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## **Factors Predisposing to Drug and Substance Abuse among the Youth in Gachie Kiambu County, Kenya**

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# Factors Predisposing to Drug and Substance Abuse among the Youth in Gachie, Kiambu County, Kenya

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## Abstract

Drugs and substance abuse is the use of substances in a maladaptive manner leading to significant health status impairment, distress or a failure to meet personal's responsibilities. It manifests in the form of recurrent and repeated use of substances resulting into adverse health and psychosocial consequences especially among the youth. However factors that predispose to this condition have not been determined. The study determined factors that predispose to drugs and substance abuse among the youths in Gachie, Kiambu County, Kenya. Descriptive cross-sectional research design was carried out in the month of March 2017. The study population included residents of Gachie, aged between 19-35 years and willing to participate in the study. Desired sample size respondents was determined to be 73 using Fischer formula. Simple random sampling procedure was used to select the respondents. Structured questionnaires were used for data collection and data will be analyzed by SPSS 22 statistical package. Results were presented in form of percentages, tables and graphs. Results indicated that peer pressure, drugs availability and unemployment contributed to drug and substance abuse by the youth in Gachie Kiambu County. The drugs that were mostly abused were alcohol (62.5%), bhang (23.6%) and tobacco (11.1%). Peer pressure thrived at 87.5% among the youth who abused drugs with 50% of those convinced to consume drugs succumbing to the pressure. Youth acknowledged their engagement on drug and substance abuse to unemployment.

**Keywords:** *Peer pressure, Unemployment, Predisposing factors, Drug and substance abuse and Youth*

## **1.0 Introduction**

### **1.1 Background of the Study**

Drug abuse is excess intake of a drug by an individual in a manner that alters social and medical behaviors (Saddock & Saddock, 2007). Commonly abused drugs and substances include legal ones: Mira (Khat), tobacco, alcohol and heroin, bhang and cocaine among illegal ones (Wills, 2005). According to the latest country wide survey done in 2012 by the anti-drug agency called the rapid assessment Drug and substance abuse in Kenya, one in three students reported using one or more drugs .Alcohol was the commonly abused substances (36.3%), miraa (31.5%), tobacco (20.2%), Bhang (9.8%), Heroin(3.1%),Inhalants(2.7%),Amphetamines(2.6%) and Cocaine(2.2%) (SYLVIA WAKHISI AND DANIEL WESANGULA, 2014 ).

An Estimated 22.5 Million Persons above Twelve Years Were Identified as suffering from disorders due to substance abuse in 2004 in the United States (NIDA and NSDUH) and of this group, about 15 million used alcohol. In 2004, 67.8% were on heroin; 17.6% marijuana; 27.8% cocaine and 12.3% on analgesics. Persons above 18 years who started using alcohol at 14 years, 17.9% were identified as alcoholics compared to 4.1% who started using alcohol above 18 year (Saddock & Saddock, 2007).

In Kenya, alcohol has the highest consumer in western province with 43.35%, Nairobi with 40.9%, Nyanza 26.8% and Central 26.3 %. Nyanza leads in the use of bhang while Central province and Northern Eastern have the least prevalence. Among the youth aged between 10-14 years, 37% and 75% of those aged below 19 years are introduced to psychotropic drugs. Problem of abuse is as a result of adoption of foreign lifestyle that undermines society ways of life where use of substances is only allowed to persons of legal age. Alcohol and other substances are readily available to youth between 10-24 years despite having laws that governs use of and sale to by minors (Clay Muganda, 2004).

Drug and substance abuse has several adverse effects which includes poor memory, poor performance, increased school dropouts, reduced reasoning capacity, expulsion from school, risky sexual behaviors leading to early pregnancy and HIV, increase in crimes, personal neglect, withdrawal and isolation from society, poor relations with parents ,teachers, siblings and peers (Softkenya.com, 2011).

### **1.2 Statement of the Problem**

Drug and substance abuse is an increasingly growing concern. Many people are using drugs for recreational purposes. Along with abuse, there may be a number of other problems like poverty, poor health and psychological problems. There are a number of circumstances that could induce drug taking behavior ranging from peer pressure stress relief (Davey, 2004).

Drug and substance abuse among the youth is increasingly becoming a major problem as consumption begins in adolescence (Clay Muganda, 2004).It is a major causative factor in preterm labors and deliveries due to self-neglect of the mother resulting in nutritional deficiencies and adverse effects of smoking, alcohol and drugs abuse (Holmes & Baker, 2006).

Expectant mothers who abuse prescribed drugs, alcohol and illicit substances pose a threat to themselves and their babies. This may have arisen as a recreational practice or as a form of coping strategy when overcome by life stresses. The habit may be entrenched and may be a practice especially when they become reluctant or unable to stop it (Holmes & Baker, 2006).

### 1.3 Specific Objectives

- i. To determine the influence of peer pressure to drugs and substances abuse by the youths in Gachie, Kiambu County Kenya.
- ii. To assess how drug availability predisposes the youths to abuse drugs and substance in Gachie, Kiambu County Kenya.
- iii. To find out how unemployment influences the youth to abuse drug and substances in Gachie, Kiambu County Kenya.

### 1.4 Research Hypotheses

- i.  $H_0$ : Peer pressure does not influence youth to abuse drugs and other substances in Gachie, Kiambu County Kenya.
- ii.  $H_0$ : Drugs availability does not predisposes the youths to abuse drugs and substance in Gachie, Kiambu County Kenya.
- iii.  $H_0$ : Unemployment does not influences the youth to abuse drug and substances in Gachie, Kiambu County Kenya.

## 2.0 Literature Review

### 2.1 Epidemiology

Globally, around 4.7% of world's population between 15-64 years (about 185 million people reportedly use illicit drugs per year (Wood, Nyakwana, Oirere, Rabar, & Waithaka, 2008) .An estimated 4.7% of global population aged 15-64 years(about 185 million people)reportedly use illicit drugs annually (Wood, Nyakwana, Oirere, & Waithaka, 2008).Interestingly about 80% of global death in illicit drug use is in males with a similar extent in alcohol and tobacco smoking (Wills, 2005).

The immigrants and refugees are special populations at risk of drug and substance abuse. This is because of depression; anxiety; stress; separation from loved ones; unemployment; social isolation and fears of deportation. Street children are primarily functional as a way to avoid the hardships of life on the streets and a perception of street family peer group as something they have in common. Musicians are at high risk in order to maintain high quality performance (Pumariega A. J.; Rothe E.; Pumariega J. B., 2005).

Drugs are psychoactive substances that produce the consumers' affects e.g. Feelings of surplus energy, depression, Euphoria, hallucinations, drowsiness and sleepiness. The continuous use despite psychological effects leads to dependence. The person develops signs and symptom of withdrawal syndrome characterized by nausea, headaches, general discomfort, intense burning or itchiness of skin, depression, despair and aggression having gone for a long period without consumption (Eschardon & Galvez, 2005).

### 2.2 Categories of Drugs

Drugs and substances are classified into stimulants, depressants, hallucinogens, inhalants, prescription drugs and steroids (Eschardon & Galvez, 2005).Stimulants include methamphetamine, Cocaine and Mira or Khat. Depressants include alcohol and heroin. Inhalants include nail polish remover, glue, cleaning fluids, hair spray and gasoline; hallucinogens include cough suppressants with dextromethorphan as ingredients; CNS depressants and opioids e.g. Morphine. Others include tobacco (Wood, Nyakwana, Oirere, & Waithaka, 2008).



### **2.3 Effects of Drugs and Substance Abuse**

Drugs and substance abuse has several adverse effects on the welfare of the consumer which ranges from medical to social wellbeing. Medical consequences of drugs and substances abuse include : cardiovascular diseases , shock , HIV/AIDS infection , Hepatitis , mental disorders, pulmonary diseases and cancer e.g. throat , larynx , lungs , blood, GIT and cervical (NIDA, 2014).Excessive consumption of alcohol by pregnant mothers lead to low birth weight, fetal alcohol syndrome and neurodevelopment delay. Cocaine leads to under development of organs including limbs and heroine can lead to spontaneous abortion in early pregnancy due to muscle spasms caused by repeated minor degrees of withdrawal. Smoking causes low birth weight. .Maternal opiates are associated with increased rates of sudden infant death which is also increased in association with social –economic deprivation (Greer, Piercy, & Walters, 2007)

Alcohol leads to loss of libido, erectile dysfunction and infertility. It predisposes one to high blood pressure and alcohol cardiomyopathy. Socially alcohol cause negligence of basic responsibilities, high crime rates and high level of dependency. (Ndeti, Szabo, Okasha, & Mburu, 2007).

Drug and substance affects the family of abuser and society. Child's basic needs are neglected in quest for continued use of drugs by the abuse and physical and emotional abuse increases following loss of impulse control. Family violence occurs leading to increased risk of injuries and death. There is also reduction in productivity at work leading to unemployment (Lawrence Robinson, Melinda Smith, M.A., Joanna Saisan, M.S.W., and Jennifer Shubin, 2017).

### **2.4 Management**

Management of drug and substance abuse requires a holistic approach. Detoxification is the first stage of treatment and it's the process by which the body clears itself of drugs. It manages the acute and potentially dangerous physiological effects of withdrawal. It does not address the psychological, behavioral, and social problems associated with addiction when used alone hence does not typically produce lasting behavioral changes necessary for recovery.

Outpatient treatment varies in the types and intensity of services offered. They costs less than residential or inpatient treatment and often is more suitable for people employed or extensive social supports. Other outpatient models, such as intensive day treatment, can be comparable to residential programs in services and effectiveness, depending on the individual patient's characteristics and needs. In many outpatient programs, group counseling can be a major component. Some are also designed to treat patients with medical or other mental health problems in addition to their drug disorders.

Individualized guidance and counselling is centered on issues relating with reducing illicit drug use and addresses related areas of impaired functioning e.g. employment status, illegal activity, and family and social relations and structure of the patient's recovery program. It helps the patient develop coping strategies and ways to abstain from drug use and maintain abstinence.

Various mitigation measures can be adopted to curb drug and substance abuse, these includes; harm reduction strategies, education to avoid overdose, programmes on exchange of needles to reduce the spread of infections e.g. HIV and development of substitution therapy to reduce crime related to the purchase of drugs (Wood, Nyakwana, Oirere, Rabar, & Waithaka, 2008).

### 3.0 Research Methodology

The study adopted descriptive cross-sectional research design. The study target population was community members aged between 19 and 35 years, regardless of their religion, marital status and social standing. Simple random sampling was used to select respondents. A total of 73 respondents was chosen. Primary data was collected using a questionnaire with both structured and unstructured questions. Data was analyzed with SPSS 22 statistical package and presented in percentages, tables and graphs.

### 4.0 Results and Discussions

#### 4.1 Response Rate

The number of questionnaires that were administered was 73 and a total of 72 questionnaires were properly filled and returned while one of the respondents returned the questionnaire half-filled whereas no questionnaires was unreturned. The response rate result is shown in Table 1.

**Table 1: Response Rate**

Response	Frequency	Percent
Returned(Fully-filled)	72	98.6%
Returned (Half-filled)	1	1.4%
<b>Total</b>	<b>73</b>	<b>100%</b>

Out of the 73 questionnaires administered 72 were fully filled and returned representing 98.6 percent. This response rate is considered very good and satisfactory to make conclusions for the study. According to Bailey (2000) a response rate of 50% is adequate, while a response rate greater than 70% is very good. Based on this observation the response rate in this case of 98.6% is therefore very good.

#### 4.2 Influence of Peer Pressure

The study sought to establish the influences of peer pressure on drugs and substances abuse by the youths in Gachie, Kiambu County. The results are presented in the figure 1 below. The results indicated that all respondents (100%) engaged in drug and substance abuse. Alcohol was the most abused substance with a rating of (62.5%), bhang at (23.6%) while tobacco at (11%).Miraa had a (2.8%) rating. This agrees well with (SYLVIA WAKHISI AND DANIEL WESANGULA, 2014 )that stated that alcohol was the commonly abused substance with( 36.3%) ,miraa (31.5%), tobacco (20.2%), bhang(9.8%),heroin(3.1%),inhalants(2.7%) and cocaine at (2.2%).

It compares with (Saddock & Saddock, 2007) that states that in 2004,an estimated 22.5 million persons over 12 years were classified as suffering from a substance related disorder in united states with 15 million of this group being dependant on or abused alcohol. It agrees with <http://www.cyc-net.org/features/ft-kenya-html> that states that in Kenya alcohol has the highest consumer in western with 43.35%, Nairobi 40.9%, Nyanza 26.8% and Central 26.3%.it agrees with (Wills, 2005) that states that in 2000,about 185 million globally consumed illicit drugs:2 billion were users of alcohol and 1.3 billion were smokers.

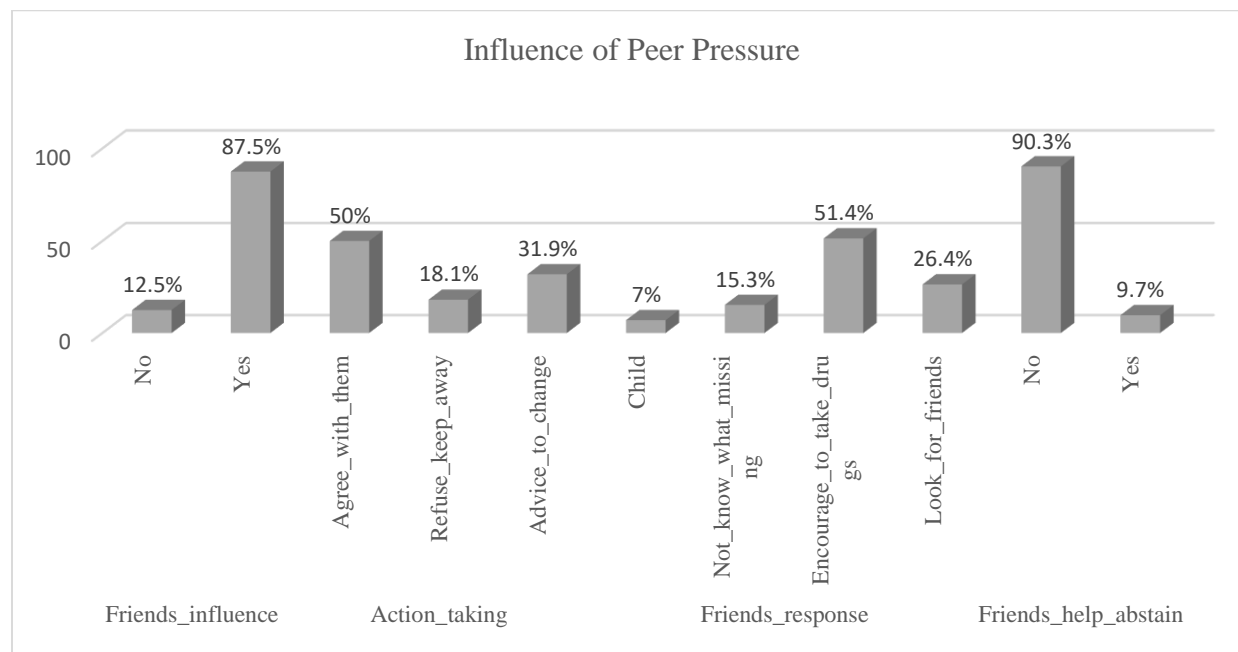
The influence from friends to consume drugs was rated at 87.5% while those who consumed drugs on their personal decision were 12.5%. Those who were influenced by their friends to take drugs, 50% of them agreed with the influence and consumed the drugs. Those who advised their friends

to change their behavior of taking drugs even after being influenced to take drugs were 31.9% while those who refused to take the drugs and kept away had at 18.1% rating. The results confirmed that peer pressure existed in Gachie area of Kiambu County among the youth who engaged in drug and substance abuse. Half of the youth who were influenced by their friends to consume the drug abused the drugs.

The youth who refused to succumb to the peer pressure received varied response from their friends. Those who were belittled and told that they were still children were 7% of the respondents, 15.3% of the respondents indicated that they were told they didn't know what they missed while majority 51.4% of the respondents were encouraged by their friends to get engaged in drug and substance abuse. Similarly, 26.4% of the respondents indicated that they were turned away and advised to look for other friends to be with. The results indicated the level of response those who didn't succumb to the peer pressure receive, the intense pressure put by the drug and substance peddlers to their friends is high characterized by intimidation, coercion and persuasion..

On assistance from their friends to abstinence from drug and substance abuse, 90.3% of the respondents indicated that they have not been helped to abstain from consumption of the drugs while 9.3% of the respondents agreed to have received assistance from their friends towards abstinence from the drug and substance abuse. The result confirmed that the youth received low assistance towards the abstinence from the drug and substance abuse.

The average mean indicated the most common statement among the respondents. The statement that received a rating that is representative of the statements under question. The standard deviation indicated how much the statements varied from the mean. Most of the deviation were not significant thus indicated how valid the results were. The influence of peer pressure on drug and substance abuse compares well with (Davey, 2004) that states that there a number of circumstances that could induce drug taking behavior ranging from peer pressure to stress relief.



**Figure 1: Peer Pressure**

### **4.3 Influence of Unemployment**

The study sought to establish the influences of unemployment on drugs and substances abuse by the youths in Gachie, Kiambu County. Results indicated that 98.6% of the respondents were unemployed while 1.4 of the respondents were employed. This shows the state of idleness the respondents were engaged in which made them participate in drug and substance abuse.

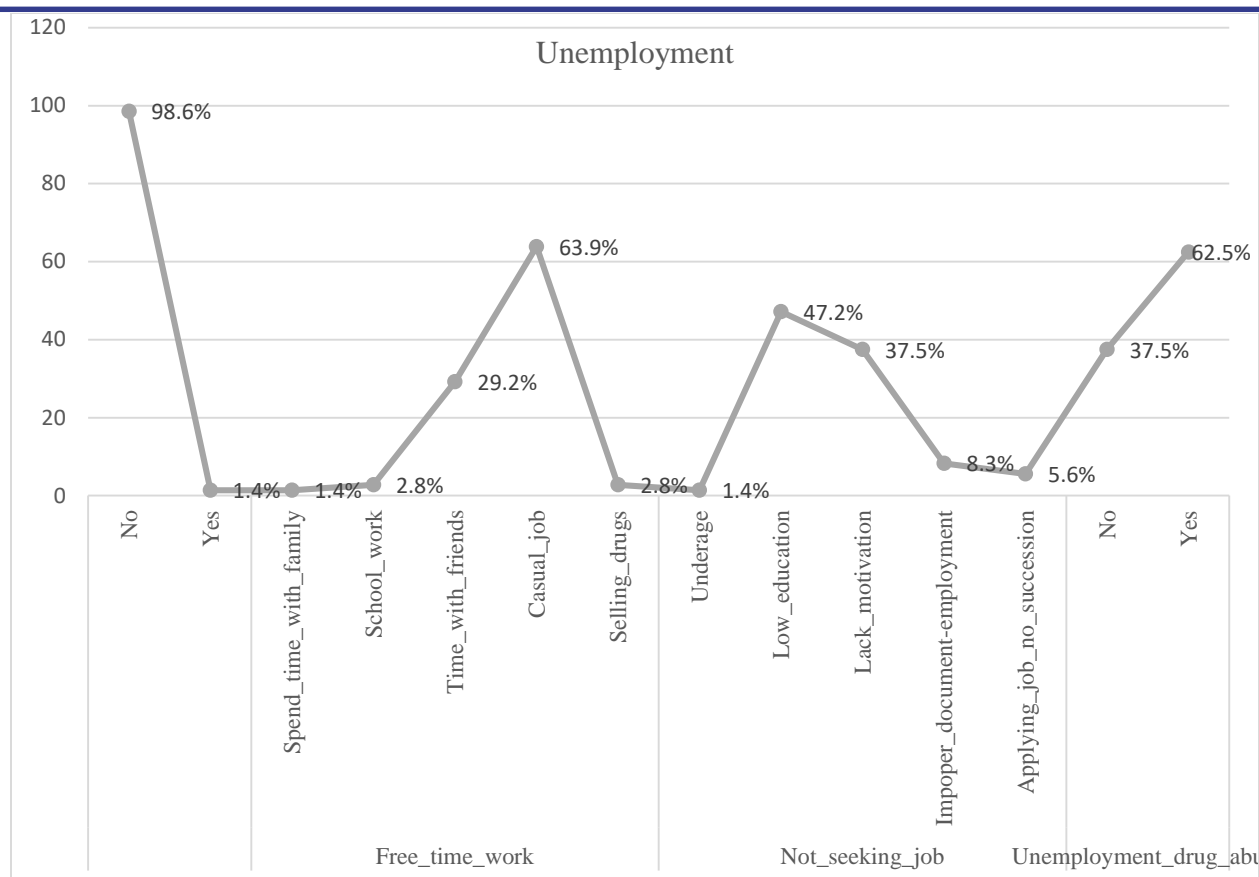
During their free time 63.9% of the respondents indicated that they participate in casual jobs, 29.2% of the respondents spent time with their friends while 2.8% of the respondents were engaged in school work and selling drugs. Similarly, 1.4% of the respondents indicated that they spend time with their families. The result depicts the free time spending by the respondents, with majority involved in casual jobs and spending time with their friends.

The respondents who did not seek employment had varied reasons. seek employment due to low level of education was rated at 47.2%, 37.5% of the respondents indicated that they lacked motivation in seeking employment while 8.3% reported that they lacked proper documents for employment. Similarly, 5.6% of the respondents indicated that they had applied for jobs but they did succeed and 1.4% indicated that they were underage thus couldn't seek employment. Low levels of education and lack of motivation among the respondents made them not to seek employment.

Unemployment contribution to drug and substance abuse was agreed by 62.5% of the respondents while 37.5% of the respondents indicated that unemployment didn't contribute to their drug and substance abuse. Unemployment made the youth be in a state of idleness thus exposed to drug and substance abuse.

The average mean indicated the most common statement among the respondents. The statement that received a rating that is representative of the statements under question. The standard deviation indicated how much the statements varied from the mean. Most of the deviation were not significant thus indicated how valid the results were. This agrees with (Lawrence Robinson, Melinda Smith, M.A., Joanna Saisan, M.S.W., and Jennifer Shubin, 2017)that states that in drug abuse there is reduction in productivity at work leading to unemployment. Its compares well with (Wood, Nyakwana, Oirere, & Waithaka, 2008)that states that drug abuse leads to malnutrition of abuse due to ignorance about nutrition, poor farming practices leading to lee income and increased poverty. It also concurs with (Pumariega A. J.; Rothe E.; Pumariega J. B., 2005)that states that immigrants and refugees are special populations at risk of drug and substance abuse due to depression, anxiety, stress, separation from loved ones, unemployment and social isolation.





**Figure 2: Unemployment**

#### 4.4 Influence of Drug Availability

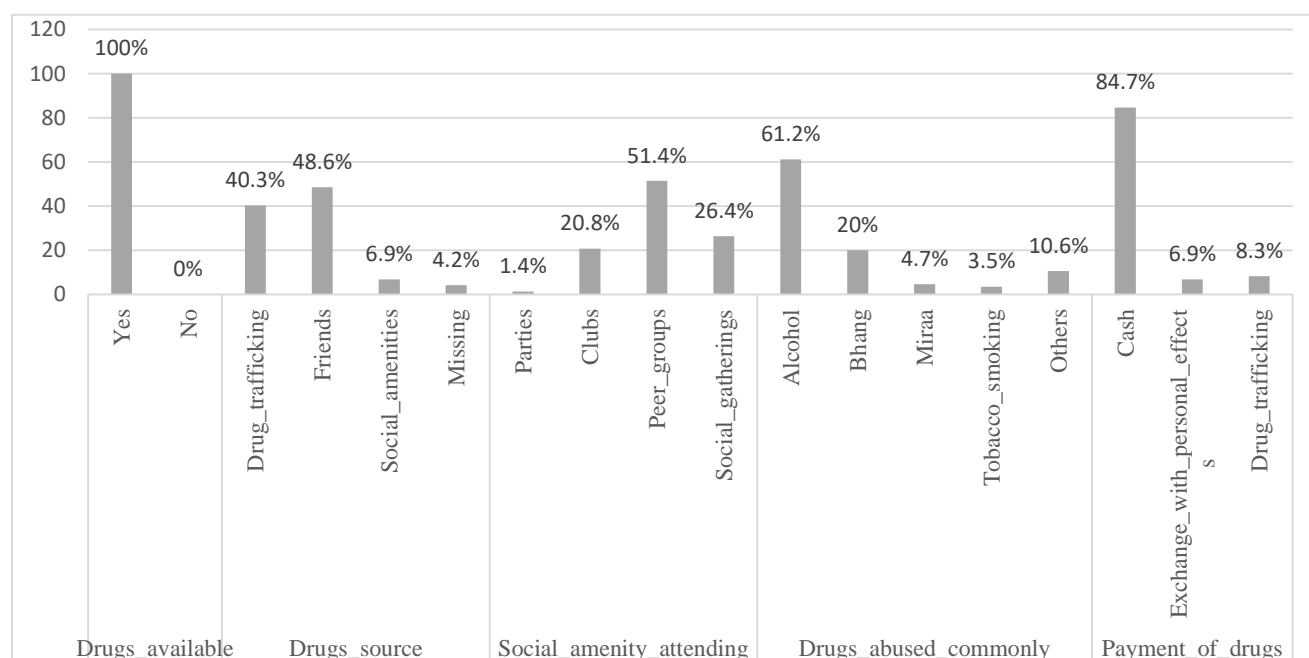
The results indicated that drug is readily available as per the majority of the respondents (100%). The study also sought to establish the source of the drugs, majority (48.6%) of the respondents indicated that they acquired the drugs through their friends, 40.3% of the respondents agreed that they obtained the drugs through drug trafficking while 6.9% of the respondents agreed that they acquired the drugs through social amenities. Similarly, 4.2% of the respondents didn't indicate how they obtained the drugs. The result implied that drugs were acquired by the youth through their friends and drug peddlers. Social amenities were also a hub of drug exchange. It concurs with (Clay Muganda, 2004) which states that the problem of abuse is as a result of introduction of foreign ways of life that undermines cultures of indigenous society with restricted use of substances to senior age groups and to special occasions. Alcohol and other substances are readily available to adults and youth between 10-24 years though law prohibits sale to and use of by minors.

On social amenities as a source of drugs, peer groups was rated the highest (51.4%) by the respondents, 26.4% of the respondents agreed social gathering was also a platform of acquiring drugs while clubs attracted 20.8% rating among the respondents as a forum for drugs and substance abuse exchange. Similarly, parties were the least source of drugs and substance abuse platform. The result implied that peer groups, social gathering and clubs attracted greater opportunities for drug peddlers to thrive.

The drugs that were commonly abused in the social amenities were rated as follows alcohol with a rating of 61.2%, bhang was abused by 20.0% of the respondents while injection of drugs was rated at 4.7% abuse by the respondents. Similarly, 10.6% of the respondents engaged in tobacco smoking in the social amenities and 3.5% of the respondents participated in chewing of miraa in the social amenities. The result showed that alcohol, bhang and tobacco smoking take charge in various social amenities youth in Gachie attend.

The modes of payment for the drugs were also established during the study. Most of the respondents (84.7%) indicated that they paid cash for the drugs they acquired, 8.3% of the respondents indicated that they participated in drug trafficking in order to acquire drugs while 6.9% of the respondents agreed that they exchanged personal effects for drugs. The result show the level the persons involved went to in order to acquire the drugs. Most of the drugs abused were paid on cash basis. The average mean indicated the most common statement among the respondents. The modes of payment for the drugs were also established during the study. Most of the respondents (84.7%) indicated that they paid cash for the drugs they acquired, 8.3% of the respondents indicated that they participated in drug trafficking in order to acquire drugs while 6.9% of the respondents agreed that they exchanged personal effects for drugs. The result show the level the persons involved went to in order to acquire the drugs. Most of the drugs abused were paid on cash basis. This concurs with(Kliegman, Behrman, Jenson, & Staton, 2008) that states that youth engage in burglary, robbery, drug dealing and trafficking and prostitution for purpose of acquiring the money necessary to buy drugs and alcohol.

The average mean indicated the most common statement among the respondents. The statement that received a rating that is representative of the statements under question. The standard deviation indicated how much the statements varied from the mean. Most of the deviation were not significant thus indicated how valid the results were



**Figure 3: Drugs Availability**

## 5.0 Conclusions

The study revealed that drug and substance abuse is an enormous problem in the society. Majority of respondents had attained secondary education hence had the knowledge on drug abuse. However due to lack of higher education that is a requirement to get employment has led the youth in drug trafficking and abuse. Drug and substances are readily available hence increasing the use compounded by lack of employment. Peer pressure remains the leading causative factor in drug and substance abuse. Commonly abused drugs include: alcohol, bhang, tobacco and miraa.

## 6.0 Recommendations

The government should implement enacted laws on sale of drugs to minor, develop multispectral collaboration agency including community participation to tackle the menace and create youth empowerment and funding in order to nurture the youth in creating self-employment for their livelihood sustainability.

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