REPUBLIC OF KENYA

NATIONAL CAMPAIGN AGAINST DRUG ABUSE AUTHORITY

THE ROLE OF PARENTS IN PREVENTION AND CONTROL OF ALCOHOL AND DRUG ABUSE AMONG THEIR CHILDREN IN NAIROBI

2010

TABLE OF CONTENTS

List of Tables

List of Figures

EXECUTIVE SUMMARY

This study, carried out in South B area of Nairobi, was commissioned by NACADA to generate evidence to guide programmatic and policy interventions in the fight against alcohol and drugs abuse among children. The study sought to document knowledge and practice gaps among parents that may undermine parents' ability to help their children mitigate alcohol and drug abuse.

625 households were randomly selected from all the villages and estates around the South B area of Nairobi and parents interviewed using a standard questionnaire. One parent per household was eligible for interview. 605 respondents (394 women, 207 men, sex was not stated for 4 respondents) were interviewed, 81% of whom were in marriage unions.

82.5% of the respondents knew of an intoxicating substance, with 94% considering marijuana to be the most harmful. More than half of them considered intoxication substances to have harmful effects. 88.6% reported to know the factors that may influence individuals to consume drugs, with 82.9% reporting peers' or relatives' influence as most influential. 87.8% of those interviewed affirmed knowledge of children abusing alcohol or drugs. 70% affirmed that substances of abuse were available in their neighborhoods, with alcohol being cited by 88.1% as the most common, followed by cigarettes 83%, marijuana 77% and miraa 66.3%.

89.5% of the respondents were aware d that children who abuse drugs can be helped of whom 67.5% knew of support services for drug abusers. 70.4% of the parents were aware of drug counseling centers, 43% knew rehabilitation centers and 31.8% knew specific facility/institution in Nairobi or elsewhere that support abusers of alcohol and drug/substance. 76.9% confirmed that children in their neighbourhoods were at risk of initiation into drug alcohol abuse early in their lives with 68.5% perceiving their children to be at risk.

94.1% of the respodents did not approve of parents consuming alcohol in the presence of children whilst 94.3 % did not approve of parents going with children to places where alcohol is sold and/or consumed. Unrestricted access of money by children could be a risk factor to alcohol and drug abuse.

91.5% of the respondents agreed that they had a role in the prevention of children from alcohol and drug abuse. 34.5% of the parents interviewed did not know their child/children's friends while 31.5% of these do not follow up their children's company. This creates an enabling environment for peer initiation to alcohol and drug/substance abuse. 45.7%) of the respondents indicated that they do not talk to teachers to know whether their child/children could be abusing drugs. 34.7% of the parents interviewed reported that they do not monitor the use of money by their children.

12.4% of interviewed parents admitted that children under their care use alcohol or drugs with half of doing something to help them. The study reveals that parents face a myriad of challenges in helping prevent alcohol and drug abuse among their children, including uncooperative neighbours, lack of services, lack of guiding and counselling skills, easy availability of substances of abuse and lack of time to be actively involved in their children's lives.

This study recommends a review of policies that address the regulation of substances of abuse and particularly those related to the access of alcohol and drugs to minors. There is also the need to develop more strict laws on alcohol and drug use, with severe penalties for those who supply alcohol and drugs to minors. The capacity of families to address the problem of drugs among their children should also be developed by creating forums for parents to share experiences and equipping them with guidance and counselling skills. Further, there is need for the establishment of promotive, preventive, treatment, and rehabilitative services within easy reach of parents. Parents also need to be made aware of such services.

ACKNOWLEDGEMENT

This report on The Role of Parents in Prevention and Control of Alcohol and Drug Abuse among their Children" Conducted in Nairobi South "B" residential area was the culmination of efforts by NACADA Staff. Their dedication to this process is highly acknowledged.

The technical assistance provided by ***Prof. Charles Nzioka*** of the Department of Sociology, University of Nairobi is acknowledged.

Data collection would not have been possible without the support of the Provincial Administration – Makadara District led by ***Mr. Suleiman Chege:*** District Commissioner, Makadara District, and Nairobi Province. Their role is acknowledged with great pleasure.

BACKGROUND AND INTRODUCTION TO THE STUDY

1.1 Background

The government of Kenya has recognized the threat posed by alcohol and drug abuse and has sought to enact a legal and institutional framework within which the problem can be fought. In 2007, parliament ratified the formation of the National Campaign Against Drug Abuse Authority (NACADA) with a mandate to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the menace of alcohol and drug abuse in Kenya. Among the major objectives of the agency in executing its mandate is to research on various aspects of Alcohol and drug abuse and chemical dependence. This is done in order to assemble policy and program as well as relevant data, which is sufficient enough to guide interventions in fighting the menace of drugs in the country. This study that was carried out in Nairobi among parents in South B area was meant to document knowledge and practice gaps among parents that may undermine parents' ability to help their children mitigate alcohol and drug abuse.

Alcohol, substance and drug abuse among children, especially urban adolescents is not only a risky behavior in the era of HIV/AIDS but, also a potential source of security threat to a growing city like Nairobi. To be effective in prevention and management of ADA among their children, parents should have the necessary knowledge, and skills to do so. This study seeks to provide information on parent's knowledge, attitudes and practices in relation to ADA among their children in South B area in Nairobi. Such information will go a long way in assisting NACADA develop appropriate policy and programmatic interventions.

1.2 The problem of drug abuse in Kenya

The abuse of drugs in Kenya is escalating rapidly from alcohol and cigarettes to the more dangerous drugs such as marijuana, cocaine and heroin among other drugs. In addition, there are marked changes in the demographic profile of users: women and youth are increasingly initiating using drugs. According to a study by NACADA, 8 percent of 10-14 year-olds have used some alcohol at least once in their life and about 13 percent of them have ever used other drugs or substances such as cigarettes. The same study found that close to 40 percent of adults aged between 15 and 65 years have used one type of alcoholic beverage or another in their lifetime with huge variations in the types and the rate of consumption across regions, rural-urban residence, age, gender, education level, religion and economic status. At least 13 percent of people aged 15 to 65 from all provinces in Kenya except North Eastern were consumers of alcohol (NACADA, 2007). Among the major consequences of ADA in Kenya include: family breakdown, crime, domestic violence, lack of productivity, and increased burden of health problems including HIV and AIDS (Ndetei, 2004; NACADA, 2005; NACADA, 2004). Eary age of initiation into alcohol use during adolescence has also been associated with greater risk for alcohol dependence in adulthood (Grant & Dawson, 1997). This means that a better understanding of the predictors of adolescent alcohol use is necessary for the advancement of prevention and intervention programming.

1.3 Substance abuse among the youth in Kenya

In Kenya, individuals are introduced to drugs at a tender age. As the habit gains root in them, a big dent occurs in their lives. This includes collapsed families and parents, who ignore their responsibility

as role models for their children, contributing to drug abuse. Other socio-economic factors are also critical. It is also imperative to note that the country has experienced an information technology explosion in recent years, a development that has had both positive and negative effect on youth. On the other hand the medium for promoting legal drugs, such as alcohol, have been so explicit that young people are made vulnerable. A weak justice system, corruption and collusion by law enforcement officers have undermined the war against drug abuse.

The current trend of substance abuse among youth and especially school age children is troubling. Many fingers have been pointed at the youth themselves while at the same time ignoring the very people who abet the youth's drug habits. These are generally cohorts of the middle aged and adults, including parents, in whose care the young generation lives. Drug peddlers and barons are increasingly targeting the youth, most of them below the age of 18 years (Ngesu et al, 2008). Past studies have shown a very high prevalence of ADA among youth in schools in Kenya (NACADA, 2004; NACADA and KIPPRA, 2005; NACADA, 2008; Ngesu et al, 2008).

1.4 Role of parents in preventing substance abuse among children

Studies show that parenting practices have a lot of influence on early initiation into the use of alcohol and drugs by children. For example, parents who communicate and are involved with their children at ages 10 and 11 and who set clear expectations for their children's behavior, practice good supervision and consistent discipline, and minimize conflict in the family have children who, at ages 11 and 12, are more likely to see alcohol use as harmful and less likely to initiate alcohol use early. They are also less likely to misuse alcohol at ages 17 to 18 (Hawkins et al, 1997).

Lack of parental support, monitoring, and communication and lack of feeling close to their parents have been significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents (Ngesu et al, 2008). Harsh, inconsistent discipline and hostility or rejection towards children has been found to significantly predict adolescent drinking and alcohol-related problems (Chasin et al, 1996). Some research also suggests that poor parenting practices are associated with early childhood deficits in social skills and self-regulation, particularly with regard to aggressive behavior, which result in early minor delinquency and rejection from mainstream peer groups. Children who feel rejected then join deviant peer networks thereby increasing the risk of drinking and other forms of drug and substance abuse.

1.5 Objectives of the Study

The general objective of this study is to document knowledge and practice gaps among parents that may undermine parents' ability to help their children mitigate alcohol and drug abuse. The specific objectives of the study include the following:

a. To establish level of knowledge among parents regarding risk factors, signs and negative consequences associated with alcohol and drug abuse, as well as related rehabilitation/treatment services.
b. To establish and document parents' attitudes that have the potential of contributing to alcohol and drug abuse and their personal/family responsibilities in controlling and preventing alcohol and drug abuse among their children.

c. To establish and explore parents' behaviors and practices that may contribute to alcohol and drug abuse among their children.
d. To establish the major challenges that parents face in their efforts to control, prevent and manage alcohol and drug abuse among their children.
e. Based on the study findings, make necessary policy and programmatic recommendations.

1.6 Rationale for the study

Families have a very important role to play in drug and alcohol control. Family based prevention policies and programs should enhance family bonding relationships and include: Parenting skills, practice in developing, discussing and enforcing family policies on substance abuse, and training in drug education information. There is evidently lack of adequate data in Kenya to assist policy makers on aspects of alcohol and drug control such as: Parental monitoring and supervision as a critical component for drug and alcohol prevention among children, level of education and information for parents and other caregivers on drug and alcohol abuse, and parental behavioral practices with the potential to contribute to alcohol and substance abuse. Therefore, there is dire need for relevant data on the role of parents in alcohol and drug control among children for policy and programmatic interventions.

STUDY METHODOLOGY

2.1 Site selection and description

This study was carried out in the city of Nairobi, focusing on South B and its environments on the western side of the city. This area lies along Mombasa Road and covers all the Estates and residential areas surrounding South B shopping center, bordering Industrial area. This area was purposefully selected as a typical representation of Nairobi province. It is composed of low, middle and high-income settlements and inhabited by people from different cultural backgrounds.

2.2 Data Types and sources

The main type of data that was collected was quantitative in nature. Structured interviews were conducted with a selected sample of parents using a standard questionnaire.

2.3 Sample size and sampling procedures

This study utilized non-probability sampling procedures to select the respondents for the study. In the absence of a complete sampling frame for South B and its environment, sampling involved listing. Given prevailing conditions, a non-scientific "quota sampling" method was adopted. Under the method, samples were selected from clusters (villages and estates) in the South B area, making sure that all the socio-economic classes were represented in the sample. During data collection, one member from the household (who is a parent) was randomly selected and interviewed.

The sampling units for the study were all the villages and estates in the South B area. This included the slum areas of: Kisii, Maasai, Mukuru Kaiyaba, Commercial, Mariguini, Fuata Nyayo and Shimo la Tewa villages/slums. The following estates were also included: Posta, Zanzibar, Joakim, Balozi, Plainsview, Hazina, Railway Training Institute staff quarters, Riverside, Riverbank, Golden Gate, Aoko, Kariba, NHIF, Mariakani, Shopping Centre, Nairobi South, and Police Lines. These 25 villages/estates/slums constituted the clusters for sampling and provided estimates for all the socio-economic classes.

2.4 Selection of the Households and Respondents

To achieve the required sample, households were an entry point to access the parents. A uniform sample of 25 households was targeted per each of the 25 clusters, translating to a total of approximately 625 respondents. The provincial administration – chiefs and assistant chiefs – acted as guides and helped greatly in the identification of households during the interviews. Once the clusters had been identified, the enumerators located a central point in each of the clusters. This central point served as a starting point for random selection of households for inclusion. The selection was done in a manner to ensure that the households selected were spread all over the cluster. If the household selected did not have an eligible person, then next immediate household was picked until the required sample was achieved. To achieve a good distribution, **only one** eligible

member (anyone who reported to be a parent, irrespective of gender) was randomly selected and interviewed.

2.5 The study instrument

The study instrument was a standard questionnaire, which was designed by the consultant and reviewed by NACADA Authority staff prior to commencement of the study. The issues covered in the questionnaire included: Inter alia : parents level of knowledge regarding risk factors, signs and negative consequences associated with alcohol and drug abuse among their children; parents' attitudes towards their personal/family responsibilities in controlling and preventing alcohol and drug abuse among their children; parents' level of involvement in preventing, managing and combating alcohol and drug abuse among their children; parental knowledge on the availability of alcohol and drug related prevention and rehabilitation/treatment services and other related referral networks; to establish and document parental attitudes and behavioral practices relating to predisposing factors to alcohol and drug abuse among children, and establish parental challenges to the control, prevention and management of alcohol and drug abuse among their children.

2.6 Training of enumerators and pre testing of instrument

Given the sensitive nature of the study, 13 qualified and experienced research assistants were identified and trained in a three-day seminar specifically to familiarize themselves with the objectives of the study, the research tool, interviewing skills and ethical issues of consideration in the field. After the training, the questionnaire was pre-tested at Bulbul near Ngong town in Kajiado District. After the pre-test, the instrument was refined.

2.7 Data collection

Data was collected in a 7-day period. The consultant and respective NACADA technical Staff coordinated this process. Respondents were encouraged to answer all questions truthfully and clearly.

2.8 Data entry, cleaning and analysis

Quantitative data was entered and analyzed in SPSS computer program. The same program was used in data cleaning and analysis. The consultant and NACADA technical staff also coordinated this process.

2.9 Ethical concerns

NACADA Authority has a strict policy of upholding confidentiality of all information collected whether from field research or from secondary sources. Given the sensitive nature of alcohol and substance abuse information, both NACADA Authority and the consultant ensured that the information collected could not be linked to any respondent. In addition, participants in the study were recruited on voluntary basis.

STUDY FINDINGS

3.1 Socio-demographic characteristics of the respondents

3.1.1 Respondent characteristics

A total of 605 respondents from different socio-economic backgrounds were interviewed with women accounting for a higher proportion (65.1%) than men (34.2%). This was partly because in most of the households, men were not at home during daytime when the interviews were being conducted. Table 1 below shows the distribution of their social demographic characteristics.

Table 1: Table 1: Socio-demographic characteristics of the respondents

Characteristics	**Frequency**	**Percent**
Male	209	35
Female	396	65
Age		
Below 30 years	185	30.6
31-40 years	225	37.2
41-50 years	120	19.8
51 years and above	61	10.1
No answer/don't know	14	2.3
Religion		
Catholic	182	30.1
Protestants	148	24.7
Evangelical	133	22.0
Other Christians	62	10.4
Muslim	49	8.1
Hindu/Buddhist	3	0.5
Other	17	2.8
No answer/Don't know	11	1.8
Marital Status		
Currently married	490	81.0
Never married	55	9.1
Divorced/separated	29	4.8
Widow/widower	21	3.5
Cohabiting/consensual union	1	0.2
No answer	9	1.5
Education Level		
Never attended	19	3.1
Incomplete primary	29	4.8
Primary	160	26.4
Secondary	221	36.5
College/polytechnic	92	15.2
University	73	12.1
Madrassa	1	0.2
No answer/don't know	10	1.1
Occupation		
Student	10	1.7

Formal employment	159	26.3
Self employment	221	36.5
Home maker	129	21.3
Work in family business	6	1.0
Casual	41	6.8
Other	23	3.8
No answer	16	2.6

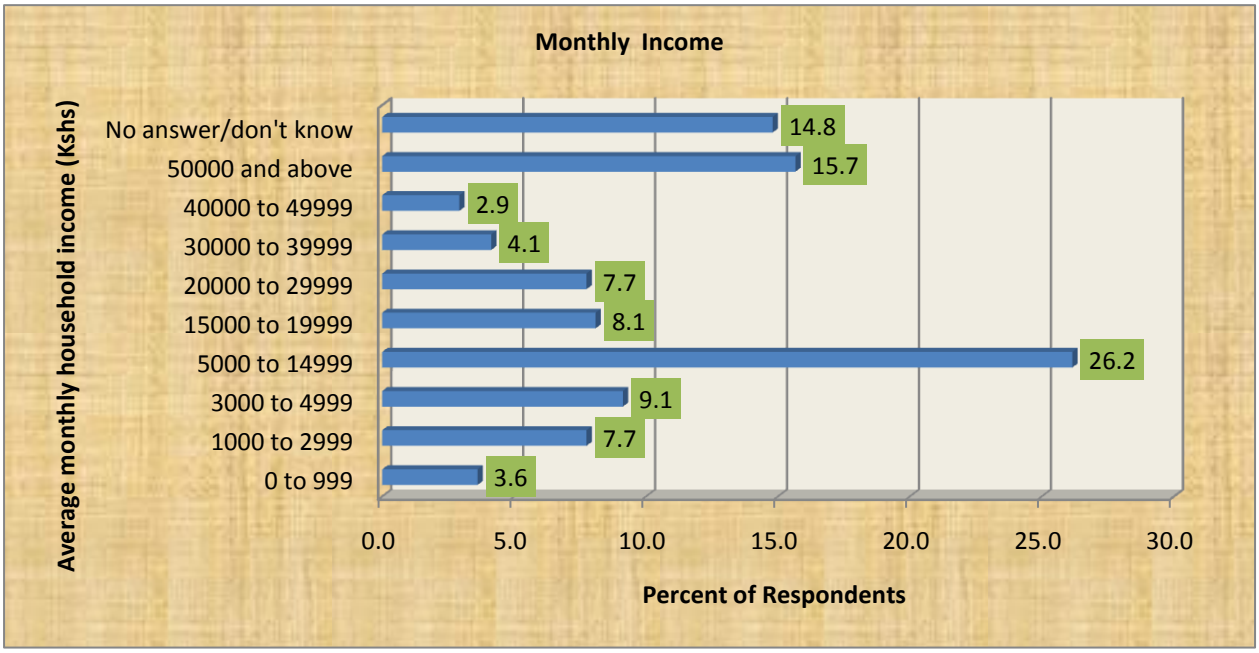
As indicated in Table 1 above, respondents of age 31-40 years were more represented than any other age group with 37.2% while those over 51 years and above were the least (10.1%). It is imperative to note that these are respondents who were also likely to be having young children.

Almost all the respondents were Kenyan (98.2%); 1.8% were Non Kenyans. Catholics, Protestants and the Evangelicals were 29.7%, 24.1% and 21.7% respectively. Other religions accounted for less than 20% of the respondents.

Some 81% of the respondents reported to be currently married and 9.1% had never married. Those who were divorced or separated and the widows/widowers were 4.8% and 3.5% respectively. Some 36.5% and 26.4% of the respondents had secondary and primary school education respectively. Those with college/polytechnic and university education were 15.2% and 12.1% respectively. Indicator is that about 8% of the respondents had either never attended school or had not completed primary school.

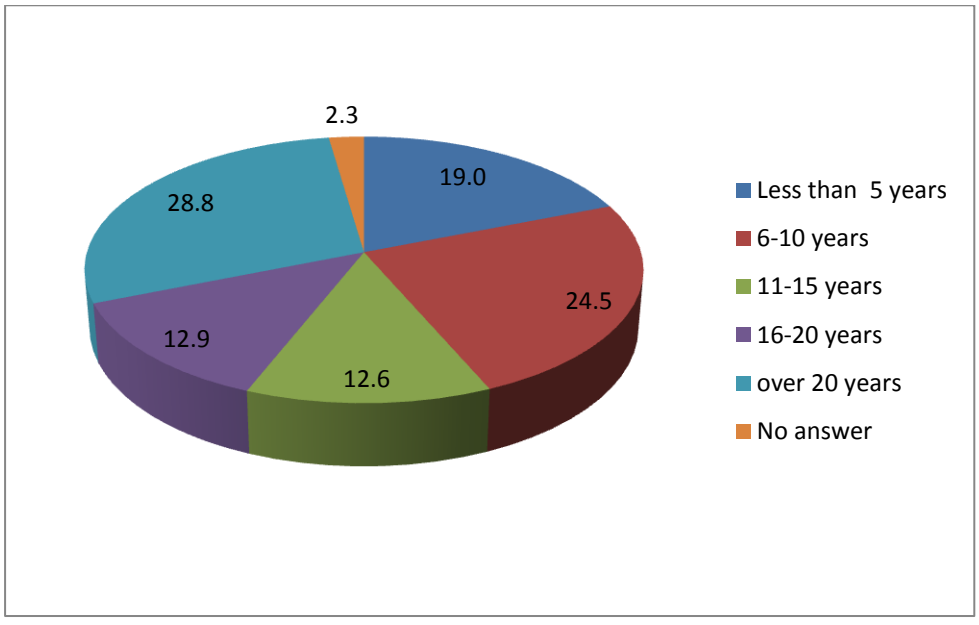
More than half of the respondents (58.6%) reported to be unemployed with 41.1% reporting that they were employed. However, 36.5% reported to be in self-employment while 26.3% were in formal employment. Some 21.3% and 6.8% were homemakers and casual workers respectively. Fig. 1 below shows the distribution of respondent's average monthly household income in Kenya shillings:

Fig. 1: Distribution of Respondent's average monthly income in Kshs



Results of the survey indicate that a good number of the respondents earn a minimum wage. As indicated above, slightly over 45% of the respondents earn an average of below Kshs. 15,000 per month and only 7% earn between Ksh. 30,000 and Ksh. 49,999. Some 15.7% earn Ksh.50, 000 and above.

Fig. 2: Length of time lived in Nairobi



Those who reported to have lived in Nairobi for more 20 years were the most represented followed by those who had been there for between 6-10 years. About 20% indicated that they had lived in Nairobi for five years or less.

Almost all the respondents (98%) indicated that they had children living in the household. Table 2 below represents the distribution of their ages and numbers in the households.

Table 2 : Distribution of children in the households by ages:

Age of the children	No child	1 Child	2 children	3 children	4 children	5 children & above	DK/no answer
0-5 years	19.9	52.2	25.3	1.9	0.4	-	0.2
6-12 years	19.8	48.9	26.8	3.6	0.4	0.2	0.2
13-18 years	28.3	37.7	30.0	3.3	0.5	-	0.2
19-24 years	37.6	27.2	30.6	3.8	0.5	-	0.3
25 & above	43.4	12.4	36.6	3.7	2.3	1.4	0.3
Total	1.0 (6)	21.4 (124)	26.8 (155)	21.8 (126)	12.1 (70)	16.9 (98)	0.5 (3)

As shown in Table 2 above, most households had two children of each age. Households that had one child of age 6-12 years and two children of teen ages 13-18 were substantial. Some 79.6% (471) indicated that they had children who were in school.

3.1.2 Households' characteristics

Household characteristics help to determine the socioeconomic status of the household. As presented in the Table 3 below, most of the parents' main source of cooking power is kerosene followed by those who use gas. Slightly over three quarters of the parents main source of lighting is electricity but for most of them, public piped water is their main source of domestic water.

Table 3: Distribution of social amenities within Households

Household characteristic	Frequency	Percent
Main source of cooking power		
Firewood	10	1.7
Charcoal	132	21.8
Kerosene	226	37.4
Gas	215	35.5
Others	12	2.0
No answer	10	1.7
Main source of lighting		
Kerosene	137	22.6
Electricity	449	74.2
Solar	5	0.8
Others	6	1.0
No answer	8	1.3
Main source of domestic water		
Pipe in the house/own compound	187	30.9
Public piped water	330	54.5
Stream/river	7	1.2
Borehole/well	20	3.3
Rain water	4	0.7

Other	42	6.9
No answer	15	2.5
Main wall materials		
Mud	15	2.5
Bricks	33	5.5
Stone	269	44.5
Timber	12	2.0
Iron sheets	259	42.8
No answer	17	2.8
Main roof materials		
Tiles	176	29.1
Iron sheets	388	64.1
Thatch	5	0.8
Asbestos	15	2.5
Polythene/plastic	6	1.0
Canvas	2	0.3
No answer	13	2.1
Other household items		
Television	342	58.1
Electric/gas cooker	322	54.1
Car	198	33.3
Fixed telephone line	77	13
Fridge	198	33.5
Computer	176	30.9

Most of the respondents also indicated that their roofs were of iron sheets and the walls were made of brick. Other household items like a television and a gas/electrical cooker were reported by more than half of the parents. Overall, one would conclude that a substantial number of the respondents were in the lower middle class.

3.2 Knowledge of alcohol and substance abuse among parents

Respondents were asked if they knew of any intoxicating substances and their spontaneous responses captured. Some 82.5% of the respondents reported that they knew an intoxicating substance. Table 4 below shows the distribution of the number of respondents who reported knowing a particular drug:

Table 2: Parents' knowledge of alcohol and substance

Substance	Know intoxicating Substance		Substances/drugs addictive		Drugs with Harmful effects	
	N	%	N	%	N	%
Marijuana/Bhang	410	81.8	427	87.5	554	94.4
Khat/Miraa	253	51.5	383	78.8	453	78.1
Heroin	186	38.5	302	62.3	416	72.1
Kuber	90	18.7	223	46.5	309	54.2
Cocaine	242	47.7	316	66.2	436	76
Glue	179	37	346	71.8	470	81
Prescription drugs	87	19	238	49.6	334	58.5
Amphetamines/Tabs	68	14.7	193	40.9	274	48.5
Alcohol	362	74.2	437	89.9	530	90.6
Cigarettes	265	56.5	438	92.2	533	92.5

Marijuana/bhang was reported to be known by more respondents than any other intoxicating substance (81.8%) followed by alcohol at 74.2%. Prescription drugs and amphetamines were the least known at 19% and 14.7% respectively. Other intoxicating substances mentioned include Cozpham that is sold in chemists, D5, C, Attain power, Devil tablets, Ethanol, Kola nut, Mandrax, petrol, Roche, Mchele, Manshad, snuff, and (Hashish)-bhang. Indicator is that on being asked again whether they consider alcohol and cigarettes to be drug or intoxicating substances, more respondents affirmed than when asked earlier on (74.2% compared to 90.2% for alcohol and 56.5% compared to 83.9% for cigarettes). Table 5 below presents the parents' knowledge of alcohol and substance by gender.

Table 3: Parents' knowledge of alcohol and substance by gender

Substance	Know intoxicating Substance		Substances/drugs addictive		Drugs with Harmful effects	
	Men	**Women**	**Men**	**Women**	**Men**	**Women**
Marijuana/Bhang	84.0 (158)	80.5 (252)	87.9 (152)	87.3 (275)	95.6 (195)	93.7 (358)
Khat/Miraa	44.3 (82)	55.9 (171)	80.9 (140)	77.6 (243)	80.7 (163)	76.7 (289)
Heroin	42.3 (77)	36.2 (109)	71.8 (125)	56.9 (177)	81.8 (166)	66.8 (249)
Kuber	15.6 (28)	62 (20.6)	56.6 (98)	40.7 (125)	65.2 (131)	48.1 (177)
Cocaine	47.5 (86)	51.1 (156)	74.4 (128)	61.6 (188)	84.8 (173)	71.0 (262)
Glue	32.4 (60)	39.8 (119)	78.0 (135)	68.3 (211)	83.3 (169)	79.8 (300)
Prescription drugs	16.0 (28)	20.9 (59)	56.6 (98)	46.1 (140)	68.2 (137)	53.1 (196)
Amphetamines/Tabs	12.1 (21)	16.3 (47)	49.4 (85)	36.0 (108)	54.7 (110)	44.9 (163)
Alcohol	68.9 (126)	77.4 (236)	91.3 (157)	89.2 (280)	90.7 (185)	90.5 (344)
Cigarettes	51.1 (91)	59.8 (174)	92.3 (156)	92.2 (282)	92.0 (183)	92.8 (349)

As indicated in the Table 5 above, generally, higher proportions of women reported to know intoxicating substances compared to the men. On the other hand, higher proportions of men than

women indicated that they considered the said substances to be addictive and to have harmful effects.

Some 79.1% of the respondents indicated that they knew of a drug that was addictive. Overall, when prompted, respondents indicated substances they had not reported knowing as addictive. Majority of the respondents (89.9%) reported cigarettes as being addictive. Others were alcohol, marijuana and miraa at 89.9%, 87.5% and 78.8% respectively. Other drugs or substances reported to be addictive include drugs swallowed to lighten ones skin, Kola nuts, tea and coffee.

Most respondents (94.4%) considered marijuana/bhang to have harmful effects followed by cigarettes and alcohol at 92.5% and 90.6% respectively. However, more than half of the respondents considered all the drugs mentioned to have harmful effects.

3.2.1 Knowledge of Factors influencing substance abuse

Some 88.6% and 89.6% indicated that they knew of a factor that may influence an individual to begin consuming alcohol and drugs and thought that children below the age of 18 were at risk of abusing alcohol/drugs respectively. Table 5 below shows the distribution of the different factors that influence or contribute to alcohol/drug abuse:

Table 4: Factors that influence/contribute to abuse of alcohol/drugs

Factors	Influence individual to begin consuming alcohol/drugs		Contribute to children under 18 to abuse alcohol/drugs	
	N	%	N	%
Influence/ coercion from friends/peers	446	82.9	478	89.2
Early and persistent problem behavior e.g. early age at first drug use	56	10.9	86	16.7
General sense of hopelessness about life	171	33.1	97	19.1
Genetic predisposition	36	7.1	52	10.2
Low expectation of success	87	16.9	54	10.5
Psychological factors e.g. sensation-seeking, curiosity, boredom, poor impulse control /frustrations	265	51.2	194	37.5
Unstable home environments /Family conflict	144	27.8	182	35.1
Low bonding, lack of mutual attachment and nurturing and poor family relationship	80	15.6	158	30.6
Parents and/or family member use or have an attitude that favors substance use	136	26.4	251	49
Availability of substance	139	27.1	158	31.1
Extreme economic deprivation	149	28.7	94	18.3
Lenient laws and norms about drug and alcohol use	42	8.2	45	8.9
Perceptions of approval of substance-using behavior in community environments	86	16.7	81	16

Regarding awareness to risk factors, majority of the respondents (82.9%) were of the opinion that influence and/or coercion from friends and peers influence individuals to begin consuming alcohol/drugs with 89.2% rating it highest in contributing to children alcohol and drug abuse. Notable is that only about 7% of the parents reported genetic predisposition to be a factor that influences an individual to begin consuming alcohol/drugs and about 10% contribute the same to children under 18 years abusing alcohol/drugs. Other reasons cited that influence the individual to begin consuming alcohol/drugs include: Media influence including advertisements, internet and sponsoring of events e.g. safari sevens, anger/frustration/depression/escapism, chronic diseases like AIDS/Cancer, curiosity/exploration, pleasure/enjoyment/prestige, ignorance and lack of knowledge, lack of guidance, type of job e.g. bar tender/ joblessness, lack of commitments or responsibilities, showing off one's wealth, and spiking. Also cited was bhang which motivates one to work hard e.g. to steam youth up to commit criminal acts, transition or change of life such teenage, death of parents .

Other factors cited that may contribute to children below 18 years abusing alcohol/drugs include: Affluence, ignorance, rebellion, dropping out of school, bullying, joblessness/idleness, for

fun/exploration, lack of proper instruction/advice/guidance, parental leniency/negligence, to boost other activities like become bright in school or prostitution.

3.2.1 Knowledge of signs and symptoms of alcohol and drug abuse

The study sought to establish whether parents could diagnose drug and alcohol abuse among their children. Some 87.8% of the respondents affirmed that they would know as parents if their child was abusing alcohol/drugs while 11.1% said they would not know. Table 7 below shows the distribution of the different signs that would show that a child is abusing alcohol/drugs:

Table 5: Signs that would show a child are abusing alcohol/drugs

Substance	Frequency	Percent
Bloodshot eyes or eye pupils that are larger or smaller than usual.	379	71.4
Changes in appetite or sleep patterns. Sudden weight loss or weight gain.	273	52.0
Deterioration of physical appearance and personal grooming habits.	277	52.8
Unusual smells of breath, body, or clothing.	323	60.9
Tremors, slurred speech, or impaired coordination.	281	53.7
Drop in attendance and performance at work or school.	245	46.9
Unexplained need for money or financial problems. May borrow or steal to get it.	214	41.3
Engaging in secretive or suspicious behaviors.	307	58.9
Sudden change in friends, favorite hangouts, and hobbies.	260	49.9
Frequently getting into trouble (fights, accidents, illegal activities).	214	41.1
Unexplained change in personality or attitude.	369	69.8
Sudden mood swings, irritability, or angry outbursts.	314	59.7
Periods of unusual hyperactivity, agitation, or giddiness.	204	39
Lack of motivation; appears lethargic or “spaced out.”	190	36.5
Appears fearful, anxious, or paranoid, with no reason	185	35.9

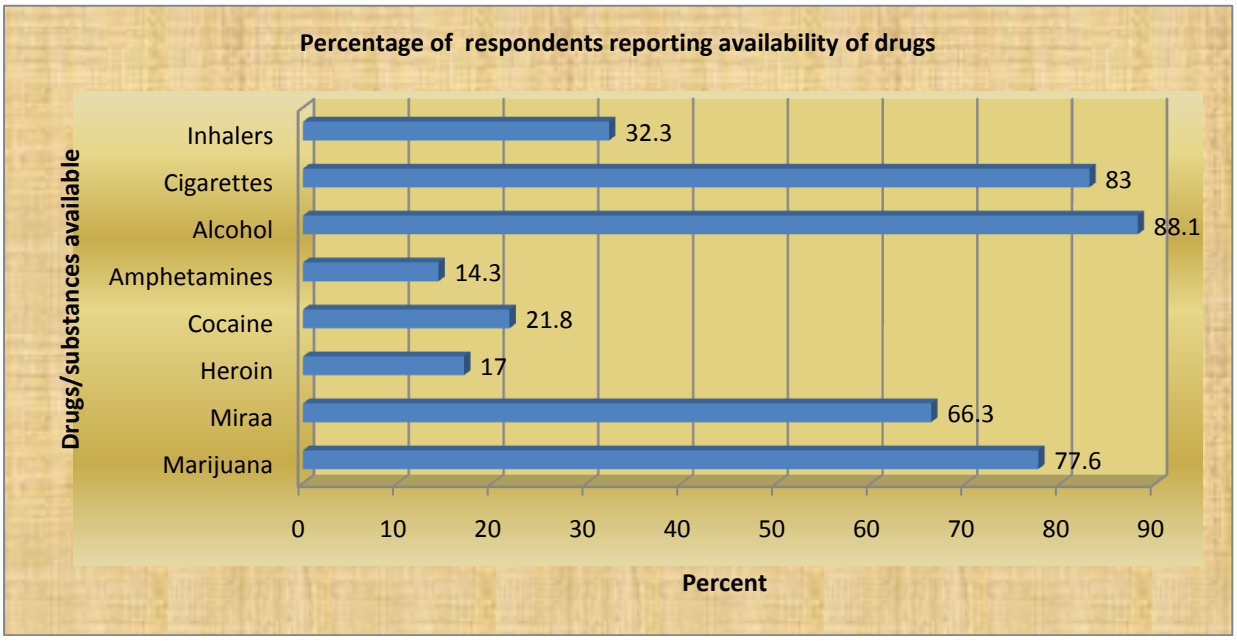
71.4% indicated that bloodshot eyes or pupils that are larger or smaller than usual are a sign that a child is abusing alcohol/drugs followed by unexplained change in personality or attitude and unusual smells of breath, body, or clothing at 69.8% and 60.9% respectively. Appearing fearful, anxious, or paranoid, with no reason and lack of motivation, appearing lethargic or “spaced out” were considered by the least number of parents as signs of children who are abusing alcohol/drugs at 35.9% and 36.5% respectively.

Other signs cited by the parents that would show that the child is abusing alcohol/drugs include abusive language, always chewing/sucking sweet or gum, always shying away, avoiding face to face conversation with parents, dry mouth, burnt finger tips, continuous refusal to go to hospital when claiming to be sick, enjoying unnecessary seclusion, memory loss, unexplained absence from home/lateness and withdrawal.

3.2.2 Knowledge of the availability of substances of abuse

Slightly over 70% of the parents indicated that drugs or substances of abuse were available in their neighborhoods. The distribution availability of different drugs or substances of abuse is shown on Fig. 3 below:

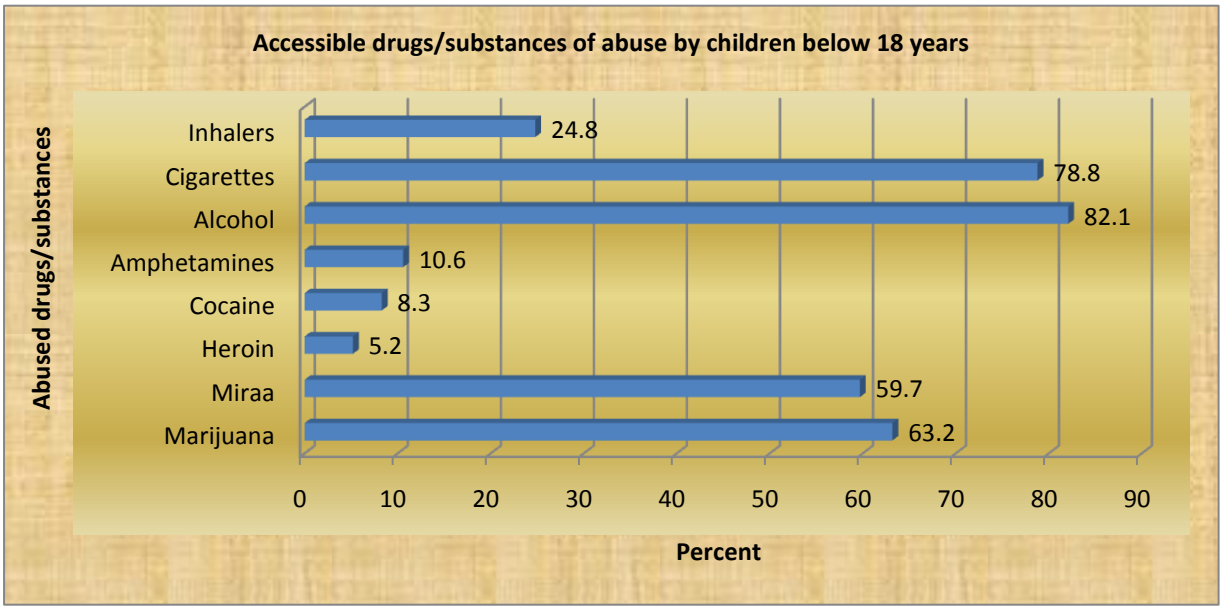
Fig. 3: Availability of different drugs or substances of abuse



As indicated on the Fig. 3 above, alcohol is the most available substance of abuse at 88.1% in the neighbourhoods followed by cigarettes, marijuana and miraa at 83%, 77.6% and 66.3% respectively. Other drugs/substances reported to be available in the neighbourhoods include: Kuber, opium, prescription drugs, valium and sweets laced with drugs.

Consequently, as indicated on Fig. 4 below, drugs/substances that are available in the neighbourhoods are the ones that are most abused: Alcohol (82.1%), cigarettes (78.8%), marijuana (63.2%) and miraa (59.7%).

Fig. 4**: Abused Drugs/substances accessible to children below 18 years**



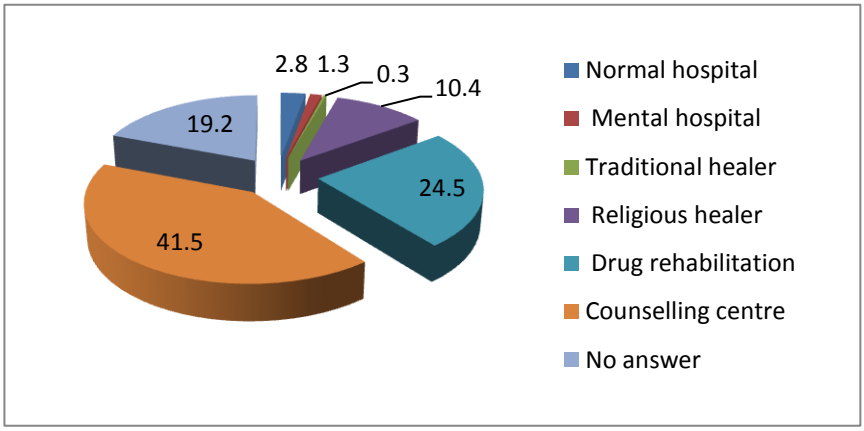
Other abused drugs/substances available to children include: Glue, kuber, laced sweets, opium and prescription drugs.

3.2.2 Knowledge on availability of alcohol and drug related services

Encouragingly, some 89.5% of the parents opinions were that children who abuse alcohol/drugs can be helped to stop. However, only 67.5% knew of any services available to help those who abuse drugs/alcohol.

Fig. 5 below presents the available services the parents know that can help those who abuse drugs/alcohol:

Fig. 5: The available services parents know



Some 41.5% of the parents indicated that they knew those who abuse drugs/alcohol can get help from a counselling centre. However, only 24.5% mentioned drug rehabilitation centre. Other services reported to be available include: Approved schools, church youth groups, community service order, correctional centre, guidance and counselling in schools and rehabilation centres for street children. Thus, there is need to inform the public on the availabilty of services available so that those who abuse drugs/alcohol can seek help. 35.8% of the parents indicated that they knew any facilities/institutions in Nairobi or elsewhere for treatment or rehabilitation of substance abusers. They cited the following facilities/institutions:

Table 6: Facilities/institutions in Nairobi and elsewhere for treatment or rehabilitation of substance abusers

Counseling centers			
1. AA Karen, Asumbi	2. Goal Kenya	3. NACADA Asumbi	4. Mbagathi Hospital
5. AA Our lady of Peace, South B	6. St. Peter's Clavers	7. Compressure clinic – Mater Hospital	8. MEWA Rehab Centre
9. Africa Rehab Kayole	10. Mary Immaculate Mukuru Kaiyaba	11. Mukumu Promotional Centre	12. The Omar project
13. Amani Counselling Centre	14. St. Catherine's Rescue Centre	15. Mukuru Promotional Centre	16. Nairobi Institute
17. Asumbi rehabilation centre	18. Undugu Society	19. Reuben Promotional Centre	20. Neema in Mombasa
21. Mathare Hospital	22. Kamiti Approved school/prison	23. MYSA Mukuru	24. NACADA
25. Kenyatta Hospital	26. Karen Counselling Centre	27. MYAC Association Centre	28. Redhill Limuru road
29. Nairobi Place	30. Kenya Police College	31. Word of Life	32. St. John's Community Centre
33. SAPTA	34. Masaa Rehab Centre	35. YMCA Nairobi	36. Don Bosco Boys Centre
37. Chiromo lane Counselling centre	38. Mzima counselling	39. PCEA church Eastleigh	40. St. Catherine Mukuru
41. Asumbi Redhill		42. Maximum Miracle Rehabitation Centre	

3.3 Parental attitudes towards the problem of alcohol and drug abuse among children

Overall, opinions were sharply divided when parents were asked whether they agreed or disagreed on different topical issues that may influence childrens' initiation into alcohol and drug/substance abuse. Table 9 below represents the parents opinions:

Table 7: Parents Attitudes towards Opinions and Practices on Substance Abuse

Attitudes	Agree Strongly	Agree	Disagree	Disagree Strongly
Parents think children in the neighbourhood are at risk of being initiated into drug and alcohol abuse early in their lives	34.9	42	11.3	4.7
Parents think their own child/children may be at the risk of engaging in drug or alcohol abuse	21.3	37.2	24.5	11.8
Parents approve of a parent consuming alcohol in the home in the presence of children	1.7	3.9	35.2	58.9
Parents approve of parents/adults going with children to places where alcohol is sold and consumed	1.5	2.9	34.4	60.3
Whether the practice of going with children under the age of 18 years to places where alcohol is sold could influence their early initiation into taking alcohol	63.2	29.4	3.9	3.0
Whether unrestricted use of money by children below the age of 18years could lead them to drug and alcohol abuse	61.2	33.4	3.9	1.4
Whether it is possible for children below the age of 18 years to abuse drugs/alcohol without their parents' knowledge	29.6	42.6	15.4	11.1
Whether they as parents think they could prevent their child below the age of 18 years from abusing alcohol or drugs	42.5	48.7	5.7	0.9
Whether they as parents think that they could help prevent alcohol and drug abuse among other children below the age of 18 years in your neighbourhood	20.4	48.3	19.1	10.1

More parents strongly agreed and agreed (34.9% and 42% respectively) that children in the neighbourhood were at risk of being initiated into drug and alcohol abuse early in their lives while the showing was not so strong for those who thought their own child/children may be at the risk of engaging in drug or alcohol abuse (31.3% and 37.2% strongly agreed and agreed while 24.5% and 11.8% disagreed and strongly disagreed).

On whether they approve of a parent consuming alcohol in the home in the presence of children, most of the parents were in disagreement (35.2% disagreed while 58.9% strongly disagreed) and so did those who approve of parents/adults going with children to places where alcohol is sold and consumed - 34.4% disagreed while 60.3% strongly disagreed. Consequently, parents did agree (63.2%) and strongly agreed (29.4%) that the practice of going with children under the age of 18 to places where alcohol is sold influences their early initiation into taking alcohol.

Most parents were also in agreement that unrestricted use of money by children below the age of 18 years lead them to drug and alcohol abuse (61.2% agreed and 33.4% strongly agreed) while the score was not as impressive on whether it is possible for children below

the age of 18 yrs to abuse drugs/alcohol without their parents' knowledge (29.6% agreed and 42.6% strongly agreed).

More parents were in agreement (42.5% agreed and 48.7% strongly agreed) that they as parents thought they could prevent their children below the age of 18 yrs from abusing alcohol or drugs while only 20.4% and 48.3% agreed and strongly agreed respectively that they as parents thought that they could help prevent alcohol and drug abuse among other children below the age of 18 yrs in your neighbourhood.

3.4 Parental practices related to alcohol and drug abuse among children

Table 10 below presents the consumption habits of different substances and alcohol of the parents in the previous 30 days. As would be expected, more parents reported to have ever taken alcohol and prescription drugs and so were those who had consumed the same in the previous 6 months and 30 days. However, indicative is that there was some reporting of parents ever consuming all the substances listed and consumption in the last six months and in the last 30 days. For the parents who had reported to have taken alcohol in the last 30 days, 15.9% had taken it at home, 82.6% away from home while 1.4% did not respond to the question.

Table 8: Consumption of Substances and Alcohol by Parents in the previous 30 Days

Substance	Ever Taken		Taken in Last Six Months		Taken in Last 30 Days	
	n	%	n	%	n	%
Marijuana /bhang	47	8.0	3	0.6	2	0.4
Khat/Miraa	70	11.9	16	3.3	12	2.5
Glue	7	1.2	2	0.4	1	0.2
Kuber	14	2.4	5	1.1	2	0.4
Prescription drugs	171	29.2	108	22.6	87	18.3
Heroin	8	1.4	4	0.8	3	0.6
Cocaine	6	1.0	2	0.4	1	0.2
Amphetamines/Tabs	7	1.2	2	0.4	1	0.2
Cigarettes	97	16.6	28	5.8	24	5
Alcohol	246	42.7	126	25.1	110	21.9

Table 11 below presents the distribution of alcohol and/or substance consumption of the parents by gender.

Table 9: Consumption of Substances and Alcohol by Parents in the previous 30 Days by Gender

Substance	Ever Taken		Taken in Last 6 Months		Taken in Last 30 Days	
	Men	Women	Men	Women	Men	Women
Marijuana /bhang	19.0 (38)	2.3 (9)	0.6 (1)	0.6 (2)	1.2 (2)	0
Khat/Miraa	24.4 (49)	5.4 (21)	7.7 (13)	1.0 (3)	5.8 (10)	0.6 (2)
Glue	2.0 (4)	0.8 (3)	0.6 (1)	0.3 (1)	0.6 (1)	0
Kuber	5.0 (10)	1.0 (4)	2.4 (4)	0.3 (1)	1.2 (2)	0
Prescription drugs	28.5 (57)	29.6 (114)	21.3 (36)	23.4 (72)	15.9 (27)	19.7 (60)
Heroin	2.5 (5)	0.8 (3)	1.2 (2)	0.6 (2)	1.2 (2)	0.3 (1)
Cocaine	2.5 (5)	0.3 (1)	1 (0.6)	0.3 (1)	0.6 (1)	0
Amphetamines	2.5 (5)	0.5 (2)	0.6 (1)	0.3 (1)	0.6 (1)	0
Cigarettes	34.0 (68)	7.6 (29)	11.2 (19)	2.9 (9)	10.5 (18)	2.0 (6)
Alcohol	68.8 (137)	29.0 (109)	43.1 (78)	15.0 (48)	38.9 (72)	12.0 (38)

As presented in Table 11 above, higher proportions of men than women reported that they had ever taken the said substances. The same case applied for the last six months and last 3 days. As for the alcohol, although higher proportions of men than women reported to have ever taken it and had taken it in the last six months and the last 30 days, substantial proportion of women indicated that they had ever taken alcohol.

Some 18.5% of the parents indicated that there are times when their children under the age of 18 years accompany them or any other adult in the household to a place where they take alcohol. Another 28.3% parents indicated that apart from them, there are other adults in

their household who take alcohol: 19.6% take the alcohol at home, 77.3% take it away from home while 3.1% did not respond to the question.

Almost two thirds (65.5%) of the parents indicated that they did know their child/children's friends whilst another 68.5% indicated that they do follow up the company that their children under the age of 18 years keep. Slightly over half of the parents (54.3%) indicated that they talk to school teachers to know whether their child/children could be abusing drugs while 65.3% of the parents reported that they closely monitor what their child/children under the age of 18 years does/do with money whenever such money is given.

Table 10: Substances Children below age 18 years use in the Household

Substance	**Frequency**	**Percent**
Cigarettes	21	3.58
Khat/Miraa	15	2.7
Marijuana	11	2.0
Kuber	6	1.1
Cocaine	6	1.1
Amphetamines/Tabs	6	1.1
Glue	5	0.9
Heroin	5	0.9
Total Responses	**75**	**12.4**

More children below the age of 18 years were reported to be using cigarettes (3.8%) in the households followed by those who use Khat/Miraa and Marijuana at 2.7% and 2% respectively. Given that a substantial number of parents had indicated that they do know much of what happens in their children's lives, there could be underreporting indicating that a substantial number of children below the age of 18 years are already partaking these substances. Other substances parents reported children were using in their households include chang'aa and alcohol.

The following are statements from the parents who came to learn about their children's use of the intoxicating substances:

- Witnessed the child in intoxicated state first hand
- Found the substances in their possession
- Report from another person including friends, teachers, relatives and neighbours
- Sudden change in behaviour including friends, and activities
- Deterioration or change of physical appearance
- Chang in personal grooming habits
- Child being disrespectful

3.5 Measures taken by parents to prevent and control alcohol and drug abuse among their children

It is only 50% (n=15) of the parents who reported having children who are taking the substances who are doing anything to help their children. They are doing the following:

- Counselling the child
- Monitoring his/her friends
- Monitoring his movements
- Prayers
- Talking to him and letting him know the effects of drugs

Only one parent indicated the reason why they had not done anything to help the child indicating that the child is unapproachable.

Some 9% of the parents indicated that they had ever suspected that their child under the age of 18 years could be using drugs because of the following reasons:

- Witnessed the child in intoxicated state first hand
- Found the substances in their possession
- Report from another person including friends, teachers, relatives and neighbours
- Sudden change in behaviour including friends, and activities
- Deterioration or change of physical appearance
- Changing personal grooming habits
- Drop in attendance and performance at work or school
- Appetite increased
- Change in physical appearance
- Disagreeing with the parent
- Planting miraa
- Slurred speech
- Smell
- Talking to himself
- Solitude

Most of the parents (80.9%; n=38) indicated that they were taking steps to help the child. The steps taken include:

- Counselling the child
- Guidance from the religious leader
- Punishment
- Prayers
- Took the child upcountry

Parents who indicated that they had not taken any steps to help the child gave the following reasons for this:

- The child is very young
- Monetary problems
- Child is unapproachable
- Child is uncontrollable
- Warned the child

Some 2.8% (n=16) of the parents reported that they had children (under 18 yrs) under their care who take alcohol and 76.9% (n=10) of them indicated that they had taken a measure or reduce or stop the practice. The measure reported to have been taken was counselling the child.

3.6 Challenges facing parents in efforts to prevent drug abuse among their children

The major challenges that parents face in trying to prevent their children from abusing alcohol and drugs:

Box 1: Challenges facing parents in their Efforts to prevent drug abuse among their children

Poverty

- Children begin to fend for themselves early in life hence difficult for parents to follow them up.
- Poverty and joblessness.
- Lack of cooperation from most parents in poor neighbourhoods.

Lack of Knowledge and skills among parents

- Lack of knowledge on where to seek help/counsel to help the children stop ADA.
- Parents lack guidance and counselling skills.
- Communication barrier between the parents and children.
- Children are very secretive.

Lack of adequate facilities for ADA

- Lack of adequate rehabilitation centres by the government and other correctional facilities.

Parents as abusers of drugs themselves

- When parents themselves are unable to stop drinking.

Easy availability of substances of abuse and weak laws

- Inability to control supply of substance e.g. Cigarettes in shops, illicit brew, bhang, alcohol etc.
- Lenient government laws on ADA.

Lack of recreational facilities and peer pressure

- Children have no venue to socialise other than bars and clubs.
- Influence from negative peer pressure.

Difficulties in handling secretive and rebellious children

- Children are defiant and become violent when confronted about drug use.
- Children can run away from home and school when confronted.

- Children do not accept that they are taking drugs, get rude and threaten to commit suicide.
- Children stealing from their parents.

Steps to be undertaken to increase involvement of parents in prevention of ADA among children:

Intensification of awareness campaigns

- Advertise on mass media that drugs are harmful so that parents can in turn teach their children.
- Call seminars and other educational forums like awareness drives involving parents on ADA.
- Parents should be involved in creating awareness about alcohol and drug abuse.

Capacity building

- Create capacity among parents on how to deal with children who use the drugs.
- People in the church should be trained to teach the community about drugs.
- Organizing of interactive forums where parents and children sit together and discuss drug issues.

Change in parenting attitudes and practices

- Close monitoring: Be open with children and let them invite their friends to the house and also monitor their children friends.
- Parents should not give children a lot of money and should monitor how they use the money.
- Parents should be strict and monitor their children's behaviour closely.
- Parents should be good role models to their children. They should not take drugs and alcohol especially in the presence of their children.
- Parents should engage their children in religious institutions and engage them during school holidays.
- Parents should be involved more in their children's lives.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 Key findings of the study

Knowledge of substances of abuse

Knowledge of drugs is high. A large number (82.5%) reported knowledge of intoxicating substances, with marijuana being the most known at 81.8%, followed by alcohol (74.2%).Prescription drugs and amphetamines were the list known (19.1% and 14.7%).

An overwhelming number affirmed that cigarettes and alcohol are drugs. Further most understand the harmful effects of drugs.

Knowledge among parents regarding risk factors

Majority of respondents indicated knowledge of risk factors related to alcohol and drugs. At least 88.9% and 89.6% indicated knowledge of factors that lead to alcohol and drug use respectively. Over 82.9% considered influence from friends and peers to be a cause of alcohol and drug abuse. However fewer mentioned parental behavior and practices to be causes.

Knowledge of signs and symptoms

Majority (87.8%) of parents affirmed they would know if their children were abusing alcohol or drugs, with most being able to mention the major signs and symptoms of abuse.

Availability of substances of abuse

Alcohol and drugs are readily available in the neighborhoods. Over 70% of parents indicated that substances of abuse are available in the neighborhoods, with alcohol being the most available (88.1%), cigarettes (83%), marijuana (77.6%), and miraa (66.3%).

Knowledge on services

Whereas an overwhelming majority (89.5%) of parents admit that children who abuse alcohol and drugs can be rehabilitated, a fewer number 67.5% knew of services available.

Knowledge on counseling centers was the highest (70.4%) followed by drug rehabilitation centers (43.4%).A very small number (35.8%) indicated knowledge of a facility or institution in Nairobi or elsewhere for treatment or rehabilitation of alcohol and drug abusers.

Parental attitudes

Most parents (76.9%) acknowledge that children in their neighborhoods are at risk of being initiated into alcohol and drug abuse. However, fewer (68.5%) admit the vulnerability of their own children.

Most parents (68.7%) agreed that they have role to play in preventing alcohol and drug abuse among their children.

Parents also seemed to be aware of most of the parenting practices that may influence children to consume alcohol and drugs, with most expressing disapproval of such practices.

Parental practices

Consumption of alcohol and drugs among parents in the neighborhoods is rife. However fewer parents were willing to admit the current use of either alcohol or other drugs. At least 15.9% of parents who reported currently consuming alcohol said that they take it at home.

Some 18.5% of the parents indicated that there are times when their children under the age of 18 years accompany them or any other adult in the household to a place where they take alcohol. Another 28.3% parents indicated that apart from them, there are other adults in their household who takes alcohol.

Almost two thirds (65.5%) of the parents indicated that they did know their child/children's friends. Some 68.5% indicated that they do follow up the company that their children under the age of 18 years keep. 54.3% of respondents indicated that they talk to school teachers to know whether their child/children could be abusing drugs while65.3% of the parents reported that they closely monitor what their child/ children under the age of 18 years does/ do with money whenever such money is given.

Major challenges faced by parents

The availability of substances of abuse in the neighbourhoods and easy access to the children is the biggest challenge that parents are facing. This is worsened by lenient laws on the selling or supplying of alcohol and drugs to minors.

It was also clear from the study that parents lack adequate knowledge on the availability of services to help their children. Still, the evident lack of adequate rehabilitation centres by the government and other correctional facilities poses a challenge.

Most parents lack adequate time to spend with their children as to be in a position to monitor their behaviour, partly because of busy schedules to earn a living and the fact that the children spend most of their time in school.

It was also clear from the study that parents themselves abuse drugs and have difficulties in quitting the habit. In this way they are unable to be good role models to their children.

Whereas parents may be aware that their children are abusing drugs, they lack necessary guiding and counselling skills to help the children.

Due to poverty in most households, children begin to fend for themselves very early in life hence it becomes difficult for parents to follow them up. Most become violet and defiant when confronted about alcohol drug/substance use, with some running away from home.

In most neighbourhoods, children have no venue to socialise other than bars and clubs. This makes it difficult for parents to regulate their behaviour and keep them off alcohol and drugs.

Those parents ready and willing to fight the problem are inhibited by uncooperative neighbours when it comes to fighting of the drugs in the neighbourhood.

4.2 Suggested ways of increasing parental involvement in the fight against alcohol and drugs

- Advertise on mass media that drugs are harmful so that parents can in turn teach their children.
- People in the church should be trained to teach the community about effects of drugs.
- Call seminars and other educational forums like awareness drives involving parents on ADA.
- Create awareness among parents on how to deal with children who use the drugs.
- Parents should not give children a lot of money and should monitor how they use the money.
- Organizing of interactive forums where parents and children sit together and discuss drug issues.
- Parent to parent interaction and sensitizing parents on how to help their children.
- Parents should be strict and monitor their children's behaviour closely.
- Parents should be good role models to their children. They should not take drugs and alcohol especially in the presence of their children.
- Parents should engage their children in religious institutions and engage them during school holidays.
- Parents themselves should be more involved in creating awareness about alcohol and drug abuse.
- Parents should be involved more in their children's lives i.e, closely monitor what goes on in their children's lives.

4.3 Conclusion

This study has shown that most parents are generally aware of the problem of alcohol and drug abuse among their children, with most acknowledging their role in fighting the problem. However they are not actively involved in dealing with the problem. A significant number are not meaningfully involved in their children's' lives, and do not consider their own children to be at risk. Still, others are abusers of substances themselves and unable to be role models to their children. Those willing and ready to assist their own and other children lack the knowledge on the availability of services as well as guiding and counselling skills. The fact that access to alcohol and drugs in the neighbourhoods is easy for children compounds the problem for parents**.**

4.4 Recommendations

4.4.1 Policy and programmatic recommendations

The following policy and programmatic recommendations are made;

- There is dire need to review policies that address the regulation of substances of abuse, particularly those related to the access of alcohol and drugs to minors.

- There is need to come up with more strict laws on alcohol and drugs with severe penalties for those who supply alcohol and drugs to minors.
- The capacity of families to address the problem of drugs among their children should be developed by creating forums for parents to share experiences and equipping them with guiding and counselling skills.
- There is need for the establishment of promotive, preventive, treatment and rehabilitative services within easy reach of parents. Parents also need to be made aware of such services.

4.4.2 Suggested areas of further research

The following areas are recommended for further research;

- Detailed qualitative research on the experiences of parents whose children abuse drugs, including their interventions and coping strategies.
- Research on the perspectives of children on their own roles and those of their parents in the prevention and management of alcohol and drug abuse.
- Research on the role other stakeholders such as teachers, law enforcement agencies in the fight against drug abuse among children.

REFERENCES

Grant BF and, Dawson DA (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. ***Journal of Substance Use*** *9:103*–110.

Hawkins, J.D., Graham, J.W., Maguin, E., Abbot, R., Hill, K.G., and Catalano, R (1997). Exploring the effects of age of alcohol use initiation and psychosocial risk factors on subsequent alcohol misuse, ***Journal of Studies on Alcohol*** 58 (3):280-290,

National Campaign Against Drug Abuse (NACADA) (2004): Youth in Peril Study. NACADA: Nairobi.

National Campaign Against Drug Abuse (NACADA) and Kenya Institute of Public Policy Research and Analysis (KIPPRA) (2005): National Education Institutional Survey on Drugs and Substances in Kenya. (Unpublished)

National Campaign Against Drug Abuse (NACADA) (2008): Rapid situation assessment of drug and Substance abuse in Kenya. NACADA: Nairobi.

Ndetei, N D (2004): Study on the assessment of the linkages between drug abuse, injecting drug abuse and HIV/AIDS in Kenya (Unpublished)

Ngesu, L, Nduku J and Masese A (2008): Drug dependence and abuse in Kenyan secondary schools. ***Educational research and Review*** 3(10): 304-308