

# Peer-relationships and prevalence of drug and substance abuse amongst youth in Kenya

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**Abstract:** Drug and substance abuse is a major public health issue globally with serious socio-economic burden especially among the young population between the ages of 18 to 30 years enrolled in various institutions of higher learning. The objective of this study was to establish how peer-relationships influence the prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County. The study adopted descriptive research design and data collected using questionnaire from a sample size of 340 respondents selected through simple random sampling from a target population of 2977 students from KMTC-Port Reitz Campus, Mombasa polytechnic University and Nairobi University while analysis involved descriptive statistics. Findings showed that peer grouping, exposure to drug by friends, low self-esteem and exposure to drug by sexual partner influenced drug and substance abuse amongst youth in institutions of higher learning in Mombasa County. The study recommends that parents need to ensure that children form appropriate bonds and learn age appropriate behaviors by being positive role models and showing their children the negative aspects of substance abuse. Further, projects should be set up to ensure that determinants of the prevalence of drug and substance abuse amongst youth in Mombasa County are addressed and consequently eradicated.

**Keywords:** Education factors, Prevalence of drug abuse

## I. INTRODUCTION

Substance abuse is a major public health issue globally causing serious social and economic burden to the society. The national co-morbidity survey in USA found that annual prevalence for drug misuse and drug dependence excluding alcohol is 3.6%, with lifetime prevalence at 11.9% while in specific 19% of the students use cannabis (Kessler, McGonagle & Shanyang 2011). The cost of addictive illness to Americans is currently \$144 billion per year in health care and job loss (Galanter & Kleber 2009). In Europe as well as India, the scenario is almost the same. In Bangladesh, drug related problems are gradually becoming a burning issue in context of social, economic and medical perspective with an estimation given by the Department of Narcotic Control of Bangladesh revealing that about 1.5 million people are involved drug abuse such as excessive alcohol, tobacco and cannabis (DNC, 2005).

Africa like any other continent is faced by drug abuse as major problem towards economic development among states with Nigeria having 27% and South Africa having drug abusers of cigarettes, marijuana and alcohol (Flisher et al., 2003). In Kenya, abuse of the drugs among the youth not only

drains the economy but also deals a blow to the country as its youth become less productive. It is increasingly clear that nearly 92% of the youth experiment with drugs during the growing up process. In recent years the consumption of licit (tobacco, alcohol) as well as illicit substances has increased greatly throughout the world. Particularly alarming is the fact that the age of initiation into substance abuse is progressively falling (UNDCP, 2007). Adolescence is the critical period when the first initiation of substance use takes place. Among the youth, students are particularly involved due to increasing academic pressures. The encouragement by peer groups, the lure of popularity and easy availability of many such substances like alcohol, tobacco and other drugs make a teenager an easy prey. Drug abuse is, therefore, an issue that not only involves the secondary school students but is also a National issue. Everywhere the target group is our young population between the ages of 18 to 30. This is the period of life for exploration and experimentation - the means by which 'young people learn who they are and what they want to do with their lives', and trying out new things and making first-time choices (Westermeyer, 2009). These make them vulnerable to experiment drugs. They try to remove depression using drugs as a tool. Failed relationships and broken hearts are also major inducements of drug abuse in young people. Unwanted events and refusal can make one lose confidence resulting into the use of drugs.

Young people belonging to the higher class of the society take alcohol and other drugs to maintain their status in the friend circles (Shafiq, 2008). Several strikes that have occurred in schools in the past have usually been attributed to drugs without any concrete evidence. There is also paucity of sufficient and readily available reliable body of prevalence data, identified as one of the critical issues by NACADA. The problem of drug abuse in coast Province is growing at an alarming rate, the lack of reliable statistics to reveal the scope and magnitude of drug abuse has left many institutions guessing and speculating on the seriousness of the problem (Olatuwara & Odejide, 2011). The commonly consumed drugs both legal and illicit in Kenya include cannabis, cocaine, heroin, khat, tobacco and alcohol. A review of related literature was done which focused on khat, cannabis and heroin. The ease of access and availability of cannabis among community members is a contributing factor to its greater use, while the fact that production and consumption of khat is legal its use has been consistently on the increase worldwide. Peer

pressure and curiosity has made heroin a drug of choice to most youth in Mombasa.

Rampant Drug abuse in Kenya's coastal city has been cited as a great challenge and a major threat that poses negative implications to the country's political, economic, and social stability, hence calling for urgent mitigating measures (Beckerleg, Deveau & Levine, 2006). The vice has been said to create social economic hardships that breed misery which increases crime, violence and a drain on human material resources in the region that has in the recent years experienced an upsurge in the cultivation, consumption and trafficking of illicit drugs. The problem of drug abuse in coast region is growing at an alarming rate, the lack of reliable statistics to reveal the scope and magnitude of drug abuse has left many institutions guessing and speculating on the seriousness of the problem (Olatuwara & Odejide, 2011). The commonly consumed drug both legal and illicit in Kenya include cannabis, cocaine, heroin, khat, tobacco and alcohol. A review of related literature was done which focused on khat, cannabis and heroin. The ease of access and availability of cannabis among community members is a contributing factor to its greater use, while the fact that production and consumption of khat is legal it's use has been consistently on the increase worldwide. Peer pressure and curiosity has made heroin a drug of choice to most youth in Mombasa.

Further, most of the student in colleges and technical institution in the Mombasa County are said to engage in drug abuse and substance abuse due to ease access to the commodity. This has raised an alarm for authorities to come up with strategies and applicable means of mitigating drug abuse in the region. KMTC-Port Rietz campus, Mombasa Polytechnic University and UON-Mombasa Campus are not excluded from the colleges that are facing this problem. Hence the need to focus on these 3 major institutions in order to investigate the determinants of prevalence of drugs and substance abuse in Mombasa County. Most studies on drug abuse have fallen short of identifying the root cause of the problem. Therefore, the study planned to seek the school environment related factors influencing prevalence of drug abuse in high institutions of Higher learning in Mombasa County, Kenya. This study was, therefore, conducted to improve on the data base of drug abuse by generating objective information on the extent and the reasons for drug abuse in order to formulate effective public health policies on prevention. Further, the government will apply the findings to ensure the fight against drug and substance abuse, through NACADA, is successful. Equally, projects may be established to put mechanisms in place to ensure that factors that lead to prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County are reduced or totally eliminated. The study provides useful information that will help the management of higher learning institutions in Kenya in addressing determinants of prevalence of drug and substance abuse among college students and devise strategies to ensure the institutions remain drug free.

The study findings are expected to be of great importance to various researchers involved in policy making.

## II. LITERATURE REVIEW

### 2.1 Prevalence of Drug and Substance Abuse

The national co-morbidity survey in the USA found that the annual prevalence for drug misuse and drug dependence (excluding alcohol) is 3.6%, whilst the lifetime prevalence is 11.9% (Kessler, McGonagle & Shanyang 2011). The cost of addictive illness to Americans is currently \$144 billion per year in health care and job loss (Galanter & Kleber 2009). The 1995 European Schools Project on Alcohol and other Drugs revealed that, 37% of 10th Grade students in the 30 participating European countries had smoked a cigarette in the past 30 days, 61% had consumed alcohol, 17% had consumed marijuana and 6% had used some illicit drugs other than marijuana (Hibbel, Anderson, Bjarnason, Kokkeri, Morgan & Narusk, 2005). In Bangladesh, drug related problems are gradually becoming a burning issue in context of social, economic and medical perspective with an estimation given by the Department of Narcotic Control of Bangladesh revealing that about 1.5 million people are involved in abusing drugs of various kinds (DNC, 2005).

Africa, having constituted of developing country faces a similar problem of drug abuse and substance abuse. Fatoye and Marakinyo (2002) studied drug abuse amongst 567 secondary school students in rural and urban communities in south western Nigeria. They found that the most commonly abused drugs were salicylate analgesics (48.7%), stimulants (20.9%), antibiotics (16.6%) alcohol (13.4%), hypnotic sedatives (8.9%) and tobacco (3.0%). The current and lifetime use of alcohol and tobacco was significantly more common among the males, and among those in the rural schools. For the majority of the students, initiation into drug use started at a very early age (under 14 years).

In Nigeria, studies have consistently shown that there is considerable prevalence of drugs and substances use; with varying prevalence rates found for both overall and specific drug abuse (Abdulkarim, Mokuolu & Adeniyi, 2005). Factors influencing students to drug use have been identified among them parental influence: children from homes where parents take drugs tend to imitate their parents' behavior and by modeling, they also start using drugs (Ngesu, Ndiku & Masese, 2008).

According to Adelekan, Makanjuola, Ndom, Fayeye, Adegoke and Amusan (2005) did a study from Namibia on factors influencing drug abuse, he found that students may start using illegal drugs because the drugs are easily available from their schools. School related factors can also influence students to drug use (Ngesu et al., 2008). How the school administration manages student affairs may lead to drug abuse. High handedness, lack of freedom and failure to address their grievances creates stress which can lead to abuse of drugs as depressors (Kingala, 2000). Unfortunately, across

all continents in the world and throughout time, drug abuse among both the young and adult population has manifested itself in various forms (Grover, 2007).

In Uganda, a study noted that among the youth, 19% of the secondary school students and about 35% of the students in tertiary institutions including the medical school smoked cigarettes (Kanyesigye, Basiraha, Ampaire, Muchura & Kangi, 2007). This was attributed to a lot of tobacco products being advertised in relation to style/fashion; and due to peer influence. The mean initiation age for smoking was 13.4 years with a range from 6 to 22 years in Jinja district (Lukwiya, 2000). In a cross-sectional study carried out among 2789 high school students in Kampala district, Uganda, in 2002 among 13-15-year olds it was found that 17.5% reported to have smoked tobacco, with 37.9% (n = 148) of them trying or starting smoking before the age of 10 (Mpabulungi & Muula, 2011).

In Kenya, studies show that more than a fifth (22.7%) of primary school children take alcohol, a figure that rises to more than three-quarters (68%) for university students. A large number of students across all age groups have been exposed to alcohol, tobacco, *miraa* (khat), glue sniffing, bhang (marijuana) and even hard drugs such as heroin and cocaine. According to a study by Siringi (2001) on drug abuse, 22% of secondary school students were on drugs and males had a higher exposure to *miraa* and inhalants (Siringi, 2003). In addition, the study also found out that the prevalence of drug abuse increased from primary to tertiary institutions. Alcohol was the most frequently abused drug followed by *miraa*, tobacco and bhang. The students staying with friends were most at risk followed by those staying with either a sister or a brother. Students staying in towns were also reported to have a twofold risk of having tasted alcohol, tobacco, *miraa*, bhang and inhalants (glue) compared to those in rural areas. This survey demonstrated that the youth in the urban areas, due to their lifestyles, are more predisposed to drugs compared to those in rural areas.

A preliminary survey of drug abuse was conducted among secondary school students in Kenya and the results of the study confirmed that drug abuse was quite prevalent among secondary school students (Dhadphale, Mengech & Acuda, 2001). For instance, up to 10% of students drunk alcohol more than three times a week, 16% smoked cigarettes more than three times a week, and nearly 14% had smoked cannabis (bhang) and 16% admitted taking other drugs especially tranquillizers in order to feel high. The study revealed that the problem was more acute in urban schools compared to rural schools. A cross sectional study to determine the prevalence of smoking and to investigate factors that may influence smoking behavior in 5,311 secondary school students in Nairobi found that a total of 2246 (70.1%) were smokers out of which 38.6% were males and 17.9% females. In this study, experimentation with drugs started at 5 years of age, and regular smoking at 10 years. The majority of the students

72.2% started at between age 12 and 16 years (Kwamanga, Odhiambo, & Amukoye, 2003).

## 2.2 Peer Relationships

The biggest factor that influences teenagers to substance abuse is peer pressure (Henry & Kobus, 2007). Teenagers feel extreme pressure to fit in with their peers and often if one "cool" kid begins using drugs or drinking, others will follow in order to gain status or save face. Additionally, there is the pragmatic element. Teenagers are in high school around the age of 14 in the United States, where they will be exposed to more children and thus have a high likelihood of meeting individuals who are already abusing drugs.

Teenagers have an urge to belong, to be loved and liked by those close to them. This can lead to one doing things he/she could not have done to gain group approvals and identity with it. This is more serious when one has low self esteem, sense of lack of security and dependency. The insecure youth finds comfort and approval by conforming to the standards of a peer group. Wills et al. (2011) have conducted a study of 1700 adolescents and assessed them yearly from the seventh to the ninth grade. The findings show that there is a good correlation between the level of alcohol and other drug use in the respondents and the number of the peers who used the drugs. In addition, when children of drinking parents lose parental tie, they tend to be strongly influenced by peers who could also be heavy drinkers. In addition to acting as role models, parents who consume a great deal of alcohol have been shown to exhibit reduced parental monitoring of the activities of the adolescent children and to produce stress and negative effect on their children.

As a child moves into adolescence, the primary source of influence moves away from parents and families to the peer group. There is evidence that adolescent, especially young adolescent, are particularly susceptible to peer influence, which has been linked to adolescent substance use (Killeya-Jones, & Costanzo, 2007). Schulenberg et al. (1999) studied two cohorts of middle school students from southeastern Michigan in a longitudinal study. Schulenberg et al. (1999) found that perceived exposure to peer drinking in seventh grade contributed to overindulgence of alcohol use between seventh and eighth grade in girls but not in boys.

Adolescent are susceptible to peer influence. Adolescent are oriented toward relationships, a fact which suggests that girls may be susceptible to peer pressure, affected by friends with problem behaviors and reactive to peer disapproval or approval of illegal drug use (Pearson & Mitchell, 2000). Adolescent females, according to Walters (2006), do not want to be alienated from a peer group. Ratica and Dunn (1999) stated that drug involvement by an older male sexual partner increases the likelihood a female will initiate drug use. Early maturing females are particularly at risk; the early maturing female is more likely to associate with an older male sexual partner and the male often introduces substance use into the relationship.

Peer relationships and rural communities indicate that students (particularly females) attending rural, middle schools are particularly at risk for illegal drug use and peers are likely to play a pivotal role in the behavior. When looking at the rural population of adolescent, understanding the factors influencing substance use is important. Adolescent appear susceptible to peer pressure, friends with problem behaviors and peer disapproval or approval of alcohol, tobacco and other drug use (Walters, 2006). The susceptibility is likely due to adolescent orientation toward relationships. Gender identity has recently emerged as a potential factor in drug using behavior (Kulis et al., 2002). Several studies conducted in urban settings link the gender identity of adolescent females to substance use.

If an association between gender identity and the substance use of adolescent females was established in several contexts, prevention scientists could adapt current programs to improve substance abuse prevention programs for adolescent. The concern for substance abuse prevention for adolescent females goes beyond an increase in substance use (Walters, 2006). Adolescent respond in a particular way to substance use and substance abuse (National Center on Addiction and Substance Abuse, 2006). For alcohol, students seem to experience a strong addiction and severe withdrawal symptoms and are likely to experience a relapse. There is also evidence to suggest that once students begin drug use, there is a high risk for developing drug dependence (Dakof; Greenfield, 2002). Additionally, students are at risk for certain mental health problems that are highly correlated with substance abuse (Goodkind, & Huang, 2006).

Specifically, depression, stress, body image dissatisfaction, and a decline in self esteem are all associated with substance abuse. As adults, women experience greater health problems than men resulting from the same level of use. The health problems include cirrhosis of the liver (Goodman, 2002), cardiovascular disease (National Institute on Alcohol Abuse and Alcoholism, 2000), hypertension, cognitive impairment (Greenfield) and bone fractures due to brittle bones (NACADA, 2006).

### III. METHODOLOGY

The study employed a descriptive survey research design and questionnaires used to collect data from a sample size of 340 respondents out of a target population of 2977 students drawn from KMTC-Port Rietz campus, Mombasa Polytechnic University and UON-Mombasa Campus. The researcher first conducted a pilot study on 10% of unselected respondents and a validity coefficient of 0.79 and a reliability coefficient of 0.887 obtained. Descriptive statistics of frequency, percentages, mean and standard deviation at a significance level of 0.05 was done using SPSS Version 21.

### IV. FINDINGS AND DISCUSSION

The response rate was 96% of the total respondents. The study also sought to establish how peer relationships influence the

prevalence of drug and substance abuse amongst youth in institutions of higher learning in Mombasa County with focus on KMTC-Port Rietz campus, Mombasa Polytechnic University and UON Mombasa campus.

#### 4.1 Peer Relationships Influence Drug and Substance Abuse

In response to whether peer relation influenced drug abuse, 75.8% of the respondents indicated that peer relation influenced drug and substance abuse in colleges while 24.2% of the respondents indicated that peer relation didn't influence drug and substance abuse in colleges. We can therefore conclude that peer pressure influences teenagers to substance abuse.

Table 4.1: Peer Relationships Influence on Drug and substance Abuse

	Frequency	Percentage (%)
Yes	147	75.8
No	47	24.2
Total	194	100.0

On the question on how peer relation influenced drug and substance abuse .The respondents indicated that it was through the desire to emulate others, desire to feel like the rest, in order not to look odd, difficult to withstand drug abuse if you relate to a drug user, lack of personal stand, addiction, and for friend satisfaction.

#### 4.2 Facet Relating to Peer Relationships

The study sought to establish the extent to which facet relating peer relationship influenced drug and substance abuse in the college. The respondents indicated that peer grouping and exposure to drug by friends influenced drug and substance abuse in the college to a large extent as indicated by a mean score of 3.5928 and 3.5670 respectively. The respondents also indicated that low self esteem and exposure to drug by sexual partner influenced drug and substance abuse in the college to a moderate extent as indicated by a mean score of 2.9588 and 2.9793 respectively. We can therefore conclude that teenagers feel extreme pressure to fit in with their peers and often if one "cool" kid begins using drugs or drinking, others will follow in order to gain status or save face.

Table 4.2: Facet Relating to Peer Relationships

Category	N	Mean	Std. Deviation
Peer grouping	194	3.5928	1.40471
Exposure to drug by friends	194	3.5670	1.22502
Low self esteem	194	2.9588	1.31091
Exposure to drug by sexual partner	194	2.9793	1.38051

#### 4.3 Drug and Substance Abuse

This section focuses on the symptoms of drug and substance abuse among the students in Mombasa County.

#### 4.3.1 Rating of drug abuse Symptoms

From the findings the respondents rated low memory, loose parental tie, and high risk of developing drug dependence and depression and stress as symptoms related to drug and substance to a large extent as indicated by a mean of 3.6598, 3.5969, 3.5567 and 3.6443 respectively. The respondents further indicated that lack of attention and body image dissatisfaction as symptoms related to drug and substance to a moderate extent as indicated by a mean of 3.0309 and 3.3918 respectively.

Table 4.4: Rate the Following Symptoms

	N	Mean	Std. Deviation
lack of attention	194	3.0309	1.36919
low memory	194	3.6598	1.24685
loose parental tie	194	3.5969	1.21399
High risk of developing drug dependence	194	3.5567	1.24234
Depression and stress	194	3.6443	1.35137
Body image dissatisfaction	194	3.3918	1.36997

The study revealed that peer grouping, exposure to drug by friends, low self esteem and exposure to drug by sexual partner influenced drug and substance abuse amongst youth in institutions of higher learning in Mombasa County.

#### 4.3.2 Peer Relationships

The study revealed that peer grouping, exposure to drug by friends, low self esteem and exposure to drug by sexual partner influenced drug and substance abuse in institutions of higher learning in Mombasa County. Henry & Kobus, (2007) argue that the biggest factor that influences teenagers to substance abuse is peer pressure. Teenagers have an urge to belong, to be loved and liked by those close to them. This can lead to one doing things he/she could not have done to gain group approvals and identity with it. This is more serious when one has low self esteem, sense of lack of security and dependency. The insecure youth finds comfort and approval by conforming to the standards of a peer group. Wills et al. (2011) have conducted a study of 1700 adolescents and assessed them yearly from the seventh to the ninth grade. The findings show that there is a good correlation between the level of alcohol and other drug use in the respondents and the number of the peers who used the drugs.

## V. CONCLUSIONS

The study concluded that peer relationships influenced drug and substance abuse in institutions of higher learning because youth are susceptible to peer influence. Peer relationships and rural communities indicate that students (particularly females) attending rural, middle schools are particularly at risk for illegal drug use and peers are likely to play a pivotal role in the behavior. When looking at the rural population of youth, understanding the factors influencing substance use is

important. Moreover, drug abuse is associated with reduced educational attainment. Based on the findings and conclusions, the following recommendations are made from the study: The study recommends that parents need to ensure that children form appropriate bonds and learn age appropriate behaviors. This is because it will lead to acceptance and reinforcement which form the basis for learning age appropriate behaviors as the child develops. The study also recommends that parents need to have a strong influence in keeping children away from drugs, by being positive role models and showing their children the negative aspects of substance abuse. Moreover, the study also recommends that since strong family cohesion is associated with negative attitudes toward substance use, Positive relationships at home should be established to promote peer relationships that do not support substance use. Females are reported to receive more parental monitoring and be more concerned about maintaining a positive relationship with parents. Furthermore, studies should be done on the challenges facing the fight against drug and substance abuse in other counties in Coast region.

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