FACT SHEET

STATUS OF DRUGS AND SUBSTANCE ABUSE AMONG PRIMARY SCHOOL PUPILS IN KENYA

Introduction
The survey on the Status of Drugs and Substance Abuse among Primary School Pupils in Kenya was commissioned in June 2018. The survey covered 3,307 pupils from 177 primary school schools attending classes 5 – 8. Data was collected across 25 representative counties in Kenya.

Knowledge of drugs and substances of abuse among primary school pupils
Primary school pupils are fairly knowledgeable on the different drugs and substances of abuse.

Tobacco, alcohol and bhang/ cannabis were the most widely known drugs:
- 89.3% of primary school pupils were aware that tobacco is a drug;
- 83.8% of primary school pupils were aware that alcohol is a drug;
- 77.8% of primary school pupils were aware that bhang/ cannabis was a substance of abuse.

Availability of drugs and substances of abuse among primary school pupils
According to the survey findings, the most widely available drugs and substances of abuse mentioned by primary schools’ pupils were as follows:
- Tobacco (41.9%);
- Prescription drugs (27.8%);
- Alcohol (25.9%);
- Miraa/ muguka (23.1%)

Lifetime/ ever use of drugs and substances of abuse
- 20.2% of primary school pupils have ever used at least one drug or substance of abuse in their lifetime;
- 10.4% of primary school pupils have ever used prescription drugs in their lifetime;
- 7.2% of primary school pupils have ever used alcohol in their lifetime;
- 6.0% of primary school pupils have ever used tobacco in their lifetime;
- 3.7% of primary school pupils have ever used miraa/ muguka in their lifetime;
- 1.2% of primary school pupils have ever used bhang/ cannabis in their lifetime;
- Lifetime use of inhalants, heroin and cocaine among primary school pupils is less than 1%

Median age of onset of various drugs and substances of abuse
- The average median age of onset of at least one drug or substance of abuse is 11 years;
- The average lowest age of onset of at least one drug of abuse was 4 years;

Current use of drugs and substances of abuse (use in the last 30 days)
- 16.9% of primary school pupils are currently using at least one drug or substance of abuse;
- 7.2% of primary school pupils are currently using prescription drugs;
The common periods mentioned by primary school pupils when drugs are mostly abused include
school holidays (30.0%); on their way home from school (22.0%); during weekends at school (21.0%); and during inter-school competitions (20.0%).

Effects of drugs and substance abuse among primary school students
- Drugs or substance abuse was significantly associated with class repetition and decline in academic performance;
- Pupils who use at least one drug or substance of abuse are 18% more likely to repeat a class; and
- Drug and substance abuse was associated with a 6.4% decline in academic performance.

Risk factors for drugs and substance abuse among primary school pupils
- Parental role modeling: Primary school pupils from families where one or both parents/guardians were using drugs or substances of abuse were more likely to use drugs or substances of abuse;
- Peer pressure: Primary school pupils with knowledge of a friend or schoolmate who was using drugs or substances of abuse were more likely to use drugs or substances of abuse;
- Weak parental guidance and enforcement of laws: Primary school pupils who were accompanying parents to events where alcohol or any drug was being served were more likely to use drugs or substances of abuse;
- Availability and accessibility: Primary school pupils who reported that alcohol was available in their homes were more likely to use drugs or substances of abuse.
- Other risk factors include family conflicts; exposure to advertisements of drugs e.g. alcohol through mass media; negative role modeling by teachers; and existences of bars, shops or kiosks near schools.

RECOMMENDATIONS
Tackling drug and substance abuse in the country should include a comprehensive collaborative approach involving both state and non-state actors key among them NACADA, County Governments, Ministry of Health; Ministry of Education; parents and guardians.
1) Targeted interventions including sensitization on knowledge of drugs and substances of abuse and their potential harm and anti-smoking and anti-drinking attitudes should be entrenched at an early age especially at 4-11 years.

2) Sensitization on knowledge of drugs and substances of abuse and their potential harmful effects.

3) There is need to enhance the anti-smoking and anti-drinking attitudes especially at the lower grades of classes five and six – to counter their relatively higher admiration of users of drugs and substance of abuse.

4) Enhance efforts geared towards lowering access and availability of drugs and substances of abuse among pupils. This can be achieved through:
   a. Enforce guidelines on establishment/construction of structures (including business premises) near schools;
   b. Enforce ban on sale of cigarettes in single sticks;
   c. Sensitize parents/guardians on the risks of: keeping drugs at home; being accompanied to drug consumption facilities by underage children; and involving children in sale of drugs.

3. There is need to device programs to be commensurate with the median age for first time use of drugs and substances of abuse. Further, parents, school management, teachers and faith based programmes should be incorporated in such interventions.

4. There is need to strengthen lifeskills among children to promote abstinence and delaying of drugs and substance abuse and in particular the assertiveness and refusal skills.

In collaboration with other stakeholders, including the Ministry of Education, NACADA shall need to enhance or advocate for protective factors in primary schools through:
   a. Streamlining the policy environment in schools by promoting institutional based drugs and substance abuse prevention policies and initiatives; &

   b. Set up or kick start or support functional guidance and counselling departments with well trained teachers. This shall include provision of a counselling room and as well as establishment of sobriety clubs.