

GOVERNMENT AND SOCIETAL EFFORT TO ADDRESS VULNERABILITY LEADING TO RISKS RELATED TO DRUG AND SUBSTANCE ABUSE AMONG FEMALE YOUTH IN MAKINDU, KENYA

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ABSTRACT

The rise in the number of drug and substance related risks in Kenya, points towards an increase in vulnerabilities. The increase in drug taking among young people incorporates all levels, and what began as the use of drugs in African traditional society for social relations evolved over time into a problem of dependence and abuse. Drug and substance are readily available to adults and to youth and girls and women are catching up fast with males. Not only does the youth consume alcohol but also use drugs to the extent that substances pose dangers to the health of the youth and ultimately to the well being of the nation. This indicates that the rise in disasters and their consequences are related to the rise in the vulnerability of people all over the world that is induced by the human determined path of development. It is now recognized that risks (physical, social and economic) unmanaged (or mismanaged) for a long time lead to occurrence of disasters. Risk and vulnerability are inextricably linked and therefore vulnerability must be understood if risk is to be managed. The objective of the study was to investigate what is the government of Kenya and Makindu society are doing about the problem of female youth's indulgence in drugs and substance abuse. The research design used in the study was case study design using snow ball sampling technique. 29 respondents were sampled for the study. The data was collected by use of unstructured interviews, participant observation for female youth who abused drugs and substance and focus group discussion guides for female youth whose partners abused drugs. Data was analysed using both quantitative and qualitative methods. The major finding of the study was that the government was working against vulnerability to drug and substance abuse through its agents such as the police, probation and after care services department, the courts, the ministry of youth affairs and sports.

Key words: Drugs and substance abuse, female youth, government policy, vulnerability and risks.

INTRODUCTION

The Kenyan government continues to emphasize and appreciate the role that women play in development activities. Women play a dominant role in food and cash crop production. The role that the female youth play in our society is certainly not fully recognized (Ministry of Youth Affairs, 2006). The rampant drug and substance abuse that is threatening to tear the very fabric of our nation is yet another factor that will militate against the efficiency with which young women can fulfill their role in the society. A rapid assessment for UNDP in 1997 in Kenya showed that substance abuse among school and university students, parents and teachers is increasing. Students abuse cannabis, heroine, khat and inhalants (UNDP, 1997).

The rapid spread of substance abuse can be attributed to the breakdown of indigenous society and to the introduction of foreign influences that have made a variety of substance available on large scale (National Agency for the Campaign against Drug Abuse, 2002). The survey demonstrated that substance abuse is widespread, affects the youth mostly but cuts across all social groups. Alcohol, tobacco, bhang and khat are the substances most often abused and the youth are also abusing imported illegal substances such as cocaine and mandrax. The survey further reveals that while substance abuse by the youth ranges from increasing use of illegal and 'hard drugs' to legal 'soft' drugs, the youth mostly abuse four substances in this order: alcohol, tobacco, bhang and inhalants. Substance abuse by the country's youth is turning out to be a major problem because they begin to consume substances in early adolescence.

According to United Nations Organization for Drug Control (2005), in the recent times, the cases of risks related to drug and substance abuse have increased the risks' situations which include many negative physiological health effects, ranging from minor issues like digestion problems or respiratory infections, to potentially fatal diseases, like AIDS and hepatitis C. The effects depend on the drug and on the amount, method and frequency of use. Some drugs are very addictive, like heroin, while others are less addictive. But the upshot is that regular drug abuse or sustained exposure to a drug - even for a short period of time - can cause physiological dependence, which means that when the person stops taking drugs, he/she experiences physical withdrawal symptoms and a craving for the drug. In his speech at The Economic and Social Council on 24 May 1985 the then United Nations Secretary General Javier Perez de Cuellar said that 'Drug abuse presents as destructive a threat to this and coming generations as the plague which swept many parts of the world in earlier centuries.'

This therefore means that the organizational and technical processes of both the individual youth and that of the society she lives in interact, resulting in vulnerability. It is therefore imperative to examine the strategies the community and the government has put in place to ensure that female youth vulnerable to risk, given that female youth, in addition to their role in the society must exist in cohesion. The female youth exist in a social structure and the society uses them for various functions; so when a female youth is vulnerable to risks, the entire society is at risk. Taking female youth in Makindu Town as the object of interest, this paper seeks to identify the kind of mechanisms that have been put in place to cope with risks related to drug and substance abuse. Therefore, the goal of this study is to establish the remedial strategies put in place in the society to cope with risk situations related to drug and substance abuse.

LITERATURE REVIEW

Kenya's Policy on Drug and Substance Abuse

'We will never know for sure what would have happened in the absence of drug control. But if we look at the costs and the magnitude of the problems generated by alcohol and tobacco consumption, we can be sure that containing drug abuse is at least worth our while'. (Fries, 2003, p 8).

This emphasizes on the need to develop measures that will control and drug and substance abuse which the Kenyan government has been undertaking through the Kenya National Drug and Legislation.

The Kenya National Drug and Legislation involve drug control, legislation and legal framework under which treatment and rehabilitation of drug abuse takes place. Kenya government has ratified the three major United Nations conventions on drugs and psychotropic substances namely:

1. Single convention on Narcotic drugs, 1961 as amended by the 1972 protocol.
2. Convention psychotropic substances 1971.
3. United Nations convention against illicit traffic in narcotic drugs and psychotropic substances united nations 1988.

The narcotic drugs and psychotropic substances (control) Act 1994, is the latest Kenyan legislation against drug trafficking and abuse. This enactment was followed by the setting up of the Interministerial Drug Control Committee in 1995 whose responsibility was to coordinate, monitor and evaluate drug policies in the country. The greatest achievement of the interministerial committee was the production of the drug control master plan in 1999 which was approved in early 2001. The same year the National Agency for the Campaign against Drugs (NACADA) was formed to enhance advocacy against drugs of abuse in the country. Its major objectives were coordination, implementation, monitoring and evaluation of programmes on the campaign against drug abuse in Kenya. National Agency for the Campaign against Drug Abuse has been holding consultative meetings to develop a strategic plan that would include public awareness campaigns, intervention of special groups, counseling services and rehabilitation for the vulnerable, the youth and support services. These included institutional framework of drug abuse control, strategies of drug abuse treatment and in prevention education activities, (National Agency for the Campaign against Drug Abuse, 2007).

From the following newspaper article it is evident that the National Drug Policy is being enforced: - From an article by Steve Mbogo sampled from 'The Business Daily' dated July 8 2008, titled, *'Tough times for smokers as ban comes into force.'* He says that, *'Smokers will from today be buying cigarettes in packet, as tobacco companies comply with a new law meant to protect the public from exposure to cigarettes smoke. The law will end what has been a culture of buying cigarettes in sticks – except in up market outlets and supermarkets – instead of packets or boxes. The tobacco Control Act of 2007, which came into effect on October 2007, provided for a nine month implementation period which ended yesterday.'* This article has cited the Implementation of the Tobacco Control Act of 2007 which clearly indicate that the Kenyan government has put down measures to curb the abuse of drugs and substances in the country.

Societal efforts to address vulnerabilities to drug and substance abuse risks.

The society has been making efforts to discourage drug and substance abuse. According to Wolmer (1990) coffee was banned in the Ottoman Empire but with little success. In the 17th century in parts of Germany and Russia, the penalties for smoking tobacco included splitting or cutting off the nose of the offender. In the traditional society, beer drinking was a privilege for the old men, women, young men and boys were forbidden to drink it. African men would take beer to the father of the woman they wished to marry and the circumcision of a boy would be followed by general drinking by elderly men. The traditional culture restricted the use of some substance such as alcohol to senior age group and to special occasions often restricting the use of alcohol under strict conditions. The conditions spelt out that, only elders could consume alcohol, which could be consumed only during occasions such as when a baby was born, after the harvest of crops and during funeral, Willis (2002). The 19th Century saw the development of drugs for special purposes. The special picture of drug taking behaviour showed signs of complication. Prominent leaders and professionals called for attention to social problems resulting from widespread abuse of alcohol, cocaine and opium among others. As a result, drugs like cocaine, opium, peyote, heroine among others were declared illegal overtime in many countries.

Theoretical framework

Addictive Experiences Theory

A person can begin to use or try a drug for any of the whole range of human motivations; indeed, the desire to alter consciousness through drug use seems to be nearly universal. The reasons for initial use can determine whether or not the user will ultimately become addicted. The following are reasons for starting to take a drug: a sense of adventure; a need for stimulation; a desire to emulate others in the peer group; and personal needs, such as to avoid pain, to escape from reality, to gain a predictable gratification in the absence of other life rewards, to compensate for a sense of personal inadequacy (Peele, 1977). Persons use drugs when they find such use to be rewarding in terms of values, needs, and overall life structure. Conceivably a drug can fulfill positive functions for an individual—such as enabling him or her to work better or to relate to others. Even in this case there is the danger that functioning in a positive sense will become dependent on continued drug use. In all cases, use of the drug will probably make it harder for the person to eliminate underlying and unresolved problems. While the experience the drug produces for the person must provide rewards for him or her in order to maintain drug use, this is not to say that its objective impact on the user's life will not be negative. Thus narcotic or barbiturate users find the removal of pain and the absence of anxiety induced by the drug to be rewarding, even though these effects make them less sensitive to and less effective in dealing with their environment. In fact, it is this very depletion of capabilities which best guarantees continued use of the drug.

Addiction occurs along a continuum, so that it is impossible to designate an exact point at which a drug habit becomes an addiction. There are several criteria in terms of which it is meaningful to evaluate a drug involvement for its addictive potential. Some of these criteria derive from initial motivations for using a drug and from the motivations for continuing use. If a drug is used in order to eradicate consciousness of pain, problems, and anxieties, then its use will tend to be addictive. Another aspect of this type of abuse is the inability of users to derive pleasure from drug use, since they are relying on the drug primarily to avoid unpleasantness rather than for any positive effect. In this case, a criterion for abuse and addiction is that the drug is relied on at regular times for the very predictability of its effects. The most crucial criterion for the addictiveness of an involvement is whether use of the drug destroys or harms other involvements. For when this is the case, abuse moves inexorably along the continuum toward addiction as other reinforcers fall away, and the drug experience becomes the primary source of reward for the individual, (Peele 1977).

To cease being addicted to a drug, one must develop the ability to derive real rewards from the world to replace the unrealistic rewards that the drug provides. Such rewards include those which come from basic competence, from the ability to carry out meaningful work which is rewarded by others, from the capacity to form intimate relationships with other people, and from having a comfortable and satisfying relationship generally with one's environment. While it may be necessary to restrict or eliminate drug use in order to accomplish these goals, simple cessation of use in no way implies that these goals are accomplished. This theory is relevant to this study since it includes an analysis of the feelings which led to use of drugs, explores more functional methods of coping with these feelings, and tries to encourage practice (actions) which are incompatible with reliance on the drug experience. It gives practical solutions to cessation of drug and substance dependence a paramount need for both the female youth and the community she lives in.

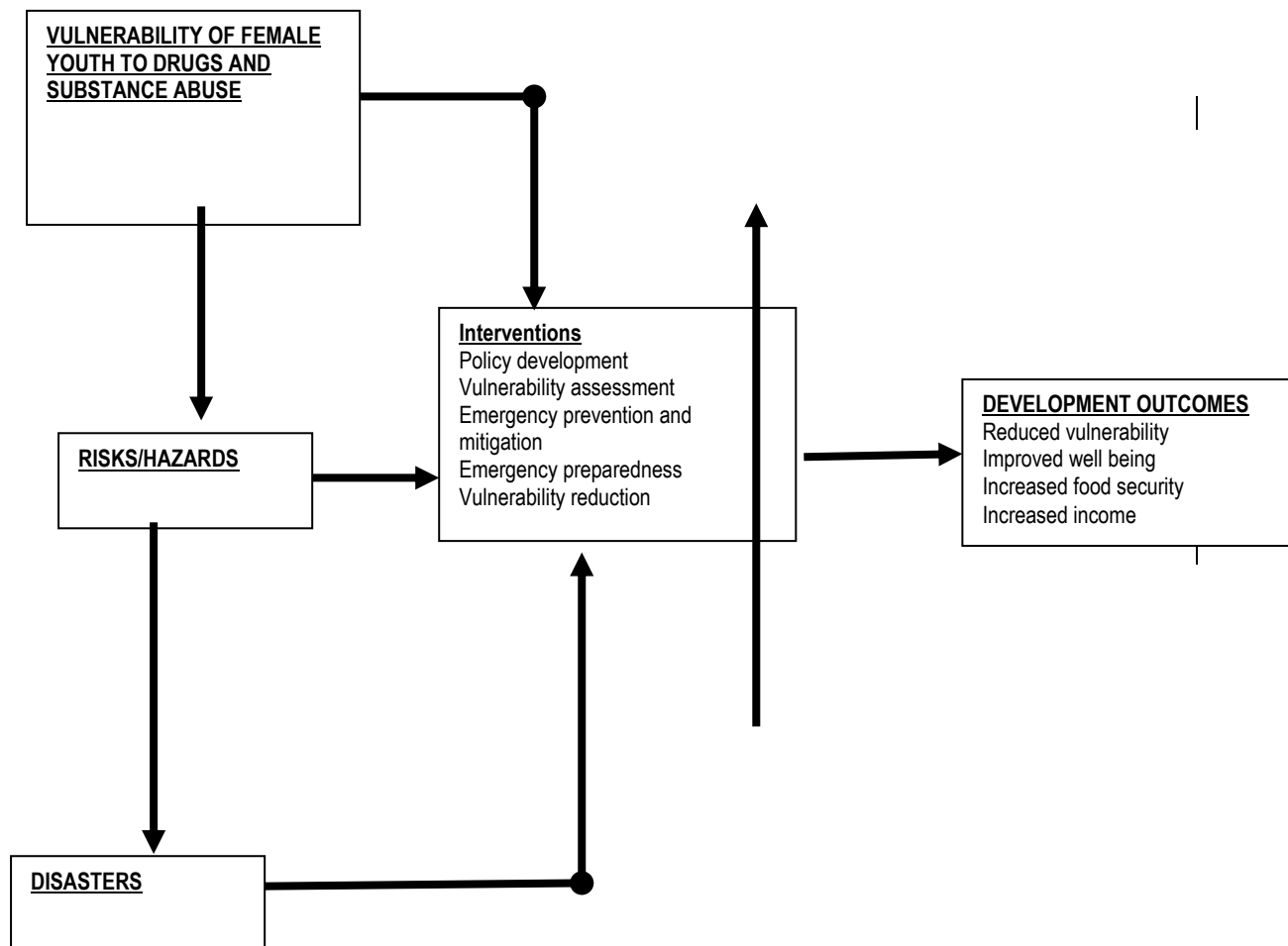
Chaos theory

The word chaos has been generally used to mean a state of confusion, lacking any order.

According to Bower, (1988) chaos is the irregular, uncertain discontinuous aspect of change within the confines of a patterned whole. This means that there are those events we cannot predict in an organizational life and even in our desire to create order and control of the situation; events often seem one step ahead of us. Chaos theory describes the behaviour of certain non linear dynamical systems that under specific conditions exhibit dynamics that are sensitive to initial conditions (popularly referred to as the butterfly effect.) as a result of this sensitivity, the behaviour of chaotic and unpredictable results can and will occur in systems that are sensitive to their initial conditions.

Disaster and emergencies epitomize on the unpredictability or non linearity of human events. There are many events that we can predict in the society but not disaster. Man can not therefore predict when a disaster will occur, the number of fatalities or the amount of resources and personnel required to bring order to chaos. Factors to be considered in disaster safety cannot be accurately defined, quantified or even understood at anytime. This then leaves man with only the option of continuously improving the effectiveness of safety measures undertaken and having a successful disaster response plan with in his organization to effectively stop or respond to any eventuality. It is imperative that the society prepares itself to tackle disasters. Since disasters that are related to drug and substance abuse such as car accidents affect those involved and not involved in drug and substance abuse. It is the responsibility of everyone in the society to act against drug and substance abuse because we could all be directly affected by the related disasters.

Conceptual Framework



METHODOLOGY

Research Design

The study applied a case study design. This involved a case on the vulnerability of female youth to drugs and substance abuse in Makindu town. It was the logical proof that allowed the researcher to draw inferences concerning causal relations among variables that had been investigated.

Site selection and description

The study was carried out in Makindu town. Makindu town was selected purposively since no study vulnerability to drugs had been carried out. The town was located 200km from Nairobi and 250km from Mombasa. It was long Mombasa Nairobi highway.

It had a population projection for 2008 of 11,160 people, 3906 being female youth. There were 1860 households with an average of 6 heads (Kibwezi District Development Plan 2008-2012, 2009). The poverty level stands at 34% contributing to 3.8% of the National Poverty level. The food poverty level is at 57.2%. The causes are attributed to circumstances such as unreliable, inadequate and erratic rainfall, lack of clean drinking water leading to increased cases of water borne diseases (typhoid, amoebic dysentery etc), reduced productivity, increased cost of medication, high rates of unemployment- both formal and informal leading to increased number of idlers and dependency, lack of credit facilities hence limiting investments, poor marketing system, unavailability and high prices of farm inputs, poor agricultural practices, sparse location of health facilities, absence of rural-micro industries, poor road network and lack of rural electrification to steer and bolster local industries such as the Jua Kali. (KDDP 2008-2012, 2009)

Sampling

The sampling frame for this study was generated from the occurrence register at Makindu Town Police Post, Makindu Town Location Chief's Complaints Records, Central Register at the Probation Department (Makindu District), Criminal Records at the Law Courts and Non Governmental Organizations (NGOs) dealing with youth and drug related issues.

Snow ball sampling was used to select 29 female youth abusing drugs and substance, selected from the sampling frame obtained and 10 key informants dealing directly with female youth abusing drugs and substance.

The criteria for participants to be selected for the study will include the following:

- a) Female youth arrested in relation to drug related crimes whose records exists in the Makindu police post or the chief's complaints records.
- b) Female youth serving on probation or CSO for drug and substance abuse related crimes.
- c) Female youth living with partners who abuse drug and substance abuse, from records obtained of male youth at Makindu Police Post, Makindu Town Location Complaints register or the probation and Community Service Order Record.
- d) Key informants who deal with female youth abusing drugs and substance – The Probation Officers, The Police, The Provincial Administration, Youth Officers and relevant Non Governmental Organizations.
- e) The households around drug selling dens and bars
- f) Female youth in the streets.

The researcher faced the challenge where some of the female youth who had been referred to her refused to be interviewed.

Sources of data

The study applied observing and interviewing as the principal data collection techniques. This was driven by the need to encourage greater interaction between the researchers and target respondents, eliciting hostistic information and attitudes (Walliman, 2005). Five sources of data were identified. They included: documentation, archival records, interviews, direct observations and case studies. This study obtained secondary data from archival records and documentation. The archival records will include: service records such as those showing the number of clients served over a given period of time; and telephone listings. The documentation included: administrative documents- proposals, progress reports and other internal documents.

Methods and Tools of data collection

In this study the data collection methods included: participant observation the tool used was an observation checklist. The researcher spent an afternoon with the respondents observing their activities. In the oral interview method, the tool to be used was a semi-structured questionnaire. It was not possible to interview more than twenty nine (29) respondents because of the time the researcher needed to spend with the respondents. Adequacy of information by the time the researcher interviewed the 29th informant there was no new information emerging. In other words the researcher had reached a saturation point (Strauss and Korbin, 1998). Ten key informants were interviewed. The researcher employed key informant guide, a tool used in social inquiry, gathering detailed information and opinion based on key informant's own knowledge of a particular issue.

Audio visual method was used employing a tape recorder during the interviews conducted. There were three focus group discussions of 7 members each where female youth whose spouses abused drugs and substance were interviewed. In one group the female youth did not abuse drugs and substance. These discussions were guided by a focus group discussion guide a qualitative tool whose purpose was to obtain in-depth information on concepts, perceptions and ideas of a group. It aimed to be more than a question- answer interaction. The idea was that group members discuss the topic among themselves, with guidance from the facilitator. There was an observation checklist for the direct observation method.

In the documentation method there were minutes of meetings and other written reports of events. The archival record method included the following: service records such as those showing the number of clients served over a given period of time and telephone listings. Case study utilized the above mentioned methods to discuss specific cases which were identified as exceptional during data collection. By triangulating the methods and tools of data collection internal validity was ensured in the study.

Data analysis

This study employed both qualitative and quantitative data analysis. Qualitative data was analyzed using case description. In qualitative data analysis the data collected was sorted and categorized. In quantitative data, descriptive statistics such as percentages was used.

PRESENTATION AND INTERPRETATION OF FINDINGS

The probation officer provided the central registry from where the researcher was able to compare the number of female youth from the year 2004 to 2009 who were on probation in relation to drug and substance related crime. Of all the female supervisees she had had, the number had increased with 2009 having a record number of seven female youth arrested for bhong possession. From the courts, the clerk had records of female youth who had been fined for being drunk and disorderly. The number had been increasing from the year 2004 to 2009 according to the records provided. Up to the month of October 2009, the number had risen to 30 female youth as compared to the whole of 2008 where the number was 25. From the occurrence register at Makindu Police Post it was established that female youth who had been arrested in relation to crime on drug and substance abuse had been increasing. There were records of 25 female youth in the year 2007, 27 in 2008 and 24 up to October 2009. From their interviews the level of drug and substance abuse was high and most involved in drug and substance abuse were low income earners.

Societal strategies against drug and substance abuse in Makindu.

Substance abuse creates a gap between the abusers and the community. The respondents who were abusers were asked about the strategies the society had put in place to curb drug and substance abuse among female youth. The results tabled in figure 1 indicated that the female youth felt that the community had isolated them. Some of them even thought that the community had adopted a don't care attitude towards and considered them outcasts. They believed they were hated and considered prostitutes. As a result of this, most abusers did not pay any attention to correction comments from community members.

Table 1 Societal strategies against drug and substance abuse in Makindu

Societal strategies against substance abuse	Frequency	Percentage
Considered a prostitute	3	10.35%
Denied opportunity to be married	4	13.79%
Interacts well	2	6.90%
Not taken seriously	3	10.35%
Hated	6	20.68%
Isolated	11	37.93%
Total	29	100.00%

A Participant Observer Study Of A Female Youth Abusing Drugs And Substance
Munira*

She is 26 years old and was born in Makindu town. Had never travelled out of Makindu. During the afternoon that was spent with her, the only thing she did was sit and talk of how she longed to break the fast since it was the month of Ramadhan so that she could get her drugs and substance. She mentions that she had been abusing drugs and substance since she was 14 years old. She said that the first substance she ever abused was khat; initially it was out of desire to experiment. I ask her, "where did you get the money from?" She replies, "I stole from my mother's shop". She says that she always saw people chew it and got curious. When she tried, she found it highly enjoyable. With time she became depended and could not sleep without chewing. I ask her, "are you sure you are depended if you can avoid using since morning?" She replied that since it was Ramadhan, she wanted all her sins forgiven and therefore could sacrifice a few hours. Form the year 2008 she claims that no one made a marriage proposal to her. She claims that she was left with no other option other than abusing bhong which was harder, to forget that fact. She claims to have got older and did not care what people around her said about her. This she says had made her isolated by the community and all the bachelors were advised against marrying her. I ask her if she is willing to quit so that she could get married and she replies, "without a husband I can not quit, I can't live with out it". The conversation is free flowing and she admitted that when she was high, things seemed equal to her. She said that she only realised that she needed to get married when she was sober. I ask her what she would do if someone offered to marry her then. She says that she would be the happiest person in the world. "See now", she says, "I am 26 years old, and I do not want to wait for a husband longer than that". At around 5pm we go to her dealer and she buys a quarter kilogram with the Ksh.200 I had given her and she tells me that she would chew it after breaking the fast.

Figure 1 Case study on societal strategies against drug and substance abuse.

From table 1 above it was clear that the community in Makindu did not tolerate drug and substance abuse. Those that abused had been highly isolated. This was a relatively good move but had no long term effect on abusers since they developed a defence mechanism towards the isolation. It was also clear that besides isolation of the drug and substance abusers the community had not done enough to ensure that it addressed the initial cause of the female youth to abuse drug and substance. The reaction here was more geared towards response as compared to mitigation.

Mechanisms of dealing with risks related to drug and substance abuse

The police force was identified as an institution that dealt with risks related to drug and substance abuse such as being available at a scene of crime, accident and making swoops at night to reduce prostitution. The hospital through the casualty handled emergencies related to drug and substance use. At Comprehensive Care Centres it was where youth who contracted HIV/Aids virus received counselling and therapy services to live positively. It was also in these hospitals where Voluntary Counselling Testing services could be accessed. This service was vital since it helped one know her HIV/Aids status. The respondents asserted that the chang'aa/local gin dens were crucial for those who were totally depended on alcohol since they provided the liquor their bodies craved for.

One respondent said:

..... When I wake up in the morning, I have to go to a place where they sell the local gin where I am given at least a glass because I am at a point of no return.... Going to the local gin dens was a coping remedy for the individual substance abuser but it had adverse effects on the female youth and the community in which the female youth lived in. From this assertion it was clear that there were no rehabilitation centres for drug and substance abusers in Makindu. Those who had become depended entirely depended on their suppliers for daily survival. It also meant that when one was depended in Makindu town, she had 'dug her own grave' because that was a point of no return. The fact that these individuals went to the dens in the morning, it meant that they were no longer resourceful in the community because they were drunk throughout the day when their man hours were required to develop Makindu town. It was also concluded that they had lost their self esteem in the community they lived in since they added no value in the community they lived in and they were not recognised as viable individuals. Such kinds of women also had lost their nurturant role in the community and their children were neglected.

The government through the Probation Department and Internal Security and other development partners had been rehabilitating female youth who had been arrested in relation to drug and substance related crimes. It was evidenced from the key informants that there were activities on the ground that were trying to mitigate the drug and substance use. Barazas (public gatherings) were held to campaign against drug and substance use. Hope Worldwide engaged in Comprehensive Package Programme which was behaviour change communication oriented, where it engaged peer educators in school and out of school, to undertake peer education sessions against drug and substance use. The Ministry of Youth Affairs and Sports had been loaning youth enterprise fund to initiate and expand business activities. APHIA II Eastern organised magnet theatre as a behaviour change tool that aimed at generating dialogue; where everyone was free to make their own decision about drug and substance after the skits and drama. Distribution of IEC materials on drugs and substance was evidenced. Response to risks related to drug and substance abuse was through Voluntary Counselling and Testing centres, condom distribution and plans to create youth friendly health centres in the town were underway. The key informants felt that there was further need for capacity building for people involved in drug and substance campaigns and more advocacy be increased so that the people could understand the risks of drug and substance abuse.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

Although drug and substance abuse had been associated with men, women were catching up fact with the men. The question that nags those who see the women abuse drugs and substance is what could possibly drive a woman into risking her social status in the community; risk both her biological and psychological well being. The study established that remedial strategies that were put in place in the society for the youth to cope with risks related to drug and substance abuse. There were no rehabilitation centers in Makindu. Majority of the female you did not know of existing rehabilitation centers, when it was mentioned to them they purported that they could not afford fares there let alone the rehabilitations fees. It was also established that there were organizations and government agencies in Makindu that were working towards mitigation and response on the vulnerabilities although the impact was yet to be felt.

* Not her real name

It was established that the Ministry of Youth Affairs and Sports through the Youth Enterprise Development Fund programme had loaned youth money to start or expand their enterprises. It was also established that Hope Worldwide Kenya had a comprehensive package programme which was behaviour oriented, where it engaged in peer educators in school to undertake peer education sessions against drug and substance abuse. It was further established that APHIA II Eastern was organizing magnetic theater as a behaviour change tool where everyone was free to make his/her decision about drug and substance abuse after skits and drama. The provincial administration held barazas at the grass root levels where they campaigned against drugs and substance abuse. The police force, probation department and the ministry of health were identified as government agencies that responded to risks that were related to drug and substance abuse.

It was established that the hospital through the casualty, VCT and CCCs attended to individuals who had experienced drug and substance related risks that required medical attention. The probation department worked with supervisees who had referred on the Community Service Order program. In this program the supervisees reported monthly and were attached in a government institution where they provided community service. They were further visited by counselors who tried to establish their problems. Some of the supervisees had been referred to hostels where they learnt technical skills. It was further established that the police force played a critical role of response where by they at the scene of crime or accidents. They also made swoops at night to minimize on the prostitution levels in Makindu town.

Conclusion

Response measures reduce vulnerability and risks to drug and substance abuse included the establishment of a rehabilitation center where those youth who have developed dependency could be rehabilitated. The mitigation measures such as advocacy campaigns against drug and substance abuse. This is important in order to demystify the consequences of abuse to reduce the peer pressure. There was also the need to create employment through initiation and boosting of youth enterprise in Makindu. There was also need to establish youth empowerment centers where youth could spend their leisure time constructively.

Recommendations

The study makes the following recommendations to decrease drug and substance abuse in Makindu.

1. Intense advocacy campaign against drug and substance abuse.
2. Establishment of youth empowerment centers where youth can spend their leisure time constructively.
3. Creation of a volunteer scheme where youth could gain on job training.
4. Campaign towards attitude change on employment.
5. Initiation of youth entrepreneurship clinics where youth can be mentored on viable business ideas.

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