

Drug Abuse Among Students in Public Secondary Schools in Kenya, The Case of Vihiga County

By

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Abstract

Drug Abuse is one of the major challenges facing the world today. The purpose of this study was to investigate drug abuse among students in public secondary schools in Vihiga County, Kenya. Two theories namely the Social Learning Theory and the Social Control Theory guided this study. The study employed descriptive survey design and ex-post facto Approach. The target population was 15,222 students enrolled in 45 public secondary schools in Vihiga County. The accessible population was 3,769 Form Three students. Out of this population, a sample of 181 students was selected from nine Public secondary schools through simple random sampling. Data from students was collected using a students' questionnaire and a Students' Drug Involvement Scale (SDIS). Reliability of the research instruments was ensured through piloting the research instruments using a student sample size of thirty selected from three public secondary schools in Kakamega County which is a neighbouring County to Vihiga. The collected data was quantitative. Data analysis utilised descriptive statistics with the help of the Statistical Package for Social Sciences (SPSS). The study found that the extent of involvement in drugs by students in public secondary schools in Vihiga County was 55.9%. The study also found that the commonly abused drugs by students in public schools in Vihiga County are alcohol, cigarettes, miraa, and marijuana and that cocaine and heroin were beginning to infiltrate into public secondary schools. Based on the findings of the study, it was recommended that Drugs and Drug Abuse Education should be incorporated into the school curriculum for timely intervention.

Keywords: *Drug Abuse, Students, Secondary School*

1. Introduction

History reveals that most of the drugs that are abused were first used for medicinal purposes. There is evidence that intentionally fermented alcohol existed from as early as 10,000BC when it was used in religion and worship, for recreation, medicinal use and quenching thirst by long distance travelers (Hanson, J., 2012). Marijuana was used as medicine from 2,737 BC in China then later in the 19th century, active substances used in production of drugs like cocaine and morphine were extracted and freely prescribed by physicians for various ailments and even sold over the counter until problems of addiction gradually started being recognised (Fort, 2007).

The earliest record of prohibition of excessive use of alcohol was in 2000BC in Egypt but it was not until 1956 that legal measures against Drug Abuse were first established in USA. By 1950, many Asian countries placed high priority on Drug Control policies and the death penalty was prescribed for trafficking or possession of opium and its derivatives like heroin (Gale C., 2001). Despite this, opium and its derivatives are still widely used in Asia.

According to the World Drug Report (UNDCP, 2012), 1.3 billion people or 30% of the world population use tobacco and 230 million people an equivalent of 5% of the world population, aged between 15 and 16 years use illegal drugs. Another report by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), estimates that 22 million people in Europe use marijuana (EMCDDA, 2012). Currently Africa and Asia account for 70% of global population using opium and its derivatives (UNODC, 2012).

Table 1 below shows countries that are leading producers of illegal drugs which supply drug markets in the world, also referred to as source countries for illegal drugs (IDCP, 2011).

Table 1: Illegal drugs and Countries that lead in their production

Drug	Source Countries
Marijuana	Colombia, Mexico, Jamaica, Afghanistan, Pakistan, Lebanon, Morocco
Cocaine	Bolivia, Colombia, Peru, Ecuador
Heroin	Afghanistan, Pakistan, Iran, Lebanon, Myanmar (Burma), Thailand

Source: [17]

A study carried out in 25 out of the 45 Counties across Kenya by the National Authority for Campaign against Alcohol and Drugs Abuse (NACADA) in 2011 found that certain Regions led in the abuse of certain drugs as shown in table 2 below (NACADA, 2011).

Table 2: Drugs and the Regions that lead in their abuse

Drug	Regions leading in abuse
Alcohol	Western, Central, Nairobi
Tobacco	Central, Nairobi
Marijuana	Coast, Western, Nairobi
<i>Miraa</i>	Eastern, Nairobi
Heroin	Coast, Nairobi

Source: (NACADA, 2011).

The results revealed that there is prevalence of drug abuse in five out of the eight Regions in Kenya with Western Region emerging as one of the leading Regions in abuse of alcohol and marijuana. This trend in the Western Region requires to be investigated to establish the causes. Nairobi Region is leading in all the commonly abused drugs in the country. This could be because of Nairobi being cosmopolitan and a major business center in Kenya.

The major source of illegal drugs is the illegal drug markets found in every country (UNDCP, 1997). Illegal drugs are marketed by criminal syndicates with international links which provide illegal incomes to large numbers of persons and maintain supply to drug users (Stephenson, E. 2010). The production and trafficking of illegal drugs like cocaine, marijuana and heroin generate billions of dollars in which criminal and terrorist organizations thrive (UNDCP, 2012). The global turnover from Drug trafficking is estimated at 330 billion US dollars a year (Alternative World Drug Report, 2012). The combined Mexican and Columbian Drug Trafficking Organizations alone generate between 18 and 39 billion US dollars a year (Seeke, R. 2011). The profits involved in illegal drugs trade are so big that most people shelve any kind of moral responsibility for it (Bandura, A. & Walters. H., 1963). The International Drug Policy Consortium (IDPC) estimates that 45 tons of heroin was trafficked to Africa in 2010, out of which 34 tons were consumed on the Continent. Drug Trafficking Organizations exploit the low capacity of law enforcement at seaports and airports to use Kenya and other African countries as transit for illegal drugs from Pakistan and Gulf countries to Europe, North America and other parts of the world [17]. However, Africa is no longer just a transit territory for illegal drugs but also a major production area with countries like South Africa, Lesotho, Morocco and Uganda producing 25% of the marijuana produced globally (Nafula, L. 2008). There is also documented evidence that Kenya is one of the top countries in Africa in marijuana production. Major marijuana producing areas in Kenya are the Lake Victoria basin, along the Coast and around Mt Kenya where the drug is mainly intercropped with maize and vegetables (UNODC, 2007).

In Kenya, a report by the National Committee on Educational Objectives and Policies stated that education is aimed at enabling the youth to play a more effective role in the life of the nation by imparting to them necessary skills and knowledge and inculcating the right attitude (GOK, 1976).

Secondary Education is critical because it lays ground for further training in various fields (Ongwae, J. 2010). Secondary schools potentially constitute a great reservoir of the country's human resource (Kaburu, J., 2006). The Master Plan on Education and Training 1997 - 2010 observes that majority of the schools in Kenya fall short of providing for the learning needs of their students leading to poor performance in National examinations (GOK, 1998). Some attempts have been made to link this poor performance to drug abuse. Table 3 below is a summary of the Kenya Certificate of Secondary Education (KCSE) results for Vihiga County from 2009 to 2011.

Table 3: Summary of KCSE Results of Vihiga County from 2009 to 2011

Year	Total number of student candidates	Students attaining grade A to B+	Students attaining grade D to E
2009	3382	112 (3%)	290 (8%)
2010	3502	170 (5%)	771 (22%)
2011	4417	204 (5%)	1020 (23%)

Source: Vihiga County Education Records

The expected maximum grade in KCSE is A while the minimum grade is E. The official minimum entry requirement into Kenyan Public Universities established by the Joint Admission Board (JAB) is B+ (Big Issue Team, 2004).

Findings from a study carried out by Child Welfare Association (CWA) in 2009 in Kenya reported prevalence of drug abuse increasing from primary, secondary, tertiary institutions and universities (CWA, 2009). The results of the above study revealed that drug abuse especially of alcohol was prevalent right from Primary School and that more students took up the habit as they progressed on from Primary School to University.

Drug abuse among students results into general indiscipline in institutions of learning (Koech, J. 2006). The 2001 Report by Central Region Education Board and the Integrated Regional Information Network (IRIN, 2002). on Causes and Remedies of Indiscipline in Secondary Schools in Central Kenya attributed unrest in schools, including the 2001 fire tragedy in Kyanguli secondary school where 67 students died to drug abuse (Kaburu, J., 2006). Continued use of drugs may lead to addiction, a condition in which the abusers must take drugs in order to feel normal whether they like it (Winkel, B. 2010). Consequences of drug abuse on the health of the individual depend on the type of drug abused (O'Neil, S. 2012). According to World Health Organization (WHO), 4.9 million people died in the year 2000 as a result of complications arising from smoking tobacco (UNODC, 2007). Heroin and cocaine kill 200,000 people every year (UNODC, 2012). In Kenya, reports show that many people have died and others lost sight because of taking local brews adulterated with harmful chemicals like Formaldehyde. An examples the 2011 incident where 125 people were killed and 20 went blind in Central Kenya as a result of taking the local brews (NACADA, 2011).

In Kenya, in the 1980's efforts to control drug abuse encompassed education, motivation of the public, legislation and enforcement of government machinery. This led to the establishment of the Anti-Narcotics police unit charged with curbing production and trafficking of illegal drugs and psychoactive substances. The unit mainly operates at airports, vulnerable boarder points and towns with high incidences of drug related offences (NACADA, 2002).

The Alcoholic Drinks Control Act was introduced in the year 2010 with the aim of countering the negative social, health and economic consequences of excessive consumption of alcoholic drinks and adulteration of local brews (Kenya Supplement No. 70 Alcohol Bill, 2010). The law limits the hours for opening of Bars and Restaurants and mandates County Commissioners to close Bars and Restaurants that do not conform to the Alcohol Control Act. As a member of the African Union (AU) Kenya subscribes to the Yaoundé Declaration and Plan of Action on drug abuse and illicit trafficking control in Africa

adopted by Heads of States and Governments in 1996 (NACADA, 2002). Kenya also maintains a close liaison with other international organizations like the World Health Organization (WHO) and UNDCP involved in combating the drug problem.

It was confirmed from records at the County Education offices that 4 Form Two and 7 Form Three Students were suspended from one of the three boys' schools in the County, while 4 Form Four Students from the same school did their Kenya Secondary Certificate of Education (KSCE) examinations from outside the school which is a boarding school, due to the students having been found to be abusing drugs (Limo, L. 2012). There was need to investigate and establish the types of drugs being used and the extent to which the students are involved with drugs.

Two theories guided this study namely; the Social Learning Theory (Bandura, A. & Walters. H. 1963). and the Social Control Theory developed by Travis Hirsch (Hirschi T., 1969). The Social Learning Theory was useful in explaining how drug abuse behavior is learned and replicated by students. The Social Control Theory was useful in making recommendations on strategies that can be adopted to address drug abuse among students and how students can be assisted to attain high academic performance

Statement of the Problem

The academic performance of Public Secondary School Students in Vihiga County has remained low over the years as evidenced by KCSE results of 2009 to 2011. Some attempts have been made to link poor performance to lack of adequate facilities and drug abuse but no study has been carried out to verify this in Vihiga County. Records at the County Education Office indicate that some of the students abuse drugs. It is however not clear what types of drugs are abused and to what extent students are involved with drugs. The researcher sought to investigate the types of drugs that are abused and the extent of involvement with drugs among public Secondary School Students in Vihiga County.

Objectives of the Study

This study aimed at achieving the following objectives:

- i). To determine the drugs that are commonly abused by students in public secondary schools in Vihiga County.
- ii). To establish the causes of drug abuse among students in public secondary schools in Vihiga County.
- iii). To determine extent of students' involvement in drug abuse in public secondary schools in Vihiga County.

Justification of the Study

The study was expected to reveal the types of drugs abused and the extent of involvement in drug abuse among students in public secondary schools in Vihiga County as well as the causes of drug abuse. It is hoped that the findings of this study will assist parents, teachers, the Ministry of Education and other stakeholders in Education to come up with appropriate strategies that can help address drug abuse among students in public secondary schools in Vihiga County and the country in general. The research may also contribute knowledge to agencies fighting drug abuse such as NACADA, UNDCP, UNODC and Non-Governmental Organizations (NGOs). The study may also act as a springboard for future researchers who may study the same area in depth or incorporate other variables.

2. Research Methodology

Research Design

This study employed descriptive survey design and *ex-post facto* approach. Descriptive survey design was found appropriate because, it enables the researcher to collect information that describes the current status of a population with respect to one or more variables (Mugenda, M. & Mugenda, G. 1999). An *ex-post facto* approach involves examining the effects of a naturalistically occurring treatment after its occurrence (Kathuri, J.& Pals, A., 1993). The researcher studied the effects as they were and no treatment was

offered to the subjects. To address the weakness associated with the design of its inability to strictly attribute the effects on single causes through identification of cause-effect relationship, other possible determinants of drug abuse were adequately controlled through random sampling of respondents, incorporating the factors into the study and taking a large sample.

Location of the Study

The study was carried out in Vihiga County, Kenya

Population of the Study

The target population from which the sample was drawn consisted of 15,222 students enrolled in public secondary schools in Vihiga County. The students participated because the study focused on drug abuse among the students. The accessible population was all form three students in the County. Vihiga County has 45 public Secondary Schools with a total population of 3,769 Form Three students. There are 3 boys' schools, 8 girls' schools, and 34 co-educational schools. All categories of schools were included in the study. Form One and Form Two students did not participate in the study because they had been in secondary school for a shorter time. The Form Three students were appropriate for the study because of the length of period they had been in secondary school and their age range of seventeen to twenty years which would have exposed them to drugs and drug related issues. Form Four students did not participate in the study to avoid interfering with their preparation for KCSE examinations.

Sampling Procedures and Sample Size

The public schools were stratified into three, that is; boys' schools, girls' schools and co-educational schools. Out of the 45 schools purposive sampling was used to select nine schools based on student population. Schools with relatively large student population sizes were preferred.

To determine the sample size, Nassiuma (2000) advocates for a sampling formula that can be used in obtaining samples of populations whose underlying probability distribution is not known (Nassiuma, D. 2000). The lower the coefficient of variation (cv) and error margin (e), the more reliable the sample is. The convention is $cv \leq 30\%$ and $e \leq 5\%$ in decimal.

$$n = \frac{NC^2}{C^2 + (N-1)e^2}$$

where; C is the coefficient of variation

- n is the desired sample size
- e is error margin
- N is the accessible population

Thus taking $cv = 20\%$ and $e = 1.5\%$

$$n = \frac{3769 \times (0.2)^2}{(0.2)^2 + (3769-1) \times (0.015)^2}$$

$n = 169.4$ approximately = 170.

To take care of attrition, a sample size of 180 was sufficient for the study. Proportions were used to determine the sample size from each stratum using the formula

$$\frac{x \times 180}{3769}$$

where x is the student population in the stratum.

Proportions were used to further determine the size of the sample to be taken from each school. Table 3 shows how the sample was selected.

Table 4: Sampling and the sample size

Type of Schools	Population size	Number of Schools selected	Sample Size From calculation	Sample size taken
Boys'	811	2	38.7	39
Co-educational	2253	5	107.6	108
Girls'	705	2	33.7	34
Total	3769	9	180.0	181

Simple random sampling was used to select the required sample from each of the nine public secondary schools. The rationale for using simple random sampling method was to obtain a representative sample and therefore allow generalizability of the results to the target population (Mugenda, M. & Mugenda, G. 1999).

Instrumentation

Data for the study was collected using a students' questionnaire and a Student Drug Involvement Scale (SDIS). The questionnaire was used because the phenomenon that was being investigated was one which could not be observed directly and questionnaires are the most reliable tool for collecting data on such phenomena (Gall & Borg, 2003). The students' questionnaire consisted of both open and close-ended questions. The respondents were expected to tick the appropriate alternative or fill in blank spaces. The questionnaire consisted of three sections I, II and III. Section I items solicited for information on the demographic data the respondents, section II had items that solicited for information on the types of drugs abused and other variables that may influence drug abuse. Section III items solicited for information on students' perceptions about drug abuse and its effects on academic performance.

The study used a standard SDIS to measure the extent of students' involvement in drug abuse. It was based on the Chinese Drug Involvement Scale (CDIS) whose initial pool of items was developed based on literature review clinical experiences and further refinement by a team of clinical psychologists and social workers (Faul & Hudson, 1997; Hawkins, J. et al., 1992). Standardization of the scale involved a pilot study of a convenient sample of fifty youth from a variety of social backgrounds, aged between fourteen to twenty years and judgement by an expert panel of four social workers, experienced in working with drug abusers, who judged and agreed on the face validity of the items (Faul & Hudson, 1997; Hawkins, J. et al., 1992). The sixteen items finally selected from the original pool were integrated in the students' questionnaire as the SDIS (Appendix B). It is a global assessment scale measuring the respondents' involvement with drugs through assessing such indicators as actual drug experiences, beliefs with regard to the consequences of drug abuse, the degree of manifestation, commitment to abstinence from drugs and the extent to which friends have drug related habits. The total scale score ranges from sixteen to eighty with a higher score indicating a more extensive involvement in drug abuse. As recommended by Faul and Hudson, a valid score was based on completion of at least 80% of its items (Faul & Hudson, 1997). For the SDIS it meant completion of at least thirteen items of the scale.

Validity and Reliability

Validity is the degree to which the results obtained from the analysis of the data actually represent the phenomenon under study (Mugenda, M. & Mugenda, G. 1999). Validity of the instruments was measured by checking and ascertaining that the instrument and its items would elicit the data sought. This was done by checking its content, criterion related, external and internal validity through reviewing the instruments with colleagues, supervisors and two other experts in the field of study. The items were modified where necessary to minimize ambiguity and to phase out redundant items. External validity was ensured by selecting a representative sample with regard to the target population. Internal validity was ensured through random selection of the study sample in order to have tight control for the extraneous variables.

Reliability is the degree to which the research instruments yield consistent results or data after repeated trials (Mugenda, M. & Mugenda, G. 1999). To ensure Reliability of the instruments, a sample of thirty form three students from three public secondary schools not included in the study were selected using simple random sampling for piloting. The number thirty was used because this is a small number that can yield meaningful results on data analysis in a survey (Kathuri, J. & Pals, A., 1993). The three schools were purposively selected from Kakamega County. Kakamega County was selected because it has similar characteristics to Vihiga County since it is in its immediate neighborhood. The researcher administered a single test to the sample of thirty students. Reliability was tested using Cronbach’s coefficient alpha to determine the internal consistency of the items. A reliability coefficient of at least 0.7 is considered acceptable (Santos, A. & Reynolds, J. 1999). The reliability obtained for the students’ questionnaire was 0.79 which was considered quite adequate for the Study.

Data Collection Procedures

The researcher obtained a letter of introduction from the Graduate School at Egerton University after satisfying the requirements of the Department of Psychology, Counseling and Educational Foundations. The researcher then obtained a permit from the National Council for Science and Technology (NCST) to carry out the research. Permission was then sought from the Vihiga County Education Office to conduct the research in the County. Upon being granted permission, the researcher visited the sampled schools with prior arrangements with the schools’ administrations on when the data could be collected. On the appointed dates, the researcher explained clearly to the respondents the purpose of the research emphasizing that the information they gave would be used for research purpose only and would be held in confidence. The questionnaires and SDIS were then administered to the respondents by the researcher. The respondents were allowed about 40 minutes to complete the questionnaires and SDIS.

Data Analysis

The students’ questionnaire and the SDIS collected quantitative data. The data was coded using SPSS and analysed using descriptive statistics. Descriptive statistics was used to produce frequency tables and percentages to determine drugs that were commonly abused, and causes of drug abuse among the students. The extent of Students’ Involvement in Drug Abuse was determined from data collected using the SDIS. The coded data was used to work out the weighted mean which was then used to work out the percentage of involvement in drug abuse by the Students.

3. Results and Discussions

Types of Drugs that are commonly abused by Students in Public Secondary Schools in Vihiga County.

Objective one of the Study sought to establish the types of drugs that are commonly abused by students in public secondary schools in Vihiga County. The students were required to indicate whether they abused a drug. The results are presented in table 4 below.

Table 5: Commonly abused drugs by Students in Public Secondary Schools in Vihiga County

Drug	percentage of students abusing		Total percentage
	Female	Male	
Alcohol	15.8	27.6	43.4
Cigarette	6.5	15.6	22.1
Miraa	2.6	13.0	5.6
Marijuana	3.2	7.8	11.0
Heroin	0.6	1.3	1.9
Cocaine	0.0	1.3	1.3
Glue	0.0	0.60.6	
Total	28.767	295.9	

Source: Data from the Field 2013

The results revealed that some drugs are more commonly abused than others. The drug that was most commonly abused by most students in public secondary schools in Vihiga County was alcohol at 43.4% of the students. This can be explained by the fact that alcohol is the most easily available drug. 65% of the students who abused alcohol reported getting access to it through a relative or a neighbour involved in production of local brews. 26% reported that they obtained the alcohol from their family's business premises such as Restaurants that dealt in alcoholic drinks while 19% said they got access to alcoholic beverages stocked at home by their family members. Alcohol was followed by cigarettes and miraa which are also legally available in the market. Among the illegal drugs, marijuana was the most commonly abused by 11.0% of the students in public secondary schools in Vihiga County. This can be attributed to the fact that among the illegal drugs, marijuana can be obtained more easily than other drugs like cocaine and heroin. Reports by Limo (2012) and UNODC (2007) reveal that marijuana is intercropped with maize and vegetables in some areas that are neighbouring Vihiga County such as the shores of Lake Victoria (MOEST, 2011 & UNODC, 2007).

The results established that there was a small percentage of students in public secondary schools in Vihiga County who were abusing cocaine and heroin. Cocaine and heroin are imported drugs mainly associated with urban dwellers especially in Mombasa and Nairobi and are also considered hard drugs abused by more experienced drug abusers (CIA Fact book, 2004). The fact that there was a small percentage of students abusing them implied that these drugs were also infiltrating into secondary schools and that some students had gained a lot of experience in drug abuse to the point of turning to hard drugs like cocaine and heroin.

The above results also indicated that some students abused more than one type of drug. 15% of the students abused both alcohol and cigarette, and 5% of the students abused four different types of drugs. This explains the high percentage of 95.9% shown in table 4 as the total percentage of students abusing drugs in public secondary schools in Vihiga County.

When gender was considered, the results revealed that out of the students, who abused drugs, 70% were boys and 30% were girls. The results concur with the World Drug Report (Stephenson, E. 2010) that males are more likely to abuse drugs than females. Out of the students who abused drug, 63% attended day schools. This could be because of students in day schools having more contact with out of school environment where drugs can be obtained more easily.

Causes of Drug Abuse among Students in Public Schools in Vihiga County

Objective two of the study sought to establish the causes of drug abuse among students in public secondary schools in Vihiga County. To determine the causes, respondents were asked to state in their opinion three most important reasons that made students turn to drug abuse. The responses were interpreted and classified into eight categories; experimentation, peer pressure, availability of drugs, depression, family history, to gain courage, rebellion, to escape reality and others. Table 5 shows the percentage of responses in each category on causes of drug abuse among secondary school students.

Table 6: Causes of drug abuse among secondary school students

Category of Factors	Percentage %
Peer pressure	87
Experimentation	69
Depression	52
To gain Courage	46
Family History	45
Availability	38
Others	29

Source: Data from the Field 2013

The results revealed that peer pressure plays a very important role in a teenager starting to abuse drugs in Vihiga County. 87% of the respondents reported factors which were classified into peer pressure such as having friends who used drugs, to fit in with friends, taking drugs in parties organized by peers and to be accepted into a group. Peer pressure was followed by curiosity and experimentation which was reported by 69% of the students with responses like to find out how it feels to be *high*. 52% of the respondents said students turned to drugs to feel good or happy or to relax or to forget bad things like bad performance in examinations or to forget problems, responses grouped together as, depression. 47% of the respondents felt students took drugs to gain courage, reflected in statements like to feel tough, to feel big or to feel older. 45% thought students took drugs because a parent or a relative or someone they admired used drugs. 38% reported drugs being readily available such as having the drugs at home or parents dealing in drugs business such as running a Bar. Other factors reported by 29% of the respondents included statements that could be interpreted as rebellion, idleness, boredom and to gain physical strength.

Extent of Students’ Involvement in Drug Abuse in public secondary schools in Vihiga County

The third objective sought to establish the Extent of involvement in drug abuse by public secondary school students in Vihiga County. In order to measure the involvement in drug abuse, the students were presented with the SDIS containing sixteen items. The students were requested to indicate their involvement with drugs on a 5-point scale (never, rarely, undecided, often, always).

Table 6 shows the distribution of their responses. 127 respondents completed at least 80% (14) of the items and these are the ones used in the data analysis.

Table 7: Analysis of responses to SDIS

	1.	2.	3.	4.	5.	Weighted mean
I have had the experience of confrontation with others without reason after using drugs	18	3	52	19	7	2.94
My good friends would regard using of drugs as very common	3	7	22	57	38	3.94
Using drugs would make me more confident	31	14	44	20	18	2.84
I believe that all my troubles will disappear after using drugs	47	12	42	19	7	2.43
I believe that I can get along better with my friends after using drugs	31	19	13	39	25	3.07
I believe that I will have a good time after using drugs	7	22	24	44	30	5.53
I use drugs several times each week	31	29	37	16	14	2.63
I have had the experience of fainting after using drugs	65	27	32	0	0	1.72
Using drugs leads to my having more conflicts with my family	29	21	49	12	5	2.51
I will use drugs when I am happy	41	20	22	24	9	2.29
I have taken overdoses of drugs	40	24	38	19	4	2.39
When I use drugs together with my friends I always use more than they do	51	2	33	31	5	2.48
I have abused drugs in the past one month	49	6	36	30	6	2.57
I have many friends who abuse drugs	5	14	21	45	42	3.83
My good friends have abused drugs in the past one month	2	23	47	21	11	2.58
My good friends think it is cool to abuse drugs	19	27	39	32	9	2.86
	Total					44.55

Source: Data from the Field 2013

The data obtained from the respondents was used to work out the weighted mean for each of the sixteen statements. The means were then summed up to determine the involvement in drug abuse by students in public secondary schools on the scale of 80. This gave a total of 44.5 out of 80 which converts to 55.7%. The results indicated that students in public secondary schools in Vihiga County were involved with drugs to a great extent. The above results revealed that 55.69% of students in public secondary schools in Vihiga County were involved with drugs. The results in section 4.2 of this report revealed that 50.9% of the students were abusing drugs whereas the SDIS gave a figure of 55.7%. The difference between the percentage of students actually abusing drugs and drug involvement (4.8%) was the percentage of students who were not yet abusing drugs but had favourable attitude towards drug abuse and could be at the risk of starting. The results indicated that more students were likely to pick up drug abuse behaviour as they progressed on to higher levels of learning.

4. Conclusions

- The most commonly abused drugs by students in public secondary schools in Vihiga County are alcohol, cigarettes, *miraa* and marijuana. Cocaine and heroin which are considered hard drugs were found to be abused by 1.3% and 0.6% of the students. Glue was the least abused drug. Traditionally, hard drugs like cocaine and heroin were associated with people living in the big cities mainly Mombasa and Nairobi. These results reveal that hard drugs have started infiltrating into upcountry schools therefore calling for serious and timely intervention measures such as timely drugs and drug abuse education. These results also call for measures to be put in place to identify students who are drug abusers to be rehabilitated through parents, guardians and School Authorities helping them to get professional help.
- The most important causes of drug abuse among students in public secondary in Vihiga County are peer pressure, experimentation, depression, to gain courage, having parents or other family members who abused drugs and drugs being available. These results point to a possibility that students in public schools in Vihiga County do not have the relevant knowledge about drugs and hence rely on their peers for information on drugs. There is therefore need to incorporate drugs and drug abuse education into the curriculum right from lower primary school.
- The extent Involvement in drugs by students in public secondary schools in Vihiga County was 55.7% indicated by their favourable attitude towards drug abuse. Since the percentage of those abusing drugs was found to be 50.9%, it means the extra 4.8% were at the risk of abusing drugs. There is need to carry out intervention measures to prevent this risk group from drug abuse behaviour.

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