



The National Campaign Against Drug Abuse Authority

“Promotion of Evidence-Based Campaign”

*National Alcohol and Drug Abuse Research Workshop
2011 Report*

Held at the Kenya Institute of Administration
On 29th and 30th March 2011

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FOREWORD

The Drugs and Substance Abuse Workshop provided the participants an opportunity to review, comment and identify research gaps in drugs and substance abuse issues. Participants proposed ways of enhancing drugs and substance abuse research in the country to promote a campaign that is evidence-based.

The research content of the workshop was built from responses by drug and substance abuse researchers who volunteered their papers. The papers were reviewed within alcohol and drugs themes and qualified for presentation at the workshop.

Research findings presentations both in plenary and thematic break away sessions provided opportune for deliberations, building consensus on action points and recommendations for future research.

Participants included researchers, academicians, Ministries, lawyers, faith based organizations (FBOs), journalists and representatives of non-governmental organizations (NGOs).

ACKNOWLEDGEMENTS

This research workshop was the culmination of efforts by NACADA Staff. Their dedication to workshop processes is highly acknowledged. Successful convening of the Workshop would not have been possible without the able leadership of NACADA Ag. National Coordinator/CEO Mr. Aggrey Busena, the Senior Programme Manger Mr. John Muturi and the M&E/Research Unit Head Mr. Mugambi Mwirichia whose role is equally acknowledged.

The technical assistance provided by Mr. Peter Koome and Mr. Morris Kamenderi is acknowledged.

Lastly, the authority recognizes the dedication of presenters for their liberty to share their knowledge and findings. More than one hundred participants graced the workshop making it a great success for NACADA and the country.

LIST OF ABBREVIATIONS

ADA	Alcohol and Drug Abuse
AIDS	Acquired Immunodeficiency Syndrome
FGD	Focus Group Discussion
GDP	Gross Domestic Product
HIV	Human Immune Virus
IDU	Injecting Drug Use
KGGA	Kenya Girl Guide Association
NACADA	National Campaign Against Drug Abuse (Authority)
NALEP	National Agriculture and Livestock Extension Programme
PASW	Predictive Analytic Software
SPSS	Statistical Package for Social Sciences
SUD	Substance Use Disorder
UNODC	United Nations Office on Drugs and Crime
US	United States (of America)
USK	Undugu Society of Kenya
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

1.1 Background

The National Workshop on Alcohol Drug and Substances Abuse Research was the first of its kind to be convened by the National Campaign Against Drug Abuse Authority and its **theme was “Promoting Evidence-Based Campaign”**. The Authority is a State Corporation established through Legal Notice Number 140 of June 2007 to coordinate public education and awareness campaign against alcohol and drug abuse in Kenya. The **objectives, as per the NACADA Authority’s 2009-2014 Strategic Plan**, are: to strengthen the capacity of NACADA Authority to coordinate the campaign against alcohol and drug abuse in Kenya; to develop a comprehensive prevention program for alcohol and drug abuse with a focus on demand reduction; to strengthen control mechanisms for alcohol and drug abuse focusing on supply suppression; to ensure quality treatment and rehabilitation for persons with substance use disorder (SUD); to undertake quality research on alcohol and drug abuse in Kenya to guide policies and programmes; and to strengthen inter-sectoral coordination and collaboration.

The Workshop was held on 29th and 30th March 2011 at the Kenya Institute of Administration (KIA) and sought to share ADA research findings and policy implications with scholars, policy makers and practitioners in the campaign against alcohol and drug abuse. The Workshop was attended by researchers from public and private universities, government institutions, and civil society organizations as well as independent researchers. The full list of participants is presented in Annex 1.

This report of the National Workshop on Alcohol and Drug Abuse Research is divided into three chapters. Chapter 1 covers the background of the Workshop while Chapter 2 documents the main presentations. Chapter 3 concludes the Workshop proceedings by focusing on identified research gaps and recommendations for advancing alcohol and drug abuse research in Kenya. List of participants, Workshop programme and summaries of studies presented are appended in the Annex section.

1.2 Objectives of the Workshop

The overall goal of the Workshop on ADA was to create a forum for knowledge sharing and articulation of strategies for advancing ADA research in the country. To achieve this aim, the Workshop sought to:

- i) Document the status of ADA research in Kenya;
- ii) Identify research gaps in ADA research;
- iii) Propose a strategy for advancing ADA research in the country.

1.3 Workshop organization

The Workshop was organized by the National Campaign Against Drug Abuse Authority with technical assistance of two consultants. The following is a summary of the activities undertaken in convening the meeting:

- i) Circulation of a call for abstracts;
- ii) Review of submitted abstracts based on a set criterion to ensure scientific quality and relevance to the campaign against drug abuse;
- iii) Selection of research papers and liaison with presenters;
- iv) Invitation to attend the Workshop;
- v) Convening of the Workshop.

1.4 Introductory remarks and official opening of the Workshop

In his introductory remarks, **NACADA Authority's National Coordinator expounded on the role of the Authority in the campaign against drug abuse as defined in the Authority's mandate and what the Authority had achieved in the campaign against alcohol and drug abuse as well as the need for evidence-based programming.** He noted that research on drugs and substance abuse has been undertaken over the years. The gap was to make better use of research findings through targeted dissemination to policy makers and development agencies for evidence based programming. He reiterated the need for a system for sharing information and data among the various players in the fight against drug abuse.

In her opening remarks the representative of the World Health Organization (WHO) noted that the people who die from alcohol and drug abuse are 75 percent in developing countries. While acknowledging that Kenya started the fight against alcohol and drug abuse when the problem was already entrenched in the society, she held the **opinion that "It is better late than never". She informed the workshop that WHO has a strategy for drug and substance abuse control and promised to work closely with the Government of Kenya to ensure policies on ADA are in place.**

Similar opening views were expressed by a representative of the US Embassy in Nairobi, **who assured the Workshop of the US government's support to Kenya in the fight against drugs.** In addition, Kenya could learn a lot from the US because the latter has been fighting against drugs for a much longer period and has in the process accumulated enormous experiences which Kenya could borrow.

The representative of the Authority's Board of Directors reiterated that the country is faced with a serious drug abuse and challenged participants to ensure that research findings are implemented.

The National Workshop on Alcohol and Drug Abuse Research was officially opened by a representative of the Permanent Secretary (PS) in the Office of the President under which NACADA falls. The PS speech highlighted the linkages between security and drug

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abuse and the role of research in prevention, control and mitigation of drug abuse. The speaker expressed his conviction that the workshop would document what is currently known about alcohol and drug abuse in Kenya and the gaps there in, and, subsequently chart the way in ADA research in the country. The full speech by the Chief Guest is presented in Annex 4.

In his remarks, the Chairman of the Authority's Board of Directors noted that the Government is keen on implementing the findings of scientific research as reflected in the dramatic cutting off of drug supply in the Coastal region of Kenya experienced in the recent past. Drug abuse has many causative factors and the main ones in initiation and habituation of drug abuse in the Coast is idleness and unemployment. Given that drug abusers are keen on quitting their dangerous habits, the country needs to be dynamic and embrace new technologies such as heroin substitution therapy using methadone, which have been found to be effective in the fight against drugs.

CHAPTER 2: MAIN PRESENTATIONS

The research papers were presented in the plenary as well as in breakaway groups. In total, 8 papers were presented in the plenary and 12 papers were presented in breakaway groups. As part of climate setting, NACADA Authority presented an overview of the global situation on drug abuse as documented by the United Nations Office on Drugs and Crime (UNODC) as well as highlights of alcohol and drug abuse in Coast Province based on a study by NACADA Authority. The two presentations aptly captured the fact that alcohol and drug abuse is a global problem and that Kenya too faces the same challenge especially at the coast line. This perspective was emphasized further in a presentation by the National Coordinator and Chief Executive Officer (CEO) of NACADA Authority which gave an overview of ADA situation in Kenya. The key message of the presentation was that alcohol and drug abuse is increasing in the country, new drugs are coming up, and there are serious challenges in the realm of drug treatment and rehabilitation that need consulted and collaborative intervention.

The following section summarizes the papers according to thematic areas under which they fell¹. It should be noted here that only key issues arising from the discussions are presented because actual summaries of the presentations are appended in Annex 3.

2.1 Thematic area 1: Magnitude and patterns of alcohol and drug abuse

In this thematic area, seven papers were presented:

1. Coast Province Drug and Substance Abuse Survey
2. A rapid situation Assessment of socio-demographic, Behavior risk characteristics, **HIV Status of IDU'S in Mombasa County**
3. Incidence/ Prevalence of Glue and other Inhalants
4. Illicit Brew Consumption in Households in Kenya: Extent, Influence on Socio-Economic Status and Intervention
5. Study on the Impact of Drugs, Alcohol and other Substances Abuse on Food Security and Nutrition in the Agricultural Sector in Kenya
6. Alcohol Use in Central Province of Kenya
7. Alcohol Abuse and HIV Infection in Nairobi Survey

2.1.1 Emerging issues

Under the first thematic area on magnitude and patterns of alcohol and drug abuse, the following emerging issues were noted:

- Health care workers are subjecting themselves to drugs
- Most of the IDUs are educated people
- The government was not vigilant on prescription drugs especially rohypnol and valium

¹ Papers presented in plenary are also discussed under relevant thematic areas.

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- NACADA Authority should follow-up on the task force established to streamline prescription drugs in the country
- Corruption is a set back to the implementation of the Alcoholic Drinks Control Act, 2010
- Supply of glue is not regulated making it very accessible to the street children
- There is lack of operational research on demand/ harm reduction interventions
- There is need to promote needle exchange program among IDUs
- There is no policy in place on abuse of prescription drugs
- Mainstreaming ADA curriculum in the Universities is essential
- There is need for NACADA to incorporate health care workers in their campaigns

2.2 Thematic area 2: Trends of Youth Alcohol and Drug Abuse

In this thematic area, five papers were presented:

1. Effect of Drug and Substance Abuse on the Lives of the Youths in Mombasa County
2. Baseline Survey on Alcohol Consumption among Students in High Schools around Nairobi, Kenya
3. Role of School Environment in Alcohol and Drug Abuse among Students: Evidence from Public Secondary School Students in Nairobi
4. National Survey on ADA among Students in Secondary Schools
5. Baseline Survey on Alcohol Consumption amongst Youth in and out of Schools in Kenya

2.2.1 Emerging issues

Under the second thematic area on trends of youth alcohol and drug abuse, the following emerging issues were noted:

- There are contradicting laws/ lapse on existing laws in Kenya. E.g. there is fighting against alcohol and yet advertisement on the same is not regulated.
- ADA has not yet been recognized as a major threat/ disaster in this country and yet it is causing more deaths than HIV and AIDS and TB.
- There is need for harmonization of laws as well as enforcement of existing ones (e.g. alcohol adverts).
- It is evident that **the students don't link HIV and AIDS to drug use/** abuse.
- Miraa is not considered as a drug in Kenya, thus making it very acceptable in the society.
- There is a new emerging drug called “**shisha**”; a **flavoured tobacco** which is very common with the youth.

2.3 Thematic area 3: Alcohol and drug abuse and its effect on the family

In this thematic area, four papers were presented:

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1. Alcohol Use and Performance of Gender Roles and Gender Role Socialization among Selected Rural Communities in Kenya
2. Relationship between Drug Abuse and Domestic Violence in Luanda Division of Emuhaya District, Kenya
3. The Impact of Alcohol on the Family: A Study among Individuals Abusing Alcohol in **Kangemi's Informal Settlement, Nairobi, Kenya**
4. Relationship between Alcoholism & Family Cohesion

2.3.1 Emerging issues

Under the third thematic area on alcohol and drug abuse and its effect on the family, the following emerging issues were noted:

- There is high level of alcohol addiction in the rural areas
- Boys are missing out on being taught crucial male gender roles by their fathers who themselves are not undertaking them as expected because they are always drunk
- The wives are shouldering the responsibilities of their daily drinking spouses
- The age of initiating alcohol use is between 11 – 20 years
- Effects of alcohol use are real with domestic violence and divorce topping the list
- Alcohol and bhang were established to be having the strongest effect on domestic violence
- No special facilities exist for treatment and rehabilitation of drug abusers and the division has few demand reduction programmes.
- Majority households in rural areas are female-headed due to males over-indulgence in alcoholism
- In most households in rural areas, women bare the burden of raising up their **children due to their husband's involvement in alcohol**
- Children of alcoholics do not attain higher education with a big proportion not completing or going beyond primary school

2.4 Thematic area 4: Best practices in alcohol and drug abuse control, treatment and rehabilitation

In this thematic area, three papers were presented:

1. A Survey of Factors in Relapse among Alcoholics in Selected Rehabilitation Centres in Nairobi, Kenya
2. Institutional Approaches to the Prevention and Reduction of Substance use and Abuse in Secondary Schools in Kikuyu Division
3. **Findings of Alcohol and Drug Users Utilizing NACADA Authority's Helpline Service**

2.4.1 Emerging issues

Under the fourth thematic area on best practices in alcohol and drug abuse control, treatment and rehabilitation, the following emerging issues were noted:

- There is need for a paradigm shift towards interventions that support the addicts
- The community is not empowered to support relapses
- Follow-up and after care of recovering addicts need to be investigated
- Guidance and counseling departments in primary schools are very weak
- Teachers have opposing views between strict and friendly approaches in controlling ADA in schools
- The rural communities are disadvantaged in terms of treatment and rehabilitation facilities for dependent persons

2.5 Alcoholic Drinks Control Act, 2010

One paper was presented in this session:

1. Alcoholic Drinks Control Act, 2010: Research Needs to Support the Implementation and Enforcement

2.5.1 Emerging issues

The following emerging issues related to the Alcoholic Drinks Control Act, 2010 were identified:

- Given the high cost of rehabilitation, majority would not afford compulsory rehabilitation after being convicted more than three times for being drunk and disorderly
- The Government should be vigilant on innovative alcohol promotions and advertisements
- **The Government's allocation for research is very limited**

CHAPTER 3: SUMMARY OF RESEARCH GAPS AND RECOMMENDATIONS FOR ADVANCING ADA RESEARCH IN KENYA

3.1 Summary of research gaps

This section outlines the research gaps resulting from the deliberations of the workshop and they are presented according to the different thematic areas.

3.1.1 Magnitude and patterns of alcohol and drug abuse

- What is the prevalence and patterns of ADA among University students?
- What is the magnitude of alcohol and drug abuse among persons with disability?
- What is the extent of amphetamine use in the country?
- Relationship between ADA and HIV: does ADA lead to HIV or does HIV infection lead to ADA?
- What is the prevalence and causes of ADA among the disciplined forces?
- What are the protective factors cushioning against ADA in the general population?
- What is the relationship between ADA and reproductive health?
- What is the socio-economic impact of alcohol on rural communities?
- Miraa use: why is miraa becoming a drug of choice among the young people?

3.1.2 Trends of Youth Alcohol and Drug Abuse

- Why alcohol consumption is higher in boarding schools than in day schools?
- What is the relationship between use of alcohol and drugs and mentorship? An evaluation of skills training should be carried out to assess impact
- What is the impact of the Alcoholic Drinks Control Act, 2010 on alcohol consumption in the homes?
- What is the role of support staff in peddling alcohol and drugs to students?

3.1.3 Alcohol and drug abuse and its effect on the family

- What is the impact of alcohol abuse on the rate of school attendance in Nyeri County?
- How do women respond to absentee husbands lost to alcoholism?
- Which are the protective factors cushioning boys from imitating their fathers who abuse alcohol?
- Relationship between poverty and alcohol abuse: does poverty lead to alcohol abuse or does alcohol abuse lead to poverty?
- What is the extent and patterns of alcohol and substance use in Luanda division?
- What is the relationship and impact of drug use on mental illness in Luanda division?
- What is the effect of the Alcoholic Drinks Control Act 2010 on alcoholism?
- Which are the factors moderating the effects of parental alcoholism for children and family functioning?

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- What is the effectiveness of current ADA interventions in the country?
- What is the role of the church in prevention and control of substance abuse?

3.1.4 Best Practices in Control, Treatment and Rehabilitation

- How do different facilities and different treatment models impact relapse rates?
- Are the existing treatment facilities friendly to women and the youth?
- What is the effectiveness of current treatment models among dependent persons?
- What is the impact of employee assistance programmes in the prevention and control of ADA?
- Which traditional methods do societies use to deal with ADA dependent persons in the country?

3.1.5 Alcoholic Drinks Control Act, 2010: Research needs to support the implementation and enforcement

For effective and evidence based enforcement and implementation of the Alcoholic Drinks Control Act, 2010 research is vital. Various research gaps were identified under each section of the Act. The key research gaps are presented below:

- What is the influence of local communities on licensing of alcoholic drinks selling outlets in their localities?
- What are the trends on alcohol consumption in the country?
- What are the drinking patterns and levels of intoxication among the underage and young adults?
- What is the extent of consumption of alcoholic drinks in public settings vis-à-vis private settings?
- What is the impact of culture and social context in consumption of alcoholic drinks among the underage?
- Which are the most effective approaches and strategies for control of alcoholic drinks consumption by underage?
- What is the impact of controlling access and availability of alcoholic drinks (densities of outlets and prohibition of licensing outlets in residential areas)?
- What is the impact of controlling licensing (operating) hours in reduction of excessive consumption of alcohol?
- What is the impact of excessive consumption of alcoholic drinks on cost of health care?
- What are the effects of alcohol advertisement content on under age and young adults?
- What are the trends and patterns of manufacture of sub-standard or adulterated alcoholic drinks?
- What are the trends and patterns of smuggling of alcoholic drinks from neighboring countries?

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- What is the level of awareness among the law enforcement officers on the requirements under the Act?
- What is the impact of education and awareness on consumption of alcoholic drinks by underage?

From the presentations and deliberations by participants in the two-day Workshop, numerous opportunities for future research are evident. There is need for NACADA Authority to share these research gaps with institutions of higher learning and other research organizations as a strategy to spur ADA research in the country. This would also create interest and demand for ADA research among students.

3.2 Recommendations for advancing ADA research in Kenya

This section summarizes the recommendations for advancing ADA research in Kenya as presented in the Workshop.

3.1.1 Peer reviewed journal of ADA in Kenya

There is need to establish a peer reviewed or professional journal on ADA for the country. The journal will serve as a great avenue for information sharing and improving the quality of ADA research.

3.1.2 Structures for advancement of ADA research

Participants recommended the setting up of a National ADA Research Advisory Council, which should be housed and led by NACADA Authority to regularly review emerging knowledge on ADA in the country and to advise all players including the Government on all ADA issues. With the leadership of the Authority, the committee can be very instrumental in policy formulation and review. The Authority also need to strengthen the capacity of the Research component to be able to offer the necessary research leadership on issues related to alcohol, drugs and substance abuse in the country.

3.1.3 Media involvement in the campaign including reporting of ADA findings

It was felt that a strategy needs to be put in place to guide involvement of the media in the campaign against alcohol and drug abuse in the country. The strategy should also cover training of reporters to report ADA issues accurately and to make ADA issues news worth. Editors should be sensitized to make them understand the importance of ADA issues and to ensure accurate and wide reporting.

3.1.4 Regular information sharing forums

It was suggested that NACADA Authority should consider holding National Workshops on ADA research annually to enable all players to know the current status of ADA knowledge and gaps as well as best practices in ADA programming. Another outcome of the meetings was a databank of researches and their authors.

3.1.5 Collaboration and networking

There is a great need to establish mechanisms for collaborative research ventures to improve quality, promote knowledge transfer, and avoid duplication of efforts. Such an approach has great potential to attract funding and technical support from national and international agencies. National and international student exchange programmes should also be considered.

3.1.6 Funding for ADA research

Participants agreed that there is need for stakeholders to explore non-traditional sources of funding for ADA research, that is, other sources beyond the government, and that NACADA Authority should take a lead role in this area.

3.1.7 Utilization of research findings

NACADA Authority was asked to spearhead utilization of research findings. This can be done by regularly updating all players such as youth groups and civil society organizations on new ADA information or knowledge in the country.

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4.0 ANNEXES

Annex 1: List of participants

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Annex 2: Workshop programme

DAY 1: TUESDAY 29 TH , MARCH 2011				
8:00am - 8:30am	Arrival and Registration (Guests to be seated by 8:30am)			
8:30am - 9:00am	Climate Setting & Objectives – Z. Wekesa			
9:00 - 9:45am	Global situation on Drug and Substance Abuse – Mr Muturi			
9:45am – 10:30pm	Coast Province Drug and Substance Abuse Survey Presenter: Z. Wekesa			
10:30am -11:00am	TEA BREAK			
11:00am - 11:45	Opening Ceremony <ul style="list-style-type: none"> Remarks from the National Coordinator Remarks from the NACADA Authority Board Chairman Official Opening by Permanent Secretary Prov. Admin & Internal Security Chair: Mr. Muturi			
	Overview of Drug and Substance Abuse Situation in Kenya Mr. Aggrey Busena – NC/CEO NACADA Authority			
12: 15pm – 1:00pm	Study on the Impact of Drugs, Alcohol and other Substances Abuse on Food Security and Nutrition in the Agricultural Sector in Kenya Presenter: Rosemary Magambo			
1:00pm - 2:00pm	LUNCH BREAK			
THEMATIC AREAS	Sub – Theme 1: Magnitude and Patterns of Alcohol and Drug Abuse Sub – Theme 2: Trends of Youth Alcohol and Drug Abuse Sub – Theme 3: Alcohol and Drug Abuse and its Effect on the Family Sub – Theme 4: Best Practices in Control, Treatment and Rehabilitation			
THEMATIC PRESENTATIONS				
2:00pm – 4:15pm	Sub – Theme 1: Chair: Z. Wekesa Sec: C. Njoka	Sub- Theme 2: Chair: P. Koome Sec: A. Mwangi	Sub-Theme 3: Chair: F. Mwikali Sec: A. Githui	Sub-Theme 4: Chair: Rev. Gachoka Sec: L. Noah
Presentation 1 (45min)	A rapid situation assessment of socio-demographic, behavior risk characteristics, HIV Status of IDU’S in Mombasa County. Presenter: Dr. Timothy Mugusia	Effect of Drug and Substance Abuse on the Lives of the Youths in Mombasa County Presenter: Umi Mtoya Kugula	Alcohol use and performance of gender roles and gender role socialization among selected rural communities in Kenya Presenter: Dr. Beatrice Kathungu	A Survey of factors in relapse among alcoholics in selected rehabilitation centers in Nairobi, Kenya Presenter: Julia Birgen

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DAY 1: TUESDAY 29 TH , MARCH 2011				
Presentation 2 (45min)	Incidence/ Prevalence of Glue and other Inhalants Presenter: Garnet Maina	Baseline Survey on Alcohol Consumption among Students in High Schools around Nairobi, Kenya Presenters: Moses Waweru/Joyce Njeri	Relationship between Drug Abuse and Domestic Violence in Luanda Division of Emuhaya District, Kenya Presenter: Lydia Atetwe	Institutional Approaches to the Prevention and Reduction of Substance use and Abuse in Secondary Schools in Kikuyu Division Presenter: Murehia Milliam
Presentation 3 (45min)	Illicit Brew Consumption in Households in Kenya: Extent, Influence on Socio-Economic Status and Intervention Presenter: Ruth N. Simiyu	Role of School Environment in Alcohol and Drug Abuse among Students: Evidence from Public Secondary School Students in Nairobi Presenter: P. Koome	The Impact of Alcohol on the Family: A Study among Individuals Abusing Alcohol in Kangemi's Informal Settlement , Nairobi, Kenya Presenter: Dr. Bowen/Miswazeddie J	Findings on Alcohol and Drug Users Utilizing NACADA Authority's Helpline Service Presenter: Presenter: C. Kimui
TEA BREAK & END OF DAY ONE				
DAY2: WEDNESDAY 30 TH , MARCH 2011				
8:00am - 8:30am	Arrival and Registration (Guests to be seated by 8:30am) Chair: F. Mwirichia			
8:30am - 10:00am	National Baseline Survey on Alcohol and Substance Abuse in Learning Institutions – Ministry of Education			
10:00am -10:30am	TEA BREAK			
10:30 - 11:45pm	Alcohol Abuse and HIV Infection in Nairobi Survey Presenter: Prof I. Nyamongo			
11:45 – 1:00pm	Alcoholic Drinks Control Act, 2010: Research Needs to support the Implementation and Enforcement Presenter: K. Wachira			
1:00pm - 2:00pm	LUNCH BREAK			
THEMATIC PRESENTATIONS				
2:00pm – 2:45pm	Alcohol Use in Central Province of Kenya Presenter: Dr K. Kiemo			
2:45pm – 3:15pm	Baseline Survey on Alcohol Consumption amongst Youth in and out of Schools in Kenya Presenter: Jane Mbugua/ Dorothy Atieno			
3:15pm – 4:00pm	Relationship between Alcoholism & Family Cohesion. Presenter: Alice Mwangi			
4:00 - 4:30pm	Recommendations for further Research Action Points and Way Forward Chair: P. Koome/M. Kamenderi			
4:30pm- 5:50pm	Closing Ceremony <ul style="list-style-type: none"> Closing Remarks: Mr. Aggrey Busena – NC/CEO NACADA Authority 			
TEA BREAK AND DEPARTURE				

Annex 3: Summary of papers

1. COAST PROVINCE DRUG AND SUBSTANCE ABUSE BASELINE SURVEY

NACADA Authority

BACKGROUND

Globally, the UNODC estimates that between 155 and 250 million people (3.5% - 5.7% of the population aged 15-64) used illicit substances at least once in 2008. Consequently it **is estimated that there were between 16 and 38 million 'problem drug users' in the world the same year.** While drug use has stabilized in the developed world, there are signs of an increase in drug use in the developing countries. According to NACADA Authority, 2007 study, 14.2% of the Kenyan population aged 15-65 is currently consuming alcohol, miraa (5.5%), bhang (1%), cocaine (0.2%) and heroin (0.1%) in the country.

PROBLEM STATEMENT

In recent times, the region has received unparalleled media coverage with stories and documentaries on drug use and abuse, highlighting what looks to be a deep-rooted problem. Besides, the strategic geographic location of the region and the fact that it serves as the port of entry for East and Central Africa makes it a major transit for illicit drugs. The survey was therefore essential in providing benchmarks upon which programmatic interventions could be pegged and evaluated.

PURPOSE

To understand the nature, extent and magnitude of drug and substance abuse in the Coast region.

METHODS

A cross-sectional design was adopted for the study where both quantitative and qualitative methods were used. A sample size of 3,780 respondents was interviewed out of a total population of 3,146,776 residents. Stratification was employed to categorize each district into urban and rural areas. Proportionate sampling to size was used to determine the number of clusters (enumeration areas) for each of the five districts. From each selected cluster, systematic random sampling was used to select 30 households to be covered by the survey. Data was collected through a structured interview schedule, focus group discussions and key informant interviews. Data were entered using Epi-Info version 3.2.1 and analyzed using Statistical Package for Social Sciences (SPSS) version 12.0.

FINDINGS

Overall, 33.6% of respondents in the region had ever consumed at least one of the drugs that include alcohol, tobacco, glue, kuber, miraa, cannabis, heroin or cocaine. Among children aged 12-17 years, 16.9% had ever consumed at least one of these drugs.

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Currently, 12% of these children are using alcohol or other drugs. Mombasa (29.5%) and Malindi (27%) districts have the highest proportion of people who are currently using alcohol or drugs. The current prevalence for individual drugs in the region is as follows: 8% for traditional beer, 8.5% for legal beer, 7.3% for miraa, 5.3% for bhang, 1.9% for heroin and 1.2% for cocaine. Lamu district has the highest current prevalence of people who are using bhang (12.0%) in the entire Coast region. Among children aged 12-17 years at the coast, 3.3% are using miraa, 4.1% are using bhang, 1.2% are using heroin and another 1.2% are using cocaine. The most affected age category is that between 18-28 years. Overall, 58.7% of current drug users started with traditional beer (locally referred to as mnazi). In contrast, about 46% of current drug users in Lamu district commenced with bhang as their first drug. Although a few respondents (27%) feel that stiffer penalties and punishments are ideal for drug users, majority (54.5%) are in favour of drug users being taken for rehabilitation where they can receive counseling and livelihood skills. On the other hand, only 14.9% of the respondents are aware of any drug treatment and rehabilitation facilities in their communities.

CONCLUSION

This research expands the understanding of areas that require urgent attention in order to mitigate alcohol and drug abuse in the Coast region. The findings will guide development of a policy brief to inform policy makers on the current situation and recommend possible alternative solutions to approach the problem of alcohol, drug and substance abuse in the region. In a subsequent study, this information will also provide leverage to the background of drugs and substances abuse in the region.

2. STUDY ON THE IMPACT OF DRUGS, ALCOHOL AND OTHER SUBSTANCES ABUSE ON FOOD SECURITY AND NUTRITION IN THE AGRICULTURAL SECTOR IN KENYA National Agriculture and Livestock Extension Programme (NALEP)

BACKGROUND

The total number of drug users in the world is now estimated at some 200 million people, equivalent to about 5 percent of the global population. In Kenya, an estimated 13% of people from all provinces in Kenya except North Eastern province are current consumers of alcohol. Kenya is described as a low-income food deficit country. **Majority of Kenya's population is food insecure and it is reported that about 50.6% of the population lack access to adequate food and even the little they get is of poor nutritional value and quality.** Agriculture is the mainstay of the Kenyan economy and **currently represents 24% of GDP. More than one third of Kenya's Agricultural produce is exported and this accounts for 65% of Kenya's total exports.** Agricultural sector accounts up to 18% of the total formal employment in the country. Drug and substance use is a unique shock against which the Agricultural sector is particularly vulnerable since it has the potential to immensely devastate the sector through its impact on the major factors of production; (land, labour, entrepreneurship and capital) and other effects which indirectly influence the sector.

PROBLEM STATEMENT

In the days gone, drug and substance use was a matter of whisper and caution. It is now known that illicit drugs are growing from what originally was perhaps a small problem into a bigger national challenge. Implications of drug and substance production and/or procurement and use in the emerging culture are having far reaching effects having influences on farmers and communities growing crops for the illicit drug industry in terms of agricultural development in respect of poverty, employment and marginalization. The drug and substance use problem is also affecting agricultural professionals as well as the farming communities. The problem not only wrecks havoc on individuals in terms of health, nutrition and productivity, it also undermines food security through lowered farm productivity, diversion of financial resources and assets, further deepening poverty and vulnerability. Often those involved rarely have time and energy to contribute to farm work and consequently offload their responsibility to other members. Domestic violence and other forms of conflict are characteristics of many families with this problem.

PURPOSE

To assess the impact of drugs, alcohol and other substances on food security and nutrition in the Agricultural sector in Kenya

METHODS

A participatory and collaborative approach was adopted for optimizing participation of all stakeholders. Stratified random sampling was undertaken to select districts within the recognized agro-ecological regions. Household interviews were conducted through the use of questionnaires targeting farmers in 25 districts across the country. A total of 1,483 respondents were interviewed. The districts had been sampled taking into account the following features: level of exposure to drugs and substances, the agro-economic practices in retrospect to the relevant agro-ecological zones and population density as characterized by the given urban or peri-urban or rural setting. Primary data collected from field visits were analyzed using SPSS and MS Excel.

FINDINGS

The youth between ages 15 and 24 years are the highest drug, alcohol and substance users in urban areas while in rural settings, those between 25 and 64 years are the major users. In the Agricultural sector, alcohol (41%) is the most consumed drug followed by cigarettes (28.7%), local brews (17.9%) and bhang (6.5%) in both rural and urban areas. In addition, 59.8% of the respondents are still consuming drugs and other substances. Alcohol prevalence among students is highest in Western 43.3%, followed by Nairobi 40.9%, Nyanza 26.8%, Central 26.3%, Rift Valley 21.9%, Coast 21.3%, Eastern 17.2% and North Eastern 1.6%. Among non-students, consumption is highest in Western at 90.1%, followed by Nairobi at 89.9%, then Rift Valley 86.1%, Central 84.1%, Nyanza 81.5%, Eastern 73.4%, Coast 73.1% and North Eastern at 15.6%. The study indicates that

respondents both in urban and rural areas spend approximately Ksh 500 per month. The fisher folk reported the highest levels of expenditure on drug and other substances with 46.2% spending between Ksh 1000 – Ksh 5,000 monthly followed by livestock farmers with 34.2% spending between Ksh 500 – Ksh 1,000 monthly while 33.2% of crop farmers spend less than Ksh 500. Results indicate that 54.5% of the respondents who participate in crop production engage in drug and substance use and majority (86.4%) of them are alcohol users. Among livestock keepers, 97.7% reported having ever used some drug and/or substance some time in their lives. Among those who had ever used some drug and/or substance some time in their lives, 65.5% are still using. In the fishery sub-sector 61.8% of the respondents engage in drug and substance use.

CONCLUSION

The findings of this study have shown that drug and substance use is a major challenge facing the Agricultural sector. The sector has a large proportion of its members directly and indirectly involved in drugs and substance use. The people mostly affected are the youth who make the productive part of the society.

3. A RAPID SITUATION ASSESSMENT OF SOCIO - DEMOGRAPHIC, BEHAVIOUR RISK CHARACTERISTICS AND HIV STATUS OF IDU'S IN MOMBASA COUNTY

DARAT HIV/AIDS International Agency

BACKGROUND

Alcohol and drug abuse is recognized as a global threat with ramifications on the **people's health, social-economic and cultural welfare**. In Kenya, it is increasingly being recognized as one of the major problems affecting development alongside poverty, crime, unemployment and spread of HIV. An anecdotal survey on drug users especially IDUs by DARAT in Mombasa and Kilindini districts in 2010 revealed that out of 160 respondents, 70.6% were IDUs 83.2% were using heroin with a high frequency of needle sharing practices coupled with 49.5% practicing unprotected sex. Multiple drug use **among the IDU's was very high with desire for help to stop the habit of drug use was prevalent**.

PURPOSE

To determine socio-demographic, behavior risk characteristics, HIV and health care status of IDUs in Mombasa County

PROBLEM STATEMENT

Alcohol and drug abuse is spreading like fire at the Coast, yet it has received very little attention especially in terms of funding. It is also unfortunate that we are rolling drug abuse programmes at the Coast without empirical data. DARAT anecdotal study **entitled "Rapid situation assessment of drug abuse especially IDU's in Mombasa"** in 2009 showed a high practice of needle and syringe sharing among IDUs as a means of spread of HIV. Thus, knowledge of socio-demographic and behavior risk characteristics

of drug abusers especially IDUs is paramount in designing programmes towards prevention of drug abuse and treatment of drug abusers.

METHODS

The main data collection techniques were observation, key informant interviews, and self-reporting by drug users. The study sites were places where members of the target group congregate, which were identified through mapping and sampling. A total of 342 IDUs were interviewed. These data were complemented by desk review of secondary information.

FINDINGS

The chief risk factor for drug abuse was peer pressure, which was reported by 90% of the respondents. The earliest age at initiation into drug abuse was found to be seven years while the average age for initiation into drug abuse was 18.99 years. The most abused drug at initiation into drug abuse was bhang (53.80%). About 15% of the respondents transitioned into IDU after 2 years. In addition, one quarter of the respondents injected 5 times or more daily, 17 percent injected 4 times, 47% 3 times. It is worth noting that 93 percent of IDUs were polydrug users. The commonest abused drug among the polydrug users was frunitrazepam (Rohypnol), which was reported by 38 percent of respondents who were co-abusing bhang and khat. Over 90 percent of the respondents have never gone for treatment and rehabilitated while 8% had gone through the programme and relapsed. All in all, 99% of the drug users would like to go for rehabilitation.

CONCLUSIONS

This is a war that no one organization cannot win singlehandedly hence networking is essential. Moreover, there is need to create avenues for funding in the areas of training of addiction counselors and research. Other useful interventions include: development of rehabilitation centers; decentralization of NACADA Authority to the counties and design community driven prevention initiatives; and integration of alcohol and drug abuse activities into our national health care programmes.

4. PREVALENCE OF GLUE AND OTHER INHALANTS AMONGST CHILDREN AND YOUTH LIVING AND/ OR WORKING IN THE STREETS OF NAIROBI

Undugu Society of Kenya

BACKGROUND

Glue sniffing is a culture in street life. It is a way of making friends when one initially lands in the streets and also of **being accepted into the gang or 'base'**. **This helps the newcomer to access the assistance and protection of the 'base'**. **It is also particularly attractive because it takes care of the many challenges faced in the streets including quelling hunger, anaesthetising physical pain occasioned during running battles with the police and city council, inter-gang fights and the emotional pain of being treated as the 'wretched' of society. Glue is the most commonly abused substance because it is cheap**

and easily accessible by street children before they graduate to harder drugs with time. Some of the glue consumed is laced with additives such as petroleum, thinner etc that make the glue more potent and help to slow the hardening process. Glue sniffing poses a hindrance to rehabilitation. Once a child is addicted to glue, the dependence on it may be difficult to break and thus the child resists rehabilitation especially if it involves removal from the streets to a place where s/he cannot access glue easily. It may also **not be possible to engage a child who is 'high' on glue because their mind is at the time altered or at least not in a normal state.**

PROBLEM STATEMENT

Addiction to glue sniffing may be one of the main reasons for the failure of effective and sustainable **rehabilitation of street children in Kenya's urban areas.** Children move to the streets in response to a variety of social problems which render the home or family environment hostile and non-conducive to the needs of the children. The reasons may be poverty at home, Child abuse, freedom in the streets; little or no motivation to go to school etc. Many a times, these children are found sniffing glue and other inhalants on the streets. Though there are various institutions working tirelessly to rehabilitate the children, it has been noted that glue is hampering the process and progress.

PURPOSE

To find out the prevalence of sniffing glue and other inhalants amongst children and youth living and/or working in the streets of Nairobi

METHODS

A total of 310 children and youth living and working in the streets were interviewed in Nairobi. The study mainly employed non-probability sampling methods. Key informants were similarly purposively targeted and the necessary information obtained through unstructured interviews and interactions. The mud or snowball technique of sampling was also used in the sense that a respondent provides information on other possible and useful sources of data on the subject of the study. The data were collected through questionnaires, key informant interviews and focus group discussions.

FINDINGS

Of the 301 children interviewed in this study, 158 (52.5%) reported to using glue. Another 20% reported that they usually consume glue mixed together with petroleum because this makes it more potent and delivers the desired effects faster and more intensely. A majority indicated that they started sniffing glue due to peer pressure – the need to belong or to be accepted by peers. Having run away from rejection, the children seem unwilling or unable **to tolerate the same in their new 'home'.** **Glue is an attraction to street children for a myriad of reasons. The main reason is that it gives a 'high' or a 'buzz' thus enabling them to practice 'streetism' without fear. In other words it gives courage and confidence to do some of the things they otherwise would not have the courage to do.** Other reasons are to keep the cold away, it is cheap and easily accessible, keeps hunger away, makes one alert, enables ones to tolerate scavenged food and it

also numbs pain. The glue is mainly obtained from peddlers such as shoe repairers (cobblers), market women referred to as 'mama pima' and also from base leaders. In contrast, 62.1% of the children interviewed were aware of the negative effects of glue sniffing.

CONCLUSION

Measures taken to curb or deal with the drug abuse problem amongst street children and specifically glue sniffing must also focus on both preventative as well as curative measures -referred to by NACADAA as supply suppression and demand reduction respectively. In the case of glue sniffing the latter seems to be the main focus at least amongst agencies working with street children.

5. ILLICIT BREW CONSUMPTION IN HOUSEHOLDS IN KENYA: EXTENT, INFLUENCE ON SOCIO-ECONOMIC STATUS AND INTERVENTION

Ruth N. Simiyu, Edward M. Neyole and Stanley N. Mutsotso

BACKGROUND

Alcohol is the most liberally used drug in Kenya followed by tobacco, bhang, *miraa* (*khat*), inhalants and description drugs (NACADA, 2002). All alcoholic beverages contain ethanol, which is considered a drug since it is narcotic, depressive and addictive. Estimates of alcohol consumption by McKean (2005) in East Africa indicate that Uganda has the highest *per capita* consumption (19.5 litres of absolute) alcohol in the world, which is attributed to homemade alcohol. This is higher than Luxembourg with 17.54 litres of absolute alcohol, a country reputed to have a high prevalence of conventional alcohol in the world. The three classes of illicit brews in Kenya according to WHO (2004) are: (1) fermented brews (traditional beer) such as *busaa* (agrain beer), *mnazi* (palm wine), *muratina* (from a local fruit known as *muratina*, sugar cane juice and honey) and *indali* (banana beer) from ripe bananas; (2) distilled liquors or spirits such as *chang'aa* in Kenya; *Waragi*, its equivalent in Uganda and *konyagi* in Tanzania; and (3) methylated brews, which are made by mixing non-beverage alcohols such as methanol, butanol, and propanol with other ingredients. These non-beverage alcohols are meant for industrial use, for example, in the manufacture of paints, varnish, solvents and cosmetics. The study posits that that alcohol consumption is a significant cause of morbidity, mortality and poverty.

PURPOSE

To understand the extent of illicit brew consumption and its effects on **people's socio-economic wellbeing** and to explore possible intervention

METHODS

The study was carried out in Bungoma East District of Western Province, Kenya. It consists of two divisions: Webuye Division which is has an urban and a sub-urban area and Ndivisi Division which is purely rural. The study was a cross-sectional survey in 381

households selected by stratified random sampling in order to compare prevalence and effects of alcohol consumption in the rural and urban settings. The twenty key informants interviewed from government departments were selected purposively as they were considered to have relevant information. Data was collected through questionnaires, interviews and observation.

FINDINGS

About 79% of households drink one type of alcohol or another, most of which is illicit (65.1 %), especially in the rural. This is a large proportion of households exposed to the inherent health risks of illicit brews. Evidently, only 13.4% households drink branded alcohol only. Majority (48.8%) drink 5-7 days a week. Only 23 percent drink 1-2 days in a week, and such people are predominantly casual workers, who are paid on a weekly basis. The proportion of respondents who drink 'during occasions' or 'binge' drinkers were 2.5%, which according to WHO (2006), is a risky pattern because they over-indulge on those occasions and also end up with acute health problems, including alcoholic coma, gastritis, injuries and even death. This is particularly true for illicit brews, which have high alcoholic content and their hygiene not guaranteed. Of particular concern is the evidence that most drinkers were young people. Illicit brew production and consumption are significantly concentrated in the low socio-economic status among drinkers. It was established that there was low or even lack of income in households in extreme cases among drinkers compared to non-drinkers. This was compounded by inadequate education and training, low productivity, loss or lack of employment, death of breadwinners and chronic diseases among drinkers of illicit brews. Factors that influenced morbidity were negligence among drinkers, un-standardized brews, diversion of family resources into drinking, over-drinking and the illegal status of brews among others. As a result, households suffered from acute diseases, injuries, mental problems, infectious and chronic diseases leading to high expenditure on medication in terms of money. The survey found that 40% of children in Webuye and 44% in Ndivisi did not attend school during the survey period and that 49.9% of children enrolled for primary education were unlikely to complete.

CONCLUSION

The main brews consumed in households include *chang'aa*, *busaa* illegally bottled spirits, methylated spirit and to a smaller extent *miti ni dawa* and *muratina*, which are made using ingredients which could be injurious to health and are prepared, stored and transported under conditions, which are hazardous. Many households (49.9%) are involved in the activities of brewing, buying and re-selling of brews, thus increasing access. Although they are a source of livelihood for poor households, they generate socio-economic problems which are far greater than the gains.

6. EFFECTS OF DRUG AND SUBSTANCE ABUSE ON THE LIVES OF THE YOUTHS IN MOMBASA COUNTY

Umi Ntoya Kugula (Pwani University)

BACKGROUND

Traditionally, consumption of alcohol and use of tobacco and other drugs was a privilege for elders, especially male elders. The actual existence of drug abuse as a social problem was rare because of the strong social structures that existed in form of traditions and taboos which were held to discourage the misuse of drugs and other substances. In Kenya today especially in the urban set-up drug and substances abuse is rampant; this has resulted in social and economic strife. Studies on drugs and substance abuse did not **provoke much concern in Kenya until the early 1990's. This may have been as a result of the perception that drug abuse was not a major problem among Kenya's populace.** An assessment study by Mwenesi (1995) indicates an increasing trend of drug abuse. The study points out that the drug abuse problem has permeated all levels of society, with youth being most affected group.

PROBLEM STATEMENT

Drug abuse is a rampant and present vice in our society mostly affecting the youths who make up the workforce that is supposed to sustain development in Kenya. The specific nature of the drug trend varies from region to region. The most affected regions are cities - Nairobi, Kisumu and Mombasa – where population density is high and the strain the social fabric is greatly felt. In the Coast region i.e. Mombasa, Ukunda, Kilifi, Malindi, and Lamu the problem is compounded by the thriving tourism industry which offers abusers ample opportunity and quick money to fix their cravings. The increasing accessibility of drugs in the Coast makes the situation worse. Drug barons reside in Coast region and are acting as links for conducting drug business with other syndicates abroad. These drugs have thus gained access into the most basic structures in the streets and are therefore easily accessible. If this continues unabated, the youth are bound to find themselves in more complicated situations as they are now beginning their own families, built on a culture of drug dependence and indulgence.

PURPOSE

To establish underlying causes and effects of drug and substance abuse among youth in Mombasa County who are well aware of the consequences of taking drugs.

METHODS

The research was a case study. It was in-depth investigation of Shanzu area aimed at making a detailed examination of the effects of drug abuse to the lives of the youths. The researcher collected primary data from the field through the use of questionnaires, interview and observation. Secondary data was obtained from published books, research articles, journals and internet searches. The study population sum up to 5000 with a sample size of 40 respondents picked from the population. Multistage sampling technique was used. Data collected was analyzed in qualitative form. Findings were summarized in descriptive statistics using tables, charts and graphs.

FINDINGS

Majority of those abusing drugs were between 25-30 years. A large proportion (70%) was unemployed, this being a genesis of frustrations leading them into taking drugs and involvement into unlawful activities. About 50% have attained primary level of education. In addition, 50% smoke marijuana followed by 25% who consume *mnazi* and *chang'aa*. About 32.5% confessed that drugs were easily accessible. About 50% felt that peer pressure had contributed to initiating drug abuse and 62.5% were still using drugs. It was shown that 22.5% used drugs to belong; 20% to escape from personal problems; 17.5% to look cool; 15% due to family problems; 12.5% to relieve boredom; 7.5% to feel high and 5% to ease pain. Majority (75%) confessed that their families knew their drug taking habit. **A significant proportion (45%) indicated that family members didn't bother about them.** About 50% got into trouble with their family members; 30% with police and 20% with friends. It was revealed that 35% felt relaxed when abusing drugs; 30% felt happy; 22.5% felt high and 12.5% felt calm. Majority (75%) felt that drugs have many negative effects on health; relationship with parents and friends. In addition, 95% have intention of stopping or getting help for their drug problem in future. In terms of proposed interventions, 45% were in opinion that strict laws on drug trafficking should be enacted; 30% were in opinion to sensitize the community on effects of drug and 25% proposed total burning of substance advertisement in the mass media.

CONCLUSION

Findings showed that drugs have had serious negative effects on the lives of the youths especially their health, relationships with friends and family and academic progression. **Consequently their ability to make significant contributions to Kenya's development has been undermined.** As a remedy, policy makers need to find ways of luring out drug addicts to seek help, identifying youths who are at risk of being inducted into drug and substance use, and blocking supply of these substances.

7. BASELINE SURVEY ON ALCOHOL CONSUMPTION AMONG STUDENTS IN HIGH SCHOOLS AROUND NAIROBI, KENYA

Students Campaign Against Drugs (SCAD)

BACKGROUND:

Alcohol consumption is locally and internationally gaining recognition as a major risk factor for non-communicable diseases, infectious diseases and injury, disability and mortality caused by accidents, violence and crime. Apart from such health consequences, alcohol consumption has also been linked with various negative social and economic outcomes. Alcohol consumption has been associated with gender-based violence, crime, poverty, child abuse and neglect. Its economic impacts manifest at both the macro and micro levels. Countries incur the financial costs of responding to the negative health and social consequences and households struggle to cope as breadwinners, who are mainly males, divert scarce family resources towards alcohol. Developing countries and their populations suffer the most from such consequences.

PROBLEM STATEMENT

The aim of the study was to understand the interrelationship between alcohol consumption and sexual risk taking.

METHODS

The selection of schools was done through purposive sampling i.e. where SCAD had in the past conducted intervention activities. The respondents were then selected through systematic sampling in the schools sampled. Data was collected through self-administered questionnaires by the students in each school. A total of 1,459 questionnaires were successfully.

FINDINGS

Boarding schools reporting the highest prevalence of alcohol consumption (23%) followed by day schools (16%). Generally, male students and older students reported higher prevalence of alcohol consumption. Form 4 students reported higher rates of alcohol consumption at 32%, compared to others (Form One 9.8%, Form Two 17% and Form Three 24%). At the time of the survey, 45% of the students (60% males and 30% females) from the Day schools reported to have ever had sex, with 36% (48% males and 25% females) of the students in boarding schools reporting having ever had sex. Students in Form Four reported the highest current sexual activity at 29% with the rest reporting as follows: Form1 (7.9%), Form 2 (13.2%), and Form 3 (17.9%). More of the older students (above 18 years) reported having sex (34%) compared with younger ones (fewer than 14 years 19%, 14-16 years 10%) and 17-18 years 19%). The study also found that over half the students first took alcohol before the age of 14, which are mostly forms 1 and form 2 students.

CONCLUSION

There is low level of knowledge on risk associated with alcohol, therefore the project should train more on risk associated with alcohol because even though the respondents assume they are aware of alcohol risks only few of them accurately selected the risks. In addition, there is a strong association between alcohol intake and sexual activity, therefore the project should also incorporate trainings to delay sexual debut for example refusal skills and negotiation skills.

8. ROLE OF SCHOOL ENVIRONMENT IN ALCOHOL AND DRUG ABUSE AMONG STUDENTS: EVIDENCE FROM PUBLIC SECONDARY SCHOOL STUDENTS IN NAIROBI
Peter Koome and NACADA Authority

BACKGROUND

Alcohol and drug abuse (ADA) among adolescents is a major public health problem and has been linked to such adverse consequences as car crashes, suicide, delinquency,

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criminal behaviours, and psychological difficulties. The presence of ADA problems during adolescence is the single most predictive factor for adult drug dependence. Therefore, an understanding of the factors that place adolescents at risk of ADA is **critical for the development of effective prevention efforts. A school's environment is the thread that connects the multitude of activities in a school.** In many respects, this thread is almost invisible, yet everyone experiences its influence. Positive social relationships and attitudes about school are as important to the environment as are safe and well-kept buildings and grounds. A safe, clean, and well-maintained school with a positive psychosocial climate and culture can foster school connectedness, which **in turn boosts student and staff health as well as students' educational achievement.** It is possible, and desirable, for schools to be concerned with drug demand reduction, drug supply reduction and mitigation of the health and social consequences of drug use, with the major focus on demand reduction. It is the primary role of the school to teach skills, to impart knowledge and to establish a sound values base in relation to health and drug use rather than to focus on changing behaviours that may be determined by factors beyond the influence of the school.

PURPOSE

To understand the effect of factors within the school on alcohol and drug abuse among students in schools in Nairobi

PROBLEM STATEMENT

The formal education system is one of the most pervasive agents of socialization. With regard to drug abuse, the school can either be a risk or a protective factor. For instance, inadequate supervision and availability of alcohol and drugs in school may act as risk factors for initiation of drug abuse while skills and education imparted in the school may **increase the child's self-efficacy** to resist initiation of drug abuse. School environments can affect the mental health of students through the academic and social stresses experienced by students. In addition, schools are places where drug abuse problems can be identified for possible treatment.

METHODS

The study utilized stratified random sampling procedure to select the respondents. Public secondary schools in Dagoretti, Kamukunji, Starehe, Westlands districts were **divided into two strata based on "levels of affluence" in the selected regions.** Simple random sample of twenty schools and a random sample of forty students per school were picked. A standard questionnaire was used to collect the data.

FINDINGS

In terms of individual reported usage, alcohol was the most commonly abused substance, with 36.3% of students reporting a lifetime use. Lifetime usage of other drugs in schools by students showed that miraa was used by 31.5%, cigarettes was used by 20.2%, bhang was used by 9.8%, kuber was used by 5.5%, heroin was used by 3.1%, inhalants/glue was used by 2.7%, amphetamines/mandrax was used by 2.6% and lastly

cocaine was used by 2.2%. In terms of drug use in the last 6 months, alcohol was the most commonly used substance by students in schools reported by 18.5%. Other drugs used by students in schools in the last 6 months showed that miraa was used by 15.7%, cigarettes was used by 8.1%, bhang was used by 6.3%, kuber was used by 2.3%, heroin was used by 2.0%, cocaine was used by 1.6%, amphetamines/mandrax was used by 1.6% and inhalants/ glue was used by 1.4%. In the last 30 days prior to the survey, alcohol was the most commonly used substance by students in schools at 10.4%. The findings allude the following risk factors to alcohol and drug abuse in schools: being male; living with a grandparent; professing the Christian faith; residing in Dagoreti district; schooling in boys' day and boys' boarding schools; being in form 4; given high sums of pocket money by parents; having friends abusing alcohol; knowing of a schoolmate abusing alcohol; lack of regular students inspection in schools for alcohol and drugs; failure to attend awareness talks on dangers of alcohol abuse; being inactive in sports, clubs or study groups; failure to organize a discussion forum on dangers of alcohol and drug abuse in their schools.

CONCLUSION

As hypothesized, drug abuse among students seems to be correlated with the school environment. Specifically, students who think that their close friends take alcohol, who think that students in their school can take drugs without the teachers knowing, who consider student-teacher communication in their school inadequate, and those who think their school is not adequately supervised to control access and use of drugs by students are more likely than others to have used a drug in the last 6 months.

9. ALCOHOL USE AND PERFORMANCE OF GENDER ROLES AND GENDER ROLE SOCIALIZATION AMONG SELECTED RURAL COMMUNITIES IN KENYA

Kathungu B, Wasanga, C and Karega, M

BACKGROUND

Adults play a key role in performance of gender roles and in gender role socialization of **society's young members. This argument is informed by the Social Learning Theory**, developed by Albert Bandura (1977), which emphasizes the importance of children's imitation of the behavior of others (models). In the light of reports of heavy alcohol use among adult Kenyans and of adult men neglecting their sex roles, questions arise as to what impact such alcohol use may have on performance of gender roles and gender role socialization of their children especially among rural communities in Kenya. According to The World Health Organization, there are about 2 billion (33%) people worldwide who consume alcoholic beverages. Recent community studies by NACADAA indicate significant alcohol consumption in Kenya. There have also been several media reports of alcohol related deaths in Kenya as well as reports about women in parts of Kenya protesting about neglected sex roles by their alcoholic spouses. Key questions arise as to how alcoholism impacts on the performance of gender roles and gender role socialization for the young members of the Kenyan community.

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PURPOSE

To document the extent and patterns of alcohol use among selected rural communities in Kenya and to assess the impact of alcohol and drug abuse on various community aspects including gender role performance and gender role socialization.

PROBLEM STATEMENT

While the government through NACADA was making every effort at reducing the impact of alcohol related problems, it was important that such interventions be evidence based. Review of related studies in Kenya revealed that most studies on alcohol use and abuse in Kenya had focused on alcohol use problems among students and urban areas with much less focus on rural communities. It makes sense scholarly sense to study alcohol and drug abuse in rural areas where the bulk of the population lives.

METHODS

This was a cross sectional survey which involved interviews with members of community members (alcohol users, families of alcohol users, as well as key informants), focus group discussions and observation of key behaviours. The target population was three selected rural communities in three counties in Kenya namely Embu, Nyeri and Busia. Non probability sampling was used to obtain a total sample of 100.

FINDINGS

Traditional gender roles are still very prevalent in that men are expected to be authoritative, courageous, aggressive and strong while women should be caring, faithful, submissive and motherly. With respect to alcohol use, the study found high levels of abuse as reflected by 51 percent of respondents reporting to be drinking alcohol daily and 30% drinking more than twice every week. Males are the most affected (85% compared to 15% for women). Majority of them consume local brews (61% compared to 39% for other types). It is also important to note that most of the people who participated in the survey drink in the brewing centers (62%). The study found that wives shoulder the responsibilities of their daily drinking spouses, a problem that was reported by 51% of the respondents. Another consequence is that the boy child lacked a model of male parent as fathers were largely absent due to their drinking patterns.

CONCLUSION

The campaign against drug abuse can be boosted by community based interventions such as awareness creation and exploring alternative strategies of socializing the boy child such as community based mentoring programs. The community can play a key role in proactively and reactively dealing with alcohol related problems if adequately empowered.

10. RELATIONSHIP BETWEEN DRUG ABUSE AND DOMESTIC VIOLENCE IN LUANDA DIVISION OF EMUHAYA DISTRICT, KENYA

Lydia Kabole Atetwe

BACKGROUND

Drug abuse and domestic violence are major social problems in Kenya today. Drug abuse is regarded as a threat to family stability as it makes violent situations worse. Children living in violent families face not only the risk of violence from parents, siblings or extended family members, but may also be subjected to emotional abuse and neglect as a result. Mwenesi (1996) argues that drug abuse did not exist in pre-colonial Africa because the traditional rules and values of most African cultures strictly prescribed the circumstances under which drugs and intoxicants could be obtained and consumed. Thus, drug abuse results from a breakdown of family values evident in traditional societies. Women whose partners abuse drugs often suffer injuries and even death. In the United States, studies reveal that 11-52% of all assaults occur in domestic settings, 12-18% of the murders annually are committed by spouses, and domestic violence calls are among the most frequent and dangerous for police officers. Children living in violent families face not only the risk of violence from parents, siblings or extended family members but also may be subjected to emotional abuse and neglect as a result.

PURPOSE

To assess the link between drug abuse and domestic violence in Luanda Division

PROBLEM STATEMENT

Drug abuse is very pervasive in Luanda and the area has a wide range of social and economic problems which can be blamed on drug abuse. The area has always been associated with the abuse of bhang and is widely acknowledged to be a large market for bhang from Busia and alcohol from neighbouring districts. Drug related problems are the strongest predictors of domestic violence. Spousal abuse which is a major cry of the society has resulted into fractured families interfering with then functioning of the homes. Despite the often sensationalized reports by the Kenya media on rampant abuse of drugs in relation to domestic violence, there is limited scientific data on what is regarded widely. Collection of data was necessary to form a discussion of prevent drug abuse and domestic violence in Luanda division.

METHODS

The study used a descriptive approach which involves the use of questionnaires, interviews, focus group discussions, document review and observation. By the use of cluster and random sampling techniques, the researcher collected data from a total sample of 460 respondents from the population of approximately 112,724. Snowball approach was applied where already identified drug users respondents introduced the researcher to other respondents after being interviewed. Purposive sampling was used

to obtain a sample of four community leaders, two medical officers, four assistant chiefs and one police officer who were the key informants.

FINDINGS

The most commonly abused drugs in the division are alcohol, bhang and tobacco in that order and there is a lot of poly-drug abuse. Age of initiation to drugs is as early as below 9 years. More men are victims of drug abuse compared with women.

The age bracket 37-41 that would be thought to have great family responsibility hence less involvement in drug abuse indicated the highest percentage of drug abusers. Easy availability of drugs, group influence and stress seemed to be major reasons causing drug abuse. There is significant relationship between drug abuse and domestic violence with alcohol and bhang having the strongest effect on domestic violence. Although the police seemed to be working hard to control drug abuse, little was being done to help solve the problem of domestic violence. No special facilities exist for treatment and rehabilitation of drug abusers and the division has few demand reduction programmes. Sufficient drug awareness campaigns had been carried out to keep the society informed about the phenomenon.

CONCLUSION

Drug abuse is a major predictor of domestic violence. Since the society is not prepared to handle the changes in the family set up, its members are frustrated and turn to drugs which, coupled with other factors, lead to domestic violence.

11. THE IMPACT OF ALCOHOL ON THE FAMILY: A STUDY AMONG INDIVIDUALS **ABUSING ALCOHOL IN KANGEMI'S INFORMAL SETTLEMENT, NAIROBI-KENYA**

Miswazeddie J and Bowen Michael

BACKGROUND

Alcohol abuse has a negative impact on the family, being a progressive disease, which gets worse and very often ends in death if not arrested and treated. Jellinek (1969) observed that once a person becomes alcoholic, he or she no longer chooses how much to drink, and cannot predict the outcome because of an overwhelming compulsion to drink regardless of financial state and health condition in the family. He further stated that alcohol abuse makes the drinker lead a poor quality of life which impacts negatively on the family. Children living with parents who abuse alcohol lack the natural interactions with them because the parents are either not there or the mood at home is **conducive for such interaction. The alcohol abuser's primary concern is to acquire alcohol**, which does not leave their frame of mind in line with the required interaction with the children.

PROBLEM STATEMENT

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Excessive drinking accounts for substantial cognitive impairment, many of them irreversible (Brown & Tapert, 2004). According to Barlow (2000), alcohol is a threat to family life and to harmonious interpersonal relations. Alcohol is linked to crime, broken homes, poor workmanship, unemployment, and a host of other social and moral evils. **Many alcoholics experience notable contrasting changes of the 'downhill' career.**

PURPOSE

To examine the impact of alcohol abuse on the family within Kangemi informal settlement

METHODS

The study used a descriptive research design where both qualitative and quantitative data were collected. The study used purposive sampling, a non-probability sampling technique to arrive at 120 respondents that gave the required information. Twenty close family members and six opinion leaders were also interviewed. Data was coded and keyed into SPSS Software. Predictive Analytic Software (PASW, version 16) was also used for further analysis.

FINDINGS

Majority (76.7%) of the respondents abusing alcohol belonged to the age category of 21 and 40 years, were males (73.3%), single (50%), casual labourers (20.8%), Protestants (64.2%) and had a primary level education (55%). In addition, majority (70.8%) initiated alcohol use at the age between 11 – 20 years. The common factors influencing people into alcohol consumption were influence from friends (45.8%), peers (24.2%) and the family (24.2%). Close family members reported a number of problems brought about by alcohol abuse. They included domestic violence, divorce, lack of communication, confusion in the house, lack of responsibility on the part of alcoholic and involvement in frequent cases with the police. On health grounds, they reported that there was improper feeding among those who abuse alcohol and inability to make logical decisions. With regard to hygiene, improper personal hygiene including irregular bathing habits was reported among those who abuse alcohol. Insomnia, a mental condition of sleeplessness was also reported. It was also reported that alcohol abusers were not able to meet their financial obligations to their wives, children and other dependants. Concerning the physical health of alcohol abusers, the close family members reported that they always complained of sickness, tiredness and forgetfulness whereby they forget to take their prescribed medicine.

CONCLUSION

The impact of alcohol abuse on the family in Kangemi informal settlement is devastating. Alcohol creates a sense of selfishness and pride in the individual such that no one else and nothing else matters, as long as alcohol is available and obtained. This problem seems to have gone on for a very long time in Kangemi, and many residents here have embraced it as the normal way of life.

12. A SURVEY OF FACTORS IN RELAPSE AMONG ALCOHOLICS IN SELECTED REHABILITATION CENTRES IN NAIROBI, KENYA

Julia Birgen and John Oteyo

BACKGROUND

A survey of alcohol and drug addiction treatment and rehabilitation facilities by NACADA (2007) indicates that there has been a steady increase in demand for admission owing to the increasing population of drug addicts in the country. The report shows that there has been an exponential growth in the number of rehabilitation centers in Kenya in the recent past. Whereas there were only 13 centers which were operational by 1999 in the country, the figure rose to more than 48 centers in 2007. Despite this progress, there are evidence form studies in other countries that approximately 90 percent of alcoholics are likely to experience at least one relapse over the four-year period following treatment. Thus, relapse as a central issue of alcoholism treatment warrants further study. It is very easy for someone to experience an episode of alcohol relapse. After rehabilitation, the individual will often return home to familiar settings, hang out with the same friends and associate in behaviors that may have been part of the problem in the first place. Alcohol relapse treatment can provide the individual with the education they need to recognize the triggers that threaten all of the hard work put in while in rehabilitation.

PURPOSE

To establish factors contributing to relapse in selected rehabilitation centres in Nairobi

PROBLEM STATEMENT

With alarming prevalence statistics and far reaching consequences especially on users in not using or utilizing their full potential, it imperative to put in place a strategy to ensure effective treatment, rehabilitation, and prevention of relapse. The study sought to provide empirical facts that can inform effective intervention and prevention programs.

METHODS

The study adopted cross sectional survey design that collects information at the same point in time from a sample drawn from predetermined population. Simple random sampling methods were used to select participating centers and respondents. The sample sizes were 144 alcoholics and 8 professional helpers. However, 82 alcoholics and 5 professional helpers were included in data analysis as some were lost due to inconsistent responses and non-responses.

FINDINGS

The study found that alcohol is easily available to respondents, which is supported by findings of past studies. Further, the evidence suggests that mass media gives important

cues to motivate the respondents to slip to drinking. The findings that less alcoholics were Muslims concurred with past study that stated that most members of Muslims community did not take alcohol on religious grounds. Majority of relapsees were those who had irregular attendance (74.4%) in religious service. The findings indicated that respondents rated different types of services being offered and indicated that some were not available or were not adequately given. These findings supported what had been asserted by previous studies that alcoholism being chronic, progressive and persistent in nature, it means that individuals who attend treatment will not be fixed or cured. Therefore, ability not drink requires on going after care and follows up. Alcoholics need support around in obtaining and maintaining sobriety. Follow up programs provide ongoing therapy so as relapse has less chance of occurring.

CONCLUSION

Relapse does not just occur: there are factors in family, peers, community and institution domains that account for relapse among respondents. Alcoholics should be assisted by rehabilitation centers to assume an active role in changing drinking behavior. This could be done by assisting the alcoholics to modify their lifestyles to enhance their abilities to cope with past-risk situations; identify and respond appropriately to internal and external cues that serve as relapse warning signals; and implement self-control strategies to reduce the risk of relapse in any situation. The earlier the alcoholics are aware of the risks, the sooner they can intervene by using coping skills and by using these cues as both warning signals and as reminder to engage in alternative or remedial actions.

13. INSTITUTIONAL APPROACHES TO THE PREVENTION AND REDUCTION OF SUBSTANCE USE AND ABUSE IN SECONDARY SCHOOLS IN KIKUYU DIVISION

Murehia Milliam Wanjiru

PURPOSE

To examine the institutional approaches being used in selected schools to prevent and reduce substance use and abuse and to discern their effectiveness

METHODS

The study targeted secondary school students and teachers within Kikuyu Division of Kiambu West District in Central Province of the Republic of Kenya. Both qualitative and quantitative data were collected using interview schedules consisting of fixed and open-ended-questions administered in face-to-face interviews. Stratified random sampling method was used to select the samples for the study, that is, 11 schools (categorized as **girls', boys' and mixed schools**), **209 students and 18 teachers**. **The quantitative data** were analyzed using the Statistical Package for Social Sciences (SPSS) computer package while the qualitative data were analyzed manually.

FINDINGS

The study showed that a number of approaches were being used in secondary schools to prevent and reduce substance use and abuse, the major ones being: inviting guest speakers in schools to speak on the subject of substances and teachers educating students on dangers of substance use. The other finding was that most of the approaches used were generally effective, with the most effective one being that of counseling of students found using substances. Unfortunately, there were a number of constraints/challenges that faced the prevention and reduction of substance use and abuse in the schools and the key ones included peer pressure, ignorance and inadequate guidance and counseling teachers. However, from the findings of the study, there were viable ways through which the constraints/challenges could be addressed. The key ones included the increase of the number of guidance and counseling teachers and the increase of drug rehabilitation centres.

CONCLUSION

This study concluded that there were institutional approaches that were being used in the prevention and reduction of substance use and abuse in secondary schools in Kikuyu Division and that these approaches were generally effective. However, the effectiveness of the approaches used was being hampered by a number of constraints/challenges.

14. ALCOHOL AND DRUG USERS UTILIZING NACADA AUTHORITY'S HELPLINE SERVICE

NACADA Authority

BACKGROUND

In recent years there has been an increase in the use of telephone consultation and triage; the process where calls, from people with a health care problem, are received, assessed and managed by giving advice or by referral to a more appropriate service. A helpline provides a confidential service which offers information, support, guidance and referral for all those concerned with any aspect of substance misuse. The drug helplines are at the heart of programmes of prevention and treatment of drug abuse. Helplines also constitute an essential interface between people concerned with or confronted by drugs and services which offer a concrete response to request for help. For more than ten years drug telephone helpline services have played a first line role in the prevention of the harm associated with the use of drugs. Helpline services are both a tool for public health policy and a tool for helping individuals. In addition, given the stigma of substance abuse, receiving help from an anonymous counselor might be more acceptable than a counselor in a face-to-face session. Help-line or telephone counseling is potentially free of certain constraining factors that affect traditional therapy, including geography, time, duration, and cost, making this form of counseling more accessible for a number of people who would be unable to attend traditional psychotherapy. It also relieves some of the pressures which current face-to-face counseling facilities are facing.

STATEMENT OF THE PROBLEM

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In Kenya the level of drug abuse is higher than previously thought and has permeated all strata of the society. This has resulted to an escalating demand for substance abuse treatment, with an increase in the number of people on the waiting lists. The increased demand has placed substance abuse treatment and counseling facilities under pressure to increase their coverage and provision of services. In addition, for many socio-economically disadvantaged communities, the health services delivery system is not coordinated, but is rather fragmented and difficult to access.

PURPOSE

To document the findings of alcohol and drug users utilizing NACADA Authority's Helpline Service.

METHODS

Data was collected through telephone interviews with clients seeking help from **NACADA Authority's Helpline. The clients came from all** the provinces in Kenya. A total of 22,554 clients utilized the service in the last 12 months. This method of data collection achieves an extensive geographical coverage.

FINDINGS

Majority of the callers came from Nairobi Province (27.8%), followed by Central (25.2%), Rift Valley (17.2%), Nyanza (11.8%), Western (7.5%), Eastern (5.8%), Coast (3.8%) and lastly North Eastern (0.9%) Provinces. Majority of the users are between the ages of 18 – 25 years (46.3%) and 26 – 35 years (30.2%). The common substances of abuse include alcohol 47.4%, cigarettes 20.2%, bhang 19%, miraa 6.9%, cocaine 2.2%, heroin 1.5% and lastly kuber 1%. Majority of the callers have abused drugs and substances for 1 – 9 years (71%) and 10 – 19 years (20.6%). The common intervention services given to callers include counseling on alcohol and drug abuse (37.2%), information on alcohol and drug abuse (24%), update of a repeat caller (23.4%) and referral (7.8%). Interesting drug and substance abuse patterns are evident. Users of alcohol are likely to come from Central and Western Provinces; users of tobacco are likely to come from Central Province; users of bhang are likely to come from Coast and Western Provinces; abusers of miraa are likely to come from North Eastern Province; users of heroin are likely to come from Coast Province and users of cocaine are likely to come from Coast Province.

CONCLUSION

The patterns of alcohol and drug abuse mirrors the prevalence of drugs that are common in the different regions of the country. Alcohol, tobacco, bhang and miraa are the most problematic substances in the country, with the youth bearing the brunt of the negative effects of alcohol and drug abuse.

15. NATIONAL BASELINE SURVEY ON ALCOHOL AND SUBSTANCE ABUSE IN LEARNING INSTITUTIONS

Ministry of Education

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BACKGROUND

About 200,000,000 people worldwide abuse drugs. In USA, 40% of adolescents take drugs and 60% consume alcohol. In Asia, 48.9% of University students use drugs. Among them, 24% are 1st years while 75.6% are final years. In South Africa, 52% of adolescents also take drugs. For the case of Kenya, 44.3% of youths also use drugs.

PURPOSE

To establish the characteristics and pattern of substance use and abuse in the learning institutions in Kenya

METHODS

All pupils and students in Primary and Secondary Schools as well as all Teachers in the whole country were eligible for the study. A cross-sectional descriptive design was used to study pupils in Primary schools, students in Secondary schools, Teachers, Guidance and Counselling Teachers, and Principals. Multi-stage sampling method was used. A structured questionnaire and FGD guide for Guidance and Counseling teachers were used to collect data. The tools were piloted in Nairobi. Data were analyzed with the aid of SPSS software.

FINDINGS

Among the primary school students, khatt, inhalants, cannabis, cocaine, heroin, mandrax and valium were the most commonly known drugs. In terms of usage, alcohol, khatt and tobacco were the most commonly ever used drugs. In terms of active use (in the last 30 days), khatt and cannabis were the most common drugs. The first drug commonly used by the students includes marijuana, alcohol and cigarettes. Among the secondary school students, khatt, cocaine, marijuana, heroin, valium, inhalants and steroids were the most commonly known drugs. In terms of usage, tranquilizers, marijuana, other opiates, kuber and inhalants were the most commonly ever used drugs. The first drug commonly used by the students includes cannabis, tranquilizers and kuber. The common factors leading to abuse to a large extent include peer pressure, family crisis, lack of money and school related stress. The commonly used drugs by teachers in the last 12 months prior to the survey include solvents (59.9%), caffeine (51.1%), codeine (34.3%), alcohol (34%), cocaine (20%), nicotine (14.6), cannabis (10.2%) and khatt (6.9%). Factors leading to abuse to a large extent include family crisis, lack of money, too much workload and workplace stress. The common psychological disorders reported by teachers in the last 30 days were poor sleep, general anxiety and depression. According to the FGDs, guidance and counseling was reported to be the most preferred method of dealing with cases of drug abuse in schools.

CONCLUSION

There was need to strengthen the guidance and counseling division for both teachers and students. In addition, a permanent multisectoral structure to deal with substance abuse in the learning institutions should also be established.

16. ALCOHOL ABUSE AND HIV INFECTION IN NAIROBI, KENYA
NACADA Authority

BACKGROUND

Studies have shown that there is a link between alcohol abuse and exposure to HIV infection. Alcohol use/abuse occurs in association with sexual behavior for a variety of social, cultural and other reasons. This has opened the way for sexual risk behavior as a result of dis-inhibitory effect caused by alcohol consumption. Whereas alcohol abuse/dependency is likely to encourage high risk sexual behavior as a result of altered cognitive and self-control ability, HIV infection on the other hand can lead an individual into alcohol abuse and dependency. In this case HIV positive individuals may fall into alcohol abuse and dependency as a way of escaping from the reality of their acquired status. Ultimately alcohol dependency affects treatment initiation, compliance and completion leading to adverse outcomes including early death. The use of alcohol should therefore be recognized as a risk factor in the transmission of HIV and adherence to treatment by those already infected.

PURPOSE

To understand the correlation between alcohol abuse and HIV infections and the health outcomes of the HIV infected.

METHODS

Simple random sampling was employed to identify Njiru, Embakasi, and Kasarani district **out of the possible nine namely Lang'ata, Westlands, Kamukunji, Dagoreti, Starehe and Makadara** districts in Nairobi. A multi-stage sampling technique was used to stratify areas in each district into high income, middle income, low income, and peri-urban areas. Ruai in Njiru district, Mukuru Kwa Njenga and Embakasi in Embakasi district, and Kahawa in Kasarani district were selected for data collection. A cross-sectional design was used in the selected areas to identify respondents; age was used as the criteria for inclusion and to determine the cut-off point. Data was obtained using a questionnaire administered to respondents. A total of 497 respondents (48.1% male; 51.9% female) responds were achieved. Data were entered and analyzed using Statistical Package for Social Sciences (SPSS).

FINDINGS

Approximately one out of every five (21.7%) respondents reported that they currently drink. Among them, 79.8% had consumed alcohol within the previous seven days prior to the survey. Additionally, 78% of the respondents were classified as harmful or hazardous drinkers based on the AUDIT scores. In terms of comparisons between male and female respondents, 83.3% of the male respondents were harmful drinkers while 55.6% of the women were categorized as harmful drinkers. Based on Fishers exact test, these differences were significant ($p= 0.023$). For individuals who reported taking

alcohol, 17.2% had been forced or had forced someone to have sex while drunk. Close to 80% of these individuals reported that they had non-consensual sex at least once in the past three months. Further analysis of the data reveals that there are important differences between those who, on the basis of AUDIT test, are classified as alcohol abusers and those that are not. None of those who are classified as non-abusers reported being forced or forcing someone to have sex while drunk. The other 13 individuals (about 15.8%) reported that they had indeed forced or been forced to have sex while drunk. Importantly though is the fact that among those who had been forced to have sex while drunk, all (100%) were classified as alcohol abusers based on the AUDIT report. On further analysis, respondents currently taking alcohol were more likely to report more consensual partners (other than a regular partner) compared to those who reported non-use of alcohol. The results indicate that taking alcohol predisposes one to having more multiple sexual partners. In addition, respondents who reported alcohol abuse were also likely to report risky sexual behaviors. One quarter (25.5%) used condoms sometimes while 15.7% reported that they never used condoms at all. The reasons for non-use of condoms ranged from unavailability of condoms, forgetfulness, partner refusal, being in a drunken state as well as trust of partner. Gender-power differences appeared to play out in the decision to use or not to use condoms. Ten people from the sample of 497 self-reported themselves to be HIV positive and had had lived with the knowledge of their HIV status for periods ranging between 1 and 14 years. Six of them were harmful alcohol consumers at the time of diagnosis. However, due to a small number of respondents who identified themselves as being HIV positive, the relationship between alcohol consumption and HIV infection may not be conclusive and requires further studies with a wider population.

CONCLUSION

HIV prevention programs need to incorporate alcohol dependence mitigation measures to minimize exposure linked to risky sexual behaviour while intoxicated.

17. ALCOHOL USE IN CENTRAL PROVINCE OF KENYA NACADA Authority

BACKGROUND

The World Health Organization (WHO) estimates that there are about 2 billion (33%) people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorders making alcohol the most widely used and abused substance world over. The widespread use of alcohol is fuelled by ease of its production process (i.e., a plain process of fermentation achieved by yeast acting on sugar) and multiple daily usage for recreation, curative and religious purposes. Alcohol use, however, has serious health and social effects making its prevention and control a public health priority.

STATEMENT OF THE PROBLEM

The proposed study comes in the back of a recent fact finding study (NACADA, 2009) which explored through public forums and secondary data various manifestations of alcohol abuse in the province. The study found out that alcohol use begins early as 10 years of age with the highest use being among those aged between 15-35 years. It also established the key predisposing and protective factors as well as impacts.

PURPOSE

To investigate principally through quantitative means the magnitude of alcohol use and the underlying causative factors and effects in Central Province.

METHODS

The overall design of the study was a cross-sectional survey which gathered views of community members and of individual alcohol users from seven Central Province districts (as at 1999 Census) namely Kiambu, Kirinyaga, Muranga, Nyandarua, Nyeri, Thika and Maragua. The survey also disaggregated for rural and urban areas of the province. The sampling procedure involved selection of Enumeration Areas (EAs) using Probability Proportional to Size (PPS) and random selection of households. In computation of the sample size, it was estimated that 30 % of adults in Central province consume alcohol, a coefficient of variation (CV) of 10% is targeted, design effect of 2 and a non-response adjustment of 5%. Based on above assumptions a uniform sample of 500 households per district was expected resulting into an overall sample of 3,500, which as adjusted to 3,495. The survey managed to capture 3,259 or 93.2%.

FINDINGS

There is a very strong consensus in the community that alcohol use is a major problem in the province owing to the high level of usage, increasing trend and ease of availability, affordability and accessibility. About two thirds of community members reported that alcohol consumption in their areas is high or very high. Across the districts, the level of usage ranged from a low of 51.5 per cent in Nyandarua to a high of 75.4 per cent in Kirinyaga. More than 80 per cent of the respondents felt that the second generation alcohol was increasing, while 58 per cent expressed the view that the first generation alcohol was decreasing. The findings reveal that the second generation alcohol as the most available, affordable and accessible type of alcohol in the province. **Chang'aa and traditional liquor were reported to be the least available and accessible types of alcohol.** A significant proportion of the respondents (nearly 60%) reported that in their areas there is alcohol consumption before noon, apparently the most productive hours of the day. There was also a clustering of drinking activities between noon and 6 pm. As measured by use in the past 30 days, current usage was estimated at 18 per cent with a male rate of 34 per cent while the female rate stood at 3 per cent. Less than 50 per cent of the respondents were using first generation alcohol, while consumption of the second generation alcohol stood at 40 per cent. The others accounted for 10 per cent. The findings show that dependency was higher for *chang'aa*, traditional liquor and second generation alcohol compared with the first generation brands. For instance, 75

per cent of *chang'aa* users regularly felt that they needed it to remove hangover. In addition, alcohol dependency was reported more for male users.

CONCLUSION

In conclusion, the findings point to a relatively high level of usage of alcohol in Central Province of Kenya. This vindicates the current public and policy makers concern of high alcohol use in the province. However, a more worrying question is the increasing penetration of the second generation brands that are eating into the market of the first generation alcohol. Nevertheless, the fact that many people do not know about the trend of traditional liquor and *chang'aa* may partly be linked to their illegality. This is because, unlike the first and second generation brands, *chang'aa* and traditional liquor are processed, marketed and consumed with some secrecy.

18. BASELINE SURVEY ON ALCOHOL CONSUMPTION AMONGST YOUTH IN AND OUT OF SCHOOLS IN KENYA

Kenya Girl Guides Association (KGGA)

BACKGROUND

According to WHO, harmful use of alcohol (HUA) is the pattern of drinking that causes or contributes to physical or psychological harm, including impaired judgement or dysfunctional behaviour which may lead to disability or have adverse consequences for interpersonal relationships. Kenyans have lost lives and some of them gone blind or **developed health problems as a result of alcohol ("licit" and illicit) intake over the years;** The unrest in learning institutions has also been attributed to drugs and alcohol intake as reported in the media in 2007.

PROBLEM STATEMENT

Kenya has undertaken many policy issues to address the depressed social conditions that hinder the development of its children and youth. Some of the steps taken include the development of the Kenya National Youth Policy, Formation of a dedicated Ministry that would handle youth and sports issues amongst others. One area that has eluded these efforts is the issue of Drugs and Alcohol consumption amongst youth aged between 14- 21 years.

PURPOSE

To examine alcohol consumption patterns amongst children and youth, and key stakeholders roles on reducing alcohol consumption

METHODS

The Study targeted pupils in both primary and secondary schools selected from three provinces of Kenya. The regions included were: Nairobi, Coast and Nyanza. In turn, the sample was distributed into four districts: Nairobi; Mombasa; Malindi and Siaya. Since

the survey was self-administered, only pupils from the upper primary section were included in the sample. This is in addition to those in secondary schools. A total of 1203 students were randomly selected for the survey. A total of 30 schools were selected. The schools were further categorized in terms of rural or urban criteria. Almost an equal number of interviews were conducted in the three provinces. A total of 411 interviews were conducted in Nairobi Province accounting for 34.2% of the youth interviews, whereas Coast (396) and Nyanza (395) provinces each accounted for 32.9% of the interviews. Most of the interviews were conducted in primary schools accounting for 62.5% of the interviews, while secondary school accounted for 37.5%. Data Collection included both quantitative and qualitative methods. The general community participated in Focus Group Discussions. In total 5 FGDs were conducted, while 5 people were interviewed as Key informants.

FINDINGS

Results reveal that alcohol consumption is rampant among the youth. The findings reveal that close to 25 per cent of the students involved in the survey were actively engaged in taking alcohol. The scenario becomes even clearer when considering the proportion of students who know a friend who takes alcohol (i.e. over 40 per cent). **Interviews with community's key informants as well as data from the focus group discussions** give credence to this finding. Reasons why young people take alcohol area varied. These range from the commonly known peer pressure to other "innovative" reasons such as poor performance in schools as well as just having fun. It is interesting that the youth are well aware of the negative implications of taking alcohol. Despite this high level of awareness, there is limited willingness to halt the problem for those already hooked into alcohol. Results further reveal that in any sitting girls consume more than boys. Sources of money for buying alcohol also varied from pocket money, stealing to borrowing parents.

CONCLUSION

The fact that 25% of youth in school in Kenya admit to take alcohol should be a concern. This threatens our national development especially in the light that the consequences of irresponsible drinking are a hindrance to our development.

19. RELATIONSHIP BETWEEN ALCOHOLISM AND FAMILY COHESION

Alice Mwangi and Grace Wamue

BACKGROUND

Family members react to the alcoholic with particular behavioral patterns. They may enable the addiction to continue by shielding the addict from the negative consequences of his actions. Such behaviors are referred to as codependence. In this way, the alcoholic is said to suffer from the disease of addiction, whereas the family members suffer from the disease of codependence. Recent studies by Bray and Mc. Culler (2001) confirmed that adolescents who belong to families characterized by

recurrent conflict between parents and children, and the absence or deficiency of affective ties are at risk of developing drug use and other problem behaviors. Elkins (2004) examined the transactional nature of parent-child interactions over time among alcoholic and non-alcoholic families. Eiden found that long-term alcohol intake was predictive of negative parental behavior and had a great influence on the tenets of family cohesion. Leonard (2008) suggested that boys and girls raised in alcoholic families may carry the problematic effects of their early family environment into their adult relationships. Hence, parent-child relationship is very important while working with children of alcoholic parents.

PROBLEM STATEMENT

Family cohesion may be affected by several factors among which include stability, similarity, family size, support, and satisfaction. Cohesion is associated with the extent to which team members are pleased with each others performance, behavior, and conformity to the norms of the team. Alcoholism stands out as a major impediment to cohesion in alcoholic families as it leads to divorce and separation, emotional problems, social maladjusted youth, draining of family resources, school dropouts, misuse of **family funds, diseases such as STI's and HIV/AIDS, violence and fights in families, gender based violence such as rape, incest, and homicide**. If nothing is done to intervene on these issues resulting from alcohol abuse, then, the family unit will break and moral decadence will permeate in our society.

PURPOSE

To examine the effect of alcoholism on family cohesion in selected households in Kigio Location in Gatanga District

METHODS

The study utilized a descriptive survey research design and the target population was 1790 parents. 30 households were randomly selected and a total of 179 subjects selected to participate in the study. The study used a questionnaire and interview schedule to collect data. The researcher personally administered the instruments to the participants and allowed them 3 days to fill the questionnaire. Semi structured interviews with the participants was carried out. Before the data was analyzed, it was cleaned to remove outliers. Data was then coded and entered into the computer for analysis using the statistical package for social sciences (SPSS) version 11.5 for windows. Descriptive statistics i.e. frequencies and percentages were used to analyze quantitative data.

RESULTS

There does seem to be an association between parental alcohol involvement and the education of the children. Parental alcoholism had a negative impact on the education of the children as it is contributing to the low education levels of the children. The main source of family income for majority 50% households was farming as compared to the other sources like livestock keeping, business and employment. Most of the families

were involved in subsistence farming with low returns and therefore were low income earners. Majority 60% of the households obtained an average income of Ksh 1000-5000 from their main source of income and that about 43% used about three quarters of the family income on alcohol. Alcohol therefore was found to deplete family income in a very significant way. Majority 70% fathers as compared to 30% mothers were alcoholics and that they took alcohol because they had gotten addicted. Alcohol abuse affected husband-wife relationship in a variety of ways including intimate partner violence, increased conflict and low relationship satisfaction, nagging, blame, complaints, emotional and physical abuse, poor sexual relationship and guilt. Men controlled the valued resources in the family such as income, wealth, land, and income-generating activities. Women had lesser access to paid employment, and that they were facing severe constraints in terms of ownership of resources. Relatively large degree of gender inequality in favour of men in resource distribution existed within households. There was impaired cohesion and low family stability in families of alcoholic parents as indicated by 37% responses.

CONCLUSION

Based on the study findings it is evident that alcoholism usually has strong negative effects on marital relationships and family cohesion. Children raised in alcoholic families tend to experience lower levels of family functioning and are more likely to have had traumatic experiences than children from nonalcoholic families.