

Otingi Victor

The wellbeing of the youth – A literature review of the drug abuse prevention methods and strategies between Finland and Kenya.

Helsinki Metropolia University of Applied Sciences  
Social Services  
Degree Programme in Social Services  
Thesis  
Autumn 2012

Author	Victor Otingi
Title	The wellbeing of the youth – A literature review of the drug abuse prevention methods and strategies between Finland and Kenya.
Number of Pages	34 pages + 2 appendices .
Date	
Degree	Bachelor of Social Services
Degree Programme	Degree programme in Social Services
Specialisation option	Social Services
Instructors	Mervi Nyman, Lecturer Riikka Tiitta, Lecturer

The aim of this literature review was to explore the methods and strategies used in alcohol and drug abuse prevention. The purpose of this literature review was to conduct a comprehensive analysis of the alcohol and drug abuse prevention methods and strategies being used in Finland with a view of recommending the successful methods that could be applied in Kenya.

The Literature review is based on 15 scientific research articles. The data was collected using Cinahl (EBSCO host) and Academic Search Elite (EBSCO host). Additionally, internet search was carried out in order to identify reports and other recently published articles and relevant research literature. Literature was analyzed and collected using inductive content analysis.

The findings of this literature review showed that prevention of alcohol and drug abuse should involve representatives of all appropriate authorities as well as the civil society. The various actors in the prevention field should develop a close co-operation. This requires a strong policy of multi-agency action and common agreements on strategies, measures and targets and consciousness of mutual benefits of such co-operation as practiced in Finland. The findings also showed that there is need to review and update policies that address the regulation of drugs and substance abuse in Kenya. There is need for a policy that will ensure that children do not frequent places where alcohol is consumed like in Finland.

One of the most important findings of this literature review was that there is need to stop alcohol and drug abuse before it starts through education and community action because children who grow up without experimenting drugs are less likely to do so at a later stage.

Not all the alcohol and drug abuse prevention methods and strategies among the youth have been explored in this study. Further research on these prevention methods and strategies is needed.

Keywords

Drug abuse, Alcohol, Prevention, Kenya, Finland

Tekijä Otsikko	Victor Otingi Nuorison hyvinvointi - Kirjallisuuskatsaus huumeiden käytön ehkäisyyn metodeista ja strategioista Suomessa ja Keniassa
Sivumäärä Aika	34 Sivua +2 liitet
Tutkinto	Sosionomi
Koulutusohjelma	Sosiaaliala
Suuntautumisvaihtoehto	Sosionomi
Ohjaajat	Lehtori Mervi Nyman Lehtori Rikka Tikka
<p>Tämän kirjallisuuskatsauksen tarkoituksena oli tutkia alkoholi- ja huumeongelmien ehkäisyyn käytettyjä metodeja ja strategioita. Tarkoituksena oli toteuttaa analyysi alkoholi- ja huumeongelmien ehkäisyyn Suomessa käytetyistä metodeista ja strategioista pyrkien löytämään menestyksekkäitä metodeja, joita voitaisiin soveltaa Keniassa.</p> <p>Kirjallisuuskatsauksen pohjana on 15 tieteellistä tutkimusartikkelia. Aineisto koottiin Cinahl (EBSCO host)- ja Academic Search Elite (EBSCO host)- palvelimien avulla. Internet-haun tavoitteena oli löytää raportteja, muita hiljattain julkaistuja artikkeleja sekä aihepiiriin mukaisista tutkimuskirjallisuutta. Aineisto analysoitiin ja kerättiin induktiivisen sisältöanalyysin avulla.</p> <p>Kirjallisuuskatsauksen löydökset osoittavat, että sekä eri ammattialojen edustajien että siviilikansalaisten tulisi osallistua alkoholi- ja huumeongelmien ehkäisyyn. Näiden ongelmien parissa työskentelevien tulisi kehittää tiivistä yhteistyötä. Tämä edellyttää vahvaa moniammatillisuuden käytäntöä ja yksimielisyyttä strategioista, mittareista ja tavoitteista. Tietoisuus Suomessa harjoitetun moniammatillisen työskentelyn kaikille yhteisistä hyödyistä on tärkeää. Löydökset osoittivat myös, että Kenian käytäntöjä ja säädöksiä päihteidenkäyttöön liittyen on syytä tarkastella ja päivittää.</p> <p>Yksi kirjallisuuskatsauksen tärkeimmistä löydöksistä oli, että alkoholin ja huumeiden väärinkäytön ehkäisyyn on syytä vaikuttaa koulutuksen ja yhteisötoiminnan avulla. Lapsilla, jotka kasvavat kokeilematta huumeita, on muita pienempi todennäköisyys kokeilla niitä myöhemmässäkin vaiheessa.</p> <p>Kaikkia nuorten alkoholin- ja huumeidenkäytön ehkäisyyn sovellettuja metodeja ja strategioita ei ole tarkkailtu tässä työssä. Jatkotutkimukset näille metodeille ovat tarpeen.</p>	
Avainsanat	Huumeiden käyttö, alkoholi, ehkäisy, Kenia, Suomi



## CONTENTS

1.	INTRODUCTION.....	1
1.1.	Significance of the study.....	1
2.	DRUGS AND SUBSTANCE ABUSE PREVENTION IN KENYA.....	2
2.1.	Background of the study.....	2
3.	THE AIM OF THE FINAL PROJECT AND RESEARCH QUESTIONS.....	9
4.	THE THEORETICAL BASIS AND KEY CONCEPTS OF THE THESIS.....	9
4.1.	The key concepts.....	9
4.1.1.	Adolescence.....	9
4.1.2.	Mental health.....	10
4.1.3.	Depression.....	11
4.1.4.	Alcohol use.....	11
4.1.5.	Substance abuse prevention.....	15
4.1.6.	Prevention policies in Finland.....	17
4.2.	Theoretical basis (Alcohol dependency theories).....	18
4.2.1.	Biological theory.....	19
4.2.2.	Disease theory.....	20
4.2.3.	Psychosocial theory.....	21
5.	METHODOLOGY.....	23
3.1.	Literature review as a methodology.....	23
3.2.	Database research.....	23
3.3.	Data selection.....	24
3.4.	Data analysis.....	25
3.5.	Reliability and Validity.....	25
6.	FINDINGS.....	26
6.1.	Successful Policies and strategies in Finland.....	27
6.2.	Factors that hinders the fight against drug abuse in Kenya.....	29
6.3.	Common causes of drug abuse among the youth in Kenya and Finland.....	30
7.	RECOMMENDATIONS.....	31
8.	DISCUSSION.....	32

## REFERENCES

## APPENDCES 2.



## **1. INTRODUCTION**

Excessive indulgence in drugs and crime go hand in hand. In many cases, drug abusers will go to the extreme lengths to obtain enough drugs to satisfy their habit. While obviously not all crimes are connected with the acquisition of drugs, individuals while under their influence commit many crimes. A report by the World Health Organization (2005) on metropolitan areas of major industrialized nations in the world, found that roughly 50 per cent of those arrested on the street had one or more drugs in their system.

Despite recent successes in some parts of the world in controlling the supply of drugs and trafficking of illegal drugs has posed a threat to the security and integrity of many nations, Kenya included. Governments have therefore become concerned with this problem. The aim has been to come up with a solution to the drug issue, which has threatened individuals the world over and has also become linked to acts of terrorism.

From the foregoing, it can be seen that drug abuse is a reality among the youth worldwide. If the rate at which young people have indulged in drug abuse is anything to go by, then the future of the society is uncertain and something must be done urgently to address the problem. There is a need for a study to evaluate the effectiveness of drug abuse prevention initiatives aimed at reducing demand for drugs among the youth. In view of this the current study was carried out by analysing the successful drugs and alcohol abuse prevention strategies which could be used to help in curbing the alcohol and drug abuse menace among the youths in Kenya.

### **1.1 Significance of the study.**

This study could help the Ministry of Education (M.O.E) to better understand the current situation and accordingly make changes to address the factors that contribute to alcohol and drug abuse among school going children and the youth as a whole.

Kenya, like many developing countries, is faced with the social problem of high rates of alcohol and drug abuse. To make matters worse, the percentage of drug abusers in the population increases yearly despite the efforts to eradicate the problem. Failure to solve



this problem not only threatens the life of individuals, but also the economic and social development of the country as a whole. The current study is useful in contributing to the general body of knowledge in this area. Beyond that, however, it also explores the potential of the government to curb the drug problem.

The study should help to make policy makers, administrators and teachers aware of the factors hindering the effectiveness of the approaches which attempt to curb alcohol and drug abuse and, where possible, create opportunities to eradicate the problem. The proposed recommendations would be useful in educating all Kenyans, youths and adults, on the risks of alcohol and drug consumption. Thus, this study would play an important role in reducing, or even preventing high rates of drug use and abuse.

Based on the findings, recommendations are made. If followed, these recommendations would be useful to administrators and policy makers in curbing drug abuse in schools through improving existing educational programmes, and striving to develop ones that are even more efficient.

A part from proposing more effective preventive measures in relation to drug abuse, the study also provides a background for other studies in its prevention. This would help in promoting a drug-free environment, thus improving the standards of living in the country. In the absence of specific policies on substance abuse in schools this study makes important recommendations on the way forward.

## **2. DRUG AND ALCOHOL ABUSE PREVENTION IN KENYA**

### **2.1 Background of the study.**

In 1971 growing concern over the harmful effects of psychotropic substances led to the adoption of the convention on Psychotropic Substances. This convention adopted by a plenipotentiary conference held in Vienna in January and February 1971 under the auspices of the United Nations, placed these substances under the control of international law. The convention entered into force on 16 August 1976 (WHO, 1995).

Describing drug trafficking and abuse as “international criminal activity demanding urgent attention and maximum priority”, on 14 December 1984 the United Nations General Assembly adopted the Declaration on Drug Trafficking and Drug Abuse. The Assembly declared that the illegal production of, illicit demand for, abuse of and illicit trafficking in drugs impede economic and social progress, and constitute a grave threat to the security and development of many countries. Its eradication, according to the Assembly, was the collective responsibility of all states (Richman, 1991:102).

The General Assembly’s seventeenth special session was convened in 1990 to consider the question of international co-operation against illicit production, supply, demand, trafficking and distribution of narcotics. The Global Programme of Action was adopted in March 1990. In an effort to strengthen its capacity to counteract drug abuse and illicit trafficking, the United Nations established the United Nations Drug Control Programme (UNDCP) in 1991 with a branch in Nairobi, Kenya. Its main function is to co-ordinate all United Nations drug control activities and provide effective leadership in international drug control. The programme serves as the focal point for promoting the implementation of the Global Programme of Action (WHO, 1995).

Kenya, as a member state of the United Nations, is involved in the implementation of the above programmes. In line with the United Nations recommendations, Kenya observes International Drug Abuse Day, set aside by the United Nations to raise consciousness about the drug abuse problem. The celebrations, observed on 26 June every year, are organised by the Ministry of Health and UNDCP in collaboration with Drug Abuse Prevention and Therapeutic services.

The Kenya Government has ratified two major United Nations conventions on narcotic drugs and psychotropic substances in its quest to protect its citizens from the global drug abuse phenomenon. These include the Single Convention on Narcotic Drugs (1961) and the Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances (1988). Currently the government is working towards ratification of the 1971 convention on psychotropic substances.

At national level, the Kenya Government has put in place some policy measures to address the drug problem. The government has banned cigarette smoking in public places, while many government and private offices have been declared smoke free (NACADA, 2006). The Ministry of Health demands that all cigarette advertisements be accompanied by a warning that, "Cigarette Smoking is Harmful to Your Health". The Government has also banned the brewing of indigenous alcoholic drinks such as "changaa" and "kumi-kumi", which are considered hazardous to human health (NACADA, 2006).

The Kenya Wildlife Services has deployed security officials in most of the country's national forest-reserves following the discovery of large bhang/cannabis plantations which had existed for many years in these areas (NACADA, 2005). District Commissioners have been directed to clamp down on drug trafficking and bhang growing in their districts.

According to a Rapid Situation Assessment report by UNODC (Ndetei, 2004:3), Kenya has developed policies on how to combat alcohol and drug abuse on various fronts-education, treatment, rehabilitation, demand reduction and control of availability of drugs. National drug policy involves drug control legislation and the legal framework under which treatment and rehabilitation of alcohol and drug abuse takes place. The National Policy on Drug Abuse in Kenya was developed on the premise that the Kenya Government had ratified the three major UN conventions on narcotic drugs and psychotropic substances, namely the Single Convention on Psychotropic Substances of 1961; The Convention on Psychotropic Substances of 1971; and the Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988.

The Narcotic Drugs and Psychotropic Substances Control Act, 1994, in operation since August 26 1994, is the largest Kenyan legislation against drug trafficking and abuse (NACADA, 2005). The act specifies a minimum of 10 years and a maximum of 20 years in jail for possession of drugs. The setting up of the International Drug Control Committee, whose responsibility was to evaluate drug policies in the country, followed the enactment of the above law. The greatest achievement of the inter-ministerial Committee was the production of the Drug Master Plan in 1998, which was approved in

2001. That same year NACADA was formed to enhance advocacy against drugs of abuse in the country.

Although the act prescribed heavy punishment for drug traffickers, it has been argued that the law was drafted in a hurry to please the United States establishment rather than safeguard the interests of Kenyans (Gikonyo, 2005). According to Gikonyo, it protects the interests of the developed countries in dealing with the drug abuse problem. In addition, Gikonyo argued that in spite of the heavy punishment prescribed by the law, the police force needs to be strengthened to enable it to crack down on traffickers. He added that all parties including parents, teachers, law enforcers, religious institutions and the media must fight the drug problem.

The office of NACADA was established in 2001 as part of the Executive Office of the President, to help the government accomplish the national goal of reducing drug use and abuse. According to the NACADA Service Charter (2001), its mission is to coordinate the prevention, reduction and control of alcohol and drug abuse through public education, empowerment and enforcement liaison. NACADA undertakes various activities which includes sensitizing, training and empowering the public on matters of drug and alcohol or substance abuse; providing resource centre services for information on drug and substance abuse; creating a forum for a stakeholder participation in questions of drug demand and supply of drugs of abuse in the region, involving communities in identification of drug abuse problems and development of local solutions. In addition, the Agency also prepares and distributes pamphlets with various messages on the effects of drug abuse to schools and to the public at large. The Agency has been involved in developing a strategic plan to include public awareness campaigns, interventions for special groups, counselling services, rehabilitation and support services for the vulnerable and the youth.

At the school level, the Ministry of education (MOE) has integrated drug education components into the existing school curricula, in Social Studies at the primary level, and in Religious Education at secondary level. The MOE has also emphasized provision of training in drug education to heads of schools, teachers and school inspectors through in-service courses. The main objective is to create awareness of the dangers of drug

abuse and its consequences, and to mobilize school children to participate and take a leading role in drug and alcohol issues. In addition, it also aims at encouraging teachers to be knowledgeable about drug dangers, to increase their capacity to intervene including through counselling and to prepare materials for drug education (NACADA, 2005). The government through the MOE has emphasized provision of guidance and counselling services in schools to help curb drug abuse and other problems that face students.

Realizing that drug abuse is becoming a problem in Kenya, NACADA has drawn up an action plan the main areas of focus of which are public awareness, liaison activities and support service. It targets youths in and out of learning institutions. Developing programmes through the mass media, passing messages through public “barazas” and incorporating drug preventive education in the education curriculum are some of the modes of fighting drug abuse that have been outlined in the action plan (NACADA, 2005). The plans some of which are so far only on paper appear promising and one can only hope that the implementation phase will be successful.

In an attempt to fight alcohol and drug abuse among students in Kenya, about 4000 head teachers gathered in Mombasa, Kenya in June 2005 (NACADA, 2005). They supported the government’s proposed ban on billboard and television advertising of alcohol and cigarettes. The Secondary Schools Principal’s Association also supported a plan by the government to ban smoking in public. So far the Association has started a campaign project aimed at fighting drug abuse amongst students and has made efforts to have programmes on the fight against drug and alcohol abuse featured in the electronic media, specifically targeting teachers and students. Also the chairman of the Kenya Schools Heads Association has urged the Government to implement the ban on alcohol and tobacco advertisements, saying they target the youth. He argued that we must do everything possible to protect the youth, the leaders of tomorrow.

Some churches have also established anti-drug programmes. One such is Lavington United Church in Nairobi, Kenya whose outreach ministry helps in training and teaching about the dangers of drug abuse in schools, colleges and universities. The youth are taught how to reach others through peer counselling (NACADA, 2007). The Anglican Church of Kenya (ACK) has also launched preventive-drug programmes for the youth

and adults in each diocese and has organised spiritual crusades to fight drug abuse in schools and colleges. In addition, the church has established treatment and rehabilitation centres to create awareness, and bring about physical and inner healing for drug users and addicts (Githinji, 2004:40). While addressing a church seminar on the drug problem in Kenya, Bishop Nzimbi (Githinji, 2004) emphasized that the church has a biblical mandate, an obligation and commitment to be involved in the war against drugs and against the vices affecting the society. The Bishop went on to say that the drug problem has shaken family foundations and the community at large and that although a lot has been done to address the issue of alcohol and drug abuse among the youth, the root cause of the problem must be addressed. The drug problems, he said, reflect a bigger problem and a direct product of how children are socialized in relation to social values.

Studies carried out locally and elsewhere (NACADA, 2010) indicate a strong linkage between alcohol/drug abuse by young people and the breakdown in family values. The cultures of indigenous society restricted the use of alcohol to senior age groups and special occasions. Even then, alcohol was consumed under strict conditions and drunkenness was discouraged. That children as young as 10 years are abusing alcohol (NACADA, 2010) spells danger not only to themselves and their families, but also to the well-being of the nation because children represent the future. The family and society as a whole have the obligation to ensure that children grow up in an environment that promotes moral values and a more disciplined way of life. Lack of a proper value system in the society is likely to lead to drug abuse, which in turn would ruin the family life even further.

In an attempt to curb drug abuse, some educational institutions in Kenya including Secondary schools, colleges and universities have started the peer education programmes to address the problem. Institutions have started peer education programmes aimed at reducing irresponsible sexual behavior, unwanted pregnancies, sexually transmitted infections (STIs) including HIV/AIDS and drug abuse by improving the quality of counseling and service delivery for students. The peer outreach programme is the highlight of the project, as it trains students to promote responsible behavior among their peers. Some activities carried out in peer counseling includes showing videos, follow-up discussions, door-to-door counseling and public lectures. Although such activities can go a

long way in addressing and curbing drug-related problems, they are secondary to the role of the family in socializing children and the youth in the right direction. The family is the basic building block of every culture. Children are not only better socialized at home than in the peer group, but are also best socialized by parental example and the sharing of social values. Positive sociability is firmly linked with the family in relation to child's self-worth. This in turn depends largely on the values and experiences provided by the family, at least until the child can reason consistently. The basic role of the family is therefore to ensure that children grow up in a loving and secure environment where they can be taught sound values.

From the foregoing it is clear that reducing drug abuse has been a priority of the Kenyan government at national and local level for many years. However, there is evidence that the problem is far from over. According to a speech delivered by Hon. Professor Saitoti, then Minister for Education, to the Third African Convention of the African Principals at the Bomas of Kenya (August 27, 2004), one of the greatest challenges impacting negatively on the achievements in the education sector in Africa is drug abuse among the youths in schools. The minister went on to say Kenya and other countries could not afford to lose the war against drugs because failure to address this problem will lead to the destruction of the youth and thus the future of many countries.

However, a report compiled by NACADA indicts the government because of its reluctance to curb the menace. According to the report, the government is unable to address drug abuse due to its need to gain tax returns from growers and manufacturers of certain addictive substances. In the view of the report, this is related to the fact that drug abuse among the youth has reached alarming proportions (NACADA, 2009).

If the above scenario is anything to go by, then it is clear that drug abuse is a threat to the general public as well as the youth in Kenya. It is therefore necessary that the drug abuse amongst the youth and society in general must be fought so as to reduce the criminality and social dysfunction that tends to accompany drug abuse at all social levels. In view of this, the current study set out to establish the nature and extent of drug abuse among the youth in Kenya with a view to proposing a programme for prevention and

intervention from the successful methods and policies that have been used in Finland to curb the problem of drug abuse.

### **3. THE AIM OF THE FINAL PROJECT AND RESEARCH QUESTIONS**

The aim of this final project is to identify and explore the alcohol and drug abuse prevention strategies and policies in Finland that could be used to address the problem of drug and alcohol abuse in Kenya. Three research questions are to be answered by the literature review:

1. What are the alcohol and drug abuse prevention policies and strategies in Finland that can be used in Kenya to curb the increasing alcohol and drug abuse problem among the youths in Kenya?
2. What are the factors that hinder the fight against drug abuse in Kenya?
3. What are the common causes of alcohol and drug abuse in Kenya and Finland?

### **4. THE THEORETICAL BASIS AND KEY CONCEPTS OF THE THESIS**

#### **4.1 The key concepts.**

##### **4.1.1 Adolescence.**

Adolescence is a transitional stage between childhood and adulthood. Changes occur both mentally, physically and socially. According to developmental psychologist Erik Eriksson, personality develops in a series of stages across the whole lifespan. Eriksson saw that each of these stages bares the possibility to empower an individual becoming competent in an area of life. The question to be answered in adolescence is “Who am I and where am I going?” Success in this stage of development leads to the build-up of one’s identity and a feeling of independence and control. Failure, however, can be the cause of feelings of inadequacy and confusion about the future. (Friis, Eirola, & Mannonen 2004, 44-47; Bailey & Shooter 2009, 13)



Puberty can be a chaotic life stage; this identity crisis can be full of turmoil and conflicts. Adolescence is the time when a sense of oneself develops and independence is explored. During adolescence, the need for privacy increases and the need to share thoughts with parents decreases while the importance of peer groups reaches its height. Friendships can help the adolescent to detach from the emotional dependence on parents. The peer's influence on the choices of the adolescent can be significant. This can be a positive development but may also lead young people into all kinds of trouble. The importance of family as a safe haven is still great as the adolescent needs to feel loved in a possibly turbulent life stage. (Lönnqvist, Aalberg & Partonen 2010, 591-593; Laukkanen, Marttunen, Miettinen & Pietikäinen 2006, 59-64)

#### **4.1.2 The mental health.**

There are different definitions of mental health. The perception can vary greatly depending on culture, religion and the values of the surrounding society. The World Health Organization defines health as "A state of complete physical, mental and social well-being, and not merely the absence of disease". Mental health can be portrayed as the balance between one self and the surrounding world and the ability to cope with the stresses that occur in a person's daily life. (WHO)

Some young people may use the word "mental" to signify mad, crazy or insane. Lack of information and misunderstanding are at the basis of the stigma of mental health and mental health problems. (Bailey & Shooter 2009, 151)

Circumstances in the course of our lives differ and with them, our level of emotional well-being. Emotional well-being can be defined as the ability to enjoy life, healthy self-esteem, ability to interact with other people and the ability to look forward to the future with optimism. (Bailey & Shooter 2009, 154)

The exact aetiologies of mental problems are not known. Some of the known reasons are biological as genetic inheritance or brain abnormality, psychosocial for example lack of adequate support systems, major cumulative life stress or indeed social factors

such as poverty and trauma caused by the environment of growth. (Lönquist et al. 2010, 596-597)

#### **4.1.3 Depression.**

Feeling depressed and suffering for depression are two different things. Bad mood, discouragement and occasional loss of self-worth are part of being human but become a problem when these feelings dominate and hinder the everyday life (Lönquist et al 2010, 157-158. Depression is diagnosed in the means of detailed interviews and questionnaires. An important criterion is the length of symptoms, anything less than two weeks is not considered as clinical depression. In making a diagnosis, it is important to distinguish depression from bipolar disorder as the treatment is significantly different (Duodecim 2010).

Depression does not have any single cause. Psychological, social and biological reasons and often their combination are believed to be behind depression. Genetic predisposition combined with stressful events in life, losses, bereavement, bullying, abuse and many social difficulties such as trouble in friendships may increase the risk of depression eventually leading many to drug and alcohol abuse (Lönquist et al. 2010, 167-180).

Alcohol and drugs make most people more vulnerable, complicate life and may lead to dependency or addiction. People suffering from depression may use alcohol or drugs as a way of “self-medication”. However, alcohol and depression are not a good combination as alcohol can exacerbate depression. A depressed person abusing alcohol or other controlled substance has a much higher risk of attempting suicide because of the increase impulsiveness and impairment of judgement (Bailey & Shooter 2009, 232, 279-287).

#### **4.1.4 Alcohol use.**

Alcohol use in Finland has tripled in the last four decades. Statistics from 2008 show, that the total annual consumption of pure alcohol was nearly 10.5 litres per inhabitants which shows decline of 1.5 per cent on the previous year. This amount of alcohol is

anything but evenly distributed. The drinking habits of the many are below the average, some drink the average amount and a small part excessively. Only about 12 per cent of Finnish adults are teetotal. Differences in drinking habits have been explained by people's characteristics variations, preferences, physiology and the genes that define these traits. The most significant rise in the last forty years has occurred in the consumption of wine, especially since the middle of 1980s. Beer is still the most popular choice, followed by spirits, wine, cider and long drink. Legislation has played a significant role in the change of consumer habits in the means of taxation and availability. In 1969 medium strength beer became available in grocery stores, increasing alcohol consumption and the side effects associated with it. In 2004 Finland reduced its taxes on alcohol beverages by 33 per cent on average, the total consumption of alcoholic beverages rose sharply (Mäkelä, Mustonen & Tigerstedt 2010, 14-17).

In 1968, men accounted for 88% of all alcohol consumed in Finland, nowadays women's alcohol use has increased from 12% to 26% as the same time as they began to work outside the home and have their own income. This has changed drinking culture making alcohol a part of social events among both sexes (Mäkelä et. al 2010, 292).

Late 60s and early 70s drinking alcohol became part of youth culture and from the middle of 80s alcohol consumption has risen especially among young girls. The new millennium has seen an increase in teetotal adolescents at the same time as the amount consumed by those who do drink, is on the rise (Mäkelä et. al 2010, 133).

The Finnish legislation determines, at least in principle, when young people are able to get their hands on alcoholic beverages. The Alcohol Act states that "any person who deliberately at any age below 18 years possesses legally produced or imported alcoholic beverages or as a person who has reached the age of 18 but not 20 years possesses legally produced or imported spirit drinks" and "serves alcoholic beverages or spirits to a person under 18 to the effect that the person becomes intoxicated, and the serving can, taking account of the minor person's maturity level and other circumstances, also judged as a whole be considered reprehensible", "shall be sentenced to a fine for minor alcohol offence, unless a more severe punishment for the act is prescribed elsewhere in the law" (Finlex).

Even though the legislation determines the transmitting of alcohol to minors as a punishable act, adolescents still manage to get hold of alcoholic beverages. Most of the times under aged get alcohol from friends, older siblings, or sometimes from parents who may buy their children alcohol or adolescents steal from home. Young people also attempt, and sometimes succeed, to purchase alcohol themselves from retailers (Holmila, Karlsson & Raitasalo. 2005, 308-309).

Young people are a lot more likely to suffer physically, mentally and socially from the effects of alcohol as they are far less equipped in all fronts. The body of a child or adolescent is much more strongly affected by alcohol than adult's. Alcohol consumption can damage organs such as liver, heart, and brain and, if heavy drinking starts at an early age, these damages occur sooner. The brain is particularly at risk as it is developing all through childhood until adulthood. Drinking alcohol in teenage years can seriously damage the parts of the brain that are in pivotal role in the development of an adult personality and conduct. The health risks caused by alcohol on young people suffer are double compared to adults. These changes cause substance addiction and can be permanent (Kiianmaa, Hyytiä & Partonen 2007 9-11; Mäkelä et al. 2010, 15, 66-67).

Alcohol-related problems can be divided into the problems caused by individual occasions of drinking and those due to prolonged consumption. Intoxication acutely weakens the ability to think, observe and react and decreases inhibitions and judgement. It can lead to dangerous situations such as unprotected sex, dangerous behaviour causing injuries, being raped or assaulted, and committing various crimes. Long term problems include, in addition to the above mentioned serious health hazards, detrimental social and psychological consequences. Relationships with family and friends can suffer as well as hobbies, studies, careers and finances (Mäkelä et. al. 2010, 20-21).

Kylmänen (2005, 23) divides young people's alcohol use as follows

1. Abstinence
2. Experimental use
3. Occasional use

#### 4. Early worrying or harmful use

(harmful consequences of the use start to occur)

#### 5. Harmful use

(frequent and regular substance abuse, often with harmful consequences)

#### 6. Substance dependency

The most common levels of use for concern are between two to four. Transition from one level to another is typically fast.

Regular use of alcohol increases tolerance, and the use may become harmful. Harmful use is characterized by problematic situations, the increase of alcohol doses, concise weekly alcohol use, or occasional use which is characterized by a very large amount of alcohol (Kylmänen 2005, 23).

Finish adolescents' alcohol use concentrates on weekends while adults' drinking is divided evenly through the week. This is especially true when speaking of binge drinking, statistics show that 80 per cent of young men's and 90 per cent of the young women's intoxication-oriented drinking occur during the weekend. The percentages of 50-69 year-olds was 30-40 (Mäkelä et. al 2010, 58).

Why do we drink alcohol? According to researches, the situation where alcohol is consumed provides us with social, psychological, and gastronomic experience that exceeds the harms involved. Drinking makes people feel relaxed, outgoing, happy and even euphoric. Ways of drinking and of thinking about drinking are culturally bound. The attitudes, norms, functions and motives connected to the use of alcohol depend on the culture (Mäkelä et. al 2010, 7). Young people drink to blend into groups, to feel more confident and to seek excitement (Kylmänen 2005, 41).

The use of alcohol in Finland is common and is often considered as a normal form of social contact. In our culture binge drinking, drinking alcohol specifically in order to attain intoxication is nowadays, if not fully accepted, highly tolerated, even in public. The majority Finns don't hesitate to get drunk at least on special occasions. There is seldom need to justify alcohol use, but rather the lack of it (Mäkelä et. al 2010, 7).

#### **4.1.5 Substance abuse prevention.**

Substance abuse prevention has several levels, decreasing and preventing the onset of substance use and limiting the development of problems associated with it, such as illness (Kylmänen, 2005, 13).

Preventiimi, a national knowledge centre operating as a specialist and support service in the implementation of youth substance abuse prevention, stresses that youth substance abuse should be approached in a humane way, respecting individuals and not focusing on the problems. As a general objective youth substance abuse prevention has promoted health and welfare by encouraging a substance-free lifestyle and by reducing substance use and the disadvantages caused by it. The unjustified blaming of adolescents as a specific problem group is not appropriate. Blaming, stigmatizing and moralizing have been proven to be a bad way to influence the use of substances. When working with minors, the importance of the statutory age has to be emphasized (Pylkkänen, S., Viitanen, R. & Vuohelainen, E. 2010, 3, 12)

Substance abuse prevention focuses on improving young people's understanding of the various substances abuse-related risks and strengthening the protecting factors. Social empowerment is, for example, supporting, promoting inclusion, encouraging and being present as an adult in an adolescent's daily life. Substance abuse prevention work aims primarily to the general protection of the strengthening factors, although it can also address the risks related to substance abuse. There are several protective factors; these are some of the most common:

1. Confidential social relationship within the community
2. The opportunity to influence one's own position and future
3. Self-esteem and self-knowledge
4. Awareness of the risk of substance abuse
5. Responsible attitude towards substance abuse in the immediate community
6. Critical substance use cultures
7. Restricted availability of substances and the appropriate control of them
8. Responsible attitude to substance abuse

Risk factors in turn are characteristics of either the individuals or the environment that will increase the likelihood a disturbance or a problem. Substance abuse prevention aims to reduce the risks or the impact of these risks and strengthening the protective factors. Risks for substance abuse may include:

1. Social mistrust and low self-esteem
2. Uncontrolled life changes
3. Pressure favouring substances in the social environment
4. Loneliness and exclusion from the age group
5. Unfavourable social circle, for example as dropping out of school or work life
6. Easy availability of drugs and lack of control
7. Alcohol use in order to get intoxicated
8. Substance use when alone
9. High-risk behaviour and accident-prone intoxication

The fact that young people have a lot of protective factors in their lives does not mean that they are completely safe from problems. Similarly, a larger number of risk factors does not mean that young people automatically would be particularly problematic. Protective factors strengthen young people and encourage in the right direction. Risk factors in turn, predispose to problems, but finally the individual events can influence the choices made by young people.

When giving information about common substance abuse risks, the approach should be from the perspective of general prevention, avoiding unnecessary far-fetch horror scenarios. The focus should not be the focus but actions between people (Pylkkänen et. al 2010, 14-15).

Kylmänen (2005, 26-29), has studied young people's attitudes towards substance abuse prevention by collecting information from approximately 20 000 encounters with in events surrounding the theme. From these encounters he learnt that most adolescents are keen to have frank discussion about substances. They feel that their homes are the place where attitudes are formed and, that school offers a natural forum to talk about alcohol

and other substances. Adolescents expect to be heard and treated as equals. They hope that their life circumstances and attitudes are understood and that they are treated as individuals. They don't want to be fed with readymade truths and decisions but wants to, based on the information received, make their own conclusions. Education is the building block for human development in many levels. Educating the youth about substance abuse prevention strategies can give the powerful instruments to achieve the skills and knowledge needed to fulfil one's true potential in life. Knowledge empowers and can help people gain control over their own lives.

#### **4.1.6 Prevention policies in Finland.**

According to the Narcotics Act (373/2008), which entered into force in September 2008, the production, manufacture, import, export, transit, distribution, processing, possession, and use of and trafficking in drugs is prohibited, although exemptions are possible for medical, scientific, investigative and control purposes. Trade in drugs precursors is provided for by Decree (775/2009) enacting an EU Regulation (Martta et al, 2010).

Provisions concerning preventive substance abuse work are laid down in the Temperance Work Act (828/1982). This Act defines the purpose of temperance work as habituating citizens to healthy lifestyles by guiding them in avoidance of the use of substances and tobacco. According to the Act, the establishment of general prerequisites for substance abuse prevention is primarily the task of the state and municipalities (Martta et al, 2010).

The Child Welfare Act (417/2007) provides for essential care and support for children in cases where the person responsible for the care and education of the child is a client of a substance abuse service, for instance, and for the eventual foster care, taking into care or providing of substance abuse services for the child if the child himself/herself seriously jeopardises his/her health or physical development through substance abuse (Martta et al, 2010).



The Government Decree on welfare clinic services, school and student health services and preventive oral health services for children and youth (380/2009) lays down provisions concerning health examinations in welfare clinics and carried out by school and student health services. According to the Decree, sufficient and regular health examinations and health counselling are aimed at enhancing early support preventing social marginalisation. In health counselling, individuals are supported and their psychosocial welfare promoted; this includes preventing the use of alcohol, tobacco and other intoxicants (Martta et al, 2010).

The Occupational Health Care Act (1383/2001) enables drug testing in the work place. Before requiring any individual to take a test, the employer must have a written substance abuse programme, which contains the general goals of the workplace and practises to be followed to prevent substance abuse and help substance abusers in seeking treatment. The Act on the Protection of Privacy in Working Life (759/2004) regulates employers' rights and their limitations concerning drug tests required from employees (Martta et al, 2010).

The Community Service Act (641/2010) was amended to include a requirement not to use drugs while performing community service. In cases of suspected drug use, the convict would be required to submit a urine or saliva sample; a positive sample would lead, depending on the situation, to a reprimand, a notification to the prosecutor, or even the discontinuation or denial community service. This amendment entered into force on 1 January 2011 (Martta et al, 2010).

#### **4.2 Theoretical Basis (Alcohol dependency theories).**

Alcohol abuse is a complex problem in the youth adolescent population and alcohol use and abuse amongst young people has become increasingly important area to understand. Availability of alcoholic beverages has increased and the social acceptability of women's drinking has increased in many societies (Patterson, Jeste, 1999).

The huge size of the youth adolescent means that the potential problem of alcoholism will grow. Over the years there have been different ideas suggested as to the causes of

alcohol abuse, most of which say that the causes are incurable, progressive, primary disease and some argue that it is a behaviour disorder that includes different kinds of problems.

Each suggested theories, seems to make sense at some point but over the years they have been proven to be inadequate in explaining the process of alcohol abuse. According to Khantzian 2001, the theories do not clearly explain or prove the process and duration of alcohol addiction and dependence (Korhonen, 2004).

### **The three primary theories of causes:**

1. Disease theory says that alcohol problems show in people who have a disease that gets worse, which can make controlling their intake impossible.
2. Biological theory says that there are genetic and chemical factors that affect the alcohol problem.
3. Psychological theory asserts that through learning, social and environmental issues and personal psychological factors can lead to alcohol abuse (Korhonen, 2004).

Researchers have no clear idea why some people develop alcohol abuse and dependence and others do not, even under similar circumstances. Human behaviour and the reasons for behaviour are complicated. Today, researchers and experts agree that, whether or not a disease is involved, alcohol abuse and dependency are based on bio-psycho-social determinants-problems resulting from a complex interaction of an individual's biological, psychological, cognitive (beliefs, thoughts, learning), environmental (social, cultural, economic) factors (Holtzer, P. 8-14, 1998).

#### **4.2.1 Biological theories.**

Research has been done saying that genetic and biological factors play a huge role in development of alcohol and substance abuse dependence. Evidence also shows that males who have dependent family members may be in more danger of developing problems. These people may have inherited genetic characteristics that put them at higher risk of developing alcohol dependency (Korhonen, 2004).

According to Marja Korhonen researchers don't fully understand the genetic and biological differences that can lead to alcohol dependence, or even if they definitely do lead to dependence. Marja Korhonen suggests that a variety of genes, biological characteristics and different circumstances combined, may lead to alcohol dependence in a specific individual. Biology always combines with social, environment, and individual psychological factors to produce behaviour (Korhonen, 2004).

#### **4.2.2 Disease theory.**

It is believed by medical practitioners that addiction is contributed primary (caused by an inborn physical abnormality, not by some other physical or psychological problem), chronic (on going, always present), progressive (gets worse), incurable, physical disease that can be fatal. The theory says that those who have this innate disease cannot control their use of alcohol. When they first drink, the underlying disease is activated. The disease then leads them to drink more and more until it destroys them physically, emotionally, and spiritually. There is no cure, but the effects of the disease can be stopped if the person stops drinking.

Korhonen (2004) asserts that, the concept of addiction as a primary disease developed mainly as a reaction to the belief that people who were frequently and troublesomely drunk were simply bad people. Drunkenness had generally been looked at as a moral problem, sin, vice, or personal failure. By the mid.1800s another view was developing. It saw alcohol as a highly dangerous substance, chronically drunken people as victims unable to control their drinking and abstinence as the only answer.

There are many who disagree with the disease model and many who say that it has been damaging. Some of the main criticisms are:

- There is no scientific evidence of a primary disease, but there is evidence that people have a variety of problems with a variety of causes
- Many problem and dependent drinkers stop or control their drinking on their own, which indicates that the problem is not innate, uncontrollable, progressive disease

- The disease model encourages a belief in lack of self-control and beliefs influence a person's behaviour
- Drinking is a behaviour with problems developing only when the person frequently overdoes the behaviour
- Genetic evidence does not show a direct and inevitable link to addiction
- The disease model does not deal with variations in drinking behaviour

Although alcohol addiction and abuse might not be a disease, the idea that it can be like a disease is helpful. This way of thinking helps to understand that people with alcohol problems should get help. It also helps them and other people around them to understand the behaviour and to work towards change (Korhonen, 2004).

#### **4.2.3 Psychosocial theories.**

All experts agree that psychological, social and environmental events are important elements in the development of problem drinking patterns. Research shows that harmful drinking is something that people learn when they grow up. Some people learn the healthy drinking rules and some the harmful ones. This is how some people drink to get intoxicated and how some people can drink in healthy limits. Drinking habits are learned (Korhonen, 2004).

People are also shaped by the consequences of drinking. If the person gets more of good than bad experiences from the way they have been drinking, they are more likely to continue the way they have been before. For example if social situations are easier to handle under the influence of alcohol, they are more likely to do so as long as the positive results conquer the negative ones such as hangovers (Korhonen, 2004).

People develop habits when drinking. Habits can be good or bad, but equally difficult to get rid-off, because it is something that you do without even thinking about it. This is one of the reasons why people tend to drink heavily because it becomes a habit (Korhonen, 2004).

People tend to behave in a way they expect alcohol to affect, without realizing that our beliefs affect our behaviour. If people think that intoxication is a normal part of drinking they will probably drink until they are intoxicated. Also if people expect that alcohol leads to aggression they will most likely act aggressively due to the fact that they think that it is all because of alcohol, when indeed studies show that most of the behaviours in fact is learned (Korhonen, 2004).

Friends, family, societies and cultures set the tone for alcohol use as well as for the expectations of effects about alcohol use and about ways of discouraging unacceptable use. Problems arise when heavy drinking and intoxication are considered in the society as acceptable behaviour, which seems to be the problem trend of the 21st century. When drinking is encouraged people tend to drink more.

Some young adolescents with certain characteristics and in certain environmental circumstances may be at greater risk of developing alcohol problems. For example:

Adolescents with certain mental disorders (e.g., anxiety, depression)

Adolescents who have antisocial personalities (they are aggressive, do not follow the rules of the society, do not take responsibility for what they do, do not relate well with other people)

Adolescents who associate with people who drink heavily

Adolescents with stressful life events such as isolation and violence

Research shows that frequent alcohol abuse occurs amongst people who are in economic disadvantage. It means that in situations of poverty and unemployment these people are most likely turn to alcohol. The lack of resources and support makes the problem even worse. Alcohol is an easy escape from reality (Korhonen, 2004).

## **5. METHODOLOGY**

### **5.1 Literature review as a methodology.**

This paper was based on qualitative literature review, this means that qualitative literature describes and interprets some human phenomenon; It is used to gain insight into people's attitudes, behaviours, value systems, concerns, motivations, culture or lifestyle.

Qualitative literature review method was chosen because it shows relevant research that has been already done in the same field, whereby a researcher collects the relevant and related literature and summarizes the main idea from already done studies or some of the problems and contractions found and shows how they relate to the present study (LoBiondo-Wood & Haber, 2006).

According to Aveyard (2010), literature reviews are becoming more and more important in health and social care. The growing importance of evidence-based practise (EBD) within health and social care today has led to literature reviews becoming more relevant to current practise. In a literature review, all the available evidence on any given topic is retrieved and reviewed so that an overall picture of what is known about the topic is achieved. The value of one individual research is greater if it is seen in the context of other literature of the same topic. Thus the literature review is regarded as increasingly important in health and social care and the method for undertaking a literature review has become an important research methodology in its own right (Aveyard, 2010).

### **5.2 Database search.**

At this stage an electronic search was performed using the range of database, in order to obtain information for the progress of the study. Restricting the search to the English publications only, publication within five years with a few exemptions because the contents met were relevant to the study, in addition an internet search was carried out in order to identify reports and other recently published articles. The author took time to find related articles for the study. Literature search was done in Nelli portal in Metropolia e library, which has a wide range of search engines such as Proquest (Social Scienc-

es), Cinahl (EBSCO host), Academic Search Elite (EBSCO host). Ordinary search of books from the library shelves was done as well, the main broad searched area covered were drug abuse, youth substance abuse prevention, cannabis prevention, alcohol prevention strategies, prevention policies, mental well-being. The total number of sources that the researcher procured through the search engines and the internet is 20. (Refer to table 1 in the appendices)

There are a number of steps involved in converting the review question into a search. The first of these is to refer back to the keywords. The use of appropriate keywords is the cornerstone of an effective search. It is possible to conduct searches using index terms and free text searching. Index terms include those used by electronic databases, which may not match the terms in the research question. To ensure that a search is comprehensive and both sensitive and specific, free text searching should be used in addition to or instead of index term searching (Lahlafi, 2007:566).

After the search was completed and a combination was made, there were a total of 850 articles, 700 from CINAHL and Academic Search Elite and 150 from internet sources and journals. 600 articles were cut out on the basis of full text leaving a total of 250. The full articles were then evaluated by the inclusion and exclusion criteria. 200 articles were excluded leaving a total of 50 articles. The 50 were narrowed down by the year of publication 2004-2010 leaving a total of 20 best articles that were used in this review.

### **5.3 Data selection.**

First the titles of the articles were reviewed and abstracts of the relevant articles were read. After that the whole article was read and the relevance was assessed. All the articles discussing the concept of youth drug abuse were included. In addition, the reference lists of articles were reviewed to find relevant publications.

The researcher selected the data from the searched literature according to the significance to the purpose of the study and answers the research question. Data was selected based on the following inclusion criteria; the article should be full text, published in recognized journals i.e. scientific journals, the article should meet the purpose of the

present study, articles should not be over five years (with a few exemptions, due to the distinctiveness of the data in the contents).

#### **5.4 Data analysis.**

The data analysis in this study was done only when the data selection process was accomplished, data analysis was done through qualitative content analysis applying inductive technique and content of the study to provide entities for the research, this process helped the writer to come up with the paper that describes the successful alcohol and drug abuse prevention strategies and methods among the youth used in Finland that can be applied in Kenya to help curb the problem in Kenya.

Stemler (2001) illustrates five steps of content analysis, the author emphasized the steps in this study and data analysis was carried out by first; choosing the analysis units followed by getting to know the data by re-reading through and understanding the contents and then deducting and abstracting the data, categorizing the data, grouping and interpretation of findings.

#### **5.5 Reliability and Validity.**

Reliability of data is connected to consistency, accuracy, precision, stability equivalence and homogeneity. A reliable item or instrument is required to be consistent. Validity of content refers to the universality of content. It also evaluates whether the items of content are representative of the content domain that is looked for. A valid item measures something that it is supposed to measure (LoBiondo-Wood & Haber, 2006).

Reliability of this literature review was given a great deal of consideration with respect to how valid and reliable the information sources were, because that could have dire consequences on the entire findings of this study. As Long & Johnson (2000) simply puts it, ambiguous or meaningless findings may result in wasted time and effort, while findings which are simply wrong could result in the adoption of dangerous or harmful practices (Long & Johnson, 2000:30).



Relatively, the reliability of this literature review could be evaluated by examining the process involved in the selection of the research articles through: Assessing the worth of study- the soundness of its method, the accuracy of its findings, and the integrity of the conclusions reached (Long & Johnson, 2000:30).

During the selection of the articles for the review, I was very vigilant about the sources of the research work, the credibility of the individual authors and the kind of publishing journal to ensure that data collection was undertaken in a consistent manner free from undue variation. In essence, we must trust that the researcher has eliminated, or at least minimized, human error through data reliability safeguards and thus only true values were recorded, analysed and presented (Baerlocher et al, 2010:40).

Regardless of few research articles selected for the review, the findings could be said to be highly reliable and valid because, an account is valid or true if it represents accurately those features of the phenomena that it is intended to describe, explain or theorise. In qualitative terms, validity is taken to mean the determination of whether a measurement instrument actually measures what is purported to measure (Long & Johnson, 2000:31).

In conclusion, the results from the review undoubtedly unveiled the effective alcohol and drug abuse prevention policies and strategies being used in Finland of which if applied in Kenya, could successfully lead to the reduction of alcohol and drug abuse among the youth in Kenya.

## **6. FINDINGS**

The findings were collected from the research articles to answer the study questions. The results are divided into three categories; the first category explains the successful prevention policies and strategies that have been used in Finland and could therefore be applied in the Kenyan case. The second category describes the factors that hinder the fight against alcohol and drug abuse in Kenya. The third category presents the common causes of alcohol and drug abuse among the youths in Kenya and Finland.

## **6.1 Successful policies and strategies in Finland.**

Evidence shows Public information and prevention measures should include: Safe drinking guidelines, public information and role model campaigns that show appropriate drinking behaviour for social learning, Information about the different kinds of drinking problems, Self-help ideas for assessing and changing drinking patterns, early identification of risky drinking coupled with brief intervention measures, programmes such as relationship/life coping skills and programmes that strengthen families.

Information and prevention materials, for use by individuals privately and by counselors working with clients or groups, have been shown to be useful and are available from many sources. Although these depend on reading english, such materials can be rewritten in plain english and translated. As well, guidelines and change strategies can be easily communicated through public education strategies such as radio, television, video, community relevant kits, songs e.tc.

Evidence shows that governments and communities should also work towards a culture of moderation, emphasizing that drinking to the point of drunkenness is simply not acceptable and that intoxication is not tolerated as an excuse for violence or other problem behaviour.

Evidence shows that successful, comprehensive, problem-reduction strategy also means governments, policy-makers, education systems, justice systems, employment programmes must be active partners with community wellness systems.

The long-term permanent reduction of alcohol problems depends on a population health model that provides individuals and families the means to feel safe, self-sufficient, capable, and competent in all aspects of their lives.

Provisions concerning preventive substance abuse work are laid down in the Temperance Work Act (828/1982). This Act defines the purpose of temperance work as habituating citizens to healthy lifestyles by guiding them in avoidance of the use of substances and tobacco. According to the Act, the establishment of general prerequisites for sub-

stance abuse prevention is primarily the task of the state and municipalities. This can work successfully in Kenya where the preventive substance abuse work is only left to some non-governmental organizations which has got inadequate resources and funds to reach the target group.

The Child Welfare Act (417/2007) provides for essential care and support for children in cases where the person responsible for the care and education of the child is a client of a substance abuse service, for instance, and for the eventual foster care, taking into care or providing of substance abuse services for the child if the child himself/herself seriously jeopardises his/her health or physical development through substance abuse. This Act can contribute greatly towards the fight against alcohol and drug abuse in Kenya. In many cases in Kenya, children are being raised in families where their parents are serious alcohol and drug abusers. The government of Kenya has done nothing and has got no social workers to follow up on how children are being brought up. This has led to many children dropping out of school and turning in to the streets as substance abusers. This Act if enforced in Kenya can change the phase of the society and contribute greatly to the prevention of alcohol and drug abuse among the youths in Kenya.

The Occupational Health Care Act (1383/2001) enables drug testing in the work place. Before requiring any individual to take a test, the employer must have a written substance abuse programme, which contains the general goals of the workplace and practises to be followed to prevent substance abuse and help substance abusers in seeking treatment. The Act on the Protection of Privacy in Working Life (759/2004) regulates employers' rights and their limitations concerning drug tests required from employees. This act if introduced in Kenya, could help to reduce substance abuse at work place because many people will be afraid of losing their jobs if found to be addicts to substances of abuse. It could also prevent the peer group influence at work place, whereby other innocent youths may be lured into drug and alcohol abuse at work place.

Preventiimi, a national knowledge centre operating as a specialist and support service in the implementation of youth substance abuse prevention, stresses that youth substance abuse should be approached in a humane way, respecting individuals and not focusing on the problems. As a general objective youth substance abuse prevention has promoted

health and welfare by encouraging a substance-free lifestyle and by reducing substance use and the disadvantages caused by it. The unjustified blaming of adolescents as a specific problem group is not appropriate. Blaming, stigmatizing and moralizing have been proven to be a bad way to influence the use of substances. When working with minors, the importance of the statutory age has to be emphasized. This approach could help greatly to reduce alcohol and drug abuse in Kenya. In many cases in Kenya, the youths who are substance abusers are always thrown into jail by the policemen instead of approaching them in a humane way. Throwing them in prison only increases the stress hence increase in alcohol and substance abuse.

Prevention of drug abuse and supply in Finland involves representatives of all appropriate authorities as well as the civil society.

## **6.2 Factors that hinder the fight against substance abuse in Kenya.**

Counselors and communities work hard to do the best they can. But counselors can do their jobs most effectively when they have full knowledge and skills. Individuals with drinking problems can more successfully change their lives when they have choices and guidance. Communities can develop more effective programmes and attitudes when they know what the choices are. Effectiveness of methods can be assessed if they have been tried and properly evaluated. The best decisions and programmes can only be made with full and accurate knowledge based evidence.

The programmes in Kenya are supported by weak institutional framework in which roles; partnerships and human rights perspectives of drug abuse are not strongly articulated as it is done in Finland. We lack appropriate and up to date data and information on drug abuse in Kenya. Hence, evidence based practise and programmes to address specific drug abuse problems are not always possible.

Since use of specific drugs and substances of abuse constitute a crime in Kenyan law, poor enforcement of the law may actually contribute to the increased prevalence of the vice as compared to Finland where the law is enforced without favour. Related to that, weak policies and intervention programmes may also be contributory as well as limited

skills and personnel capacity of the law enforcers. The implementation of effective awareness programmes is always affected by limited facilities and personnel skills. Since these programmes may be accorded low priority by the Kenyan government, they are often underfunded.

People drink alcohol and some drink too much. Most alcohol-related personal, social, and family problems are the result of this periodic heavy consumption rather than addiction.

People need complete and accurate information to take charge of their own health and change. A higher degree of positive changes is accomplished when individuals are provided with information, options and choices.

### **6.3 Common causes of alcohol and drug abuse among the youths in Kenya and Finland.**

Risk factors are the characteristics related to the individual or the environment that in a certain group increase the probability of a disturbance or a problem of substance abuse in both countries for example; social mistrust and weak self-respect, uncontrolled changes in the life situation, pressure favouring substances in the social environment, loneliness and exclusion from one's group, an unflavoured social circle, such as one with a common factor of dropping out of school or from work, ready availability of substances and lack of control, use of substances for the purpose of intoxication.

Young people are a lot more likely to suffer physically, mentally and socially from the effects of alcohol as they are far less equipped in all fronts. The body of a child or adolescent is much more strongly affected by alcohol than adults. Alcohol consumption can damage organs such as the liver, heart, and brain and, if heavy drinking starts at an early age, these damages occur sooner. Drinking alcohol in teenage years can seriously damage the parts of the brain that are in pivotal role in the development of an adult personality and conduct (Kylmänen, 2005).

Although the purchase of alcohol as a minor, as well as the purchasing of alcohol to minors is prohibited by law in both Finland and Kenya, young people, however, still acquire alcoholic beverages easily. Majority minors still manage to buy alcohol from retail outlets.

Alcohol problems have a variety of roots, some of them requiring professional therapy and guidance. However, evidence shows past-issues counseling is not effective for alcohol change, but can follow alcohol intervention (Korhonen, 2004).

## **7. RECOMMENDATIONS**

Drawing from the findings of the study, and building on existing research, it is suggested that more studies be carried out to address the following:

- More investigations are needed on the methods used to address drug abuse in schools and among the youth in various parts of Kenya. This is because the methods used to address the problem may differ according to different circumstances.
- Apart from the commonly abused drugs noted in this study, others such as cocaine, heroin and hashish to mention a few should be investigated to determine the extent and frequency of their use among the youth.
- Future research should replicate this study, but emphasize qualitative data gathering techniques such as interviews and observations, given the current study mainly used qualitative literature review. Using such an approach would help come up with a more comprehensive programme for prevention of and intervention in drug abuse.
- Given that in this study guidance and counselling is emphasized as a method of addressing drug abuse in schools and among the youth its effectiveness in addressing the problem should be investigated. Such studies would contribute towards strengthening guidance and counselling among the youth in schools.

- There is a substantial need for well-evaluated trials for the proposed approaches in this study to address drug abuse among the youth. There is also need for accompanying campaigns to create public awareness of the rationale for the drug abuse prevention initiatives proposed by the current study. This would make it easy to plan and implement them.

## **8. DISCUSSION**

The current study has shown that drug abuse is a threat to the general public as well as to the youth in Kenya. It is therefore evident that drug abuse amongst the youth and society in general must be fought in all ways so as to bring down substance abuse and related problems at all levels in the society.

In Kenya, drug abuse has threatened the lives of the youth of 29 years and below. This shows that drug abuse is a reality among the youth especially in Kenya. The implication is that with this threat hanging over it the future of the society is uncertain and therefore something must be done urgently to address the problem. Change can only be attained if all the parties concerned have seen its need and have made an informed decision to effect it. Eradication of drug abuse is therefore the collective responsibility of all the stakeholders.

The effects of alcohol and drug abuse can be classified as physical, social and psychological. Alcoholism affects all aspects of life, mentally and physically. It causes serious health complications such as brain damage, liver damage and memory problems but it also affects one's finance situation, ability to sustain meaningful relationships, family, friends and the community that the individuals live in. The social effects include; losing close relationships, decrease in social skills. The Psychological effects include; depression, delirium, confusion, aggression, loss of interest in events and hobbies. Some positive effects of alcohol include; it can make a person liverier, eases tension, relieve pain and makes one relax; protect an individual from cardiovascular diseases, positive effects socially, in terms of socialization, providing employment in production plants, catering and retailing of products.

This literature review is limited by the amount of research articles used as data sources to conduct the review. Furthermore, certain relevant research articles may have been omitted due to the cost restraints of obtaining them. In addition, the author of this review is a social service student with no previous research experience, and amateur mistakes may have been committed due to this.

In general, the study findings reveal that drugs and substance abuse is a major social problem in Kenya. The finding is in line with similar observations made in the UNODC report of 2004.

The study findings confirm that drug and substance abuse in Kenya has a complex cause and effect relationship. One of the most important direct causes of drug abuse is easy availability of cheap drugs and other substances.

Teens have the highest drug and substance abuse prevalence. According to the study findings, immediate social environment has an important role in influencing drug and substance abuse. The environment acts as both the source of peer pressure, money, and the drugs. In most of these situations, parents and other guardians lack the capacity to intervene.

Several negative effects of drug and substance abuse in Kenya can be derived from the study findings. It is also known that drug users easily divert resources to buy the substances. Drugs damage one's ability to act as free and conscious beings, capable of taking action to fulfil their needs, care for others and contribute positively to the society. Hence drug and substance abuse drains the economy.

Self-esteem enhancement programme should be included in alcohol and drug abuse prevention. Self-esteem has been envisaged as `social vaccine that empowers individuals and inoculates them against socially undesirable behaviours.

There is need to stop drug abuse before it starts through education and community action because children who grow up without experimenting drugs are less likely to do so



at a later stage. It should be made clear to the community of the associated dangers of drug abuse and their costs to society. A family setting should be upheld to provide a good environment that sets the right attitudes towards a drug free society.

## REFERENCES.

Aveyard, H, 2010. Doing a Literature Review in Health and Social Care: A practical guide. Maidenland: MC Graw- Hill Open University Press: Chapter 16

Baerlocher, M.O.; O'Brien, J.; Newton, M.; Gautam, T. & Noble, J. 2010: Data Integrity, reliability and fraud in medical research. European Journal of Internal Medicine, No. 21, 40-45. Retrieved on 12 of December 2011 at <http://www.elsevier.com/locate/ejim>

Bailey, S. & Shooter, M. 2009. The Young Mind. London: Transworld Publishers

Duodecim. 21.10.2010. Depressio, Käypä hoito.

<http://www.kaypahoito.fi/web/kh/suosituksset/naytaartikkeli/tunnus/hoi50023?hakusana=masennus> Read 2.5.2012

Finlex <http://www.finlex.fi/fi/laki/kaannokset/aakkos.php?lang=en&letter=A> Read 5.5.2012

Friis, L., Eirola, R. & Mannonen, M. 2004. Lasten ja nuorten mielenterveystyö. Helsinki: Werner Söderström Osakeyhtiö

Githinji, J. and Njoroge, S. eds. (2004): The Church Speaks Against Drugs. The effects of drugs on your Body. Access Code Communication: Nairobi.

Gikonyo, M. (2005). Drug Abusers and Parental Knowledge on Factors Predisposing the Youth to Drugs and Substance Abuse in Nairobi Province, Kenya. Unpublished M.ED Thesis, Kenyatta University.

Holmila, M., Karlsson, T. & Raitasalo, K. 2005. Alaikäisten alkoholiostot. Yhteiskuntapolitiikka vol 70, 2005:3, s. 305-310 (PDF document).

[http://info.stakes.fi/pakka/FI/tutkimus/tutkimustulokset/alaikaisten\\_alkoholiostot.htm](http://info.stakes.fi/pakka/FI/tutkimus/tutkimustulokset/alaikaisten_alkoholiostot.htm)

Read on 14.4.2012

Kiianmaa, K., Hyytiä, P., Partonen, T. 2007 Kansan terveuslaitos, Mielenterveyden ja alkoholitutkimuksen osasto. (PDF document). Read 10.05. 2012.

[www.alko.fi/fi/.../\\$file//Alcoholi\\_ja\\_aivot.pdf](http://www.alko.fi/fi/.../$file//Alcoholi_ja_aivot.pdf)

Kylmänen, P. 2005. Kun kaikki muutkin...Nuorten ehkäisevä päihdetyö. Tampere: Tammerpaino Oy

LoBiondo-Wood, G. & Haber, J. 2006. Nursing research: Methods and critical Appraisal for Evidence- Based Practise. St. Lovis: Mosby Elsevier. 559-575

Long, T. & Johnson, M. 2000. Rigour, reliability and validity in qualitative research: Clinical Effectiveness in Nursing, Vol.4, PP 30-37

Lahfafi A 2007. Conducting a literature review: how to carry out bibliographical database searches, 566-569

Laukkanen, E. Marttunen, M. Miettinen, S. & Pietikäinen, M. 2006. Nuoren psyykkisten ongelmien kohtaaminen. Helsinki: Kustannus Oy Duodecim.

Lönquist, J. Heikkinen, M., Henriksson, M., Marttunen, M. & Partonen, T (editors) 2010. 5-8th revised edition. Psykiatria. Helsinki: Kustannus Oy Duodecim.

Martta, F.; Arvi, V.; Marke, J.; Hannu, A.; Airi, P. Drug situation in Finland 2010. National Report to the EMCDDA. Drug situation in Finland 2010. Retrieved on October, 2011 from <http://www.thl.fi/thl-client/pdfs/7445c896-5bc1-4bbc-b9e3-f41be4fa94e5>

Mäkelä, P. Mustonen, H. & Tigerstedt, C. (editors) 2010. Suomi juo – suomalaisten alkoholin käyttö ja sen muutokset 1968-2008. Terveiden ja hyvinvoinin laitos. (PDF-document).

[www.thl.fi/thl-client/pdfs/371e1e08-9bc1-47ea-81aa-68b04f27088c](http://www.thl.fi/thl-client/pdfs/371e1e08-9bc1-47ea-81aa-68b04f27088c) Read 24.3.2012

Marja Korhonen, Alcohol Problems and Approaches: Theories, Evidence and Nothern Practise. National Aboriginal Health Organization (2004). Read 27.05.2012 from

[http://www.naho.ca/english/pdf/alcohol\\_problems\\_approaches.pdf](http://www.naho.ca/english/pdf/alcohol_problems_approaches.pdf)

NACADA (2005). Alcohol and Drug Abuse in Kenya. Final National Baseline Survey, on Substance Abuse in Kenya. Government Printer Nairobi, Kenya.

NACADA (2010). Alcohol Use in Central Province of Kenya. A Baseline Survey on Magnitude, Causes and effects from the perspective of community members and Individual users. Retrieved in October 2011, from <http://www.nacada.go.ke/wp-content/uploads/2011/02/central-servey.pdf>

NACADA (2007). Rapid Situation Assessment of Drug and Substance Abuse in Kenya. Retrieved Nov.2011 from <http://www.nacada.go.ke/wp-content/uploads/2010/06/rapid-assessment-web.pdf>

National Campaign Against Drug abuse Authority (2009). Fact Finding Mission. Report on the extent of Alcohol and Drug Abuse in Central Province. Retrieved in October, 2011 from <http://www.nacada.go.ke/wp-content/uploads/2011/02/central-servey.pdf>

Ndetei, N. 2004. Study on the Assessment of the Linkages between Drug Abuse, Injecting Drug Abuse and HIV/AIDS in Kenya (Unpublished).

NACADAA (2006). Drug and Substance Abuse in Tertiary Institutions in Kenya: a situational analysis. Nairobi: MOH.

National Campaign Against Drug Abuse Authority (2009). Fact Finding Mission. Report on the extent of Alcohol and drug Abuse in Central Province. Read 14.10.2011 from [http://www.nacadago.ke/wp-content/uploads/2011/02/central\\_servey.pdf](http://www.nacadago.ke/wp-content/uploads/2011/02/central_servey.pdf)

Preventiimi- A knowledge center for the youths Substance Abuse Prevention 2010. HUMAK University of Applied Sciences. Retrieved on March 2012 from <http://www.humak.fi/tutkimus/hankkeet/preventiimi>

Pylkkänen S., Viitanen R. & Vuohelainen E. 2010. What is youth substance abuse prevention? support material for first – rate substance education. Preventiimi – a knowledge based Centre for youth Substance Abuse Prevention. HUMAK University of Applied Sciences, Series C: Educational materials. (PDF – document).

[http://www.preventiimi.fi/sites/preventiimi.juhaniemidesign.com/files/resurssipankki/Nept\\_eng%20%0painos%20taitettu.pdf](http://www.preventiimi.fi/sites/preventiimi.juhaniemidesign.com/files/resurssipankki/Nept_eng%20%0painos%20taitettu.pdf) Read 04.03.2012

Richman, N. (1991). *Helping Children in Difficult Circumstances: A teachers' Manual* 1. London: Save the Children, Mary Datchelor House.

Stemler, S. 2001. An overview of content analysis. *Practical assessment, research & evaluation* 7 (17).

Stakes (National Research and Development Centre for Welfare and Health) (2006). Retrieved from <Http://www.stakes.fi/verkkojulkaisut/tyopaperit/Tp3-2006-verkko.pdf>

Theory of Alcohol Abuse and Depression Read on 15.05.2012 from <http://www.homemorals.com/alcohol-abuse/Theory-Of-Alcohol-Abuse-AndDepression.htm>

United Nations: Office of Drugs and Crime (UNODC). W.H.O. Expert Committee on Dependence Producing Drugs: Fourteenth Report. August 2005.

W.H.O (1995). *Street Children, Substance use and Health: Monitoring and Evaluation of Street Children Projects*. Document No. WHO/PSA/95:13. Geneva 18. W.H.O (2004): *United Nations Office for Control of Crime and Prevention*. Bath Press, Great Britain.

World Health Organization (WHO). 2005. *WHO Framework Convention on Tobacco control*. WHO document Production Services, Geneva, Switzerland.





## **ACRONYMS**

NACADA - National Campaign against Drug Abuse

UNODC - United Nations Office on Drugs and Crime

HIV - Human Immunodeficiency Virus

AIDS - Acquired Immunodeficiency Syndrome

WHO - World Health Organization

CSAP - Centre for Substance Abuse Prevention

HECAT – Higher Education Curriculum Analysis Tool

NIDA – National Institute of Drug Abuse

ONDCP – Office of National Drug Control Policy

NGOs – Non Governmental Organizations

KIE – Kenya Institute of Education



**Table 1**

Author	Name Of the Publication	Purpose of the study	Design	Findings
Bailey, S. & Shooter, M. 2009.	The Young Mind	To explore the mental health problems in children and adolescents	Publication that offers a guiding hand and insight into the most vital area of mental health.	a guidance for parents, teachers and young adults on subject such as child and adolescent development, parenting skills, problems at school, emotional health and wellbeing. Looks at distressing problems facing young people today, including anxiety and stress disorders, drugs, alcohol etc
Korhonen, 2004.	Alcohol problems and approaches: Theories, evidence and northern	The purpose is to provide essential information about alcohol prob-	Research Journal	People need complete and accurate information to take charge of their

	practise	lems, theories about causes and evidence-based test practises in alcohol problem treatment and prevention.		own health and change. A higher degree of positive change is accomplished when individuals are provided with information, options and choices. Alcohol problems have a variety of roots. Measures such as safe drinking guidelines necessary
Martta et al, 2010.	Report about the drug situation in Finland.	To study the new developments, trends, and in-depth information about drug abuse and prevention strategies in Finland	2010 National report to the EMCDDA.	Provisions concerning preventive substance abuse work are laid down in the temperance Work Act (828/1982). This act defines the purpose of Temperance work

				as habituating citizens to healthy lifestyles by guiding them in avoidance of the use of substances and tobacco.
Holmila, M., Karlsson, T. & Raitasalo, K. 2005	Alaikaisten alkoholistot	To study the legislation and alcohol use in Finland	PDF document	Although the purchase of alcohol as a minor, as well as, the transmission of alcohol to minors is prohibited by law, young people however consider themselves and easily acquire alcoholic beverages majority of minors still manage to purchase alcohol.
Kylmänen, 2005.	Substance abuse prevention for young people	The purpose was to give the youth more information about the in-	PDF document	The results showed that young people are using snuffs than

		toxicants and to change their attitudes to intoxicants		alcohol.
Kiianmaa et al. 2007.	Mental health, depression and alcohol.	To study teenage alcohol drinking in Finland and the effects	Journal	Young people are a lot more likely to suffer physically, mentally and socially from the effects of alcohol as they are far less equipped in all fronts. The body of a child is much more strongly affected by alcohol than adults. Alcohol consumption can damage organs such as the liver, heart and brain.
Mäkelä et al. 2010.	Changes in Alcohol consumption 1968-2008	To study the alcohol use among the youth in Finland	PDF document where visits were carried out, a lot of the question sets containing	Drinking habits are formed. Finnish drinking, gradually, the consumption of alcohol

			drinking habits have been conducted in Finland every eight years.	has spread deep into the Finnish everyday life, to new situations and to new groups Alcohol consumption has grown significantly and there has been a change in drinking culture.
--	--	--	---	--

Lönquist et al. 2010.	Substance abuse and factors leading to it.	To study the relationship between depression and drug abuse.	Journal/Publication.	The prevalence of mental health problems in the youth is doubled the one of the children which makes it as a big as within the adult population. The most important problems are behavioral disorders, anxiety and substance
-----------------------	--	--	----------------------	--

				<p>abuse.</p> <p>Schizophrenia is a chronic and ongoing brain disorder as well as one of the most serious forms of mental illness. It interferes with a person's ability to think and act rationally, to manage emotions, cope with social situations and make decisions</p>
Pylkkänen et al. 2010	support material for first rate substance education	The purpose of the publication is to try to define the field of youth-emptive. Substance Abuse are some common starting points and objectives that players can use their own policy devel-	PDF document/Publication	The overall purpose of preventing Substance Abuse is health and welfare by promoting intoxicant-free lifestyles, and reducing Substance Abuse. Substance Abuse prevention should be

		<p>opment and quality assurance.</p> <p>This publication is the first to preventive substance abuse on the basis of quality criteria to review youth drug prevention.</p>		<p>seen as a permanent part of youth education.</p> <p>Adolescent Substance use has fallen in Finland throughout 2005, particularly in Children under the age of 18.</p> <p>Adolescent substance use and attitudes are systematically monitored.</p>
Friis et al. 2004	Children and young people's mental health	To study the relationship between adolescence mental health.	PDF document/Publication	Some people suffering from mental health problems, use self-harm as an attempt to find a way of coping with extreme and painful feelings. When emotional pain becomes intolerable

				<p>erable and the feelings of worthlessness are intense, some people see self-harm a way to punish themselves.</p> <p>Painful emotions are then directed inwardly and culminate in self-harm.</p> <p>Self-harm is an action that is intended to injure oneself physically, not to end life but, the feelings that make some people self-harm are very powerful.</p> <p>People who self-harm are many times more likely to attempt suicide than those, who do not. Forms</p>
--	--	--	--	---



				of self-harm vary, some leave a visible mark, and others do not. Cutting, burning and hitting are some of the methods used to self-harm.
Laukkanen et al. 2006.	Nuoren psyykkisten ongelmien kohtaaminen.	This publication deals with young people with anxiety symptoms and their links with substance abuse. The publication is designed to help parents and young people with adults who supervise and identify the problematic substance abuse	PDF document/Publication	Substance Abuse is associated with a number of mental health problems. This study found out that mental health problems can lead to substance abuse. Substance Abuse can also lead to the onset of a mental disorder. Mental health problems and harmful substance use concurrency is common

				in adolescents.
WHO 1995.	Working with street children.	The aims of this handbook are to provide you with an understanding of the importance of monitoring and evaluating the street children projects, to help you to identify a range of appropriate strategies which could be used to do this, and to help you develop the confidence to implement monitoring and evaluation strategies in your work on the street children project.	Handbook about Street children, Substance abuse and health	The importance of working together, sharing your knowledge and experience, and collaborating with others has been a constant theme running throughout this handbook. If street children are to become empowered to make health decisions for themselves, they must be included in all decisions concerning their health and wellbeing. This includes the monitoring and evaluation of a project, of which they are

				the central focus.
Ndetei 2004	A rapid situation assessment. A monograph United Nations office on Drugs and Crime-2004.	To assess the linkages between Drug Abuse, Injecting Drug Abuse and HIV/AIDS in Kenya.	A cross-sectional data analysis. Behavioural monitoring survey of 297 female sex workers in Mombasa Kenya.	Among the women who reported ever using only a single Substance in their life, alcohol was more frequently reported as lone substance ever used by 82% of the respondents. Lifetime users of marijuana, heroin, cocaine, glue or petrol always reported multiple-substance use. Among the respondents who reported lifetime use of heroin or cocaine, 1 out of 8 women admitted sharing needles with

				<p>one or more persons.</p> <p>This survey established that Female sex workers in Mombasa who ever used alcohol and either khat or marijuana might be more vulnerable to the HIV infection than others.</p>
Githinji 2004	The Church speaks against Drug Abuse	To educate the youths about the effects of drugs on their body.	Journal from the church	<p>The Churches have established anti-drug programmes where the youths are taught how to reach others through peer counseling.</p> <p>The Anglican Church of Kenya (ACK) has also launched preventive-drug</p>

				programmes for the youths and adults in each diocese and has organized spiritual crusades to fight drug abuse in schools and colleges.
Gikonyo 2005	Parents' knowledge of the factors predisposing the youth to drug abuse	Role of the parents in preventing Drug Abuse among their children	Scientific Journal from Kenyatta University	Parents can support the school by clarifying and explaining positive values to their children, modeling healthy behaviour, taking time to understand their children's needs and self-concept, communicating effectively with their children. Parental monitoring of chil-

				dren's behaviours and strong parent-child relationships are positively correlated with decreased drug use and abuse among children. It is therefore the duty of parents to work with the school in addressing drug problems affecting their children.
NACADA 2005	Alcohol and Drug Abuse in Kenya. Baseline survey, on Substance Abuse in Kenya.	The office of the National Agency for the Campaign against Drug Abuse (NACADA) commissioned the survey on the abuse of alcohol and other drugs in Kenya.	Baseline survey.	The study targeted Kenyan youths aged between 10-24 years. The report revealed that Substances of Abuse, both illicit and licit was forming a culture amongst Kenyan youth.

				<p>Young people aged between 10-24 years whose parents sell or abuse alcohol and other drugs are likely to Abuse these substances.</p> <p>According to the survey, there is a strong link between alcohol/Drug Abuse and the breakdown in family values.</p>
NACADA 2006	Drugs and Substance Abuse in Tertiary Institutions in Kenya	To analyze how drug abuse affect the school going youth	A situational Analysis	<p>Substance abuse prevalence has caused the concern that the students may not reach their full potential and may be at risk to abuse drugs later in life.</p> <p>The toxic ef-</p>

				<p>fects of alcohol and cigarettes may cause short term and long term health damage on students. The students who use drugs, are likely to perform poorly in school, have strained relationship with their parents and teachers and engage in delinquent behaviour.</p> <p>The earlier the age, at which the students begin using drugs, the more they are likely to use or abuse drugs as adults.</p> <p>The use of drugs has been associated with institutional unrest and de-</p>
--	--	--	--	--



				struction of property.
NACADA 2007	Rapid Situation Assessment of drugs and Substance Abuse in Kenya	The 2007 Kenya Drug and Substance use rapid Assessment sought to understand the nature, extent and patterns of drug Abuse in Kenya and subsequent effects to the individual, the family, and the community at large.	A total of 3016 households were sampled, 2503 of them from rural areas and 853 from urban centres.	Study findings confirm that Drugs and Substance Abuse is a major social problem in Kenya. results suggest that majority of Kenyans hold positive attitudes towards the consumption of licit drugs such as cigarettes, packaged liquor, traditional brew and khat. Clearly, there is a widespread attitude that if a drug is legal, it is alright to use. In contrast, illicit drugs have particularly low acceptability rating.

NACADA 2009	Fact finding mission. Report on the extent of Alcohol and Drug Abuse in Central Kenya.	To create awareness amongst key stake holders on health and socio-economic effects of Drug Abuse hence the need to declare Alcohol and Drug Abuse a national disaster.	Survey.	Abuse of Alcohol and drugs inhibits attainment of the individual's full potential and negatively impacts health and socio-economic well-being of the individual, his or her family and the society in general. These negative impacts at the individual level translate into national losses such as increased burden of disease, low productivity and decreased earnings among others, which subsequently hinder attainment of national development targets.
----------------	--	--	---------	---

NACADA 2010	A baseline survey on magnitude, causes and effects from the perspective of community members and individual users.	The purpose of this study was to investigate principally through quantitative means the magnitude of alcohol use and the underlying causative factors and effects.	The overall design of the study was a cross-sectional survey which gathered views of community members and of individual alcohol users from the central province.	There is a very strong consensus in the community that alcohol use is a major problem in the province owing to the high level of usage, increasing trend and ease of availability, affordability and accessibility. About two thirds of community members reported that alcohol consumption in their areas is high or very high. The findings reveal that the second generation alcohol as the most available, affordable and accessible type of alcohol
----------------	--	--	---	--

				in the province. Chan'gaa and traditional liq- uor were re- ported to be least available and accessible.