

Drug Abuse Among The Youth In Kenya

Richard Kipkemboi Chesang

Abstract: Drug abuse is one of the top problems confronting the nation today especially among the youth. Incidences of drug and alcohol abuse and related anti-social behaviour have tremendously increased in recent years. This has become a matter of concern to the government, parents, teachers, Non-governmental organisations and all other relevant agencies. The Kenya government has recognised the seriousness of the drug problem and initiated the National Campaign against Drug Abuse (NACADA) in early 2001. This organisation is charged with the responsibility of coordinating activities of individuals and organisations in the campaign against drug abuse. Its mandate is to initiate public education campaign and develop an action plan aimed at curbing drug abuse by the youth. The study found that drug use and abuse among youth is increasing despite the control mechanisms that have been put in place. The paper recommended that as a first step to prevent and control drug abuse, parents should be sensitised on the dangers of drug abuse, the attendant problems and their functions as role models; schools should have a drug prevention curriculum from Kindergarten onwards teaching that drug use is wrong and harmful and that there is need for initiation of rehabilitation programmes for drug dependent persons.

Key Terms: Addiction, Drug abuse, Effects, youth

1. Introduction

Drug abuse is one of the top problems confronting the nation today especially among the youth. Incidences of drug and alcohol abuse and related anti-social behaviour have tremendously increased in recent years. This has become a matter of concern to the government, parents, teachers, Non-governmental organisations and all other relevant agencies. It is more prevalent than parents suspect. Parents do not recognise the extent of drug use and as a result, some young people think they can use drugs with impunity. Most parents believe that it is the responsibility of teachers to check drug abuse among school going children and still most of them delude themselves that their children are safe and secure. Drug abuse is not confined to young people in certain geographical areas or from particular social-economic backgrounds. It affects the nation as a whole-both urban and rural areas. The problem cuts across class. It is not only in slums or low income areas where people are poor and unhappy but also with families living under better conditions (rich and calmer) where children are better controlled. According to the National Campaign Against Drug Abuse (NACADA) in Kenya which was initiated in early 2001, the past twenty years has seen drugs and drug abuse soar to an extent that it now cuts across all sectors of life. The level of drug abuse is startling and even more frightening because of the fact that many young people are getting wired on drugs each passing day. Alcohol, bhang and tobacco are increasingly being abused by school going children. Research and seizure statistics show it has a steady upward trend. Those between 16 to 30 years of age, a critical period in one's development are most affected. A few years ago the most commonly abused drugs among students were tobacco, alcohol, bhang and "miraa" but today opium, cocaine and heroin have added to the list. Use of sleeping pills, tranquilliser, cough mixture, inhalants such as glue and petrol is now rampant especially among the street youngsters. In Nairobi alone 50% of students have in the past taken drugs.

Half of these have become regular users. Up to 30 to 40% in class seven, eight and form one have taken drugs at one time or another. Drugs abused are available next to every family's door. They are available next to every family's door. They are available everywhere anytime, in kiosks, bars, social gatherings and over the counter. They are available in every street corner, sold by the street people and other specialised gangs. Drugs is a lucrative industry run by ruthless cartels who rake millions of shillings from the business annually. It is a complex syndicate woven by powerful people who have enlisted the services of security and immigration personnel. Corruption abounds. Sophistication in the mode of transportation and packaging makes the work of the Drug control organisation increasingly difficult. Customs immigration and provincial administration and anti-narcotics personnel are all caught in this web. The anti-narcotics personnel are all caught in this web. The anti-narcotics squad-a unit within the Kenya police force makes the challenge look more insurmountable. Already, Nairobi has become an important transit point for drugs. Although trafficking of drugs is controlled by adults, the immediate source of drugs for the youth are other youth. Students are supplied with drugs by fellow students. Most of the drugs other than alcohol are purchased in school. A report by the criminal investigations (CID) and the Anti-narcotics Unit of the Kenya police single out Kenyan and Tanzanian coastal towns as conduits for drug trafficking. In the year 2001 a total of 4210 suspects were arrested in the East African region. Out of these 4162 were Kenyans while 48 were foreigners underlining the seriousness of the problem in Kenya. By sex, 3889 of the suspects were male while 289 were female. During the period, a joint regional police swoop netted:

- 52,000 tablets of mandrax
- A record 383 tons of cannabis, 355 tons in Mt. Kenya and Gwasi hills.
- 20 kg of heroine and 200mg of cocaine were seized at Jomo Kenyatta International Airport (JKIA).

With the foregoing, it is clear how far Kenya has been invaded by the supply and the use by the youth of the drugs. It is important that the problem was tackled early otherwise it can go to the United States of America way where studies show that by the time seniors graduate from high school, 92% of them have tried alcohol and 1/3 of them are heavy drinkers.

- *Francis Kipkembo Chesang is currently pursuing PHD degree program in Sociology, at Moi University. He is also a part-time lecturer in the same University*

2. Definition of drug Abuse and Related Concepts

Drug Abuse:

It is the chronic use of a drug for a reason other than for which it was intended. It is the bad use of a drug for example alcohol, tobacco, cannabis, heroin, mandrax and cocaine.

Drug misuse:

This using a drug for a reason other than its clinical purpose. When a person starts taking drugs regularly, the drugs produce tolerance, addiction, withdrawals and psychological dependence.

Causes of Drug Abuse:

Drug abuse has no single cause. It is important to examine and consider the different theories about possible causes of the problems. Peer influence is one of the causes of drug abuse among the youth in Kenya. Many youngsters are pulled into drugs by those they associate with. It is learned from those already involved in the practise. Bandura and Walter developed a 'social learning theory' of personality which supports this fact. To them, this theory is based on the premise that behaviour is learned and personality can be explained in terms of cumulative effects of a series of learning experiences. The same observation was made by Edwin H. Sutherland and Donald R. Cressey in their 'Differential Association Theory'. They formulated the theory in such a way as to show how and otherwise obedient person through stages of successive events begins to engage in deviant or anti-social behaviour. The theory shows how deviant behaviour is learnt without so much biological and psychological defects. Impersonal agencies of communication such as movies, television, radios and newspapers play an important role in the genesis of anti-social behaviour. Drug abuse as a form of anti-social behaviour can be learned through these media. There is however no scientific fact to show the extent to which these agencies have influenced the youth into drug used in Kenya. Some of those thought to have been influenced by this media into the habits actually copy them from their peers and parents. Most of the youth involved in drug abuse do not have access to these media. According to the social control theory, the weakening of the social controls allows the youth to be involved in drugs. With rapid industrialisation, urbanisation and increased movements to urban areas, new ways of life have been ushered in and new values have replaced the old ones, therefore, creating conditions under which behaviour can be variously defined. Age-old taboos and traditional social control mechanism have ceased to have force, opening the door to permissiveness that has led the youth to indulge in anti-social behaviour including drug abuse. Parents are no longer in the firm position to direct and guide their children. Some of the youth live far away from their parents, either in school or other learning institutions or may be working. Lack of parental care due to the working situations of the mother or both parents and the disintegration of joint family system have tended to encourage the vice. The child relationship with the parents especially the mother is very important in the child development as it shapes the child behaviour. The children according to the socialisation

theory need both parents to grow up as a normal law abiding youth. Broken homes in Kenya have caused or increased the percentage of the youngsters involve in drug abuse. But more distractive than the broken homes in a child's growth where parent live together in atmosphere of tension and unhappiness. Frustrations and emotional stress due to failures, sorrows of miseries of life lead people to drug abuse. Robert Merton's theory of the anti-social behaviour emphasizes that an individual finds no avenue towards achievement of his goals he maybe compelled to indulge in the anti-social behaviour and one way of doing that is by retreating from social participation through drug addiction. The frustrations experience may result from conditions at school, home or place of work. Some observers believe that some parents are responsible for their children's drug abuse by exerting enormous pressure in dictating the career goals of their children even if they are not naturally gifted in the specified areas. Some young people on the other hand, try to match the achievements of family members that may be beyond their ability. When they fail they resort to drugs. Merton talks of differential opportunity causing frustration that drive people into anti-social behaviour. He says that modern societies put a very high premium on material success, the form of wealth by which education opens the doors to this success and status symbols but at the same time the same societies fail to make adequate institutional means for the average person especially the poor in slums to achieve the goals. Poverty also tends to be a characteristic of social deviants including drug abusers. This is what comes to be called economic explanation of deviants behaviour. Poor economic conditions are worsened when the youth do not see any hope of employment even with education. A sociologist defines this feeling when he states; "Now with formal education everywhere and for nearly everyone, the relationship between schooling and future work is at best not very direct and at worst completely incomprehensible. Some youngsters do not find any meaningful link". The youth therefore do not find a positive outlet for the energies. It has been suggested that boredom or even fear of it, motivates youngsters to engage in anti-social behaviour. Drug abuse may therefore be a satisfying form of recreation and it is difficult for the community to substitute an equally thrilling but more convectional form of diversion. Abandonment and homelessness is another reason for drug abuse among the youth in Kenya. Many mothers abandon their children in infancy who therefore grow up in the street and take the drugs to waste away their time. Some of them are poorly fed and desperate. They are brought up in a culture of drug taking. Anxieties of adolescence have also led youngsters to anti-social behaviour including drug abuse in a way of trying to discover. An English Psycho-analyst Dr. Derek Miller has said "Adolescence is a period of in adaptation. All adolescents are disturbed". Sociologists and anthropologists as well as other people have clear defined the difficulty that adolescents find in a changing society. In many societies it is accepted and understood that adolescence is the period when a youngster forms his own identity usually by meaningful conflict with his parents or the older generation. It has been said that adolescence is a period of health hostility on the part of the youngsters who confronting the adult standards and traditions is discovering

himself. Dr. Miller says that during this time the youngsters is hostile and deviant behaviour may provide a solution for him. Some youth in Kenya take drugs because of the "Pleasure principle" These young people do not suffer from stress or money is not their problem. They came from well-to-do families, with video and television sets, computer games and cars at their disposal. Materially they lack nothing. However, they take drugs for pleasure of it and more fun. This is according to Dr. Njagi of Drug Abuse Rehabilitation and treatment care, Nairobi. He argues that when drugs are taken over long periods for fun and pleasure, addictions sets in. Another cause of drug abuse according to Dr. Njagi is "inadequate personality". Those in this category cannot cope with problems as they came and so they resort to drugs to forget their problems. But the problem never really go away and soon such people became hooked to drugs. Some people take drugs because they are depressed while other are depressed because they are taking drugs. Slum areas in cities and towns can also be said to contribute to increase drug abuse. Slums are said to breed the youngest percentage of drug abusers through the removal of slums in some countries did not lead to reduction in incidences of anti-social behaviour. This is explained by ecological theory applied by Burgees and Park in 1920 to the study of human phenomena in Chicago City and related deviant behaviour to the growth of the city. Deviants were found to come from highly and densely populated areas and especially, from congested estates of the city. This explanation applies to the situation in some of the Kenyan towns and cities particularly Nairobi where slums like Mathere, Kibera, Makuru and Majengo are known to accommodate large number of alcoholics and drug addicts. Drug abuse also be caused by some psychiatric or mental disorders. People may be driven into heavy drinking by alcoholic or intoxication psychoses leading them to committing other offences like the violation of traffic law, homicides and crimes of violence. Manic depression psychosis especially at the manic phase drives individuals to drug addiction and peddling. Suggestions have also been made about inherited alcoholism though this is still a matter of debate and its existence is still doubt. It is true that the incidence of intellectual and personality disorders is higher among descendants of alcoholics than the general population as a whole but genealogical studies comparing the descendants of an comparing the descendants of an alcoholic with the descendants of his non-alcoholic siblings reveal an almost equal proportion of psychopathological cases in the two groups. These studies seem to point to the conclusion that what was originally considered to be specifically alcoholic heredity is in fact but a psychopathic heredity where alcoholism is a complicating factor or a secondary acquired symptom. Today, therefore caution must be exercised in the use of the term inherited alcoholism, while still waiting the results of further research which will perhaps solve this problem. In England, Cyril Burt in his book 'the young delinquent' talked about the criminality of the children of alcoholic parents. He found many cases of delinquent children among alcoholic parents than among non-alcoholic parents.

3. Specific drugs and their effects

Alcohol:

Alcohol is contained in drinks such as beer, wine, brandy, spirits and whisky. It is an extremely potent drug. It acts on their body primarily as a depressant and lowers down the brain activity. However, in low doses it can be a stimulant. If used in excess, it will damage or even kill body tissues including muscles and brain cells. Its consumption causes a number of marked changes in behaviour. Even low doses impair judgement and coordination. With extreme intoxication the drinker may lapse into comma. Alcohol has produced many enjoyable moments and sad ones as well. The street names used for alcohol include: booze, pints, slush, brew and jolly juice. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effect just described. Repeated use can lead to dependency. Sudden withdrawal of alcohol intake is likely to produce withdrawal symptoms including severe anxiety, tremors, hallucinations and convulsions. Alcohol withdrawal can be life threatening. Long term consumptions particularly when combined with poor nutrition can led to permanent damage to vital organs such as the brain and the liver. Mothers who drink alcohol during pregnancy may give birth to infants with fatal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition research indicates that children of alcoholic parents are at greater risk of becoming

Tobacco

Tobacco comes in form of cigarettes, cigars, snuff and in smokeless tobacco. Cigarettes are considered a gateway drugs-a drug first experimented with before trying other drugs with greater psychoactive effects. Smokers are more likely than non-smokers to contract heart disease. Lungs, larynx, oesophagus, bladder, pancreatic and kidney cancer also strike smokers. Smoking during pregnancy poses serious risk. Spontaneous abortion, preterm birth, low birth weight and fatal and infant deaths are all more likely to occur when the pregnant woman is a smoker. The most dangerous substance in tobacco is nicotine. Although it is implicated in the onsets of heart attacks and cancer, it's dangerous roles is reinforcing and strengthening the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. The likelihood of contracting lung cancer is greatly reduced by quitting smoking. The street names used for tobacco include cigs, smokes, mozo, fegi and butts.

Cannabis

It is commonly known as bhang. Also known as marijuana and hashish(cannabis resin). Cannabis is a bisexual stalky plant with green leaves and grows wild in many parts of the country. The cultivation of the herbal cannabis commonly known as bhang is spread throughout the country especially Mt. Kenya region. Cannabis is grown in forests, hilly terrain, river banks or concealed among other crops far away from homes. Chemical spraying is to be recommended for eradication. All forms of cannabis have negative, physical and mental effects. Substantial increase in heartbeat, blood shot eyes, a dry mouth and throat and increased appetite are characteristics of its use. Use of

cannabis may impair or reduce short term memories and comprehension, alter sense of time and reduce ability to perform tasks requiring concentration and coordination for example driving. Research shows that those use them like students do not retain knowledge when under influence. Motivation and cognition may be altered making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis. Because users often inhale the unfiltered smoke deeply and then hold it in the lungs for as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contain more cancer agents than tobacco smoke. Long term users of cannabis may develop psychological dependents and require more of the drug to get the same effect. The drug can become the centre of their lives. Chronic use leads to damaged lungs, chest pains, bronchitis, emphysema, hallucinations/fantasies, abnormal sperm forms in the male and decreased ovulation or increased menstrual irregularities in female.

Heroin:

This is a narcotic drug that lowers perception of pain. It is fine brown/white powder chemically extracted from opium poppy. Heroin finds way into the country into the country through Jomo Kenyatta International Airport (JKIA) from India, Pakistan, Afghanistan and Thailand. Seizure statistics indicate that nationals of Nigeria, Tanzania and Pakistan are the major traffickers. Kenya nationals have also been arrested for trafficking the drug locally and abroad. In 1999, 22 suspects and a total 17 kg of this drug was seized compared to 9 kg in 1998 making an increase of 78.2 %. Local abuse of this drug is prevalent in Nairobi, Mombasa and Malindi towns. The use of this drug leads to Euphoria, reduced appetite, chronic bronchitis, tetanus, hepatitis and endocarditic. Overdose leads to reduce oxygen to the brain, suppressed respiration, coma or even death. It is medically used as anaesthetic and cough suppressant.

Mandrax:

Trafficking in this drug has been on the decrease following the discovery and dismantling of two factories in Nairobi and one in Mombasa in 1993. It is believed that the manufacture has shifted to South Africa which is the consumer country. For the last two years no seizures of the drug has been recorded in Kenya.

Cocaine:

It is a crystalline-whitish powder chemically produced by cocoa leaves. This drug is sourced from South Africa of Brazil and Colombia but its availability and abuse in Kenya is minimal. Only 1 kg and 110 gm were seized in 1998 and 1999 respectively. The leaves traditionally were chewed to suppress hunger. It is applied to the gum of the mouth, tongue, eyelids or private parts to delay orgasm. It is also injected and favourably snorted. Its use causes sleeplessness, excitement, loss of appetite, increased sexual desire and feeling of self satisfaction. Prolonged use leads to loss of weight, impotence, blindness, orgasm failure, stomach problems, liver and lung damage. Overdose leads to death due to respiratory paralysis or cardiac arrest.

Table 1: Illicit Drug Use by Youth in Kenya from 1999 to 2001 As Compared To the Rest of the World

Yr.	Cannabis	Cocaine	Inhalants	Opiates	Ampheta mines
1999	12.0%	4.5%	19.0%	Not recorded	Not recorded
2000	4.0%	0.1%	Not recorded	0.1%	0.6%
2001	4.0%	0.1%	Not recorded	0.1%	0.6%

SOURCE: United Nations Drug Control Programme (UNDCP)

4. Consequences of drug abuse by the youth

The abuse of alcohol and other drugs lead to acute effect on the body. It alters judgement, vision, coordination and speech and also leads to risk taking behaviour. Drug use increases the likelihood of being involved in traffic accidents which may lead to death or injury. In the USA alcohol related highway, accidents are the principle cause of death among young people aged 15-24 (teenage drivers). About half Of all youth death in drowning, fires and suicide and homicides are alcoholic related. The youth involved in drug related problems affecting their relation with family members and friends. They are likely to be involved in fights and these get them into trouble with the law. Because drugs lead to irresponsible sexual behaviour, girls abusing drugs are likely to get pregnant. Many of the employed youth who abuse drug lose their jobs due to absenteeism and sometimes inefficiency. Drug use is known to lower performance and productivity. In some cases some of the youngsters may resort to embezzlement, forgery, corruption, bribery and extortion in order to many their drinking habits. Prolonged drinking and use of drugs in some situation leads to psychiatric disorders such as delusional state and chronic dementia. It may lead to death from, for example alcoholic poisoning. Overdose of some of the drugs cause death and prolonged use of most of them lead to a host life threatening diseases. Drug use leads to poor performance in learning. Drugs erode self discipline and motivation necessary for learning. Research shows that drug use leads to declined in academic performance. Drug use is closely tied to being truant and dropping out of school. Those using drugs are mostly likely to skip school. A research in Philadelphia shows that dropouts were almost twice as likely to be frequent drug users. Drug use is associated with crime and misconduct that disrupt the maintenance of an orderly and safe school atmosphere conducive to learning. It leads to distraction of school property and classroom disorder as was seen in many Kenyan schools in the year 2001. Drug use has also been linked to law breaking and involvement in other form of crime. Drug users engage in fights, distraction and disrespect to others. Some steal from family members, friends or employers to buy drugs. Police records indicate relations between alcoholism and various aggressive and criminal acts. Investigation by sociologists and scientists on alcoholism crime relationship reveal that there is a resemblance between structure of alcoholics and criminals. Crimes are usually planned in liquor shops and bars where alcohol is sold. The offenders generally consume alcohol or

liquor to overcome their inhibitions and emotional strains. Alcohol and narcotic help remove the element of self criticism from the criminal in relation to himself and his acts. The illegality of purchase and possession of alcohol and narcotic drugs make alcoholic and drug addicts delinquent. Alcoholism and drug addiction being a conduct forbidden by law lead to related crimes like illicit spirit distilling and alcoholic brewery, smuggling of intoxicating drugs, racketeering, underhand deal in transmission of alcohol and narcotics from one place to another and bribing officials to escape arrest and punishment.

5. Solution to the drug problem

We should not delude ourselves that there are short, swift or easy solutions to drug abuse problem. As one French social worker said, 'Any person or any community hoping to change a specific delinquent problem must accept the fact that it is a long thoughtful process, often of discouragement and delay. It is expensive in terms of money, time and effects. It needs hardly be pointed out, however, that the result of delinquency or anti-social behaviour is twice as costly'. The problem of anti-social behaviour is for the whole community and should not be left to a few institutions like schools churches police and courts and professionals like psychologists, psychiatrics and social workers. It should be recognised as their own problem by every individual in the community even if their own children are not involved. The Kenya government has recognised the seriousness of the drug problem and initiated the National Campaign against Drug Abuse (NACADA) in early 2001. This organisation is charged with the responsibility of coordinating activities of individuals and organisations in the campaign against drug abuse. Its mandate is to initiate public education campaign and develop an action plan aimed at curbing drug abuse by the youth. As a first step to prevent and control drug abuse, parents should be sensitised on the dangers of drug abuse, the attendant problems and their functions as role models. They should be encouraged to teach standards of right and wrong. They should instil in the youth, habits, skills and attitudes that will help them become better citizens. Parents should be able to help children resist peer pressure to use alcohol and other drugs by supervising their activities, knowing who their friends are and talking to them about their interests and problems. They should be knowledgeable about drugs and signs of drug use and when symptoms are observed, response should prompt.

Schools should have a drug prevention curriculum from Kindergarten onwards teaching that drug use is wrong and harmful. There should be collaborative arrangement with parents, school boards, law enforcement officers, treatment organisations and non-governmental organisations. There is also need for the school to be in contract with social workers and counsellors. These trained personnel should be able to evaluate are relief the pressure that often contribute to the child's failure. The government should train and procure teachers who have demonstrated their activities to work with the children. Education curriculum should not be too stressing. Schools should be able to offer education serves different needs, abilities and talents. Schools should be able to determine the extent and character of alcohol and other drug use and monitor it regularly. Clear and specific rules regarding drug use that include strong corrective action should be established.

Students should be encouraged to use their understanding on the dangers of drug use to help other students avoid it. They should encourage other students to resist drugs and persuade those using them to seek help and report those using them to seek help and report those selling drugs to parents and school authorities. There is need for initiation of rehabilitation programmes for drug dependent persons. For the programmes to succeed there is need for continuity and a high degree of co-ordination and a close co-operation between private and government agencies if their existence is to make sense. Guidance personnel like psychologists, psychiatrists and social workers should be readily available and accessible. Counselling, psychotherapy and treatment should be availed. Family based treatment has been found to be especially effective with young drug and alcohol abusers. It is said to be more difficult to initiate in adulthood when a majority of people no longer reside with the parents. For drug abusers who happen to be prosecuted, the courts should be able to give them a chance to reform through probation. The personal supervision and guidance by a probation officer provides re-education rather than punishing. Personal and frequent communication and influence of probation officers is deemed of greatest importance. Experience has shown that various preventive and punitive measures such as fine, imprisonment or detention for drunkenness and other disorderly behaviour have failed in eliminating this menace. The police should do more to curb drug trafficking. There should be increased co-operation between anti-narcotics agencies of the three East African Countries, Kenya, Uganda and Tanzania. This co-operation will improve information exchange that will facilitate drug seizures and arrest of traffickers. Already there is advance on this front following the holding of a regional course on investigative techniques for customs and anti-narcotics officers in the region. It was held in Nairobi from the 1st of February 2002. International bodies dealing with the drug problem such as United Nations Drug Control programme, United Nations Commission on Narcotic Control Board programme, United Nations Commission on Narcotic Drugs and International Narcotic Control Board should do more to help eradicate drug trafficking. There is debate as to whether drugs should be made legal through decriminalisation or legalisation. Advocates of decriminalisation/legislation suggest than an immediate consequence of the reform would be less expensive drugs produced and sold under government regulations and control and in accordance with standardised quality criteria. Their lower costs would reduce potential black-market profits thus the economic attractions of importing and dealing would be eliminated. In addition, many advocates argue that many drugs currently criminalised are not as harmful as certain legal drugs that are widely used. Some observers also believe that with legalisation of drugs some youth may just stop using them because most of them indulge in it just to be in odds with the law and so once it is decriminalised they no longer see it in that light. This may result in the reduction of those abusing drugs. However critics of decriminalisation/legislation point out that this would increase their use and abuse. They argue that use of illicit drugs is simply wrong and would further add to the erosion of the moral foundation of society. As to argument that decriminalisation/legislation would lead to significant increases in the number of youth using drugs, evidence of

this position is debatable. Studies conducted in the 1970's and early 1980's found that increase in marijuana use in jurisdictions that eliminated sanctions against possession of the drug was no higher than the increase in the jurisdictions where possession remained a crime. And studies from Netherlands suggest that decriminalisation of marijuana and hashish in that country did not produce significant increase in their uses. Some people argue that Kenya should experiment on this for ten years and if it fails the country could return to today's policies which are seen as being relatively ineffective. Some psychologists and sociologists in fact have advised that children should be introduced to drinking alcohol quite early in life so as to destroy the growth of the desire to taste the forbidden stuff which children reared in restrictions' families suffer. This is seen as one way of controlling alcohol use. If drug abuse is not controlled now, the country is headed for doom where a large number of able bodied Kenyans could end up as vegetables. The government should do more to confront the problem considering that is a signatory to United Nations Charter, Article XXVIII on drug abuse which states that: "States parties to the present charter shall take all appropriate measures to protect the child from the use of narcotics and illicit use of psychotropic substances as defined in the relevant international treaties and prevent the use of children in the production and trafficking of such substances". The drug problem cannot be effectively dealt without addressing the conditions which lead to its existence in the first place. Government poverty reduction programmes should be able to target the problem of housing, unemployment and recreation facilities for the poor sections of the society if any effort is to make headway. The programmes have to be well funded and undertaken with the help of professionals. There is also need for consistency to ensure continuity. In this way there can be light at the end of the tunnel.

References:

- [1]. Drug and Alcohol Dependence. Theories of Tolerance and Dependence. Lausanne, Switzerland, 1979.
- [2]. Lauro F. Cavazos. Schools without Drugs. United states Department of Education, 1989.
- [3]. John Wright and Sons Ltd. ABC of Drug Addiction, 1979.
- [4]. Dr. V. N. Paranjabe. Criminology and Penology. 8th Edition, 1994.
- [5]. Tibamanya Mwene Mushanga. Crime and Deviance. An introduction to Criminology, East Africa Literature Bureau, 1976.
- [6]. G. K. Martin, Status of Alcohol and drug education in Oregon schools (Thesis) University of Oregon, 1984.
- [7]. Masilla J. M. Intoxication and Criminal Liability in Kenya (Thesis). University of Nairobi, 1982.
- [8]. William C. Kvaraceus. Juvenile delinquency, a problem for the modern world. UNESCO, Paris, France, 1964.
- [9]. Lucein Bovert, M.D. Psychiatric Aspects of Juvenile Delinquency, World Health Organisation, Geneva 1951.
- [10]. Professor S. S. Chaulan, Advanced Educational Psychology, University of Himachal Pradesh, India, 1978.
- [11]. Drug cases in E. Africa-2001, Report by the CID and Anti-narcotics Unit of the Kenya Police, Kenya Times Newspaper, Thursday, January 31, 2002.
- [12]. Drug abuse in Kenya. Excerpts from the East African Standard Newspaper of Monday, December, 10, 2001.
- [13]. United Nations Drug Control programme (UNDCP) Report on the Drug situation in Kenya, 1998-2001.
- [14]. Report by the National Campaign Against Drug Abuse/(NACADA) on the drug situation in Kenya, 2001.