

TANGAZA COLLEGE

CATHOLIC UNIVERSITY OF EASTERN AFRICA

DEPARTMENT OF PASTORAL STUDIES

DRUG ABUSE AMONG THE YOUTH: A PASTORAL ISSUE

**A LONG ESSAY SUBMITTED TO THE DEPARTMENT OF PASTORAL STUDIES IN
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
BACHELOR OF ARTS IN RELIGIOUS STUDIES**

BY

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FEBRUARY, 1998

NAIROBI, KENYA

DEDICATION

This work is dedicated to all our precious youth, especially drug abusers. For them and for all those who share their painful experience, we pray for strength and the hope that this heart-wrenching problem of drug abuse may one day come to an end.

STUDENT'S DECLARATION

DRUG ABUSE AMONG THE YOUTH: A PASTORAL ISSUE

BY

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I, the undersigned, declare that this long essay is my original work achieved through my personal reading, scientific research method and critical reflections. It has never been submitted to any other college or university for academic credit. All sources have been cited in full and acknowledged.

Signed: *Mulenga*
Clement Mulenga, SDB

Date: *11th February, 1998*

This long essay has been submitted for examination with my approval as the college supervisor.

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Date: *11-2-98*

ACKNOWLEDGEMENTS

Sincere thanks to my Tutor, Rev. Prof. Raphael Wanjohi, for his valuable guidance. Special thanks to him for his insights in guiding this work to what it is. I would also like to thank Fr Roy Fosker SDB, for the sincere effort he put in proof-reading this work. Thanks also to Fr George Kocholickal SDB, for the necessary suggestions and changes he made to improve this work. My thanks go to all the participants from Don Bosco Boys' Town, Don Bosco Boys' Secondary School, Don Bosco Girls' Secondary School, Mazzarello Girls' Polytechnic, Mutuini, Katwekera and Laini Saba Youth Centres.

My deepest thanks go to Bro. Alphonse Owoudou SDB and Bro. Augustine Sellam SDB who were readily available whenever I had some computer problems. My thanks and gratitude go to my Rector, Fr George Chalissery SDB, for his unwavering moral support in accomplishing this work.

Finally, I wish to express my genuine thanks to my fellow Salesians at Don Bosco Utume for the endless troubles I caused during the long hours of typesetting this work. Thanks for putting up with me.

MAY GOD BE YOUR ABIDING GUIDE

ABSTRACT

This Long Essay was prompted by one main consideration; namely, that the non-medical use of drugs is rampant among the Kenyan youth. This has affected not only the youth themselves, but also their families and society at large. In other words, what the World Health Organisation (WHO) has been saying for over three decades about trends in the world as a whole is seen to be increasing in the specific case of Kenya. This problem has also been re-echoed persistently by the Kenyan mass media.

Our concern was that the precise character and magnitude of the drug problem among Kenyan youth has yet to be adequately documented and addressed. We directed our research study precisely to our youth in some Don Bosco schools and youth centres.

This research study, whose results are recorded here, will render a great help to us in order to evaluate the prevalence of drug abuse among our Don Bosco youth. The findings reported here are based on the responses obtained from a randomly selected sample of Nairobi City and Embu town.

One of our most significant findings is that according to their frequencies, the four most abused drugs are alcohol (57), khat (30), cannabis (12) and opium/heroin (10). Another outstanding element is that out of the total percentage of respondents (100 %), 43.8% were drug abusers.

On the basis of these and other findings, we conclude that any campaign against drug abuse in Nairobi City and Embu town must focus primarily on alcohol, khat, cannabis and opium/heroin. Based on the foregoing and other inferences, we conclude that any campaign launched in Nairobi and Embu against the drug menace should address their availability and accessibility. The youth, who are the most vulnerable sector of the Kenyan population, must be seriously sensitised. This should be done through the mass media, seminars, workshops, counselling and by creating youth activities.

Let us take note that one must be extremely careful about how one handles a media campaign against drugs to avoid arousing curiosity among the youth. However, this risk is surpassed by the likely benefits of such a campaign. A focus on availability of the drugs of abuse would appear more promising.

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GENERAL OVERVIEW

This long essay is organised under five chapters. Chapter One sheds light on the background of drug abuse. It also deals with the statement of the problem, the purpose of the study, the research hypothesis, justification and significance of the study and, finally, the limitation of the study.

Chapter Two examines literature review. This has provided a somewhat comprehensive review of the necessary literature on this subject. It has included important research data that are related to our research work. Furthermore, we have taken into account the most recent works, which are in line with our subject of study.

Chapter Three is based on field research, which we conducted among our youth in Nairobi City and Embu town. This chapter has also brought to the surface the important area of our research methodology.

Chapter Four makes known our research findings. In this chapter, we have provided the analysis and discussion of all our findings that are relevant to the hypothesis we have put forward. When appropriate, we have supplied tables and figures to help us with visual summarisation of sets of related data extracted from the research.

Chapter Five is our final section of this research report. This section comprises our summary, pastoral recommendations as a remedy to drug abuse, and suggestions for future research. We shall now proceed to Chapter One.

CHAPTER ONE

1.0 GENERAL INTRODUCTION

1.1 BACKGROUND OF THE STUDY

When I first set foot on Kenyan soil in 1994, my Salesian Community sent me to work at Katwekera, in Kibera slum, Nairobi. My early days in that place were by no means easy, but very educative. I was exposed to hostile conditions under which many people were living. Most of them lived in utter poverty. This was my first encounter with massive drug abuse.

As I continued to work with the youngsters of that area, I came to discover a good number of drinking places. Very often, people were there drinking some local brew. Quite a good number were not only drinking, but also smoking. It took me a few months to learn that some of the youth were also involved. Even more disturbing was the fact that there were some who used to take such drugs as cannabis (bhang).

In the beginning I thought that such a phenomenon was common only in that slum environment, but it was a mistake on my part. Two years later, I was transferred to another youth centre, Karinde, near Resurrection Garden. Here I found that what I had seen at Katwekera was also present, though to a slightly less degree.

I am also involved in weekend youth retreats and workshops. Most of these are for secondary school pupils. In my work with them, I have come to realise that even some of these youth are also unfortunately hooked on drugs.

The media have made me even more aware of the critical situation of drug abuse in our society. Today, the abuse of drugs is present on every level of society. However, young people are the most affected sector of our society. For this reason, it is imperative that the youth must receive special attention.

1.2 STATEMENT OF THE PROBLEM

The media are creating the impression that there is what we may call "an apparent explosion of drug abuse in Kenya." Last year in the Standard Newspaper (dated: January, 7, 1995, 15) I came across an article written by Dr Wangoi Njau and Samson Redeny, of the Centre for the Study of Adolescence, entitled: "Drug Abuse among the Adolescents." In their article they pointed out that studies at **Egerton and Kenyatta Universities** show that drug abuse is widespread. It was this that shook me out of my slumber. If drug abuse is really widespread among such educated people as university students, what of secondary school pupils and young people with little education?

As I reflected on this in conjunction with what I had already encountered at Katwekera, Karinde and in youth retreats, it dawned on me more and more that this is a serious problem, which needs attention. In view of this, we are setting out to address the problem of drug abuse among the youth with whom we work.

1.3 OBJECTIVES OF THE STUDY

Drug abuse poses a big challenge today. The more we familiarise ourselves with the world of youth, the more conscious we become of the scourge caused by drug abuse. It is enough to move around the streets of our big city, Nairobi, for one to find a good number of street children sniffing glue! The media have also almost consistently brought to the attention of the public the increasing cases of not only drug trafficking but also drug abuse.

With an overwhelming conviction that the youth are the most vulnerable sector of our population, our main objectives in this research study were as follows:

- (i) to assess drug abuse among our own youth - Don Bosco youth,
- (ii) to collect data for drug abuse,
- (ii) to identify the major types of drugs which the youth abuse; and,
- (iii) to propose recommendations for planning appropriate lines of action.

1.4 RESEARCH HYPOTHESIS

This research work is an attempt to test the hypothesis that:

Drug abuse is widespread in our Don Bosco schools and youth centres.

1.5 JUSTIFICATION AND SIGNIFICANCE OF THE STUDY

There is no society that does not treasure its youth. Young people are the future of the society, the nation and the world at large. In view of this, if we have a sick younger generation, then the future of society is at stake. Following this line of argument, a study that springs from the need to "heal" the youth, so as to make them responsible leaders of tomorrow and morally upright citizens, is undoubtedly important. This piece of work is an essential tool in helping our young people either to seek medical treatment (for drug addicts) or to be aware of the dangers posed by this desperate climate of drug abuse, and thus avoid falling prey to that menace.

1.6 SCOPE AND LIMITATION OF THE STUDY

According to the research studies carried out by Dr Mauri Yambo and Prof. S.W.Acuda (1983) and Dr Halima Abdullah Mwenesi (1995), drug abuse is found on all levels of Kenyan society; it encompasses all classes and ages. The scope of this present study is however narrowed down to only one sector: the youth. Since this piece of work is by no means meant to portray a panoramic nation-wide picture of the drug problem, we have narrowed it even further to include only the youth for whom and with whom we Salesians work both in Nairobi City and Embu town.

In this part of our research work, interviews take into consideration eight types of drugs. These are: Opium or heroin, cannabis (bhang), cocaine, amphetamine, barbiturates, alcohol, solvents and khat (miraa). They also take care of the cases where the first five drugs have been abused in combination.

The following were the schools that participated in this venture: Don Bosco Boys' Town, Karen, Nairobi; Don Bosco Boys' Secondary School, Embu; Don Bosco Girls' Secondary School, Embu; and Mazzarello Girls' Polytechnic, Embu. Three Salesian youth centres also took part, i.e., Mutuini, Katwekera and Laini Saba. All of them are situated around Nairobi.

*****=====*****

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

Chapter Two is intended to look at some important literature that has been written on this subject. Literature review on drug abuse will help us realise what other great men and women have already put forward. In addition, it will be a somewhat important tool to assist us in coming up with some beneficial insights, even more specifically regarding the youth.

2.2 SURVEY OF RELEVANT LITERATURE

The first documentation of drug abuse in Kenya was recorded back in 1965 in a study centred on drug dependence on khat (Eddy, 1965). It was only in the 70s that the wind of change began to blow strongly in this field of research. Since this has to do with health, it was the professionals in the Health Sciences who first made the attempt to address this issue. These were followed by sociologists at the Department of Sociology, at the University of Nairobi.¹

Most of the main works on drug abuse in Kenya have been published in the **East African Medical Journal**. Major works include those that were carried out by Bittah and Acuda (1979); Acuda and Muhangi (1979); Dhadphale, Mengech and Chege (1981); and Dhadphale and Omolo (1988). Many of these studies have focused on medical consequences of such drugs as khat (miraa) and alcohol. They pointed out that khat causes psychosis, that there is psychiatric morbidity among khat chewers and that the abuse of alcohol causes alcoholic gastritis.

In 1983, there was a study conducted under United Nations Fund For Drug Abuse Control (Yambo and Acuda, 1983). In this study, it was viewed that alcohol, tobacco and khat were the most

¹Halima Abdullah Mwenesi, *Rapid Assessment of Drug Abuse in Kenya - A National Report*, UNDCP, Kenya Medical Research Institute, Nairobi, 1995, 11.

abused drugs. Some fundamental contributions were also made by the research studies conducted by Ogutu (1976), Bittah, Owola and Oduor (1979), Mbabu (1979), Wanjiru (1979), Wainaina (1981), Acuda (1982), Dhadphale, Mengech, Syme, and Acuda (1982), Owino (1982), Kiprono (1983), Donde (1984), Haji (1985), Omolo (1985), Ngatia (1985), Mac'Botongore (1987), Thurania (1988), Karatu (1989), Ochino (1990), Onyango (1991), Ogola (1993), Nzau (1994) and Mwenesi (ed) (1995). These studies were undertaken in both rural and urban areas. They were based on individual level and among social categories, for instance, among school pupils and the youth.² Not only have these studies unearthed the scope and extent of drug abuse, but they have also probed into the particular drugs that are being abused. For example, Ogutu and Donde focused their study on chang'aa while Dhadphale, Haji, Mengech and Omolo took on khat. Other areas, such as gender, have also been examined (Beckman, 1988).³

There is a Kenyan assessment country report on "Women and Drug Abuse" (1993) executed by the World Health Organization. This assessment came up with some interesting findings. Women who were found to be drug abusers came from poor and broken down families. Included in this report were also women in precarious and vulnerable circumstances. These are school drop-outs, prostitutes, poor families headed by single mothers and young mothers. •

In one article entitled: Drug abuse on the rise in Kenya, by All Africa Press Service (1995), Kenya features among countries that are endangered by drug abuse. Kenya's geographical location is cited as the principal reason for the upward trend of drug abuse. The article pinpoints street children, students at tertiary level and commercial sex workers as some of the main groups that abuse drugs. They abused such social drugs as alcohol, tobacco, miraa and illicit drugs such as cannabis, heroin, cocaine and mandrax. It, however, makes a fascinating observation that the **abusers of drugs do not see their practice as a problem, but as a solution to their problems and difficulties.**

✓ Boniface Karechio, the Director of Drug Abuse Education Programme in Kenya, in his book entitled: Drug Abuse in Kenya (1994), also brings forth some important points on various drug related issues. Drug Forum (1997, 3), an open forum on drugs for NGOs in eastern and southern Africa, makes the following interesting, and even important, points on 'Facts about youth and drugs in Kenya':

* Kenyan youth make up 60% of the country's population.

* A recent survey indicates that 20% of youth aged 10 to 14 smoke tobacco, while

²Ibid.
Ibid.

these figures increase to 44% for youths aged 15 to 19 and 69% for youths aged between 20 and 24.

- * Their peers initiated 49% of Kenya's teenage drug users into drug abuse.
- * Alcohol, miraa (khat), tobacco, mandrax, cannabis sativa, and glue are the drugs most commonly abused by Kenyan youth.
- * Female youths in Kenya are four times more likely to engage in sexual activity if they have used drugs, while males are twice as likely to do so.⁴

An article written by Alfred Mugambi (1997, 7) in 'The East African' states that as drug trafficking and abuse threaten to spin out of control, Kenya has established an Inter-Ministerial Body on Drug Control. This body was established with a view to addressing the recommendations on drug trafficking and abuse made by a workshop in 1994.

Mwaniki (1982) made an attempt to explore the data on the **production and consumption** of drugs in Kenya. In her study, she concentrated on just two drug types, **alcohol and tobacco**.⁵ Her work covered the period between 1977 and 1981. She based her work largely on the data published by the Government, through the Central Bureau of Statistics. Using this data, Mwaniki arrived at some interesting conclusions.

Following are the important ones:

- 1) A great amount of alcohol was produced during that period in order to meet local demand. Actually, an average of over 300 litres was produced for every Kenyan man, woman and child during the period 1979 and 1981 (Mwaniki 1982, 7).
- 2) Generally speaking, legal drinking hours are "so permissive that most drinkers can get alcohol beverages every day of the week" and practically any time of the day or night (Mwaniki 1982, 10).
- 3) The advertising industry largely government-owned radio and TV system contributed enormously to the high demand for and consumption of alcohol here in Kenya (Mwaniki 1982, 13-14).

⁴Information provided by the Centre for the Study of Adolescents, Kenya Association of the Promotion of Adolescent health. Supplied by courtesy of Patrick Mailu.

Mauri Yambo and S.W. Acuda, Epidemiology of drug use and abuse: Final Report of a Pilot study of Nairobi City and Kyaume sublocation, Kenya (1983, 19).

- 4) "Expenditure on tobacco rises with income" here in Kenya (Mwaniki 1982, 18).
- 5) Commercial advertising industry by the mass media has encouraged smoking in part. The easy availability of tobacco products is another luring factor.
- 6) On the whole, there is a rising trend in " production, consumption and sale of alcoholic beverages and tobacco products in Kenya" (Mwaniki 1982, 24).

A serious consideration of Mwaniki's study brings us to the following deductions:

- a) Easy availability of drugs and persistent advertising of these products are the factors that are encouraging a far-reaching use of alcohol and tobacco; and,
- b) Rising production, consumption and sale of alcohol and tobacco are directly linked to the level of income and the amount of money spent on alcohol and tobacco.

A study which was done by Owino (1982) appears to be the most comprehensive. It includes both scope and methodology. His report seems to be quite close to the issue we are trying to address in this long essay.

In his research study, 246 secondary school students and teacher trainees, and 138 parents and teachers participated in five districts. These were: Kajiado, Kiambu, Kisumu, Kakamega and Kericho. Basing on these interviews, Owino arrived at the following inferences:

- 1) About 32.4% of the students used alcohol regularly (i.e., used it at least three times a week), 20.6% smoked cigarettes regularly, 1.9% occasionally chewed miraa, and 2% had tried cannabis. Furthermore, 42.1% of the students, especially girls, had never used any of the drugs mentioned (Owino 1982, 16 and 21).
- 2) The above percentages lead us to generalise that the drugs that are used most are, in ascending order, khat, cannabis, cigarettes and alcohol. We may also infer that male students mainly use "non-medical" drugs, while female students are the main users of "medical" drugs (Owino 1982, 16 and 21).
- 3) The major sources of information are friends and relatives (70.7% of the students), newspapers and books (25%), personal observation or curiosity (3.5%), and advertisements (0.8%) (Owino 1982, 15).

- 4) Bars, social gatherings, drug stores, shops, school labourers and black market are among the cardinal sources of drugs for many students (Owino 1982, 21).
- 5) In regard to parents and teachers, there are mainly four reasons why students resort to taking drugs. These are:
 - a) Peer pressure;
 - b) Excessive pocket money;
 - c) Easy availability of drugs; and,
 - d) Poor parental care (Owino 1982, 25).

When we look at these findings, it is pretty obvious that we can find them quite interesting. However, when we scratch below the surface, we are likely to discover that the data we see in this report do not stand on solid ground. This is due to three main reasons:

- i) The sampling technique is faulty;
- ii) The analytical technique employed is wrong; and,
- iii) The data-gathering instrument is somewhat faulty.

Here are a few examples to clarify what we mean:

- 1) There is no adequate explanation as to how the selection of respondents in each district was done.
- 2) About 32.4% of the interviewed students said that they used alcohol at least **three times** a week, the questionnaire used asks only about drugs taken at least once a week (not three times a week).
- 3) Computation of percentages are also wrong in certain cases (examine Owino 1982, 14 and 21).
- 4) It also appears that this study was not given sufficient time - "active data collection" started in early July 1982 (Owino 1982, 28) and the report was out by August 1982.

From the two studies we have just looked at we learn that drug use and abuse is widespread. However, the patterns of use and abuse have either been studied hurriedly or by means of faulty instruments and research techniques.

2.3 CONCLUSION

Having reviewed literature, we conclude that quite a bit has been written on drug use and abuse in Kenya. Nevertheless, the scope of most of the studies that have been done so far has been narrow. For this reason, more research work has to be carried out to come up with some more data to help evaluate sufficiently the drug situation on the ground.

Shorter and Onyancha (1997), in their book: *Secularism in Africa, a Case Study: Nairobi City*, concur with what we have mentioned above when they say that data on this topic (drug use and abuse) is not readily available; and is quite scant. However, available evidence suggests that drug use and abuse is rampant.⁶ In fact, it is a major growing problem.

Tackling any problem needs a certain method. The following chapter will therefore lay a foundation to the methodology and procedures we used to collect data from our respondents.

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⁶Aylward Shorter and Edwin Onyancha, *Secularism in Africa, a Case Study: Nairobi City* (Nairobi: Paulines Publication Africa, 1997), 102.

CHAPTER THREE

3.0 RESEARCH METHOD AND PROCEDURES

3.1 INTRODUCTION

This section makes a genuine attempt to provide a thorough discussion of the research design, method and procedures, which were used in executing this research study. This research was conducted between May 1997 and January 1998, except for two months, i.e., June and July, when the researcher was on holiday. Originally, the intention was to involve only one school, i.e., Don Bosco Boys' Town, Karen, Nairobi. However, when we realised that that wouldn't enable us to come up with sound scientific conclusions, the study was extended to three other Don Bosco schools in Embu town and three Don Bosco youth centres around Nairobi. Consequently Don Bosco Boys' Secondary School, Don Bosco Girls' Secondary School, Mazzarello Girls' Polytechnic (all in Embu), and the Youth Centres of Mutuini, Laini Saba and Katwekera, in Kibera slum, also came to participate in this endeavour. Let us now proceed to tackle some pertinent elements of this chapter.

3.2 RESEARCH INSTRUMENT

A set of questionnaires adopted from the United Nations International Drug Control Programme (UNIDCP) was used as research instrument to collect data. The main reason was that it gave our youth more freedom to express themselves in this sensitive area of drug abuse. An additional advantage was that the questionnaire needed just a little skill to handle it.

The instrument was designed to test the hypothesis: "Drug abuse is widespread in our Don Bosco schools and youth centres." The questionnaire was intentionally adopted to test the attitudes of the respondents to the various issues connected with the above hypothesis.

The first ten questions of the instrument dealt with the personal identity of the respondent. They looked for the respondent's school/employer, name, area of residence, age, sex, marital status, occupation, level of education, and religion. Question eleven covered various types of drugs. The following were some of them: opium/heroin, cannabis (bhang), cocaine, alcohol, solvents and khat (miraa). Questions twelve to

seventeen took into consideration such things as how drugs were used, how one gets them, the amount of money one spent on drugs, the reasons why one is addicted to drugs and the age at which one tried them. Being a pastoral minister, the researcher thought it wise to include at least two questions on the impact of the Church. The reader is referred to questions 18 and 19 of the research instrument (questionnaire).

Apart from the last two questions, most of the items carried closed questions. All that these needed was the respondents' ticking of the most appropriate answer from their standpoint. This was done with a view to making the whole endeavour somewhat simpler for the respondent.

Respondents were given sufficient time to fill in the answers before submission to the researcher. In order to facilitate free response, giving the name of the respondent, as well as that of the school/employer, was made optional.

In schools, the researcher personally distributed the questionnaire forms, instructed the respondents and collected all the questionnaires once they had been filled in. However, after the preliminary work of distribution and instruction had been conducted in the youth centres, the researcher was assisted by some of his fellow religious Brothers (Salesians of Don Bosco) working in those particular centres. These acted as "returning officers" to collect and bring back to the researcher the completed questionnaire forms.

The research instrument used by the researcher was in English. The main reason for this was that English was the only language here in East Africa that the researcher could use without linguistic problems.

3.3 SAMPLING METHODOLOGY

In the light of the homogeneousness of the universe, the researcher employed "Random Numbers"⁷, which proved to be quite an ideal methodology. Numbers were given to each participant in a specific class or group. These numbers were then written on pieces of paper, which were in turn folded and put into a lunch-box (small container). To ensure the randomness of the sample, the closed lunch-box was given a thorough shaking. Then to draw out each number, a different youth was invited. The number on the piece of paper, which was taken out, was called out. This piece of paper was folded again and then put back into the container. This was done with a view to maintaining the same probability. Those who were selected by this means were then served with questionnaires.

⁷C. B. Peter, *A Guide to Academic Writing* (Eldoret, Kenya: Zapf Chancery, 1994), 72.

The following were the numbers of participants who were randomly sampled in each case. In Nairobi, 61 (or 28%) out of 215 students at Don Bosco Boys' Town were sampled, 9 (or 28%) out of 32 were randomly selected at Laini Saba, the same methodology yielded 15 (or 31%) out of 48 at Katwekera, and, finally, 12 (or 31%) out of 39 at Mutuini took part respectively. In Embu, at Don Bosco Boys' Secondary School, 19 (or 45%) out of 42 Form 2s, and 15 (or 37.5%) out of 40 Form 4 pupils were selected. At Don Bosco Girls' Secondary School, the following numbers were selected: Form 2s: 15 (or 37.5%) out of 40, and Form 3s: 15 (or 34%) out of 44. Finally, 13 (or 29%) out of 45 students were randomly selected at Mazzarello Girls' Polytechnic, Embu.

3.4 POPULATION SAMPLING

Although the questionnaire was open to all sectors of the population, the stratum of this study included only the youth, both boys and girls. In this study, we broadly define youth as people between 15 and 30 years of age. The participants were limited to our own youth. They consisted of single, married, widowed, some of whom were known drug abusers. One hundred and seventy-four questionnaires were distributed.

When the collection of questionnaires from respondents was completed, the researcher found that out of the one hundred and seventy-four that had been distributed only one hundred and seventy-one (or 98%) came back. These were then edited for "accuracy, completeness and uniformity."⁸ Two were found to be blank, and were therefore eliminated leaving the researcher with only one hundred and sixty-nine (169) correctly answered questionnaires.

In line with the hypothesis of this research study, the 169 questionnaires were categorised and quantified. In this process, it was found that only 74 respondents to the questionnaires could be classified as "drug abusers"; the other 95 were non-drug abusers, and were therefore set aside for only such information as "overall distribution of respondents by gender," and, "overall distribution of non-drug abusers."

⁸Ibid., 97.

3.5 CONCLUSION

In this chapter, the researcher has tried to discuss the research method and procedures that were used in data collection. Different components of methodology and procedures that were employed have been discussed. They included research instrument, sampling method and population sampling.

Having considered this section, we shall now proceed to the fourth chapter. The following chapter is very important because it is the basis of the whole study. It analyses the research findings and discusses the necessary implications of the data. All the deductions and recommendations will subsequently depend on it.

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CHAPTER FOUR

4.0 RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents thorough analyses and explanations in a logically organised manner of all the findings that are relevant to the questions and the hypothesis under study. We have supplied tables or figures with a view to providing visual summarisation of sets of related data coming directly from the research. Although these tables and figures are self-contained and self-explanatory, they have also been referred to in the text.

This chapter is split into two component parts. The first part (4.2) will dwell on the analysis of tabulated data. Some of these are: gender, age, marital status, occupation, level of education, religion, types of drugs abused, how the drugs were abused, places where they were abused, and so on. The second part (4.3) will be a discussion on the data analysed in the first part.

To help us in our operations, we shall define drug abuse as “the taking of any psychoactive drug in any quantity not under medical auspices and /or not for a medical purpose.”⁹ In line with this definition, drug abuse lies in the **intention** of the user. Talking about drug abuse, Boniface Karechio has the following to say:

By this definition, any use of an illegal drug equals abuse. Specifically drug abuse here applies to non prescriptive use of psychoactive chemicals to alter the psychological state and use which results in the altered functions of the individual, others around him or her, or the society and also causes harm.¹⁰

⁹Boniface Karechio, *Drug Abuse in Kenya* (Nairobi, Kenya: Uzima Press, 1994), 52.

¹⁰Ibid.

4.2 DATA ANALYSIS

Table 1 below presents the gender of all the respondents, irrespective of whether they are drug-abusers or not.

Table 1. Overall distribution of respondents by gender

Gender	Frequency	Percentage
Male	87	51.5
Female	82	48.5
Total	169	100

A total of 169 respondents took part, with a minimal difference of 5 between male (87) and female (82) respondents.

Table 2 below narrows down the number of respondents to only those who were regarded as genuine cases of drug abuse.

Table 2. Distribution by gender of respondents

Gender	Frequency	Percentage
Male	42	56.8
Female	32	43.2
Total	74	100

Out of 74 respondents who were drug abusers, there were 42 males and 32 females.

Table 3 reveals a tabulation of the age distribution of the 74 respondents.

Table 3. Age distribution of respondents

Age	Frequency	Percentage
15-20	35	47.3
20-25	31	41.9
25-30	8	10.8
Total	74	100

A high of 47.3% is the age group between 15 and 20, and a low of 10.8% belongs to the age group between 25 and 30.

Table 4 is based on the marital status of respondents.

Table 4. Distribution of respondents by marital status

Marital Status	Frequency	Percentage
Single	65	87.84
Married	5	6.76
Divorced	3	4.05
Widow/widower	1	1.35
Total	74	100

87.84% of drug abusers were single.

Table 5 below is a representation of respondents' Levels of Education.

Table 5. Distribution by Levels of Education

Education Level	Frequency	Percentage
College	5	6.8
Secondary	21	28.4
Primary	0	0
Polytechnic	34	45.9
Unmarked	14	18.9
Total	74	100

45.9% of respondents were polytechnic students, and 6.8% were College students.

Table 6 below is a distribution of drug abusers by occupation.

Table 6. Distribution of respondents by occupation

Occupation	Frequency	Percentage
Student	55	74.3
Unemployed	13	17.6
Employed	4	5.4
Housewife	2	2.7
Total	74	100

74.3% of drug abusers were students, 2.7% were housewives.

Table 7 shows an overall distribution of 169 respondents by religion.

Table 7. Overall distribution of respondents by religion

Religion	Frequency	Percentage
Catholic	135	80
Protestant	26	15
Muslim	2	1
Non-believer	3	2
Others	3	2
Total	169	100

80% of respondents were Catholics.

Table 8 presents drug abusers by religion.

Table 8. Distribution of drug abusers by religion.

Religion	Frequency	Percentage
Catholic	51	68.9
Protestant	16	21.6
Muslim	2	2.7
Non-believer	3	4.1
Others	2	2.7
Total	74	100

Out of 74 drug abusers, 68.9% were Catholics.

Table 9 brings forth drugs and drug abuse.

Table 9. Distribution of drugs and drug abuse

Drug	Frequency	Percentage
Opium/Heroin	10	8.27
Cannabis (Bhang)	12	9.92
Cocaine	1	0.83
Amphetamine	0	0
Barbiturates	2	1.65
Combination of these drugs	2	1.65
Alcohol	58	47.93
Solvents	2	1.65
Khat (Miraa)	29	23.97
Other drugs not listed	5	4.13
Total	121	100

According to this table, alcohol (47.93%) was the most abused drug, followed by khat (23.97%).

Table 10 below makes known how respondents used drugs.

Table 10. Distribution of how respondents used drugs

Answer	Frequency	Percentage
Smoked	16	13.8
Inhaled/sniffed	2	1.7
Injected	1	0.9
Ate	34	29.3
Drank	63	54.3
Total	116	100

54.3% of respondents used drugs by drinking.

Table 11 below gives respondents' answers to the question: Where did you use the drug?

Table 11. Distribution of places where respondents used drugs

Answer	Frequency	Percentage
Home	30	33.71
Work	6	6.74
Bar	19	21.35
Meeting Place	18	20.22
School	10	11.24
Other places	6	6.74
Total	89	100

33.71% said they used drugs at home.

Table 12 manifests the respondents' sources of drugs.

Table 12. Distribution of sources of drugs

Answer	Frequency	Percentage
Friends (free)	30	34.1
Dealers	31	35.2
Friends (buy them)	7	8
Steal them	3	3.4
Bars	16	18.2
Other ways	1	1.1
Total	88	100

35.2% of respondents bought drugs from dealers.

Table 13 below presents us with the amount of money respondents spent on drugs on a monthly basis.

Table 13. Distribution of the amount of money spent on drugs per month, in Ksh

Answer	Frequency	Percentage
50-100	21	38.9
100-500	27	50
500-2 500	4	7.4
Over 2 500	2	3.7
Total	54	100

50% of those who abused drugs spent between 100 and 500 Ksh per month.

Table 14 shows the reasons why respondents take drugs.

Table 14. Distribution of reasons why respondents take drugs

Answer	Frequency	Percentage
Pressure from friends	21	28.4
Boredom	7	9.5
To get away from my problems	20	27
It is "cool" and fun	24	32.4
Other reasons	2	2.7
Total	74	100

32.4% answered that they take drugs because drugs are "cool" and fun.

Table 15 shows the age when the respondents first tried drugs.

Table 15. Distribution of when respondents first tried drugs

Answer	Frequency	Percentage
5-10	5	6.76
10-15	11	14.86
15-20	42	56.76
20-25	16	21.62
25-30	0	0
Total	74	100

56.76% first tried drugs when they were between the ages of 15 and 20.

Table 16 provides answers to whether respondents have received enough help from their church (religion) to stop drug abuse.

Table 16. Distribution of help church/religion gave to respondents

Answer	Frequency	Percentage
Yes	39	54.9
No	32	45.1
Total	71	100

54.9% agreed while 45.1% did not receive adequate help.

Tables 17, 18, 19 and 20 below show the distribution of drug abusers by gender in Nairobi: Don Bosco Boys' Town, Laini Saba, Katwekera and Mutuini.

Table 17. Don Bosco Boys' Town

Gender	Frequency	Percentage
Male	9	34.6
Female	17	65.4
Total	26	100

The smaller number of respondents was that of male students (34.6%).

Table 18. Laini Saba (Kibera slum)

Gender	Frequency	Percentage
Male	4	66.7
Female	2	33.3
Total	6	100

66.7% of the drug abusers were males.

Table 19. Katwekera (Kibera slum)

Gender	Frequency	Percentage
Male	7	63.6
Female	4	36.4
Total	11	100

63.6% of the drug abusers were males.

Table 20. Mutuini (Near Dagoretti Market)

Gender	Frequency	Percentage
Male	5	100
Female	0	0
Total	5	100

100% of drug abusers were males. None of the female respondents abused drugs.

Table 21 presents a comparison of gender in Nairobi.

Table 21. Comparative distribution of gender in Nairobi

Gender	Frequency	Percentage
Male	25	52.1
Female	23	47.9
Total	48	100

52.1% of respondents in Nairobi were male drug abusers.

Tables 22 and 23 are distributions of research strata by classes in three schools: Don Bosco Boys' Secondary School, Don Bosco Girls' Secondary School and Mazzarello Girls' Polytechnic.

Table 22. Don Bosco Boys' Secondary School

Class	Frequency	Percentage
Form 2	9	52.9
Form 4	8	47.1
Total	17	100

52.9% of Form 2s and 47.1% of Form 4 pupils abused drugs.

Table 23. Don Bosco Girls' Secondary School and Mazzarello Girls' Polytechnic

Class	Frequency	Percentage
Form 2	2	22.2
Form 3	0	0
Mazzarello Girls' Polytechnic	7	77.8
Total	9	100

22.2% of Form 2s, 0% of Form 3s and 77.8% of Polytechnic students abused drugs.

Table 24 is a comparative distribution of gender between Don Bosco Boys' Secondary School, and Don Bosco Girls' Secondary School and Mazzarello Girls' Polytechnic; the last two put together.

Table 24. Don Bosco Boys' Secondary School, Don Bosco Girls' Secondary School and Mazzarello Girls' Polytechnic

Gender	Frequency	Percentage
Male	17	65.4
Female	9	34.6
Total	26	100

Only 34.6% of females abused drugs.

Tables 25, 26 and 27 are comparative distributions of youth in Nairobi and Embu.

Table 25 shows the distribution of the youth in Nairobi and Embu.

Table 25. Distribution of youth in Nairobi and Embu

Nairobi & Embu Youth	Frequency	Percentage
Nairobi: Male and Female	48	64.9
Embu: Male and Female	26	35.1
Total	74	100

64.9% of responding drug abusers lived in Nairobi while 35.1% lived in Embu.

Table 26 below is the response to the distribution of female respondents in Nairobi and Embu.

Table 26. Distribution of female respondents in Nairobi and Embu

Place	Frequency	Percentage
Nairobi	23	71.9
Embu	9	28.1
Total	32	100

71.9% of females in Nairobi abused drugs, compared to a low of 28.1% in Embu.

Table 27 expresses the distribution of males in Nairobi and Embu.

Table 27. Distribution of males in Nairobi and Embu

Place	Frequency	Percentage
Nairobi	25	59.5
Embu	17	40.5
Total	42	100

59.5% of males in Nairobi abused drugs compared to 40.5% of males in Embu.

Table 28 shows a distribution of drugs abused in particular schools and youth centres.

Table 28. Distribution of drugs abused in schools and youth centres

Z A - R O M -	Drug >	Alcohol		Khat		Cannabis		Opium/Heroin	
	School/Youth Centre	Fq	%	Fq	%	Fq	%	Fq	%
	D.B.B.T.	23	40.4	9	30	3	25	2	20
	MUTUINI	4	7	3	10	1	8.3	1	10
	KATWEKERA	8	14	4	13.3	4	33.3	1	10
	LAINI SABA	6	10.5	2	6.7	2	16.7	0	0
B M B N	D.B.B.S.S.	12	21.1	9	30	2	16.7	0	0
	D.B.G.S.S.	2	3.5	0	0	0	0	2	20
	M.G.P.	2	3.5	3	10	0	0	4	40
	Total	57	100	30	100	12	100	10	100

KEY

D.B.B.T.: DON BOSCO BOYS' TOWN

Fq = Frequency

% = Percentage

D.B.B.S.S.: DON BOSCO BOYS' SECONDARY SCHOOL

D.B.G.S.S.: DON BOSCO GIRLS' SECONDARY SCHOOL

M.G.P.: MAZZARELLO GIRLS' POLYTECHNIC

Table 28 gives the following indications:

*Alcohol abuse stood at 40.4% at Don Bosco Boys' Town.

*Katwekera was the highest abuser of cannabis (33.3%).

*Khat was highly abused by both Don Bosco Boys' Town and Don Bosco Boys' Secondary School, with 30% each.

*Mazzarello Girls' Polytechnic abused more opium/heroin (40%) than any of the other schools or youth centres in the survey.

Table 29 is a representative percentage distribution of drug abuse in particular schools and youth centres.

Table 29. Percentage distribution of drug abuse in schools and youth centres

School/Youth Centre	Percentage
Don Bosco Boys' Town	35
Katwekera	15
Laini Saba	8
Mutuini	7
Don Bosco Boys' Secondary School	23
Don Bosco Girls' Secondary School	3
Mazzarello Girls' Polytechnic	9
Total	100

Table 29 shows that, on the one hand, Don Bosco Boys' Town was the highest drug abuser, with 35% of the total percentage of all the respondents who were drug abusers, and, on the other hand, Don Bosco Girls' Secondary School was the lowest drug abuser (3%).

Table 30 is an overall comparative distribution of non-drug abusers and drug abusers.

Table 30. Overall distribution of non-drug abusers and drug abusers

Respondents	Frequency	Percentage
Non-drug abusers	95	56.2
Drug abusers	74	43.8
Total	169	100

56.2% of respondents were non-drug abusers while 43.8% were drug abusers.

Table 31 presents us with some practical pastoral suggestions from the youth.

Table 31. Distribution of pastoral suggestions from the youth

Suggestions	Frequency	Percentage
Seminars and prayers	18	54.5
Counselling	11	33.3
Provide jobs	2	6.1
Create youth activities	2	6.1
Total	33	100

54.5% of all respondents suggested seminars and prayers to help the youth to acquire more knowledge on drug abuse.

4.3 DISCUSSION ON DATA

The sampling methodology employed brought forth a total of 87 male and 82 female respondents, with percentage representation of 51.5% and 48.5% (Table 1) respectively. The minimal difference (3%) was considered as an indication of the success of the method of sampling used, since there were no alarming differences in the gender percentages.

After the overall distribution of respondents by gender had been settled, steps were taken to deal with a specific distribution of the gender of respondents. This was the group of drug abusers only. As Table 2 demonstrates, this gender group consisted of 42 males and 32 females, each forming 56.8% and 43.2% respectively. Out of 169 respondents, 74 served as a genuine sample of drug abusers, the other 95 respondents were non-drug abusers. The percentage difference in gender of 13.6% wasn't taken as alarming. However, this 13.6% difference is an indication that, according to this table, male respondents abused drugs more than their female counterparts.

Table 3 shows that the age group between 15 and 20 ranked first in abusing drugs (47.3%). The 20 to 25 age group (41.9%) followed this. The range between 25 to 30 came last (10.8%). When we examine the above data, we discover that the highest percentage (47.3%) of drug abusers falls squarely in the adolescence age group. We shall attempt to give the reasons for this phenomenon on page thirty-six (Table 15).

After age distribution, the researcher moved on to take a critical look at marital status. The results of the analysis are shown in Table 4. The results show that the highest percentage of drug abusers was in the "single" category. This was 87.84% (represented by 65 respondents). There were 5 (or 6.76%) married youths, 3 (or 4.05%) divorced and 1 (or 1.35%) widow. In total, all the respondents numbered 74, that is, 100% of the overall total of drug abusers.

The level of education of respondents, being deemed important, was also considered. Table 5 shows the distribution of the results. The majority of the results came from polytechnic students, with a percentage of 45.9%. Secondary school students (28.4%) followed these. Those who did not indicate their level of education ranked third, with the percentage point of 18.9%. College students were the least, with 6.8% only. **When we look at these results, it seems that the more educated one is, the less likely for them to abuse drugs, and vice versa.**

When the results of education had been examined (Table 5), the researcher moved on to

another item: occupation. Table 6 shows that 74.3% of drug abusers came from the student category, 17.6% from the unemployed, 5.4% were employed, and 2.7% were housewives. The reason why the percentage of drug abusers is so high among students (74.3%) is that out of 169 respondents, 123 were actually students, which is 72.8% of the total percentage point. Other pressing reasons may be due to peer pressure, curiosity, boredom, family breakdown and alienation, spiritual hunger, ignorance and ready availability of drugs. And other reasons may be due to 'fun', fantasy, pleasure, accidental factor, hope and defiance factors.¹¹ For Lobo, the "use of drugs forms part of the sub-culture into which many youths are forced by the stress of modern culture."¹² For him, many youths abuse drugs as a means of protesting against "the depersonalising elements of modern culture."¹³ McCarthy also adds that for many young addicts drug-taking is a kind of silent cry for help.¹⁴

The respondents' religion also came under scrutiny (Table 7). The respondents from Catholic Church were in the lead with 135 (or 80%) participants, followed by Protestants with 26 (or 15%). Muslims were 2 (or 1%) and non-believers numbered 3 (or 2%). Altogether, respondents totalled 169.

From Table 7, the researcher wanted to narrow it down so as to pinpoint drug abusers in relation to their religion. Table 8 reveals that Catholics were at the top with 68.9%, Protestants came second with 21.6% and non-believers were third, with 4.1%. Muslims and others came last with 2.7% each respectively.

The basic reason why there seems to be an alarmingly high percentage of Catholics who are drug abusers is that this research study was conducted largely among Catholics, as Table 7 shows the highest percentage (80%) of overall response by religion. Since we Salesians of Don Bosco are Catholics it is not by any means surprising that majority of our youth are Catholics. If we go a step further to examine percentages of drug abusers in relation to non-drug abusers from each religious

¹¹Rajendra Pillai, *Youth and Drugs* (Bombay, India: Better Yourself Books, 1995), 28-35.

¹²George V. Lobo, *Current Problems in Medical Ethics* (Bombay, India: Better Yourself Books, 1995), 28-35.

¹³Ibid.

¹⁴Flor McCarthy, *Sunday & Holyday Liturgies, Cycle C* (Dublin, Ireland: Dominican Publications, 1985), 27.

category, the results paint just a different picture altogether. The new sequence of drug abuse looks like this: Non-believers: 100% (3 out of 3), Muslims: 100% (2 out of 2), others: 67% (2 out of 3), Protestants: 62% (16 out of 26) and, finally, Catholics: 38% (51 out of 135). In this consideration, therefore, Catholics are the least, followed by Protestants. Muslims and non-believers come out in the worst position with 100% drug abuse for each category.

Table 9 took a closer look at the distribution of drugs and drug abuse. This table reveals that **alcohol** was the most abused drug (47.93%). Khat (miraa) is the second highest (23.97%). The rest followed the following pattern: cannabis (9.92%); opium/heroin (8.27%); other drugs (4.13%); barbiturates, combination of other drugs and solvents occupied the sixth position with 1.65% each. Cocaine was the least, with only 0.83%. In the category of “other drugs”¹⁵ they (drug users) abused such drugs as *Karafuu* (0.83%), glue (0.83%) and cigarettes (2.47%).

After dealing with different drugs, which were abused, the researcher made an attempt to find out the means by which the respondents consumed drugs. Table 10 shows that 54.3% drank, 29.3% ate, 13.8% smoked, 1.7% inhaled/sniffed and 0.9% used the injection method. What strikes our attention in a specific way is the 54.3% of those who abused drugs by means of drinking. The main reason for this, as is exemplified by table 9, is that 47.93% of all drug abusers used alcohol, and this drug is taken into our bodies normally by means of drinking. For this reason, it is not very surprising to get such a high percentage of drinking.

Care was also taken to find out the places where drug abusers used drugs. This is shown in Table 11. The following were the answers that came up: 33.71% abused drugs at home, 21.35% abused them in bars, 20.22% at a meeting place, 11.24% at school and 6.74% at work and in other places. The following were the two “other places” where the respondents abused drugs: at parties (2.25%) and at disco dances (4.49%).

The researcher also had a keen interest in discovering how respondents obtained drugs. Table 12 makes known the findings. According to this table, 35.2% said that they bought them from dealers; 34.1% got them from their friends free of charge; 18.2% bought them from bars; 8% bought them from friends; 3.4% stole them and 1.1% used other means of getting them (e.g. from parents).

As the researcher dealt with young people, he was curious to know how much they spent on

¹⁵Cf. Bottom of table 9.

drugs. Table 13 bears all the answers received in this regard. Out of the total of 54 of those who responded to this question, 50% spent between 100 and 500 Shillings, 38.9% between 50 and 100 Shillings, 7.4% between 500 and 2 500 Shillings and 3.7% spent over 2 500 Shillings per month. The expenditure on drugs is somewhat moderate. We may attribute the main reason for this to the fact that most of the respondents (about 81.1%), as we can see in Table 5, were students. Since this sector of society is not directly involved in a paid job, they certainly have less money to spend.

In addition to what we have already mentioned, the researcher wanted to know the reasons why the respondents used drugs. Table 14 illustrates the answers. The majority of them (32.4%) said that drugs are “cool” and fun, 28.4% took them under peer pressure, 27% used them as a means of “escaping” from their problems, 9.5% used them because of boredom. Don’t forget that “an idle mind is the workshop of the devil.”¹⁶ Finally, 2.7% abused drugs for other reasons. The only reason, which was given here, is **curiosity** (2.7%). Although it is said that curiosity killed the cat, young people overlook this, and in the end they become drug addicts purely out of curiosity.

There was also an endeavour to discover the stage at which respondents first took to drugs. Table 15 reveals that 56.76% first tried drugs when they were between 15 and 20, 21.62% were between 20 and 25, 14.86% between 10 and 15, 6.76% between 5 and 10. The most “dangerous” period during which many young people first tried drugs was between 15 and 20. The reason why drug abuse is so high among the youth is that it makes its deepest impression on those who are most vulnerable, the youth. The adolescents are at the stage of life where they are just beginning their struggle for independence as they strive to achieve their **self-identity**. In this regard, they try different things to learn more about life. It is by so doing that they may end up taking to drugs. The youth are therefore susceptible to drug experience (See Table 3).

Another point that comes directly from Table 15 is that the older one grows the less one is likely to begin to abuse drugs. This is clearly shown in the table. In this table, drug abuse plunges from a height of 56.76% (between 15 and 20), to 21.62% (between 20 and 25), and further down to 0% (between 25 and 30).

Since the researcher himself is not just a social worker but even more a pastoral minister, it was thought imperative to see if the Church (and other religions) has contributed to the fight against

¹⁶Karechio, 6.

drug abuse. Table 16 shows that 71 participants responded to this question. Among them, 54.9% gave affirmative answers while 45.1% did not receive enough help to counteract the drug menace.

Tables 17 to 20 show gender distribution in four different places in Nairobi. Table 17 is based on Don Bosco Boys' Town. The table reveals that out of 26 respondents, 17 were females and 9 males. The percentage representation of this is as follows: Females: 65.4% and Males: 34.6%. In this table it is shown that more female respondents abused drugs than their male counterparts.

Table 18 shows that at Laini Saba, in Kibera slum, out of 6 respondents, 4 were males and 2 females. These give us the following percentages: Male: 66.7% and Female: 33.3%.

The same gender distribution in the case of Katwekera, in Kibera slum, also yielded the following results: Male: 7 and Female: 4. When we put them in percentage, we get 63.6% for males and 36.4% for females respectively. Table 19 tells us that more male respondents abused drugs than female respondents.

The results of Table 20 show that 5 male and 0 female respondents were involved in drug abuse. This means that only male respondents (5) abused drugs; females were non-drug abusers. The percentage of males is therefore 100%.

In Nairobi (Table 21), more male respondents abused drugs than female respondents; 52.1% of males and 47.9% of females were drug abusers. The difference here is only 4.2%, which is a minimal difference.

Tables 22, 23 and 24 present results based entirely on Embu. Table 22 covers only Don Bosco Boys' Secondary School. This table shows the distribution of pupils by class. It reveals that 17 respondents were drug abusers. Among them, 9 were Form 2 pupils and 8 were Form 4s. Percentage-wise, we get Form 2s: 52.9%; Form 4s: 47.1%. In this case, more Form 2s abused drugs than Form 4s. The percentage difference between these two forms is 5.8%, which is reasonably low.

Table 23 gives the results of Don Bosco Girls' Secondary School and Mazzarello Girls' Polytechnic. Forms 2 and 3 of Don Bosco Girls' took part. These were the results: Form 2s: 2 and Form 3s: 0. Only 2 Form 2s abused drugs. In regard to Mazzarello Girls' Polytechnic, 7 were drug abusers. When we put the two schools together, we get the following percentages: Don Bosco Girls' 22.2% and Mazzarello Girls' 77.8%. On examining these results in the light of the originally sampled numbers from the two schools (Cf. Ch. 3, p. 13), which were Don Bosco Girls': 30, and Mazzarello Girls': 13, it is undoubtedly true that the latter's results (53.8%) (7 out of 13) are somewhat

alarming. The former's percentage point of respondents who abused drugs is only 6.67% (2 out of 30). This is very low by comparison.

Table 24 was meant to be a distribution of gender in Embu. It shows that males were 17 while females were 9, thus making a total of 26 respondents of both sexes. It also shows that 65.4% were male respondents while 34.6% females. In this case, just like in the case of Nairobi, male respondents abused drugs more than their female counterparts. In Embu, 30.8% of male respondents abused drugs more than females. However, compared to Nairobi, with a gender difference of only 4.2% (See above: Table 21) of drug abusers, Embu's gender difference of 30.8% of drug abusers is very high.

Tables 25 to 27 are comparative distributions of the youth in both Nairobi and Embu. Table 25 bears the following results: Male and Female respondents in Nairobi: 48 (or 64.9%); Embu: 26 (or 35.1%). More youth in Nairobi abused drugs than in Embu.

Table 26 is a representative distribution of female respondents. According to this table, out of 32 females who abused drugs, 23 (or 71.9%) came from Nairobi and 9 (or 28.1%) came from Embu. In this regard, therefore, more female respondents in Nairobi (The difference in percentage between Nairobi and Embu is 43.8%!) abused drugs than in Embu.

Table 27 reveals the distribution of male respondents. The table shows that 25 (or 59.5%) of male respondents came from Nairobi and 17 (or 40.5%) were from Embu. Their percentage difference was 19%, which is quite lower than that of their female counterparts (43.8%, cf. Table 25).

Table 28 is based on the distribution of drugs abused in certain schools and youth centres. Apart from Mazzarello Girls' Polytechnic (3.5%) and Don Bosco Girls' Secondary School (3.5%), all 3 schools and 3 youth centres abused alcohol. According to this table, in the light of the total frequencies, the four most abused drugs in their sequence were alcohol (57), khat (30), cannabis (12) and opium/heroin (10). Mazzarello Girls' were the respondents who abused opium/heroin the most (40%).

Table 29 presents us with the final distribution of percentages to each and every school/youth centre regarding how much drug they used in relation to other schools/youth centres. This table shows that Don Bosco Boys' Town was the highest abuser of drugs (35%), followed by Don Bosco

Boys' Secondary School (23%), Katwekera (15%), Mazzarello Girls' Polytechnic (9%), Laini Saba (8%), Mutuini (7%) and, finally, Don Bosco Girls' Secondary School (3%).

Table 29 gives the impression that Don Bosco Boys' Town is the highest drug abuser. However, if we go a step further and examine percentages of drug abusers in relation to non-drug abusers from each school and youth centre we find that the situation is not very bad. As a matter of fact, we get the following sequence of percentages: Katwekera: 73.3%, Laini Saba: 66.7%, Mazzarello Girls': 53.8%, Don Bosco Boys' Secondary School: 50%, Don Bosco Boys' Town: 42.6%, Mutuini: 41.7 and Don Bosco Girls' Secondary School: 6.7%. In this regard, the two slum areas, i.e., Katwekera and Laini Saba, are the worst drug abusers. Don Bosco Boys' Town occupies the fifth position while Don Bosco Girls' Secondary School takes the least position.

Consideration was also made with a view to evaluating the overall distribution of non-drug abusers and drug abusers. Table 30 brings forth the results. It shows that out of 169 overall respondents, 95 (or 56.2%) were non-drug abusers while 74 (or 43.8%) of respondents did abuse drugs. The difference in percentage between non-drug abusers and drug abusers was 12.4%. Although the number of non-drug abusers outstrips that of drug abusers, the percentage (43.8%) of the latter is still quite alarmingly high, and therefore needs special attention.

Finally, the researcher examined the answers to the last question of the research instrument. Out of 74 respondents, 33 provided pastoral suggestions to question 19 (Table 31); this gives us only 44.6%. In this respect, 55.4% of the participants did not respond to this request. Regarding those who responded, 18 (or 54.5%) suggested seminars and prayers, 11 (or 33.3%) proposed counselling, 2 (or 6.1%) asked the Church to provide them with jobs to occupy them, and the last 2 (or 6.1%) also requested the Church to provide the youth with youth activities. These included mainly games. We hope to attend to these suggestions in the following chapter (under 5.3).

4.4 CONCLUSION

We can draw the conclusion from the data analysis that drug abuse is irrefutably widespread in our Don Bosco Schools and Youth Centres. However, the only exception to this deduction is Don Bosco Girls' Secondary School (Table 23) where out of 30 respondents, only 2 (or 6.7%) were drug abusers. As we have learned, alcohol is the most abused drug, followed by khat (miraa).

The young generation is the future of every nation. If they are a "sick" generation, then the future of society is quite bleak. In this regard, we shall now turn to our final chapter, Chapter Five, where we hope to come up with pastoral suggestions to help "salvage" the future of our nation.

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CHAPTER FIVE

5.0 SUMMARY AND RECOMMENDATIONS

5.1 INTRODUCTION

We have now come to the final chapter of this research study. This chapter brings to the fore the summary of the study's purpose, methods and findings. After this, we shall present the discussions and conclusions proceeding from the research findings (Cf. Chapter Four) which will then be followed by recommendations. In order to address sufficiently the data originating from the preceding chapter, we shall divide our recommendations into two sections. Section one (5.3.1) will propose some concrete pastoral suggestions while section two (5.3.2) will focus on recommendations for future research on the study. Finally, we shall bring the whole research study to a close with the help of a general conclusion.

5.2 SUMMARY

In the preceding four chapters, we introduced the problem, and then we took steps to examine its validity. This was done by means of a research study centred on the apparent problem.

In Chapter One, we gave a general introduction to the whole research study. We looked at the background of the study and also stated the problem of drug abuse in institutions of higher learning. After trying to show the four objectives of this study (Cf. Ch. 1, p. 3), we also proposed a single research hypothesis and justified and demonstrated the significance of this study. Finally, we drew a line to show what the scope of the study would include.

Chapter Two was based on literature review. In this instance, we examined pertinent literature that has been written on this subject. It is in this particular chapter that we came to realise that alcohol is the most abused drug among students (Cf. Owino 1982, 16 and 21). The same result was also confirmed in Chapter Four of our research study (Cf. Ch.4, p. 38).

In Chapter Three, we had a close look at the methodology and procedures used in collecting pertinent data. The research basically used a questionnaire form. In his selection of respondents the researcher employed “Random Numbers” sampling method. The groups sampled consisted of only the youth.

This stage brought us to Chapter Four, which was the analysis and discussion of research findings. It was in this chapter that we came to know that the majority of drug abusers abused alcohol (47.93%), hence agreeing with Owino (Owino 1982, 16 and 21); that Nairobi was leading in drug abuse for both genders (males: 59.5% and females: 71.9%); and, finally, that 54.5% of respondents see seminars and prayers as important methods of sensitising young people so that they may overcome drug abuse.

5.3 RECOMMENDATIONS

Keeping in mind the importance of this research study, especially for those young people who are in trouble with drug abuse, it is very appropriate that we come up with some recommendations. We shall divide this section into two sub-sections. The first will attend to pastoral recommendations while the second will be a proposal of recommendations for future research

5.3.1 PASTORAL RECOMMENDATIONS

5.3.1.1 INTRODUCTION

In the previous chapter we saw some recommendations that respondents put forward to assist the youth in their struggle against drug abuse (Cf. Table 31). In this section of Chapter Five, we shall make an endeavour to integrate them. We shall attend to the following areas: the role of the individual, the family, the local community, preventive education, the Church, the government and treatment and rehabilitation.

5.3.1.2 THE ROLE OF THE INDIVIDUAL

Every individual youth has a role to play in combating drug abuse. The non-drug abusing youth should not turn a blind eye to the serious problems drug abuse is breeding in our society. The first important step is to prevent this destructive habit. This also advocates proper, or rather holistic,

education to be put in place.

It is very hard to force a drug addict, or even a drug abuser, to stop abusing the substance. This requires the commitment of the individual drug abuser to break away completely from the substance and to practice abstinence, admit the problem, be honest with oneself and talk the problem over with somebody else. The drug abuser therefore is the cornerstone towards success in overcoming drug abuse.

It is said: "No man is an island." The drug abusers do not therefore stand alone; there are many people who are willing to help. So drug abusers should not try to leave drugs and combat addiction on their own. They should try to seek help from those who are close to them. Their parents, teachers, close friends, brothers and sisters can all play an important role.

They should also have a determination to completely break away from people or places which will tempt them to take drugs.¹⁷ If staying with certain "friends" tempts them to take drugs, then they should simply stay away from them.

Every time they feel a craving for drugs, drug abusers should keep telling themselves it's not worth it. If they can't stop thinking of the pleasures of drug taking, then they should consciously try to think about the bad effects of drug taking that they have experienced and remind themselves of the misery it brings.¹⁸

5.3.1.3 THE ROLE OF THE FAMILY

The family is the social institution that is regarded as the most important. It is only in the family that we can expect to be fully accepted and treated as human beings. It is in the family, too, that the development of intense and gratifying effective communication ought to take place. It is the duty of every family to provide human and moral values. The family is an excellent environment for providing human warmth, dialogue and understanding.¹⁹ In my family, I learn to be myself, to be human. The family is often viewed as the basic source of strength, providing nurturance and support for its individual members. It also ensures stability and generational continuity for the community and culture. The family is meant to protect and sustain both strong and weak members. It is also

¹⁷Rajendra, 72.

¹⁸Ibid., 73.

¹⁹Fiorenzo Angelini, ed., *Drugs and Alcoholism against Life* (Vatican: Vatican Press, 1992), 304.

supposed to nurture the younger and more vulnerable members.

The family is able to communicate its experience of love on a social level, and for this reason, it has the responsibility of humanising society. The family is therefore the best school for the holistic education of its members. It furthers communication and sharing and betters the attention for mutual solidarity. The Second Vatican Council Fathers put this rightly and concretely: "The salvation of the person and of human and Christian society is strictly linked to a happy marriage and family life."²⁰ It is on this that stability, peace and prosperity of the family depends.²¹

Many youth get entangled in drug abuse due to family breakdown and alienation. Many parents are preoccupied with their business and social activities, much to the disadvantage of their children. They are left with "freedom" to choose paths of discovery on their own instead of being guided by their parents. The youth from broken families are especially affected by the drug-taking syndrome. "They see it as an alternative to loneliness, as well as imitating their 'idol', who may be a pop musician."²²

In view of the presence of drug abuse among the youth, we strongly recommend the family to be what it is supposed to be a place of communication, conversation, of integral encouragement of every member. Every family should strive to rediscover its being an image of God, who in his deepest mystery is not solitude but a family - the Father, the Son and the Holy Spirit. Every family is therefore strongly encouraged to share life and love.²³ Note that "strong family support helps children develop the personal values and self-confidence needed to resist drugs."²⁴ Parents should keep the lines of communication open. "Open discussions about the prevalence of drugs, their effects and the problems they cause will provide the basis for healthy decision making."²⁵

²⁰Gaudium et Spes, n. 48.

²¹Ibid.

²²Karechio, 7.

²³Angelini, 306.

²⁴Channi Sehmi, "Is your child on drugs?" *Youth Outreach Programme* (Nairobi: Woodmakers, 1994), 13.

²⁵Richard D. Parsons, *Adolescence: What's a parent to do?* (New York: Paulist Press, 1988), 81.

5.3.1.4 THE ROLE OF THE LOCAL COMMUNITY

The local community has a paramount role to play. In the light of the nature of the problem, it is obvious that assisting individuals who abuse drugs is not a one-man's or single-segment's responsibility, rather it is incumbent upon the entire community. Remember that whenever we help individuals who have the problem of drug abuse, we are indeed helping ourselves.

In this regard, it demands the collaboration of every individual in the community. Mbiti reiterates what we have mentioned above: "Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: 'I am, because we are; and since we are, therefore I am' ".²⁶ Referring to the community's evasion of its responsibility, Haring has the following to say:

Today's youth level the accusation of pharisaism against a society which evades its own responsibility while severely punishing sick drug addicts whose illness arises in a considerable measure from social disorders. It is a pitiful phenomenon that our society is neither ready nor willing to examine its structures, customs, philosophies, behaviour and prejudices which trigger the downfall of so many people into crime or so-called crime which realistically is better termed sickness.²⁷

In this regard, there is a strong need on the part of the local community to change its tense environment which encourages many to seek refuge in drug abuse. Openness to this problem can help us to come up with solutions. Such social problems as unemployment and family breakdown have led to widespread drug abuse among the youth. "The tranquillising effects of escape are sought through drinking alcohol or other drugs if the family environment so invites."²⁸ The temporary adjustment to the life of stress affects the moral, health and law of the individual and of society. The young people are especially caught up in the web. "Social pressures for conformity lead many teenagers to experiment with drugs, with inherent danger of promotion to 'harder' drugs".²⁹

²⁶John S. Mbiti, *African religions and Philosophy* (Nairobi: H.E.B., 1969), 127.

²⁷Bernard Haring, *Medical Ethics* (Middlegreen: St Paul Publications, 1991), 178.

²⁸Ibid., 179.

²⁹Ibid., 178.

5.3.1.5 THE ROLE OF PREVENTIVE EDUCATION

One drug expert writes:

Educators, teachers and learned men should collaborate in order to transform school into a community of human beings. Education does not mean the transmission of knowledge; it should, rather, free the conscience from fixed ideas, in the way that the decisions can be made responsibly and life projects might be formed.... Should it not be the task of the teacher, the educator, to help the adolescent in seeing the obstacles for sound growing up, and to help him to overcome these hindrances without dominating his decision?³⁰

Education is supposed to be geared towards the cultivation of the intellectual, the creative and aesthetic capabilities of a person. It must help to develop one's reason, will, affectivity and sense of values.

As we have already hinted, school plays an important role in the formation of an individual youth. Proper formation will inevitably prevent young people from abusing drugs, since they will know the dangers that are involved. It is said: "Prevention is better than cure."

Change must be effected in the current methodology of education, which stresses heavily the intellectual preparation in many a Kenyan school. The prevailing education system in many schools is producing what we may term "thinking engines." Pupils are being prepared to survive economically. This is not proper education. In this case, therefore, we encourage educational institutions to prepare the youth for **life**. Kenyan schools must promote the formation of the whole person if the combat against drug abuse is to be successful. The following conclusion of the Latin American Bishops' Conference is quite enlightening:

Education humanises and personalises man if it is to develop his thoughts and freedom, producing comprehension and communion with reality, by which man humanises his own world, creates culture, transforms society, and frames history.³¹

Teachers occupy a very special place in a school environment. In view of this, they have an

³⁰ Angelini, 306.

³¹ Ibid., 178.

important role to play in moulding the young who are the most vulnerable to drug-taking habits.³² To a large extent, teachers can help minimise drug abuse by taking preventive measures. They can do so by:

Studying, analysing and understanding pupils' behaviour, circumstances and environment; something that will lead to early and prompt action before the habit develops into chronicity and gets out of hand.³³

5.3.1.6 THE ROLE OF THE CHURCH

The Bible states that the fool says there is no God. We have mentioned the importance of the holistic development of a person. What do we mean by this? By a "whole being" we mean a person who has integrated all the aspects of life - the physical, mental and spiritual.³⁴ Just as much as the physical and the mental aspects need to be fed with their proper food, our spiritual dimension also needs to be fed with its own "food", the word of God. When people throw away their godliness, there is spiritual hunger. Many spiritually hungry people turn to drugs to try and fill the emptiness that they feel in their heart.³⁵ However, they fail to satisfy it because the only way out is through God; without him, young people may fail to put up with stress and other problems in their lives.

In view of this, the Church has an important role to play. On this Mnubi has the following to say: "Prayer is the most powerful and effective force that makes someone refrain from committing an offence in the presence or absence of the controlling force or power."³⁶ Prayer has worked many miracles that the human mind cannot comprehend. God has a profound interest in the life of everyone, and so he can restore the ruined life of a drug addict.³⁷ The Church can help drug abusers to "move towards balance, maturity and a sense of identity, a sense of 'being me' in Christ."³⁸ Each new encounter in pastoral care provides a pastor with the chance of helping people to develop and grow as whole persons.³⁹

³²S. F. Kaaya, and others, eds, *A Handbook on Preventive Education against Drug abuse in Tanzania* (Dar es Salaam: Health Education Unit, 1989), 180.

³³Ibid.

³⁴Karechio, 8.

³⁵Ibid.

³⁶S. F. Kaaya and others, 178.

³⁷Rajendra, 66.

³⁸David Atkinson, *Pastoral Ethics* (Oxford, England: Lynx Communications, 1994), 185.

³⁹Ibid.

5.3.1.6.1 Practical Suggestions

The Church should not condemn or criticise drug abusers and drug addicts. Instead, she should try to help them to overcome their drug problem. This can be done by:

- (i) Speaking out from the pulpit. Why so much silence?
- (ii) Organising days of prayer and fasting in the churches. The attendance should not be limited only to drug addicts, but many Christians must be mobilised to attend;
- (iii) Organising seminars and workshops which are meant to sensitise young people on the devastating effects of drug abuse;
- (iv) When possible, the Church can help in job placement for the youth without jobs. Remember, an idle mind is the devil's workshop;⁴⁰
- (v) Provide educational opportunities for those who are disadvantaged (e.g., vocational training);
- (vi) Sports are important not only for leisure but also to help the youth in developing physical skills. This makes them useful and can help to keep their minds off drug abuse;
- (vii) We should try to overcome our shyness in integrating our young people who are victims of drug abuse. This can be done, for instance, by acting through the mass media, especially the Catholic press. We can also offer the intentions of our sick at Sunday Masses;
- (viii) Masses can also be celebrated. The Eucharist is the sign of our hope. Unity is realised therein. Groups united by the same faith and the same trials bring us much needed comfort;⁴¹
- (ix) The Church can also extend its helping hand by providing pastoral counselling services at an affordable fee (or even free) to those who are in dire need;
- (x) The Church should help in starting small libraries especially in needy areas (e.g., in slums) to make literature available to young people;

⁴⁰Karechio, 6.

⁴¹Angelini, 287.

- (xi) The Church should provide recreational halls for music, healthy films, videos and dances; and,
- (xii) The Church should also provide good video libraries.

5.3.1.7 THE ROLE OF THE GOVERNMENT

The Government has a significant role to play by putting in place right preventive programmes of drug abuse. It can help by providing information to enlighten the youth on drug abuse and its consequences.

The Kenyan Government is urged to reinforce officers of the Anti-Narcotics Unit. Since drug trafficking is a highly lucrative business, there is a danger of the officers of this unit getting corrupted by drug barons. In this regard, we encourage the Government to pay Anti-Narcotics officers well, so as to motivate them to sustain their integrity. The Government should also put in place the mechanism to control not only “hard drugs”, but all drugs. If the Government is serious about controlling drug abuse, it should also ban pro-tobacco and alcohol advertising in the mass media and in public places.

Furthermore, realising the complexity of drug trafficking networks, we encourage Anti-Narcotics officers to collaborate with the administration and particularly the sub-chiefs and chiefs. The latter deal with day-to-day problems of traditional drugs of abuse; for instance, local alcoholic brews and cannabis. For this reason, they can be quite useful. Since they are well situated, they can use their vantage-point to bring the unit closer to the people, who may then inform them about drug traffickers in their midst.⁴² Although we do need strict laws to control the sale of harmful drugs, the problem of drug abuse cannot be sorted out simply by police action. The main reason for this is that if the possession and use of drugs is punished too severely, then the whole process will go underground and drug addicts will not have the courage to seek much needed help.⁴³

⁴²Mwenesi, 67.

⁴³Lobo, 192.

5.3.1.8 THE ROLE OF TREATMENT AND REHABILITATION

In the more serious cases of addiction, especially in the case of users of 'hard' drugs, persuasion alone is not enough; psychological help as well as detoxification are called for.⁴⁴ Drug dependent individuals may need to be hospitalised. This should be carried out under the surveillance and care of medical practitioners. During this stage, a medication programme should be conducted. This can address diet, hydration, administration of anti-anxiety and major tranquillisers to lessen and bring under control withdrawal symptoms.⁴⁵ Drug addicts should also be provided with psychological support, guidance, counselling and reorientation by medical doctors and professionals.

Therapy should try to address the underlying psychic problems that led the person to have recourse to drugs.⁴⁶ In the case of alcoholism, group therapy along the line of Alcoholics Anonymous (A.A.) may be useful.⁴⁷ Drug addicts need to reconcile themselves with other members of society. In view of this, professionals such as social workers who have experience in dealing with social problems are equally important and indispensable.⁴⁸ On the same lines, we recommend clinical psychologists and pastoral counsellors to get involved in schools, colleges and all institutions of higher learning.

It is worth noting that up to this time there is no specialised treatment for drug abusers in Kenya. However, there is a rising need for treatment centres. In the face of this, we make a special appeal to the Government to look into this matter urgently and to create treatment centres. Drug abuse centres are critical in circumstances of ever increasing drug abuse. Treatment centres should be located in private, mission and district hospitals. In Kenya treatment of drug abusers currently takes place in the psychiatric units of Provincial hospitals.⁴⁹ This is perceived as an obstacle for parents who feel that taking their children into psychiatric units is stigmatising, especially when they know that their children are not mentally ill. For this reason, drug treatment units should be in hospitals but not within psychiatric units.

⁴⁴Haring, 121.

⁴⁵S. F. Akaaya and others, 178.

⁴⁶Lobo, 192.

⁴⁷Ibid.

⁴⁸S. F. Akaaya and others, 178.

⁴⁹Mwenesi, 67.

The major problem that those who treat drug abusers can face is re-integrating them into society. Treatment and rehabilitation must of necessity go together. It is therefore imperative to have rehabilitation centres for those who have drug related problems so that they can learn a vocation that will make them somehow financially independent.⁵⁰

We cannot do justice to this piece of work if we are to leave out the fundamental role that Small Christian Communities can play in the rehabilitation process. Since they are close to the reality of the people, they can do wonders in the areas of spiritual and social rehabilitation. For this reason, we encourage them to be fully involved.

5.3.2 RECOMMENDATIONS FOR FUTURE RESEARCH

We would like to express our sincere support to all research studies that have been conducted on this vital issue. Our realisation of the enormity and complexity of drug abuse and its destructive nature gives us an impetus to make some recommendations for future research. They are as follows:

1. Epidemiological surveys should be carried out to probe the extent to which each drug of abuse has been abused by the youth.
2. Psycho-sociological studies on the drug culture in Kenyan schools would go a long way in helping and informing on supply reduction activities and also on demand reduction.

If further research studies were conducted on the above two proposed recommendations, results from them would be very helpful. They would feed back into the training and awareness-raising of the demand and supply reduction activities.

5.4 CONCLUSION

The foregoing chapter has looked at several ways that can help the youth with drug related problems. The youth should remember that they are neither the first nor the last to abuse drugs or to be affected by someone who abuses drugs. Drug abusers should know the moral harm they cause to their families and their communities.

⁵⁰Ibid., 68.

Drug abusers should try to seek help. This cannot be done if they regard drug abuse as a family secret. Therefore, they should exercise honesty. If they want to be “free”, young people should share their problem of drug abuse with those who care for them. We shall now proceed to the general conclusion.

5.5 GENERAL CONCLUSION

We feel that the main objectives of this research study have been achieved successfully. The following were our objectives: to assess drug abuse among our own youth - Don Bosco youth, to collect data for drug abuse, to identify the major drugs which the youth abuse; and, to propose recommendations for planning appropriate lines of action. When we attempted to probe some literature that has been done on this topic, we found that a good number has already studied this issue to a certain degree. This gave us a foothold to support ourselves while attempting to move forward. Literature review gave us the impression that the drug abuse scenario in Kenya is getting “serious.”

It was this attempt which acted as a catalyst in boosting our determination to go ahead and plunge into the topic. So we planned and carried out our research, which yielded successful results, as we saw in Chapter Four. In the light of the data we had collected from the research, the previous chapter helped us to come up with some vital conclusions. It was in that particular chapter that we “proved” with success our hypothesis that “Drug abuse is widespread in our Don Bosco schools and youth centres.” The endeavour was positive except for Don Bosco Girls’ Secondary School, which proved to be the least drug abuser.

When we had finalised the discussion on data analysis, an appropriate attempt was made to come up with some recommendations for the benefit of those of our youth who have already found themselves in the perilous waters of drug abuse. This is the exact reason why we have made both pastoral recommendations and some suggestions for future research. We believe that the war is not yet won; if anything, it is just the beginning. We have also shed light on the fact that this is a complicated issue which demands a lot of concerted effort from all spheres of the Kenyan society.

This research study is by no means conclusive; if anything, it is just an eye-opener for further research. We therefore appeal to concerned men and women to invest in the future of our youth by taking up research work in this important area. Keep the probing on track.

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APPENDIX 1

SOME DRUGS OF ABUSE, SLANG AND HOW THEY ARE USED

DRUG NAME	SLANG	HOW IT IS USED
Cannabis/Marijuana	Pot, Tea, Grass, Mary Jane, Weed, Smoke, Boo, Bhang, Hay	Smoked in joints, sticks, reefers, pipes, eaten in food
Opium	Poppy, Tar Black, Stuff	Smoked
Heroin	H., Horse, Junk, Stuff, Smack	Sniffed, injected just under the skin or into vein
Cocaine	Coke, C., Snow, Dust, Speed Ball (when mixed with heroin), Charlie	Sniffed or injected
Amphetamines	Speed Bennies, Hearts, Greenies, Pep Pills, Crystals	Swallowed (tablets), sniffed as crystals, injected
Barbiturates	Red, Yellow, Blue heavens, Barbs, Downers, Goof Ball	Swallowed (capsules or tablets), injected
Alcohol	Booze	Swallowed liquid

APPENDIX 2

GLOSSARY

Amphetamines: Drugs which are sometimes prescribed as anti-depressants. They speed up the brain's activity.

Barbiturates: Drugs obtained from barbituric acid, previously used as sedatives and tranquillisers. They slow down the brain's activities.

Bennies: Amphetamines.

Cannabis Sativa: The scientific name of the hemp plant from which marijuana is made.

Cocaine: A powerful drug derived from the leaves of the coca shrub, grown in South America.

Dealer: One who buys and sells illegal drugs.

Depressant: A drug that slows down the brain's activities.

Detoxification: Getting the poisons out of the body.

Downer: Another name for a depressant or barbiturate.

Drug: Any substance that when taken into a living organism may change its function. In this long paper, the term refers specifically to Psychoactive substances used basically with a view to altering one's psychological state.

Drug Abuse: The misuse of drugs. It refers to the taking of any psychoactive drug in any quantity not under medical auspices and / or not for medical purposes.

Drug Addict: One who misuses drugs and thereby becomes dependent on them.

Drug Use: Purposeful taking of any psychoactive substance.

Euphoria: An overwhelming and an unfounded feeling of well being.

Glue: Another name for plastic cement.

Hashish: A powerful drug obtained from Cannabis Sativa plant.

Heroin: A highly addictive drug derived from morphine.

High: The feeling of well being created by drugs.

Hooked: Term for someone who is addicted to a drug.

Inject: To take drug through a hollow needle (syringe) in the vein or just below the skin.

Intravenous Injection: To take drugs directly in the vein.

Joint: A marijuana cigarette.

Marijuana: The dried leaves and flowers of the hemp plant.

Morphine: An opium poppy derivative.

Narcotics: Some addictive drugs which induce sleep and kill pain.

Opiates: Drugs which are obtained from the opium poppy. These include opium, morphine, heroin and cocaine.

Opium: The “milk” of the opium poppy which is dried and highly addictive.

Pusher: One who sells drugs illegally.

Reefer: A marijuana cigarette.

Stick: Another name for a marijuana cigarette.

Withdrawal: Unpleasant symptoms which result when an addict stops taking drugs.

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APPENDIX 3

CONFIDENTIAL DRUG QUESTIONNAIRE

Date: -----

AN OUTLINE OF THE QUESTIONNAIRE USED IN THE RESEARCH

1. NAME OF YOUR SCHOOL/EMPLOYER (OPTIONAL) :-----
2. YOUR NAME (OPTIONAL) :-----
3. IN WHICH AREA DO YOU LIVE? :-----
4. HOW OLD ARE YOU? :-----

Please tick only one choice for each question:

5. SEX: MALE ----- FEMALE-----
6. MARITAL STATUS: MARRIED----- SINGLE----- DIVORCED----- WIDOW/WIDOWER-----
7. OCCUPATION: STUDENT----- UNEMPLOYED----- EMPLOYED----- HOUSEWIFE-----
8. IF EMPLOYED, PLEASE WRITE THE SECTOR IN WHICH YOU ARE WORKING:-----

9. IF YOU ARE A STUDENT, IN WHICH GRADE ARE YOU CURRENTLY? :-----
10. WHICH RELIGION/DENOMINATION DO YOU BELONG TO? :-----

11. PLEASE MARK WITH AN "X" THE DRUGS YOU HAVE USED AND HOW OFTEN:

(From here on you may tick more than one alternative)

Drug	1-5 times the last 12 months	6-20 times the last 12 months	More than 20 times the last year
Opium/Heroin (Brown Sugar)			
Cannabis (Bhang)			
Cocaine			
Amphetamine			
Barbiturates			
Combination of these drugs			
Alcohol			
Solvents			
Khat (Miraa)			
Other drugs not listed			
Name of drug:			

12. HOW HAVE YOU USED THE DRUG? :

SMOKED----- INHALED/SNIFFED----- INJECTED----- ATE-----

OTHER WAYS, PLEASE SPECIFY : by sucking

13. WHERE DID YOU USE THE DRUG? :

AT HOME----- AT WORK----- IN A BAR----- AT A MEETING PLACE-----
IN SCHOOL----- OTHER PLACE, PLEASE SPECIFY :-----

14. HOW DO YOU GET THE DRUGS? :

FROM FRIENDS, FREE OF CHARGE----- BUY THEM FROM DEALERS-----
BUY THEM FROM FRIENDS----- STEAL THEM----- FROM BARS-----
OTHER WAYS, PLEASE SPECIFY :-----

15. HOW MUCH DO YOU SPEND ON DRUGS PER MONTH? :

50-100 SHILLINGS----- 100-500 SHILLINGS----- 500-2 500 SHILLINGS----- MORE THAN
2 500 SHILLINGS, PLEASE SPECIFY :-----

16. WHY DO YOU TAKE DRUGS? :

PRESSURE FROM FRIENDS----- BOREDOM----- TO GET AWAY FROM MY PROBLEMS-----
IT IS "COOL" AND FUN----- OTHER REASONS, PLEASE SPECIFY :-----

17. HOW OLD WERE YOU WHEN YOU FIRST TRIED DRUGS? :-----

18. HAS YOUR CHURCH GIVEN YOU ENOUGH HELP TO STOP DRUG ABUSE? : YES----- NO-----

19. WHAT WOULD YOU LIKE THE CHURCH TO DO TO HELP YOU OVERCOME THIS
PROBLEM? :-----

THANKS FOR YOUR SINCERE CO-OPERATION.

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