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Prevention of Alcohol, Drug and Substance Abuse Policy

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UNIVERSITY OF KABIANGA

ISO 9001:2008 CERTIFIED

PREVENTION OF ALCOHOL, DRUG AND SUBSTANCE ABUSE POLICY

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DEFINITION OF TERMS

Abuse: Improper usage or used for manipulating emotions

Addiction: A chronic disorder which has genetic, psychosocial, and environmental dimensions and is characterized by the continued use of a substance despite its detrimental effects, impaired control over the use of a drug, and preoccupation with a drug's use for non-therapeutic purposes.

Alcoholism: Refers to a disease known as 'Alcohol Dependence Syndrome' (ADS).

Alcohol: A drink when taken will change the body chemistry

Current Usage: Consumption of alcohol or drugs within the last 30 days.

Drug: A drug is any substance, legal or illegal, which when administered - orally, or by injecting, snorting, smoking inhaling etc., stimulates (increases activity) or depresses (lessens the activity) the Central Nervous System (CNS).

Drug Abuse: The possession and/or consumption of illegal drugs; or the use of alcohol or any legal drug and/or substance to such an extent that is deemed detrimental to the user, to others, or to the community at large.

Employees Assistance Programmes (EAPS): Are employee-benefit programmes offered by employers, within the framework of counseling, to assist employees in dealing with personal problems that might adversely impact their work.

Health Effects: Consequences of alcohol and drug abuse on one's health.

Past Usage: Previous consumption of alcohol or drugs by an individual in their lifetime.

Policy: A guide which establishes the parameters for decision making and action.

Prevalence: A measure of the frequency of a condition at a particular point in time.

Problem Drinkers: Current users of alcohol whose drinking patterns meet some defined criteria, such as experiencing negative consequences (e.g. conflict with family members) as well as exhibiting one or more symptoms of alcohol dependency.

Substance: A material with a definite chemical composition

Treatment and Rehabilitation: Enabling a patient to stop substance abuse in order to avoid the psychological, legal, financial, social and physical consequences, which are associated with it especially with extreme abuse.

Trafficking: The transportation, delivery, distribution, manufacturing, selling, soliciting, giving, or exchange of any illegal drugs or controlled substances.

ABBREVIATIONS

ADS	Alcohol Dependency Syndrome
ADSA	Alcohol, Drug and Substance Abuse
EAPs	Employee Assistance Programmes
HIV	Human Immunodeficiency Virus
LSD	Lysergic Acid Diethylamide
PADSA	Prevention of Alcohol, Drugs and Substance Abuse
PSD	People with Substance Disorder
STDs	Sexually Transmitted Diseases

INSTITUTIONAL ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome.
NACADA	National Campaign against Drug Abuse
UoK	University of Kabianga

EXECUTIVE SUMMARY

The escalation in the abuse of alcohol and drugs (cigarettes, marijuana, cocaine, heroin, etc.) in Kenya cannot be overemphasized. Excessive consumption of alcohol and the abuse of substance, including cigarette smoking, have contributed too many physical, psychological, familial and/or economic and social problems. Substance abusers risk contracting STDs and HIV/AIDS, among other life threatening diseases, because they get predisposed to risky sexual behavior. Other physical effects of alcohol and drug or substance abuse include muscle twitching, increase or decrease in blood pressure, nausea and vomiting, blurred vision, convulsion, hepatitis B and C, stroke, heart failure and death. The psychological effects include impaired judgments or attention, depression, hallucination, confusion, anxiety and flashbacks

The social effects of alcohol and drug abuse are as damaging to any nation as the health effects, affecting the family, the community, and persons of all ages. For example, health care costs for families with an alcoholic and/or a drug abuser are much higher than those for families without one. Drug abuse can disrupt family life and create destructive patterns of co-dependency, that is, the spouse or whole family, out of love or fear of consequences, inadvertently enables the user to continue using drugs by covering up, supplying money, or denying there is a problem. Alcohol and drug abuse is among the leading causes of separation or divorce in families. Pregnant drug abusers, because of the drugs themselves or poor self-care in general, bear a much higher rate of low birth-weight babies than the average. Moreover, alcohol and drug abuse in families have harmful effects on values and behavioral patterns of children. Parental drug abuse robs parents of their traditional supervisory roles to their children thus making them more and more vulnerable to harsher social evils.

On the economic count, alcohol and drug abusers lose a lot of work time and are inefficient. They are more likely to have occupational accidents thus endangering themselves and those around them. Over half of the highway deaths are caused by alcohol or drug abuse. Drug-related crime can disrupt neighborhoods due to violence among drug dealers, threats to residents, and the crimes of the addicts themselves.

UoK is committed to the health and wellbeing of students and staff, and recognizes that alcohol and drug abuse problems have detrimental effects on social, economic, academic and employment performances. It then becomes necessary to establish a UoK policy on alcohol, drug and substance abuse. The policy complements the 2009-2014 strategic objectives of NACADA.

A study by NACADA reveals that 8% of 10-14 year-olds have consumed some alcohol at least once in their life; about 13% of them have used other drugs or substances like cigarettes; and close to 40% of adults aged 15-65 have used one type of alcoholic beverage or another in their lifetime

Signed.....Date:.....

Vice-Chancellor

1.0 PREAMBLE

The Kabianga Complex which comprised of the High school, Primary school and the Farmers Training Centre (FTC) has a long history dating back to 1925. It is therefore, one of the oldest education centres in Kenya in particular and the Eastern part of African in general. The FTC started in 1959 as a result of the Swynerton Plan in the mid 1950s which advocated inter-alia the improvement of agricultural and livestock production. FTC remained under the management of the Ministry of Agriculture and Livestock Development for a period of 48 years providing training and extension services to the small scale farmers in Southern Rift Region of the country and beyond. Due to the demand for higher education in Kenya, the Government handed over the former FTC to Moi University on 8th November 2007. The first cohort of students to be enrolled reported on 26th November, 2007 for the 2007/08 Academic year.

Kenya Government, through a Legal Notice No. 77 gazetted in the Kenya Gazette Supplement No. 36 of 29th May, 2009, established Kabianga University College as a Constituent College of Moi University. On 1st March, 2013 KUC was elevated to a fully-fledged by the University act 2012. Thus University of Kabianga (UoK).

1.1 VISION

To be a leading University in scientific innovation for the betterment of humanity.

1.2 MISSION

The Mission of University is to create, preserve and transfer knowledge and technology through quality and entrepreneurial education, research, extension, and partnership with government, industry and non-state actors whilst ensuring a sustainable environment.

1.3 PHILOSOPHY

The philosophy of the University of Kabianga is to foster intellectual development, excellence, creativity and innovation, academic freedom, equity, integrity, peace and stability through relentless search for truth.

1.4 THE CORE VALUES

- a. Promoting and defending intellectual and academic freedom, scholarship, innovation and relentless search for truth.
- b. Fostering teamwork, collaboration, creativity and innovation, effective communication, tolerance and a culture of peace.
- c. Valuing excellence, quality and service, openness, consultation, efficiency and effectiveness.
- d. Recognizing competence, meritocracy, exemplary leadership, equality, integrity and national patriotism.
- e. Continually improving services in order to remain competitive and relevant.

1.5 UNIVERSITY ORGANIZATIONAL STRUCTURE

University of Kabianga is a corporate organization established by University Act 2012 and it has various bodies for its effective management. These include:-

- a. Chancellor
- b. Council
- c. The University Management Board
- d. The Senate
- e. Schools, Institutes, Directorates, Centers and Departmental Boards.

The roles, functions and membership of these Boards are stipulated in the Charter and in the Statutes.

1.5.1 THE CHANCELLOR

Chancellor is the titular head of University of Kabianga.

1.5.2 THE COUNCIL

The Council is the governing body of the University through which it can act, administer property and funds, receive monies, plant and equipment materials, gifts and grants for its use. The Council is also responsible for the welfare of staff and students and can enter into association with other universities and institutions within Kenya or otherwise as it may deem necessary and appropriate.

The other function of the Council is to appoint staff and conduct disciplinary action against staff and students in consultation with relevant University organs.

1.5.3 UNIVERSITY MANAGEMENT BOARD

The Management Board is responsible for implementing Council and Senate decisions. It is also responsible for providing directives and guidelines to the University's sub-systems for the enhancement of the efficient running of the University.

1.5.4 SENATE

The Board is the body responsible for academic matters in the University of Kabianga and the final authority on all such matters.

1.5.5 SCHOOLS, INSTITUTES, DIRECTORATES, CENTRES AND DEPARTMENTAL BOARDS

The schools and Departmental Boards play a major role in academic and administrative functions of the University. The functions of these Boards are clearly stipulated in the University of Kabianga Charter and Statutes and they assist the Deans and Heads of Department in the Management of their Schools and Departments respectively.

2.0 FUNCTIONS OF THE UNIVERSITY

- a) To provide University education aimed at producing mature, competent and conscientious graduates with appropriate skills, ability and desire to contribute to the well being and development of the people of Kenya, East African region and the global community, in accordance with the national philosophy of mutual social responsibility and international conventions.
- b) To provide education for national service, community outreach and development which reflect the national cultural heritage.

- c) To develop and transmit knowledge and skills through research and training at undergraduate and postgraduate.
- d) To preserve, produce, process, transmit and disseminate knowledge and stimulate the intellectual life and cultural development of Kenya.
- e) To conduct examinations for, and to grant degrees, diplomas and other awards of the University
- f) To determine who may teach, what may be taught and how it may be taught in the University.
- g) To play an effective role in the development and expansion of opportunities of Kenyans wishing to continue with their education.
- h) To address emerging issues of national, regional and global importance.

3.0 AREAS OF FOCUS

- a. To provide University education aimed at producing mature, competent and conscientious graduates with appropriate skills, ability and desire to contribute to the well-being and development of the people of Kenya, East Africa region and the global community, in accordance with the national philosophy of mutual social responsibility and international conventions.
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- h. To address emerging issues of national, regional and global importance

4.0 THE POLICY

4.1 Objectives of the Policy

- a) To safeguard the health, welfare and safety of all students and staff through programmes that promote a healthy lifestyle as well as provide assistance and support for those affected.
- b) To empower the students and staff through relevant training and sensitization programmes.
- c) To provide early detection and intervention strategies which include available treatment options.
- d) To prescribe clear rules on expected conduct and consequences, in relation to alcohol, drug and substance abuse.
- e) To prevent health and/or occupational hazards and accidents related to alcohol, drug and substance abuse on campus through early detection, risk analysis and mitigation.
- f) To improve productivity and efficiency of students and staff by maintaining an alcohol, drug and substance free environment.
- g) To identify conditions on campus that expose students and staff to the risk of developing alcohol, drug and substance related problems.
- h) To provide campus support systems which mitigate alcohol, drug and substance abuse.
- i) To establish a corporate culture which discourages alcohol, drug and substance abuse on or off campus.
- j) To engage peer counselors in reaching out to the youths in the neighborhood.

The policy implementation shall be monitored and evaluated using appropriate mechanisms. The actors will include Management and relevant Heads of Academic and administrative units.

4.2 Scope

UoK PADSA policy will apply to all individuals, staff and students, on and off campus. Staffs are responsible for their own actions and those of their guests; thus, the staff are required to inform their guests of these regulations. Likewise, students are required to read, understand and comply with this policy. Impairment due to alcohol, drug and/or substance abuse will not be considered an excuse, reason or rationale for unacceptable behavior or violation of rules and

regulations governing either UoK students or staff. Any individual who is present when alcohol and/or drug or substance violation occurs may be held responsible, regardless of whether or not the drugs or drug paraphernalia are in their use or physical possession. Any activities that contravene this policy must be reported by staff to the Human Resource Office or by students to the Dean of Students Office.

Any loss or damage resulting from Drug and Substance Abuse shall lead to disciplinary action as per the Students Rules and Regulations in the case of students or Terms and conditions of Service in the case of staff.

4.3 Purpose

Persons who are impaired by alcohol, drug or substance abuse endanger themselves and their fellow students or workers. By preventing alcohol, drug and substance abuse, and by establishing mechanisms to determine whether students or staffs are engaged in alcohol and substance abuse, this policy seeks to prevent risks involved and ill effects.

4.4 Institutional Principles and Values

This policy document guides UoK in protecting the non-abusers of alcohol, drug and substance as well as creating and maintaining an environment in which care and support are provided to the abusers. These efforts will complement the NACADA programme towards prevention of alcohol, *drug* and substance abuse; and enhance linkages with rehabilitation centers for referral purposes. See the attached appendix II.

4.5 Principles

ADSA is a threat to healthy living and a challenge to development and protection of individual and community rights. UoK will observe the following principles in its implementation of PADS policy:

- a. Access to information and education
- b. Access to care, treatment and support
- c. Non-discrimination against alcohol and/or drug abusers

- d. Individual and or collective responsibilities and ethics

4.6 Values

- a. Valuing excellence, quality service, efficiency and effectiveness
- b. Observing community values and human dignity
- c. Promoting healthy living
- d. Recognizing and implementing initiatives towards alcohol and drug free environment

5.0 UoK PADSACOMMITTEE

5.1 Membership

There shall be a PADSACOMMITTEE appointed by the Vice-Chancellor whose membership shall be derived from the following offices:

- i. Deputy Vice – Chancellor (A&SA) - Chairman
- ii. Dean of Students
- iii. Health Unit
- iv. Hostels
- v. Human Resource
- vi. Security
- vii. Chaplaincy
- viii. SGC – (Director of Health)
- ix. Counselor - Secretary

5.2 Terms Of Reference For The Committee

- a. Sensitizing staff and students on alcohol, drug and substance abuse
- b. Establishing the extent of alcohol, drug and substance abuse among students and staff through surveys.
- c. Designing mitigation programmes for alcohol, drug and substance abuse

- d. Liaising with NACADA for government policy on alcohol, drug and substance abuse
- e. Recommending counseling services on alcohol, drug and substance abuse
- f. Recommending corrective measures on alcohol, drug traffickers
- g. Networking with recognized rehabs and other referral institutions around the country
- h. Coordinating the training of peer educators on alcohol, drug and substance abuse
- i. Overseeing the alcohol, drug and substance abuse prevention unit
- j. Liaising with the community on alcohol, drug and substance abuse issues

6.0 AWARENESS PLAN

The UoK PADSA policy will deal with information, education and training programmes covering the following areas:

- a) Information, through posters and workshops, on effects of alcohol and drug abuse.
- b) Information about health and/or work in relation to alcohol and drug abuse measures to prevent such abuse from occurring and available services to assist students and staff who may be abusing alcohol and drugs.
- c) Training of peer counselors and human resource personnel on identification and assistance of individuals with alcohol and/or drugs problems.
- d) Establishment of Employee Assistance Programmes (EAPs) tailored to staff who may be suffering from alcohol and drug abuse.
- e) Regular assessment, through questionnaires and interviews, of learning and/or working environments in order to identify learning and/or working methods or conditions which would need to be changed or improved to prevent, reduce or otherwise better manage alcohol and drug related problems.
- f) UoK, in collaboration with NACADA, will furnish all students and staff with information on accredited treatment and rehabilitation service providers in the country.
- g) UoK will avail the policy to students and staff.

7.0 REMEDIAL STRATEGIES

The remedial measures to mitigate alcohol and drug abuse related problems include:

a. **Detection of situation-related risks in relation to alcohol and drug abuse.**

In certain circumstances, some ‘environmental’ situations may encourage and/or contribute to alcohol and drug related problems. A collaborative stakeholders approach would be used to identify the risks and take appropriate remedial actions.

b. **Counseling:**

The counseling section within the Student Affairs Department will provide services to all persons who may need assistance with regard to the consumption of alcohol, drugs and substance. peer counselors may also, provide services among their colleagues.

c. **Spiritual intervention:**

The chaplaincy section will provide scriptural admonition and prayers for alcohol, drug and substance abusers who may need this service.

d. **Corporate culture and practices:**

In corporate responsibility, UoK management must formally discourage development of institutional culture that encourages or facilitates alcohol and drug abuse on campus.

e. **Treatment of rehabilitated individuals:**

When a student or staff voluntarily discloses a previous history of alcohol or drug abuse related problem, the UoK administration shall, as far as is reasonably practicable, avoid exposing the rehabilitated person/s to situations similar to that, which in the past, may have led to such problems.

f. **Suggestion boxes:**

UoK shall avail suggestion boxes for both students and staff to report colleagues who may need counseling, treatment and/or rehabilitation and those Suspected in **Drug Trafficking**.

g. Formation of addiction anonymous groups to facilitate recovery of those who have been drug abusers.

8.0 RESTRICTIONS ON LEGAL DRUGS AND PROHIBITION OF ILLEGAL DRUGS ON CAMPUS

a. **Restrictions on Alcohol:**

The UoK management will prohibit access and availability of alcohol through possession, consumption and sale of alcohol on campus including in canteens, dining hall, hostels and recreation areas. Similarly, the management will ensure that alcohol is not an item for expense account reimbursement.

b. Availability of non-alcoholic beverages:

The management will ensure that non-alcoholic beverages, including water, are available in appropriate and convenient locations.

c. Payment in kind:

The policy will prohibit the management from paying wages in the form of alcohol or drugs. Moreover, the management will be prohibited from paying any wages or rewards by giving objects or materials that in any way may trigger alcohol and drug cravings in persons in recovery.

d. Prohibition of illegal drugs and substances:

The management will prohibit use of illegal drugs and substances by students and staff on and off campus especially during academic trips, sports and parties.

e. Prohibition of advertisement of alcohol and drugs on campus:

The management will ensure that alcohol and drugs are not advertised within the compound. Indirect advertisement through sponsorship of the institution's activities like sports, cultural week within campus shall be expressly prohibited.

9.0 CORRECTIVE/DISCIPLINARY MEASURES

Upon confirmation of alcohol, drug and/or substance abuse either by staff or students of UoK, the University management will carry out corrective or disciplinary steps as stipulated in the Rules and Regulations documents governing UoK students and or staff.

10.0 HANDLING PSD

Apart from the disciplinary measures that will be taken after number of attempts to correct PSD, the UoK will handle the abusers in the following ways:

- (i) Train peer counselors both staff and student who will reach out to PSD.

- (ii) Organize anti-drugs campaigns to reach out to PSD by inviting people recovering from drugs to talk to them, invite various artists to perform on the dangers of drugs and preachers to share from the word of God among others.
- (iii) Have them in various support groups that will facilitate their recovery.
- (iv) Reward them accordingly as they put effort to recovery e.g a letter of commendation from HR for staff and from Dean of students for students.
- (v) Organize a retreat for PSD
- (vi) Involve their close relatives in their recovery process
- (vii) Send them to rehabilitation centre if chronic after exhausting counseling services within the campus as recommended by the counselor.
- (viii) The students who are referred for further treatment will fully incur the expenses and bring a recommendation letter from the counselor showing that he/she has recovered and is ready to continue with their studies.
- (ix) The staff who have been referred for rehabilitation will have the University meet all the expenses on the first referral and if it lapses and the counselor recommend that the staff goes back for rehabilitation and will share the total cost at 50:50 with the University.
- (x) If the staff does not show any progress of recovery then disciplinary measures shall be taken.

11.0 REFERRALS OF PSD.

Once a staff or a student has been diagnosed with using drugs and the University has exhausted all the available mechanisms in an attempt to assist the client, the following actions shall be undertaken:

- (i) The counselor shall recommend a rehabilitation centre for specialized attention.
- (ii) The parents/relatives shall be involved and advised accordingly.
- (iii) A list of available rehabilitation centres shall be availed to the family members to choose where they would like to take the client.

12.0 MONITORING AND EVALUATION

The policy implementation shall be monitored and evaluated using appropriate mechanisms. The actors will include Management and relevant Heads of Academic and administrative units.

13.0 AMENDMENT OF THE POLICY

This policy shall be revised after every three (3) years and/or when need arises.

This Policy was approved on this day of2016 by:

.....

PROF. WILSON K. KIPNGENO
SECRETARY TO THE COUNCIL.

APPENDIX I:

FACTS ABOUT ALCOHOL AND DRUGS

1) ALCOHOL

Although used routinely as beverage for enjoyment, alcohol can also have negative physical and mood-altering effects when abused. This physical or mental alteration may have serious personal and safety risks. Among the negative effects of alcohol consumption are:

- a. Fatal liver diseases:** Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of liver cells destroyed eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.
- b. Pancreatitis:** Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One of every five patients who develop this disease dies during the first attack.
- c. Kidney failure:** Through its irritating effect, alcohol causes increased loss of fluids in the kidneys. Also alcohol inflames the lining of the urinary bladder making it unable to stretch properly.
- d. Ulcers:** The irritating effect of alcohol in the stomach results in gastric or duodenal ulcers. If the condition becomes acute, it causes peritonitis or perforation of the stomach wall. In the small intestines, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B1, vitamin B12, and amino acids.
- e. Decreased sexual function:** The swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.
- f. Brain malfunction:** Alcohol depresses brain cells, producing progressive inco-ordination – confusion, disorientation, stupor, anesthesia, coma, death. Alcohol kills brain cells and brain damage is permanent; drinking over a period of time causes memory loss, judgment, and learning ability.

- g. Death:** Many deaths occur through alcohol related causes – e.g. suicide, accidents caused by drunken drivers.
- h. Family break-ups:** Separation and/or divorce rate in families with alcohol dependency problems is seven times the average.
- i. Malnutrition:** Alcohol and drugs consumption leads to poor eating habits due to lack of appetite; thus the person becomes malnourished and loss of weight is inevitable.
- j. Dependency:** Alcohol and drug abusers are captives to the practice to an extent that they expend all their income on it and even borrow. This situation not only leads to financial strain to the individual but also to strained relationship with the neighbors due to excessive borrowing without repaying.

2. COMMON DRUGS

- a. Cannabis (Marijuana, Stone, Weed, Bhang):** A plant whose dried flowers and leaves are smoked. Cannabis contains cancer-causing substances equivalent to a half ($\frac{1}{2}$) pack of cigarettes. It also lowers the body's immune system response, making users more susceptible to infection. Moreover, chronic cannabis smoking causes changes brain cells and brain waves making the brain not to work as effectively or effectively as it should and consequently long-term brain damage may occur. Further, cannabis has damaging effect on the reproductive system; in males it causes a decrease in testosterone and an increase in estrogen or the female hormone resulting in the reduction of sperm count and leading to temporary sterility. In females, chronic smoking of cannabis causes decrease in fertility and early termination of pregnancy.
- b. LSD & Magic Mushrooms:** A hallucinogenic drug which distorts the way the mind perceives things. Users report that objects appear much brighter and may seem to be moving or distorted. Hearing may also be intensified and the user's feeling of time and place may be distorted.
- c. Depressants (e.g., ethanol and barbiturates – Phenobarbital):** Drugs that depresses the CNS; high doses cause insensibility, stupor (coma), restlessness, anxiety (seizures) and vomiting.

- d. Nicotine:** Considered as a ‘gateway drug’; very addictive, colorless, found in tobacco. The users end up having respiratory problems and drowsiness.
- e. Anabolic Steroids (e.g., testosterone):** A synthetic form of male hormone that increases muscle size and strength. They cause heart diseases, liver cancer, high blood pressure, impotence and mood swings.
- f. Inhalants (e.g., paint thinners and gasoline):** Inhalants and organic solvents are also considered as ‘gateway drugs’. The side effects include euphoric effects (fear) and respiratory complications.
- g. Valium:** Prescribed for anxiety and sleep. When abused it causes drowsiness, lightheadedness, skin rash, nausea and impairment of mental and physical activities.
- h. Antihistamine (e.g., piriton & celestamine):** Drug used to relieve the symptoms associated with common cold, allergies and motion sickness. Chronic use may cause decreased alertness, slowed reaction time, drowsiness, restlessness (agitation) and insomnia (lack of sleep).
- i. Cocaine:** Is used medically as local anesthetic. When abused, it becomes a powerful physical and mental stimulant and may upset the chemical balance of the brain. Cocaine causes the heart to beat faster, harder and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
- j. Opiates:** Narcotic drugs which alleviate pain and depress body functions and reactions. The users have high risk of contracting hepatitis or AIDs through sharing of needles.
- k. Amphetamines:** Central nervous system stimulant that speeds up the mind and body. Causes strong psychological dependency and increase tolerance. Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- l. Phencyclidine (PCP):** Often used as a large animal tranquilizer. Abused primarily for its mood altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and a blank stare. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

- m. Heroin:** A drug made from morphine, a natural substance in the seedpod of the Asian poppy plant. Heroin can be injected, smoked or snorted. Users often experience a feeling of well-being, contentment and detachment from daily worries. Over time heroin usage leads to rapid heartbeat, heart failure, coma and sudden death.
- n. Ecstasy:** Is a stimulant perceived to increase brain activity. Users report that it causes a sense of euphoria, followed by a feeling of calm. Large doses of ecstasy causes anxiety, panic and confusion, raised blood pressure, depression, brain damage, mental illness, liver and kidney problems.

3. ADDICTION PROCESS

Addiction is a process that is slow but very hard to overcome. It does not flood the victim but comes gradually. One hardly realizes when addiction sets in because progressing from one stage to the other is very smooth and it goes through the following stages:

a) Stage of experimental use

This is a state of abstinence where the individual may be tempted to taste alcohol out of curiosity, peer pressure or voluntary leisure.

b) Occasional use stage

Here, the user drinks or smokes once in a while. This may be during ceremonies or use special days like Christmas or birthday parties only

c) Regular use stage.

At this stage the individual sets a pattern of drinking or smoking and keeps to it (for some time) he may drink at end month only or on weekends only or once in a fortnight with strict adherence. Such a user will even regulate the amount taken e.g. one bottle or glass of wine.

d) Stage of abuse.

At this stage that the abuse stage is that when the substance is used in such a way that the user lacks control and causes problems under the influence of the substance.

e) Dependence stage.

This is the stage where the user is controlled by the drug. The user thinks of nothing else but the drug and there is the urge to use greater amount or higher dosages to achieve the required effects. This is referred to as tolerance.

f) Full blown addiction stage.

This is the final and most dangerous stage. The user has attempted to stop the usage several times but fallen back into it. He is therefore frustrated, guilty and feels worthless. He surrenders himself fully to the drug and is suicidal i.e. talks about ending his life that he considers worthless.

Addiction should be avoided as its effects run across the families, communities and nation as a whole.

APPENDIX II:

SUPPORT INSTITUTIONS

- (1) Hope & Freedom: Addiction and Treatment Centre in Karen, Nairobi;
- (2) Drug Rehabilitation unit, Mathare hospital, Nairobi;
- (3) Alcoholic Rescue Home and Lewa Home in Eldoret;
- (4) Kabete Rehab Centre and National Agency for the Campaign against Drug Abuse, Nairobi;
- (5) Don Bosco Youth and Education Services, Nairobi;
- (6) Matumaini Centre, Nakuru;
- (7) Hope Centre, Molo;
- (8) Asumbi Treatment Centre, Homa Bay