
UPSURGE OF DRUG USE AMONG UNIVERSITY STUDENTS IN KENYA: CAUSES AND CONSEQUENCES

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Abstract

The purpose of this study was to examine the causes and consequences of the upsurge of drug abuse among university students in Kenya. Studies indicate a blatant abuse of drugs in alarming rates in spite of campaigns against the menace by the government and other stakeholders. This is affirmed by new studies by the National Authority for the Campaign against Alcohol and Drug Abuse which reveal a heightened rate of abuse and addiction among the youth. The study reviewed current literature in order to answer the research questions. It was established that students abused drugs for various reasons among them stress related, stimulating the central nervous system, course load, stress, curiosity, peer pressure, individual and family factors, parental misuse of drugs, lack of knowledge, genetic factors, traumatic life events, socio economic status and macro-environmental factors. The abuse led to increases of problems related to their well-being and health, increased risk of injury and premature death from interpersonal violence, road accidents, hepatitis B and C, risky sexual behaviors, unintended pregnancies, diseases such as acquired immune deficiency syndrome (AIDS) as well as severe academic problems. The study concludes that prevention of substance abuse among students requires awareness of characteristics that place them at risk and targeting risk factors that are modifiable to save the young generation. Finally, the study recommends a further research to be carried out to determine realistic solutions to mitigate the destructive outcomes of drug and substance abuse among students.

Keywords:

Drug Abuse

Surge

Peer Influence

University Students

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1.1 Introduction

Drug abuse is one of the world's most pressing challenges threatening people of every age, socio-economic background, geographic region, educational level, and ethnic or racial identity. According to Vinluan (2005), drug abuse in our society is not new. This implies that it is long-established. The most startling global trends that have emerged show increased availability and variety of drugs and the prevalence of drug abuse among the youth. Students manifest susceptibility to drug abuse. Because of their naivety and tender age, they are yet to develop the forte to resist the pleasure and the ecstasy which the dangerous drugs offer. Their defense mechanism against the detrimental impact of drugs is still insufficient (Caday, 2017). They have yet to uphold value and internalize the behavioral norms which could help them cope with the social and personal problems within the framework of socially, legally, and morally acceptable standards.

The Kenya vision 2030 envisions a healthy population free from the impact of drugs through reduction and prevalence in order to attain the highest possible level of physical, social and mental health. As a developing country, Kenya is currently experiencing major changes at different economic, political and cultural levels. Along with all these changes, the population is growing, and the number of young people is increasing. New studies by NACADA show a high prevalence of addiction to drugs and risky behaviors in the Kenyan youth population. Although massive resources are dedicated to preventing its spread, it is emerging that there is blatant abuse of drugs among students in universities.

A rapid situation analysis carried out by NACADA (2012) in all the provinces of Kenya established that 27% of young people including students who have ever abused drugs had friends who had taken similar drugs. While launching the second national conference on Drug and Substance Abuse: A Call for Action, organized by NACADA in 2013, to formulate measures to curb drug abuse; the President of Kenya, Hon. Uhuru Kenyatta directed the National Treasury to allocate more resources for prevention and control of alcohol and drug abuse. In addition, the treasury was advised to seek innovative ways of securing funding to increase NACADA's resource base in the fight against drug and substance abuse in the country, particularly among the young people both in and out of learning institutions (Standard Newspaper, June, 2014). In spite of the measures taken by

the government to curb drug abuse, the practice is still widespread in institutions of higher learning.

1.2 Literature Review:

In the Philippines, research has shown that drug abuse is on the rise, and in particular it is increasing among young people. Drug abuse patterns among youth change rapidly with different drugs becoming popular. Drug abuse has also expanded to a younger and wider segment of the youth population. Millions of Filipino youths nationwide are using prohibited drugs. The drug abusers are mostly adolescents ranging from 17 to 28 years of age. This is the age at which the youth are expected to be in higher institutions of learning. Majority of them were males with a ratio of 12:1 compared to females (Caday, 2017).

The Ethiopia Demographic and Health Survey (EDHS 2011) noted that the problem of alcohol and drug abuse is dramatically increasing. According to the survey, different alcohols, chewing Khat and smoking cigarette are widely practiced among high school, college and university students in Ethiopia. Adolescent Alcohol and other drug (khat and cigarette) abuse may involve recreational benefits; such as to have fun, social conformity, mood enhancement and coping with stress (Kebede 2002). This is an indicator of a grim picture of abuse of drugs by the youth in Ethiopia. Yet another research done among University students in Ethiopia found that alcohol was the most abused substance, but there was little evidence available about the scale of substance use in the population (Fekadu, Atalay & Charlotte, 2007). It is important to note that Wakgari and Aklilu (2011) had earlier found that (31%) of medical students of Addis Ababa University from first year to internship were life-time users of alcohol and (22%) reported drinking alcohol in the past year.

In South Africa, a study among university students found that (75%) of respondents abused alcohol and (50%) moderate to heavy drinkers were young men (Nkhoma & Maforah, 1994). In Malawi, the prevalence of alcohol abuses among university students showed that (54.1%) were males and 16.5% were females (Zverev, 2008). Stafstrom & Agarth (2012) found out that almost half of the students in Mbarara University in Uganda were current alcohol users, and a quarter of them had engaged in heavy episodic drinking.

Alcohol abuse in the institutions of higher learning in Kenya threatens the achievement of vision 2030 and holistic wellbeing (GOK, 2012). According to

NACADA, (2007), the practice of alcohol abuse has developed to a cultural view and tradition rooted in every level of university environment and that practice is handed down through cohorts of alcohol abusers to strengthen students' expectation that alcohol is a necessary factor for social success.

The practice of drug abuse seems to stem right from secondary school level to the university. A study by the Great Lakes University, Kisumu found in 2009 that 58 percent of the secondary school students in Kisumu District had consumed alcohol at some point in their lives (Daily Nation, June 2, 2009). The study interviewed 458 students from nine secondary schools in Kisumu and concluded that use of drugs including alcohol, tobacco, khat, cannabis and cocaine had risen drastically in the previous decade.

In respect to the above, the public has been exposed to a growing problem — underage boys and girls engaging in use of drugs and alcohol. In August 2017, 45 students found using bhang, alcohol and cigarettes were arrested in Nyeri as they were travelling in a Matatu to Nairobi when schools closed down for mid-term holidays. Though there was outrage, it soon died to be revived again by two disturbing cases in October same year. The first was in Eldoret town, where 500 children and teenagers were arrested in a disco and were also found to be smoking bhang, drinking alcohol and chewing miraa. Hardly two weeks later, 200 children were arrested in a disco in Nairobi and they were also found smoking bhang (marijuana) and drinking alcohol. In all these cases the young boys and girls were engaging in sexual intercourse as part of the “fun”. If it was not for the alarm raised by the community these cases would have gone unnoticed. This means that the youth start abusing drugs while in secondary school and the vice is sustained when they join higher institutions of learning. According to a national survey on the Rapid Situation Assessment of Drug and Substance Abuse in Kenya (2012), (11.7%) of youth aged 15-24 are current users of alcohol, (6.2%) tobacco, (4.7%) miraa and (1.5%) cannabis. Odek-Ogunde & Pande-Leak (1999) in a study reported a high rate of alcohol abuse among students at a Kenyan private university at (84.2%).

While addressing the Third Global Youth Employment Summit 2006, His Excellency Hon. Mwai Kibaki (13 September, 2006), reported that the youth today are facing many challenges that are hindering them from the full realization of their

aspirations. These include drug and alcohol abuse and HIV/AIDS. 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 Kenyan universities.

A baseline survey in 17 counties on alcohol and drug abuse conducted by the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) in 2012 showed a high use of drugs and alcohol by the youth with alcohol the most abused and prescription drugs the most accessible. Is there a crisis among Kenyan youth? Do these three instances highlight a growing problem amongst our youth? Do the young boys and girls realize the dangers in their behaviors' to their health and wellbeing? Why is there an upsurge in the use of drugs? These are the questions that motivated this study.

1.3 Statement of the Problem

According to the university's' core mission statements, universities seek to provide students with a safe, healthy learning environment. However, University students in Kenya manifest susceptibility to drug abuse thereby undermining the core objective which is imparting knowledge. Available statistics paint a grim picture of the situation on the ground. Because of their immaturity and tender age, the students have yet to develop the power to repel the pleasure and the ecstasy which the dangerous drugs offer. Their defense mechanism against damaging influence of drugs is still inadequate. Law enforcement activities have been ineffective in curbing the prevalent drug abuse because its root causes have not been properly addressed. In response to this problem, this study proposes to investigate the causes of drug abuse as a framework in re-aligning the prevention and rehabilitation programs to ensure its effectiveness with the crucial aim to improve the overall life of students.

1.4 Research Questions

- i) What is the cause of the upsurge in the use of drugs among university students?
- ii) What are the consequences of drug abuse among students in universities?

1.5 Significance of the Study

This study will help University administration to better understand the current situation and consequently make adjustments to address the factors that contribute to drug abuse in Universities. It's important to note that failure to address this problem not only threatens the academic achievement and wellness of the students but also hinders the economic, political and social development of the country and the attainment of vision 2030 as well.

1.6 Research Design

This study employed document analysis from empirical studies related to the topic with a view of answering the research questions. The study relied heavily on secondary data.

1.7 Results and Discussion

This section presents the results and discussion of the study. Generally, as indicated by the findings of different scholars, the followings are major causes why university students in particular use alcohol and drugs: The reasons why university students use alcohol and drugs (mainly drinking alcohol, chewing Khat and smoking cigarette) is almost similar to why other people do so. The common causes are; peer pressure, social factors, academic adjustment related factors, psychological factors and environmental factors as found by the findings of different studies hence they will be discussed in detail.

1.7.1 *Stimulating the Central Nervous System:*

Students use alcohol and drugs as a way of either depressing or stimulating the central nervous system, which seems to provide people with predictable and effective ways to change how they feel. Most students believe that such stimulation activates their brain which in return helps them to study hard and overcome teaching and learning process loads and meet deadlines (Velleman, 2005). Often students choose to drink alcohol and/or use drugs that help them in some way, such as to increase pleasure or to decrease emotional or physical pain or to gain a sense

of belonging socially as a response to high level of peer pressure in their campus life according to Brook J S et al., (1998).

1.7.2 *Individual and Family Factors:*

According to (Velleman RD, Templeton LJ, Copello AG 2005), the family has been described as the single most influential child hood factor in buffering the child and in shaping later adaptation. The influences of the family on adolescent drug abuse are fundamentally important, but complex. Factors about the quality and consistency of family management, family communication, family relationships and parental role modeling have been consistently identified as predictive of alcohol and drug abuse, Brook JS, Morojele NK, Pahl K, Brooks DW (2004). Specific family factors include; ineffective parental family management techniques; for example, lack of discipline/inconsistent discipline and negative communication patterns Brooks JS et al., (2004).

In yet another finding, a cross-sectional study with a sample of 362 university students who were selected using self-weighted stratified random sampling was carried out at the Urmia University of Medical Sciences, Northwest Iran. The aim of the research was to evaluate the causes of drug abuse among youth according to students' views. According to the subjects' views, individual and family factors were the most important factors of drug abuse compared to social, pharmacological, and physiological ones. Among effective individual factors, strategies for emotional stress, loneliness and anxiety, curiosity, and rapid irritability were emphasized by the students. Some studies have confirmed the relationship between individual factors like depressive mood and substance use Brook JS et al., (1998).

1.7.3 *Parental Misuse of Drugs:*

The students also perceived that parental misuse of drugs and parental disagreements, as family factors, had a major role in promoting drug abuse among youths. The results of one study by Velleman et al., (2005) confirmed this finding in the current research.

1.7.4 Stress:

Another trigger is the additional stress college student's experience. Exams, new social roles, and tuition fees can cause a lot of troubles and negative thoughts. One of the easiest ways to forget and relief the negativity is to use drugs. Students admit taking stimulants only to improve their academic performance.

1.7.5 Course Load:

More students than ever are taking stimulants, such as Adderall, to help them stay awake long enough to study or complete assignments by their due dates. These prescription drugs are obtained without a reasonable recommendation. Students facing the high demands of coursework, part-time jobs, placements, social responsibilities and more, many turn to drugs as a way to manage.

1.7.6 Curiosity:

College students are exploring many new aspects of their lives in personal and professional realms. It's not uncommon for that self-exploration to dip into drug experimentation. College exposes students to a new environment, they are away from their families and friends, and they have new responsibilities. Therefore, they have to fit. All the parties organized in college are something that new students feel they ought to follow. Additionally, the best way to fit is to be like the rest – drunk and high. Drugs are also seen as a way to experiment something everyone talks about and bans and to enjoy weird realities.

1.7.7 Peer Pressure:

According to the World Drug Report (2014), drug users like other people, seek approval for their behavior from their peers whom they attempt to convince to join their habit as a way of seeking acceptance. That notion is confirmed by studies carried out by Maithya (2012) and Chesang (2013) on drug abuse among young people. The results showed that there is a significant relationship between the subjects' drug-using behavior and the involvement of their friends in drugs.

Agcaoili (2005) underscores the fact that the influence of peer pressures cannot be underestimated as one among the causes of drug abuse. University students are surrounded by other people experimenting with recreational and performance-enhancing drugs and are more likely to try these substances for themselves. Often, the characteristic of this new environment is strong peer pressure. Studies also show that the biggest problem is the free time college students have. In addition to some individual and family factors, participants emphasized the impact of peers (as a social factor) in increasing the likelihood of drug abuse among youths. The results are in accordance with (Brook JS, Morojele NK, Pahl K, & Brook DW (2006), whose study found out that peer influences play an important role in illegal drug use among South African adolescents. Accordingly, the youth and particularly students are especially vulnerable to the vice owing to peer pressure, media influence, poor guidance and role modeling (Muchemi, 2013).

1.7.8 *Lack of Knowledge:*

A study conducted by (O'Malley, P. M. & Johnston, L. D (2002), to determine the epidemiology of alcohol and other drug use among American college students indicated that, alcohol and drug abuse have been attributed to a lack of proper knowledge regarding the risks associated with such use. Adolescents are more likely to start drinking alcohol and abuse drugs/substances or other illicit drugs if they believed that casual use of the specific drugs is not harmful.

1.7.9 *Genetic Factors:*

While the environment a person grows up in, along with a person's behavior, influences whether he or she becomes addicted to drugs, genetics plays a key role as well. Scientists estimate that genetic factors account for 40 to 60 percent of a person's vulnerability to addiction. The findings of different research conducted on drug use support the view that genetics play a significant role in the development of alcohol and drug-use problems in some individuals, Meressa, K. Mossie A. & Gelaw, Y, (2009). A major finding about the genetics of drug addiction was reported in 2004 by investigators at the Howard Hughes Medical Institute at Duke University Medical Center. The scientists were able to detect a precise protein—**PSD-95**—that had a connotation both to drug obsession and to learning and memory. Other research findings by A. Fekadu, A. Atalay, A & Charlotte, H (2007), reveal that genetic factors are influential in the transition of drug use from

parents to children. Baron, (2000) found out that children of parents using drugs are the highest risk group of children to become alcohol and drug abusers due to both genetic and family setting factors. In view of the above, sustained study of genetic factors in drug addiction can provide new ways for understanding the malady of drug addiction, and can lead to new remedies for inhibiting and handling it.

1.7.10 *Traumatic Life Events:*

According to Martens, M. O'Connor, K & Beck, N (2006), children who have experienced traumatic life events (E.g., sexual, emotional or physical abuse; neglect or other) are at a high risk of harmful outcomes such as illicit drug use and delinquent/criminal behavior, and self-destructive and suicidal behavior. When students are physically and/or sexual maltreated, they may suffer from an abnormally poor self-image that negatively affects subsequent socialization and to feel that the world is a generally unsafe place. Drugs are used to deal directly with the emotional pain of the abuse or with the subsequent self-derogation (children who have suffered physical abuse often feel that they deserved the punishment), as stated by Martens, M. O'Connor, K & Beck, N (2012).

1.7.11 *Socio-economic Status:*

There are different findings that attribute drug abuse to environmental influences such as socio-economic status, which encompasses both social factors and economic factors. It is also suggested that socio-economic status (for example, living in a deprived neighborhood, low income level) is an important risk factor for problematic behaviors, including alcohol and drug abuse, WHO (2010).

1.7.12 *Macro-environmental Factors:*

Macro-environmental factors that influence alcohol and drug abuse include advertising, legislation and law enforcement and the availability of drugs Central Statistical Agency and ORC Macro (2011). The high prevalence of alcohol and drug use in college and university students is mostly related to the availability of such drug surrounding the campus compound. Students can easily get alcohols and/or drugs of their interest without much effort in front of their campus. Another aspect of the macro-environment is society according to O'Malley, P. M. &

Johnston, L. D (2002). They assert that social and psychological problems among adolescents are caused by rapid changes in society, increases in family conflict and breakdown, increase in poverty, high youth unemployment, soaring youth homelessness and growing education pressures.

1.8 Major Consequences of Alcohol and Drug Abuse

This study also sought to determine the consequences of alcohol and drug abuse on the students. The results are discussed in this section.

1.8.1 Influence on Academics:

Among others, the following were found to be the major consequences of alcohol and drug abuse that university and college students face. Maithya et al., (2015) sought to establish the general trend of drug and substance abuse among students in technical institutions which are institutions of higher learning and effects on academic participation. The findings reveal that students who use drugs and other substances experience a myriad of academic progression problems. Most of the respondents in the study stated that poor academic performance was the main problem that bedevils students' who abuse drugs and substances. Repeating a year of study, warning to improve on academics, and deferral of studies were also cited. Findings by Didenko & Pankratz (2007) also show that, declining grades, absenteeism from class/other activities, and increased potential for dropping out of school/university are problems associated with adolescent Alcohol and drug abuse. Additionally, low level of commitment to education and higher absence rates appear to be related to Alcohol and drug use among adolescents in university and college. A. Fekadu, A. Atalay, A & Charlotte, H (2007) postulate that cognitive and behavioral problems experienced by alcohol and drug using youth may interfere with their academic performance and also present obstacles to learning for their classmates. In this regard not only students that use drugs suffer but also non-drinking students that have to "babysit" a colleague high on drugs.

Reports on the influence of substances abuse on academic activities indicate that it interferes with physiological, psychological and emotional functioning. Among the problems recorded are impaired memory and other intellectual faculties, and tracking inability in sensory and perceptual functions (Agrawal & Dick, 2008). Further, the habit creates preoccupation with acquiring the substances, adverse

psycho-pathetic complications and social development. This may lead to truancy, lack of concentration on studies among others (Eisenstein, 2005).

Reduced cognitive efficiency leads to poor academic performance and thus resulting in decreased self-esteem. This contributes to instability in an individuals' sense of identity, which in turn, is likely to contribute to further substance abuse, thus creating a vicious circle (Hawkins, Catalano & Miller, 1992; Eisenstein, 2005).

An excessive use of alcohol and/or drug threatens physical or mental health, inhibits responsible personal relationships, or diminishes the ability to meet family, social or vocational obligations. Martens, M et al., (2012) posit that alcohol and drug use causes many interconnected and far reaching problems/consequences. Their research findings show that, alcohol and drug use can not only impair the bodies' ability to function but can have long-range negative effects on health and well-being as well. Almost every system in the body can be negatively affected by alcohol according to WHO (2010). Additionally, young people/students in university and college, who persistently use alcohol and drug often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships and involvement in criminal practices Odejide, A. O (2006). College education is extremely expensive thus parents and authorities should work with their children towards a sober life.

Okari J, & Masese A, (2018) in a study conducted in Masaba North, Nyamira County to determine the effects of drug abuse on academic performance of students lists the effect of drugs abuse among students as poor self-control, strained relationship with other students and poor academic performance. Similar results were obtained by Muoti et al., (2014) while carrying out a study on effects of drugs abuse on participation in learning among students in high schools. This finding is also in agreement with United Nations (2005), view that cognitive and behavioral problems experienced by alcohol-and drug-using youth may interfere with their academic performance and also present obstacles to learning.

1.8.2 Physical Health:

Injuries due to accidents (such as car accidents), physical disabilities and diseases and the effects of possible overdoses are among the health-related consequences of

university students' Alcohol and drug abuse. According to Brook JS, Morojele NK, Pahl K, Brook DW (2004), alcohol and drug abuse also motivate the students to practice unsafe sexual encounters with different sexual partners, which can lead them to contract HIV/AIDS and other sexually transmitted diseases. Transmission of HIV/AIDS primarily occurs during unsafe sexual contact or through sharing of unsterile drug-injection equipment Aklog, T, Tiruneh, G & Tsegay, G (2013).

Many students who used alcohol and drug engage in behavior that places them at risk of contracting HIV/AIDS or other sexually transmitted diseases. This may include the actual use of psychoactive substances (particularly those that are injected) or behavior resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances Brook, J. et al., (1998). Not only does the physical status of the user change but also the emotional and cognitive state of the user. Using various substances can lead to memory problems, confusion, hallucinations, negative and suicidal thoughts, and mood swings. All this can lead to behavioral changes, such as aggressive behavior, social isolation, and problems in one's sexual life. There are many negative effects drugs cause. Drug abuse leads to many physical changes and health problems, such as high blood pressure, heart problems, and liver failure. Side effects of drugs use can include allergic reactions (hives, rash, etc.) that can be fatal. Mixing drugs can lead to breathing difficulties and coma.

1.8.3 *Peers:*

Research by Gezahegn T, Andualem D, & Mitiku T. H, (2014) found out that alcohol and drug abusing University students were often alienated from and stigmatized by their peers. Those using alcohol and other drugs (drinking alcohol, chewing khat and smoking cigarette) also often disengaged from school activities (such as group work, different clubs in campus, sport practices, academic group work and community activities, depriving their peers and communities of the positive contributions they might otherwise have made

1.8.4 *Families:*

In addition to personal hardships, the abuse of alcohol and other drugs by university students may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. According to Martens, M. et al., (2012), both children and parents are profoundly affected by their children alcohol and drug involvement. It is well known that substance abuse can drain a family's financial and emotional resources. This in-turn profoundly causes many inter-related problems to the families.

1.8.5 *Fatalities and Injuries:*

From bad health to ruined families and future, substance abuse in college can be fatal. According to the 2018 National Survey on Drug Use and Health (NSDUH), 86.3 percent of people ages 18 or older reported that they drank alcohol at some point in their lifetime; 70.0 percent reported that they drank in the past year; 55.3 percent reported that they drank in the past month. Available data postulates that, more than 1,825 students (18-24 years old) die due to alcohol related causes in America every year (New York Times 2014). The numbers are higher when we take the emergency cases and death caused by other drugs. Accidents and injuries are also a severe consequence. For instance, 600,000 students suffer a drinking-related injury every year in the USA. Around 696,000 students report having been assaulted by a drunken student. In Kenya the problematic use of drugs by university students has resulted into various consequences that include fatal and non-fatal injuries (Ndegwa et al., 2017)

1.8.6 *Social and Economic Consequences:*

The social and economic costs related to youth alcohol and substance abuse are high. They result from the financial losses and distress suffered by alcohol and drug-related crime victims, increased burdens for the support of young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth O'Malley, P. M. & Johnston, L. D (2002).

1.8.7 Delinquency and Criminal Behavior:

As revealed by the findings of Odejide, A. O. (2006), there is an undeniable link between alcohol and drug abuse and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many University and College students engaged in alcohol and drug use. In addition, alcohol and drug abuse causes delinquent behavior and physical or sexual abuse as noted by Brook J.S et al. (2004). There is strong evidence of an association between alcohol and other drug use and delinquent behavior. Alcohol and drug abuse is associated with both violent and income generating crimes. Unsafe sexual practice, gangs, drug trafficking, prostitution, and growing numbers of youth murders are among the social and criminal justice problems often linked to alcohol and drug abuse Gezahegn T, Andualem D, & Mitiku T. H, (2014). Generally, alcohol and drug abuse causes so many interrelated problems such as: loss of friends (except other substance users), negative changes in appetite with possible weight loss, reduction or loss of libido, extreme mood swings (often anger, depression), lying about alcohol and drug use to friends, loss of memory for times when under the influence, uncomfortable withdrawal symptoms when not using, involvement in crime to support habit, loss of energy and general health and wellbeing, and increasingly unable to believe own denial and excuses Didenko & Pankratz, (2007).

1.8.8 Mental Health:

As stated by W. Deressa and A. Azazh (2011), mental health problems such as depression, developmental lags, apathy, withdrawal and other psychosocial dysfunctions frequently are linked to alcohol and substance abuse among adolescents. Substance-abusing youth are at higher risk than non-users for mental health problems, including depression; conduct problems, personality disorders and suicidal thoughts Kebede, Y, (2002). As stated by Gezahegn T, et al. (2014), numerous studies have investigated the influence of psychological distress and psychiatric disorders on adolescent Alcohol and drug use. Psychological distress, including low self-esteem and depression, contribute to the initiation and maintenance of drug use. Evidences are found for higher rates of psychopathology among drug users compared with non-users by O'Malley, P. M. & Johnston, L. D.

(2002). Also, various relationships have been proposed between drug abuse and psychiatric disorders.

For example; drug use could induce psychiatric pathology in vulnerable individuals or drug use could begin as a form of self-medication, particularly among schizophrenics. In summary, there is a tendency for students who have problems relating to alcohol and drug abuse to have higher rates of emotional or psychiatric problems than those who don't abuse.

1.8.9 *Addiction:*

In addition, drug use can lead to addiction. Unfortunately, it comes with severe withdrawal symptoms (body aches, diarrhea, dizziness, etc.).

1.8.10 *Sexual Assault:*

Further, around 97,000 students in college in America report having become victims of date rape or sexual assault. In addition, STD and unwanted pregnancy are some of the consequences of drug use and unsafe sex. Substance abuse results in other crimes as well such as vandalism, property damage, litter. However, these are classified as "secondhand effects."

1.9 **Conclusion:**

The study concludes as follows:

- i.) The prevalence of drug abuse among University students is high. There is evidence that some of the students are at high risk of harmful drug abuse. Detection of the students at risk and remedial measures to be undertaken in universities includes restricting availability of alcohol around the learning institution; sensitizing lecturers, and students and other university staff on ways to detect problems among their colleagues.
- ii) It is essential to consider the factors described above when designing educational and counseling interventions to prevent drug abuse in the population, particularly among adolescents and youths. It is recommended to focus on changing the knowledge and attitudes of youths about the adverse effects of drug abuse on their health using appropriate educational and counseling programs.

iii) Bonding with children from an early age and spending time with them helps in shaping children's behavior. Limiting the setting helps children understand the positive consequences of good behavior and the negative consequences of bad behavior. If we are able to use these three strategies, we will have responsible children with high self-esteem who will be able to withstand pressure to engage in bad behavior like using drugs.

1.10 Recommendations:

This section presents the recommendations of the study. The research reviewed a wide range of secondary literature on which the recommendations are based.

1. The campaign against drugs should target parents who might not be aware that their children are abusing drugs.
2. There should be sustained campaigns to fight drug use and not seasonal ones.
3. Police should intensify operations against notorious drug dealers in the country.
4. Multi agency collaboration in the fight against the menace is recommended.
5. Launch of massive sensitization and awareness campaigns on the dangers of the illicit drugs.
6. Religious leaders should join in the campaign against drugs and complement the work of NACADA and other agencies.
7. Considering the magnitude of the vice, the government and the individual university managers should work in collaboration and open up many rehabilitation centers to support those students caught up in drug use.
8. The study recommends that the Government put an end to advertising of alcohol and other related drugs like cigarettes.

References

- Agcaoil, Nimfa P. "Drugs in the School", *The Modern Teacher*. Vol. LIV, No. 6 (November 2005)
- Agrawal, A. & Dick, D. (2008). Are there genetic influences on addiction? Evidence from family adoption and twin studies *Addiction*, 103(7):1069–1081 Alcohol related deaths in the UK: Statistics on Drugs Misuse [NS]. Office for National Statistics in the United Kingdom, (2013) http://www.hscic.gov.uk/catalogue/PUBI_2994
- Alem A, Kebede D, Fekadu A, Shibre T, Fekadu D, Beyero T, et al. Clinical course and outcome of schizophrenia in a predominantly treatment-naïve cohort in rural Ethiopia. *Schizophrenia Bull.* 2009; 35:646–54
- Baron M. *Addiction treatment for Mexican American families*. In: Krestan JA, editor. *Bridges to Recovery: Addiction, Family Therapy, and Multicultural Treatment*. New York: The Free Press; 2000. pp. 219–252.
- Brook JS, Brook DW, Gordon AS, Whiteman M, Cohen P. The psychological etiology of adolescent drug use: A family interactional approach. *Genetic, Social, and General Psychology Monographs* 1990;116:2.
- Brook JS, Whiteman M, Gordon AS, Brook DW. *Father's influence on his daughter's marijuana use viewed in a mother and peer context*. *Advances in Alcohol and Substance Abuse* 1985;4:165 – 90.
- Brook, J. S., Brook, D. W., Pahl, T., & Montoya, I.(2002). *The longitudinal relationship between drug use and risky sexual behaviors among Colombian adolescents*. *Archives of Pediatrics and Adolescent Medicine*, 156, 1101–1107
- Caday Bencio D. F. (2017). Causes of Drug Abuse among College Students: The Philippine Experience. *The International Journal of Social Sciences and Humanities Invention*, 4(4), 3430-3434.
- Copello A, Velleman R, Templeton L. Family interventions in the treatment of alcohol and drug problems. *Drug & Alcohol Review* 2005; in press
- Chesang, R. (2013). Drug Abuse Among the Youth in Kenya...<http://www.ijstr.org/final-print/june2013/Drug-Abuse-Among-The-Youth-In-Kenya.Pdf>
- Chronicles of Higher Education New York Times "Why Colleges Haven't Stopped Binge Drinking December 15th 2014
- Choudhrey, V., Agartha, A., Stafstrom, M., & Ostergren, P. (2014) *Patterns of Alcohol Consumption and Risky Sexual Behaviour: a cross sectional among Uganda university students*. *BMC Public Health*2014, 14:128 doi:10.1186/1471-2458-14-128
- "Drug Addiction, Learning Share Common Brain Protein," Duke University press release. Accessed at www.dukehealth.org/health_library/news/7415.
- Eisenstein, E. (2005). *Youth and Drugs in Brazil: Social Imbalance and Health Risks*. W.H.O. Geneva
- Ethiopia Demographic and Health Survey (EDHS) 2011. Addis Ababa and Calverton (MD): Central Statistical Agency [Ethiopia] and ICF International; 2012. <http://www.usaid.gov/sites/default/files/documents/1860/Demographic%20Health%20Survey%202011%20Ethiopia%20Final%20Report.pdf> (accessed 11 August 2014).
- Fekadu A, Medhin G, Kebede D, Alem A, Cleare A, Prine M, et al. Excess mortality in severe mental disorders: a 10-year population-based cohort study in rural Ethiopia. *Br J Psychiatry*. 2015;206:289–96
- Fekadu, A., Atalay, A., & Charlotte, H. (2007), "Alcohol and drug abuse in Ethiopia: past, present and future," *African Journal of Drug & Alcohol Studies*, vol. 6, no. 1, pp. 39– 53
- GOK. (2012). *The Mental Health Policy*, Ministry of Medical Services. The Government Printing Press, Nairobi
- Hawkins, J.D, Catalano, R.F. & Miller, J.Y. (1992). "Risk and Protective Factors for Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention". In *Psychological Bulletin*, 112 (1): 64-105
- International Narcotics Control Board (INCB) Report: United Nations Organization Report February, 2003.
- Johnston, L. D., & O'Malley, P. M. (2002). *The recanting of earlier reported drug use by young adults*. In L. Harrison (Ed.),

- Maphosa, France & Morojele, and. (2004). Changing the culture of migration? Attitudes towards education among former Basotho labour migrants to South African mines. *Africa Development*. XXXVIII. 151-169.
- Meressa K, Mossie A, Gelaw Y. Effect of substance use on academic achievement of health officer and medical students of Jimma University, southwest Ethiopia. *Ethiop J. Health Sci.* 2009;19(3): 155-63.
- Mistral W, Velleman R. Involving parents in drug prevention: a review of the literature. London, UK; Home Office, 1997.
- Maithya, R. (2012). *Drug Abuse in Secondary Schools in Kenya: Developing A Programme for Prevention and Intervention*. LAP Lambert Academic Publishing. ISBN-10: 365919378X. ISBN-13:978-3659193781
- Muchemi, R. (2013). Drug and substance abuse among youth in the informal settlements within Nairobi: A Paper presented at NACADA Conference, Kenya, 2013.
- Maithya, R. (2009). *Drug Abuse in Secondary Schools in Kenya: Development a Programme for Prevention and Intervention*. Kenya: University of South Africa.
- Maithya, R. (2012). *Drug Abuse in Secondary Schools in Kenya: Developing A Programme for Prevention and Intervention*. LAP Lambert Academic Publishing. ISBN-10: 365919378X. ISBN-13:978-3659193781
- Maithya, R., Okinda, R., & Mung'atu, F. (2015). *A baseline survey on effects of drug and substance abuse on academic participation among students in technical institutions in Kenya*. *International Journal of Education and Research*, 631.
- Muoti, K. S. and Kibera, L. (2014) *Effects of drug and substance abuse on academic performance among secondary school students*, Kathonziweni district, Makueni County, Kenya.
- NACADA, (2012). Report on Rapid Situation Assessment of drug and substance abuse in Kenya. Nairobi. Government Printer
- NACADA. (2007). Rapid situation assessment of drug and substance abuse. Nairobi, Kenya.
- NACADA. (2011). Audience Perception Survey. Nairobi, Kenya.
- NACADA. (2009). Strategic Plan 2009-20014. National Campaign against Drug Abuse, Guidelines for developing Workplace Alcohol and Drug Abuse Policies. NACADA.
- Ndegwa, S., Munene, A., and Oladipo, R. (2017). *Factors influencing Alcohol Use among University Students in a Kenyan University*. *African Journal of Clinical Psychology*, 1:102-117. (Ndegwa, Munene, and Oladipo, 2017
- Nkhoma, P., & Maforah, F. (1994). *Drinking Patterns among Students in a University Self-catering Residence at the University of Cape Town*. *Urbanisation and Health Newsletter*, 1994 June, 21:54
- Odek-Ogunde, M., & Pande-Leak, D. (1999). Prevalence of Substance Use among Students in a Kenyan University: A Preliminary Report. *East Africa Med J.* 76(6):301-6.
- O'Malley, P. (2001). *Monitoring the Future: National Survey Results on Drug Use. 1975-2000 Volume 1: Secondary School Students* NIH Publication No 4924, Bethesda, MD: National Institute on Drug Abuse. 2002.
- Stafstrom, M., & Agartha, A., (2012). Socio-economic determinants for alcohol consumption and heavy episodic drinking in a Ugandan Student Population: *Int. J Alcohol Drug Re* 1(1): 57-67
- The validity of self-reported drug use: *Improving the accuracy of survey estimates (NIDA Research Monograph No. 167*, pp. 59–80). Rockville, MD: National Institute on Drug Abuse.
- United Nations, (2005) *World Drug Report*. New York: Oxford University Press.
- Velleman R, Mistral W, Sanderling L. Involving Parents in Drug Prevention: A review of the literature. Review for Home Office Central Drugs Prevention Unit, 1997.
- Velleman R, Mistral W, Sanderling L. Parents and Drugs Prevention. In: *Evaluating Effectiveness: Drugs Prevention Research Conference Paper 20*. Home Office, DPI, 1999. [On-line]. Available: www.drugs.gov.uk/ReportsandPublications/DPIResearch/1033751407/1033751450.pdf; accessed 16/10/04, 1999: 17 – 9

- Velleman R, Templeton L. Reaching Out – Promoting Resilience in the children substance misusers. In: D Evans, F Harbin & M Murphy eds. *Secret Lives: Understanding and working with children who live with substance misuse*. Russell House Publishers, in press, 2005.
- Vinluan, Lornabel C (2005) “Prevention of drug Abuse”, *The Modern Teacher*
- Manwong, Rommel K (2002) *Drug Education and Vice Control*. Baguio City: Valencia Educational Supply.
- Wakgari, D. & Aklilu, A. (2011). *Substance use and its predictors among undergraduate medical students of Addis Ababa University in Ethiopia*. *BMC Public Health*. 11,660. doi:10.1186/1471-2458-11-660
- World Drug Report, (2014). United Nations Publication, Sales No. E.14. X17, Vienna. Austria.
- Zverev, Y., (2008). *The Problem of Drinking among University Students in Malawi*. *Coll. Anthropol.* 32, 27–31.