PASTORAL COUNSELING RESPONSE ON ABUSE OF DRUGS AND SUBSTANCES AMONG THE YOUTH OF TURITU AND NGEGU SHOPPING CENTERS IN KIAMBU COUNTY

BY:

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This dissertation is submitted in partial fulfillment of the requirement for the award of masters of theology degree counseling psychology option from St. Paul's University Limuru

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DECLARATION

I hereby declare that the contents of this research report are original and that the work has not been submitted to any other university or institution for award of a degree.

…… ……

Benson Mbugua Kimani Date

Mth/LMR/2673/15

This research report has been submitted for examination with my approval as a supervisor of St. Paul's University Limuru.

…….. ……

Prof. Ndung'u J.B. Ikenye Date

DEDICATION

I dedicate this research to my dear wife Margaret Wanjiku Mbugua and my children, Loise Wanjiru Benson, Rachael Njeri Kariuki, Faith Wambui Benson, Joyce Wambui Benson, Mary Nduta Mbugua, my two granddaughters, Wanjiku and Wanjira and my biological mother Loise Wanjiru Mbugua. I also dedicate this study to ACK Larger Turitu Parish which comprises of ACK Emmanuel Turitu and ACK St Andrew Ngegu. I also dedicate this study to the area locational chief Mr. Peter Kang'ara who always gave me total support as regards to data collection and speaking to the drug abusers. Special dedication goes to Prof. J.B. Ikenye who always stood with me as my mentor, adviser and my lecturers. Ultimately to Dr. Wango of Nairobi University and Dr. Githinji who were my lecturers at St Pauls University for the support and guidance during my studies. May Almighty Bless Them All.

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ABSTRACT

The result of drug abuse in human health and more specifically among the youth has contributed to problems which range from medical, social problems, family, legal and economic problems use. Drug abuse-related problems among the youth cannot be ignored. The increase in the use of alcohol, drugs and substance has remained a major concern among the youth in Turitu and Ngegu in Kiambu County. This study sought to explore how pastoral counselling can be utilized to respond to the use and abuse of drugs and other substances among the youth of Turitu and Ngegu shopping centers in Kiambu County. The specific objectives of the study were to establish the prevalence of use and abuse of alcohol, drugs and substances in Turitu and Ngegu shopping centers of Kiambu County; establish the cause and effects of use and abuse of alcohol, drugs and substances among the youth and finally to explore how pastoral counseling can utilize the psychosocial theory of counseling in order to respond to the use and abuse of alcohol, drugs and other substances in Turitu and Ngegu shopping centers in Kiambu County. The study employed a descriptive survey research design targeting youths and parents in Turitu and Ngegu locations in Kiambu County, Kenya. Among them, 120 youths and 60 parents were randomly selected to participate in the study giving a total of 180 respondents. Questionnaires were used as tools for data collection. Quantitative data was analyzed and presented in form of tables, figures while qualitative was analyzed in form explanatory notes. The findings of the study were then presented using tables and figures. The study established that majority of the youths were using alcohol and abusing drugs daily. The most commonly abused drugs by the youths were cigarettes, Bhang, *Miraa* and *Kuber*. Alcohol was also used by most of the youths. The main causes of drugs and substances abuse were; peer pressure, stress, affordability, availability, idleness, poor parenting and lack of employment. The effects of drug and substance abuse were; loss of dignity and personality, poor academic performance among youths who are still in school, increase in crime rates within the society, poor living standards due to wastage of money and time, family breakup, health problems and increase in violent behaviour. The study finally established that very few youths usually visit priests and pastors to seek advice related to alcohol use and drug abuse. As such, the study concludes that pastoral counseling was rarely used as a measure of curbing use of alcohol, drug and substance abuse. The study recommends that; religious leaders should frequently organize seminars, guidance and counseling programmes for the youths with an aim of sensitizing them on the consequences of drug and substance abuse. Equally, the government should put legislative measures towards the drug and substance peddlers and abusers and fund campaigns against drugs and substance abuse.

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ABBREVIATIONS AND ACRONYMS

AAPC	-	American Association of Pastoral Counselors
AIDS	-	Acquired immunodeficiency syndrome
ARV	-	Anti-Retroviral Drugs
DUF		Drug Use Forecasting
HIV	-	Human Immunodeficiency Virus
INCB	-	International Narcotics Control Board
NACADA	-	National Agency for the Campaign Against Drug Abuse
U.S. A	-	United States of America
UNIDC	-	United Nation International Drug Control
UNODC	-	United Nations Office on Drugs and Crime
WHO	-	World Health Organization

DEFINITION OF TERMS

Drug Addiction: Drug addiction is a dependency of being unable to do without the drug.

Drug tolerance: Body's ability to withdraw to withstand the effect of drug

Drug: A Drug is any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system (Jaffe, 2001)

Family Influence: Family offers the environment in which a person learns in early age and at the same time family is the first source of information. Family influence is a condition where members of the same family copy the behavior of the others.

Generativity: A concern for people besides self and family that usually develops during middle age; especially.

Identity: Condition or character as to who a person or what a thing is; the qualities, beliefs.

Illicit brew *"Chang'aa":* Is a traditional home-brewed spirit, popular in Kenya.

Illicit drug: Prohibited drug

Intimacy: An intimate relationship is an interpersonal relationship that involves physical and/or emotional intimacy

Licit drug: Drug allowed for consumption by law

Lifetime substances use: Respondents who have ever used at least one of the substances under investigation.

Media Influence: Media influence is the actual force exerted by a media message, resulting in either a change or reinforcement in

	audience or individual beliefs. Media effects are measurable effects that result from media influence, or a media message, Example include through TV and Radios
Peer Pressure:	This is direct influence by individuals who get encouraged to carry their behavior by someone else.
Poor Parenting:	Ineffective parenting has been linked to behavioral problems such as delinquency, criminality and academic problems for children.
Substances:	Substances are any mixture or compound of chemicals which when taken into the body may affect the functioning of one or more body organs and create a desired or unintended change.
Youth:	A Youth is defined as any member of society between the ages of 15 and 34 (World Health Organization)

CHAPTER ONE
BACKGROUND OF THE STUDY

1.0 Introduction

This chapter focuses on pastoral counseling response to the use and abuse of alcohol, drugs and substances using the psychosocial theory of counseling among the youth of Turitu and Ngegu shopping centers in Kiambu County. This chapter also focuses on the motivation, limitations, scope, justification, objectives, purpose and significance of the study.

1.1 Background of the Study

Globally, it is estimated that drug-related deaths account for between 0.5 and 1.3 per cent of all-cause mortality for people aged 15-64 years. It is estimated that there are 211,000 drug-related deaths annually, with younger people facing a particularly high risk. In Europe, the average age of death from drug use is in the mid-30s (Halima, 2005). It is important to note that little information regarding drug-related mortality is available for Asia and Africa. In addition to drug-related mortality, estimates indicate that of the 14 million injecting drug users worldwide, 1.6 million are living with HIV, 7.2 million are living with Hepatitis C, and 1.2 million are living with Hepatitis B. A global scientific study estimated that the burden of disease attributable to drug use was substantial, rising in 2010 relative to 1990. (Halima, 2005). The researcher contends that out of 43 risk factors, drug use was nineteenth in the ranking of the top global killers (alcohol was third and tobacco was second). For people aged 15-49 years, drug use was the sixth most common reason for death (Halima, 2005).

According to United Nation International Drug Control (UNIDC) conventions report, about one million people in Russia die each year from alcohol and tobacco related illness. In recent years, more than half of all Russian deaths between the ages of 15 and 54 years were caused by alcohol. Dr. Karusa Kiragu, a programme associate with Horizons research project of United State Agency International Development indicated that there is a social and biomedical link between excessive alcohol consumption and HIV and AIDS. This researcher highlighted that alcohol interferes with the body's ability to metabolize life prolonging anti-retroviral drugs (ARV) increasing the likelihood of drug resistance.

Laboratory evidence suggests that alcohol may morphologically alter cellular structure to increase both HIV infectivity and vulnerability of cells. Drug abuse indicts immeasurable harm on public health and safety around the world each year, and threatens the peaceful development and smooth functioning of many societies. An understanding of the economic costs of drug abuse is necessary to develop policies that reduce such costs. Attempts to calculate the global monetary burden of drug abuse, however, are mired in data limitations in the many areas that must be taken into account to arrive at even a rough estimate of the total global cost of drug abuse. Analysis of the economic consequences of drug abuse must account for expenditure associated with policy choices and take into consideration any gains and externalities.

During the last decade alone, the number of cocaine users in Europe doubled from two million in 1998 to 4.1 million in 2008. By 2008, the European market ($34 billion) was almost as valuable as the North American market ($37 billion). There is indication that the shift in demand has led to a shift in trafficking routes, with an increasing amount of cocaine flowing to Europe from Andean countries via West Africa, causing regional stability (UNODC, 2010). The number of clandestine laboratories involved in the manufacture of amphetamine-type stimulants is also reported to have increased by 20% in 2008, including in such countries where such labs had not been detected before. Cannabis remains the world most widely produced and used illicit substance. It is grown in almost all countries of the world and is smoked by 130-190 million people at least once a year according to International Narcotics Control Board (INCB) (2003) and UNODC, (2010).

The situation in Africa is worse. In fact, one of the most affected countries is South Africa (INCB, 2003; WHO, 2011). The menace is on the rise and the drugs that are increasingly becoming popular are methaqualone (Quaaludes), cocaine, marijuana (known as dagga in South Africa) and heroin. Despite effort by the South African government to control and prevent the problem, heroin use nearly doubled in the year 2011. It is referred to as sugar and affects at least 70% of households. It is also sold under names like Plazana and Kwape.

In 2008, between 8 and 25% of South Africans were being treated for heroin abuse or addiction. Because of the high numbers, many people are calling on the government to step in and take control. But, because of popularity, profit and availability, it is hard for the government to control or to stop it completely with limited resources and funds. Therefore, the country is facing alcohol problems with the most affected between 18 to 22 years of age. South Africa has one of the highest numbers of children born with fatal alcohol syndrome (WHO, 2011).

Kenya has not been left behind in the fight against drug abuse either. In 1994, Narcotic Drug and Psychotropic Substances (Control) Act was legislated to fight drug and substance abuse. The government has since established Anti-narcotic unit offices strategically deployed at the exit and entry points to control drug trafficking but it success is very minimal if not in vain (NACADA, 2004; Gikonyo, 2005). In 2010, a bhang plantation was destroyed inside a forest in Magarini District after police got a tip-off from members of public. Highway police officers also are always on surveillance to track traffickers or peddlers along the highway. However, the volumes of illicit drugs continue to rise with devised packaging methods (Nyassi, 2010).

In Turitu and Ngegu shopping centers of Kiambu County, alcohol, illicit brew, drugs and substances abuseamongthe youths has led to great problems in the areas as well as in the neighbouring schools, namely, Kanunga High School, Loreto Secondary School, Ngegu Primary School (Nyassi, 2010).These problems include aggregate and mental health related issues, poor peer relationships, traffic accidents, and stress on families with users. The youth have also developed lifelong issues such as substances dependence, chronic health problems, and social and financial consequences (Lukas, 2016:38). A study which was done by Lukas (2016) discovered that unemployed youths and school leavers are the most people highly linked to abuse of drugs. Furthermore, alcohol was the most abused substance among the youth in developing countries.

In pre-colonial days, alcohol was used and consumed as part of the cultural traditions of the mostly African communities. The traditional rules and values of most African cultures strictly prescribed the circumstances under which drugs and intoxicants could be obtained, used and consumed. Taking alcohol was generally the preserve of the elders

more often than not, of the male elders. So was the use of tobacco. Restrictions were placed on youth, but both men and women elders were free to use it. Drug abuse as a social problem did not exist because strong social cohesion acted as a mitigatory mechanism. The close-knit social communities were torn apart however, by the economic policies of colonialism, which emphasized individualism rather than well-being of the communities. Colonialism thus eroded the powers of censure and control of the family, and weakened traditional family solidarity. The process of urbanization also led to social atomization, as the values of individualism took root and spread (Mwenesi, 1996:34).

Reports by Mwangi & Katamba (2016:56), discovered that drug and substance abuse for a long time result in illnesses such as mental, change in genes, past experiences and psychological adversities. Additionally, people living in substandard areas also have a high-risk factor of abusing substances. On the contrary, drug abuse is also common among families that are not poor. Most of them are also exposed to health risk factors. From the issues raised by the researchers, their main focus was on public health reporting. In keeping with Mwangi and Katamba (2016:56) research poor people abuse drugs and alcohol. Unfortunately, the siblings of these poor people often find themselves in the same habit.

On the other hand, Murimi (2012:23) found out that majority of youths in high schools and universities experience educational issues due to abuse of drugs. Also, evidence shows that most of them are exposed to drugs especially in social events. In most of these events, many youths are introduced to drugs specifically alcohol and tobacco substances. This is due to the fact that most of them are fresh from high schools eager to try something new to satisfy their own desires. Thus, the prevalence of drug and alcohol abuse is very high.

A recent research by NACADA in 2007 concentrated on rapid assessment focusing mainly on alcohol abuse in Kenya. The report revealed that in most households especially in rural settings, they had an issue with drug and substance abuse. This confirms reports that implicate household problems are caused by families where parents abuse drugs and

substances. Most of these drugs are easily available at a cheaper price (NACADA, 2007:21).

Murimi (2012:44) further discovered that certain drugs and substances are only accessible in certain regions. For example, the author suggests that cocaine is highly accessible in Nairobi, Coast and Eastern regions. Most of the drugs from these regions are expensive since they are termed as hard drugs. This depicts that accessibility of drugs is determined by its cost implication associated to the destination.

According to Munira (2005:37), statistics indicate that a lot of people die in Kenya after drinking contaminated alcohol mixed with ethanol. Additionally, some end up losing their sight and become visually impaired due to illicit brew consumption. In July 2005, in Machakos 50 people died of chang'aa poisoning. In April 2010, 15 people died in Shauri Moyo, Nairobi and 10 became visually impaired due to chang'aa poisoning. In all the cases most of the affected were the youths thus depriving the country the most potential population to participate in development activities.

According to Minuka (2006:51), alcohol and drugs use has been an integral part of societies throughout history. Use of drugs has been accepted and considered statistically normal in many parts of the world especially among the elderly. Only recently, we have become aware of the dangers involved in the use of drugs. Even when the use of drugs was an acceptable practice, certain individuals were thought to have 'problem' with drugs. Use of drugs therefore turns to abuse of drugs when individuals violate social norms for the frequency, duration and intensity of ingestion or norms governing the social context within which the substances are used.

According to Oketch (2008:47), majority of people who are affected by drugs and substance abuse are the youth compared to the adults. Many studies also have shown that the rate has dropped as low as four years. In a similar manner, the author argues that western influence has also been linked to rising cases of drug and substance abuse. This also showed that parenting influence plays a significant role as well. Thus, the younger generations are associated with drug menace. Oketch (2008:47) observed that generation gap and peer pressure from the external world shapes the way people and society react to

social and epidemic issue. From that preview, generational change is well dominated by the youth who are eager, ready and willing to explore adventures even if it means losing their dignity and respect. Aspects of drugs and substances in High School and Universities show how the society has been reluctant, in terms of advocating practical measures to resolve this crisis.

1.2 Statement of the Problem

Despite the strategies which have been put in place by the Government of Kenya through the ministry of Public Health and Sanitation, Ministry of Education, and other law enforcement agencies such as the police, provincial administration and NACADA group, the aspect of drugs and substance abuse is still an escalating problem in the Kenyan society especially among the youth. Several strategies have been put in place to address the problem but have not yet yielded good results. The trend shows continuous increase of drug abuse among school going youths (Murimi, 2012).

Pastoral Counselors certified by the American Association of Pastoral Counselors (AAPC) work closely with community clergy and are excellent resources as a primary therapist or to assist in referral to a treatment program (Black, 2001). Professionals and programs that take seriously the spiritual along with the traditional components of addiction treatment tend to be the most trusted referrals for a pastor or other congregational ministers to make, usually for good reasons. Alcoholism and drug dependence impact a wide circle of persons and social systems. A large number of problems in families, health care, and the criminal justice system stem from alcohol and other drug addictions. The sheer numbers are astounding, whether one considers the problem from a human, institutional, or an economic perspective (Black, 2001)

The first clues that alcoholism and drug dependence are problems may be unusual behaviors such as family dysfunction, children acting out at school and in church-based child and youth programs, chronic mental and physical health problems, and repeated run-ins with the criminal justice system. Unfortunately, too often these clues are ignored and the deeper issues of alcoholism and drug dependence are never identified. At the same time, most individuals and families struggling with addiction hide their pain; shame

and confusion effectively and seldom come to the attention of the criminal justice or mental health systems (Miller, 2002)

The increase in the use of alcohol, drugs and substances among the youth of Turitu and Ngegu shopping centers has caused a major concern in the Kiambu County Kenya. The level of participation of youth in development activities is almost zero percent. Additionally, the males' death rate is quite alarming. For instance, in December 2015, the media reported the death of fifteen consumers of illicit brew and a number of others went blind where the majority of them were youth of this area under study. The research targeted these two centers because, despite of the proximity to Kiambu town which has a lot of government funded projects through various devolved funds, the level of youth's participation in development activities is very low especially the male youth leaving almost everything to the old men and women as shown by the records in the Kiambu Development Office and the Community Development Assistants Office, and also from Births and Deaths Registration Office in Kiambu Town (Murimi, 2012).

Research studies carried out by Kinuthia Njenga (2014) at St Paul's University about drugs and alcohol in and out of Kiambu County, revealed that no one has attempted to establish the cure of the alarming increased death rate of youth and near to zero level of participation in development activities. The research therefore aims at bridging the gap by establishing ways and means of saving the youth generation of Turitu and Ngegu shopping centers which should be having the manpower for the economic development not only for Kiambu County but also for the entire nation of Kenya. Ideally, the youth of Turitu and Ngegu should not abuse alcohol, drugs and other substances since it is an area that can engage the youths due to its arability. However, the reality is that alcohol, drugs and other substances are abused by youths of Turitu and Ngegu shopping centers as evidenced by the unfortunate incidence of December 2015 where seven dead bodies from this area were admitted in Nazareth Hospital Mortuary as a result of the saga. As a result, this research sought to explore how the pastoral counseling can utilize the psychosocial theory of counseling in order to

respond to the use and abuse of alcohol, drugs and other substances among the youth of Turitu and Ngegu shopping centers in Kiambu County (Masese, 2008).

1.3. Purpose of the Study

The purpose of this study was to explore how pastoral counseling can utilize the psychosocial counseling to respond to issues related to abuse of alcohol, drugs and other substances in Turitu and Ngegu shopping centers in Kiambu County.

1.4 Objectives of the Study

The following objectives guided the study:

i. To establish the prevalence of abuse of alcohol, drugs and substances in Turitu and Ngegu shopping centers of Kiambu County.
ii. To establish how abuse of alcohol, drugs and substances affects the youth in Turitu and Ngegu shopping centers in Kiambu County.
iii. To explore the relationship between pastoral counseling using psychosocial theory and practice of counselling in order to respond to the use and abuse of alcohol, drugs, and other substances in Turitu and Ngegu shopping centers in Kiambu County.

1.5 Research Questions

This research study sought to answer the following questions:

i. What is the prevalence of the use and abuse of alcohol, drugs and other substances in Turitu and Ngegu shopping centers in Kiambu County?
ii. What are the effects of using and abusing alcohol, drugs, and other substances in Turitu and Ngegu shopping centers in Kiambu County?
iii. How can pastoral counseling utilizing the psychosocial theory of counselling in order to respond to the use and abuse of alcohol, drugs, and other substances in Turitu and Ngegu shopping centers in Kiambu County?

1.6 Statement of Hypothesis

The thesis of this research is to awaken the minds of the youth of Turitu and Ngegu shopping centers, the community of this same area and the entire public at large to the fact that the pastoral counseling response to the use and abuse of alcohol, drugs and other

substancesamongthe youth of Turitu and Ngegu shopping centers can have a positive effect in youths' character, behavior, discipline and poor academic performances.

1.7 Justification of the Study

As it has been stated in the problem statement, alcohol and drug abuses seriously affect participation and performance of the youth in all aspects; thus Turitu and Ngegu shopping centers have lugged behind for so long, whereby Kiambu County's growth rate has been very slow in terms of development hence necessitating the study of this research.

1.8 Scope and Limitation of the Study

The study was confined to Turitu and Ngegu shopping centres, Kiambu County. However, the findings of this study may be applicable in many other parts of the said County and the country at large. It was limited to youths in the rehabilitation centers and members of church youth since they depicted two extremes of identity development. The County was preferred because it is one of the leading counties in the consumption of illicit alcohol. Turitu and Ngegu shopping centers were preferred because they are highly populated and thus easier to acquire information from the respondents.

In carrying out the study, the researcher anticipated a number of limitations.

First, the participants might provide biased information due to the assumption that the information provided on alcohol and drugs may be used against them. The researcher, however, assured the participants that the research was being conducted for academic purposes and not on an individual level.

Second, some respondents lacked pertinent information and this made the study unsuccessful. The researcher supplemented the primary information from the respondents with that gathered from findings obtained through interviews.

1.9 Significance of the Study

The outcome of this research will be helpful to Kiambu County parents, the entire community and the society in various ways. For example, the government, through the National Agency for the Campaign Against Drug Abuse and Alcohol (NACADA) would gain information on the effects of youth under alcohol and drug abuse in Kiambu County.

Drugs and substances abuse have many negative effects on the abuser, the family, the community and the nation at large; some of these effects are biological, psychological, sociological and legal. This necessitates a clear understanding of the factors that influence drugs and substances abuse. This study may be useful in setting strategies to be used in the campaign against drug and substances abuse. The study may also enlighten the guardians on how to monitor and advice their children to avoid drug and substances abuse. The study's findings may also help the youth to make informed choices of friends and be assertive in saying no to drug and substances abuse.

The organizations and government departments that campaign against drug and substances abuse among the youth may be informed by the findings on what issues to address during their campaigns. This may go a long way in enabling the policy makers make key strategies in curbing and reducing the level of drug abuse among the youth in the Turitu and Ngegu Shopping Centers.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter covers a review of literature related to the study. The literature is reviewed based on overviews of alcohol, drugs, and substances abuse among the youths. The chapter also covers review of Erickson's theory of psychosocial development adopted as the theoretical frame for counselling of the youth (stage of identity, intimacy and generativity). Also, among the key areas discussed in the chapter includes the nature and measures of identity formation, the role of taking functioning as a mature person and spirituality in development of the character among the youth. The chapter also gives the summary of the literature reviewed.

2.2 Theoretical Framework

2.2.1 Psychosocial Theory

This research used psychosocial theory in counseling alcohol, drugs, and other substances abusersamongthe youth of Turitu and Ngegu shopping centers in Kiambu County.

Erickson focused on the conscious self. His emphasis was on the lifelong emotional development and focused on structure drives as they relate to the society. This theory is based on cultural and social demands made on a developing child. Erickson looked at the social explanation of individual's behavior. He believed that development occurs in stages which are pre-determined in sequence and are influenced by biological changes that take place in an individual. The following stages are discussed (Erickson and Ikenya) Erickson's (1963: 45)

Trust Vs Mistrust-Infancy
Autonomy Vs Shame and doubt-Early childhood
Initiative Vs Guilt- Play age
Industry Vs Inferiority-School age
Identity Vs Role confusion-Adolescence
Intimacy Vs Isolation- Young adulthood
Generativity Vs Stagnation-Adulthood
Intergrity Vs Despair- Mature Age

Dying well –By Prof. JB Ndung'u Ikenye-Death Age

The following stages were developed from Sigmund Freund (Erickson's (1963: 45)

Oral Stage –Trust Vs Mistrust

Anol Stage-Autonomy Vs Shame and Doubt

Phallic Stage-Initiative Vs Guilt

Latency Stage-Industry Vs Inferiority

Genital Stage-Identify Vs Role Confusion

2.3 Overview of the Alcohol, Drugs, and Substances Abuse

Alcohol, drugs and abuse of substances is a very serious problem around the world affecting people of all walks of life but the most significant impact is among the young adults become involved with alcohol, tobacco, and other substances annually across the globe (Cecehini & Lennox, 2008: 72). According to the United States (2000: 98), the most abused drug in many states was alcohol has its prevalence has increased significantly. In another study, Barnes, Walte, Hoffeman and Tidwel (2009:17) conducted a research to investigate the prevalence of alcohol drug abuse among 611 youth in the United States of America (U.S.A) where the result of the study revealed that both the black and the white youths were engaging in alcohol, drug abuse with 25 percentage of the white youths and 10 percentage of the black admitting that they were using drugs *marijuana*. However, the research picks in gap that despite the detrimental effects in the United States, alcohol in Africa during the olden days was carefully used for sacred activities in most of the Africa traditions where it could only be taken for the very advanced elders for particular occasions and purposes unlike the modern days where it is seriously abused. In Kenya, a report by NACADA (2008:33) similarly indicated that alcohol is the most abused drug by 61 percentage of the population.

2.2.1 Global Perspective on Drug and Substance Abuse

Drugs are said to be as old as man himself. Use and abuse of drugs had a long history in many cultures and societies (Musk & De Klerk, 2003:90). Natural plants like opium, cocaine and cannabis (among others) have been in use for many years. Priests in religious ceremonies have used cannabis, healers have used opium for medicinal purposes and the

general population has used nicotine and caffeine in socially approved ways. In Colonial America, alcohol was not only widely available as a beverage but also served as value remedy for many medicinal purposes. For example, in South America, Cocaine played a significant role in both social and religious systems between 1200 to 1500 AD (Wolmer, 1990). This clearly showed that circulation of drugs and substances began in early colonial period.

Immigrant Mexican laborers introduced marijuana during the 1920s to the South Western United States. During the Vietnam War, a high rate of heroin use by American military personnel occurred due to the almost pure supply of inexpensive heroin in Southeast Asia. All alcoholic beverages contain the same active ingredient ethyl alcohol or ethanol. Ethanol's percentage ranges from low levels around percentage to 4 percentage in beer, 12 percentage to 14 percentage for wines, 45 percentage to 50 percentage for distilled spirits such as liquor. The earlier man explored the health values associated with wild fruits and plants such as nuts. The implications of these products were determined by their effects in practice and from these experiments provided a new paradigm based on their patterns of living. In one territory, a substance might be used as a love portion, in another as a sacred food or drink for religious ceremonies (Kombo, 2005).

By the 20th century, mass addiction had spread to other countries including the US. Poverty, crime and disorderly public conduct created by excessive use of alcohol led to reform movements for example the American Temperance Society in 1833. Some substance abuse may have been the effect rather than the cause of poverty and oppression. Thomas Szass, a prominent Psychiatrist and critic of many social policies restricting choice contended that drugs served as a convenient scapegoat for the social ills of urban life (Szass, 1987).

The development of medicinal Chemistry resulted in several synthetic compounds such as barbiturates, benzodiazepines and amphetamines. These were originally proposed for use as therapeutic compounds for restoration of health. Later the compounds were refined to more potent compounds and faster routes of administration were devised which favor most rapid transport of central nervous system contributing to abuse. The attitude of society and pattern of use of psychoactive substances have changed over time.

The global context in the use of drugs indicates the erosion of traditional theoretical boundaries which also affect the beliefs, value systems and perceptions towards use of drugs (Gakuru, 2012:28). The issue of drugs and substance abuse is a major headache to societies and authorities from the cities of North America, Latin America and Asia (Ngesu, et al, 2008:304).

Psychoactive substances pose a significant threat to the health, social and economic status of families, communities and nations. The number of drug users especially alcohol are aged between 15 to 29 years of age - From which 9 percentage of them die of alcohol related complications. 15.3 persons have been associated with drug use and injecting drug use reported in 148 countries of which 120 report HIV infection among this population (WHO report, 2012). It is estimated that 10 percentage of the adult population of the US has alcohol abuse or dependence. Morphine constitutes 10 percentage by weight of opium, the samples used by drug abusers can vary from 2.6 percentage to 9.9 percentage (Kalant, 1977:72).

In Africa, youths and adults, rich and poor, rural and urban people abuse drugs (United Nations Drug Control Program, 1998:5). They add that drug abuse is more common among men than women but the situation is changing rapidly as substance abuse among women is less visible and more private. It is noted that beer is preferred by younger males but wine is preferred by women, younger drinkers, educated people and those with low illness. Liquor is preferred by males, heavier drinkers, less educated people, middle aged and older people and those who are at a higher risk for major diseases.

Over the recent years, many African countries including Kenya have had an upsurge in the production, distribution and consumption of drugs and substances with the youth mostly affected. Many African countries have become transit points where drugs are ferried from the coastal towns to land locked countries (Affinith, 2002: 88).

The drug problem has resulted in African countries developing their own drug control policies. Many have adopted anti-drug laws or legislation or established drug control agencies. Globally therefore, the overall drug consumption continues to spread. The

National Campaign Against Drug Abuse (NACADA) was established in Kenya in 2000 with the mandate of looking into the issues of drug use and abuse in the country.

In Kenya, drugs and substance abuse had not been given much thought until the 1990s. This was probably because the vice was not considered a major problem among the people of Kenya. The youth were not being given the facts about drugs and substance abuse because of the stigmatization effect associated with this field. Recent evidence shows that a number of students and non-students abuse substances, the majority of the students being in secondary and tertiary institutions (NACADA, 2006:16).

The most commonly abused drugs in Kenyan Secondary schools are tobacco, *khat*, alcohol, cannabis, cocaine, stimulants and tranquilizers. Alcohol abuse in Kenya is quite alarming (Edward & Anif, 1990: 52). The non-medical use of drugs is increasingly seen rightly or wrongly as a major social and public health problem in Kenya when it affects not only the users and abusers themselves but also their families as a whole (Mauri and Acuda, 1983). There are many *bhang* plantations that continue to thrive in Mt. Kenya and Western regions. *Miraa* is a multibillion shifting legal drug industry (Ngunyi, 2007).

Prescription drugs are also abused nearly by those who have access to them like doctors, pharmacists and those working in medical environments. Some people do not wish to have their illnesses known to other persons including doctors but they have vague ideas of what type of medicine to take. In Kenya, alcohol and diverse types of substances that are permitted or prohibited by law are readily available to adults and to a growing number of young people, both female and male students and non-students together (NACADA, 2004:36). Nairobi and Mombasa are notoriously known for being transit routes for illegal substances (Aden, 2006:29). Drug abuse is widely spread used in Nairobi. An example is in the year 2000 in which many Kenyans about 130 died at Mukuru kwa Njenga and Mukuru Kaiyaba. Many went blind and hundreds of others were hospitalized after consuming illegal brewed poisonous liquor called *kumi kumi* containing methanol and other addictives such as car battery acid and formalin. In Kenyan streets, many street boys and girls can be found sniffing many kinds of inhalants like cobbler's glue, petrol and other substances. This is the way these children express frustration, hopelessness and powerlessness (Otieno, 1979:70). Drug and substance abuse is therefore

rampant in Nairobi. The assumption is therefore, that in Starehe District, drug and substance abuse is rampant just like in the other parts of Nairobi.

2.2.2 Erik Erikson's Theory of social psychological development

According to Erickson's (1963: 45) theory of psychosocial development, there are eight major crises that add up to each other to complete the formation of a concrete human lifespan. These eight crisis interplay through the developmental stages from childhood and therefore contribute to the development of an identity in the second stage that is adolescence. Erikson further elaborates that all stages in life are vital for human development, where failure to successfully undergo one stage leads to a problem or dysfunction in the stages that follow thereafter. Generally, the human psychosocial development begins at childhood. Erikson (1963:48) says that the process of knowing who one is begins at the point where an infant is usually able to identify his or her mother and as a result instinctively accord her the trust of a mother knowing that she will protect and take care.

In his classic work, Identity and the Life Cycle, Erikson (1959) proposed a psychosocial theory to account for human development across the lifespan. Through the use of the term "psychosocial," Erikson broadened contemporary views of development to include a person's social and cultural contexts as major influences on development. He also departed from his contemporaries by moving the field away from a psychodynamic perspective of development – a narrowly focused perspective wherein one's personality is established during childhood and does not change thereafter – to a broader conceptualization that viewed development continually unfolding throughout the life cycle (Meeus, 1992). According to the psychosocial framework, a person's life course can be divided into eight qualitatively distinct stages. During each stage, individuals face a core developmental conflict and the extent to which they succeed in resolving this conflict determines the likelihood of transitioning smoothly to subsequent developmental tasks.

To illustrate Erikson's psychosocial theory, the first stage, "trust versus mistrust," revolves around the newborn infant acquiring a stable representation of the world. In the earliest stages of life, an infant is entirely dependent on their caregivers. Caregivers provide food, warmth, change the infant's diapers, cuddle them, and respond to vocalizations of distress. As these initial experiences evolve over time, the quality of the caregiver-infant relationship becomes the infant's first mental representation of the world. From this sense of mutuality, the infant gains its first understanding of its "self" providing it with a rudimentary sense of identity that is carefully honed through life experiences and provides a foundation of social interactions, stored in memory and that will eventually guide the infant's future. When caregivers respond to the infants' vocalizations and provide the desired warmth, nourishment, and physical contact, infants develop stable and positive representations of the world. These initial "cycles of learning" provide a sense the world can be trusted, and that it is safe. Conversely, infants whose basic needs are not met with regularity and comfort develop a sense of "mistrust;" one that eventually fuels anxiety, fussiness, and irritability. The lack of mutuality and the daily inconsistencies that abound between caregiver and infant eventually give way to feelings of hopelessness.

2.3.3 World View on Alcohol Drugs and Substances

The research examines the historical world view on how alcohol, drugs, and substances have affected the youth in various countries across the world, as laid down in various literatures. This research depicts how detrimental alcohol, drugs, and substances abuse have been in other places and not only in Turitu and Ngegu shopping centers in Kiambu County. The research exhibits historically that the need to curb the abuse is everybody's concern. Alcohol, drugs, and substances are concern among the youth in both developed and underdeveloped countries (Thomas, 1995:139). Nevertheless, the statistics are worrying especially in the use of marijuana or hashish, heroin, and cocaine. In developed countries, alcohol drugs and substances exist in many forms including alcohol cigarettes tobacco, marijuana and heroin. Alcohol, drugs and substances use has a long history whereby it is recorded that the Greeks smoked opium over 400 years ago. This is an indication that the youth are the target in this arena. Ones they are caught in the trap their respective countries of origin has been demolished, Thomas (1955:138) further states the

number of youths in the United States of America for example has increased in alcohol drugs and substances abuse at an alarming late over the resent years. Durken (1994:136), affirms that fighting robberies and burglaries committed by alcohol drugs and substances abuses in search of drug money led to growth of violence associated with drug trafficking. For example, in 1985, there were 508 drugs and substances' abuse related murders in the US. By 1991, the figure of murder increased to 1300. This violence resulted from tough wars between gangs who were engaged in drug trafficking. In 1987, 387 deaths were reported in Los Angeles as a result of drug related shoot outs between gangs involved in trafficking where half of the people who died were innocent who stood by watching what was taking place.

Thomas (1995:135), maintains that crack cocaine when it is smoked is highly addictive. The research again, brings in a gap that Thomas does not see the other side of the coin where he completely disregards African perspective in the sense that alcohol in the African traditions brings blessings where the elders blessed their siblings using beer as opposed to violence and wars.

2.3.4 The Global Burden Due to Youth Illicit Brew and Drug Abuse.

Table 1: Types of Drugs and Mortality Rate Globally

Type of drug	**Mortality (% of all deaths globally)**
Tobacco	8.0
Alcohol	3.2
Illict drugs	0.4.
Total percentage	**12.4**

The global burden of these three substances' categories varies across the WHO regions. The level of economic development in countries also plays an important role. The burden from psychoactive substances use is higher in the developed countries than especially in the high mortality developing countries. The sex ration attributable to deaths of psychoactive substances use varies from 80 percentage male for tobacco and illicit drugs use and 90 percentage for alcohol. Illicit drugs use inflicts its mortality burden earliest in

life alcohol also mainly 65 percentage before the age of 60 percentage by 70 percentage of the tobacco deaths occur after the age of 60 (WHO Report, 2002: 73).

2.3.5 Illicit Brew and Drugs Abuse among Youths in Kenya

In Africa, developing countries fail to utilize the existing resources to handle drug and substance abuse across the divide (Parker, 1987:39). According to the world drug report, heroine is consumed at rate of 4.5 percent in Kenya. Other drugs such as *Bhang* and *Khat* constituted 10 percentage of the Kenyan population. In a similar study by United Nations Office on Drugs and Crime, Nairobi and the coastal regions of Kenya were the most affected areas since most drug dens are located in these areas. According to reports by NACADA (2010:17), majority of Kenyans between 15 to 65 years were found to be alcohol consumers. In worst case scenario, 77 percentage of the school going youths noted that they are addicts mainly in alcohol and bhang.

According to statistics by NACADA (2007:16), some 12,201 Kenyan abused heroines with Nairobi and Mombasa recording 65.19 and 56.82 cases of had drugs respectively. These statistics are based on mapping out exercise carried out by the authority in all provinces according to the authority more than 50 percentage of the Kenyans between age of 15 to 65 years mostly abused alcohol tobacco and bhang with another 19 percent heroine and 29 percent abused hashish (Kamore, 2009: 44).

2.3.6 The Main Sources of Drugs and Substances in Kenya

There are incidences of very regrettable alcohol related repercussions; namely, the cases of Banana Township and Nazareth in Kiambu County where scores of drinkers died and other became blind. Also in Shauri Moyo in Nairobi where various illicit brew consumers lost their sight while others died (Njuguna, 2010:32). Young people who persistently abuse substances often experience numerous problems, (including health). There are also poor peer relationships and involvement with juvenile justice system. Additionally, there are consequences for family members, the community and the entire society. Accounting such ordeals, this research concentrates on factors influencing abuse of alcohol illicit drugs on the youth of Turitu and Ngegu shopping centers in Kiambu County.

Abebalu (2007: 84), contradicts most studies that implicate evidence that shows that alcohol and other drugs contribute towards the prevalence of HIV/AIDS in Kenya and around the world. In his sentiments, drugs and substance abuse act as inducements that may lure individuals to engage in risky sexual and other behaviors that promote HIV infection. In a similar contest, diseases such as hepatitis are highly linked to heavy abuse and consumption of substances (Bureau of Justice Statistics, 1992). In relation to the study, majority of deaths in central region in Kenya are linked to abuse of drugs and substances. Consequently, many health complications arise from such menace as well.

Drug abuse also damages the ability of people to act as free and conscious being capable of taking action to fulfill their needs. How free drug abusers are when they have no control over their actions or reactions is debatable. What is unarguable is that by giving into bio-chemical processes that are deviant, a drug abuser loses what makes humans admirable and unique. According to BMA, the probability of sexual intercourse is increased by drinking amounts of alcohol sufficient to impair judgment, but decreased by drinking heavier amounts that result in feeling of nausea, passing out or mental confusion. Nevertheless, people do die solely from drinking (BMA Health, 1999:11)

2.3.7 Flashing Blood among the Youth

According to Allen (2006:14), flashing blood among the youth is the latest trend seen in most of them. To a great extent, HIV infection is spread widely since most of the needles used in the process are shared among them. Moreover, the author further stipulated that most of them have no income to purchase new needles thus most of them are on the high risk of contracting infectious diseases.

In order to gather more facts about flashing blood among the youth, reports by NACADA discovered that the phenomenon is highly common in the coastal region of Kenya. On the other hand, the reports revealed that blood flashing leads to hepatitis infection and death of most youth in the coastal region. The deaths are mainly associated with incompatibility with blood.

Another report by NACADA indicated that blood flashing and use of the same needles was the main cause of HV transmission at rate of 68% in Nairobi and 88% in Mombasa

(NACADA, 2010: 31). According to Gatonye (2009:19), the women argue that abuse of drugs compromises a woman's ability to be productive in the long run. Additionally, most of them noted young mothers are the ones engaging in drug business to sustain and provide for their young children.

2.3.8 Danger of Drug Abuse on Youth

In Kenya, statistics depict that the prevalence of drugs is mainly common among the youth who prefer illicit brew such as cocaine and heroin. Most of them become addicts thus they become irresistible to stop using them. In the end, withdrawing from addiction is distressful experience among addicts (Alagbe, 2004:13).

2.3.9 Alcohol, Illicit Brew and Drug Abuse as a Cause of Youths School Dropping Out

Declining grades, absenteeism from school and other activities and increased potential for dropping out of school are problems associated with adolescent substances abuse. (Hawkins et al.,1992:141) cite research indicating that a low level of commitment to education and higher truancy rates appear to be related to substances use among adolescents cognitive and behavioral problems experienced by alcohol and drug using youth may interfere with their academic performance and also present obstacles to learning for their classmates (Bureau of Justice Statistics 1992:18). Education is very paramount in determining how well an individual will participate in a given development activity in the present situation of high technological changes with the low level of literacy among the youth as per the Kenya census of 1999, Table 2.0 which shows that 20.4% of the youth have the necessary education requirement for them to engage in various development activities. This shows 79.6% can only participate in manual jobs which are not affected by technological change as a result of this scope of where they can work is greatly reduced.

There is an undeniable link between substances abuse and delinquency, arrest adjudication and intervention by the juvenile justice system are eventual consequences for many youth engaged in alcohol and other drug use. In many instances, many of the

behavioral patterns found in schools and family settings are resultant of increasing cases of drugs and substance abuse (Wilson and Howell, 1993:67).

Possession and use of alcohol and other drugs and substances are illegal for all youth (Wilson and Howell 1993:67). Beyond that however, there is strong evidence of an association between alcohol and other drugs use delinquent behavior of juveniles substances abuse is associated with both violent and income generating crimes by youth. This increases fear among community residents and the demand for juvenile and criminal justice services thus increasing the burden on these resources, gangs drug trafficking, prostitution and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substances abuse (National Instate of Justice, 1996). The drug use forecasting (DUF) study found the highest association between positive drug test of male juvenile arrestees and their commissions of drug related crimes (e.g. sales, possession). However, a substantial rate of drug use also was found among youth who commitment violent property and other crimes (national institute of justice, 1996).

Berk Kline and Greenfield (1988:91) did a study on the prisons in youth under the influence and substance abuse. The results showed that 39% of them were under age at their first encounter with drugs. On the other, some of them reported to have used drugs recently before they were convicted. A similar study also found that youths in detention facilities had consumed alcohol at a rate of 82%. While other at 14% used drugs regularly (Defrancesco, 1996:6).

2.4 Empirical Studies

Since time immemorial, Kenyans have consumed intoxicants made from various ingredients like fermented cereals and others tapped from palm and coconut trees. This form of alcohol was mostly used in its natural form or distilled into a spirit (Mwenesi, 1995). However, prior to colonization of the country, the products were never commercialized and were never made available to everyone but were only consumed by a designated core of elders. But this pattern changed after Kenya became a British colony when consumption of alcohol was liberalized which even saw the number of female users increase. This, according to Mwenesi (1995), was the genesis of Kenya becoming an

"apparently endangered country" as the number of seizures and amounts seized, combined with reports from health and social workers show that alcohol and substance abuse are on the rise.

The French philosopher Emile Durkheim believed that when a simple society develops into a modern and urban one the intimacy needed to sustain a common set of norms declines (Adler et al, 1995). In his famous Strain Theory of Anomie, Durkheim argued that groups become fragmented when modernization sets in, and in the absence of a common set of rules, the actions and expectations of one set of people may clash with those of other people. As behavior becomes unpredictable the system gradually breaks down and the society gets into a state of anomie. In Kenya the high prevalence of substance use is associated with the introduction of foreign ways of life which have undermined indigenous cultures. Traditional culture in Kenya generally restricted the use of alcohol to older age groups who consumed it at certain special occasions. The situation no longer abounds and these restrictions have since been abandoned, and alcohol is now available to adults and juveniles although Kenyan law prohibits sale of alcohol to juveniles.

The situation in Africa is worse. In fact, one of the most affected countries is South Africa (INCB, 2003; WHO, 2011). The menace is on the rise and the drugs that are increasingly becoming popular are methaqualone , cocaine, marijuana (known as dagga in South Africa) and heroin. Despite effort by the South African government to control and prevent the problem, heroin use nearly doubled in the year 2011.

In 2008, between 8 and 25% of South Africans were being treated for heroin abuse or addiction. Because of the high numbers, many people are calling on the government to step in and take control. But, because of popularity, profit and availability, it is hard for the government to control or to stop it completely with limited resources and funds. Therefore, the country is facing alcohol problems with the most affected between 18 to 22 years of age. South Africa has one of the highest numbers of children born with fatal alcohol syndrome (WHO, 2011).

Evidence from around the world, reveals a continuing upward trend in the misuse of drugs (Naskar et al., 2004). Whenever a report on drug abuse is released, it is almost certain that

there is increase in the volume of drugs being consumed. For instance, the World Drug Report of 2010 shows that drug use is shifting towards new drugs and new markets (United Nations Office on Drug and Crime [UNODC], 2010). It reveals that drug crop cultivation is declining in Afghanistan (for Opium) and the Andean countries (coca), and that the drug use has stabilized in developed countries. However, there are signs of an increase in drug use in developing countries and growing abuse of amphetamine-type stimulant and prescription drugs around the world

2.4.1 Prevalence of Drug and Substance Abuse

Olusola and Adegboyega, (2012:257) did a study on psychoactive substance consumption and awareness of health effects among students in tertiary institutions in Ekiti State, Nigeria. The study found out that alcohol 47.9%, tobacco 43.8% and marijuana 20% were commonly used by youths. In another setting in Nigeria, Adekeye, Adeusi, Chenube, Ahmadu and Sholarin (2015:01) conducted a survey on the assessment of alcohol and substance use among undergraduates in selected private universities in Southwest Nigeria. The study sample comprised of 431 students aged between 15 and 25 years conducted by the World Health Organization (WHO) discovered that cigarette smoking 81% and alcohol 72% use had the highest prevalence followed by use of coffee, energy drinks and kolanut 69%.

Atwoli, Mungla, Ndung'u, Kinoti and Ogot (2011: 33) did a study that revealed that majority of the youth who are students have abused drugs and other harmful substances at a rate of 69.8%. From the precept, 51.9% lifetime prevalence rate and 97.6% weekly alcohol users was revealed as the most used among students. The prevalence rate of cigarette use was 42.8% with males having statistically significantly higher rates than females ($p< 0.05$). Other substances used were cannabis 2% and cocaine 0.6%.

According to a cross sectional study conducted by Otieno and Ofulla (2009:847) on drug abuse in Western Kenya. The findings of the analysis revealed that tobacco, *miraa (khat)*, glue sniffing, bhang (marijuana) and even hard drugs such as heroin and cocaine were among the most commonly abused drugs by the youths. Similarly, a survey conducted by NACADA (2006) revealed that majority of the youths in Kenya were highly linked to

abuse drugs such as illicit brew, *khat* and *marijuana* (NACADA, 2006). The study also discovered that hard core drugs such as Cocaine and Heroin are mainly found in Nairobi and Mombasa.

2.4.2 Causes and Effects of Alcohol Use, Drug and Substance Abuse among the Youths

In Nepal, Raju (2008) conducted a survey on the **e**ffects of drug abuse on the adolescents. The study participants comprised of adolescents aged between 12 and 25 years and household heads aged between 38 and 66 years. The sample size of the study consisted of 130 respondents among them 95 adolescents who were drug abusers/ addicts and 35 household heads. The study established that 35% of the drug abusers injecting drug users (IDUs) and most of them were multi-drug abusers. The remaining 65% were the abusers of marijuana, hashish, alcohol and other pharmaceutical drugs. Additionally, majority of adolescents also had no prior knowledge of prolonged drug and substance consumption thus; most of them abuse drugs and substances without realizing side effects associated with it.

In US, Swendsen, Burstein, Case, Conway, Dierker, He and Kathleen (2012:390) set out to examine the prevalence, age at onset, and socio demographic correlates of alcohol and illicit drug use and abuse among US adolescents drug. The study adopted a cross-sectional survey of adolescents using a modified version of the Composite International Diagnostic Interview. The study established that by late adolescence, majority of adolescents (78.2%) had consumed alcohol, 47.1% were regular drinking alcohol and 15.1% had reached a level of being drugs addicts. The median age at onset was 14 years for alcohol abuse with or without dependence, 14 years for drug abuse with dependence and 15 years for drug abuse without dependence. The study therefore concluded that alcohol and drugs were commonly abused by the adolescents in the US. The results of the analysis revealed that many youths abuse drugs at adolescence stage of development.

In study on drugs and substance abuse in institutions of higher learning done by Essien (2010:47), the results of the analysis revealed that the most predisposing factors to drug and substance abuse among the learners were; sex, age, family background; occupation of

parent. It was evident that the major reasons for drugs and substances abuse originate from psycho-social reasons; for example peer-pressure, hedonism, depression, frustration and sometimes to build-up self-esteem.

In Nigeria, Haladu (2003:31) stipulated the causes of drugs and substances abuse. The author discovered that group influence and lack of parental supervision was common in most households where the youth abuse drugs. Another aspect to the rising cases of drug abuse was its availability. In addition to this, Fareo (2012:342) found out that many adolescents engage in drugs and substances abuse due to peer pressure from friends and schoolmates.

In a different setting in Nigeria, Adeyemo, Ohaeri, Pat and Ogodo (2016:33) sought to determine the prevalence of drug abuse among students. Data used for the study was collected from a sample of 800 students from tertiary institution in Benin City, Edo State. The collected data was quantitative in nature and was analyzed using both descriptive and inferential statistics. The results of the analysis revealed that most of the students who took part in the study were males and they were aged between 20 and 25 years. It further emerged that 46.6% of them have ever taken drugs for non-medical purposes at least once. Coffee and alcohol were the most commonly abused drugs. The major causes of drug abuse among the students were poor teacher-student relationship, improper parental upbringing, as well as the influence of peer pressure. Drug and substance abuse had various negative effects to abusers. For instance, according to Melis, Spigga and Marco (2005:31), drugs alter the normal biological and psychological functioning of the body, especially the central nervous system. In addition to this they lead to poor academic performance among the students, increase in crime rates, increases secret cults activities which has been a source of threat to lives and properties and also loss of societal values and ideals.

Masiye and Ndhlovu (2015: 577) carried out a study in Zambia with an aim of finding out the impact of drug and alcohol abuse school –based preventive strategies on pupils in selected schools in Livingstone. The study found out that the main cause of drug and substance abuse among learners were; peer pressure, personal and emotional problems

propelled by poor parent-child relationship and availability of cheap drugs and alcohol in the community. Others factors included: curiosity, having fun and feeling 'cool', the need for recognition, to be feared, being famous among other pupils in the school and belief among them that certain drugs increase academic performance.

In Kenya, Njeru and Ngesu (2014:2) did a study with an aim of investigating issues related to effects and cause of drugs and substances abuse in schools in Dagoretti Division. The study adopted a descriptive research design. The findings of the analysis revealed that most of the learners abused drugs as a result of peer influence and also in order to feel high. Other causes of drug abuse were parental influence, availability, a lot of pocket money, curiosity and also students' belief that drugs are a stimulant that sharpens their reasoning capabilities. The main consequence of drug abuse among students was decline in academic performance.

In another Kenyan context, Nyaga (2014) set out to examine the effects of drug and substance abuse in public schools in Nakuru County. The study found out that the most abused drugs by students were cigarette, *miraa* and alcohol. The major factors contributing to students' drug abuse were social reasons such as peer pressure, socialization, role models, family members and close friends. This shows that majority of the students abused drugs in order to be accepted among their peers. This leads to negative change in behavior in the school whereby all the students who abuse drugs always disobey school rules and regulations. In yet another study, Murimi (2012) established that the major causes of drug and substance abuse among the youths were literacy level, gender, type of employment, availability of drugs and substances of abuse and peer pressure.

2.4.3 Use of Pastoral Counseling Approach to Curb Drug and Substance Abuse

Pastoral counselling is a specialized type of pastoral care. According to the Dictionary of Pastoral Care, pastoral care is a branch that derives from the biblical image of shepherd and refers to the concern expressed within the religious community for persons in trouble or distress and pastoral counseling is the utilization by clergy of counseling and

psychotherapeutic methods to enable individuals, couples and families to handle their personal crises and problems in living constructively (Michael Jacobs, 2000).

The pastoral counselor must hear and understand the life-story as it is presented and must start to reinterpret it in a new perspective, in the light of faith and community, because the pastoral counselor represents "a community and belief system which claims relevance for all of life and not just its crises". So it is difficult sometimes to identify when termination occurs. After this, pastoral counselees can maintain a relationship to the counselor and through their relationship with the religious community to ensure that there is no drugs and abuse in the society.

The providers of pastoral counseling can be observed from the importance of the ministry in the Church. All Christians have a responsibility of caring for others, as though they were Christ: "Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me" (Matthew 25, 46) and they must follow the example of the "Good Shepherd", Jesus Christ, because pastoral care is not only for clergy, but also for every Christian, as a mission. Pastoral counselling is not itself a profession but "a function performed by persons whose profession is ministry". Pastoral counselors, ministers and laypersons, have a unique mission: "the church's ministry is not viewed by the Christian community as being closed up in the sanctuary, but as being extended into the whole community".

According to Burnhams, Myers, & Parry, (2009:52), prevention programs of drugs and substances abuse in Cape Town mostly take a form of educational programs with an aim of raising awareness by providing knowledge about drug abuse and their effects. It encompasses a comprehensive survey of substance abuse to identify those with the most serious drug and alcohol problems in order to offer psychosocial support, over and above awareness and education (McDonald, 2010:52). In another study, Botvin and Griffin (2005:56) classify prevention approaches into five categories, namely information dissemination, affective education approaches, alternatives approaches, social resistance skills approaches and competency enhancement approaches.

Markstorm (1999:205) carried out a study with an aim of finding out whether religious involvement was associated with psychosocial maturity of adolescents as understood in Erikson's (1965) psychosocial theory. The study focused on the three forms of religious involvement, that is; attendance of Church service, Bible Study group discussion and involvement in youth groups. The three forms were examined in relation to ego strengths, ideological and ethnic forms of identity, general self-esteem, and school self-esteem. Data used for the study was collected using questionnaires from a sample of 62 African-American and 63 European-American students in the 11^{th} grade. The study findings revealed that all the study respondents were from rural areas and of lower income status. It also emerged that ego strengths of hope, will, purpose, fidelity, love, and care were associated with various forms of religious involvement. These associations were most apparent for European-Americans. Although ideological identity was not related to religious involvement, higher ethnic identity was associated with being African-American, especially for those more religiously involved. General self-esteem was not significant in the analyses, but school self-esteem was higher for each form of religious involvement.

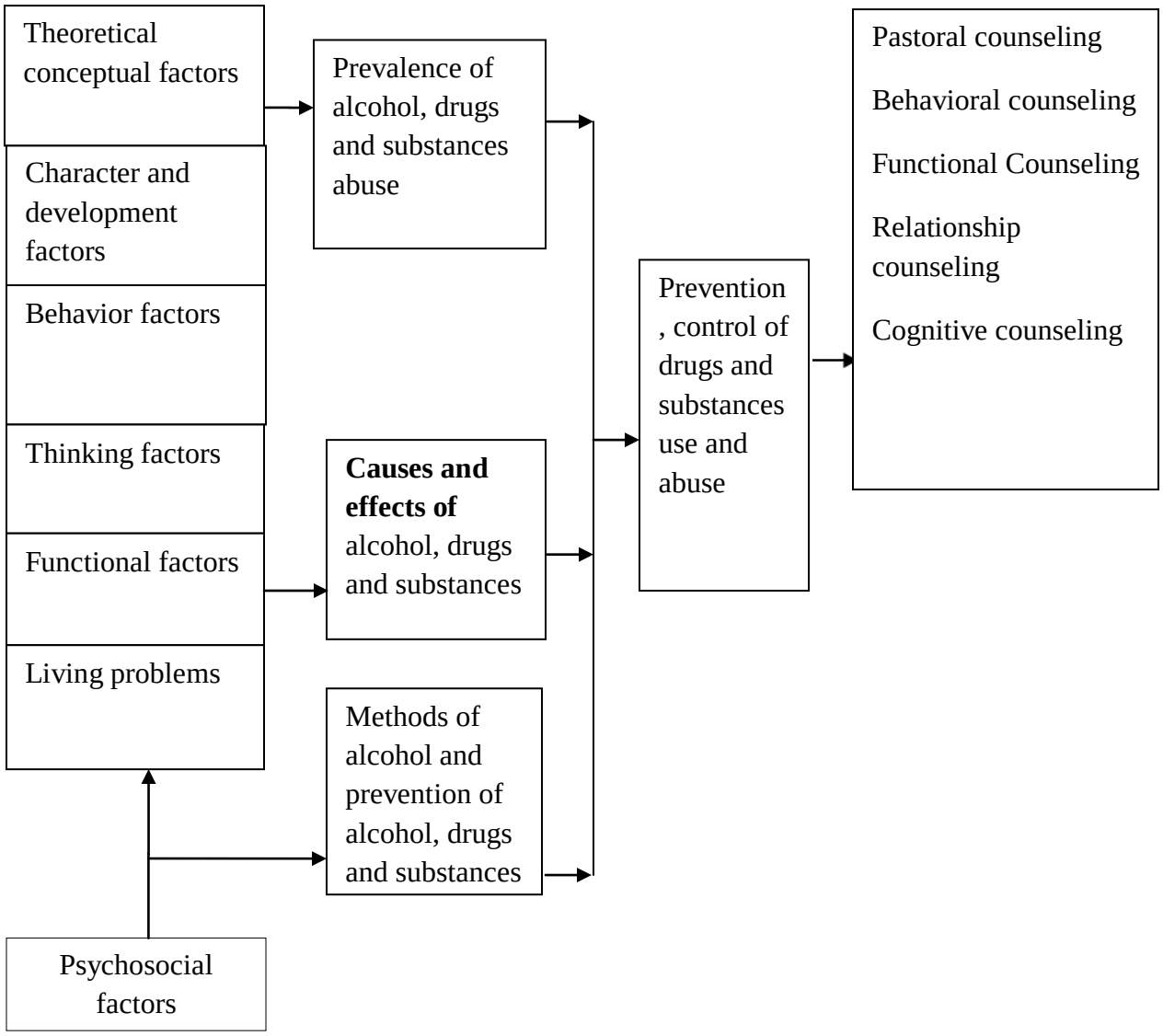
Miller, Davies and Greenwald (2000) conducted a study in the United State of America (USA) on religiosity and substance use among a nationally representative sample of adolescents. The study sample consisted of 676 adolescents among them 328 female and 348 male. Religiosity was assessed through affiliation with religious denomination and was measured with various questions related to belief and practices. The study established that there was a strong correlation between personal devotion and personal conservatism among the adolescents. The results of the analysis revealed that there was a negative correlation among personal devotion (a personal relationship with the Divine), affiliation with more fundamentalist religious denominations and drug and substance abuse (alcohol, marijuana, cocaine, or any contraband drug) among the adolescents. This clearly shows that adolescents with personal devotion and affiliation with fundamentalist religious denominations were less likely to engage in drug and substance abuse compared with adolescents who were less devoted. The study also established that personal conservatism (a personal commitment to teaching and living according to creed) was

inversely associated with use of alcohol only. This clearly shows that low levels of religiosity may be associated with adolescent onset of substance use and abuse.

2.5 Conceptual Framework

The conceptual framework envisages a relationship between the youth living in Turitu and Ngegu shopping centers and also between the area's societies. This conceptual framework shows both independent and dependent variables of the study. The independent variables in this case are factors influencing alcohol, drugs and substances abuse while the dependent variables are pastoral counseling, behavioral counseling, functional counselling and relationship counseling. The figure also illustrates causes and effects of alcohol, drugs and substances abuse. Ultimately, this study research sought to understand and discuss the methods of control and prevention of alcoholic, drugs and substances abuse and intervention using pastoral counselling and Erickson's stages of identity, intimacy and generativity.

Figure 2.1: Conceptual Framework



2.5 Research Gaps

The illustrated review shows that use and abuse of alcohol, drugs and substances is connected to committing crime, burglary, and robbery; it does not assess the potential link between identity, formation, intimacy, role taking and function in life and other high risk behaviors especially the impotency affecting the contemporary youths as a result of drugs and substances abuse. Therefore, this study included multiple assessment methodologies, such as, self-report, and behavioral measures to determine the extent to

which identity formation intimacy, role taking and functioning in life is a crisis among the youth to establish the potential link between the alcohol, drugs and substances affecting the contemporary youth of Turitu and Ngegu shopping centers. This study intended to analyze pastoral counseling response to the use and abuse of alcohol, drugs and substances and psychological theory in counselling and generate solutions.

CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

This chapter focuses on the researchers' scope of methodological procedures employed in the study. These include research design, target population, data collection instruments, and data analysis techniques.

3.1 Research Design

According to Mugenda and Mugenda (2003:61), a descriptive survey design is used when the problem has been well designed and where a researcher can engage in a field survey with the population of interest for informants to explain certain features about the problem under the study. The study used descriptive research design. This study therefore was able to generalize the finding to all the counties in Kenya. The design was found appropriate because it explores and describes the relationship between variables in their natural setting without manipulating them. Surveys aimed at obtaining information that can be analyzed, patterns extracted and comparison made for the purpose of clarification and provision of basis for making decision (Mugenda & Mugenda 2003:68).

3.2 Target Population

The target population of the study was 200 respondents which constituted the youth aged 13 to 35 years. This age was considered appropriate because most of those who consumed alcohol and drugs were found to be in this age bracket. The respondents were from Turitu and Ngegu which are shopping centers.

3.4 Sampling Procedure/Techniques

Orodho (2001: 5) defines a sample as a part of large population, which is thought to be representative of the larger population. Sampling is a process of selecting a number of individual or objects from a population such that the selected group contains element representative of characteristics found in the entire group (Orodho 2001:5). The author continues to define population, as a sample size of at least 10% of the target population represented the population of the whole region. Purposive sampling was used to draw samples from the target population which was 200 respondents from the shopping centers

and a sample of 120 respondents was picked from the target population which was 60 percent of the target population. *See Appendix II (Youth) and Appendix III (Parents)*

3.6 Research Instruments

Research instruments are the means by which data is collected. This study used questionnaires as the main primary data collection instrument. A questionnaire is a research tool whereby participants give the responses to the questions asked through a written mode. According to Mugenda & Mugenda (2003), questionnaire is a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents. Based on these ideas the research developed two questionnaires with several items. One questionnaire was designed for the youths Appendix II (Youth) while the other questionnaire was designed for the parents Appendix III (Parents). The two questionnaires comprised both closed and open ended questions. The first section of this questionnaires comprised of demographic characteristics of the study respondents. The second section comprised of prevalence rate of alcohol use, drug and substance abuse. The third section consisted of situations leading to drug abuse among the youths while the last section of these questionnaires comprised of use of pastoral counseling to curb the menace from escalating.

3.7 Data Collection

Data collection was done by the researcher and two research assistants. The researcher required some assistance in order to realize realistic results so as to ensure quality assurance. The two assistants were trained for one day to familiarize them with administering of the instruments. The researcher sought permission from National Commission for Science and Technology and Innovation (NACOSTI). Structured questionnaire were administered by the principal researcher and the research assistant. Data was procedurally collected from one sampled rehabilitation center to the other from different youths of different areas and churches and as well as from the shopping centres of Turitu and Ngegu of Kiambu County.

3.8 Data Analysis

According to Cooper and Schindler (2014), data analysis is the process of editing and reducing accumulated data to a manageable size, developing summaries, looking for patterns, and applying statistical techniques. Cooper and Schindler state that what managers need is information and not raw data. It is therefore the duty of the researcher to generate the needed information through analysis of the collected data. The data collected was analyzed using content analysis since the data was qualitative in nature. The main goal of data analysis is to produce convincing conclusions and to eliminate alternative explanation. Data analysis was done using Microsoft Excel. The study results were presented in the form of figures and tables.

3.9 Ethical Considerations

The researcher obtained a letter of introduction from St. Paul's University. Thereafter, the researcher obtained a research permit from the National Commission for Science and Technology and Innovation (NACOSTI). The researcher informed the study respondents the purpose of the research and demystified their fears by giving them the freedom of choice on whether to participate in the research or not. Participation was purely voluntary and therefore, the participants were given a consent form to sign. The researcher assured the respondents that the study is for academic purpose only and would not be used for any other purpose.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

This chapter presents data analysis and discussion of the study findings. The main purpose of this study was to explore how pastoral counseling can utilize the Psychosocial Theory of counseling in order to respond to the rising cases of drugs and substance abuse in Turitu and Ngegu shopping centers in Kiambu County. The chapter is organized into five sections. Section one presents questionnaire return rate. Section two consists of demographic characteristics of the study respondents while the remaining three sections present the study findings based on the following research objectives.

i. To establish the prevalence of abuse of alcohol, drugs and substances in Turitu and Ngegu shopping centers of Kiambu County.
ii. To establish how abuse of alcohol, drugs and substances affects the youth in Turitu and Ngegu shopping centers in Kiambu County.
iii. To explore the relationship between pastoral counseling using psychosocial theory and practice of counselling in order to respond to the use and abuse of alcohol, drugs, and other substances in Turitu and Ngegu shopping centers in Kiambu County

4.1 Questionnaire Return Rate

The study targeted a sample of 120 youths and 60 parents from Turitu and Ngegu shopping centers in Kiambu County. Out of the 120 youths, 116 completely filled and returned their questionnaires. In addition, all the parents completely filled and returned their questionnaires. This gave a total of 176 respondents who took part in the study and the proportion was equivalent to 97.8% return rate. According to Mugenda and Mugenda (2003), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent.

4.2 Demographic Characteristics of the Study Respondents

4.2.1 Youths' demographic characteristics

The information contained in this section includes youths' gender, age and education level. Figure 4.1 illustrates gender of the youths who participated in the study.

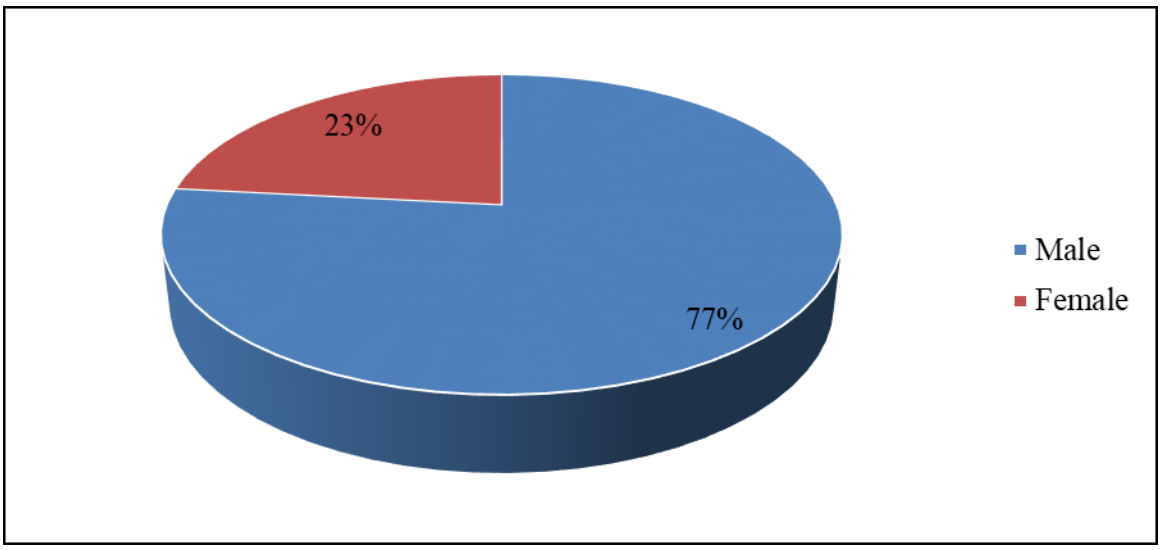


Figure 2: Youths' Gender

Figure 2 shows that among the youths who participated in the study, 27 (23.3%) were female and 89 (76.7%) were male. This shows that the proportion of male youths using and abusing alcohol, drugs and other substances was very high in Turitu and Ngegu shopping centres compared to that of female youths. In agreement with the findings, Essien (2010) observed that majority of the drug users were male students although the involvement of females was also evident in the area of study. Table 3 depicts youths' age bracket.

Table 2: Age bracket of the youths

Age	Frequency	Percent%
15-19 yrs	10	8.6
20-24 yrs	34	29.3
25-29 yrs	38	32.8
30-35 yrs	34	29.3
Total	**116**	**100.0**

Results presented in Table 2 illustrate that 10 (8.6%) youths were aged between 15 and 19 years, 72 (62.1%) were aged 20-29 years while the remaining 34 (29.3%) were aged between 30 and 35 years. This shows that majority of the youths who took part in the

study were aged between 20 and 35 years. According to the Constitution of Kenya, 2010, a youth is defined as being individuals between the ages of 18 and 35 years (Republic of Kenya, 2010c).

Figure 3 shows the education levels of youths who participated in the study.

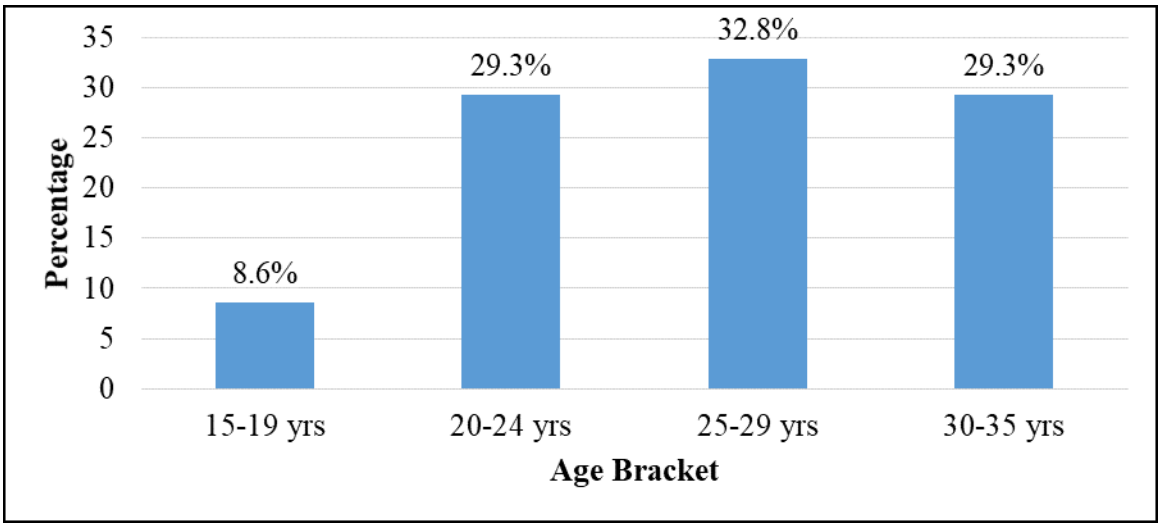


Figure 3: Youths' Education level

Figure 3 illustrates that 31 (26.7%) youths had university qualifications, 9 (7.8%) had tertiary education, 15 (12.9%) had attained primary education while 3 (2.6%) had not attained any formal education. This shows that most of the youths had higher academic qualifications (college and university education).

4.2.2 Parents' Demographic Characteristics

Of the 60 parents who took part in the study, 42 (70.0%) were male parents and 18 (30.0%) were female. Table 4 illustrates their education level

Table 3: Parents' Education Level

Education level	Frequency	Percent%
Primary education	9	15.0
Secondary education	8	13.3
Tertiary	1	1.7
College	24	40.0
University	18	30.0
Total	**60**	**100.0**

Results presented in Table 3 shows that majority of the parents had attained college (40.0%) and university (30.0%) education.

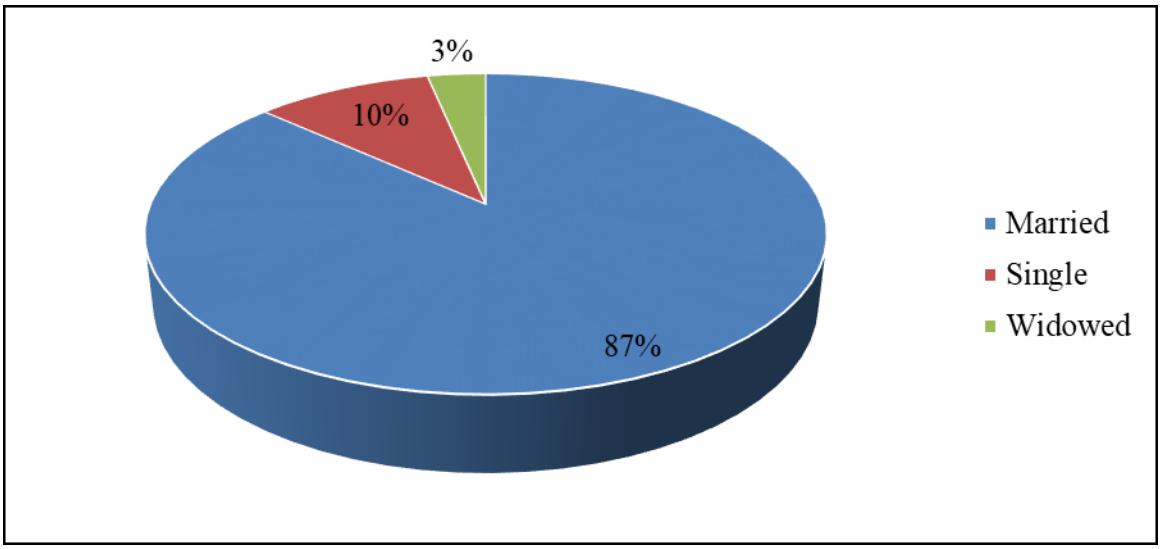
Figure 4 illustrates parents' marital status.

Table 4: Marital Status

Marital Status	Frequency	Percent%
Married	52	86.7
Single	6	10.0
Widowed	2	3.3
Total	**60**	**100.0**

Figure 4 shows that 52 (86.7%) parents were married, 2 (3.3%) were widowed while 6 (10.0%) were single. This shows that majority of the parents who took part in the study were married.

Figure 4: Parents' Marital Status



4.3 Prevalence of Use and Abuse of Alcohol, Drugs and Substances

To address this objective, the researcher first asked the youths to indicate whether they have ever used alcohol, drugs and other substances. In response, all (100.0%) the youths who participated in the study said that they have never used alcohol, drugs and other substances. Figure 5 illustrates frequency of drug abuse among the youths.

Table 5: Prevalence Use and Abuse of Alcohol, Drugs and Substances

Frequency of Drug Use	Frequency	Percent%
Daily	62	53.4
3 times weekly	16	13.8
5 times weekly	8	6.9
Occasionally	30	25.9
Total	**116**	**100.0**

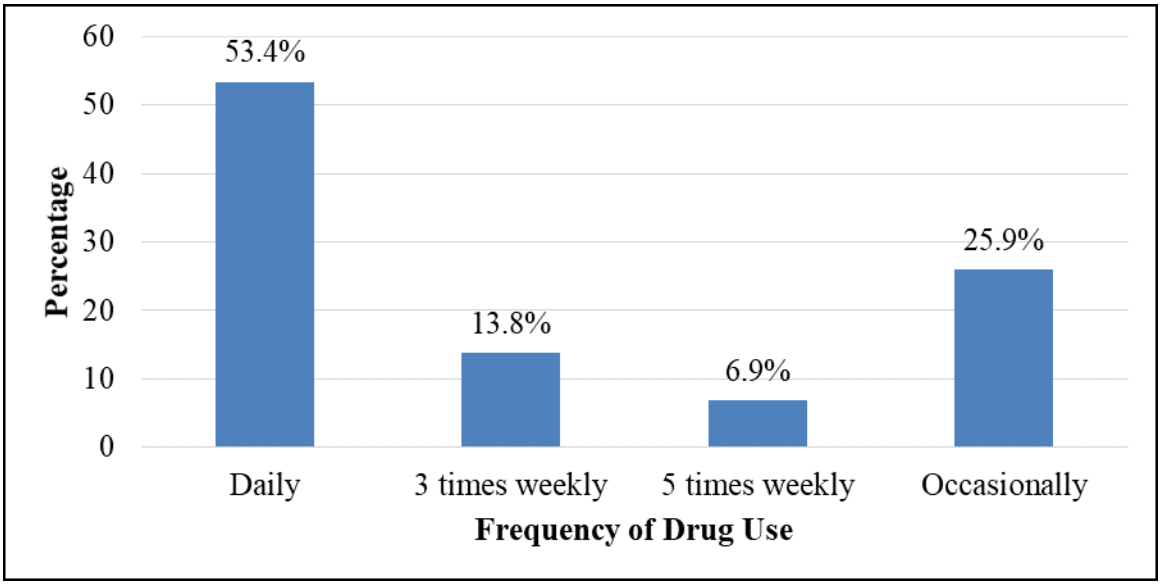


Figure 5: Frequency of drug abuse among the youths

The findings presented in Figure 5 shows that 62 (53.4%) youths were abusing drugs daily, 16 (13.8%) were abusing 3 times a week, 8 (6.9%) were abusing 5 times per week and 30 (25.0%) occasionally. This shows that majority of the youths were using drugs frequently. The high usage of drugs was as a result of addiction which may lead to

serious health and psychological problems. According to the findings of the study conducted by Tumuti, Wangeri, Waweru and Ronoh (2014:352), the study discovered that 39.7% of the students used drugs occasionally.

Table 6: Frequency of Alcohol Use Among Youth

Frequency of Alcohol Use	Frequency	Percent%
Daily	61	52.6
3 times weekly	13	11.2
5 times weekly	15	12.9
Occasionally	27	23.3
Total	**116**	**100.0**

Figure 6: Frequency of Alcohol Use Among Youths

As shown in Figure 6, 52.6% of the youths were drinking alcohol daily, 11.2% of them were taking 3 times per week, and 12.9% 5 times per week and 23.3% were drinking occasionally. This shows that most of the youths were drinking alcohol daily. The high rate of drinking may be influenced by availability of cheap home manufactured alcohol. Table 4.3 depicts age at which respondents started using and abusing alcohol, drugs and other substances.

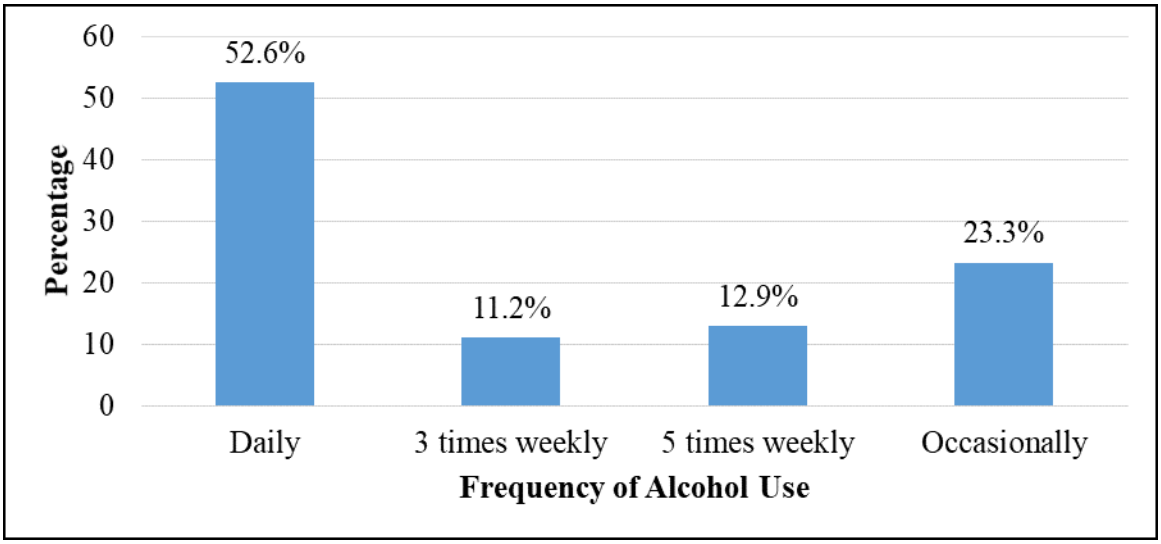


Table 7: Age at which respondent started using alcohol, drugs and other substances

Age	Frequency	Percent%
Below 10 yrs	6	5.2
10-14 yrs	23	19.8
15-19 yrs	59	50.9
20-24 yrs	25	21.6
25-29 yrs	2	1.7
30 yrs and above	1	0.9
Total	**116**	**100.0**

As reflected in Table 7, majority of the youths (50.9%) started using and abusing alcohol, drugs and other substances at the age of between 15 and 19 years. This implies that majority of the youths started abusing drugs during adolescence stage. In line with the results Swendsen, Burstein, Case, Conway, Dierker, He and Merikangas (2012:390) that most cases of drug and substance abuse have their initial onset in the adolescence stage which is the most important period of development.

Table 8: Most commonly abused drugs by the youths

Commonly abused drugs	Yes		No	
	Frequency	Percent	Frequency	Percent%
Cigarettes	39	33.6	77	66.4
Bhang	39	33.6	77	66.4
Alcohol	21	18.1	95	81.9
Miraa (khat)	20	17.2	96	82.8
Kuber	17	14.7	99	85.3
Heroine	5	4.3	111	95.7
Cocaine	3	2.6	113	97.4
Glue sniffing	2	1.7	114	98.3

As shown in Table 8, the most commonly abused drugs by the youths were cigarettes, bhang, miraa and kuber. Alcohol was also used by a notable number of youths. The table

further illustrates that few youths reported that they have ever used glue, cocaine and heroin. This finding was supported by the previous researchers who noted that alcohol (47.9%), tobacco (43.8%) and marijuana (20%) were commonly used by youths (Olusola and Adegboyega, 2012: 257). Similarly, Adekeye, Adeusi, Chenube, Ahmadu and Sholarin (2015: 01) established that 81% of the students in public universities were smoking cigarettes, drinking alcohol (72%) and using coffee, energy drinks and Kolanut (69%). Atwoli, Mungla, Ndung'u, Kinoti and Ogot (2011: 33) found out that majority of the student (69.8%) had a lifetime prevalence of drugs and substances abuse. It also emerged alcohol was the most abused substance at 51.9% lifetime prevalence rate and 97.6% weekly alcohol users. The prevalence rate of cigarette use was 42.8%, with males having statistically significantly higher rates than females ($p< 0.05$). Other substances used were cannabis (2%) and cocaine (0.6%).

To verify the results that were given by the youths, the researcher asked parents to indicate the most commonly abused drugs and other substances by the youths. Table 4.5 presents results obtained.

Table 9: Commonly abused drugs by the youths as reported by parents

Commonly abused drugs	Yes		No	
	Frequency	Percent	Frequency	Percent%
Cigarettes	53	88.3	7	11.7
Bhang	47	78.3	13	21.7
Miraa (Khat)	33	55.0	27	45.0
Alcohol	18	30.0	42	70.0
Kuber	14	23.3	46	76.7
Glue sniffing	9	15.0	51	85.0
Cocaine	6	10.0	54	90.0
Heroine	5	8.3	55	91.7

Data presented in Table 9 illustrates that over 50.0% of the parents reported that the most commonly abused drug was cigarettes (88.3%) followed by Bhang (78.3%) and then Miraa (55.0%). Alcohol was also mentioned by 30.0% of the parents. In line with the

findings, Otieno and Ofulla (2009:847) established that tobacco, miraa (khat), glue sniffing, bhang (marijuana) and even hard drugs such as heroin and cocaine were among the most commonly abused drugs by the youths. Similarly, a survey conducted by NACADA (2006) revealed that alcohol and other stimulants such as Khat and Marijuana are the most abused substances among the youth. The report also depicted that heroin and cocaine are mainly obtained in Nairobi and Mombasa and they are considered to be hard drugs with special price and value.

4.4 Causes and Effects of Use and Abuse of Alcohol, Drugs and Substances among the Youths

To determine the main causes of drugs and substances abuse among the youths. Table 11 demonstrates results obtained from the youths.

Table 10: Causes of drugs and substances abuse as reported by the youths

Causes	Yes		No	
	Frequency	Percent	Frequency	Percent%
Peer pressure	68	58.6	48	41.4
Stress	53	45.7	63	54.3
To feel high	49	42.2	67	57.8
Friends influence	40	34.5	76	65.5
Curiosity	37	31.9	79	68.1
Availability	25	21.6	91	78.4
Affordability	18	15.5	98	84.5
Media influence	15	12.9	101	87.1
Family influence	13	11.2	103	88.8

Table 10 illustrates that 58.6% of the youths were of the view that peer pressure was the main cause of drugs and substances abuse among them, 45.7% felt that stress influenced them to engage in drug abuse whereas 42.2% reported that youths abused drugs to feel high. Other causes of drug and substance abuse among youths were; family influence, media influence, affordability, availability and youth's curiosity. In agreement with the findings, Kimani (2013) found out that curiosity, acceptance by peers and ignorance were

the main reasons for drugs and substances abuse among the students. The findings were in line with NACADA (2006) report which showed that peer influence catalyzed drug and substance consumption at a rate of 21 to 42%. The report further depicted that group culture facilitated activities and private setting where consumption and use of drugs took place based on income levels. In addition to this, Njeru and Ngesu (2014) established that majority of students used drugs to stimulate their confidence levels, (24%), peer pressure (18%) and curiosity (16%). Similarly, Maithya (2009) revealed that the common reasons for drug abuse among secondary school students in Kenya are mostly out of curiosity and acceptance by friends (peer pressure). Table 12 depicts parents' responses on the main cause of drug and substance abuse among the youths.

Table 11: Main causes of drug abuse among the youths as reported by parents

Causes	Frequency	Percentage%
Peer pressure	57	95.0
Affordability	50	83.3
Availability of drugs	49	81.7
Idleness	42	70.0
Poor parenting	34	56.7
Lack of employment	32	53.3
Media influence	28	46.7
Stress	25	41.7
Genetic predisposition	21	35.0
Life frustrations	12	20.0
Lack of guidance	10	16.7
Divorce	9	15.0
Lack of education	6	10.0

The findings presented in Table 11 shows that over 50.0% of the parents reported that the main causes of drugs and substances abuse among the youths were; peer pressure (95.0%), affordability (83.3%), availability (81.7%), idleness (70.0%), poor parenting (56.7%) and lack of employment (53.3%). Few parents also reported that lack of

education, divorce and lack of guidance also contributed to drugs and substances abuse among the youths. This results concurred with the findings of the previous researchers who established that the common causes of drug abuse are; peer pressure, social factors, academic adjustment related factors, psychological factors and environmental factors (Aklog, Tiruneh and Tsegay, 2013:48; Tulu and Keskis, 2015: 47). According to Vivek and Tharu (2011), causes of drug and substance abuse among individuals are categorized into three that is; social factors, psychological factors and biological factors.

4.4.1 Effects of Use and Abuse of Alcohol, Drugs and Substances among the Youths

In response to this objective, 105 (90.5%) youths indicated that they have effects while 11 (9.5%) were of the view that they don't have any effects. Table 13 illustrates youth's responses in relation to the effects of drug and substance abuse.

Table 12: Effects of drugs and substances abuse among the youths

Effects	Frequency	Percentage %
Loss of dignity and personality	102	87.9
Poor academic performance among those who are in schools	96	82.8
Increase in crime rates within the society	84	72.4
Poor living standards due to wastage of money and time	81	69.8
Family breakups	75	64.7
School dropout	69	59.5
Immorality	63	54.3
Violence	45	38.8
Lack of focus in life	33	28.4
Addiction	24	20.7
Laziness	21	18.1
Unplanned pregnancies	16	13.8

Results presented in Table 12 shows that majority of the youths reported that the main consequences of drug and substance abuse were; loss of dignity and personality (87.9%),

poor academic performance among youths who are still in school (82.8%), increase in crime rates within the society (72.4%) and poor living standards due to wastage of money and time (69.8%). Other effects mentioned by few youths included unplanned pregnancies, laziness, addiction, and lack of focus in life. In line with the findings, Muchemi (2013) found out that effects of drug and substance abuse among youths includes; physical and mental complications, drop in school performance, lifestyle diseases such as cancer HIV and STI'S. In most schools, HIV was common since most students shared needles to inject drugs among themselves. Moreover, other factors such as mental illnesses, crime and immoral practices are influenced by drug and substance consumption. According to Tulu and Keskis (2015), majority of the younger generation are prone to abuse drugs in many family settings owing to external influences such as the media and poor guidance and parental style (Kikuvi, 2009 cited by Murimi, 2012). This has however resulted in rising cases of school dropouts, sexual performance and formation of criminal dens which are the main dangerous activities the young engage in.

Table 13: Effects of drug abuse among the youths as reported by parents

Effects	Frequency	Percentage %
Increase in crime rates	54	90.0
Family breakup	53	88.3
Health problems	43	71.7
Violent behavior	41	68.3
Lack of respect	39	65.0
Mental problems	34	56.7
School dropout	33	55.0
Underperformance in school	27	45.0
Isolation from the community members	26	43.3
Irresponsible	11	18.3

Table 13 shows that 90.0% of the parents felt that increase in crime rates was one of the main consequence of drug and substance abuse among the youths, 88.3% cited family breakup, and 71.7% cited health problems whereas 68.3% cited increase in violent

behaviour. Other effects included lack of respect, mental problems, school dropout and poor academic performance among youths who are still in school. According to Nutt, King, Saulsbury and Blakemore (2007), drug abuse leads to youth's engagement in criminal or anti-social behavior and long term personality changes. In addition, drug abuse leads to memory losses, poor school attendance, difficulty in concentration and poor academic performance (Ibrahim, Mahmud, Abubakar, Harazimi and Abdulkadir, 2016).

4.5 Use of Pastoral Counseling as a Measure of Curbing Drugs and Substances Abuse

The third objective of the study sought to explore how pastoral counseling can utilize the psychosocial theory of counseling in order to respond to the rising cases of drug abuse in Turitu and Ngegu shopping centers in Kiambu County. To meet this goal, the study first sought to find out from the youths whether they have sought counseling related to use of alcohol, drug and other substances. In response to this, half of the youths (50%) reported that they have sought counseling while the remaining half (50%) said that they had never sought counseling. Table 14 demonstrates person's respondents have sought counseling from.

Table 14: Person's youths have sought counseling from

Person's	Yes		No	
	Frequency	Percent	Frequency	Percent%
Counselor	42	36.2	74	63.8
Parent	23	19.8	93	80.2
Pastor/Priest	21	18.1	95	81.9
Friend	21	18.1	95	81.9
Community Member	6	5.2	110	94.8

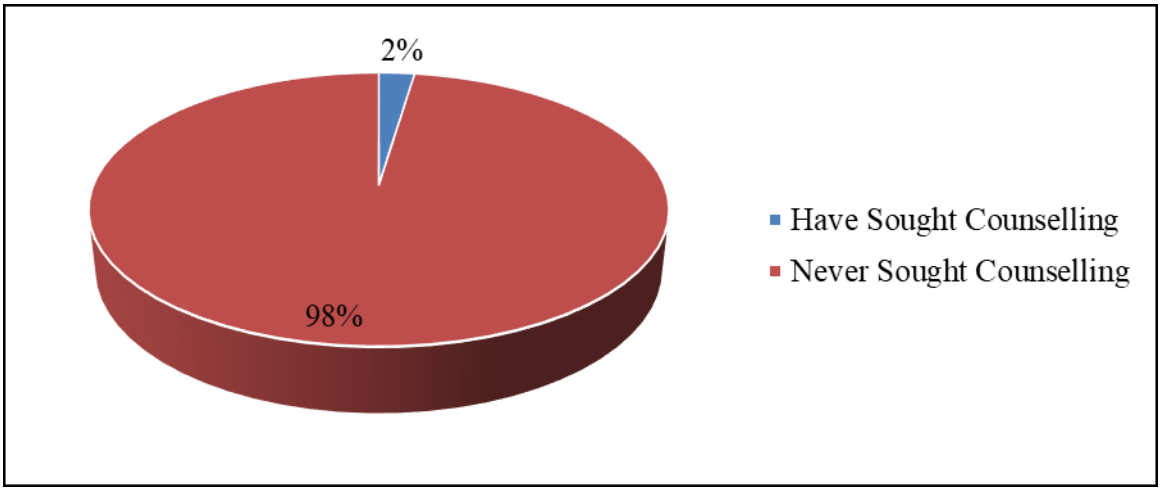
As shown in Table14, majority of the youths reported that they have sought counseling from counselors. Other person's mentioned included parents, pastors/priests and friends.

To find out how pastoral counseling was used to minimize drug and substance abuse in the church, the researcher asked youths to indicate whether they have sought counseling from priest/pastor in relation to alcohol use and drug abuse. Figure 4.6 shows results obtained.

Table 15. Whether the Youth Sought Counselling

Frequency of Counselling	Frequency	Percent%
Have Sought Counselling	82	70.7%
Never Sought Counselling	34	29.3
Total	**116**	**100.0**

Figure 7: Youths who have ever sought counseling from priest/pastors



As depicted in figure 7, out of 116 youths who participated in the study, only 34 (29.3%) reported that they have ever visited priest/ pastor and sought counseling related to alcohol use and drug abuse. This shows that pastoral counseling was rarely utilized by young generation to curb drug and substance abuse. According to psychosocial theory of development, most of the youths aged between 12 and 20 years gain a sense of personal identity through making and breaking of relationships and experimenting with various social roles. There is a sense of agreement with peer group ideals and behaviors, often in conflict with those of the parents. This close identification with the adolescent group is the first movement away from parental dominance and control and a greater risk of

experimentation. The most crucial virtue developed at this stage is dependence, faithfulness to oneself and faithfulness to God. As such, it's very important for the youth to have a close attachment with religious leaders e.g. priest and pastors who can give them pastoral counseling which can assist them to avoid engaging into alcohol use, drug experimentation and abuse.

Table 16 illustrates parents' responses in relation to roles played by the church to curb drug and substance abuse among the parents.

Table 16: Roles played by the church to curb drug and substance abuse

Roles	Frequency	Percentage
Involvement in church activities	51	85.0
Organizing guidance and counseling programmes for the youths	47	78.3
Act as mediator between parents and children	44	73.3
Organizing fellowship sessions	39	65.0
Offer free counseling services	30	50.0
Showing them love, encouraging them and guiding them	25	41.7
Teaching youths Christian virtues	18	30.0

Data presented in Table 16 illustrates that 85.0% of the parents reported that youths were involved in church activities, 78.3% cited that church organized for guidance and counseling programmes while 73.3% of the parents said that church normally act as a mediator between parents and children. Other roles played by the church were; teaching youth's Christian virtues, expressing love to drug abusers, giving them encouragement and also guiding them in relation to the church teachings. Table 4.12 depicts youth's responses on strategies that can be put in place to curb drug and substance abuse.

Table 17: Strategies that can be put in place to curb drug and substance abuse

Strategies	Frequency	Percentage
Offering guidance and counseling among the addicts	103	88.8
Creating awareness among other youths on the effects of drugs and substances abuse	99	85.3

Creation of job opportunities in the community	83	71.6
Organizing activities such as sports within the community to curb youth idleness	74	63.8
County government should ensure that there are well established rehabilitation centres for the addicts of drug and substances	66	56.9
Strengthening of guidance and counseling programmes in the churches and schools	65	56.0

The findings presented in Table 17 illustrates that majority of the youths (over 70.0%) suggested that; there is need to offer guidance and counseling among the youths, campaign should be organized to create awareness among the youths on the consequences of abusing drugs and also community members should offer job opportunities to the youths within their environment. A significant proportion (63.8%) of the youths were also of the view that organizing activities such as sports within the community can assist in curbing youths idleness which sometimes leads to drugs and substances abuse.

Table 18 illustrates measures that can be put in place by the church, community, parents and the administration to handle alcohol use, drug and substance abuse among the youths.

Table 18: Measures of curbing drug and substance abuse

Church	**Frequency**	**Percentage**
Organizing guidance and counseling sessions in the church	47	78.3
Frequent organization of youth programmes e.g. seminars	42	70.0
Organizing crusades within the community with a theme of educating youths on the effects of drugs and substances abuse	229	48.3
Community	**Frequency**	**Percentage**
Offer job opportunities to the youths within the community to avoid idleness	39	65.0
Providing social amenities for youths e.g. fields	33	55.0
Reporting drug peddlers to the administration	30	50.0
Engage the youths in communal work	24	40.0
Construction of rehabilitation centres	18	30.0
Organizing community policing programmes	12	20.0

As shown in Table 18, majority of the parents (over 65.0%) suggested that the Church should frequently organize guidance and counseling sessions for the youths and other programmes such as seminars. In relation to the role of the community members, 39 (65.0%) parents recommended that community should offer job opportunities to the youths to avoid idleness, 55.0% were of the view that community should provide social amenities e.g. fields while half of them suggested that community members should participate in reporting the drug peddlers to the administration. Other measures that can be put in place by community members include; organizing community policing programme, construction of rehabilitation centres and engaging the youths in communal work.

Table 19: Parental and Administration Measures of curbing drug and substance abuse

Parents	**Frequency**	**Percentage**
Ensuring that youths have responsibility within the household e.g. involving them in family businesses, house chores	45	75.0
Be good role models to their children	36	60.0
Participate in school activities which involve children learning and discipline issues	27	45.0
Administration (chiefs, sub-chiefs)	**Frequency**	**Percentage**
Putting stringent/strict measures on drug peddlers and users	44	73.3
Mobilizing the community and police to identify areas where drugs are distributed and the drug peddlers	31	51.7
Arresting drug traffickers	20	33.3

Pertaining the roles that parents should play to curb drug and substance abuse among the youths, most of the respondents suggested that parents should involve youths in family activities such as businesses and household chores. Thirty-six respondents recommended that parents should be good role models to their children and also they should fully participate in school activities especially those ones involving their children indiscipline.

The results in the table further illustrate measures that can be put in place by the administration to curb drugs and substances abuse among the youths. Over 50.0% of the parents suggested that administration should; put stringent measures among the drug

peddlers and users and also mobilize the community members and the police to identify areas where drugs are distributed and drug peddlers. Twenty respondents also were of the view that all the drug traffickers should be arrested.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the findings, conclusions and recommendations of the study. The chapter also gives areas for further research.

5.1 Summary of the Study

The main goal of this study was to explore how pastoral counseling can utilize the psychosocial Theory of counseling in order to respond to the use and abuse of alcohol, drugs and other substances in Turitu and Ngegu shopping centers in Kiambu County. The study was based on psychosocial theory of development by Erickson (1963). The focus was the stages of identity, intimacy and generativity. The study employed a descriptive survey design targeting youths and parents in Turitu and Ngegu shopping centres. A sample of 116 youths and 60 parents were selected to participate in the study which in total comprised 176 respondents. The findings were summarized below;

5.1.1 Prevalence of Use and Abuse of Alcohol, Drugs and Substances

The study established that majority (percentage of the youths) were drinking and abusing alcohol and abusing drugs and other substances daily. The most commonly abused drugs by the youths were cigarettes, bhang, *miraa* and *kuber*. Alcohol was also a commonplace abuse by a significant proportion of youths.

5.1.2 Causes and Effects of Use and Abuse of Alcohol, Drugs and Substances among the Youths

The study found out that the main causes of drugs and substances abuse as reported by youths were peer pressure (58.6%), stress (45.7%) and to feel high (42.2%). Other causes with negligible usage were; family influence, media influence, affordability, availability and youth's curiosity. According to parents, over 50.0% felt that the main causes of drugs and substances abuse among the youths were; peer pressure (95.0%), affordability (83.3%), availability (81.7%), idleness (70.0%), poor parenting (56.7%) and lack of employment (53.3%). Few parents also reported that lack of education, divorce and lack of guidance also contributed to drugs and substances abuse among the youths.

The main effects of drug and substance abuse as reported by the youths were; loss of dignity and personality (87.9%), poor academic performance of school going youths (82.8%), increase in crime rates within the society (72.4%) and poor living standards due to wastage of money and time (69.8%). Other effects mentioned by few youths included unplanned for pregnancies, laziness, addiction, and lack of focus in life. On the other hand, majority of the parents (over 60.0%) felt that the main effects of drug and substance abuse were; increase in crime rates, family breakups, health problems and increase in violent behaviour. Other effects included lack of respect, mental problems, school dropout and poor academic performance among youths who are still in school.

5.1.3 Use of Pastoral Counseling as a Measure of Curbing Drugs and Substances Abuse

A sizeable number of the youths (36.2%) have ever sought counseling from counselors. Other person's youths have ever sought counseling from included parents (19.8%), pastors/priests (18.1%) and friends (18.1%). The study found out that the major roles played by the church in curbing drug and substance abuse were; involving youths in church activities (85.0%) and frequent organization of guidance and counseling programmes (78.3%). Other roles played by the church were; teaching youth's Christian virtues, expressing love to drug abusers, giving them encouragement and also guiding them in relation to the church teachings. In addition to this, majority of the youths (over 70.0%) suggested that; campaigns should be organized to create awareness among the youths on the effects of drugs and substances abuse and as a means of positively providing alternatives for the menace; the community members should offer job opportunities to the youths within their environment. A significant proportion (63.8%) of the youths were also of the view that organizing activities such as sports within the community would assist in curbing youths idleness which sometimes leads to drugs and substances abuse.

5.2 Conclusions

Based on the findings of the study as summarized above, the following conclusions were made:-

i. Majority of the youths were using alcohol and abusing drugs daily.
ii. The most commonly abused drugs by the youths were cigarettes, Bhang, *Miraa* and *Kuber.* Alcohol was also used by most of the youths.
iii. The main causes of drugs and substances abuse were; peer pressure, stress, affordability, availability, idleness, poor parenting and lack of employment.
iv. The main effects of drugs and substances abuse were; loss of dignity and personality, poor academic performance by school going youths, increase in crime rates within the society, poor living standards due to wastage of money and time, family breakups, health problems and increase in violent behavior.
v. Community members should give job opportunities to the youths residing within their environment.
vi. Most of the youths have ever sought counseling from counselors.
vii. The major roles played by the church in curbing drug and substance abuse were; involving youths in church activities and frequent organization of guidance and counseling programmes.

5.3 Recommendations

The study made the following recommendations from the findings: -

i. Religious leaders should frequently organize forums such as seminars, guidance and counseling programmes for the youths with an aim of sensitizing them on the effects of drug and substance abuse.
ii. The government should put in place strict laws towards the drugs and substances peddlers and abusers.
iii. County government should ensure that in each community there is a well-established drug control counseling centre with a qualified health counselor to help drug addicts' withdrawal from the system.
iv. The parents should ensure that they teach their child on good and healthy living.

5.4 Areas for Further Research

i. A research should be conducted with an aim of investigating community perceptions towards drugs and substances abusers within the community.

ii. Further studies should be carried out to find out how environmental and family-related factors influence youths to engage in alcohol use, drugs and substances abuse.

iii. A similar study should be conducted in other counties to find out whether the same findings will be obtained.

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APPENDICES

APPENDIX 1: PARTICIPANTS' CONSENT FORM

The researcher of this study is a Masters of Theology Student at St. Paul's University carrying out a study on the pastoral counseling response to the use and abuse of alcohol, drugs, and substances using the psychosocial theory of counselingamongthe youth of Turitu and Ngegu shopping centers in Kiambu County. All information obtained in the course of this study will be highly confidential and will only be used for academic purposes.

The researcher of the study appreciates your willingness and participation in this study. However, in case you may not be willing to continue with the study, nobody can victimize you for that and you are free to discontinue at any instant without consequences. The set of questions that the researcher requests you to fill in should not take more than one hour. Please be reminded that free ball pens will be provided. Kindly sign at the top of the page before you participate in the exercise as an indication that you have agreed to take part in this study.

The first section asks for basic background information about you and your family. The second set of questions is mainly about yourself and others.
I agree and I am willing to take part in the study

Signature _____
Date: _____
Name: _____

APPENDIX II
QUESTIONNAIRE FOR YOUTHS

This questionnaire is designed to gather information on how pastoral counseling can utilize the psychosocial Theory of counseling in order to respond to the use and abuse of alcohol, drugs and other substances in Turitu and Ngegu shopping centers in Kiambu County. Kindly, respond by ticking the appropriate responses to the question or give the information needed. All your responses and information in questionnaire will be confidential and will be used by the researcher for the purpose of this study only. So do not write your name anywhere in this questionnaire.

Please give as truthful information as possible, and respond to all the items.

Section A: Background Information

1. Gender [ ] Male [ ] Female
2. Age
   [ ] 15-19 yrs [ ] 20-24 yrs [ ] 25-29 yrs
   [ ] 30-35 yrs Any other (specify)……..
3. Educational level
   [ ] No formal education [ ] Primary [ ] Secondary
   [ ] Tertiary [ ] College [ ] University

Section B: Prevalence of the Use and Abuse of Alcohol, Drugs and Substances

4. Have you ever used alcohol, drug and other substances?
   [ ] Yes [ ] No

   (b) If yes, how often do you use any "hard" drug e.g. bhang, miraa, cigarettes, cocaine, heroine, glue etc?
   [ ] Daily [ ] 3 times weekly
   [ ] 5 times weekly [ ] Occasionally

   (c) How often do you drink alcohol?
   [ ] Daily [ ] 3 times weekly
   [ ] 5 times weekly [ ] Occasionally
5. At what age did you start using alcohol, drug and other substances?.....
6. Which drug/substance do you use most?

[ ] Cigarettes

[ ] Miraa (khat)

[ ] Glue sniffing

[ ] Bhang

[ ] Kuber

[ ] Heroine

[ ] Cocaine

Any other (specify)…….

Section C: Causes and Effects of Use and Abuse of Alcohol, Drugs and Substances

7. What are the main causes of drugs and substances abuse among the youths?

[ ] Peer pressure (This is direct influence by individuals who get encouraged to carry their behavior by someone else)

[ ] Curiosity (having a strong desire to use something)

[ ] Media influence (Consuming something as result of advertisement in the media e.g through TV and Radios)

[ ] Family influence (Consuming something because other members of the family are using or practicing)

[ ] To feel high

[ ] Friends influence

[ ] Availability

[ ] Affordability

[ ] Stress

Any other factor (please specify)……

8. In your opinion, does the use and abuse of alcohol, drugs and substances abuse have an effect among the youths?

[ ] Yes [ ] No

b) If yes, which are the effects of drug and substance abuse among the youths?

……

……

……

……

……

Section D: Use of pastoral counseling as a measure of curbing drugs and substances abuse among the youths

9. Have you ever sought counseling related to use of alcohol, drug and other substances?

[ ] Yes [ ] No

10. Whom did you seek help/ counseling from?

[ ] Pastor/Priest

[ ] Parent

[ ] Friend

[ ] Community member

[ ] Counselor

11. Do you think pastoral counseling can curb use of alcohol, drugs and other substance abuse among the youths?

[ ] Yes [ ] No

b) If yes, in which ways?

……

……

……

……

……

12. Have you ever visited a priest/pastor to help you stop drinking alcohol or using drugs?

[ ] Yes [ ] No

b) If yes, what was the outcome/experience?

……

……

……

……1

13. What do you think can be done to curb the problem of drug and substance abuse among the youths?

……

……

……

THANK YOU FOR PARTICIPATING

APPENDIX III

QUESTIONNAIRE FOR PARENTS

This questionnaire is designed to gather information on how pastoral counseling can utilize the psychosocial Theory of counseling in order to respond to the use and abuse of alcohol, drugs and other substances in Turitu and Ngegu shopping centers in Kiambu County. Kindly respond by ticking the appropriate responses to the question or give the information needed. All your responses and information in the questionnaire will be confidential and will be used by the researcher for the purpose of this study only. So do not write your name anywhere in this questionnaire.

Please give as truthful information as possible, and respond to all the items.

Section A: Background Information

1. Gender [ ] Male [ ] Female
2. Age in years……
3. Education level
   [ ] No formal education [ ] Primary education
   [ ] Secondary education [ ] Tertiary
   [ ] College [ ] University
4. Occupation……
5. Marital status
   [ ] Married [ ] Single
   [ ] Divorced [ ] Widowed

Section B: Prevalence of Drugs and Substances Abuse among the Youths

6. Does the youths in your community abuse drugs and other substances?
   [ ] Yes [ ] No
7. Which are the most commonly abused drugs and substances by the youths?
   [ ] Cigarettes
   [ ] Miraa (khat)
   [ ] Glue sniffing
   [ ] Bhang
   [ ] Kuber

[ ] Heroine

[ ] Cocaine

Any other (specify)…….

Section C: Causes of Drugs and Substances Abuse

8. What are the main causes of drugs and substances abuse among the youths?

   .....

   .....

   .....

   .....

   .....

9. Do you think drug and substance abuse has an effects among the youths?

   [ ] Yes [ ] No

   b) If yes, which are the some of the drug and substance abuse among the youths?

   ……

   ……

   ……

   ……

   …….

Section D: Use of pastoral counseling as a measure of curbing drugs and substances abuse among the youths

10. Do you think pastoral counseling can assist in minimizing the use of alcohol, drugs and other substances among the youths?

    [ ] Yes [ ] No

11. Which role does the church play to curb drugs and substances abuse among the youths?

    ……

    ……

    ……

    ……

12. Suggests the measures that could be taken by the following stakeholders to minimize the problem of drug and substance abuse among the youths in Kiambu County.

    a. Church

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……

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    b. The community

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……

……

    c. Parents

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……

    d. Administration

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THANK YOU FOR PARTICIPATING

APPENDIX IV: NACOSTI PERMIT

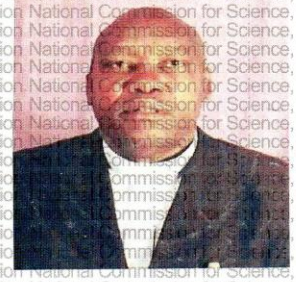
THIS IS TO CERTIFY THAT:
MR. BENSON MBUGUA KIMANI
of ST PAULS UNIVERSITY, 542-232
RUIRU,has been permitted to conduct
research in *Kiambu County*

on the topic: *PASTORAL COUNSELING RESPONSE TO THE USE AND ABUSE OF ALCOHOL, DRUGS, AND SUBSTANCES USING THE PSYCHOSOCIAL THEORY OF COUNSELING AMONGST THE YOUTH OF TURITU AND NGEGU CENTERS IN KIAMBU COUNTY.*

for the period ending:
24th March,2018

.....
Applicant's Signature

Permit No : NACOSTI/P/17/59442/16329
Date Of Issue : 24th March,2017
Fee Recieved :Ksh 1000



.....
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officer will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

REPUBLIC OF KENYA

National Commission for Science, Technology and Innovation

RESEACH CLEARANCE PERMIT

Serial No.A 13358

CONDITIONS: see back page