

How can faith and community based organizations help scale-up the fight against early exposure to alcohol, drugs and substance abuse among the youth in Kenya

Authors

*Kirwa Lelei¹, Adrian Njenga¹ and John Muteti¹

Affiliation

¹National authority for the Campaign Against Alcohol & Drug Abuse (NACADA)

* Corresponding Author

Kirwa Lelei

Email: kirwa@nacada.go.ke

Department of Policy and Planning

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INTRODUCTION

The Government of Kenya recognizes Alcohol, Drugs and substance abuse (ADSA) as a major threat to the wellbeing of its citizens and national development. Alcohol, Drug and Substance use has increased in magnitude and threatens to undermine the social, economic, and political transformation achieved over the years. Over the years, ADSA has escalated among the young population necessitating urgent attention and a comprehensive response. (National DSA Survey 2022).

The National survey was conducted to persons aged 15 to 65 years, with a majority of the target population, over 60%, below the age of 36 years. The results of the survey showed that the prevalence of alcohol and substance abuse was highest among the youth. The youth also led in spontaneous awareness, addiction and in multi drug use.

According to the survey, tobacco products, alcohol, and khat had the highest overall awareness. There was also a rise in the use of prescription drugs and narcotics. This data underscores the urgency of addressing ADSA among children, adolescents and youths.

Research indicates that early intervention can prevent the progression of substance abuse and related disorders. Early exposure to illicit substances poses grave risks to both individual well-being and societal progress. Factors such as family dynamics, social environment, and individual behavior play a significant role in influencing early drug exposure. Peer pressure, easy accessibility to drugs, and lack of parental guidance also significantly contribute to this problem. Additionally, the socio-economic challenges facing many families exacerbate the vulnerability of children and adolescents to alcohol, drugs and substance abuse.

Recognizing the importance of preventative strategies, NACADA has developed interventions aimed at addressing the underlying determinants of substance abuse. Through a dual approach method focusing on positive parenting and strengthening families' programs, NACADA attempts to address the causes of ADSA at the childhood level. However, these programs need to be augmented by strategic partnerships with Faith Based Organizations (FBOs) and Community Based Organizations (CBOs) in order to widen their reach and magnify

the impact. This policy brief aims to outline the strategic areas of collaboration between NACADA, FBOs and CBOs to help curb the rising trend of ADSA among the youth.

METHODOLOGY

This brief is based on the Recommendation in National Survey on the Status of Drugs and Substance Abuse in Kenya 2022. The 2022 national survey used a cross-sectional study design to provide reliable estimate to drug and substance use across a range of demographic indicators.

The survey was conducted in selected clusters spread across the 47 counties of the republic of Kenya. The study sampled Kenyans aged 15 to 65 years. The sample for the survey was obtained from the Kenya Household Master Sample Frame (K-HMSF) maintained by KNBS. The total number of individuals interviews received was 3,314 translating to an individual response rate of 87%. The data was weighted to compensate for unequal selection probabilities and unit non-response in order to conform to know population distributions and eliminate possible bias.

FINDINGS

The National DSA survey report 2022 shows that the average age category of initiation of tobacco, alcohol, khat, cannabis, prescription drugs, cocaine and heroin was between 16- 20 years. However, the minimum age of initiation for tobacco was 6 years, alcohol (7 years), cannabis (8 years), khat (9 years), prescription drugs (8 years), heroin (18 years) and cocaine (20 years). The survey paints a dire picture that

is the reality of the prevalence of drug use among children and young adolescents with one in every 11 youth aged between 15 – 24 years currently using at least one drug or substance of abuse. This early exposure significantly increases the risk of addiction and other health issues later in life.

The survey results on awareness show that tobacco was the most widely known substance at 97 percent, closely followed by alcohol at 95 percent. More than 2 million children aged 15 – 19 years reported lifetime use of alcohol representing 13% of the population. The males had a higher prevalence of lifetime use of alcohol (20.0%) compared to females (7.3%).

The Western region had the highest prevalence of current use of at least one drug or substance of abuse (26.4%) followed by Eastern (20.7%) and Nairobi (19.1%). This regional differences in substance use prevalence indicate that certain areas, like the Western and Eastern regions, are more affected than others. This suggests the need for targeted interventions in these regions.

Findings on drug use show that more than half of the population had ever used a drug or substance of abuse in their lifetime. There was a sharp increase in youth abusing multiple drugs with 1 in every 11 youth having used one or more drugs. There was a marginal increase of poly-drug use in the last month rising from 6.0% to 6.5%.

These statistics highlight the need for comprehensive, evidence-based policies and programs to prevent initiation, reduce

prevalence, and provide support for those struggling with addiction.

POLICY RECOMMENDATIONS

Based on the findings of this study and the survey, the following policy recommendations are proposed:

- i. NACADA in collaboration with FBOs and CBOs can develop and integrate positive parenting and strengthening families' programs into religious teachings. Families make up a large part of the FBOs' audience and conducting joint outreach programs on DSA could reach majority of the families and community members;
- ii. FBOs and CBOs can also complement NACADA's

efforts by undertaking spiritual guidance, moral education, and counseling services, enabling a more comprehensive approach to substance abuse prevention and intervention especially among the youth school; and

- iii. NACADA should enhance training and capacity building programs for FBOs, CBOs and volunteers on substance abuse prevention, positive parenting techniques, and family support strategies to enhance their role in addressing the issue within their communities.