MOTIVATIONAL FACTORS FOR SUBSTANCE ABUSE AMONG SECONDARY SCHOOL AND UNIVERSITY STUDENTS IN KENYA: THE WAY FORWARD

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ABSTRACT

Substance abuse is becoming an increasing problem in Kenya. A number of studies carried out in the country show that almost every Kenyan youngster at one time or another experiments with substances, especially beer and cigarettes. A significant proportion of these young people eventually get addicted, posing a threat to their own health and safety while creating difficulties to their families and the public at large. This article reports on a quantitative and qualitative study which focused on motivational factors for substance abuse among secondary schools and university students in Kenya. The main objectives of the study were to: identify motivating reasons for substance use and effect of substance abuse on participation in academic activities. The views of students were investigated regarding their experiences with substance abuse. Both qualitative and quantitative approaches were used to gather and analyze data. The sample size was 360 secondary school students from 9 secondary schools; and 342 students from 3 Kenyan state universities. Among the major findings, the study revealed that students abused substances for various reasons including curiosity, acceptance by peers, ignorance mostly at the secondary school level; while at the university level they cited ability to forget individual problems besides enabling them to get euphoric in public gatherings. The salient findings of the study are that the transition of students from secondary school to university is sudden and dramatic, from an environment of complete control in the former to excess freedom in the latter. The study also noted that both males and females engage in substance abuse; there is a significant relationship between substance abuse and age, substance use by other family members and easy access to substances. Substance prevention education in both secondary and university levels were found to be inadequate in relation to instructional approaches, content and personnel skills. Lack of clear policies on

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prevention education and how to deal with substance abusers in educational institutions was cited to be a major barrier in attempts to address the vice in the institutions. The study makes a number of conclusions and recommendations in line with a comprehensive programme for prevention and intervention.

**Key Words:** Substance abuse, prevention and intervention, secondary schools, Kenyan universities.

**INTRODUCTION**

Over the past few decades, the use of illegal substances has spread at an unprecedented rate and has reached every part of the world. Globally, the United Nations Office on Drugs and Crime (UNODC, 2009), estimates that in 2009, between 149 and 272 million people, or 3.3% to 6% of the total world’s population aged 15-64 years, had used illicit substances at least once in the previous year. The report goes on to say that there are 12-14 million people across the globe that used heroine while the price of Pakistan annual heroine market was reported to be 1.2 US $billion dollars in 2010. The main substances abused worldwide are cannabis which is consumed by between 125-203 million people in 2009, followed by Amphetamine Type Stimulants, opiates and cocaine. The age at which abusers are getting hooked is becoming younger and younger every year. The UN agency reported that cannabis remains by far the number one produced and consumed illicit substance worldwide.

In Africa, the substance use situation is indicated to be changing so rapidly that local decision-makers may be unaware of the increased availability of illegal substances in their market place. The poor youth in cities and towns of Africa abuse cheap and legal substances like inhalants (mainly glue and fuel) among others (UNODC, 2005). Additionally, abuse of illegal substances such as cocaine and heroine is increasing among young people, especially among the urban youth who have money to buy substances. Further, the report attributes the increase in substance abuse in Africa to the stress of economic hardship coupled with the breakdown of traditional systems of community and family support, which, in the past might have helped individuals to meet their needs in healthier ways.

Every country in the world, developed or developing, incurs substantial costs as a result of damages caused by substance abuse (World Drug Report, 2005). The World Health Organization (WHO) estimates that 1.1 billion people, representing a third of the world population above the age of 15 years, use tobacco, principally in the form of cigarettes. Of these smokers, 800 million live in developing countries (WHO, 2004). The World Drug Report 2011, a publication of UNODC launched in New York at the UN Headquarters by the Secretary, General Ban Ki-moon on 23 June 2011, reports that 200,000 people per year die from narcotics use, more than half from fatal overdoses. In addition, 18% of injecting substance users, an estimated 2.8 million people around
the world have HIV virus and more than half of injected substance users have Hepatitis C. This figure is projected to rise by the year 2025.

Despite eradication efforts in many African countries, the region still remains a major supplier of some substances such as cannabis which is one of the most widely abused substances. Since the early nineteen eighties, Africa has been experiencing an escalating problem with substance abuse and trafficking (Abdool, 2004). A report by the United Nations (2004) showed that at least 16 countries in Africa have reported abuse of opiates, with prevalence rates ranging from 0.01 to 0.8 percent for the population aged 15 and above. Concurrently, the age of those initiated to substance use is diminishing with large numbers of in-school and out-of-school youth consuming substances (NACADA, 2007). This phenomenon is even more acute in conflict and post conflict countries, with populations experiencing high stress levels while child soldiers are provided with substances to enable them to fight. Generally, the target for substance peddlers is mainly the young people in and out of learning institutions.

According to a report by the International Narcotics Control Board (INCB, 2006), the East African region has become the fallback for drug dealers following increased control of traditional routes through the Netherlands and Spain. The warning followed the discovery of cocaine worth 6.4 billion Kenya shillings in Malindi and Nairobi on December 14, 2004 (Mwai, 2006). According to a report by the National Campaign Against Drug Abuse (NACADA, 2007), 38,000 Kenyans were using heroine while 400,000 were on cannabis. The NACADA Chairman, Frank Njenga, speaking during the 2011 International Day against Drug Abuse and Illicit Trafficking in Naivasha, which falls on June, 26 each year, admitted that substance abuse was a major concern in the country and challenged the government to declare substance and alcohol abuse as a national and formal tragedy. He went on to say that the coast region was leading in terms of substance abuse with cocaine prevalence standing at 2.6%.

The youth in secondary schools and universities in Kenya are treasured as valuable human resource due to the advanced knowledge and skills acquired by the time of graduation. The academic years spend in secondary and the university levels of education are a critical stage in the students’ intellectual, social and moral development. However, studies confirm that the institutions continue to experience substance-abuse related problems that undermine students’ academic and social development (Standa, 2000; NACADA, 2007). Research reports show that substance abuse is becoming an increasing problem in Kenya. According to a study carried out by NACADA (2007), it is evident that substance abuse is a major social problem in Kenya. Although the regular users of hard substances such as cocaine and heroin are much fewer than those of cigarettes and alcohol, the study argues that the major cause of concern is that a high proportion of the substance abusers have diverted resources meant for domestic use to buying of substances. As a result, the abusers eventually become addicted threatening their own health and safety, and causing difficulties for their families and the wider community.
Studies on the impact of substance abuse on academic activities indicate that the habit interferes with physiological, psychological and emotional functioning of the abusers. Among the problems recorded are impaired memory and other intellectual faculties, tracking inability in sensory and perceptual functions (Brook et al., 1998). Further, the habit creates preoccupation with acquiring the substances, adverse psycho-pathetic complications and impaired social development. This may lead to truancy and lack of concentration on studies among others (Brown et al., 2000). Reduced cognitive efficiency leads to poor academic performance resulting into decreased self-esteem, loss of sense of identity, which is likely to contribute to further substance abuse, thus creating a vicious circle (Hawkins et al., 1992). Rhode and others (2007) assert that adolescence substance use disorder is associated with numerous functioning difficulties at age 30, some of which appear to be related to recurrent substance use disorder and co-morbid adolescent disorders of functioning problems already evident in adolescence.

A countrywide rapid assessment study (Mwenesi, 1996) on the nature and extent of substance abuse in Kenya, using triangulation of qualitative research indicated that substance abuse had permeated all strata of Kenyan society, with the youth and young adults being the most affected. Among the youth, students in secondary schools and universities were singled out as the most affected. It was established that there is a myth common among students that the use of substances enhances intellectual ability or stamina to study for longer hours. In addition, the study found out that most youth used psychoactive substances due to peer pressure and also to strengthen relationships, media influence and the need to identify themselves with heroes such as musicians who are perceived to have attained their stardom through substance abuse. These findings are also confirmed in other reports (NACADA, 2007).

Abuse of substances not only holds back the economy because control of supply and reduction of demand are expensive undertakings, but is also a blow to the country as its youth especially students become less productive. According to the Ministerial Council on Drug Strategy (2005), substance abuse, including smoking and drinking alcohol, imposes substantial costs on users and their families, taxpayers, on the national economy and the community as a whole. International studies show that half of the long-term smokers will die prematurely, half of these in middle age (Doll, 2004).

Statement of the Problem
The academic years in secondary school and university are a critical stage in the students’ intellectual, social and moral development. However, substance abuse amongst the youth in educational institutions in Kenya has become a serious problem affecting most people in the country. The increasing cases of substance abuse among students in secondary schools and universities as well as its association to students’ indiscipline has resulted in serious riots, school or
street fires, destruction of property and in some cases death. Substance abuse-related problems undermine students’ academic and social development (Standa, 2000).

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The main objective of this study was to establish the motivational factors of substance abuse among students in secondary schools and universities in Kenya with a view to proposing intervention measures to address the problem.

**Conceptual Framework**

The Modified Social Stress Model (MSSM), the Social Cognitive Theory (SCT) and the Social Ecology Theory (SET) provide useful models for this study. The Modified Social Stress Model (Rodes & Jason, 1988) maintains that there are factors that encourage substance abuse called risk factors. Factors that make people less likely to abuse substances are called protective factors. The model shows that substances which produce positive effects are likely to be abused. Once the risk factors are identified, action can begin on reducing the risks and strengthening the protective factors.

The axis of the Social Cognitive Theory (SCT) is the premise that it explains human behaviour in terms of continuous reciprocal interaction between cognitive, behavioural and environmental determinants. Bandura (1986, 1997, 2001) notes that from observing others an individual may form an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action. Bandura’s work mainly focuses on motivational and self-regulatory mechanisms that contribute to a person’s behaviour rather than just environmental factors. He believes that people acquire behaviours through the observation of others, and then imitate what they have observed.

A Social Ecological Theory (SET) developed by Berkowitz and Perkins (1986) is a complementary to SCT. SET explains the causes of substance abuse to be within the social environment. The central tenet of SET is that individual behaviours are mainly the result of socialization; and therefore to change the behaviour, the social institutions that shape it must change. Prevention efforts using this theory focus on changing the person’s environment rather than the person. Substance abuse is therefore seen as a function of the social group within which
individuals interact. It is postulated that to change a particular behaviour, the social context that shapes it must be changed.

**METHODOLOGY**

This study will be mainly descriptive survey. The data to be collected will be both qualitative and quantitative.

Qualitative research is linked to an interpretive paradigm. Interpretive approaches to research have the intention of understanding “the world of human experience” (Cohen & Manion, 1994:36), suggesting that “reality is socially constructed” (Mertens, 2005:12). The interpretive researcher tends to rely upon the participants’ views of the situation being studied (Cressell, 2003:38) and recognizes the impact on the research of their own experiences. Quantitative research is linked to positivism whereby reality is seen as “stable, observable and measurable” (Cressel, 2003:39). Quantitative research seeks causal determination, prediction, and generalization of findings. It focuses on collecting numeric data which is then analyzed statistically.

**Population and Sample**

The target population for this study consisted of secondary school and university students. At the secondary school level, the target population was Form 3 and 4 students.

The target population for university consisted of undergraduate students from Nairobi, Moi and United States International University, Nairobi.

Secondary schools were stratified into single-gender schools for boys, girls and mixed categories. This is mainly because single-gender schools are likely to have different experiences on the problem of substance abuse compared to mixed schools. Further, single-gender schools are boarding schools while the mixed schools are mainly day schools. Three schools of each category, making a total of 9, were randomly selected out of 28 secondary schools in the central division of Machakos District. The sample consisted of 360 students.

Multi-stage sampling procedures were used in the study to identify student respondents at the university level. Given the diversity of the universities, campuses and faculties; multi-stage sampling was used in the study to ensure a representative sample from the population. Universities were selected and then campuses within the universities were randomly sampled. Campuses’ faculties were also randomly selected, and finally students within the faculties were randomly included in the study. At faculty level, the compiled lists of students were proportionately stratified and randomly selected taking into consideration year of study and gender. The sample size is shown in Table 1.
Data Collection and Analysis
In order to ensure validity of the findings, the data were triangulated by using different forms of data collection methods, namely Focus Group Discussions (FGDs), interviews and questionnaires. Data was analyzed both quantitatively and qualitatively. Quantitative data from questionnaires was analyzed using the Statistical Package for Social Sciences (SPSS) and Chi-square was used to test all the hypotheses. Qualitative data was evaluated, classified into logical thematic categories based on the objectives and then coded. Data collected during focused group discussions, interviews and life stories were transcribed.

While carrying out this study, cognizance was taken of the fact that this study would be investigating very sensitive issues that were likely to elicit hostility, insecurity or concealment of the real data required from the participants. Participants were informed of the nature of the study and allowed to choose whether to participate or not. There is wide consensus among social scientists that research involving human participants should be performed with the informed consent of the participants (Nachmias & Nachmias, 1996:81). The researchers therefore ensured that participants knew that their involvement was voluntary at all times. A thorough explanation was given in advance in relation to benefits and rights involved with their participation.

RESULTS AND DISCUSSION

The guiding question for this research was: What factors motivate students to engage in substance abuse behaviour? The results are based on the experiences and comments from students in secondary schools and universities in Kenya.

Views of the Secondary School Students on Motivational Factors for Substance Abuse
Students gave various motivational reasons for abusing substances as follows: To increase intelligence, curiosity, excessive pocket money, availability of substances, lack of role models (imitation of teachers or parents), acceptance by friends, ignorance and low cost of substances. The findings are shown in Table 2. The respondents were allowed to respond to a check-list.

Table 2 shows that the most commonly perceived reason for substance abuse is curiosity 210 (58%); while the least, 86 (24 %) is imitation of teachers/parents taking substances (indicating a lack of role models). A frequency analysis also showed that friends encourage others in school to take substances as shown in Table 3.

Out of 360 students, only 355 responded to the question as indicated in Table 3. Of those who said they had used substances other than for medicinal purposes, 80 (31.7%) also said that friends encouraged others to do so compared to 26 (25.2%) who said they had used substances but were
not encouraged by friends. When subjected to Chi-square test, there was no significant relationship between substance abuse by students and encouragement by friends to do so.

The students were also asked to respond to the question on whether having a family member who abuses substances could be a source of encouragement to abuse substances. The respondents who said they have a family member using substances, 52 (45.8%) said they had also used substances, while 67 (54.2%) said they had not although they had a family member who had. Out of those who said they did not have a family member using substances, 51 (23.3%) had used substances while 175 (76.7%) had not. A Chi-square test showed that use of substances by a family member significantly influences the students’ tendency to abuse substances ($\chi^2 = 16.7$, $p < 0.05$). This finding implies that the presence of a family member who takes substances contributes to substance abuse among the youth and in particular students.

The study also investigated the relationship of solid parental-child relationships towards substance abuse. The findings showed that out of those who said they are liked very much, 92 (28.5%) had abused substances while 231 (71.5%) had not. Of those who said they are fairly liked, 13 (43.3%) had used substances while 17 (56.7%) had not. This finding indicates that the child who feels that he or she is liked by parents is less likely to abuse substances. This finding correlates to a finding by Schaefer (1996) who argues that lack of attachment to parents could lead to substance abuse among children. This finding points to a need for close attachment between a child and parents to reduce tendencies of substance abuse among the young people.

Availability of substances was a variable included in this study to examine the assumption that easy access to substances triggers abuse of the same. This argument was advanced by Mwenesi (1996) who said that trafficking of substances in an area contributes to abuse due to easy accessibility. According to her, easy availability of drugs determines the probability of high abuse. The current study confirmed this argument as shown in Table 4. Out of 360 students, only 348 responded and 71 (38%) of the respondents who had also abused substances indicated that they were easy to get. As shown in the Table, 5 (63%) of those who said they had never abused substances also indicated that substances were easy to get.

A Chi-square test done on the frequencies established that the relationship between substance abuse and easy accessibility is statistically significant ($\chi^2 = 12.0$, $p < 0.05$). We can therefore confirm the argument by Mwenesi (1996) that, substance abuse is highly influenced by easy access to drugs among the abusers who include students. This conclusion is aptly captured in the study’s conceptual framework which also shows that easy availability of substances is considered a risk factor as far as abuse is concerned.
Motivational Factors for Substance Abuse As Perceived By University Students

From the analysis of the questionnaires, the primary motives for using psychoactive substances were similar for all substances except for cigarette smoking. Figure 1 indicates that fifty percent (50%) of the respondents ranked sociability as the most common motive, followed by pleasure (20%), relational purposes (16%), stress reduction (9%) and finally escape at 5%.

Sociability
Reduction of social inhibitions and ability to talk freely with new colleagues or other people were the reasons given by 50% of the respondents for substance use. Some added that they felt polite and nice to others while intoxicated. The expression of one respondent brings out the reason better, “khat makes me see colours brighter and helps me appreciate music better. I relax and I get to talk to my friends. I get to be happy and enjoy conversations. Every time I use it, stories get to be more amusing and I laugh a lot. It makes life sweet and enjoyable”.

Just like in secondary schools, other respondents noted that they used substances only in the company of peers as a sign of “social gesture” and being part of the ‘clique’ or social group. A respondent pointed out: “I smoke generally when I am with my girl friends mostly in parties and sporting activities. I need to show them that I am in tune with modern times and cool. I do not smoke at home”. Asked whether this was not peer pressure, most Focus Group Discussions (FGDs) pointed out that they did not feel pressured to join any group habit, as there were other alternative groups they could choose to be part of. “It is peer presence more than peer pressure as this respondent summarized it. This implies that the ‘social substance users’ seek the acceptability of the social groups they attach value to. Consequently, it seems substance use for some respondents facilitates a sense of group belonging at a time when they want to be a part of a group, but are not sure how to be accepted without resorting to the group behaviour. These are the occasional substance users who do not desire to be abusers but feel obliged due to the company they keep.

Pleasure
Twenty percent of the respondents whose motive was pleasure pointed out that they mostly use substances, especially alcohol when there is an event to celebrate for example birthdays, reuniting with friends after holidays, games victories, graduation of colleagues, weddings and the first and last week of the semester. Asked why they cannot celebrate without use of psychoactive substances, they indicated that alternatives would be boring and meaningless. Hence, this calls for prevention education to emphasize the need for students to learn, practice and appreciate substance-free activities.

Relational Purposes
Another sixteen percent of the respondents used substances to enable them deal with relationship issues. From the Focus Group Discussions, two types of issues emerged. First, there were those
who used substances to gain courage to meet with members of the opposite sex unlike in secondary school where peer pressure was cited.

While among the secondary school students peers encourage others to take substances, at the university level, FGDs noted that generally most colleagues contentedly ignore an intoxicated individual since they regard such behaviour typical of students. However, two distinct attitudes can be observed depending on the “social correctness” of the substance the intoxicated student has used. For example, students rarely reprimand a student who gets intoxicated with socially approved substances and behaves offensively in the halls of residence or even at times in class. This is in contrast to known users of heroine, cocaine, mandrax and other substances. Although these substances are equally illegal they are not socially approved. The users are reportedly shunned and marginalized by non-users and users of socially approved variety. They are also easily branded “addicts” and pitied. The FGDs indicated that for this reason users concealed the use of these substances. This would explain the few numbers of respondents captured in the study and their unwillingness to participate in FGDs. These attitudes seem to suggest that if abuse of all substances were not given peer approval, perhaps it would cause reduction since many abusers would not face the social pressure to behave against the expectations of the group.

**Escape and Stress**

The least percentage (14%) of respondents reported using substances to reduce stress and to forget their individual problems such as financial, family, hopelessness, anger, loneliness and illness. It emerged that substance use was perceived by the respondents to enhance relaxation and a feeling of being at ease. A respondent put it this way: “I take it because it makes my troubles go away. I worry a lot about finances and the future. Weed makes me see a beautiful world to live in for about five to six hours”. Another put it this way, “I smoke because it relieves stress. I feel relaxed and less anxious. I smoke mostly when boozing with jamaas (friends) at the pub”. Here an element of stress relief and socialization is expressed. Probably, respondents prefer to relax in the company of their peers.

Family problems were mentioned as those associated with unhealthy relationships with either parents or other relatives. Some reported cases of witchcraft, curses and bad spells being used against them or family members, which made them frustrated and angry. They noted that since such issues are difficult to deal with they are beyond the empirical world; they used substances to forget their existence and the havoc it caused them. Hopelessness and despair also seem to contribute to substance use. A respondent observed, “When things are difficult, and you are hurting inside, drugs alleviate it. It also helps one think deeply and start hoping that there is something beyond this life that is much better”.
CONCLUSION

The study has attempted to illustrate the motivational factors for substance abuse among secondary school and university students in Kenya. It is clear that substance abuse behaviour is not just a university problem; it begins right in secondary and probably in primary schools and is maintained by a combination of environmental, social and cognitive factors.

It is evident that substance abuse is determined by the existence of risk and protective factors. The risk factors associated with substance abuse are many and include lack of family and school role models, peer pressure, poor school performance, conflict between the institutional system and family values, easy availability of drugs and pressure to perform. Other factors include stress, search for pleasure, escape from problems and reinforcement of social relationships. Protective factors that make people less likely to abuse substances include attachments with the family, peers and institutions, as well as skills that help people succeed in life.

It is also evident that lack of social acceptance of some illegal substances correlates with the comparatively low rates of use. Affordability is crucial to the use of substances whether licit or not. Locally available substances, mainly alcohol, cigarettes, cannabis and khat are socially acceptable while other substances are viewed as dangerous and inappropriate.

RECOMMENDATIONS

Based upon the literature review and the empirical investigation, various recommendations for intervention are proposed to help address substance abuse among students in Kenyan secondary schools and universities:

Recommendations for Secondary School Institutions

- It is evident from the research that abuse of substances is determined by both the existence of risk factors (e.g., availability of drugs, stress, peer pressure and lack of role models) and protective factors within the individual’s social and physical environment. Any educational programme aimed at addressing substance abuse among students should therefore be holistic and address both the risk and protective factors. The aim should be to strengthen the protective factors where potential buffers include strong family bonding, school commitment, positive role models and a strong belief in one’s own efficacy.

- While addressing the risk factors, the school administration and teachers should start by identifying risk factors within the school environment and cooperatively look for ways of reducing or eliminating these factors. The aim would be to reduce risk factors and increase protective factors. Any risk factors beyond the teachers’ control such as poverty and lack of basic needs should be referred to the relevant authorities.
Any educational programme used within the school should aim not only at increasing knowledge and awareness about effects of substance abuse, but should also aim at changing values, attitudes and beliefs which are assumed to ultimately influence behaviour, as well as building social and personal skills. Presenting such information may lead to increased perceived risk and in turn, to a decrease in substance use and abuse (Johnston, 2000).

A variety of motivational factors for substance abuse were identified from both literature and current research, ranging from curiosity to stress. In order to be credible with programme participants, institutions as programme developers should take into account the way young people view the benefits and risks associated with substance abuse and involve students in coming up with solutions. Such an approach would enable the students to see themselves, and to be seen by others, as their own best resource for minimizing any harm associated with substance abuse.

Recommendations for Universities

The findings of this study have revealed that the aims and objectives of the prevention education should be specific so as to guide the curriculum. Preventive education should define its aims before decision on content and instructional methods are made. Mason (2002) indicates that there are three philosophical foundations that may be adopted in preventive education. First, zero tolerance, which is opposed to any use of psychoactive substances on campus, with disciplinary consequences for use. Second, responsible decision-making that acknowledges the individual’s right to choose to use legal substances and supports responsibility of the individual regarding use. Harm reduction is the third and it focuses on minimizing problems associated with substance abuse. Whatever philosophical position, the institution needs to consider the implications and attainability of the set goals. This is because different approaches yield different outcomes. Clearly defined guiding principles will help eliminate conflicting messages.

Improving verbal skills may help students increase their ease in handling social situations. Decision-making and implementation, communication skills and assertive skills were noted for first-year students as they experience the transition from high school to university environment. Although communication skills is a core course to all university students, respondents pointed out that it is too academic and it does not address the nitty-gritty of informal social interactions.

Although study skills are an integral part of common courses for all first-year students, the respondents noted that it does not adequately cover learning and instruction methods used in the university. There is major a difference between teaching and learning in the university and high school. While in the university students are responsible for their studies, in high school teachers ensure that students carry out their study requirements. Moreover, a student in the university is supposed to do more of independent study. Such
a module would help students cope with their studies better and motivate them to develop interest and might reduce the tendency to engage in destructive behaviour.

- Since stress is associated with substance abuse, there is need to give students opportunities to develop life skills that will help them effectively cope with daily stressors, major life effects and change. To overcome stress, students should be taught skills that focus on relaxation, problem solving and positive perspectives of existence.

- Findings of the study show that evaluating the impact of the prevention education is none existent in universities in Kenya. Yet it is essential to communicate results on the effectiveness of the preventive strategy showing who is being affected and in which way. For example, evaluation can be used to help measure the impact of prevention strategies on attitudes of students towards substances abuse. The evaluation should be designed in accordance with curriculum and the overall philosophical position of the prevention strategies.

- To achieve the above and based on the study findings, the following are the obligations the three sectors of administration/faculty, student affairs department and the students community have to fulfill. Mutually reinforcing the preventive interventions between the administration, faculty, student welfare and the student leadership which can change the social norms and reduce the substance abuse and associated problems. The cooperation between the identified arms of the university is more likely to come up with policies and understanding which will further enhance positive academic environment.

<table>
<thead>
<tr>
<th>University</th>
<th>Population</th>
<th>Proportional %</th>
<th>No of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nairobi</td>
<td>15,000</td>
<td>62.7</td>
<td>241</td>
</tr>
<tr>
<td>Moi</td>
<td>7,000</td>
<td>28.9</td>
<td>111</td>
</tr>
<tr>
<td>USIU</td>
<td>2,000</td>
<td>8.4</td>
<td>032</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24,000</td>
<td>100</td>
<td>384</td>
</tr>
</tbody>
</table>

Table-2. Frequency distribution on check-list response on why students abuse drugs (N = 360)

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase intelligence</td>
<td>94</td>
<td>8.7</td>
</tr>
<tr>
<td>Curiosity</td>
<td>210</td>
<td>19.4</td>
</tr>
<tr>
<td>Excessive pocket money</td>
<td>101</td>
<td>9.3</td>
</tr>
<tr>
<td>Availability of drugs</td>
<td>127</td>
<td>11.7</td>
</tr>
<tr>
<td>Teachers/ parents take drugs</td>
<td>86</td>
<td>8.0</td>
</tr>
<tr>
<td>Acceptance by friends</td>
<td>185</td>
<td>17.1</td>
</tr>
<tr>
<td>Unaware of dangers</td>
<td>173</td>
<td>16.0</td>
</tr>
<tr>
<td>Low cost/cheap drugs</td>
<td>105</td>
<td>9.8</td>
</tr>
</tbody>
</table>
Table-3. Frequency distribution on encouragement by friends to abuse drugs

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>252</td>
<td>70</td>
</tr>
<tr>
<td>No</td>
<td>103</td>
<td>29</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
<td>1.39</td>
</tr>
</tbody>
</table>

Table-4. Frequency distribution on accessibility of substances (N=360)

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>188</td>
<td>54</td>
</tr>
<tr>
<td>No</td>
<td>160</td>
<td>46</td>
</tr>
<tr>
<td>No response</td>
<td>12</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure-1: Motives for substance use

REFERENCES


