

The Extent and Panacea for Drug Abuse and Indiscipline in Kenyan Schools

Alice Masese, Nasongo W. Joseph and Lewis Ngesu
Masinde Muliro University of Science and Technology, Kenya

Abstract: Drug abuse is indeed a menace in Kenyan schools requiring concerted efforts to overcome. This paper explores the extent of the menace, precipitating factors, effects on health and discipline of students and possible remedies to the problem. The study underscores the urgent need to address the problem so as to salvage the lives of victims and minimize incidences of abuse.

Key words: Addressing drug abuse, drug abuse, prevention measures, risk factors, secondary schools, students

INTRODUCTION

Kenya along with other developed countries of Africa has lately been experiencing a rapid increase in production, distribution, and consumption of multiple drugs of dependence. It has not been spared the pestilence of drugs and it is abundantly clear that it is a transit point for hard drugs from Columbia heading to European capitals (Mwaura, 2003). According to a United Nations Office on Drugs and Crime (UNODC-WHO, 2005; World Drug Report, 2005), some 200 Million people or 5% of the total world's population aged between 15 and 64 years have used drugs. The report further says that no nation has been immune to the devastating effects of drug abuse. The office of the National Agency for the campaign against Drug Abuse (NACADA, 2004b) commissioned the first ever national baseline survey on the abuse of alcohol and other drugs in Kenya in 2001. The study targeted Kenyan Youth aged between 10-24 years. The report which was released in 2002 revealed that substances abuse, both illicit and licit was forming a culture amongst Kenyan Youth. Another country wide survey conducted by NACADA (2004a, 2002) among students and school leavers found that hard drugs like heroin, cocaine and mandrax were widely used in Kenyan Schools. Yet another study by the Great Lakes University Kisumu in 2009 also found out that 58% of the secondary schools students in Kisumu District had consumed alcohol at some point in their lives (The Daily Nation, 2009).

Amayo (1993) also noted that trafficking of hard drugs into developing countries had not spared Kenya and that drug consumption and dependence among secondary and college students had led to unrest, destruction of life and property. In Lugari District it was confirmed from the school records that in the last five years over 20 students were either suspended or expelled from Lumakanda Secondary School for abusing drugs. On the other hand over 12 students from Mautuma Secondary School were

suspended for having taken drugs in the same year (Chesile, 1996). Drug abuse among the youth especially in secondary schools has endangered their lives and this has caused a lot of concern as the vice indeed has been identified as a major cause of problems experienced in secondary schools in Kenya (Gikonyo, 2005). The United Nations International Drug Control Programme (World Drug Report, 2000), ranked Kenya among the four African nations notorious for either consumption or manufacture of narcotics in the world. It is against this background that this article attempts to explore the extent, precipitators of the menace, effects and possible solutions to drug abuse.

The extent of drug abuse in Kenyan school: According to the (Pudo, 1998) the influence of drug use by students has hampered education and management in Kenyan secondary schools.

According to a report by NACADA (2004b), in Kenya recent statistics indicate that one in every three high school students take alcohol. Another 8.3% smoke cigarettes while almost one in every ten (9.1%) chew Miraa. About 3% smoke bhang and also take hard drugs like heroin, cocaine, mandrax and tranquilizers (The Daily Nation, 2004).

In a speech delivered during the official closing of the African Convention of Principals (ACP) in Kenya on 27th August 2004, the Minister for Education, Hon. George Saitoti, noted that some cities in Africa had been identified as either destinations or conduits for hard drugs. Drug peddlers and barons were known to target the youth as a lucrative market for their unethical businesses. He further noted that one of the root causes of some indiscipline cases in institutions could be traced to drug and substance abuse. For this reason the war against drugs and substance abuse was one that Kenya could not afford to lose because failure to address this problem would lead to the destruction of our youth and thus the future of our

Table 1: Institution type and drug use

Primary	22.7%	2.2%	1.6%	5.3%	2.1%
Secondary	43.8%	6.2%	7.1%	22%	8.7%
University	68.5%	10.2%	7.6%	30.9%	5.6%
National polytechnic	60.7%	11%	11%	26.1%	
Other institutions	47.1%	9.3%	8.5%	21.8%	4.7%

NACADA (2002)

country. He finished by appealing to all to join together to fight this menace.

Table 1 indicates the prevalent types of drugs in educational institutions in Kenya.

The table depicts a worrying trend of secondary (43.8%) national polytechnic (60.7%) and university (68.5%) students' alcohol use. This may be interpreted to mean that in Kenya, an important human resource is turning to alcohol. Increased school unrest; dropouts, absenteeism and indiscipline occasioned by drug use undoubtedly affect student academic performance.

Reasons for drug abuse in schools: Researchers have cited various reasons for students' abuse of drugs. Some of these reasons include:

Availability of the drug: According to Merton (1971) people use illegal drugs because of their ready availability and promote the interests of those who are in a position to benefit financially from their sale. If there is easy access of drugs, a student may decide to use them. Drugs are available locally and one need not struggle to get them. It is well known fact that some students have secret ways of obtaining drugs and selling them to fellow students. In some cases members of the public or day scholars from other schools easily walk into the school and sell their commodities (Ndegwa, 1998). A report in The Daily Nation (2003b) revealed that in some secondary schools in Nairobi, some students working in cahoots with watchmen, cooks and cleaners were peddling drugs in the institutions. In some schools matatu touts and drivers were the leading suppliers of drugs to students.

In Kisumu, the Big Issue (a magazine in the Wednesday Standard) team identified shops at the Kisumu bus stop and schools within the town centre as the best known dens of drugs trafficking. The business booms with the assistance of petty traders like shoe shiners and vendors, cobblers, maize roasters and matatu touts who peddle the drugs. The principal of Kisumu Boys High School disclosed that there is a syndicate involving shoe vendors and students. He said most of the time suppliers of the drugs scaled the fence to drop the drug consignments at designated spots. Some suppliers still went as far as drilling holes through the school wall which they used to pass over the drugs to students (Ibid).

Peer group pressure: It seems that relatively few people start using drugs on their own. The interest and

expectations of their peer groups have an important bearing on whether or not a person will try a dependence producing drug. A friend or peer group is likely to be the source of information for drug users about the availability of drugs and their alleageable effects. Scholars such as Karugu and Olela (1993) and Muthigani (1995) agree that there is a significant relationship between the subject's drug using behaviour and the involvement of their friends in drugs. Confirming this Kiiru (2004) argues that peer pressure influences the youth to use substances under the false impression that some drugs stimulate appetite for food, increase strength and give wisdom as well as courage to face life (WHO, 1973; Kendel, 1978) also found out that the most important variable in predicting possibility of drugs use was the degree of adolescent involvement in peer activities, the number of friends using drugs and friends attitude towards drug use. The behaviour formation and behaviour modification among the students are largely influenced by peer pressure and role modelling provided by their colleague students and teachers. A study carried out by Kariuki (1988) on levels and trend patterns of drug addiction in Nairobi Secondary Schools also indicated that the majority of drug abusers had friends who used drugs.

It is therefore conclusive that identification with a drug abusing peer group is a powerful agent of subsequent drug abuse.

The age factor: Majority of students are adolescents, a stage of transition from childhood to adulthood. It is a momentous period of life filled with changes, difficulties and special problems. It is described as period of "storm" and "stress" "turbulent" and "unstable" a time of self discovery and self assertion. This is the stage the youth tend to experiment a lot (Okech, 1997). In the process of experimentation, the youth may encounter drugs. Torn between the two worlds of childhood and adulthood, he reverts to either world from time to time.

Many students are usually in secondary school at ages between 15-19 years (Table 2). The above figures show that the students at these ages abuse drugs with the majority abusing alcohol (31.4%) followed by Miraa (Khat) at 12.4%.The most abused drugs by students are the social drugs. These are drugs that are not illegal and are easily purchased. The social drugs include alcohol, tobacco and Miraa.

Curiosity: Curiosity is one of man's outstanding characteristics. It appears in life and leads to extensive exploratory behaviour. It is not surprising then that many young people will wish to try some drugs in order to determine the effects for themselves (WHO, 1973). According to Midigo (2002) curiosity killed the cat and it is therefore not surprising to find students who are addicted to drugs while their initial reason for doing so

Table 2: Percentage in variation of age in use of drugs

Age	Alcohol (%)	Tobacco (%)	Bhang (%)	Miraa (%)	Inhalants (%)
10-14 years	2.4	4.4	0.9	5.1	2.2
15-19 years	31.4	11.1	4.5	12.4	4.6
20-24 years	53.9	28.9	9.1	23.3	6.0

The Daily Nation (2004)

was out of curiosity. He further conceded that young people are curious and like having fun. Therefore some take drugs in order to discover their effects.

Parental influence: Pudo (1998) noted that children from homes where parents take drugs tend to imitate the behaviour of their parents by taking illegal drugs. According to Midigo (2002) attitudes of parents towards tobacco, alcohol and other drugs play a major role in children behaviour. Young people learn from what they see by imitating what their parents and other people in the community do. Muthigani (1995) indicates that a child gains his/her first standards of behaviour from the teaching of parents and other grown-up persons around. Shoemaker (1984) associates delinquency for example alcohol and marijuana abuse with inconsistent or abusive parental discipline. The nature of parent child interaction or the general atmosphere within the home is consistently related to delinquency among the youth. Furthermore having a parent with a drug problem increases the chances of developing the same problem in the offspring. A survey released by NACADA (2004a, 2002) in Kenya says that young people aged between 10-24 years whose parents use or sell alcohol and other drugs are likely to abuse these substances. Sometimes students who sell drugs on behalf of their parents are likely to be exposed to substance abuse in due course. Bezuidenhout (2004) also notes that adolescents with substance abusing parents experience a higher rate of parental/family problems than adolescents whose parents do not abuse substances. Schaefer (1996) adds that youths with poor home support tend to seek support and understanding elsewhere.

Environmental factor: A report in The Sunday Nation (2000) indicated that the environment in which children grow up plays a great role in shaping their character. The claim is that children socialized in the bar culture by their parents during entertainments will tend towards use of alcohol later in life. The report argues that this will impact negatively on the development of the children in the long run. The report asserts that it is difficult for parents to sensitise their children about the dangers of alcohol consumption while they spend long hours imbibing in the company of the very people whose character they are expected to mould.

Table 3: Who should mould the youth?

WHO should	Prevent (%)	Control (%)	Stop (%)
Schools	42	30	22
Religious organisations	28	19	14
Community	14	23	18
Authority	6	16	28
Parents	10	12	18

Ndirangu (2001)

Availability of cash: The availability of cash to the youth as pocket money or travel allowances especially if excessive can be redirected into purchasing of drugs. According to a Daily Nation correspondent (The Daily Nation, 2002) students who get access to a lot of money are tempted to buy illegal drugs.

Over involvement of some parents either in business or other activities outside the family also contributes to the abuse of drugs. Unlike in the past, socialization of the youth has been neglected. Many children are left under the care of house helps because parents have to work. According to NACADA (Sunday Nation, 2008) there is a strong link between alcohol/drug abuse and the breakdown in family values. Blum (1972) asserts that peers have a high degree of influence only when parents have abdicated their traditional roles, hence actively involved parents may be able to limit the influence of peer groups on young people's attitudes. Kiiru (2004) states that some youth from rich families abuse drugs because they can afford them while some from poor families, due to frustrations abuse cheap drugs such as alcohol. Ndirangu (2001) on the same also indicates that some parents are so much involved in search for money, fame and success to the point of leaving no time for children. A survey he carried out in 2001 on who should take the burden of moulding the youth into responsible citizens revealed that the community and the parents placed a lot of burden on the teachers and religious authorities. Ndirangu's results are shown in the Table 3:

Table 3 shows that the majority of the respondents accepted that the responsibility of moulding the youth that is preventing, controlling and stopping them from abusing drugs has been relegated first to schools followed by religious organisations. This has negatively affected the youth since there are no role models in their character development.

School administration related factors: School administration factors will refer to how those who are charged with the management of students' affairs are prepared and equipped to plan, mobilize, allocate and instil the necessary control of the attainment of the institutional goals. This section gives special reference to the school staff. The principal is probably the single most

powerful force for improving school effectiveness and achieving excellence in education. Principals of today need enlightenment on leadership skills and personal qualities to provide direction and impetus to the educational goals of the school. The head teacher has a major responsibility to provide a conducive environment for the students' growth and development and should therefore be aware of the factors which affect students. Such factors include low achievement, poverty, negative peer influence especially in terms of drug abuse, lack of sense of belonging to the school and inadequate curriculum. Although the staff especially teachers had prior training in their jobs, they need to keep abreast of the changes in the society so as to be able to prepare students to cope with emerging issues like drugs.

The Standard newspaper (1991) reported that highhandedness of school administration, harsh treatment, lack of freedom on the side of and students' failure to have their grievances addressed creates stress which can lead to the abuse of drugs. United Nations Report (1994) on reduction of illicit demand for drugs states that one fundamental long-term pre-requisite of demand reduction programmes is trained personnel. The paper asserts that the people to be trained however must be carefully selected, not only for competence but also for their appropriateness.

School disciplinary system: This refers to disciplinary actions or guidelines laid down by the school authority on how students caught peddling, holding or abusing drugs should be punished. Head teachers should endeavour to inculcate good discipline and responsibility among the students. Good discipline should be acknowledged and any punishment meted out whether in the form of blame, or reproof, detention, fine or suspension should be fair and commensurate with the nature of the offence committed. Failure by the school management to offer appropriate guidelines and punishment is to blame for the increased abuse of drugs. The Daily Nation (2003a) report on drugs in schools in Kenya blames failure by authorities to take action for increased abuse while some law enforcers are collaborating with peddlers to avail the substance. It thus can be conclusive that where rules or regulations are not enforced, students' tendency to misbehave is higher and it can take the form of drug abuse.

Guidance and counselling: Counselling is the skilled and principled use of relationships to facilitate self knowledge, emotional acceptance and growth, and optimal development of personal resources. The purpose of counselling is to provide an opportunity for clients to work towards living in a more satisfying and resourceful way.

Adolescence and teens, the ages within which most students are in is characterized by intense physical, psychological and emotional changes. One is eager to search, discover experiment and experience things. As such, experienced, well trained guidance and counselling personnel should be put in place to guide and counsel students in the right direction and provide them with some facts instead of leaving them to decide on their own. Each school needs to have at least one person who is assigned the responsibility of drug counselling. This individual may involve others, including students to help but is held accountable for the availability of such services. This counsellor must possess three basic qualifications, that is, the ability to communicate with students, acceptance by the students and a sincere interest in wanting to help young people. Imbosa (2000) carried out a study in six boy's secondary schools in Nairobi with the aim of finding out the strategies and programmes used in the schools to increase drug awareness and curb their use and abuse. The study involved both teachers and students. It established that drug use occurs as a result of complex factors e.g. parental engagement, depression, anxiety, low self esteem all of which are beyond the scope of the programmes put in place by the schools to address the problem.

Day and boarding schools: Pathfinder International's report (The Daily Nation, 2001) showed that the use of drugs was more widespread among those who attended day schools than boarding schools. The survey noted that the difference could be due to the fact that boarding school students were closely monitored while day scholars were exposed to the substance through their own neighbourhood and communities. A study by Kombo (2005) in selected schools in Kenya showed that the type of school one attends has an influence on drug abuse among students. According to him, experimentation with common drugs was more frequently reported by Kenyan youth who have attended day school rather than boarding schools. The reasons given were that boarding school learners are more closely monitored while day schools students are often more exposed to drug abuse as they move to and from school daily. Research done by Johnstone (2000) showed that drug abuse is not just confined to day schools where students can access drugs easily because they are not confined within the school premises. Students in boarding schools have access to drugs. Johnstone (2000) came up with the following figures.

Students in boarding school take alcohol just like their counterparts in day schools (Table 4). However he corroborates with Kombo that the percentage of students in day schools who take alcohol is higher than those of boarding schools (30.3 and 21.7%), respectively. This can be attributed to the fact that they are not confined within the school premises.

Table 4: Type of school and drugs (Johnstone, 2000)

Regular alcohol use	Boarding (%)	Day school (%)
Yes	21.7	30.3
No	78.3	69.7

A schools physical environment: A schools physical environment includes the school buildings and the surrounding grounds while the psychosocial school environment encompasses the attitudes, feelings, and values of students and staff. Physical and psychological safety, positive interpersonal relationships, recognition of the needs and the success of the individual and support for learning are all part of the psychosocial environment. Other factors that can affect a school's environment include: the economy, social, cultural, and religious influences; geography; socioeconomic status of students' families; tax bases; and legal, political and social institutions (Marin and Brown, 2008). Students spend the major part of their day in school. The school environment provides a standard against which young people test behaviour. School personnel often serve as highly influential role models by which preadolescents and adolescents judge themselves. Adolescents who perceive that their teachers care about them are less likely to initiate marijuana use, cigarette smoking, drinking to get drunk, and other health risk behaviours. Relationships with teachers and counsellors are among the most important and formative ones for many students, especially middle school students. Students who are poorly bonded to school are also less likely to recognize that substance use may reduce the likelihood of them achieving their future goals (American Academy of Paediatrics, 2007). The fact is that although schools do not have it in their power to stop smoking, or drinking among their students, they do have the power to improve students' knowledge and skills and to encourage development of positive values. Accordingly, schools should not be blamed when the students engage in health behaviour that is less than desirable; however, they should be blamed, or at least held accountable, if students do not gain essential knowledge and skills regarding health, and cannot articulate a value position. (American Academy of Paediatrics, 2007)

Curriculum and co-curricular activities: A curriculum is an organized pattern of the school education programme. It involves all that the students and their teachers do in school. According to the encyclopaedia of education, a curriculum entails all the experiences of the school. It is all the goals, objectives, content process, resources and means of evaluation of all the learning experience planned for people and communicated to them through classroom instructions and related activities. It is meant to guide students and teachers in achieving the national goals of education.

Co-curricular activities are activities that are based on experiences and social functions that are considered significant for the development of the holistic person. These activities include school clubs, recreation and sports, music, drama, school publications among others. Pudo (1998) asserts that a variety of leisure activities and recreational activities should be strengthened in the learning institutions so that students can avoid boredom and idleness. Therefore, young people in schools and community should involve themselves in activities such as drama, sports, music, church activities, reading good books and magazines to avoid being lured into drugs in their idleness. Activities that are free and offer healthy alternatives should be promoted. At the same time respect for rules and regulations that prohibit harmful behaviour influenced by drug abuse should be promoted.

Strong desire to excel: Students may be anxious to perform well in academics and other co-curricular activities due to pressure from parents and teachers. This pressure can make students abuse drugs. Ndirangu (2001) argues that some parents set unrealistic goals for their children in academic performance. Failure to achieve these results leads to rebuke that with time is expressed in deviant behaviour like drug abuse. Parents and other members of the family place high value on success in school and the competition can be tough. Young people studying for examinations therefore report the use of central nervous stimulants to keep them awake and alert and this may lead to dependence on this substances (Ebie and Pela, 1981). Kerachio (1996) concurs with Ndirangu who asserts that low performance in class may lead to misuse of drugs such as marijuana which is believed to improve understanding and insight. This misconception is based on the belief that people who use or abuse substances will become bold, confident or courageous. Kenkel (1980) argues that school activities are a focal point for adolescent's behaviour. He says these activities include poor school performance and conflict between the school system and the values of lower class youth.

Influence of mass media and advertising: NACADA, which has been spear-heading the government's crusade against drug abuse, has been very active in targeting the creative advertising industry that fronts for leading beer and cigarette manufacturers. Former NACADA boss Joseph Kaguthi says that he is not against alcohol or anyone but maintains that he will fight arbitrary efforts by alcohol and tobacco firms to "destroy Kenyan youth through unfairly exposing them to the products". People who smoke are portrayed as being either great sportsmen or socially successful, wealthy or important people.

Social pressure from media and friends is a universal risk factor for substance abuse among adolescents in developed and developing countries (Adelekan, 1996). This is especially common in urban areas where there is

widespread exposure to advertising on radio, television and billboards. Young people in urban areas are more exposed to images and messages promoting tobacco and alcohol than their counter parts in rural areas (Schaefer, 1996) concurs with this argument asserting that external pressures especially the media have an influence in substance abuse among the youth. According to him, the amount of time young people spend watching television has a negative influence on their behaviour.

Okech (1997) argues that the mass media plays a big role in influencing children. They receive information from movies, television, video cassette, billboards and magazines. Even though these media do not usually promote drug use explicitly, they can reinforce a child's impression that the use is normal (The East African Standard, 2003).

Students at risk: Students at risk of alcohol and drugs abuse in secondary schools have characteristics of being male, living with a grandparent, professing the Christian Faith, schooling in boys' day and boys' boarding schools, being in form 4, being given high sums of pocket money by parents, having friends abusing alcohol, knowing of a schoolmate abusing alcohol, lacking regular students inspection in schools for alcohol and drugs, failing to attend awareness talks on dangers of alcohol abuse, being inactive in sports, clubs or study groups and failing to organize a discussion forum on dangers of alcohol and drug abuse in their schools (NACADA).

Urban versus rural: A rapid situation analysis by Adelekan (1999) and Obot (2005) showed that the prevalence of cocaine and heroin use in rural youth populations was generally low. This is in large part due to differences on exposure. According to this study young people in urban areas have more opportunity to try new drugs and are exposed to more influence from peers and the media than rural youth.

Apart from the above factors, Kiiru (2004) argues that there is official ambivalence towards substance use in Kenya. Alcohol and tobacco are a cause of ill-health; but are legal with the two substances being a source of tax. The brewing or use of indigenous alcohol drinks is mainly legal, yet the production and the use of alcoholic drinks on an industrial scale is extensive and legal (Maithya, 2009). Khat is a drug whose abuse results in dependence yet the government treats it like a valued export commodity competing with tea and coffee in importance (Maithya, 2009). According to Kiiru (2004) this is a contributing factor to drug abuse by Kenyan Youth.

Methods of preventing drug abuse: The following are some of the methods that can be utilized to prevent drug abuse in schools in Kenya.

Behaviour modification techniques: These are basically associated with the interventionist approaches, which though reactive, respond to problems as they arise. It is an approach that is concerned with the modification of behaviour through positive and negative reinforcements. These approaches assume that any action which is rewarded will tend to be repeated and learned whereas actions which have no favourable consequences to the individual will cease to be done, Thorndike and Ladd (1963). Some educators question the goal of behaviour change and propose a more education oriented approach to drug prevention in schools. School is not about repairing all social evils. It is about repairing one: the evil of ignorance (Swadi, 1999).

Preventive methods: Most drug users begin the habit before the age of 20 years and schools are the primary institutions with access to this group. Preventive methods aim at developing structures and approaches which are geared towards reducing problems since they anticipate crisis within the school itself. One of the reasons for disaffection in secondary schools is the abject failure of pastoral care. Students' needs are not met on time thus this increases disaffection leading to misbehaviour especially drugs use Duke (1989).

According to the research carried out by Sussman and Johnson (1996), it was reported that research programmes need to be comprehensive and have sufficient intensity to reasonably expect that the skills can be taught. Content areas that are necessary include normative education, social skills, social influence, protective factors, and refusal skills.

Educational programmes interventions: Drug prevention programmes referred to as life skills training have been found to be successful with young adolescents. Life skills training is based on findings that most adolescent first use drugs in social situations and that their decisions are influenced not just by one factor but a variety. Effective programs focus on enhancing student's problem solving skills or aiding them to evaluate the influence of the media. Effective programs help improve students self esteem reduce stress and anxiety. These skills are taught by using a combination of methods including demonstration, practice, feedback and praise. Another proven approach is "life skills training" designed to teach skills to confront a problem-specific focus, emphasizing the application of skills directly to the problem of substance abuse (American Academy of Paediatrics, 2007).

Role of the community: Because of the complexity of the problem, co-ordination of prevention messages and activities with other institutions in a student's life is

essential. The community, not the school, is where most students' drug use occurs. Communities can be active in changing and supporting non-use norms and reinforcing messages given at school. Communities can send a clear and consistent message by developing and implementing a broad, comprehensive approach to dealing with substance abuse.

Punitive methods: These methods are basically associated with crisis management approaches which are reactive in their policies and locate the problem in students, Tattum (1989). Punitive methods rely on the infliction of punishment with the aim of deterring the students from committing the crime. This method applies the principal of stimulus response connection Thorndike and Ladd (1963).

The purpose of punishment should be communicated, understood and accepted if it is to be effective in enforcing student discipline. But obviously drug abusers cannot be rehabilitated through punishment alone.

CONCLUSION

In this study, an undertaking has been made to examine the extent, causes and panacea for drug abuse and indiscipline in Kenyan schools. It is apparent that drug abuse is rampant in schools and is responsible for a plethora of indiscipline cases. As such, there is need to address this menace. Accordingly, suggestions have been proposed on how to best deal with the problem

REFERENCES

Adelekan, M., 1999. Rapid Situation Assessment of the Drug Situation at Ehin-Etiri, Ijebu North Local Government, Ogun State Nigeria, UNDCP, Lagos.

Amayo, G.N., 1993. Towards Tobacco free World through Health Services, paper presented in the 1993 world wide No Tobacco Day Celebration.

American Academy of Paediatrics, 2007. The role of schools in combating illicit substance abuse. *Pediatrics*, 120: 6.

Bezuidenhout, F., 2004. A Reader on Selected Social Issue. 3rd Edn., Van Schaik, Pretoria.

Blum, R., 1972. Haratio Alger's Children: The Role of the Family in the Origin and Prevention of Drug Risk. San Francisco, Jossey.

Chesile, E.W., 1996. Drug Abuse in Secondary School by Students (A Case Study on Secondary Schools in Lugari Division of Kakamega District, PGDE Project, Kenyatta University, Kenya.

Duke, L.D., 1989. School Discipline Plans and quest for Order in American High Schools. In: Tattum, D.P. (Ed.), *management of Disruptive Pupil Behaviour in Schools*. Wiley, Chichester.

Ebie, J. and A. Pela, 1981. Some socio-cultural aspects of the problem of drug abuse in Nigeria. *Drug Alcohol Depen.*, 8: 302-306.

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, Kenya.

Imbosa, M., 2002. An Investigation into Strategies Used in Addressing Drug Abuse Problems: A Case Study of Nairobi Provincial Boy's Secondary Schools. M.Ed. Research Project Report, Kenyatta University, Kenya.

Johnstone, T., 2000. Adolescent Drug Abuse in Kenya; Impact on Reproduction Health, Nairobi: New World Printer.

Kariuki, D., 1998. Levels, trends and patterns of drug addiction in nairobi secondary schools. Unpublished M.Ed Thesis, Kenyatta University, Kenya.

Karugu, D. and A. Olela, 1993. Family Life Education Programme of Egerton and Kenyatta University: An Audience Research Report. Nairobi Pathfinder Fund.

Kendel, D.B., 1978. Decedents of Alcohol in Stages of Drug Abuse: A Development Analysis. John Wiley, New York.

Kenkel, W., 1980. *Society in Action: An Introduction to Sociology*. Harper and Row Publishers, New York.

Kerachio, B., 1996. *Drug Abuse*. Uzima Press, Nairobi.

Kiiru, D., 2004. Youth in Peril: Alcohol and Drug Abuse in Kenya. NACADA.

Kombo, D.K., 2005. *Sociology of Education*. Ad Print Publishers, Nairobi.

Maithya, W., 2009. Drug Abuse in Secondary Schools in Kenya: Developing a Programme for Prevention and Intervention. UNISA.

Marin, P. and B. Brown, 2008, The School environment and adolescent well-being: beyond academics. National Adolescent Health Information Center, Child Trends, Washington, DC.

Merton, R.C., 1971. Optimum Consumption and portfolio rules in a continuous-time model. *J.Econ. Theory*, 3(4): 373-413.

Midigo, A., 2002. March issue) Why Young People Are Hooked into Drugs. Today in Africa.

Muthigani, A., 1995. Drug abuse: A rising concern among youth in secondary schools in Nairobi. Unpublished M.A Thesis, Catholic University of Eastern Africa, Nairobi.

Mwaura, N., 2003. Kenyan Times, 4th July.

NACADA, 2002. National Baseline survey on Drugs and Substance Abuse among the Youth in Kenya. October; Unpublished Report.

NACADA, 2004a. Youth in Peril-Alcohol and Drug Abuse in Kenya. NACADA, Nairobi.

- NACADA, 2004b. Alcohol and Drug Abuse in Kenya. Final National Baseline Survey on substance in Kenya. Government Printer Nairobi. Kenya.
- Ndegwa, C.M., 1998. Drug Problem in Our Schools unpublished report for Kenya National Committee for Drug Education.
- Obot, I., 2005. Substance use among Students and Out of School Youth in an Urban Area of Nigeria, W.H.O, Geneva.
- Okech, D.P., 1997. Drugs and Prevention in School Unpublished study for UNESCO.
- Pudo, M.W., 1998. Let's Talk about Drug Abuse Kisumu Global Bookmen Publisher Report of the Task force on Students Discipline and Unrest in Schools, 2001.
- Schaefer, P., 1996. Choices and Consequences: What to do When a Teenager Uses Alcohol/Drugs. Johnson Institute, U.S.A.
- Shoemaker, D., 1984. Theories of Delinquency: An Examination of Explanations of Delinquent Behaviour. Oxford University Press, New York.
- Sussman, S. and Johnson, 1996. Drug Abuse Prevention Program and Research Recommendations. American Behavioural Scientist.
- Swadi, H., 1999. Individual risk factors for adolescent for substance use. *Drug Alcohol Depen.*, 55: 209-224.
- Tattum, D., 1989. Disruptive Pupils in Schools and Units. John Wiley and Son Ltd. New York.
- The Daily Nation, September 14th 2003a, Page 15, July 17th 2002, October 17th 2003, September 17th 2001, June 22nd 2004, October 27th 2004.
- The Daily Nation, 2003b. Dealing in Drugs is like Dicing with Death; Nairobi.
- The East African Standard, 2003. The Big Issue. September 3rd.
- The Standard Newspaper, July 21st 1991.
- The Sunday Nation, Gitahi and Mwangi in Sunday Nation. April 8th 2000, pg 10, April 2008.
- Thorndike, R.L. and R. Ladd, 1963. The Concept of over and Underachievement. Bureau of Publications, Teachers College, New York.
- UNODC-WHO, 2005. Expert Committee on Dependence Producing Drugs; Fourteenth Report. August.
- United Nations Report, 1994. Reduction of Illicit Drugs.
- World Drug Report, 2000. United Nations Drug Control Programme (UNDCP) World Health Organisation (WHO), 1973. Report.
- World Drug Report, 2005. United Nations Office on Drugs and Crime (UNODC). Executive Summary, United Nations Publication.