FACTORS INFLUENCING THE USE OF DRUGS IN PRIMARY SCHOOL: THE CASE OF MOMBASA COUNTRY

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ABSTRACT

The school setting lends to outdated pedagogical approaches in which young people are expected to passively absorb the lessons of life transmitted by their adult superiors. This disconnect is further emphasised by the fact that during their school years, young people begin to look for role models among their peers rather than among their teachers or parents. It is imperative to find these children abusing drugs and alcohol as fashion or solace in their frustrations. Kenya's population has hit the 40 millon mark and the youth constitute a huge percentage of the population. The youth need to be give given special attention in all spheres including the area of alcohol and drug abuse. Alcohol is one of the major substances of abuse among young people in Kenya. Factors influencing the use of drugs in primary school in Mombasa Island include experimentation, peer groups, enjoyment, idleness, and lack of role models. What is the effect of drugs on primary students in Mombasa? This includes poor academic performance, poor relationship with parents, lack of social conformity and more sensation seeking. The study was conducted in nine randomly selected schools in Mombasa island and assessed alcohol, cigarettes, cannabis, inhalant and khat (miraa). The study group comprised the students available during the day of the survey. The study established that 58% off vouth consume drugs at least once in their lives. The age group is 16-18 years. More boys than girls abuse the drugs. Drug abuse was found to be higher in students living in low socio-economic classes areas of the town than high class areas.

KEY WORDS: Drugs, youth, alcohol, cigarettes, miraa

INTRODUCTION

A drug has been defined as any substance that when absorbed into a living organism may modify one or more of its physiological functions (Kamanga et al 2009). The term is used in reference to a substance taken for a therapeutic purpose and as well as abused substances. Drug abuse has also been defined as self administration of drugs for non-medical reasons, in quantities and frequencies which may impart inability to function effectively and which may result in physical, social or emotional harm. A large number of students across all age groups have been exposed to tobacco, miraa (khat), glue sniffing, bhang, marijuana, and even hard drugs such as heroin and cocaine. The prevalence of drug abuse increase from primary school to higher what institution (secondary school and colleges) (Nacada 2011)

Findings of a study undertaken by the (child welfare Association 2010) reveal that one in every 15 Kenya students was abusing bhang or hashish. Abuse of drugs is a major public health problem in our schools. It was therefore important to undertake this study in order to establish the extent of this problem so that preventive public health measures can be undertaken.(Kamanga et al 2009) found lifetime cigarettes smoking rates up to 32%. (Rohde et al 2008)demonstrated that adolescent substance use disorder is associated with numerous functioning difficulties at age 30,some of which appear to be related to recurrent substance use disorder, co-morbid adolescent disorder or

functioning problems already evident in adolescence. Kuria et al 200)found alcohol use prevalence rates up to 15% among students.

The rate of bhang use among youth aged 12 - 18 has been rising steadily. Bhang use is now common with high school student as well as students in upper classes in primary school (child welfare association 2010).Likewise daily use of bhang is more prevalent among males (6.5 percent and female 2.4 percent) (Kamanga et al 2003). The highest risk of drugs and alcohol use is in households where only one parent is present (25.1 percent) (Kamanga et el 2009).Adolescents who place a personal importance on religion and prayer are less likely to be involved in substance abuse. Those with high levels of self-esteem report fewer drugs and alcohol use (Olutawara M o and A o odejide 1974). Adolescents who begin drug use at early ages not only use drugs more frequently, but also escalate to higher levels more quickly and less likely to stop it (kamanga et el 2009).

• 90 percent of all adults with a substance use disorder started using under the age 18 and half under the age of 15 (Child welfare Association 2010)

• Children who first smoke marijuana under the age of 14 are more than five times more likely to abuse drugs as adults than those who first use drugs and alcohol at age 18 (Olutawara M O and Odejide 1980).

• The children of alcoholics are four times more likely to develop problems with alcohol (Kamanga et al 2009)

• Among teens, alcohol is the most commonly abused drug (Rohde et al 2008)

60 to 80 percent of adolescents with substance use disorders have a co-occurring mental illness (Rohde et al 2008)

Cannabis plant contains 400 different chemicals with about 60 of them being cannabinoids which affect the mood (Kamanga et al 2009). There is no safe way of consuming cannabis. All the ways lead to intoxication, abuse or dependence. The effects of drugs include laughter and talkativeness, feeling of being, loss of concentration, short-term memory, slower reaction times, changes in heart rate and blood pressure,dizziness,widening of the air passages in the lungs, red (bloodshot) eyes, altered perception of things,confusion,anxiety or panic attacks, feeling of paranoia and depression.

Health problems from smoking cannabis include chronic cough, wheezing, shortness of breath or chronic bronchitis and respiratory problems. There is increased risk of cancer of the lung, mouth, throat, and tongue. Others include increased risk of psychotic illness, such as schizophrenia, dependence etc. The three common substance abuse disorders are intoxication, abuse, and dependence.

METHODOLOGY

The study was conducted in nine randomly chosen schools in Mombasa Island. The study was conducted on a single day in (2012 July) and assessed the use of alcohol, cigarettes, cannabis, inhalants, *khat* (miraa), glue and cocaine. The study group comprised the students present in their school on the day of the survey. The research design was through cross-sectional survey. Data

collection was through the use of structured closed ended questionnaire to collect information on the use of various drugs including alcohol, tobacco, stimulants, marijuana, cocaine, *khat* and heroine. The results were analysed using the SPSS computer program. A total of 400 students were sampled.

PURPOSE OF THE STUDY

This section is quite mixed up! The purpose (justification) of a study comes before even methodology. It is usually just a 1-2 sentences justifying why you conducted the study or why the study is important.

The purpose of the study was to investigate the use of drugs in primary schools in Mombasa Island. It was a way of highlighting to the parents, teachers and stakeholders the dangers of drug use by pupils and ways of eliminating this vice.

Results

The drugs consumed were bhang, khat, glue, marijuana, alcohol, cocaine. These drugs found their way in schools through the hawkers who sell ice outside school gates. Also other sellers pretend to bring children to school but are carrying the drugs. The children do fundraising in classes early in the morning, even those who do not use, are forced to contribute. When it is bought it is taken to the washrooms or toilet from there every child will be asking for permission to go to the toilet and abuse the drug. By lunch time the children are rowdy and very noisy. In the lower classes the children sniff glue which has been left unattended at school or at home or brought by a friend. During weekends the students attend discos which specialize in luring school going students to attend and awarding the best dancers with cash. Here alcohol and khat is abused. In those school where drugs are abused the standards of education are low and children are not disciplined. The parents are not helpful. The environment afactor. Out of 400 students, 50 smoked bhang and 70 chew khat and 20 sniffed glue out of the nine school in total. The schools are kikowani, kaloleni, Tom mboya, mvita, serani, ziwani, majengo, tudor, mombas aprimary. Only 5% of the total were girls, where only one girl per school was involved in smoking or non. The age ranges from 9 years to 18 years.my sample concentrated on the upper primary only as because they were the ones present that during that time.

SOURCE

The source of drugs is the peddlers who pretend to bring young children in school but they sell the drugs to children. Other source is the sweet sellers who sell lanced sweet and glue to children. The drugs are put in the toilet and children start asking for permission to go to the toilet but abuse the drugs. After a lesson or two children are intoxicated and rowdy and they interfere with the learning process in the class. Each child in class contribute willingly but others if they are girls are forced to pay money, even those who do not take.

LIMITATION

The sample size was small and so it might not have captured the true extent of drug use in Mombasa Island. The study design also precludes generalization of the results to students in other institutions. However, the results are at least comparable to those found in similar studies.

DISCUSSION AND RECOMMENDATIONS

Drug prevention programmes are most effective when young people participate. Young people are often portrayed as irresponsible and incompetent and as a result excluded from being actively involved in drug prevention programmes. This exclusion is harmful because it discourages youths from taking prevention programmes seriously, it widens the gap of mutual distrust and misunderstanding between youth and adults and it denies the drug programs the unique element that only young people can heal. It is time to include youth in drug prevention programmes. It is just a matter of giving them occasions to put this knowledge into practice in order to create better drug prevention programmes with active youth involvement which ensures that young people are better protected, better outcomes are achieved, innovative approaches are realized, decisions are more applicable to youth needs and young people improve upon important skills such as communication and co-operation. Participation builds character and confidence when young people feel needed and appreciated. Young people are capable individuals and thrive upon responsibility. They are full of energy and insights and are committed individuals. Young people are both experts in their own rights. Young people know their interest and the interest of their peers and they are knowledgeable on youth culture. Adults have life experiences and can offer expertise and knowledge. When working together, young people and adults must respect each other's points of views, regardless of whether or not they speak the truth without respect, it is difficult to build trust and to be able to counter misconceptions. Building communication between young people and adults is essential for any drug prevention programme to be successful. Through consultative process young people and adults have the opportunity to share their own experiences and knowledge and as a result, prevention programmes are more effective and responsive to young people.

• Young people feel the huge gap between their needs and the services provided. Parents are the most effective force in preventing and reducing adolescent risky behaviours and helping our nation's youth lead healthy drug free lives. Research shows that kids who learn about the dangers of drugs at home are up to 50 percent less likely to use drugs than children who don't learn about these dangers from their parents (Kamanga et al 2009)

• The abuse of alcohol and drugs by students is a major public health problem. In order to prevent drug abuse it is important to identify the main reasons for using a drug. Practical efforts should be made to overcome this inclination.

• The reasons for using drugs are very varied within each culture. Preventative programmes may need to vary according to local problems.

• On an official level there are international agreements to control the movement and export of drugs. On a national level, control depends on the police and customs and government measures. The best preventive measures are those which are developed by people within their own culture and social life. Religious groups can play an effective preventative role against the abuse of alcohol and drugs through their teaching about moral values and self discipline.

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There must be a substantial and sustained commitment to the development and deployment of new technologies to stop the world's top killers, drug and substance abuse in their tracks and remove the burden they place on development.

Drug abuse problems are among the most damaging menaces of modern life. Their effective prevention calls for huge efforts from government authorities, widespread education and awareness raising campaign and active community participation. This study should be taken seriously by the government or Nacada(National Agency for the campaign against drug abuse) so that the recommendations are acted upon.

Kenya has an anti-narcotic unit within the police force which is the lead agency in the war against drug trafficking. Officers of the unit are charged with the responsibility of enforcing the Narcotic drugs and psychotropic substances control act. This act of parliament makes a provision with respect to the control, possession and trafficking of narcotic drugs and psychotropic substances and cultivation of certain plants. It states the penalty to be accorded when one is found in possession of the illegal drugs or in use of the illegal substances or any other activities related to the trafficking of these illegal substances. The authorities should ensure that apprehended drug suppliers are slapped with heavy penalties and jail times to discourage the trade.

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