



POLICY BRIEF

NATIONAL SURVEY ON ADA AMONG SECONDARY SCHOOL STUDENTS IN KENYA

NO: 1/2017

Background

The National Authority for the Campaign Against ADA (NACADA) is a State Corporation in the Ministry of Interior and Coordination of National Government. It was established by the NACADA Act of 2012 (CAP 121B) of the Laws of Kenya to coordinate a multi-sectoral campaign to prevent, **control and mitigate** ADA in Kenya.

Purpose of the Brief

The Authority carried out a National Survey on ADA (ADA) in Secondary Schools to find out the perceptions, attitudes, prevalence and risk factors in relation to use alcohol and other substances and also sought information on the environment in which alcohol and drug use behaviours occur with a view to recommending strategies for addressing the situation in collaboration with its partners.

Methodology of the study

The study was drawn from a sample of students from 10 stratified regions across the country i.e. Nairobi, Central, Lower Eastern, Upper Eastern, North Eastern, Coast, Upper Rift, Lower Rift, Nyanza and Western. A total of 3,908 students (60% male and 40% female) from 77 randomly sampled schools were interviewed using a sampling frame of schools registered with the Ministry of Education, Science and Technology. The schools were categorized into National, County and Sub-County and into boys, girls, mixed boarding and mixed day, using a questionnaire, directly linked to the study objectives. In-depth interviews were also conducted with either the principals/deputy principals or guidance and counselling teachers of selected schools.

Key findings

80% of the students were able to identify bhang, alcohol, cigarettes, cocaine, heroin, inhalants, mandrax and *khat* as drugs. Of these, the three most readily available in schools are cigarettes, alcohol and *khat*.

- ☛ 72.8% of the students think it's possible for a student to use drugs without their teachers' knowledge.
- ☛ 71.3% agreed that students are likely to initiate ADA in schools, while 69.1% thought students have a role to play in the supply of alcohol and drugs in schools.
- ☛ The majority agree the school environment could provide opportunities for initiation of alcohol and other drug use and abuse.
- ☛ The home environment is an important risk factor for initiating alcohol and drugs among the students at 14.5% followed by occasions such weddings or parties (7.9%) and in pubs (4.1%). A high proportion of students reported accessing prescription drugs within the school.

Among the top four reported substances that *schoolmates* and *friends* reported using include:

- ☛ Alcohol (41.4%; 40.1%),
- ☛ *Khat* (34.1%; 32.6%),
- ☛ Cigarettes (31%; 27.5%) and
- ☛ Prescription drugs (30%; 27.6%)

Followed by:

- ☛ chewed tobacco,
- ☛ shisha, kuber and
- ☛ sniffed tobacco

The least mentioned drugs and substances of abuse were:

- ☛ Rohypnol,
- ☛ Heroin,
- ☛ Mandrax,
- ☛ Cocaine and
- ☛ Inhalants.

The study reported that alcohol and drugs are more likely to be used during:

- ☛ School holidays (48.5%)
- ☛ On their way home from school (35.1%).
- ☛ School weekends (30.4%).
- ☛ Inter-school meetings (27.8%),
- ☛ School outings (27.3%),
- ☛ Entertainment in school (24.4%),
- ☛ Games (23.7%) and
- ☛ School trips (21.8%).

The report indicated that the most common sources of alcohol and drugs was from:

- ☛ Friends (32.2%),
- ☛ Carried from home (29.3%),
- ☛ Bought from other students (25.7%),
- ☛ Bought from a bar near school (22%)
- ☛ Local brew den (19.1%).
- ☛ Kiosks or shops near school (16.9%),
- ☛ Relatives (16.7%),
- ☛ Supermarkets (11.3%),
- ☛ Non-teaching school workers (7.4%),

- ☛ Parents (5.3%),
- ☛ Teachers (4.8%) and
- ☛ School canteen (3.9%).

The study indicated the age of initiation into drug use is between 13 to 15 years (transition from primary to secondary school) and the type of drugs as:

- ☛ Prescription drugs and inhalants - 13 years
- ☛ Alcohol, *khat/miraa*, tobacco and heroin - 14 years;
- ☛ Cocaine - 14.5 years
- ☛ Bhang at 15 years.

The most abused substance by students is:

- ☛ Alcohol (23.4%)
- ☛ *Khat/ miraa* (17.0%),
- ☛ Prescription drugs (16.1%),
- ☛ Tobacco (14.5%),
- ☛ Bhang (7.5%),
- ☛ Inhalants (2.3%),
- ☛ Heroin 1.2% and
- ☛ Cocaine (1.1%).

The commonly ever used tobacco products in a student's lifetime include:

- ☛ Cigarettes 9.2% (199,778 students),
- ☛ *Shisha* 6.2% (134,633 students),
- ☛ Chewed tobacco 3.9% (84,689 students),
- ☛ *Kuber* 3.9% (84,689 students)
- ☛ Sniffed tobacco 3.0% (65,145 students);
- ☛ Prescription drugs including sleeping pills 15.5% (336,583 students),
- ☛ *Mandrax* 1.0% (21,715 students) and
- ☛ *Rohypnol* 0.6% (13,029 students).

The most commonly used drugs in the last six months prior to the study are:

- ☛ Alcohol (9.3%)
- ☛ Prescription drugs (6.8%),
- ☛ *Khat/ miraa* (5.9%),
- ☛ Bhang (3.7%),
- ☛ Inhalants (0.8%),
- ☛ Heroin 0.4%, and
- ☛ Cocaine 0.4%;

The most commonly used tobacco products in the last six (6) months prior to the study include:

- ☛ Cigarettes 3.1% (67,317 students),
- ☛ Shisha 2.9% (62,974 students),
- ☛ Kuber 1.7% (36,916 students),
- ☛ Chewed tobacco 1.5% (32,573 students) and
- ☛ Sniffed tobacco 1.3% (28,230 students).

The most commonly used prescription drugs in the last six (6) months include

- ☛ sleeping pills 6.4% (138,976 students),
- ☛ mandrax 0.4% (8,686 students) and
- ☛ rohypnol 0.3% (6,515 students).

Most commonly used substance of abuse by students in the last 30 days (i.e. current use) are:

- ☛ Alcohol (3.8%)
- ☛ Prescription drugs (3.6%),
- ☛ Khat/ miraa (2.6%),
- ☛ Bhang (1.8%),
- ☛ Inhalants (0.6%),
- ☛ Heroin (0.2%) and
- ☛ Cocaine (0.2%)

The commonly used tobacco products in the last 30 days (current use) include:

- ☛ Cigarettes 1.6% (34,744 students),
- ☛ Shisha 1.1% (23,887 students),
- ☛ Kuber 1.0% (21,715 students),
- ☛ Chewed tobacco 0.8% (17,372 students) and
- ☛ Sniffed tobacco 0.7% (15,201 students),

Current use of prescription drugs in the last 30 days include:

- ☛ Sleeping pills 3.4% (73,831 students),
- ☛ Mandrax 0.3% (6,515 students) and
- ☛ Rohypnol 0.1% (2,172 students).

The study indicated the following top five as the most easily accessed substances:

- ☛ Prescription drugs (36.8%),
- ☛ Alcohol (32.4%),
- ☛ Cigarettes (32.2%),
- ☛ Khat (29.6%) and

- ☛ Bhang (22.8%)

Rohypnol (5.8%), mandrax (6.5%), cocaine (6.9%), and heroin (7.5%) are less likely to be accessed while at school.

The risk factors the study identified as associated with ADA among secondary school students in the last six months of the study among secondary school students are:

- ☛ Being male,
- ☛ Being in a school with all male students (e.g. boys boarding or boys day);
- ☛ Being in Form 3 or Form 4 (the risk increased with increase in number of years in the school);
- ☛ Low frequency of inspection;
- ☛ Schooling in Lower Eastern, Central or Upper Eastern;
- ☛ Living with a single parent who is a father;
- ☛ Not being an active member of a religious group or club;
- ☛ Having a high amount of pocket money;
- ☛ Having a family member or friend using alcohol or other drugs;
- ☛ Knowledge of a schoolmate using alcohol or other drugs; and lack of awareness that alcohol and drugs are detrimental to academic performance respectively.

Strategies suggested for dealing with students found with drugs and other substances of abuse in schools included:

- ☛ Guidance and counselling;
- ☛ Suspension or expulsion from school; and
- ☛ Summoning of parents to school.

Less frequently mentioned was:

- ☛ The use of police,
- ☛ Punishment without suspension and
- ☛ Referral for treatment or rehabilitation.

The study found most schools lack of a pro-active strategy to deal with alcohol and drugs. Guidance and counselling teachers only get involved when cases of ADA are reported.

Recommendations

Based on the survey findings, the following recommendations are made:

1. The school-home continuum presents an axis along which adolescent's transit into adulthood in society. Nine in ten of the students are in secondary school during their teenage years. Creating a multi-pronged approach to tackling ADA in the school environment will maximize effective use of resources. Therefore, NACADA should strengthen collaboration with partners to support youth in schools through innovative and evidence based preventive approaches.

2. Most of the students pointed to the need for information on effects of drugs and other substances of abuse. Having curriculum in place would be critical to facilitate the equipping of students with the relevant knowledge on drugs and other substances of abuse. NACADA should therefore work with relevant stakeholders to put up a curriculum that also encompasses the other aspects of life skills training.
3. The guidance and counseling teachers reported training needs on issues of alcohol and other drugs of abuse. They reported that they are not well equipped to handle the cases of ADA and therefore they are ill prepared to guide and counsel students. NACADA in collaboration with the Ministry of Education, Science and Technology should support in the provision of the relevant training to guidance and counseling teachers to empower them to deal with the emerging challenges of ADA.
4. The survey also established that the guidance and counseling teachers work within a time-constrained environment due to other competing demands and responsibilities such as covering the prescribed syllabus of other subjects that they teach. The Ministry of Education, Science and Technology, Teachers Services Commission (TSC) and KICD should address the issue of overloading guidance and counseling teachers in order to improve the quality of the services that they provide.
5. The preference of abusing prescription drugs as an emerging “high” of choice among students in secondary schools is without a doubt unusual and disturbing. Thus, the teachers and parents should be extra cautious with the students because they may be abusing these drugs without their knowledge. Further, strict controls and enforcement of legislations on access to prescription drugs by the Pharmacy and Poisons Board should be enhanced
6. Lastly, NACADA should support secondary schools to come up with school-based ADA policies that holistically address the aspects of promoting drug free environments within the school; early identification of students with drugs and substances of abuse problems; focus on extra-curricular activities; and evidence based preventive strategies of dealing with cases of drugs and substance abuse in schools.