

## A Comparative Analysis of Drug Use and Abuse among Male and Female Secondary School Students in Kisii County, Kenya

Atemi Grace Ondieki and Ondieki Zacharia Mokuia

Department of Educational Psychology,  
Moi University, P. O. Box 3900, Eldoret, Kenya.

---

### Abstract

The study investigated and made a comparison on the prevalence of drug use and abuse among male and female secondary school adolescents in Kiamokama Division, Kisii District. Simple random sampling was used to select five schools out of the eleven schools in the Division. The accessible population was 120 Form Four students in the selected schools. A questionnaire was administered to students with the help of two teachers in every school. An interview guideline was used to collect information from teachers. Observation and document analysis was also used in data collection. Data collected was cleaned, coded and entered in SPSS computer program where it was analyzed. A descriptive approach was used in analysis to make inferences and conclusions to the study findings. It was found that boys were the predominant drug users who made up at least two thirds of drug users in the hard drugs category. The majority of the users of alcohol (the most used hard drug) were boys. The highest proportion of girls in drugs was observed in cigarettes and *miraa*, where they constituted one third of the users. All those that had used heroin were boys. The author recommends that students need to be properly educated on the negative effects on drug use. They also need to be put to light on factors that lead to drug abuse and the effective precautionary measures they should take. The study contributes useful knowledge that can be used by education stakeholders to eradicate and/or deal with the problems associated with illicit drug use and abuse among students and young people in general

---

**Keywords:** addiction, drug, use, abuse, male, female, secondary school students, illicit drugs, thrill seekers, kisii, Kenya

---

### INTRODUCTION

The issue of drug use has been in existence for thousands of years. It is as old as human kind and has been an integral part of each society. Human beings have used various kinds of psychotropic substances in the hope of solving problems and reducing pain by altering the state of the central nervous system. A drug can be defined as any substance which, when ingested by a living organism, alters one or more of its physiological functions. It can also be said to be a medicinal substance, a narcotic hallucinogen or a stimulant, especially one causing addiction (Kombo, 2003). Tebeny (n.d.) defines a drug as any substance, legal or illegal, which affects the central nervous system either by stimulating or depressing it. Legal substances include alcohol, tobacco, tea, coffee which if taken in reasonable quantities have no health side effect on the consumer. However, they can be harmful if taken in excess. Illegal drugs (hard drugs) which are harmful to one's health even when taken in small portions, are heroine, *miraa* (khat), *kuber*, *mairungi*, cocaine, mandrax and *cannabis sativa* (bhang), alongside its by-products, hashish and hashish oil.

A substance is considered abused if it is deliberately used to induce a physiological and/or psychological effect or both for purposes other than therapeutic ones and when used contributes to health risks or

some combinations of these (Ndambuki, 2003). A drug may be prescribed for specific therapeutic purposes. Obtaining and taking them without prescription for the purpose of experiencing some desired effects is abusing the drug. It is likely that in the near future, the term substance abuse rather than drug abuse will be used because not all abused chemicals are drugs. Abused substances, other than drugs, include glue, cleaning fluids, petrol and other chemicals that can cause psychological and physiological effects (Ndambuki, 2003, p. 81).

Currently, drug abuse is a problem experienced by both the young and the old, although the young are more affected. Studies have revealed that this habit is a common phenomenon within the youth's culture (Scarpitti & Datesman, 1980; Kariuki, 1988; Nowinski, 1990; Currie, 1993). Research has also indicated that this habit has its roots in the pre-teen age years and is further amplified in the teenage years when most youths are in secondary schools. These preteenage and teenage years are critical in the human life cycle as they involve transition from childhood to adulthood. These young people find themselves in a challenging position as they strive to prepare themselves both physically and intellectually for adult life and, at the same time, search for personal identity. At this stage of their lives, they are

trying to assume sex roles and are just coming to terms with authority.

Psychological stress, peer pressure and the overwhelming availability of drugs with the potential use and various types of drugs offer a tempting respite (Scaripitti & Datesman, 1980; Kariuki, 1988). This wide range of factors determines why, what, and when people take drugs and how much harm result as well as the attitude held. The issue of drug use is a complex one. Societies can easily degenerate if abuse of drugs is not checked. Drug use among the youths can jeopardize the heavy investment in them by the society. This is because once addicted, it can easily interfere with their social values and roles. Kenya is committed to providing education for every child not only as an acknowledgement of the human right to education, but also as a necessary element for social-economic development. Consequently, drug use and abuse is identified as one of the problems that hinder children from taking full advantage of educational opportunities to better their lives and that of society. Most parents react with shock and even shame when a teacher tells them that their children use drugs. The social stigma attached to smoking and taking alcoholic drinks of whatever nature is so strong that the knowledge of a child's use is restricted to a smaller inner circle of immediate family. Often, the child is regarded as lost, especially when he refuses to give up his drug habit. The reaction of other parents is to simply refuse to face up to the facts or to behave as though nothing is amiss. Other parents find all kinds of excuses for their children's strange behaviour, e.g. some would say, "It is those boys you walk with," "That is a bad school" among other notions. Although much has been said and written about drug use and abuse, little attention has been paid to secondary school adolescents in Kiamokama Division of Kisii County, Kenya. There is a shortage of information to help sensitize the community, especially parents and teachers, of their role in curbing the menace, especially within this region.

### **Critical Issues on Drug Use and Abuse in Secondary Schools**

It is necessary to note that, until recently, social deviance was largely limited to the traditional incidents of petty theft, occasional arson and, sometimes, collective mob action like strikes, lynching and demonstrations. All these have been situations that could be contained within schools' disciplinary and administrative structures. However, as a consequence of rapid social change, the use of drugs has found its way mainly from international to the local scene. Thus, the use of drugs among the youth as a means of solving or temporarily escaping from problems is a relatively new issue which is a consequence of rapid social changes.

It is important to study the drug use and/or abuse at secondary school level, and not to just put more

emphasis on drug education at adult educational level. We should acknowledge the fact that the youth in Kenya constitute over 50% of the total population and, at the same time, secondary education has been seen to play a very significant role in the building of our nation through the moulding of youths into future leaders. There have been many complaints from school administrators about students' drug use and abuse and its deleterious consequences. The problems range from poor academic performance to damage of the institutions property, inhibition of the students' career aspirations, assaults of all kinds and general indiscipline problems.

Scaripitti and Datesman (1980) have suggested that it is very difficult to get data from persons using drugs for fear of getting victimized. Despite this, many researchers have come up with findings showing the factors influencing drug use and abuse. Research has revealed that, since 1960, drug use has been wide spread among young people in almost all parts of the world. In Britain, Abelson and Fishern (1976) have explored the extent of drug use in a series of studies based on household surveys that spanned the period 1971-1977 and discovered that alcohol and tobacco are the most popular drugs. They are prevalent among teenagers because of their easy availability and the penalties for consumption are mild compared to those of other drugs. Kandel, Single and Kessler (1976) note that drinking among adolescents is strongly related to the attitude and drinking practices of peer groups and parents. If the parents and peers approved of the habit, the likelihood of drug use increases.

### **Significance of the Study**

Drug abuse reflects a bad image of any society and, as a result, students may not be accepted in higher learning institutions, leading to a decline in education standards. Drug abusers will not perform well in school and as a result will not be accommodated in the economic market, which will lead to poverty in the society. As such, the purpose of the study was to provide information that will serve as a wake-up call for today's busy parents about the importance of creating a conducive environment for their children's growth under discipline. It is also meant to help the school in understanding the root causes of the students' misconduct so that these institutions can find ways to encourage their (students) inner qualities by building a sense of self worth. The information will also be useful to counsellors, community workers and other therapists who seek to promote emotional, mental and physical health of the society.

### **A Theoretical Understanding of the Drug Abuse Menace**

Theories of various orientations emphasize that the individual possesses a wide repertoire of behaviour (Maier, 1970). Maier (1970) suggests that an individual is "a community of selves" from which the

individual may adopt different perspectives further stating that this "community of selves" of individuals represents a flexible framework within which to represent many aspects of their experiences in relation to themselves and others. The theories highlighted below are employed in this paper to shed light on the drug use and abuse issues surrounding the secondary school students.

#### **Peer/group Learning Theory**

Pasche, Myers and Adams (2010) have attempted to integrate sociological observation of the importance of peer influence on individual's behaviour in his learning theory, peer group model of addiction cycle. This approach is derived from the Hullian Theory in that drug-taking behaviour is learned and is subject to habit strength, which increases through repetition and reward. The initial top decision experiment with drugs can be schematized on approach, tendency and increase with individual perception of certain advantages of taking drugs at any given point in time. However, the responses of taking drugs are of minimal habit strength because such behaviour has not been engaged previously. The low position in hierarchy operates in the direction of avoidance. Such factors like fear of consequences and moral reservations may reduce the tendency of taking drugs. But incentives such as curiosity and the desire for peer group approval will interact with these factors to produce approach so that the potential user resolves the approach-avoidance conflict in favour of taking drugs. If the first experience with drugs is rewarded by social and physical pleasure, this act of taking drugs is reinforced. Such habit's strength increases each time drug taking is reported and rewarded. The user may experience the unpleasant withdrawal symptoms, and to avoid them, he has to use more drugs, therefore acting as an additional motivation for maintenance of the drug habit, hence addiction.

The principle underlying this model is that the peer group values and norms are transmitted to an individual through consistent rewarding of the conforming behaviour. Both initial and continued drug use are based on membership in a peer group that approves of and is involved in drug taking. Given these conditions, the social incentives for drug taking are obvious and will vary with the individual's perceived value of group membership. A former addict may decide to abstain from drugs, but finds himself unable to join non-using groups. Habit strength of drug taking is once again increased as the former addict rejoins his old peer group and pressure to conform reactivate the addictive cycle.

#### **Personality Predisposition Theory**

Many researchers believe that substance abuse can be linked to an individual's personality (Wessels, 2002) and that the ego structures of some individuals predispose them to depend on substances. Castillo (1997) explains that an individual has the need to

alter his mood with a substance. The argument of the personality predisposition theory is that substance of the related disorders is connected with personality and thus can be traced back to an early life experience or trauma in childhood. The view holds that the individual will self-medicate to compensate for psychological problems. Wessels (2002), Deseiko (1999) and Castillo (1997) point out the close link between substance related disorders and others such as contact disorders, anti-social personality disorder, borderline disorders, mood disorder and schizophrenia.

#### **Freudian Theory of Alcoholism**

In Freudian theory, it is believed that alcoholic use of drugs is important in satisfying archaic oral longing including sexual satisfaction, a need for security and self-esteem (Ford, 1973, p. 98). Freud also sees alcoholic tendencies as regression primarily resulting from unsuccessful relationship with women. That alcoholism is intolerant of tension, pain or frustration. The specific pleasure from alcoholism is said to be due to its removal of instinctual inhibitions so that impulses may be satisfied (Ford, 1973). Childhood trauma, such as maternal deprivation or frustration, during oral stage of development or overwhelming oral dependence leads to drug supplementing our other interests. During stress or encounters with situations similar to the original conflicts, symptoms such as anxiety, depression and hostility may occur. Alcohol is hence seen as enabling one to release the inhibitions and allowing repressed conflicts to be expressed.

#### **Sex Difference in Drug Use**

Kariuki (1988) has observed that there are relatively more drug users among boys than girls, especially in the age of 17-21 years. Explanations given for this difference are due to the male tendency to 'drift' to the drug use especially through curiosity motivated by friends/peer group members. Research by Karagu and Olela (1993) has reported that drug use is a non-gender issue: the only difference is that males tend to use more drugs than their female counterparts. Males appear to spend more money on drugs than their female counterparts. Haworth (1981) has also conducted a survey of alcohol and drug use amongst students in five Lusaka secondary schools. The anonymous questionnaire to be used was pre-tested among standard seven primary school pupils and later administered to 167 boys and 168 girls in Forms One, Two and Four. There were differences between sexes in that cannabis was more prevalent among boys while girls were more likely to take other drugs. The study revealed that 58% boys and 57% girls had taken alcohol sometimes in life, 30% boys and 10% girls had taken cannabis, 24% boys and 26% girls had taken other drugs like miraa, tranquilizers and pep pills.

Research has indicated that drug taking is not gender specific but there are more users and abusers among males than females. It is within the context of these revelations that the author sought to find out if there is a significant difference between the two in relation to drug using habit in secondary schools in Kiamokama Division of Kisii County.

### **Drug Classification**

Psychoactive drugs are classified into three basic categories depending on the major initial effect on the user. These are: Depressants or downers, stimulants or uppers and hallucinogens (Sdorov, 1993).

#### **❖ Depressants**

These are psychoactive drugs that reduce arousal by inhibiting activity in the central nervous system. They include methaqualone, alcohol, barbiturates and opiates. Alcohol is the most abused substance in this category. It is a normal drink as it is normal to drink beer or wine at a feast or a party to accompany a ritual or even during a meal (Oloo, 2003). Alcohol depresses the normal functioning of the central nervous system. Its effects depend on the quality consumed, drinking rate, amount, the kind of food in the drinker's stomach, tolerance and the emotional state of the drinker (Coombs, 2000). Alcohol has a sedative effect. It reduces anxiety and produces euphoria. This is why it is sometimes used to overcome nervousness, shyness, to enhance performance in sports, music, in exams among others. Alcohol and other drugs ranging from soft to hard drugs are increasingly being used and abused in the name of recreation and social purposes (Mottran, 1996). Alcohol has both physical and psychological effects, which are short term and long term. Short-term effects and physiological effects are determined by the individual's body weight, drinking rate, heredity and personality factors among others. The short-term psychological effects include feeling of happiness and loss of inhibitions. Most users, especially young people, are unaware of the serious harmful effects of alcohol. According to Mouti (2002), due to its depressing effects on the central nervous system, alcohol causes decreased alertness, impaired co-ordination, altered perceptions and moods causing unconsciousness or blackouts. Chronic use results in brain damage, heart failure, cancer of the mouth and throat, liver complications and stomach damage resulting in cirrhosis disease that may lead to death.

To some students, even a small intake of alcohol leads to sickness, hangover, violence, unruly behaviour, unpleasant physical and psychological disturbance, reddening of the eyes, rough skin, confusion, loss of memory like forgetting calendar, suicide, unfinished assignments and untidiness. Narcotics/opiates are used to produce sleep and relieve pain. Because of its usefulness, it is prescribed by medical doctors and is commonly abused. Like

alcohol, it depresses the central nervous system. Mottran (1996) says that because of the narcotic action on the brain, they are commonly used by athletes to enable them exert themselves beyond their normal pain and threshold.

Heroin, which is addictive and dangerous, exists in powder form. It is usually dissolved in water and injected. It is derived from opium. Morphine, which is also taken from opium, has depressing effect on the central nervous system. It is also used to relieve pain. Opiates assist people to sleep and reduce pain. It is strongly addictive and highly abused. Those who take it dream a lot, isolate themselves from others and become aggressive. It forces them to take risks because they feel physically able. Withdrawal from these drugs causes severe physical reactions such as nervousness, anxiety, sleeplessness, vomiting and diarrhoea.

#### **❖ Stimulants**

According to Mouti (2002), stimulants are drugs that act on the central nervous system to increase neural activity in the brain. They include amphetamines, cocaine, caffeine and nicotine. Caffeine is an alkaloid of the xanthenes group, chemically very similar to purine (Rodgers, 2000, p. 178). After an intake of coffee or tea more intellectual effort is possible. However, the ability to comprehend and assimilate that which has been learned diminishes. That is why when typists drink coffee they work quicker but make more mistakes. The mental agility and dynamics achieved are followed by a sensation of tiredness and dejection some hours later, which induces the person to take another dose. This is due to the fact that the stimulus of caffeine on the nervous system is excitant and superfluous. According to Rodgers (2000, p. 179), caffeine increases heart contractions and slightly increases blood pressure. Continuous doses causes irritability of the coronary nerves, which causes tachycardia and alterations of the heart-beat (arrhythmia). By increasing the level of adrenaline in the blood, caffeine predisposes the body to heart attacks, bladder and colon cancer.

In tobacco, nicotine being the major compound that is released in small doses acts as stimulants on certain parts of the body's nervous system. Nicotine affects some of the body glands when it is absorbed and, as a result, hormones are released which lead to increase of blood pressure. Nicotine also contributes to increase of the concentration of fatty acids in the body thus giving rise to the risk of internal blood clots or thrombosis. It irritates the bronchial tube hence hampering the lung's work. Smoking leaves the mouth dry, with yellow-coated tongue, stained fingers and teeth, hair and breath smelling unpleasantly, illness manifested by a persistent cough, irritation of the bronchial tube, lung cancer or tuberculosis, diseases of the heart and blood vessels, hardening of arteries, damage of sense of smell and

taste, stomach ulcers and disturbs appetite. Tobacco has become the drug that has produced the most diseases, the most deaths and the highest expenditure worldwide even more than illegal drugs such as cocaine and heroin (Rodgers, 2000, p. 184).

Nicotine produces transitory stimulation followed by depression of the central nervous system. It stimulates secretion of adrenaline on medullar of the suprarenal glands, which causes vasoconstriction, tachycardia, hypertension and excitation. High doses provoke cold sweat, shivers, vomiting, palpitation and excitation. Nicotine is a powerful poison. American natives used the juice of tobacco leaves to poison the point of their arrows. A single drop of nicotine will cause death of a large dog in a few minutes. The lethal dose for a human being is 50 to 60mg, which is the amount of two middle-sized cigars (Rodgers, 2000). Fortunately, when smoking we only absorb 10% of nicotine and our body learns how to eliminate it though the price is suffering its long-term toxic effects.

Cocaine is one of the drugs with the highest ability known to produce addiction. Its continuous use leads to rapid deterioration of the body, especially of the nervous system with permanent and irreversible injuries. The street names for cocaine include coke, snow, flake, snowbirds, blow, hardy and nose candy. It is normally in the form of white sparkling powder and often diluted with other ingredients. According to Mottran (1996), cocaine has therapeutic effects of relieving pain, euphoria effects and feeling of reduced fatigue and it is also used as a recreational drug. Cocaine provokes marked excitation, with an increase in intellectual activity, talkativeness, euphoria and increase of muscular strength. When the dose is increased, shivers, nervousness and even convulsion may occur.

After the excitation, another phase of depression with dejection and exhaustion comes and this induces the consumption of another dose. It has been proved that, after the consumption of cocaine, the elimination of urea increases due to the wasting and degradation of the body proteins. The stimulation it produces causes corporal exhaustion and wasting and the body does not receive the required nutrients to compensate for the efforts made. In the blood system, in medium doses, it produces tachycardia and hypertension and, in high doses, arrhythmia, syncope and even heart failure. In sex it causes libido alteration and importance (an aphrodisiac action). The high cost of the substance is often the cause for the user's criminal activity in order to sustain the habit (APA, 1994).

#### ❖ **Hallucinogens**

These are drugs that change the perception of things from positive to negative. One may see, hear and feel things that are not there. Users move to a world of their own and talk to themselves. A common

hallucinogen is Lysergic Diethyl Amide (LSD). This is one of the most potent perception-altering chemicals. It is mainly ingested by placing a small square paper containing the drug on the tongue. Another common hallucinogen is marijuana, also called cannabis sativa. Street names include weed, grass, pot, dope and marigold. According to Akinade (2001), marijuana makes its users intoxicated, disoriented, euphoric, relaxed and to release inhibitions. Some users claim that its use can act as a depressant but at high level, the drug may induce sensory distortions of vision, hearing or body balance.

The effects of sensory distractions are sometimes caused by curious experimentation with drugs among young people wanting to experience something more beautiful and intense than ordinary. They also want to achieve what feels like a transcendent or spiritual state out of touch with the realities of life (Coombs, 2000). NACADA's (2004) study has revealed that majority of drug abusers are in secondary schools and universities. Most students who use drugs entertain the falsehood that substance use enables one to study for long hours.

#### **LIMITATION OF THE STUDY**

The study only dealt with drug use prevalence among males compared to female students in only five schools in Kiamokama Division, Kisii County, thus generalization may not be appropriate based on this small scale. In addition, the age of the Form Fours was averaged at 16 years old and may not present accurate facts on the drug use and abuse among their peers above or below this estimate ages. Moreover, the students' responses to the questionnaire may be untrue and the interview's findings were based on the teachers' opinions. Furthermore, boarding schools were not included in the study and all the five schools were mixed schools, which is not a good representation of all types of schools in Kenya. In spite of all these factors, the study provides a framework through which an understanding of the causes, impact and mitigating factors of drug use and abuse in secondary schools can be gained.

#### **MATERIALS AND METHODS**

A casual comparative design was adopted in exploring casual relationships of variables relating to drug use and abuse. The authors were interested in investigating the role played by parents, peers and drugs availability on drug habit and the type of drugs commonly abused. The study was conducted among secondary school students in Kiamokama Division, Kisii County. In this Division, there are 11 secondary schools. There is only one boarding secondary school (a girls' boarding secondary school) and no private school. Each of the secondary schools has an average of 360 students. The ratio of girls to boys varies from

school to school. The target population was made up of Form Four students who were aged 16 -24 years. To cater for both boys and girls, the investigation was conducted in mixed day schools. Day schools were preferred because students are not under such strict control as those in boarding schools, and as such certain related factors associated with the absence of adults were anticipated as possible motivators to drug use and abuse. All possible steps were taken to ensure that the samples selected were representative of the target population. Five schools were selected randomly after writing the names of all the ten mixed day schools in the Division, on pieces of papers, folding, mixing and drawing one randomly, mixing again and drawing another. The same procedure was repeated over and over until all the five schools were selected. On the material day, after receiving the names of form three students, re-grouped according to gender, the authors assigned them numbers, wrote the numbers on pieces of papers and placed them in a draw basket. Twelve girls and twelve boys were selected using the mix and draw random sampling method. The names of the selected students were given to the class master/mistress who assembled them in an empty room. The authors introduced themselves before presenting them with the questionnaires. The guidance and counselling master/mistress in the five schools automatically became potential information source.

A questionnaire prepared by the authors was administered to the students with the help of two teachers in every school. An interview, structured interview, guideline constructed by the researcher was used for collecting information from the guidance and counselling teachers. These teachers were helpful in giving the researcher information on cases of drug abuse in the past. The authors also made use of direct observation and document analysis. After collecting data in all the five schools, interpretation was done in descriptive statistics in the form of frequencies and percentages to summarize data on close-ended items. Responses to the open-ended items were analyzed qualitatively. Such data was organized into themes pertinent to the study and presented using descriptions.

**RESULTS AND DISCUSSION**

The respondents' gender distribution comprised 50% male students and 50% female students, numbering 100, from mixed secondary schools in Kiamokama Division in Kisii Central District. The findings regarding the ages of respondents are presented in Table 1 below.

Table 1: Respondents Age Distribution

Age	Frequency	Percent
Below 16	19	16
16 – 20	99	83
Above 20	2	2
Total	120	100

The majority of the students (83%) were in the 16-20 years age category. Those aged below 16 years were 16% while those above 20 years were 2%. The findings confirm that most of the students were in the adolescent stage. This is the stage characterized by rebellious behaviour and is also the one in which the affinity to experiment on drugs is highest.

**Drug use Prevalence among Males compared to Female Students**

The study sought to investigate whether or not the likelihood of a student indulging in drug use could be influenced by their gender. Figure 1 below displays the findings of the overall preference of drug use by the students.

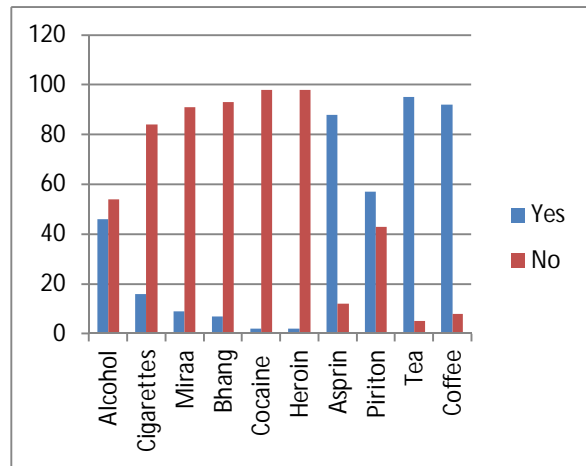


Figure 1: Overall Drug Use Prevalence

The drugs used were conveniently categorized into three groups, namely hard drugs (alcohol, cigarettes, miraa, bhang, cocaine and heroin); curative drugs (aspirin and piriton) and stimulants (coffee and tea). Figure 1 above clearly illustrates that in the hard drugs category, alcohol was the most used with 46% of the students having used it. Cigarettes had been used 16% of the students while those that had chewed miraa and smoked bhang were 9% and 7% respectively. Cocaine and heroin had the lowest usage levels with only 2% each.

The stimulants were widely used with 95% and 92% usage levels for tea and coffee respectively. The most striking finding was the level of exposure the students had had to drugs, especially alcohol which almost 50% of the students had used. Such a high prevalence rate raises questions as to the factors (environmental, social or personal) that give rise to the disagreeable drug use trend. Most specifically the study intended examined the gender group that was most prone to drug use. It was anticipated that the boys, who crave more for machismo could have more drug related problems. The clustering of drug users by gender is as shown on the figure below.

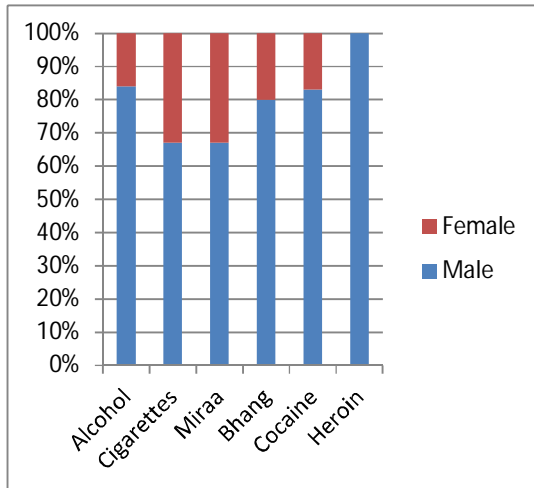


Figure 2: Drug Use Prevalence by Gender

It can be seen that 84% of the users of alcohol (the most used hard drug) were boys. The highest proportion of girls using drugs was observed in cigarettes and *miraa*, where they constituted one-third of the users. All those who had used heroin were boys. The findings reveal that a large majority of the students that had used drugs were boys. It is very likely that the girls who had had contact with drugs were influenced or introduced to them by the boys. This therefore suggests that it is worthwhile for any drug use interventions in schools to focus more on the boys.

Table 2: Relationship between Drug Use and Gender

Ever used drugs	Male	Female	Total
Yes	84.2%	15.8%	100.0%
No	31.4%	68.6%	100.0%

The table above shows that 84% of the male compared to 16% of the female students had engaged in drug use. This indicates that the boys are much more prone to drug use than girls.

**CONCLUSION AND RECOMMENDATIONS**

Evidently, boys are the predominant, who make up at least two-thirds of drug users in the hard drugs category. The majority of the users of alcohol (the most used hard drug) were boys. The highest proportion of girls using drugs was observed in cigarettes and *miraa*, where they constituted one-third of the users. All those who had used heroin were boys. The findings reveal that a large majority of the students that use drugs are boys. It is very likely that the girls who come in contact with drugs are influenced or introduced to them by the boys. Following the study’s findings, the following recommendations are made in a bid to ameliorate the use and abuse of drugs in secondary schools:

- Students need to be properly educated on the harmful effects of drug use and abuse. They

also need to be put to light on factors that lead to drug abuse and the effective precautionary measures they should take.

- It is worthwhile for any drug use intervention in schools to focus more on the boys as they abuse drugs more than do girls.
- Peer influence propagates use of drugs. Schools should therefore deal firmly with students found abusing drugs.
- The government should revise the regulation on the minimum age for alcohol consumption considering that there are students in high school are well above 18 years of age.

**REFERENCES**

Abelson, N. I., & Fishburne, P. M. (1976). *Non-Medical Use of Psychoactive Substances. 1975-1976 Nationwide Study among Youth and Adults*. The George Washington University for the National Institute on Drug Abuse. Division of Research, Behavioural and Social Sciences Branch, response analysis.

Akinade, E. A. (2001). Risk Taking Behaviour and Substance Abuse. *Journal of instructional Psychology*, 28(3).

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders (4<sup>th</sup> ed.)*. Washington DC.

Castillo, A. J. (1997). *Cultural and mental illness: A client centred approach*. Pacific Grove: Brooks/Cole publishing Co.

Coombs, R. H. (2000). *Cool Parents Drug-free Kids: A family Survival Guide*. Boston: Allyn and Bacon.

Currie, E. (1993). *Reckoning Drug Cities and American Future*. Canada: Harper Collins.

Deseiko, H. E. (1999). *Concept of chemical dependency (4<sup>th</sup> ed.)*. Pacific Grove/Cole publishing

Ford, J. (1973). *Alcohol: Our bigger problem*. New York: McGraw-Hall.

Haworth, A., Nyambe, B., Ng’andu, S., & Sinyangwe, I. (1981). *Alcohol and Drug Use amongst Students in Zambia: A report*. University of Zambia, Educational Research Bureau, Interim Report.

Kandel, D., Single, E., & Kessler, R. C. (1976). The epistemology of drug use among New York state high school student: Distribution, trends and changes in the rate of use. *AMJ public health*, 66(1): 43-53.

Karagu, D. M., & Olela, A. O. (1993). *Questionnaire on use of drug and alcohol in Kenyatta university*. Pathfinder fund.

Kariuki, D. G. (1988). The Levels, trends and Patterns of Drug Addiction in Nairobi Secondary Schools. M.A Thesis. Kenyatta University.

Kombo, D. K., & (2003). The status, impact and management of HIV/AIDS. UEA publications. Nairobi.

Maier, N. R. F. (Ed.). (1970). Problem Solving and Creativity in Individuals and Groups. Belmont, CA: Brooks/Cole.

Mouti, B. O. (2002). The Bitter Fruit of Drug Abuse. Nairobi, Kenya: Pauline's Publications.

Mottran, D. (1996). Drug in sport (2<sup>nd</sup> ed.). London: E. and F.N. Spon.

NACADA (2004). Youth in Peril: Alcohol and Drug Abuse in Kenya. Report of the 2002 baseline survey. Kenya.

Ndambuki, E. K. (2003). Guidance and Counselling in schools. Nairobi: Strong wall Africa.

Nowinski, J. (1990). Substance Abuse in Adolescents and Young Adults. New York: W. W. Norton O'Conner.

Oloo, N. (2003). Drinking. Nairobi: Pauline's Publications Africa.

Pasche, S., Myers, J. B., & Adams, M. (2010). Substance abuse treatment, prevention and policy. Retrieved from [http://www.substance\\_abuse\\_policy.com/content/5/1/3](http://www.substance_abuse_policy.com/content/5/1/3)

Rodgers, J. (2000). Cognitive performance among recreational users of 'ecstasy'. *Psychopharmacology*, 151: 19-24.

Scarpitti, L. F. R., & Datesman, S. K. (1980). Drug and The Youth Culture. London: Sage Publication.

Sdorov, L. M. (1993). Psychology (2<sup>nd</sup> ed.). Brown and Benchmark Publishers.

Tebeny, I. P., & Sergon, A. (n.d.). Identification of drugs and their Effects. Anti-narcotics, J.K.

Wessels, B. L. (2002). An exploration of Drug Careers Following Residential Rehabilitation. Unpublished Thesis. Rand Afrikaans University.