	.454	.064
	Boy	50	.38	.490	.069
cocaine/coke	Girls	50	.68	.471	.067
	Boy	50	.54	.503	.071
bhang/marijuana/cannabis/harshish	Girls	50	.86	.351	.050
	Boy	50	.86	.351	.050

heroine	Girls	50	.22	.418	.059
	Boy	50	.22	.418	.059
miraa	Girls	50	.22	.418	.059
	Boy	50	.18	.388	.055
others	Girls	50	.12	.328	.046
	Boy	50	.08	.274	.039

4.6 To investigate the adolescents understanding of drugs.

4.6.1 Know any substance of abuse

The respondents were asked to indicate whether they know any substance of abuse. Results in figure 10 indicated that 100% of the boys and girls knew substances of abuse.



Figure 10: Know any substance of abuse

4.6.2 Ever taken any DSA

The respondents were asked to indicate whether they have ever taken any DSA. Results in figure 11 indicated that majority 56% of the girls and 62% of the boys indicated yes while 44% of the girls and 38% of the boys indicated no they have never taken any DSA.

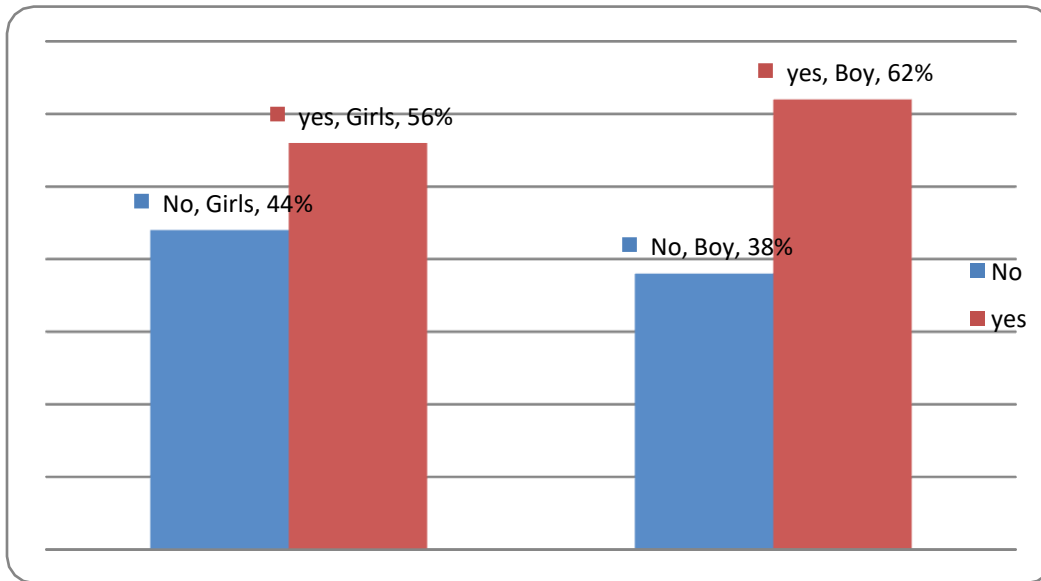


Figure 11: Ever taken any DSA

4.6.3 First used DSA

The respondents were asked to indicate the first used DSA. Results in figure 12 revealed that majority 44% of the girls had used none, followed by 38% who had used alcohol, while 14% used bhang and 4% had used nicotine. However, majority 50% of the boys used alcohol, followed by 36% who had used none, 8% used bhang, 4% used nicotine and 2% used miraa.

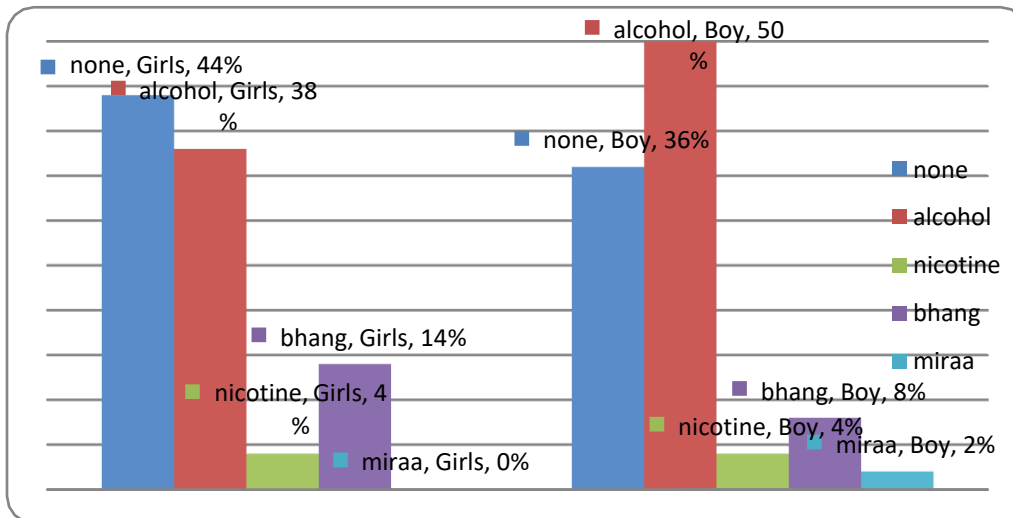


Figure 12: First used DSA

4.6.4 Who introduced you to DSA

The respondents were asked to indicate the person who introduced them to DSA. Results in figure 13 indicated that majority 44% of the girls and 42% of the boys were introduced by others,

while another 44% of the girls and 36% of the boys indicated that it was not applicable and only 12% of the girls and 22% of the boys indicated themselves.

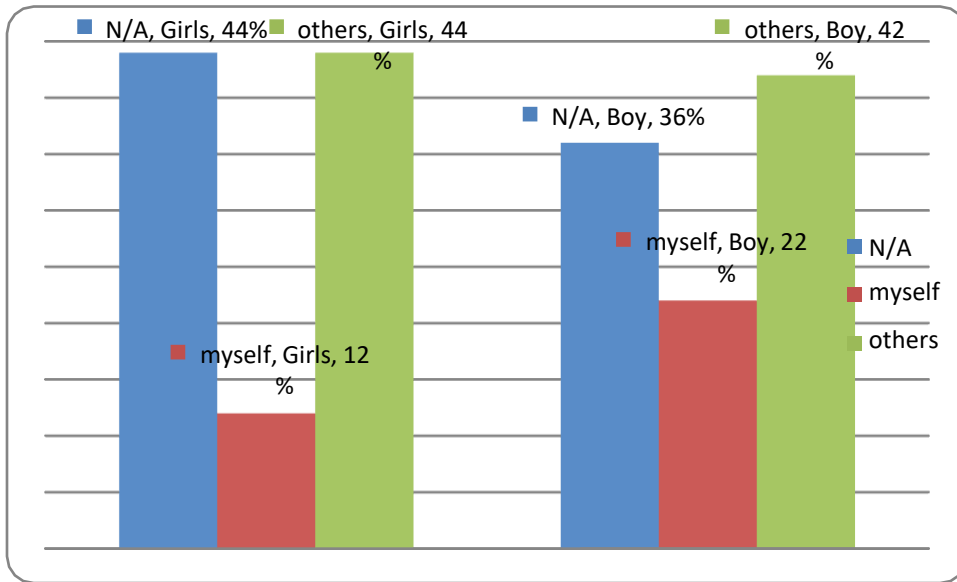


Figure 13: Who introduced you to DSA

4.6.5 Any family member taking DSA

The respondents were asked to indicate whether they have any family member taking DSA. Results in figure 14 revealed that majority 66% of the girls and 70% of the boys indicated yes they have family members taking DSA and 34% of the girls and 30% of the boys indicated they did not have any family member taking DSA.

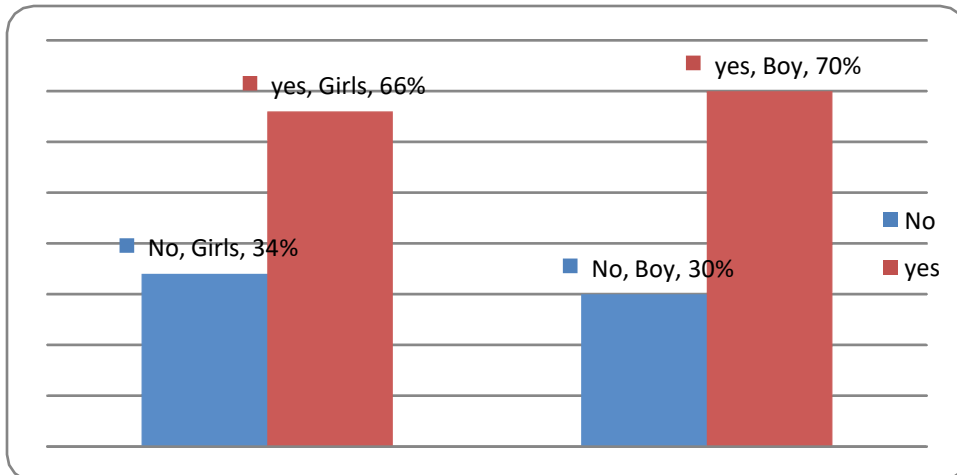


Figure 14: Any family member taking DSA

4.6.6 Any family member who is an addict

The respondents were asked to indicate whether they have any family member who is an addict of DSA. Results in figure 15 revealed that majority 62% of the girls and 50% of the boys indicated yes they have family members that are a addicts and 38% of the girls and 50% of the boys indicated they did not have any family member who is an addict.

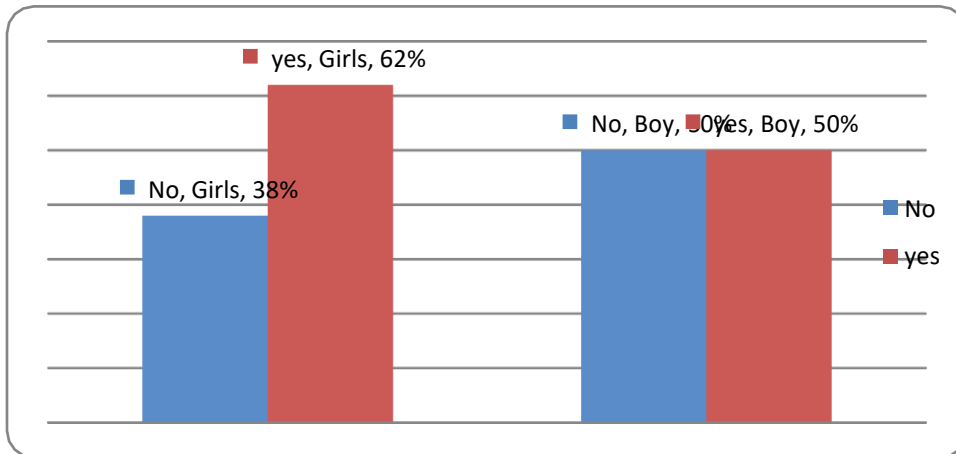


Figure 15: Any family member who is an addict

4.6.7.Has guardian ever discussed issues of DSA

The respondents were asked to indicate whether they have had any discussions with guardians on issues of DSA. Results in figure 16 revealed that majority 58% of the girls and 66% of the boys indicated yes they have had discussion and 38% of the girls and 50% of the boys indicated they have never had discussion about issues of DSA.

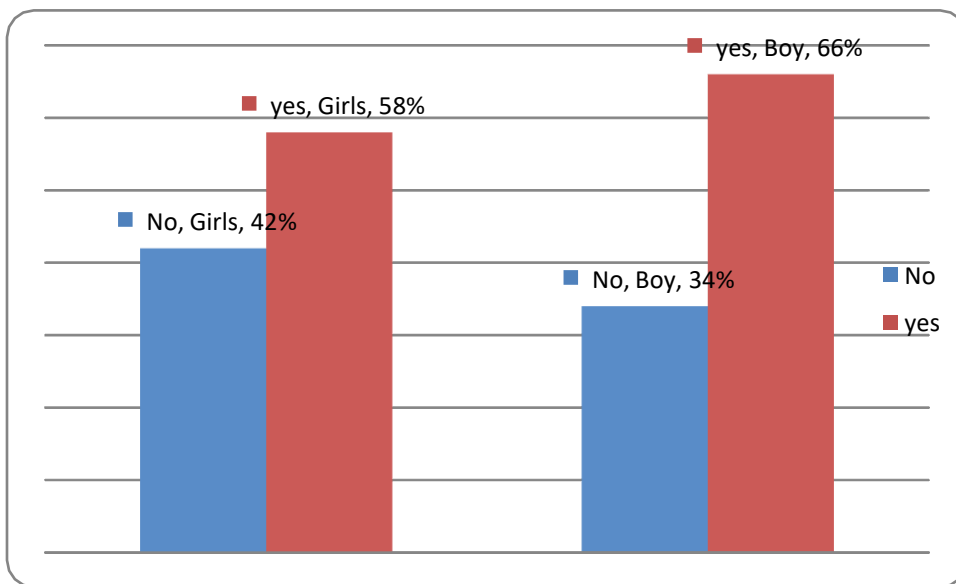


Figure 16: Has guardian ever discussed issues of DSA

4.6.8 Does knowledge of side effects of DSA affect your decision to use DSA

The respondents were asked to indicate whether knowledge of side effects of DSA affect your decision to use DSA. Results in figure 17 revealed that majority 66% of the girls and 72% of the boys indicated yes knowledge of side effects of DSA affect your decision to use DSA and 34% of the girls and 28% of the boys indicated that knowledge of side effects of DSA does not affect your decision to use DSA .

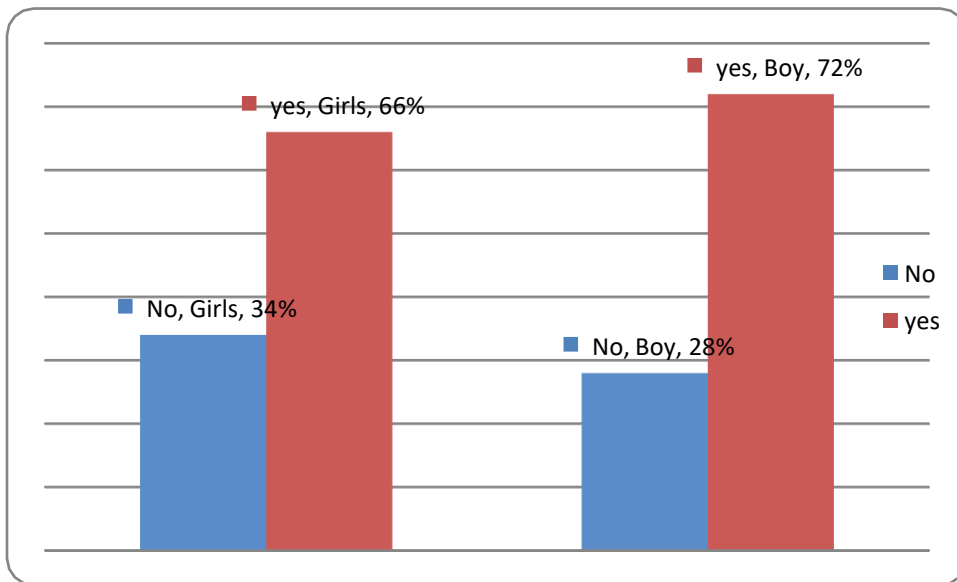


Figure 17: Does knowledge of side effects of DSA affect your decision to use DSA

4.6.9 Does school provide information on DSA

The respondents were asked to indicate whether school provides information on DSA. Results in figure 18 revealed that majority 58% of the girls and 82% of the boys indicated yes school provided information on DSA and 34% of the girls and 28% of the boys indicated that school do not provided information on DSA.

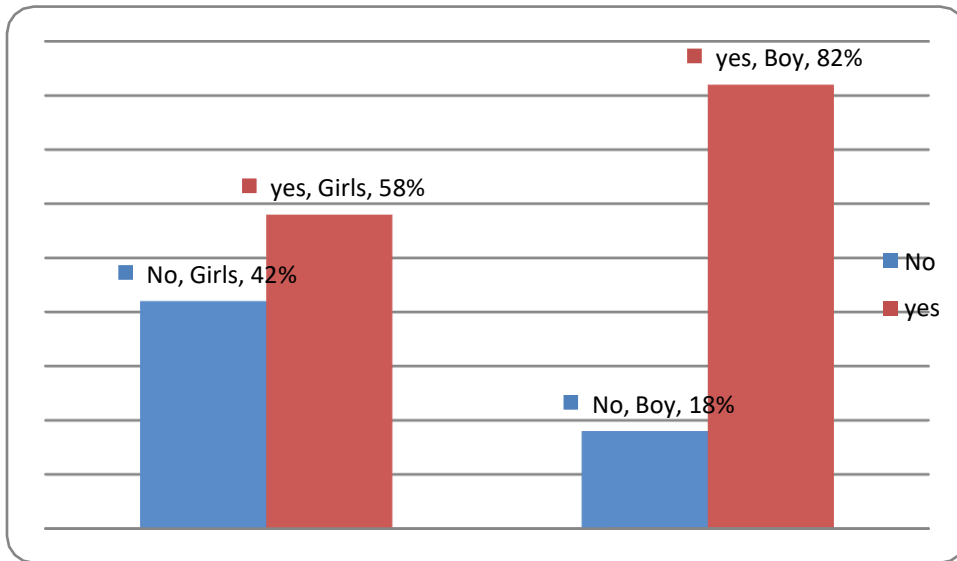


Figure 18: Does school provide information on DSA

4.6.10 Does DSA affect the life of youth

The respondents were asked to indicate whether DSA affect the life of youth. Results in figure 19 revealed that majority 98% of the girls and 92% of the boys indicated yes DSA affect the life of youth and 2% of the girls and 8% of the boys indicated that DSA does not affect the life of youth

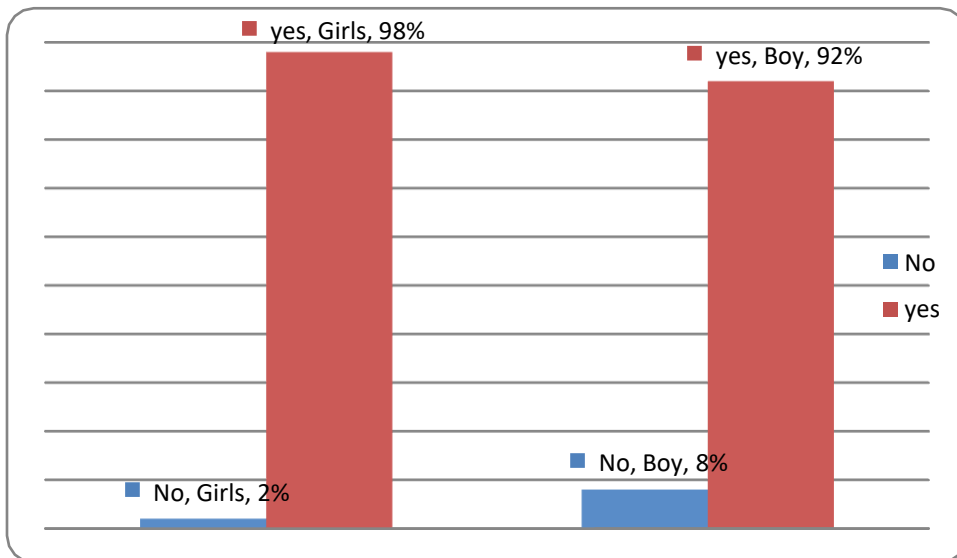


Figure 19: Does DSA affect the life of youth

4.6.11 Awareness of the signs of DSA

The respondents were asked to indicate whether they have awareness of the signs of DSA. Results in figure 20 revealed that majority 68% of the girls and 72% of the boys indicated yes

they have awareness of the signs of DSA and 32% of the girls and 28% of the boys indicated that they are not aware of DSA signs.

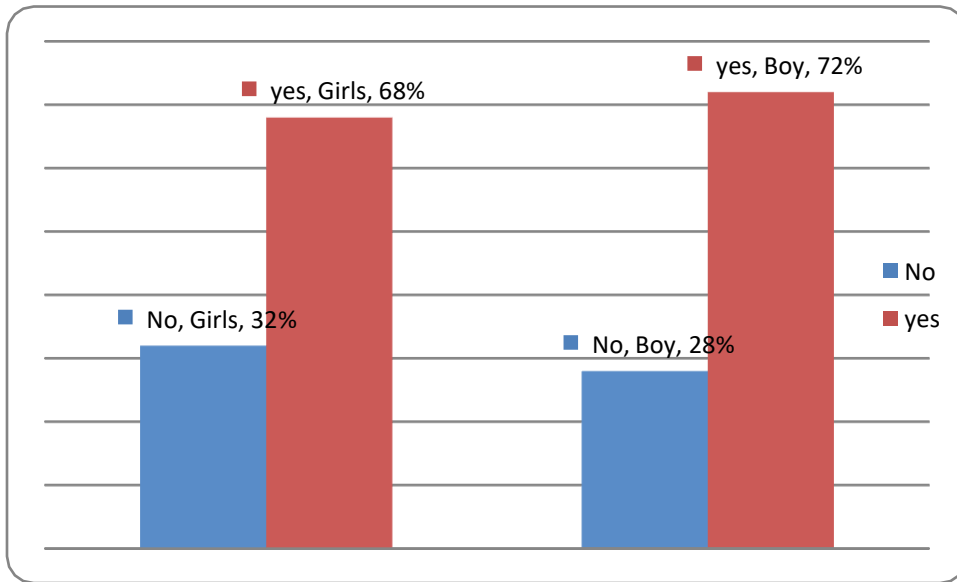


Figure 20: Awareness of the signs of DSA

4.6.12 Can DSA addict be treated

The respondents were asked to indicate whether a DSA addict can be treated. Results in figure 21 revealed that majority 96% of the girls and 94% of the boys indicated yes DSA addict can be treated and 4% of the girls and 6% of the boys indicated that DSA addict cannot be treated

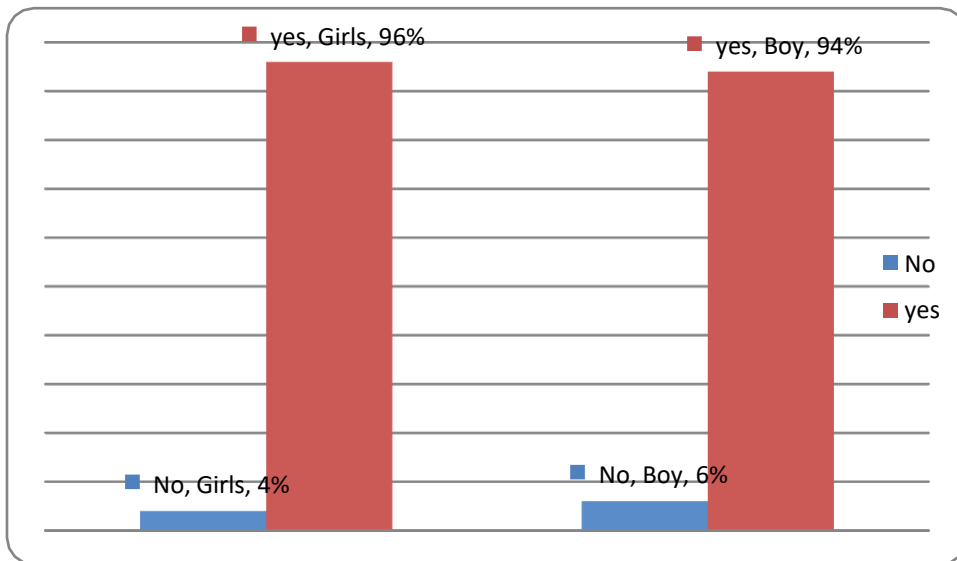


Figure 21: Can DSA addict be treated

4.6.13 Is a rehabilitation centre useful

The respondents were asked to indicate whether rehabilitation centre is useful. Results in figure 22 revealed that majority 86% of both girls and boys indicated yes rehabilitation centre is useful and 14% of both girls and boys indicated that rehabilitation centre is not useful.

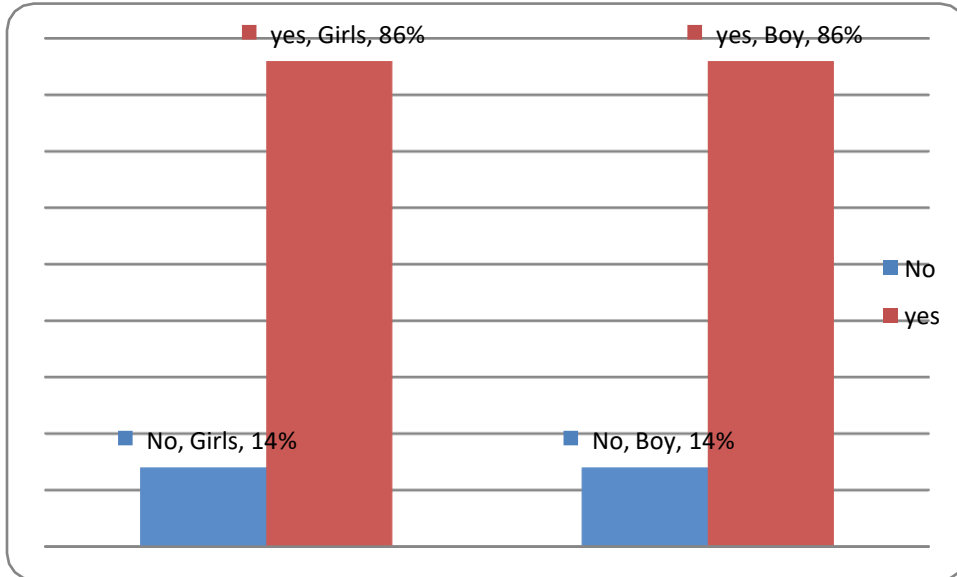


Figure 22: Is a rehabilitation centre useful

4.6.14 Ever seen peer taking DSA

The respondents were asked to indicate whether they have ever seen a peer taking DSA. Results in figure 23 revealed that majority 92% of the girls and 84% of the boys indicated yes they have ever seen a peer taking DSA and 8% of the girls and 16% of the boys indicated they have never seen a peer taking DSA.

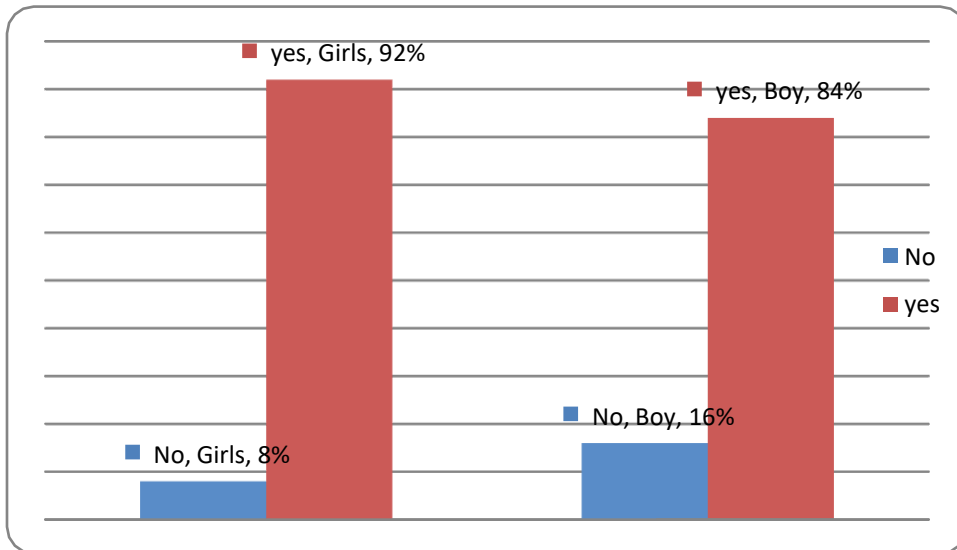


Figure 23: Ever seen peer taking DSA

4.6.15 Did you report the peer

The respondents were asked to indicate whether they reported the peer. Results in figure 24 revealed that majority 92% of the girls and 78% of the boys indicated no they did not the peer and 8% of the girls and 18% of the boys indicated not applicable and only 4% of the boys who reported their peer.

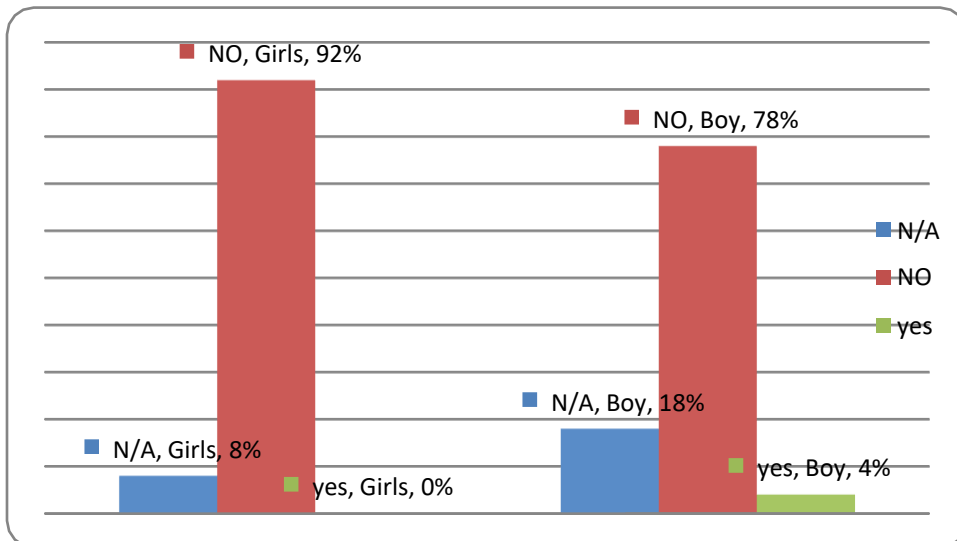


Figure 24: Did you report the peer

5.0 DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

Results further indicated that majority 44% of the girls were first born, while 34% were middle born and 22% were last born. In addition, majority 42% of the boys were middle born, while 30% were first born and 28% were last born.

One of the objectives of the study was to determine why the adolescents are prone to DSA and addiction. The respondents were asked to indicate the factors that lead the adolescents to the use of DSA. Results revealed that majority of the respondents indicated that peer pressure leads to usage of DSA,. A majority (62%) of the respondents indicated that family problems do not lead to usage of DSA while 38% of the respondents indicated family problems as a cause of usage of DSA. Only 15% of the respondents agreed that adjusting to studies leads to usage of DSA while 85% disagreed that adjusting to studies leads to usage of DSA. A majority (52%) of the respondents disagreed that negative media leads to usage of DSA while 82% of the respondents disagreed that other factors lead to usage of DSA.

The respondents were asked to indicate whether peer pressure is a cause of DSA addiction. Majority 92% of the girls and 94% of the boys indicated that peer pressure is a cause of DSA addiction. Results also indicated that majority 72% of the girls and 66% of the boys agreed that family environment contribute in a way to the involvement of DSA. Finally, results indicated that majority 64% of the girls and 68% of the boys disagreed with the statement that school environment encourages in any way the use of drug substance abuse by students.

The study sought to find out which drugs and substances are abused most by adolescents. Results indicated that majority (71%) of the respondents indicated alcohol as the most used, 33% of the respondents indicated cigarette, tobacco, nicotine and shisha, while 61% of the respondents indicated cocaine and coke as the most abused substances. A majority 81% of the respondents indicated bhang,marijuana, cannabhis, and harshish, while 22% indicated heroine, 20% indicated miraa and 10% of the respondents indicated others as the most abused substance by adolescents.

The study sought to establish the consequent effects of drugs and substance abuse. Results revealed that majority 91% of the respondents indicated they don't fight their peers most of the time both at home and at school, while 73% disagreed that they break most of the school rules, and 96% of the respondents disagreed that they have been sent home frequently for misconduct in school. In addition, 80% of the respondents indicated that they did not perform poorly in school, while 58% indicated that they did not feel depressed and 57% of the respondents did not have a big appetite.

Furthermore, results indicated that majority 81% of the respondents did not get red shot eyes once in a while, while 89% of the respondents disagreed that they experience nightmares and 66% disagreed that they experience anger outbursts. Majority 72% disagreed that they feel hatred toward other people, while 65% disagreed that they fight with parents or guardians on home rules and 68% of the respondents disagreed that they prefer being alone.

Eighty three percent of the respondents disagreed that they fall back to a substance of abuse when stressed, while 72% of the respondents disagreed that they use alcohol, 88% of the respondents disagreed that they have suicidal ideation and 84% of the respondents disagreed that they feel worthless.

The study sought to establish if the adolescent male are more prone to DSA than adolescent female. Results revealed that majority 80% of the respondents agreed that boys are more prone to DSA as compared to girls. Descriptive results revealed that boys had a higher mean of 0.72 on use of alcohol as compared to a mean of 0.70 for girls. On use of cigarette, tobacco, nicotine and shisha boys attracted a mean of 0.38 and girls attracted a mean of 0.28, while cocaine and coke attracted a mean score of 0.68 for girls and 0.54 for boys. Bhang, marijuana, cannabis and harshish attracted a mean score of 0.86 for both boys and girls, while heroine attracted a mean score of 0.22 for both boys and girls, miraa attracted a mean score of 0.22 for girls and 0.18 for girls and others attracted a mean score of 0.12 for girls and 0.08 for boys.

5.2 Conclusions

It was possible to conclude that there are various causes of DSA addiction. This includes peer pressure and family environment.

The study also concludes drugs and substances that are abused most by adolescents are alcohol, cigarette, tobacco, nicotine, shisha, cocaine, coke, bhang, marijuana, cannabis, and harshish.

The study also concludes that there is a strong relationship between DSA and STDs, HIV and unwanted pregnancy.

Finally, the study concludes that adolescent male is more prone to DSA than adolescent female.

5.3 Policy Recommendations

It was recommended that youths be engaged in youth programmes so that they may spread word of drug abuse to other fellow youths.

The study also recommended that parents and guardians to emphasize discussions with their children on drug issues so as to make them aware and know the effects of drug abuse.

It is also recommended that all schools to educate youths on use of drug abuse, effects and the consequences of drug abuse.

The study recommends that family based programs to reach families of children at each stage of development to be implemented and to train parents in behavior skills.

5.4 Suggested Areas of Further Research

Further study should be done on children and adults as the current study focused on teens aged between 14 to 19 years.

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