



**“Role of School Environment in Alcohol
and Drug Abuse among Students”**

**EVIDENCE FROM PUBLIC SECONDARY
SCHOOL STUDENTS IN NAIROBI**

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ABBREVIATIONS AND ACRONYMS

ADHD	Attention Deficiency Hyperactivity Disorder
ADA	Alcohol and Drug Abuse
PTA	Parents Teachers Association
NACADA	National Campaign Against Drug Abuse (Authority)

EXECUTIVE SUMMARY

Background: The school environment can be a risk or a protective factor in students' initiation and continued use of drugs. The overriding goal of this study is to understand the effect of factors in the school environment associated with alcohol and drug abuse among students in schools in Nairobi.

Data and methods: The study utilized stratified, simple random and systematic random sampling procedures to identify the respondents. Public secondary schools in Dagoretti, Kamukunji, Starehe, and Westlands districts were divided into two strata based on "levels of affluence" in the selected regions. A simple random sample of twenty schools and a random sample of forty students per school were picked. A standard self-administered structured questionnaire with closed questions was used to collect the data. A total of 773 students were interviewed during the study.

Results: About 83.2% of the respondents reported that it was possible for students to abuse drugs without the teachers' knowledge. Alcohol was ranked as the most commonly abused drug in schools reported by 74.4% of the students interviewed. Other drugs were miraa abused by 62.9% of students, and cigarettes abused by 58.1% of students. About 50.3% of the respondents reported that students consumed bhang in their schools whereas 56.3% reported that prescription drugs were being abused in their schools. Cocaine and heroin had the least levels of abuse at 6.9% and 4.2% respectively.

Findings showed that alcohol and drugs were mostly abused when students were on their way home, during weekends at school, during school outings, during school trips and during dinner and school competitions. These are times when they are least supervised. The findings also demonstrated quite clearly that friends, their homes, fellow students and kiosks or shops near schools were the major sources of alcohol and drugs used in schools.

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%. Other drugs used by students in schools in the last 30 days showed that miraa was used by 11.2%, cigarettes was used by 5.8%, bhang was used by 4.7%, kuber was used by 2.0%, heroin was used by 1.6%, inhalants/ glue was used by 1.4%, cocaine was used by 1.3% and amphetamines/mandrax was used by 1.1%.

Regarding availability, prescription drugs were the most readily available as reported by 71% of the students interviewed. Other drugs which were easily available in the school's neighbourhood were cigarettes reported by 69%, alcohol reported by 66.4%, miraa reported by 65.8%, bhang reported by 55%, inhalants/glue reported by 44.8% and kuber reported by 35.6%. The least available drugs in the neighbourhood were heroin reported by 16.3%, cocaine reported by 19.6% and amphetamines reported by 23%. However, the usage of these drugs is very secretive.

Only 5.6% of the students interviewed were being inspected for drugs on a weekly basis at school. Another 3.6% of students were being inspected on a monthly basis, 6.7% were being inspected once per term, 22.5% were being inspected randomly, and 28.7% were rarely inspected, while 32.9% were never inspected.

About 43% of students knew of schoolmates found in possession of cigarettes, alcohol or any other drug/substance in the school while 48% were not aware of any students caught in possession of intoxicating substances in school. The findings showed that 65.1% of the students interviewed reported that students found in possession of cigarettes, alcohol or any other drug/substance were suspended from school. Another 51.2% of students cited guidance/counselling/prayers as another measure taken against students found in possession of cigarettes, alcohol or any other drug/ substance in the school. Others actions taken against students were expulsion from school reported by 50.9%, peer counselling reported by 47.3%, parent visits reported by 44.4%, punishment reported by 44.3%, referral to rehabilitation centres reported by 19.3% and taking students to police reported by 15.3%.

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.

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CHAPTER 1: BACKGRPUND

1.1 Introduction

Alcohol and drugs abuse has permeated all strata of Kenyan society, with the youth and young adults being the most affected groups. Traditional cultural values and discipline of African society prescribed the circumstances under which drugs and intoxicants could be obtained, used and consumed. Due to social, economic and other changes, censure and control at the family level has been reduced and there is less stigma associated with the use of intoxicants. The 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 environment. Inadequate supervision and easy access to alcohol and drugs in schools, for instance, may act as risk factors for initiation of drug abuse while drug abuse education offered in the school may increase the child's self-efficacy to resist initiation of drug abuse. The study therefore will focus on the two aspects of the school environment, that is, protective and risk elements.

1.2 Problem statement

Alcohol and drug abuse (ADA) among secondary school students is a major public health problem and has been linked to such adverse consequences as suicide, delinquency, criminal behaviours, and psychological difficulties. ADA problems during adolescence are 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.

The formal education system is one of the most pervasive agents of socialisation and therefore important for schools to teach skills, to impart knowledge and to establish a sound value base in relation to health and drug abuse. Schools are also places where drug abuse problems can be identified early for treatment and rehabilitation.

1.3 Objectives

1.3.1 General objective

The overall goal of this study is to analyse and understand the factors within the school environment which encourage or prevent alcohol and drug abuse among students in schools in Nairobi.

1.3.2 Specific objectives

- i. To review and collate relevant literature on drug abuse, schooling and school environment and related issues
- ii. Establish the elements within the school environment that may act as risk factors for initiation and continuation of alcohol and drug abuse
- iii. Establish factors within the school environment that may act as protective factors for alcohol and drug abuse among school children/youth

- iv. To offer recommendations on approaches to maximize protective factors while reducing the risk ones

1.4 Justification

Several riots occurring in secondary with destruction of property, arson, rape and loss of life in the recent past are usually attributed to alcohol drugs abuse among secondary school students. Abuse of alcohol and drugs among the youth deals a blow to the country as its youth become less productive and miss their potential. The overall picture has shown a steady upward trend in drug peddling as attested by seizure statistics especially of bhang leaving no doubt of exposure of secondary schools students. The youth face the greatest risk, being targets for recruitment into the abuse of drugs by drug barons and it is increasingly clear that the youth experiment with drugs during the growing up process. Drug abuse is, therefore, an issue that not only involves the secondary school students but is also a National issue. This study explores the relationship between school environment and secondary schools alcohol and drug abuse and informs policy and strategies to maximize protective factors while reducing the risk ones within schools.

1.5 A review of the literature

A school's physical environment includes the school buildings and the surrounding grounds while the psychosocial school environment encompasses the attitudes, feelings, and values of students and staff. Physical and psychological safety, positive interpersonal relationships, recognition of the needs and success of the individual, and support for learning are all part of the psychosocial environment. Other factors that can affect a school's environment include: the economy; social, cultural, and religious influences; geography; socioeconomic status of students' families; tax bases; and legal, political, and social institutions (Marin and Brown 2008). Perceived availability and drinking volume appear to be shaped by the adolescents' social and physical environments. Adolescents who have a variety of opportunities to obtain alcohol might develop the impression that underage drinking is common and socially endorsed. Consequently, preventive actions to curb adolescent alcohol consumption should take into account the social acceptance of drinking and the physical availability of alcohol in the community (Kuntsche *et al.*, 2008).

Students spend the major part of their day in school. The school environment provides a standard against which young people test behaviour. School personnel often serve as highly influential role models by which preadolescents and adolescents judge themselves. Adolescents who perceive that their teachers care about them are less likely to initiate marijuana use, cigarette smoking, drinking to get drunk, and other health risk behaviours. Relationships with teachers and counsellors are among the most important and formative ones for many students, especially middle school students. Students who are poorly bonded to school are

also less likely to recognize that substance use may reduce the likelihood of them achieving their future goals (American Academy of Pediatrics, 2007).

The fact is that although schools do not have it in their power to stop smoking, or drinking among their students, they do have the power to improve students' knowledge and skills and to encourage development of positive values. Accordingly, schools should not be blamed when students engage in health behaviour that is less than desirable; however, they should be blamed, or at least held accountable, if students do not gain essential knowledge and skills regarding health, and cannot articulate a value position.

Schools may adopt a variety of alternatives to drug testing to address the issue of substance abuse, including offering after-school programs, incorporating life-skills training into drug education curricula, helping parents become better informed, providing counseling, identifying problem behaviors for early intervention, and promptly referring students to health care professionals for assessment and intervention. School-based health centers should have the capacity to counsel students who are in need of such treatment plans and connect students to available community resources. Schools are appropriate settings for drug prevention programs for 3 reasons: (1) prevention must focus on children before their beliefs and expectations about substance abuse are established; (2) schools offer the most systematic way of reaching young people; and (3) schools can promote a broad spectrum of drug-related educational policies.³⁶ Resources for the preparation of teachers, counselors, and other school personnel may be a valuable adjunct (American Academy of Pediatrics, 2007).

Educators are challenged to make the facts about drug abuse meaningful to children and adolescents without enticing them to try drugs. There are many curricula designed for school use that have been proven to be effective and are delivered to students in ways that are interesting, interactive, and developmentally appropriate. Although many program approaches are available, some effective programs focus on enhancing students' problem-solving skills or aiding them to evaluate the influence of the media. Other effective programs help improve students' self-esteem, reduce stress and anxiety, or increase activities. These skills are taught by using a combination of methods including demonstration, practice, feedback, and praise. Another proven approach is "life-skills training," designed to teach skills to confront a problem-specific focus, emphasizing the application of skills directly to the problem of substance abuse (American Academy of Pediatrics, 2007).

Communities can send a clear and consistent message by developing and implementing a broad, comprehensive approach to dealing with substance abuse.

Schools can serve as a focal point for such a community-wide effort. Community agencies can partner with schools to help monitor illicit drug use patterns in the local region to direct specific educational and preventive programs. Substance abuse problems that are associated with other mental health conditions can best be dealt with through comprehensive mental health programs that are capable of addressing prevention and intervention of both conditions (American Academy of Pediatrics, 2007).

Several studies have identified one psychological factor that is consistently related to an increased risk of ADA problems in both adolescents and adults—a personality pattern of high novelty seeking, low harm avoidance, and high reward dependence. Academic pressure can produce levels of stress for certain students that can have negative effects on their mental health. The school is also a primary cultural milieu for students which can influence drug, alcohol, and cigarette use among students, and risky sexual activities.

Stressful or traumatic life events also increase adolescents' risk of developing use problems. For example, Kilpatrick et al (2000) found that adolescents who witnessed or experienced physical and/or sexual assault were at greater risk of developing drug-related disorders than were adolescents without such experiences. Similarly, in an analysis of factors related to initiation and increase of ADA, Wills et al (2001) showed that the number of stressful life events experienced by adolescents was related to both the initiation and continuation of ADA.

Psychiatric factors differ from psychological factors in that they represent emotional and behavioural conditions of severity that warrant classification as mental disorders. These psychiatric disorders can co-occur with ADA disorders, and the presence of psychiatric disorders can serve as a risk factor for the development of ADA disorders in both adolescents and adults.

The seriousness of depression in adolescents and the necessity of its assessment are well recognized by clinicians and researchers. Depression during adolescence is closely linked to suicidal thoughts and behaviours, especially in the adolescents who also use drugs. For example, Wagner et al (1996) found that depression and ADA commonly coexisted among juniors and seniors in high school who attempted suicide.

One of the changes that characterize adolescence is the development of an increasing independence. Part of this process involves looking outside the family for role models. Consequently, although parental guidance and approval remain important influences on adolescent behaviour, peer guidance and approval become increasingly powerful and valued. These shifts in influences shape numerous aspects of adolescent behaviour, including ADA (Wills *et al.*, 2001).

Although the quest for independence drives adolescents to look outside the family for guidance regarding ADA, as evidenced by the increasing importance of peer

influences, family factors continue to influence adolescent ADA. Family variables continue to exert a strong influence not only because most adolescents still value their family members as models of behaviour, but also because these factors encompass such a wide range of influences.

Some educators question the goal of behaviour change and propose a more education-oriented approach to drug prevention in schools. School is not about repairing all social evils. It is about repairing one: the evil of ignorance (Swadi 1999).

CHAPTER 2: METHODS

2.1 Study site

The study was conducted in selected secondary schools in Nairobi. The students were sampled from four districts in Nairobi, namely: Dagoreti, Kamkunji, Starehe and Westlands.

2.2 Study design

The study adopted a cross-sectional design where quantitative data was obtained. Using this design, a statistically significant sample of a population is used to estimate the relationship between an outcome of interest and population variables, as they exist at one particular time. This design can efficiently measure attitudes, beliefs, behaviours, personal or family history or anything else that does not require follow-up to assess. A sample of 773 students was interviewed from selected schools in Nairobi.

2.3 Sampling

Stratification was done to categorize the schools into public and private schools. Selection of schools was also based on gender (boys' only, girls' only and mixed); boarding status; and geographic location to factor in issues of socio-economic status albeit loosely. Any selected school which opted out of the study was replaced with another school similar to it in terms of gender and location. Simple random sampling was used to identify twenty schools. In each of the selected schools, forty students were sampled using systematic random sampling technique. Using a school's register as the sampling frame, every n^{th} student was selected for the interview.

2.4 Data collection techniques

A self administered questionnaire with closed questions was used to collect data. Research assistants read out the questions and students filled the questionnaires on their own.

2.5 Research team

The research team comprised of a research coordinator, two supervisors, and ten research assistants. Four (4) District Education officers in the regions were co-opted to support mobilization, questionnaire review, pre-test and fieldwork.

2.6 Ethical consideration

NACADA sought from the Ministry of Education in the design of tools and sampling of the respondents. The selection process was random and students were selected randomly to justify representativeness. Anonymity and confidentiality of the students' information and the schools were observed during the entire research period. The data was also used for the intended purpose only.

CHAPTER 3: RESULTS

3.1 Characteristics of survey respondents

Background information of all respondents was collected to enable categorization of students according to the various drug-related indicators of interest. Table 3.1 shows the percentage distribution of students who participated in the study according to district, gender, nationality, religion, type of school, and form.

Table 3.1: Characteristics of survey respondents

Characteristic	Number	Percent
District		
1. Dagoretti	207	27.3
2. Kamukunji	192	25.3
3. Starehe	196	25.8
4. Westlands	164	21.6
Gender		
1. Male	557	72.1
2. Female	216	27.9
Nationality		
1. Kenyan	762	98.6
2. Non Kenyan	11	1.4
Religion		
1. Christian	650	84.5
2. Muslim	99	12.9
3. Hindu/ Buddhist	4	0.5
4. Other religions	16	2.1
Type of school		
1. Boys boarding	204	26.4
2. Boys day	222	28.7
3. Boys day and boarding	38	4.9
4. Girls boarding	97	12.5
5. Girls day	32	4.1
6. Mixed day	180	23.3
Form		
1. Form 1	199	25.7
2. Form 2	175	22.6
3. Form 3	260	33.6
4. Form 4	139	18.0

The respondents had relative proportionate with Dagoretti District with having the largest number of respondents constituting 27.3% of the sample, followed by 25.8% in Starehe and 25.3% in Kamkunji and 21.6% in Westlands. The sample had

proportionately more male students compared to female students at 72.1% and 27.9 % respectively.

The survey results showed that 98.6% of the respondents were Kenyan while 1.4% were non-Kenyans. Christians accounted for 84.5%, Muslims accounted for 12.9% and other religions accounted for the remaining 2.6%.

Boys’ day schools had the highest number of students who participated in the study where 28.7% were interviewed, followed by boys’ boarding schools where 26.4% were interviewed. Other types of schools participating in the survey were mixed day with 23.3%, girls’ boarding with 12.5 percentage, boys’ day and boarding with 4.9% and girls’ day with 4.1%. Form three students were the majority where 33.6% were interviewed. Those students in form one were 25.7%, those in form two were 22.6% and those in form four were 18%.

3.2 Views about different drugs

As presented in Table 3.2, most of the students understand that the various substances listed are indeed drugs. Specifically, 92.1% viewed bhang as a drug while miraa was considered a drug by 85.1%. Heroin was mentioned by 87.5%, cocaine by 89.0%, inhalants by 84.4%, amphetamines by 84.6%, alcohol by 84.6% and cigarettes by 86.2%. Kuber was mentioned by the least number of respondents (63.8%).

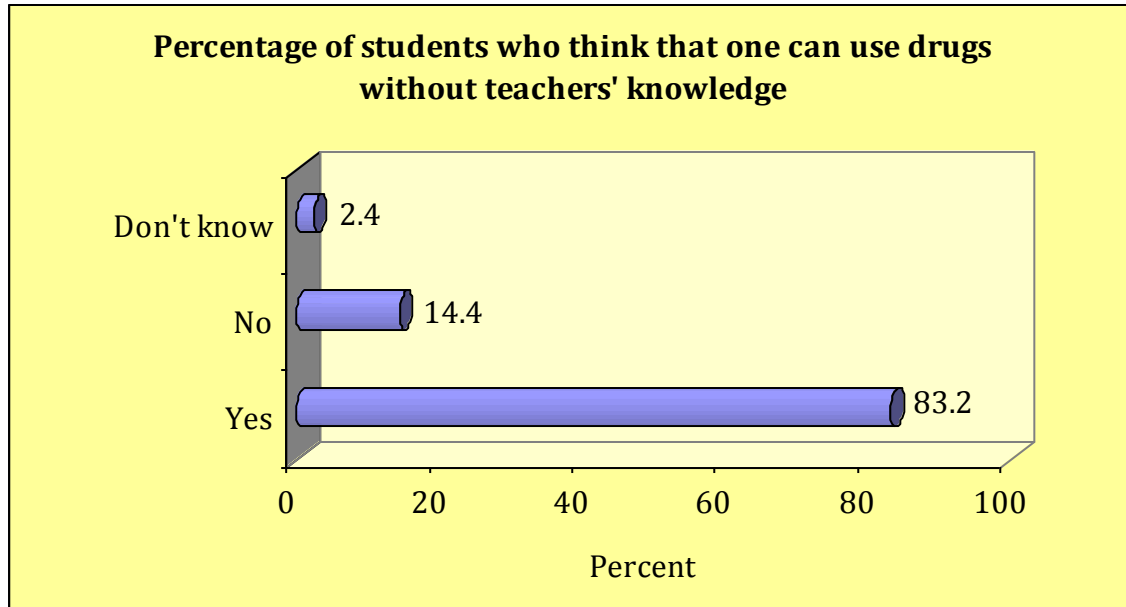
Table 3.2: Percentage of students who consider different substances to be “drugs”

Drug	n	Percent saying YES
Do you consider bhang as a drug?	712	92.1
Do you consider khat/miraa as a drug?	658	85.1
Do you consider heroin as a drug?	676	87.5
Do you consider kuber as a drug?	493	63.8
Do you consider cocaine as a drug?	688	89.0
Do you consider inhalants/glue as a drug?	647	84.4
Do you consider amphetamines/tabs/ mandrax as a drug?	665	84.6
Do you consider alcohol as a drug?	654	84.6
Do you consider cigarettes as a drug?	666	86.2

3.3 Use of drugs without teachers' knowledge

Figure 3.1 shows that 83.2% of students thought that it was possible for a student to use drugs without their teachers' knowledge while 14.4% of the students thought that it was not possible for students to use drugs without their teachers' knowledge.

Figure 3.1: Likelihood of students using drugs without teachers' knowledge (N=755)



3.4 Views on drugs consumed in the schools

3.4.1 Drugs taken in schools

All respondents were asked whether they thought different drugs were consumed by students at their respective schools. Their responses are summarised in Table 3.3.

Table 3.3 Drugs taken in schools

Drug	N	Percent
Alcohol	572	74.4
Cigarettes	443	58.1
Bhang	385	50.3
Miraa	482	62.9
Heroin	31	4.2
Cocaine	51	6.9
Kuber	188	25.0
Amphetamines/ Mandrax	65	8.8
Inhalants/ glue	96	13.1
Mandrax	54	7.3
Prescription drugs	421	56.2

According to findings, 74.4% of the students interviewed reported alcohol as the most commonly abused drug in their schools. Other drugs were miraa abused by

62.9% and cigarettes abused by 58.1%. Among the students interviewed, 50.3% reported that bhang was being consumed in their schools while another 56.3% reported that prescription drugs were being abused in schools. Cocaine and heroin had the least levels of abuse at 6.9% and 4.2% respectively.

3.4.2 Periods of drugs use

For school authorities to effectively manage the problem of drugs in schools, it was important to understand the periodicity of drug use.

As shown in Figure 3.4, the periods of alcohol consumption by students in schools were as follows:

- 49.7% reported that alcohol was consumed during school outings,
- 48.7% reported that alcohol was consumed while on their way home from school,
- 46% reported that alcohol was consumed during dinner and school competitions and
- 41.7% reported that alcohol was consumed during school trips

The periods of cigarettes use by students in schools were as follows:

- 44.2% reported that cigarettes were used while on their way home from school,
- 40.3% reported that cigarettes were used during school outings,
- 40.1% reported that cigarettes were used during weekends at school,
- 39.3% reported that cigarettes were used during dinner and competitions and,
- 34.5% reported that cigarettes were used during school trips.

The periods of bhang use by students in schools were as follows:

- 39.9% reported that bhang was used during weekends,
- 39.8% reported that bhang was used during school outings,
- 39.7% reported that bhang was used while on their on their way home,
- 38.5% reported that bhang was used during dinner and competitions and
- 35.6% reported that bhang was used during school trips.

The periods of miraa use by students in schools were as follows:

- 45.9% reported that miraa was used while on their way home from school,
- 42.3% reported that miraa was used during weekends at school,
- 41.5% reported that miraa was used during school outings 41.5% and
- 38% reported that miraa was used during dinner and competitions.

It was therefore evident that drugs were being used and abused by students while on their way home during school breaks, over the weekends at school, during school outings, during school trips and during dinner and school competitions. There is thus need for schools management to be keen during these periods because supervision is very minimal.

Table 3.4 Periods when drugs are likely to be used in schools

Period	Alcohol	Cigarettes	Bhang	Miraa
Any time	73 (10.2)	75 (10.7)	67 (9.5)	68 (9.6)
During class break	98 (13.7)	140 (19.9)	173 (24.5)	101 (14.2)
Game periods	187 (26.3)	205 (29.0)	203 (28.8)	191 (26.9)
Weekends at school	310 (42.8)	285 (40.1)	281 (39.9)	303 (42.3)
On their way home from school	349 (48.7)	316 (44.2)	281 (39.7)	327 (45.9)
School outings	360 (49.7)	288 (40.3)	280 (39.8)	295 (41.5)
Dinner, inter-schools athletics, sports, music/ drama competitions	331 (46.0)	278 (39.3)	270 (38.5)	266 (38.0)
During school trips	301 (41.7)	244 (34.5)	251 (35.6)	257 (36.7)
Bought during school visits	140 (19.8)	119 (17.4)	136 (19.7)	122 (17.5)

3.4.3 Sources of drugs

One of the basic requirements for an effective alcohol and drug use control and prevention is to suppress supply of drugs. It is therefore critical to appreciate alcohol and drug sources within the internal and external school environment. Table 3.5 presents the major sources of alcohol and drugs used in schools by the students. The major sources of drugs were as follows:

- 52.9% reported that alcohol used in schools was sourced from their homes, 48.1% was sourced from, friends while 38.1% was bought from fellow students.
- 49.9% reported that cigarettes used in schools were sourced from homes, 46.2% sourced from friends, 40.7% bought from a kiosk/ shop near school and 37.1% bought from fellow students.
- 47.2% reported that bhang used in schools was largely sourced from their homes, 46.2% sourced from friends and 39.5% bought from fellow students.
- 45.4% reported that miraa used in schools was largely sourced from their homes, 44.9% was sourced from friends while 34.1% bought from their fellow students.

The findings demonstrated quite clearly that friends, homes, fellow students and kiosks or shops near schools were the major sources of alcohol and drugs abused in schools. It was also evident that students are peddling alcohol and drugs in schools. Environments around homes and families were therefore the prime sources of alcohol and drugs used and abused in schools.

Table 3.5 Sources of drugs

Sources	Alcohol	Cigarettes	Bhang	Miraa
Kiosk or shop near school	117 (16.7)	288 (40.7)	118 (17.1)	214 (29.9)
Bar near school	208 (29.8)	103 (14.6)	75 (11.9)	85 (11.9)
From friends	339 (48.1)	326 (46.2)	321 (46.2)	324 (44.9)
From school workers	76 (10.9)	75 (10.7)	54 (7.8)	96 (13.4)
Carried from home	369 (52.9)	355 (49.9)	329 (47.2)	325 (45.4)
Local brew dens	179 (25.5)	126 (17.9)	132 (19.1)	139 (19.5)
Bought from other students	271 (38.1)	263 (37.1)	272 (39.5)	244 (34.1)

3.5 Use of different drugs

As shown in Table 3.6, alcohol was the most commonly used substance, with 36.3% of students reporting a lifetime use. Lifetime usage of other drugs in schools 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 cocaine was used by 2.2%.

Table 3.6 Lifetime drug use

Drug	N	Percent
Alcohol	276	36.3
Cigarettes	155	20.2
Bhang	75	9.8
Miraa	241	31.5
Heroin	24	3.1
Cocaine	17	2.2
Kuber	42	5.5
Amphetamines/ Mandrax	20	2.6
Inhalants/ glue	21	2.7

As shown in Table 3.7, 18.5% of students had consumed alcohol in the last 6 months. Other drugs used by students in schools in the last 6 months showed that miraa was used by 15.7%, cigarettes were 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%.

Table 3.7 Use in the last 6 months

Drug	N	Percent
Alcohol	137	18.5
Cigarettes	59	8.1
Bhang	47	6.3
Miraa	115	15.7
Heroin	15	2.0
Cocaine	12	1.6
Kuber	17	2.3
Amphetamines/mandrax	12	1.6
Inhalants/glue	11	1.4

As shown in Table 3.8, 10.4% of students in schools had consumed alcohol in the last 30 days prior to the survey. Other drugs used by students in schools in the last 30 days showed that miraa was used by 11.2%, cigarettes were used by 5.8%, bhang was used by 4.7%, kuber was used by 2.0%, heroin was used by 1.6%, inhalants/glue was used by 1.4%, cocaine was used by 1.3% and amphetamines/mandrax was used by 1.1%.

Table 3.8 Current alcohol and drug use (last 30 days)

Drug	N	Percent
Alcohol	77	10.4
Cigarettes	42	5.8
Bhang	35	4.7
Miraa	82	11.2
Heroin	13	1.7
Cocaine	10	1.3
Kuber	15	2.0
Amphetamines/ mandrax	9	1.2
Inhalants/ glue	8	1.1

3.6 Risk factors for alcohol and drug abuse among students in Nairobi

3.6.1 Availability

Students were asked to indicate the different drugs available in their school's neighbourhood and their responses are presented in Table 3.5.

Table 3.9 Drugs available in the neighbourhood

Type of drug	n	Percent
Alcohol	511	66.4
Amphetamines	172	23.0
Bhang	421	55.0
Cigarettes	528	69.0
Cocaine	148	19.6
Inhalants/ glue	340	44.8
Heroin	123	16.3
Khat/ miraa	505	65.8
Kuber	269	35.6
Prescription drug	535	71.0

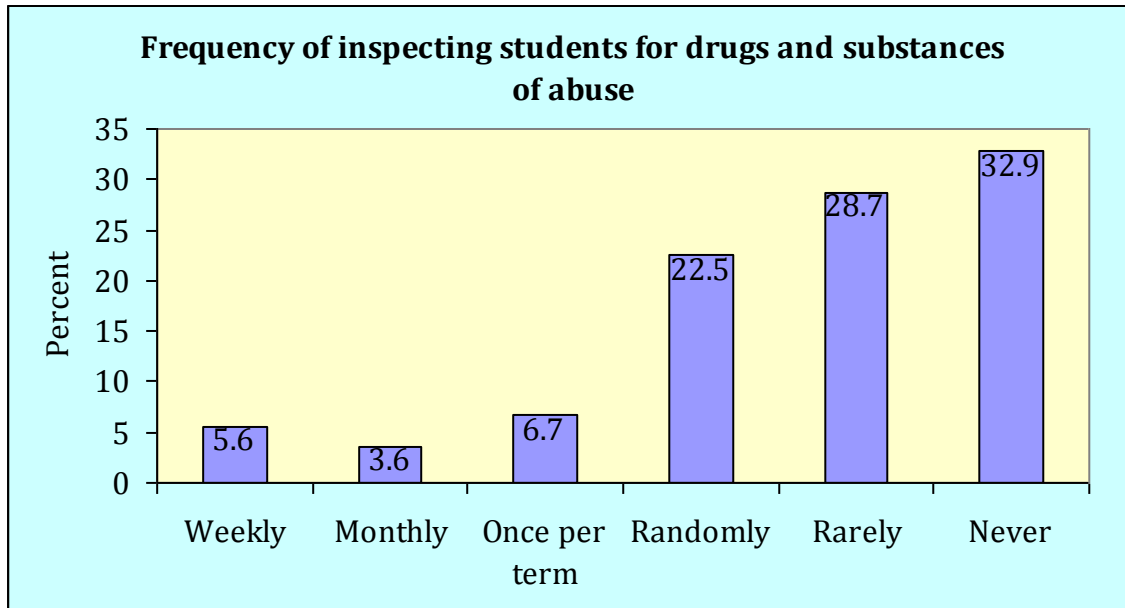
Regarding availability, prescription drugs were the most readily available as reported by 71% of the students interviewed. Other drugs which were easily available in the school's neighbourhood were cigarettes reported by 69%, alcohol reported by 66.4%, miraa reported by 65.8%, bhang reported by 55%, inhalants/glue reported by 44.8% and kuber reported by 35.6%. The least available drugs in the neighbourhood were heroin reported by 16.3%, cocaine reported by 19.6% and amphetamines reported by 23%. However, the usage of these drugs is very secretive.

3.7 Protective factors

3.7.1 Inspection

Frequent inspection for drugs can act as a deterrent in drug abuse among students and to explore on its effectiveness to deter drug abuse respondents were asked how frequently they were screened for drugs. Analyses of their responses are presented in Figure 3.2.

Figure 3.2 Frequency of inspecting drugs and substances of abuse (N=748)



Only 5.6% of the students interviewed were being inspected for drugs on a weekly basis at school. Another 3.6% of students were being inspected on a monthly basis, 6.7% were being inspected once per term, 22.5% were being inspected randomly, and 28.7% were rarely inspected, while 32.9% were never inspected.

3.8 Knowledge, attitudes and practices on risk factors

As shown in Table 3.10, 24.8% were aware of any facility for treatment or rehabilitation of substance use problems. In addition, 84.1% agreed that students were likely to be initiated into drug and alcohol abuse during their secondary lives., 58.6% agreed that students with excessive pocket money were likely to take alcohol and drugs, 79.2% agreed that students had a role to play in the control of drugs/ alcohol supply in secondary schools and another 45% agreed that there was good communication between the students and teachers in their schools.

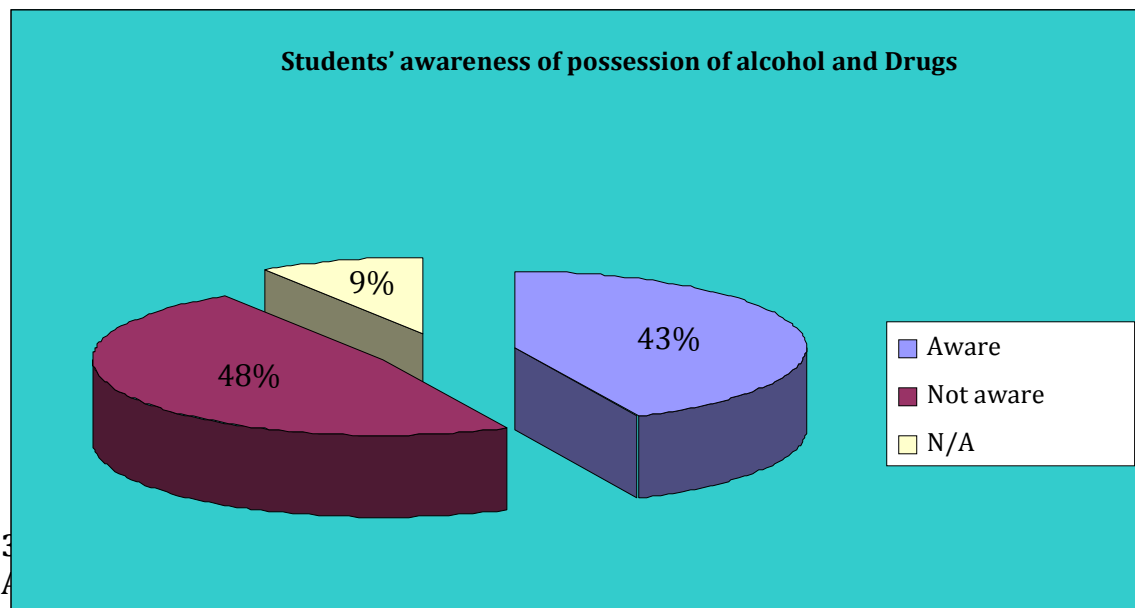
Table 3.10 Attitudes on the risk factors to alcohol and drug abuse

Characteristic	n	Percent
Know any particular facility in Nairobi or elsewhere for treatment or rehabilitation of substance use problems	189	24.8
Agree that students are likely to be initiated into drug and alcohol abuse during their Secondary school lives	647	84.1
Agree that students with excessive pocket money are likely to take alcohol and drugs	452	58.6
Agree that students have a role in the control of drugs/ alcohol supply in Secondary Schools	611	79.2
Agree that there is good communication between the students and teachers in this School	344	45.0

3.9 Mitigation measures

As shown in Figure 3.3, 43% of students know of schoolmates found in possession of cigarettes, alcohol or any other drug/ substance in the school while 48% were not aware of any schoolmates found in possession of alcohol or drugs.

Figure 3.3 Know of schoolmates found in possession of cigarettes, alcohol or any other drug/ substance in the school (N=768)



found in possession of cigarettes, alcohol or any other drug/substance were suspended from school. Another 51.2% of students cited guidance/counselling/prayers as another measure taken against students found in possession of cigarettes, alcohol or any other drug/ substance in the school. Others actions taken against students were expulsion from school reported by 50.9%, peer counselling reported by 47.3%, parent visits reported by 44.4%, punishment reported by 44.3%, referral to rehabilitation centres reported by 19.3% and taking students to police reported by 15.3%.

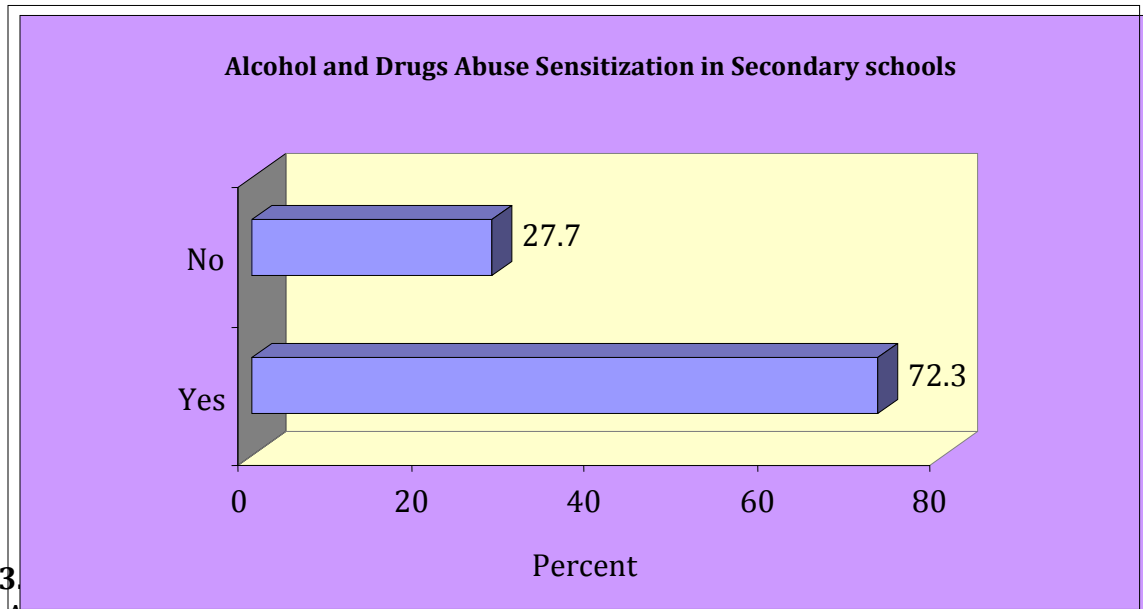
Table 3.11 Action taken against students found in possession of cigarettes, alcohol or any other drug/ substance in the school

Action	n	Percent
Guidance/ counselling/ prayers	373	51.2
Parent visits	322	44.4
Peer counselling	344	47.3
Punishment	323	44.3
Referral to rehabilitation centres	139	19.3
Suspension from school	482	65.1
Taken to police	111	15.3
Expulsion from school	371	50.9

3.10.1 Attended an awareness talk on dangers of alcohol and drug abuse in school

Figure 3.4 show that 72.3% of the respondents had ever attended an awareness talk on the dangers of alcohol and drug abuse in their schools while 27.7% had not.

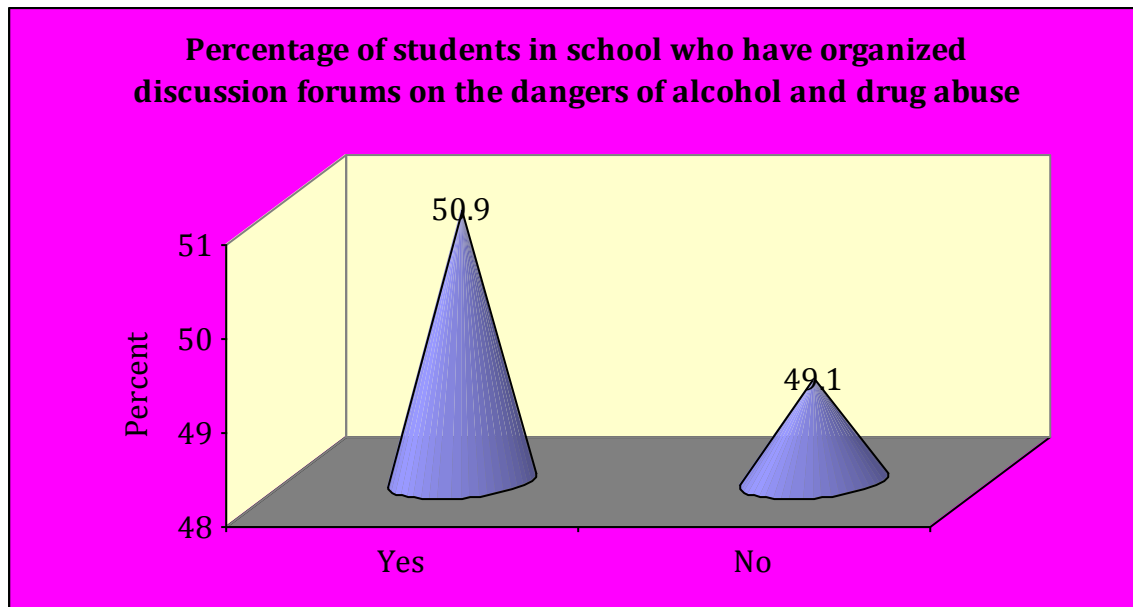
Figure 3.4 Ever attended an awareness talk on the dangers of alcohol and drug abuse in your school (N=762)



3.

As shown in Figure 3.5, 56.7% of students were in some form of groupings that had organized discussion forums on the dangers of alcohol and drug abuse while the remaining 49.1% had not organized such a forum.

Figure 3.5 Students have organized discussion forums on the danger of alcohol and drug abuse (N=758)



3.11 Drug abuse and school-related indicators: exploration of the nature of association

Table 3.12 below explores the relationship between the different demographic factors and alcohol consumption in the last 6 months. Alcohol was used in this analysis because it was the commonest abused drug.

The findings allude the following risk factors to alcohol consumption in the last 6 months prior to the survey;

- Males students were at a higher risk of alcohol consumption (21%) compared to female students (15.4%)
- Students living with a grandparent were at a higher risk of alcohol consumption (30%) compared to those living with a father only (13.2%), mother only (18.7%) and both father and mother (19.2%).
- Students professing the Christian faith were at a higher risk of alcohol consumption (19.6%) compared to the Muslims (11.3%).
- Students in Dagoreti district were at a higher risk of alcohol consumption (25.6%) compared to those from Westlands (10.1%), Starehe (15.3%) and Kamkunji (17.2%) districts.
- Students in boys' day schools (24.4%) and boys' boarding schools (24%) were at a higher risk of alcohol consumption compared to those in girls' boarding (6.2%), mixed day (13.5%), girls' day (15.6%) and boys' day and boarding (15.8%) schools.

- Students in Form 4 were at a higher risk of alcohol consumption (29.9%) compared to those in Form 1 (6.3%), Form 2 (18.6%) and Form 3 (21.3%).

It is therefore evident from the findings that boys' schools are more affected than girls' schools while girls' boarding schools emerge to be safest environment protecting students against alcohol consumption.

Table 3.12 Alcohol use by demographic characteristics

Characteristic	Taken alcohol in the last 6 months	
	Categories	Percent
Gender of respondent	Male	21.0
	Female	15.4
Type of guardian one lives with	Father and mother	19.2
	Mother only	18.7
	Father only	13.2
	Grandparent	30.0
Religion	Christian	19.6
	Muslim	11.3
District of respondent	Dagoreti	25.6
	Kamkunji	17.2
	Starehe	15.3
	Westlands	10.1
Type of school	Boys boarding	24.0
	Boys day	24.4
	Boys day and boarding	15.8
	Girls boarding	6.2
	Girls day	15.6
	Mixed day	13.5
Stage of education	Form 1	6.3
	Form 2	18.6
	Form 3	21.3
	Form 4	29.9

As shown in Table 3.13, students given a pocket money of less Ksh 500 (25.6%), Ksh 3001 – 5,000 (23.1%), over Ksh 5,000 (23.1%) and Ksh 1001 – 3,000 (19.5%) reported a higher likelihood of using alcohol in the last 6 months compared to those students who are given a pocket money of Ksh 501 – 1,000 (14%). It is quite obvious that too much or too little pocket money was a risk factor for alcohol consumption among students.

Students whose friends were abusing alcohol reported a higher likelihood of alcohol consumption in the last 6 months (33.3%) compared to those students whose friends don't take alcohol (6.1%). Similarly, students who knew any schoolmates

abusing alcohol reported a higher likelihood of alcohol consumption in the last 6 months (33.3%) compared to those with no idea (5%).

Students who reported that alcohol was readily available in the school's neighbourhood reported a higher likelihood of abusing alcohol in the last 6 months (21%) compared to those reporting that alcohol was not available in the school neighborhood (15.4%).

Regular inspection of students was a protective factor to alcohol and drug abuse in schools. As the findings reveal, students screened once per term (22.9%) and those who were never inspected (21.5%) had a higher likelihood of alcohol consumption in the last 6 months compared to those inspected on a weekly basis (11.9%), randomly (16.7%) and on a monthly basis (19.2%).

Students who had never attended an awareness talk on alcohol abuse in their schools had a higher likelihood of alcohol consumption in the last 6 months (17.3%) compared to those that had ever attended such talks (21.7%). Students who were inactive in sports, clubs and study groups reported a higher likelihood of alcohol consumption in the last 6 months (22.7%) compared to the active students (17.7%).

Students who had never organized discussions forums on the dangers of alcohol and drug abuse reported an elevated risk of alcohol consumption in the last 6 months (21.8%) compared to those that had organized these discussion forums (21.8%).

Table 3.13 Alcohol use by other selected variables

Variable	Taken alcohol in the last 6 months	
	Categories	Percent
Average pocket money per term	Less than 500	25.6
	501 -1,000	14.0
	1001 – 3,000	19.5
	3001 – 5,000	23.1
	More than 5,000	23.1
Have a TV at home	Yes	19.8
	No	8.6
Have a car at home	Yes	23.9
	No	15.3
Close friends take alcohol	Yes	33.3
	No	6.1
Know any school mates who take alcohol	Yes	33.3
	No	5.0
Alcohol is available in your neighbourhood	Yes	21.0
	No	15.4

Variable	Taken alcohol in the last 6 months	
	Categories	Percent
Frequency of inspecting drugs and substance of abuse in school	Weekly	11.9
	Monthly	19.2
	Once per term	22.9
	Randomly	16.7
	Never	21.5
Ever attended an awareness talk on the dangers of alcohol abuse in your school	Yes	17.3
	No	21.7
Are an active member of sports, clubs and study group	Yes	17.7
	No	22.7
Students in school have organized discussions forums on the dangers of alcohol and drug abuse	Yes	15.8
	No	21.8

CHAPTER 4: CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

Findings indicated that;

- Majority of students (83.2%) thought that it was possible for a student to use drugs without their teachers' knowledge.
- Alcohol was the most commonly abused drug in schools (mentioned by 74.4% of the students) followed closely by miraa (mentioned by 62.9% of the students) and cigarettes (mentioned by 58.1% of the students). About half of the students stated that bhang was being consumed in their schools (50.3%) whereas more than half (56.3%) agreed that prescription drugs were being abused in their schools. Cocaine and heroin had the least levels of abuse as reported by 6.9% and 4.2% of the students respectively.
- Alcohol and drugs were mostly abused when students were on their way home, during weekends at school, during school outings, during school trips and during dinner and school competitions.
- The findings also demonstrated that friends, their homes, fellow students and kiosks or shops near schools were the major sources of alcohol and drugs used in schools.
- 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%. Other drugs used by students in schools in the last 30 days showed that miraa was used by 11.2%, cigarettes was used by 5.8%, bhang was used by 4.7%, kuber was used by 2.0%, heroin

was used by 1.6%, inhalants/ glue was used by 1.4%, cocaine was used by 1.3% and amphetamines/mandrax was used by 1.1%.

- Regarding availability, prescription drugs were the most readily available as reported by 71% of the students interviewed. Other drugs which were easily available in the school's neighbourhood were cigarettes reported by 69%, alcohol reported by 66.4%, miraa reported by 65.8%, bhang reported by 55%, inhalants/glue reported by 44.8% and kuber reported by 35.6%. The least available drugs in the neighbourhood were heroin reported by 16.3%, cocaine reported by 19.6% and amphetamines reported by 23%. However, the usage of these drugs is very secretive.
- About 43% of students knew of schoolmates found in possession of cigarettes, alcohol or any other drug/substance in the school while 48% were not aware of any students caught in possession of intoxicating substances in school. The findings showed that 65.1% of the students interviewed reported that students found in possession of cigarettes, alcohol or any other drug/substance were suspended from school. Another 51.2% of students cited guidance/counselling/prayers as another measure taken against students found in possession of cigarettes, alcohol or any other drug/substance in the school. Others actions taken against students were expulsion from school reported by 50.9%, peer counselling reported by 47.3%, parent visits reported by 44.4%, punishment reported by 44.3%, referral to rehabilitation centres reported by 19.3% and taking students to police reported by 15.3%.
- Students at risk of alcohol and drugs abuse in secondary school had characteristics of 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, being given high sums of pocket money by parents, having friends abusing alcohol, knowing of a schoolmate abusing alcohol, lacking regular students inspection in schools for alcohol and drugs, failing to attend awareness talks on dangers of alcohol abuse, being inactive in sports, clubs or study groups and failing to organize a discussion forum on dangers of alcohol and drug abuse in their schools.

4.2 Recommendations

4.2.1 Programmatic

- More focus should be accorded on alcohol and drug abuse programs in schools to impart skills to resist drug abuse and enhance self-efficacy to choose drug free life.

- The schools management should strive to create an atmosphere that minimises availability and access to drugs by students since availability and access is associated with drug abuse.
- There is need for schools to understand linkages between the school community, the home and the surrounding environment in the fight against drugs abuse among students.
- Close supervision of students should be promoted especially during the lax periods in schools
- The schools management should invest more on extra-curricula activities like sports.
- A curriculum on alcohol and drugs was timely in schools to sensitize and create awareness among students.
- There was need to train teachers and students on how to respond to cases of alcohol and drug abuse in schools.
- There is need for schools to collaborate with the community to help monitor illicit drug use patterns in the local region.

4.2 Research

- A key area for future research is the mechanisms for mediating peer influence to resist drug abuse among students.

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