

## Nature of Drug and Substance Abuse in Kilifi and Mombasa Counties of Coastal Kenya

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### ABSTRACT

*Drug and substance abuse has become one of the looming human-induced disasters globally, making it a profound concern among the comity of nations owing to the significant detrimental effects it has in almost every aspect of life and development. In Kenya, it has become one of the major social catastrophes with the commonest and most easily identifiable manifest in public health. Specific objective of the study was to examine the nature of drug and substance abuse in selected counties in the coastal region, Kenya. The study was guided by the social learning theory and functionalism theory. The study was further underpinned by the interpretivism approach. The study used descriptive and evaluative research designs, with data collected through interviews and focus group discussions. The study was conducted in Kilifi and Mombasa Counties. Data was collected from 552 respondents, who included 384 household heads, 20 victims, 2 county education officers, 2 county commissioners, 2 county health officers, 70 administrative chiefs, 102 village elders, 9 head of NACADA officers, and 8 religious leaders. The study revealed that drug abuse is a significant problem affecting individuals of all ages and socio-economic backgrounds. Commonly abused substances include alcohol 99% (383), khat 98% (378), tobacco 97% (376), cannabis 94% (364), heroin 89% (341), cocaine 88% (337), prescription drugs 85% (326), and methamphetamine 80% (307). Both males 75% (289) and 25% (95) females engage in drugs and substance abuse. The main causes of the menace are unemployment 99% (380), poverty 98% (376), mental illnesses 97% (373) and curiosity and experimentation 96% (370). The study recommends strict border control, adequate provision of adequate security personnel at the border posts, and adoption of new technologies to aid in surveillance and monitoring and tracking of the smugglers.*

**Keywords:** Drug Abuse, Victims, Mitigation, Programs

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### I. INTRODUCTION

Currently, Kenya is faced with serious socioeconomic problems related to the high prevalence of alcohol and drug abuse. The wider ramifications include ill-health disability, declined productivity, unemployment, financial instability, and disintegration of families which in turn has inflicted untold suffering on parents and families as productive members become wired into drugs (Wallace, 2015). Today, substance abuse in Kenya has become rampant in urban areas owing to the liberal use of drugs and substances, especially among young people which in turn has resulted in increased crimes and domestic violence in numerous households across the country. The wider effects of drugs and substance abuse, especially among the youths in the country have prompted the government to intervene to remedy the situation. The intervention has been mixed, ranging from policies to preventive programs.

According to Stringer and Baker, (2018), Africa as a continent represents a unique but complex case in the context of drugs and substance abuse. The continent remains one of the major supplies of some drugs such as cannabis despite the eradication efforts put in place (Stringer & Baker, 2018). The continent continues to grapple with the problem of escalation of substance abuse and trafficking. The continent's role in the drugs global supply chain continues to increase at an alarming rate. Currently, it is the second largest producer, trafficker and consumer of cannabis, representing 26 per cent of global seizures of cannabis (Korir, 2013). Intense threats of drug trafficking have been linked to factors such as abject poverty, psychological disorders, fragile health care systems, policies on drugs that are largely focused on repression, and inadequate specialized treatment and rehabilitation facilities to mention a few (Ongwae, 2016). Muoti (2014) adds that the response by the continent has been mixed and could be narrowed to individual countries which continue to bear the brunt of drugs and substance abuse. Most African countries have stepped up the treatment and rehabilitation programs in a bid to mitigate the crisis. However, most healthcare systems are incapacitated to meet the needs of their citizens owing to their underfunding among other things (Muoti, 2014). More precisely, the treatment and rehabilitation programs of most African countries are largely dependent on assistance from relevant international organizations such as World Health Organisation (WHO), United Nations Office on Drug and

Crime (UNODC) and non-governmental organisations. With its huge population being young people, the continent remains vulnerable to drug and substance abuse and is becoming a destined market for the thriving illicit drug industry (Schuberth, 2013). In response, the continent through the African Union (AU) has established an Action Plan for Drug Control and Crime Prevention (2019-2023). The Plan mandate is to revamp the health, security and socioeconomic well-being of African citizens by addressing the trafficking of drugs and the persistence of drug use in all its forms and manifestations and ultimately prevent the onset of drug consumption. Additionally, the Plan is embedded in education, prevention, treatment and recovery as well as the provision of rehabilitation services. As a collective Plan, it is incumbent upon the African countries to implement and domesticate it. However, much has not been achieved and the menace of drugs and substances continues to be an endemic problem on the continent (Kupi, 2019).

A gloomy picture on the prevalence of drugs and substance abuse was painted by a survey conducted by NACADA in 2016 with an aim of assessing the status of drugs and substance abuse in the country. From the study, it was found that 12.2% of the respondents in the age bracket of 15-65 years were consuming alcohol; 8.3%, tobacco; 4.1% and 1.0% were consuming khat and bhang respectively. Similarly, the study found that 6.0% of the total respondents were abusing multiple drugs and substances. Furthermore, alcohol related disorders were the leading with 10.4%, followed by tobacco disorders at 6.8% with khat-related disorders standing at 3.1 per cent (NACADA, 2016).

Similarly, another study by Ronoh (2014) which was conducted in selected public and private universities in the country revealed a high prevalent rate of drugs and substance abuse in higher institutions of learning. He noted that families, institutions of learning and places of work have undergone agonizing impacts if the menace (Ronoh, 2014). Particularly in the universities, he found that the problem was rampant and was being aggravated by numerous factors including personal freedom, excessive amount of free time, a wide range of demands on the students, the psychological impact of interactions and making of new friends who may lure them into drugs and substance abuse (Nyongesa et al., 2022). To mitigate the situation, the study found that the universities across the country have come up with preventive programs and social support services to implement the intervention measures. These are just but a few the numerous studies that reveal the real situation of drugs and substance abuse, especially among the youths.

Drug and substance abuse is increasingly being recognized as an emerging health issue in the region alongside factors like pervasive poverty, increased unemployment rates as well as the spread of HIV/AIDs. The coastal region, especially Mombasa and Kilifi, has attracted unparalleled media coverage with significant cases and documentaries on drug trafficking and its usage (Kupi, 2019). This attests to the fact that drugs and substance use is a deeply rooted problem and human-induced disaster that requires urgent attention from all the relevant stakeholders. Dozens of people have been reported to have perished as a result of this menace. In response, the government has initiated a series of mitigation and prevention programs which have been manifested in learning institutions, working places, communities, public education and advocacy as well as providing accessibility to effective and holistic treatment and rehabilitation programs to mention a few (Ongwae, 2016).

### 1.1 Objective

The objective of this study was to examine the nature of drugs and substance abuse in selected counties in the coastal region. The chapter discusses different parameters on the nature of drugs and substance abuse including causes of drugs abuse, types of drugs abused, prevalence of drug and substance abuse, and effects of drugs and substance abuse

## II. METHODOLOGY

The study used descriptive and evaluative research designs, with data collected through interviews, focus group discussions, observations, and questionnaires. The scope of the study was limited to the two counties (Mombasa and Kilifi) in the coastal region of Kenya. Data was collected from 552 respondents, who included 384 household heads, 20 victims, 2 county education officers, 2 county commissioners, 2 county health officers, 70 administrative chiefs, 102 village elders, 9 head of NACADA officers, and 8 religious leaders. The study used descriptive and evaluative research designs, with data collected through interviews, focus group discussions, observations, and questionnaires. Quantitative data was analyzed through SPSS version 26, and was presented using tables, figures and charts. Qualitative data was analyzed using thematic narrations and presented using descriptions and verbatim quotations.

### III. RESULTS AND DISCUSSIONS

#### 3.1 Nature of Drug Abuse in the Coastal Region

In this section, the study examined the nature of drug abuse in the coastal region, exploring causes of drug abuse, the types of drugs abused, the methods of acquisition of the drugs, the prevalence of drug abuse, the methods of drug consumption and finally the effects of the peril at the individual, family and community levels. The results and findings of the first objective of the study are discussed in details. The findings of this section of the study are based on the results from questionnaires, FDGs and interview responses.

A total of 552 respondents were surveyed in this study. The response rate from the respondents was achieved at 100% due to the involvement of research assistants in this study who aided with data collection, interviews scheduling and the interview processes.

##### 3.1.1 Demographics of Victims

Understanding the demographics of victims of drugs and substance abuse is an essential aspect of comprehending the prevalence and nature of drug and substance abuse in any region. In the coastal region of Kenya, where drug abuse has been a growing concern, investigating the demographics of drug users can provide valuable insights into the characteristics of those who are most vulnerable to drug abuse and the factors that may be contributing to the problem.

In this case, therefore, in the bid to understand the nature of drugs and substance abuse, it was necessary to understand the socio-demographic features of victims. This was crucial in understanding the most vulnerable group, and factors that increase their vulnerability. In return, this helps in building resilience.

Under the demographics of users, this study investigated the following features of the drug abusing population; age, gender and socio-economic status. The respondents were required to mark which population category they felt were the most abusers of drugs. The results are presented Table 1.

**Table 1**

*Demographics of Victims*

Demographic Characteristics	Frequency response	Percentage response
<b>Age group</b>		
18-25	98	25.52%
26-35	135	35.16%
36-45	95	24.74%
46 and above	56	14.58%
<b>Gender</b>		
Male	289	75.26%
Female	95	24.74%
<b>Socio-Economic Status</b>		
Low	134	34.90%
Middle	171	44.53%
High	79	20.57%
<b>Education</b>		
No Education	76	19.8%
Primary	132	34.4%
Secondary	116	30.2%
Tertiary	60	15.6%

##### 3.1.1.1 Age Group

According to the findings of the study on the nature of drug abuse in the coastal region, age was a significant factor among drug abusers. The study revealed that the highest percentage of drug abusers fell within the age group of 26-35 years, which accounted for 35.16% of the total respondents. The age group of 18-25 years was the second-highest group with a prevalence rate of 25.52%, followed by the age group of 36-45 years with 24.74%. The age group of 46 years and above had the lowest prevalence rate of drug abuse with 14.58%.

The results of the study indicate that a majority of the drug and substance abuse victims are below 40 years. They start at a young age, and this is what makes everything complex. These days even young children aged 9-12 years are taking drugs. They collect *muguka* leaves from the base when they are 3-4 years. Since the society has normalized this negative trend of drugs and substance abuse, the children grow up knowing that it is just normal. Consequently, they embrace the culture of taking drugs from young age.

The age group of 15-29 years had the highest prevalence rate of drug abuse. Drug abuse was prevalent among young people due to factors such as peer pressure, easy accessibility of drugs, and lack of parental guidance as outlined by NACADA (2020). This finding supports the results of the current study, which also identified the age group of 18-35 years as the most vulnerable to drug abuse.

The age group between 15-29 years comprises of the high population of idlers in Mombasa and Kilifi. These are the individuals who have no meaningful job and they tend to spend time together doing the same things since they are in same age group. Social learning theory, points out that people who spend time together opt to learn from each other as they observe what their peers are doing. In the same way people who spend time together will learn drug abuse tactics from each other through social learning skills such as observation and imitation.

Another study conducted by WHO (2020) found that drug abuse is more prevalent among socio-economically disadvantaged young populations. The study notes that people living in poverty-stricken areas, especially the young ones are more likely to engage in drug use due to various factors such as lack of access to education and employment opportunities.

Drug abuse rates among different age groups vary by drug type. Often young people aged 18-25 years are more likely to use illicit drugs such as marijuana and prescription drugs, while older age groups are more likely to use alcohol and tobacco as explained by MOH reports (2020). The report reflects the data from the current study, which identified young people as the highest group of drug abusers in the coastal region. In Kilifi and Mombasa counties, drugs are readily available due to the geographical location of the area.

### 3.1.1.2 Gender

The results from questionnaires found that 75.26% of drug abusers in the region are male, while only 24.74% are female. This indicates a significant gender disparity in drug abuse in the coastal region. This study confirms the results of other studies that have linked drug usage to gender. Sambai et al., (2019) observed, for instance, that drug usage is more common among males than among women in Kenya. The research also showed that drug usage was more common among males and that it is intensively prevalent at a younger age. Mainga et al., (2020) conducted another research on substance abuse in Kenya and found that males were more likely to be heavy users than females. UNODC (2019) concluded that there is a worldwide gender gap in drug usage. Almost everywhere in the globe, males were found to consume drugs at higher rates than women. Women drug users are more likely to experience prejudice and hostility than their male counterparts, according to the research.

According to research by Bitta et al., (2019) in Kenya, 70.2% of drug abusers are male. This is a much higher percentage than among women. A majority of drug abusers in Kenyan urban centers are males (77%), according to a study (NACADA) in 2021. Similarly, Ahmad et al., (2022) study in Nigeria shows a similarly high proportion of male participants (78.5%) in drug and substance abuse.

### 3.1.1.3 Socio-economic Status

The findings of the study indicate that 34.9% of the drug abusing population in the region fall under the low socio-economic status category, while 44.53% belongs to the middle socio-economic status group. The high socio-economic status group comprises of 20.57% of the drug abusing population in the region.

Several studies have found an association between income level and drug abuse. Maraka et al., (2020) observed a correlation between having a lower socioeconomic position and substance misuse. Stress, social pressure, and easy availability to drugs were also shown to moderate the association between socioeconomic level and drug consumption. Adolescents from middle- and upper-class backgrounds were shown in another research by Njomo et al., (2020) to be more likely to engage in substance misuse. Researchers also discovered that parental involvement and peer pressure moderated the association between socioeconomic position and substance addiction.

Poverty, unemployment, and a lack of education were also identified as major contributors to drug consumption in a survey conducted by the UNODC (2018). The study highlighted the need of addressing socio-economic issues in drug misuse prevention and treatment. Further, the study indicates that those living in poverty were more likely to have used illegal substances compared to those living above the poverty line with a correlation between drug addiction and not having a job or health insurance.

#### **3.1.1.4 Education**

The findings indicate that people with little or no education are vulnerable to drugs abuse. Among the respondents, those with no education had the highest percentage of drug abuse at 19.8% (76). Those who had only completed primary education follow closely with 34.4% (132). Those who had completed secondary education are at 30.2% (116), while those with tertiary education have the lowest percentage of drug abuse at 15.6% (60). Several studies, including a report by UNODC (2020) have examined the relationship between schooling and drug abuse. People with less education were found to have a higher risk of drug use compared to those with a higher level of education. This is in line with the results of the research, which showed that many drug users in the coastal areas had low levels of education.

The Kenyan Ministry of Health published results of a research on drug misuse and literacy in 2018. Those with less education and lower incomes were shown to have a greater prevalence of drug misuse. The study's results urged the launch of public-awareness campaigns to combat the root causes of drug abuse (MOH, 2020). Nkonge (2017), discovered that high school graduates have a much reduced risk of drug usage than high school dropouts. The likelihood of drug usage among young people was also observed to decrease with increasing levels of education. These results provide credence to the argument that formal education may significantly curb drug usage.

### **3.2 Drug Route Administration**

To understand how drugs are taken, the household heads were asked to explain methods of drugs and substances abuse through an open ended questionnaire. The results of the questionnaires are triangulated with what other respondents indicated during interviews and FGDs and are discussed in this section.

#### **3.2.1 Oral Administration**

The oral route of drug administration is one most accepted by many individuals both for the licit and illicit drugs because it is a less invasive and intimidating route. There are numerous drugs that are abused orally which includes both prescription and club drugs. The drugs that are administered through the oral route are Khat/miraa and cannabis (Ajiambo, 2022). However, cannabis that is taken through the oral route is not as effective as the heated one. This outlines the aspect that cannabis can be administered through various routes but there is the preferred one due to the achievement of the desired effect. The oral route of drug administration is inclusive of such processes as chewing and swallowing for such drugs as khat (Zuma et al, 2021).

#### **3.2.2 Intravenous Route**

Injectable drugs are commonly used due to their high bioavailability that accounts for their ability to make the abuser get more immediate high. Many drug users inject the drugs directly into their systems (Paquette et al., 2018). The administration route is a dangerous one in that many of the injecting drug users usually end up sharing the body piercing tools including needles and syringes. The factor has doubled the chance of such parties being infected with infectious diseases such as Hepatitis and HIV/AIDS (Were, 2021). Thus, the method is invasive compared to the oral administration route. Due to the introduction of the drugs directly into the bloodstream, high bioavailability is achieved. The result has been an increased chance for the event of an overdose of the drug being abused which is a potentially risky aspect that can lead to the death of a victim.

#### **3.2.3 Snorting and Sniffing**

Snorting and sniffing of drugs are methods of drug administration intranasally. Sniffing is at times referred to as nasal insufflation. Sniffing has been applicable where the individuals with SUDs take such drugs as cocaine, heroin, and prescription pills like Adderall or Vicodin whose tablets can be crushed and snorted (Daley et al., 2020). Other than powder, snorting has been found to involve the intake of drugs dissolved in liquid via a straw. There have been a variety of names used to refer to the straw method with the major ones being inhaler, bullet, or bumper. The process of sniffing or inhaling drugs has been found to take different forms including huffing or bagging. Huffing has become a common practice among teenagers who will not hesitate to use everyday household products such as glue, cleaning products, and aerosols like spray paint. Gases such as butane or propane have also been greatly abused as psychoactive substances through sniffing colloquially referred to as sniffing and in other cases bagging (Ford et al., 2013).

#### **3.2.4 Smoking**

Results from interviews, FGDs and open-ended questionnaires, the study established that smoking is generally an inhalation type of drug administration route. Smoking may occur occasionally or habitually as a result of drug

addiction. There are several drugs whose intake usually occurs through smoking including bhang, tobacco, and cocaine. Smoking is an unhealthy habit in that it exposes the abuser to numerous health problems. In some instances, smoking has been proven to affect some of the psychiatric medications that could have been administered in the user's body (Farsalinos et al., 2020). The medications affected include antidepressants, anxiolytics, antipsychotics, and hypnotics. Their concentrations in the body are significantly reduced by smoke emanating from cigarettes. In this case, reduction in the effectiveness of the medications necessitates the increment of the doses required for the desired therapeutic effect.

### 3.2.5 Rectal Administration

Results from interviews, FGDs and open-ended questionnaires, the study established that the rectal route of drug administration for drug abusers is not common. However, it is present and possible. In normal circumstances, suppositories are used rectally to provide local or systemic effects. Rectal route of drug administration among drug abusers has majorly been carried out by teenagers and young adults in the attempt to satisfy curiosity. The method could appear as laughable of a matter as it seems. However, it carries various dangers whose effects on one's body can be serious and lasting. Drug abuse through the rectal route has been given popular names like butt-chugging of boofing drugs where butt-chugging involves alcohol (Seki & Fukushima, 2019).

### 3.3 Causes of Drugs and Substance Abuse

From available literature the following have identified as causes of drug abuse (Ongwae, 2016; Muoti, 2014; Chesang, 2013). Using this information, household heads were asked to indicate the main causes of drug and substance abuse in Kilifi and Mombasa Counties. The results are indicated in Table 2 and discussed in the following sections.

**Table 2**

*Causes of Drugs and Substance Abuse*

Cause of drug abuse	Response rate	Rank
Unemployment	99% (380)	1
Poverty	98% (376)	2
Mental Health issues	97% (373)	3
Curiosity and experimentation	96% (370)	4
Family history	95% (365)	5
Peer pressure	94% (361)	6
Lack of awareness	89% (342)	7
Easy access to drugs	84% (323)	8
Adverse childhood experiences	82% (315)	9
Social media influence	81% (311)	10
Social stigma	76% (292)	11
Moral Decay	75% (288)	12

Idleness or a lack of meaningful activities or goals, can be a contributing factor to drug abuse. When individuals have too much free time on their hands and lack purpose, they may turn to drugs as a way to fill the void and escape their boredom or unhappiness. The issue of idleness as a cause of drug abuse was a major concern among the household heads in the coastal region, with 99% (380) of the respondents indicating it as a leading factor contributing to drug abuse. This finding ranked idleness as the top cause of drug abuse in the study above socioeconomic factors and other associated factors.

Spending too much free time means that the majority of Kilifi and Mombasa youths try to find a hobby or something to keep them busy. It is during the free time that the youth observe how their fellow youths spend their time thus end up adopting the habit of abusing drugs (Kamenderi et al., 2021). This assertion is in line with social learning theory where individuals learn from others through observation as well as imitation. It is what the youths observe during their free time that they tend to practice and eventually end up being drug addicts.

The findings of the study revealed that poverty was identified by 98% (376) of the household heads as the second most important leading causes of drug abuse in the coastal region of Kenya. The high percentage of respondents that identified poverty as a cause of drug abuse highlights the impact of poverty, unemployment, and lack of access to education and healthcare on drug abuse in the region.

According to Mwai et al., (2013) indigence is a well-pronounced problem among many families in Mombasa and Kilifi. The relationship between poverty and substance abuse is intertwined in that one may lead to the other. The

impoverished communities in these two counties are facing significantly higher rates of addiction to drug and substance abuse. The severe long-term addiction among people experiencing poverty results from stress caused by financial instability, unemployment, lack of education, emotional instability and mental illness (Bitta et al., 2017).

Society is socially interdependent in nature as it enhances its survival as suggested by functionalism theory. In Mombasa and Kilifi, resources are limited and the majority of residents are striving to survive. This means that despite the interdependent nature of society sometimes it is difficult to meet the needs of each member (Phyllis et al., 2022). This scenario is attributed to poverty and more often leads to stress. To withstand the stressful situation that Kilifi and Mombasa residents have been subjected to by poverty, they end up seeking refuge from drugs just to escape from the reality of life. Drug abuse as a result of poverty has a general impact which is to hinder functionality of the society.

According to the findings of the study, mental health issues including substance induced psychosis, depression, anxiety disorders, bipolar disorders, substance induced mood disorders and cognitive impairment were cited by 97% (373) of the respondent household heads in the study area as a cause of drug abuse, ranking it as the third most common cause of drug abuse in the region.

During the focus group discussions, a village elder pointed out that:

*In the coastal community, mental health is not given much attention. There are many people who suffer from depression, anxiety, and trauma but do not seek help. Men and women suffer pressure from marriages. Children and young adults face a list of family problems including broken families, deaths and failed marriages. They turn to drugs as a way of coping with their emotional pain. This is a major factor contributing to drug abuse in our community. Additionally, drug abuse can also lead to mental health issues, creating a vicious cycle (FGD with village elders, 10<sup>th</sup> April, 2022).*

Individuals with a history of mental health issues were found to have a higher likelihood to engage in substance abuse in a study conducted by NACADA (2020) confirming the findings of this study. Another research by KMHC (2020) found that Kenya's inadequate number of psychiatrists (one per 500,000 people) is a major impediment to dealing with mental health problems and drug usage hence a high number of unattended individuals.

During an interview with a victim who was a university graduate, he pointed out that:

*I started using bhang when my wife left me because I could not provide. I lost my marketing job during the COVID 19 pandemic. Instead of supporting me, she opted to go. My sisters and my only brother criticized me, claiming that I was careless. I hated myself and felt like I am not man enough. I started talking to myself, I was too depressed. I had no one who would listen to me. I found myself associating with those who abuse drugs as they were not concerned about my past. We shared good times smoking marijuana, and this gave me satisfaction for some time. I became an addict, and up to now I'm still struggling to recover from drug dependency (Interview with a victim, 19<sup>th</sup> March, 2023).*

According to KNBS (2020), the number of people suffering from mental health issues is on the rise in Kenya, with depression being the most frequent mental issue affecting different generations inclusively. These individuals may resort to drug abuse or in some cases resort to professional help whereby they receive prescriptions of antidepressants that are later misused as outlined by MOH (2021). In this report, the Ministry of Health revealed that compared to those without mental health concerns, those who misuse drugs are more likely to become addicted. Nearly a third of all people seeking substance abuse treatment in the Kenya are diagnosed with a mental health disorder.

Curiosity and experimentation were identified as a significant cause of drug abuse in the coastal region, with a response rate of 96% (370) and ranking 4<sup>th</sup> on the causes of drug abuse in the coastal region. It is evident that many individuals first attempt drug use out of curiosity or experimentation, and this eventually leads to addiction.

During the focus group discussions, a village elder stated that:

*In my village, many young people experiment with drugs out of curiosity, without knowing the long-term effects of drug use. Some of them feel pressured by their peers to try drugs, and this leads to addiction. It is a serious issue that needs to be addressed since it affects the future of our youth (FGD with village elders, 27<sup>th</sup> April, 2023).*

These findings reflect previous studies that have linked curiosity and experimentation with drug abuse. According to a report by United Nations Office on Drugs and Crime. [UNODC] (2015), young people try drugs out of curiosity or because they want to fit in with their peers. The report further outlines that drug experimentation often leads to addiction, and is a significant public health concern globally with curiosity being one of the primary motivations for drug use among young people.

During the interviews with a NACADA official, he pointed out that:

*In my view, the young people are curious. They want to understand how it feels to produce a cloud of smoke from one's mouth. They feel a strong urge to taste the green muguka leaves, combined with njugu karanga.*

*In the process of experimenting, they end up becoming addicts. The process of unlearning what they learn in this curiously is very complicated* (Interview with NACADA officer, 23<sup>rd</sup> March, 2023).

KNBS (2019) also reported a worrying trend in drug abuse among young people in the coastal region, where drug abuse was more prevalent among individuals aged between 15 and 34 years. The report further stated that drug abuse was more common among males than females, and it was more prevalent in urban areas than rural areas.

Another report by MOH (2020) evidenced that the majority of people who try drugs for the first time do so out of curiosity or to experiment. The report indicated that people who start using drugs at a young age are more likely to become dependent on them later in life. Peer pressure amongst young adults was a significantly worrying trend according to the reports because young people often want to fit in with their peers and may engage in risky behaviors, such as drug abuse, to gain acceptance.

Similarly, a study by NACADA (2020) found that drug experimentation was a significant contributor to drug abuse among young people in Kenya. The study found that young people were experimenting with new drugs, such as crystal methamphetamine and cocaine, and this was leading to addiction. The study further noted that peer pressure and the desire to fit in were the primary reasons for drug experimentation among young people.

In this study, 95% (365) respondent household heads attributed drug abuse to poor parenting and neglectful parenting, which ranked fifth among the major causes of drug abuse. The high percentage suggests that family history is a significant concern in the coastal region and interventions targeting this factor could help prevent drug abuse.

During the focus group discussions, a respondent village elder from Kisauni stated that:

*Drug abuse is rampant in our area. One of the reasons is family history, where people inherit the habit of drug abuse from their parents and elders. Therefore, this is a significant issue that needs to be addressed by the entire community* (FGD with village elders, 20<sup>th</sup> March, 2023).

Further, cases of family break ups increase the risk of drugs and other substance abuse through the mental weight of dissociation. The village elders argued that decay of morals, civilization, and modernity has made it very complicated for people to remain in their families. As a result, women get married to different men, after every few years (Mugalo, 2022). They get children from each husband, and when things do not work, they leave with their children and get married again. The children are brought up by the grand mothers who cannot fully control what they do. The locals call them *wajukuu wa bibi*, and they are very vulnerable to drugs and substance abuse. Most of these children end up in the dens using drugs as they have no one to take them to school or give them the right direction in life.

During an interview with the CEC Education from Mombasa County, she said that:

*Families in this area normalize what is forbidden in other communities. A daughter will get married, and then separate with the husband. When she gets married to another man, she will go with the kids from previous marriage. The children from previous marriage, locally referred to as *wajukuu wa bibi*, will be taken to the grandparents of the new husband. The old granny can hardly control these children, and they end up abusing drugs so baldy. This is a very dangerous trend in this region* (Interview with CEC, 15<sup>th</sup> April, 2023).

According to Ashiono (2013), poor parenting has adversely influenced the rise of drug abuse in Mombasa and Kilifi where parents have failed in their parental responsibility. They have left their children to be parented by teachers. The menace of drug abuse caused by poor parenting has consumed much productive youth from Mombasa and Kilifi. Poor parenting variables that have led to drug abuse, among many, include neglectful upbringing, authoritarian parents, abuse of alcohol and other substances in the presence of children, lack of parental support in daily activities and poorly monitoring or non-monitoring parents. Mugalo (2022) further brings out that parental level of education has influenced drug and substance abuse.

Neglectful parenting in Mombasa and Kilifi has promoted drug and substance abuse in adolescents and thus addiction into their youth. There are many cases in which parents have neglected their children's basic needs in these counties (Nyoike, 2021). The trauma resulting from lack and want has forced the teens to seek coping mechanisms, most of whom have turned to drugs. The situation has been aggravated when parents are both harsh and neglectful of their children's needs. The harsh parents exhibit acts like yelling, verbal or physical threats and hitting. The emotional distress resulting from this treatment has led to drug abuse.

Peer pressure was identified as one of the key factors contributing to drug abuse in the coastal region, as highlighted by the responses of the 361 of 384 household heads surveyed in this study. The prevalence of peer pressure as a cause of drug abuse was ranked sixth out of the nine factors explored, with 94% (361) of respondents indicating that it played a role in drug abuse among the youth in the region.

Peer pressure for drugs and substances has been another dominant risk factor for children and adults in Mombasa and Kilifi. The element of peer pressure has affected some people more than others. Negative peer pressure has increased drug and substance abuse in the coastal region (Oguya et al., 2021). Peer pressure was shown to be a major predictor of

drug use in a research done by Phyllis et al., (2022) among young people in Coastal region of Kenya. Peer influence was shown to be responsible for 40.3% of the observed variation in drug use behavior. Similarly, the researcher showed that peer pressure is a more significant risk factor for drug misuse than both family history and personal characteristics, findings which confirmed the results in this current study.

According to the findings of this study, 89% (342) of the respondents indicated lack of awareness including lack of education on drug and substance abuse, stigma and denial, peer pressure, limited access to information related to drug abuse and early exposure and misdirection as a cause of drug abuse, ranking it at number 7 on the list of factors contributing to drug abuse in the region.

A study by Stone et al., (2021) conducted in the coastal region of Kenya, found out that majority of the youth who are drug users (95%) equated the lack of educational opportunities due to insufficient education funds to drug abuse where these respondents resorted to finding solace from the drugs to escape the reality of the situation. This study also appreciated the unlimited time in the hands of these youth due to non-committing educational life to the tendency of drug abuse. This study revealed that majority of the residents in Kilifi and Mombasa counties do not have high level of education. As a result, the society does not have access to good jobs. Unfortunately, the same society does not encourage children to get the rightfully required education to change the situation, and this is an indication that things might be more dangerous in future.

According to the results as displayed in Table 2, 84% (323) of the respondents indicated that easy accessibility of drugs is a major contributor. This shows that the population in Kilifi and Mombasa Counties can easily acquire drugs from the area. The key respondents agreed with these findings and claimed that it is hard to regulate drugs in the region. As a result, the drugs end up being in the wrong hands.

The functionalism aspect of the society has been the basic form of operation of the drug barons in ensuring there is easy access of the drugs and in increasing the demands. This is in accordance to functionalism theory which is based on the collaboration between different units of the society. The drug barons work as one unit whose purpose is to supply drugs while on the other hand drug addicts acts as another unit of society. The two units work together as there is existence of interdependence scenario (Nyongesa et al., 2021). The drug addicts depend on the drug barons as their suppliers while on the other hand drug addicts provide market to the drug traffickers. It is the coexistence of both drug traffickers and drug addicts which makes drugs to be easily accessible.

The results in Table 2 indicate that 82% (315) of the household heads attribute adverse childhood experiences to drugs and substance abuse as outlined by (NACADA, 2020).

The report outlines 10 categories of adverse childhood experiences including physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, household substance abuse, household mental illness, parental divorce, incarcerated household member and witnessing domestic violence. Since the society in this region has embraced a culture of drugs and substance abuse, the children in the region have not been safe. They have been witnessing drugs being used from the time they are young kids. They have been abused by drug users. As a result, they suffer the fate of being victims as they grow up.

Residences in both Kilifi and Mombasa counties have adopted the culture of drug abuse thus jeopardizing the future of the children in those two counties. As suggested by the social learning theory, an individual learns through observation as well as through imitation. Children in Mombasa and Kilifi County have been observing their elders abusing drugs something which they later tend to imitate as they opt to take it as hobby. After a while, those particular children end up becoming drug addicts

As shown in Table 2, 81% (311) of the household heads believe that social media is a factor that influences people into drugs and substance abuse. Social media has become part and parcel of daily life where people of all walks of life connect using social media sites irrespective of age, gender or geographical distance. This influences how people think, act and behave. Despite the fact that the Kenyan coastal region is extremely poor, they can still have access to social media. This is because in the current world, even the cheapest phones allow the users to access the internet. In addition, as a result of business competition among network providers, data bundles have become extremely cheap, making them affordable to the poor.

Social media is linked to drug abuse among some of the teens and youth in Mombasa and Kilifi. Different social media platforms glamorize drug and substance abuse where the vice is depicted as a relaxing and acceptable recreational tool (Marete et al., 2022). Advertisements have made smoking and drinking to be seen as normative activities by glorifying these practices (Juma et al., 2022), thus subtly pressuring teenagers to experiment. Social media hurts mental health through the instillation of such feelings as sadness and loneliness together with depression. Mental illnesses have led to drug abuse. Furthermore, social media has enhanced drug and substance abuse exposure, hence the practice.

Social stigma leading to barriers to seeking help, self-stigma and low self-esteem, isolation and lack of support, limited access to opportunities, and reluctance to discuss prevention and treatment was discussed as a cause of drug abuse in this study. Table 2 indicates that social stigma ranks as number 11, with 76% (292) of the household heads believing it is a cause of drugs and substance abuse in the region.

Social stigma is best described as discrimination against a group or individual based on features that distinguish them from other people. In this context, social stigma refers to the negative association between persons suffering from drug and substance abuse disorders, and their opponents who do not. The stigmatizing attitudes, beliefs and behaviors have combined forces in enhancing drug and substance abuse along the coastal region, which refers to Mombasa and Kilifi. Stigma is understood to have several influencing factors and consequences from the societal level for people with behavioral health disorders related to drug abuse.

The hindrance from access to health care facilities for treatment has substantially promoted drug abuse in Mombasa and Kilifi. Discrimination against people with substance use disorders and drug addiction has blocked access to treatment, thus promoting drug abuse. The long-standing stigma in society and healthcare facilities is directly associated with increased drug abuse in both Mombasa and Kilifi. The exposure to stigma has often made the victims turn to drug and substance abuse either as an initiation of the practice or promotion of the same. Thus, social stigma is an important drug and substance abuse risk factor along the coastal region.

Societal factors of moral decay including weakening of social institutions, normalizing drug acceptance, erosion of personal responsibility, and weakening of community bonds. Table 2 shows that moral decay is the last main cause of drugs and substance abuse, with 75% (288) believing that the parameter influences whether the population abuses drugs or not. Moral decadence is greatly linked to drug and substance abuse in that one has the ability to lead to the occurrence of the other (Lukman, 2021). The two exacerbate each other as outlined by Phyllys et al., (2022). An example is the youth who engage in pre-marital sexual activities without the necessary precautions being employed. The practice of such has been viewed as moral decadence in that a higher percentage of the youth have been exposed to the knowledge and guidance that they should engage in practices that improve on their lives rather than stall them. Most of these have ended up in distress with unplanned for pregnancies with others acquiring infectious diseases (Moea, 2023). The demands that come about as a result of such actions have caused many of the youth to turn to drug and substance abuse as a way of escaping from their world of reality thus furthering the peril of drug and substance abuse in society.

### 3.4 Types of Drugs Abused

Drug abuse is a significant issue in the coastal region of Kenya, with a range of drugs commonly abused. Understanding the different types of drugs being abused is crucial to developing effective prevention and intervention strategies. In this section, we will explore the various types of drugs that are commonly abused in the coastal region of Kenya as found in this study, highlighting their patterns of use and methods of consumption. The findings are presented in Table 3. The following types of drugs and substance abused in the coastal region were obtained from reliable literature such as Kasundu *et al.*, 2012, Mbuthia, 2016, Ongwae, (2016) and Oguya *et al.*, 2021, and used to get information from the study area.

**Table 2**

*Types of Drugs Used*

Drug used	Response	Rank
Alcohol (Including, Mnazi, local illegal brews and legal brands)	99% (383)	1
Khat/ Miraa	98% (378)	2
Tobacco	97% (376)	3
Bhang	94% (364)	4
Heroin	89% (341)	5
Cocaine	88% (337)	6
Prescription drugs	85% (326)	7
Methamphetamine	80% (307)	8

In this study, 99% (383) of respondents confirmed that alcohol was the most commonly abused drug. The study further revealed that there were various patterns of alcohol use, including social drinking, binge drinking, and heavy drinking. Social drinking was reported as the most common pattern of use, followed by binge drinking and heavy drinking. The methods of consumption varied from drinking at home, drinking at local bars, and consuming illegal brews. Alcohol is among the most common drugs openly used in Kilifi and Mombasa counties as up to now it is still

legalized. This indicates that children do interact freely with alcoholics who live among them. Considering the hypothesis of social learning theory, children in Mombasa and Kilifi County are always observing some members of the society abusing alcohol thus developing a desire to use it as a way of practicing what they observed. With time the children become alcoholic at their tender age.

According to the household heads who participated in the study, 98% (378) of them reported that Khat was a drug that was commonly abused in their communities, ranking second among other types of drugs. The patterns of drug abuse indicated that most users consume Khat on a daily basis, and the most common method of consumption is by chewing the leaves. Use of Miraa was also linked to an increased risk of cardiovascular illness, dental health issues, and mental health difficulties, according to a report by the Ministry of Health, MOH (2020). The report outlines that the drug is contributing to widespread poverty and stunting economic growth in the impacted areas hence the need for more stringent policy and regulations in comparison to the relaxed legislative laws seen in the country.

From the findings of the study, 97% (376) of the respondents admitted to using tobacco. Tobacco usage is widely accepted and celebrated in coastal communities, where it has long cultural roots. Tobacco use is reinforced in part because of the social contexts in which it is often engaged in. The high levels of stress and poverty prevalent in the area are also likely to contribute to the coping strategy of tobacco smoking. The use of tobacco is characterized by frequent use, with most respondents reporting daily experience of users. The methods of consumption of tobacco vary, with the majority of respondents smoking it in the form of cigarettes or using traditional pipes. Other methods of consumption include chewing and sniffing. The findings of the study suggest that tobacco is a widely used drug in the coastal region, and its use is deeply entrenched in the local culture.

The prevalence of Tobacco abuse has been a center of focus for the WHO (2020) which outlined that 36.5 percent of Kenya's population smokes cigarettes. These findings agree with MOH (2022) data which outlines that cigarette smoking is most common among men between the ages of 25 and 44. In addition, tobacco smoking is a significant factor in the development of non-communicable diseases (NCDs) in Kenya, according to research by the Kenya Medical Research Institute KEMRI (2019). The report highlighted tobacco use to be the second biggest cause of mortality from NCDs, accounting for 11% of all deaths in the country showing how critical it is to take immediate action to reduce tobacco usage in Kenya.

The findings of the study revealed that bhang is the fourth most commonly used drug, with 94% (364) of the respondents reporting its use. The drug is often consumed in various ways, including smoking, eating, and drinking. Smoking was reported as the most common method of consumption. Eating and drinking were also reported, where bhang was used as an ingredient in party cookies and pastry. The drug was also infused in drinks like tea and other common favorite meals and snacks in the community. Smoking of bhang was the most common method of abuse and was reportedly carried out in open air in parties or in private.

Bhang being an illegal drug in Kenya means that the authority in Kilifi and Mombasa Counties are expected to eradicate it. However, this tends to be impossible due to lack of proper functionality of the small units of the government in the region. As per the functionalism theory aspect, authority is made up of small units which are interdependent (Onaolapo *et al.*, 2022). The units may include village elders, assistant chiefs and chiefs among others. Due to lack of proper functioning of the small units comprising government in Kilifi and Mombasa County bhang has become a common drug being abused freely despite being illegal.

In this study, heroin emerged as one of the most commonly abused drugs with 89% (341) of household heads citing its use. Heroin is a highly addictive opiate drug that is derived from morphine, a naturally occurring substance extracted from the opium poppy plant. It is usually consumed through injection, smoking, or snorting. The patterns of drug abuse and methods of consumption of heroin as outlined by the household heads in the coastal region suggest that most users inject the drug directly into their bloodstream, where the powdery drug is first subjected to heating to melt it into an injectable liquid. This method of consumption is particularly dangerous as it increases the risk of contracting blood-borne diseases such as HIV/AIDS and hepatitis C.

MOH (2020) found that heroin use poses a significant threat to public health. Aga Khan University found that poor socioeconomic position and low levels of education are significant predictors of drug abuse. Substance misuse was also more common among those who had experienced trauma or who were mentally unhealthy, as per the research findings. Cocaine is a highly addictive drug that has been widely abused in the coastal region, as shown by the findings of this study. Of the households surveyed, 88% (337) reported cocaine as a drug used in their communities, ranking it as the sixth most abused drug in the region. Cocaine is typically snorted through the nose or dissolved in water and injected directly into the bloodstream. Cocaine trafficking and consumption are on the increase in East Africa (UNODC, 2022), with Kenya serving as a major transit and consumption country. The region's rising middle class and the drug's image as a status symbol are the driving factors for the increased demand for cocaine.

Prescription drugs are another type of drug that is commonly abused in the coastal region, according to the findings of our study. The study revealed that 85% (326) of the respondents reported the abuse of prescription drugs. The respondents stated that these drugs were often obtained through pharmacies and hospitals using fake prescriptions or by visiting multiple doctors to obtain multiple prescriptions. The drugs were then taken orally or injected, and the most commonly abused prescription drugs were opioids, benzodiazepines, and amphetamines. Since the residents of Kilifi and Mombasa counties are relatively poor, they cannot afford the drugs. The addiction to drugs makes them to share injected blood, a practice that endangers them to more health complications. The person who manages to purchase the drugs allows his counterparts to remove blood from his body using a syringe, and they inject it directly into their systems (Oguya *et al.*, 2021).

MOH (2021) revealed that opioid misuse is the leading cause of America's drug abuse epidemic, and that prescription medication abuse is a major contributing factor. According to the health reports, abusing prescription opioids may cause addiction, overdose, and death, and is often linked to other types of substance misuse including heroin consumption. It is unfortunate that the prescription drugs are prevalently used in the coastal region of Kenya.

Methamphetamine, commonly referred to as meth, is another drug that was found to be abused in the coastal region of Kenya. The study found that 80% (307) of the respondents reported having used meth, and it ranked eighth in the list of commonly abused drugs in the region. Methamphetamine is known for its highly addictive nature and devastating effects on the body. Studies have shown that long-term use of meth can lead to severe health problems such as heart disease, liver damage, and neurological damage.

Methamphetamine is the second most widely misused substance in Kenya, behind only marijuana, according a study by NACADA (2022). The survey also found that meth usage has risen, especially among the young in the coastal region of Kenya. The research also found that smoking, snorting, and injecting meth are the most common routes of administration in Kenya.

#### **4.5 Effects of Drugs and Substance Abuse**

The coastal community of Kenya is beleaguered by a pervasive drug abuse dilemma, manifesting in a comprehensive spectrum of ramifications that infiltrate diverse realms. The deleterious impact of substance abuse is conspicuous in its profound influence on physical and psychological well-being, evidenced through the heightened prevalence of ailments, injuries, compromised hygiene, and malnutrition. Concomitantly, a pronounced upsurge in depressive disorders, anxiety, and other psychopathologies underscores the toll exacted on mental health.

Socioeconomic ramifications are equally discernible, marked by an exponential surge in criminal activities, concomitant with diminished productivity and a surge in healthcare utilization. Furthermore, the scourge of drug abuse engenders a pervasive socio-cultural disintegration, encapsulating disrupted familial structures, erosion of communal bonds, and the attenuation of cultural identity. Stigmatization and moral degradation precipitate a precipitous decline in social cohesion, driving unethical behavior.

Educationally, the consequences manifest as a decline in academic performance, soaring absenteeism, and a distressing surge in school dropouts. Consequently, the collective fabric of this community, once tightly woven, now hangs precariously in the balance as the intricate repercussions of substance abuse continue to erode its fundamental underpinnings.

The results on the effects of drugs on the themes above were presented in Table 4. In this study through an open ended question, the household respondents were requested to include data on the effects of drug abuse that they have witnessed in the community.

**Table 4***Effects of Drug and Substance Abuse*

Category	Effect	Response rate	Rank
Physical	Illnesses	99% (380)	1
	Injuries	97% (372)	
	Poor hygiene	96% (369)	
	Poor nutrition	95% (365)	
Mental	Depression	98% (307)	2
	Anxiety	98% (307)	
	Mental illness	96% (368)	
	Suicidal thoughts	95% (365)	
Economic	Increased crime	97% (372)	3
	Lost productivity	96% (369)	
	Increased healthcare	96% (369)	
	Increased unemployment	95% (365)	
Social	Broken families	95% (365)	4
	Decreased social ties	95% (365)	
	Stigmatization	94% (361)	
	Loss of friendships	93% (357)	
Cultural	Loss of cultural norms	93% (357)	5
	Increased immoral acts	90% (341)	
	Reduced respect	90% (341)	
	Reduced cultural pride	87% (334)	
Academic	Poor performance	86%(330)	6
	Absenteeism	84%(322)	
	School drop out	80%(307)	

The physical effects of drug abuse on the coastal community were one of the themes explored in this study. According to the responses from the 384 household heads, the top-ranking physical effect of drug abuse was illnesses, with a response rate of 99% (380). Injuries, poor hygiene, and poor nutrition also had high response rates of 97% (372), 96% (369), and 95% (365), respectively.

The harmful physical repercussions of drug usage are a problem on every continent. Drug usage may lead to a number of health issues, including those related to the heart and lungs, the liver and kidneys, and even infectious illnesses like HIV/AIDS, hepatitis, and TB (WHO, 2018). Accidents, falls, and acts of aggression are just some of the ways that drug usage may result in injury. UNODC (2019) found that drug usage was linked to a number of different ailments and injuries in their 2019 World Drug Report. UNODC has stressed the need for effective drug misuse prevention, treatment, and harm reduction initiatives (UNODC, 2019).

The findings revealed that drug abuse has significant negative effects on the mental well-being of individuals in the coastal region. The most reported mental effects were depression and anxiety, both having a response rate of 98% (307). Following closely was mental illness, which had a response rate of 96% (368), and suicidal thoughts with a response rate of 95% (365). It is evident that drug abuse has serious mental health implications in the coastal region of Kenya.

The effects of drug abuse on mental health can vary depending on several factors, including the type of drug used, the frequency and duration of use, the individual's overall health, and their genetic predisposition to mental illness. It is important to note that drug abuse can both exacerbate pre-existing mental health conditions and contribute to the development of new ones (WHO, 2018).

One of the most common mental health issues associated with drug abuse is depression. Substance abuse can lead to chemical imbalances in the brain, affecting neurotransmitters responsible for regulating mood. Drugs like alcohol, opioids, and stimulants can disrupt the brain's natural reward system, leading to feelings of sadness, hopelessness, and a lack of interest in previously enjoyed activities. Prolonged substance abuse can also damage brain cells and impair cognitive function, further contributing to depressive symptoms (Mutiso *et al.*, 2022).

Anxiety disorders are another significant mental health consequence of drug abuse. Drugs that stimulate the central nervous system, such as cocaine or amphetamines, can trigger intense feelings of anxiety and paranoia.

Additionally, individuals who abuse substances often experience high levels of stress due to the negative consequences associated with their drug use, such as legal issues or strained relationships. This chronic stress can lead to the development of anxiety disorders over time (UNODC, 2019).

Barasa et al., (2021) observed that those with drug use disorders in Kenya were more likely to experience sadness, anxiety, and suicide thoughts than the general population. The UNODC (2020) report also emphasizes the psychological effects of drug usage, including the correlation between substance abuse and suicide ideation and action. The report describes that 585,000 people died in 2019 as a result of drug poisoning or overdoses. Those who are addicted to drugs were further reported to be six times more likely to attempt suicide than the general population. Depression and anxiety were also shown to be more prevalent among drug abusers. To address the combined diagnosis of substance misuse and mental health issues, WHO (2020) agrees with these results and suggests including mental health services into drug abuse therapy.

Drug abuse is known to alter how someone reasons and this makes difficult for a drug addict to be in agreement with rest of the society. However, society being comprised of several units means it requires the contribution of each member. Functionalism theory is in agreement with the idea that every member of society should be working towards attaining the wellbeing of the whole society (Nkangane, 2022). Those who are mentally ill are a dysfunctional part of the society due to their poor reasoning and the fact that they do not work towards enhancing the society or their families.

The economic effects of drug abuse in the coastal community of Kenya are significant, according to the findings of this study. In the survey of 384 household heads, 97% (372) identified increased crime as an effect of drug abuse, while 96% (369) cited lost productivity and increased healthcare costs. Increased unemployment was also reported as an effect of drug abuse by 95% (365) of respondents. These numbers indicate a strong consensus among the participants about the economic impact of drug abuse in the coastal region.

Hospitalization expenses for drug-related disorders were found to be significant, with an average cost of Ksh 52,250 per hospitalization in research done by Sambai et al., (2022) in Nairobi, Kenya. Approximately 5% of all hospital admissions were found to be drug-related, which accounted for a sizeable portion of the admissions overall, according to the study. Hospitalization expenditures for drug-related disorders are a major contributor to the overall economic cost of drug addiction, according to research conducted by Mbooi et al., (2022) in Mombasa, Kenya.

Medication costs were another significant aspect of health care costs associated with drug abuse in the coastal region of Kenya, as highlighted by the responses of household heads. This shows that drug abuse not only impacts an individual's physical and mental health but also has a significant financial burden on households and the community.

In addition, the Kenyan Ministry of Health has published a guideline for the treatment of drug abuse that includes recommendations for the use of pharmaceuticals. Drug overdose, poisoning, and wound treatment all need expensive medicines, some of which are included in the recommendation. Government-run public hospitals and dedicated drug treatment facilities make up the bulk of Kenya's addiction care infrastructure. Methadone maintenance therapy, which includes the use of medicine to assist patients in controlling their addiction and lowering the risk of relapse, is the most prevalent treatment for opioid addiction in Kenya (MOH, 2020). Low-income families who may not have access to insurance or other types of financial aid may find methadone therapy too costly.

The monetary burden of drug misuse in Kenya has been the subject of recent research. Drug misuse is related to significant healthcare expenses, according to research by Mwangala et al., (2022). These costs include hospitalization, medicine, and rehabilitation services. The research also indicated that incapacity and lost productivity due to drug usage may have considerable individual, family, and community economic costs.

According to an assessment by UNODC (2020), the cost of drug usage in East Africa is projected to be equal to 0.3% of regional GDP. The cost of drug addiction treatment accounted for a significant portion of the overall economic burden of drug abuse. This research revealed that heads of households in Kenya's coastal area saw the cost of restoration as very high, and our study confirms that perception.

The study's conclusions are consistent with those of the NACADA (2020), which states that drug use has far-reaching financial consequences for both people and society. Drug addiction causes higher healthcare expenses, lower productivity, and more crime. Drug usage may have far-reaching financial consequences, which include lower lifetime wages, higher welfare and disability payments, and lower tax revenues.

The effects of drug abuse on the social fabric of society are numerous and far-reaching. The breakdown of families and social ties has a ripple effect on the wider community. People who abuse drugs often become isolated and marginalized, leading to further social problems. In addition to social effects, drug abuse can also lead to physical and mental health problems.

The findings from the household heads in the coastal region revealed that broken families were the most significant social effect of drug abuse, with a response rate of 75% (288). This was followed by decreased social ties

with a response rate of 60% (230) and stigmatization with a response rate of 50% (192). Loss of friendships had the lowest response rate of 15% (58).

Teens as young as fifteen years of age have been exposed to the abuse of drugs and other addictive substances. So being the case, their indulgence in misdemeanors such as pick-pocketing has furthered the development of drug-related crimes. Early exposure to the abuse of drugs, the influence of peers and idling has encouraged the development of this vice among teens (Barako, 2023). Consequently, those caught have had to deal with the relentless mob in the name of justice, while others have had to face the judges at the juvenile courts. Unfortunately, these petty thefts arising from drug abuse begin at home, where the teens steal money from their parents to enable them to gain access to drugs (Barako, 2023).

Drug usage is linked to an increased likelihood of family disintegration and societal difficulties. These results corroborate our own research showing that drug misuse has serious societal consequences, such as shattered families and fewer friends. Substance misuse is undeniably a complicated problem that calls for a comprehensive strategy. Addressing the societal impacts of drug misuse requires interventions that prioritize prevention, treatment, and support for affected people and their families Mwangala et al., (2022).

The findings indicated that 93% (357) of the respondents observed that drug abuse had led to the loss of cultural norms, making it the most prevalent cultural effect of drug abuse. The second and third effects with an equal response rate of 90% (341) were increased immoral acts and reduced respect, respectively. Reduced cultural pride followed closely with 87% (334) of the respondents expressing concerns over the issue. These results highlight the gravity of drug abuse and the far-reaching implications it has on the society's culture.

Drug abuse is linked to an increase in criminal activity such as theft and violence, which may cause a decline in social stability and community cohesiveness (UNODC, 2018). Student drug abuse has been linked to lower academic achievement and fewer career prospects (Ndayi, 2021), further demonstrating the negative effects of drug abuse on the educational system. Drug abuse can lead to social stigmatization, where users are shunned by society and denied equal access to resources like housing and employment which further can lead to the dissolution of families due to increased domestic violence and child maltreatment, breaking the fundamental community pillar which is a family as outlined by WHO (2019).

Drug abuse has far-reaching cultural repercussions, including discrimination, decreased productivity, and the collapse of social institutions (NACADA, 2020). Drug misuse weakens the moral fiber of a society and weakens the ties that bind its people together. Loss of cultural legacy, diminished self-esteem, and increased criminal behavior are only some of the cultural repercussions of drug usage, as noted in a report by SAMHSA (2017). The cultural repercussions of drug misuse among Indian teenagers were also studied by Harini and Krishnan (2019). According to the study's results, drug abuse causes people to lose touch with who they are and causes them to abandon cultural norms like respect for elders and traditional religious observances. These results are consistent with the present study's findings, suggesting that the cultural repercussions of drug misuse are felt across the world.

The results of the study indicated that academic effects are ranked the 6<sup>th</sup>, with 86% (330) agreeing that drugs and substance abuse affect poor performance, 84%(322) relating the drug menace to absenteeism, while 80%(307) agreed that drugs and substance abuse lead to school dropout.

First, drug and substance abuse impair cognitive development thus reducing academic excellence among students. Substance abuse, therefore, reduces academic achievement and disrupts academic progression. A student's performance in school is affected because their ability to memorize things and concentration span is reduced. The poor performance results from a lot of time being spent nursing the problem of drug and substance abuse instead of placing the focus on school work. Research reports have supported the notion that drug and substance abuse is undeniably linked to poor academic performance (Ogogo et al., 2023) based on how much the menace continues to prevail in the coastal region. This case refers to Mombasa and Kilifi.

Other than affecting academic performance at an individual level, drug and substance abuse has interfered with academic excellence for other students. In some cases, those with substance use disorders have posed a mighty challenge to their classmates. Considering that the type of drug they put into use includes marijuana which interferes with short-term memory, learning and psychomotor skills (Budambula et al., 2020), they are likely to interfere with the conduciveness of a learning environment such as a class. The students may be involved in violent and aggressive behavior, which will likely minimize how conducive the classroom atmosphere is for learning. Consequently, they present obstacles to learning for their classmates.

Drug abuse among teens and other school-going ages, such as those at the college and university level, has tremendously affected their academic performance. The susceptibility of these groups to drug abuse has aggravated the matter with the increased use of both legal and illegal drugs (Mbuthia et al., 2020). The lack of knowledge on the risks

associated with drug abuse, failure to take action upon the raise of concerns and gross ignorance of groups such as parents, students and schools' leadership has led to serious problems in the learning institutions with the dominant one being deteriorated academic performance. As such, drug and substance abuse has negatively affected academic outcomes in both Mombasa and Kilifi.

#### IV. CONCLUSIONS & RECOMMENDATIONS

##### 4.1 Conclusions

This paper has given the results on nature of drugs and substance abuse in Kilifi and Mombasa Counties. The paper has presented results on the nature of drugs and substance abuse, using parameters on causes of drugs and substance abuse, the types of drugs abused, the prevalence of drugs and substance abuse, and the effects of the menace to the community. The study found that drug and substance abuse is a significant problem in the coastal region of Kenya, affecting individuals across all age groups and socio-economic backgrounds. The most commonly abused drugs were alcohol, tobacco, bhang (cannabis), and khat (miraa), heroin, cocaine, prescription drugs, and methamphetamine. The abuse of drugs was central across all the age groups including adults and children. Abuse was prevalent among the youth, particularly those who are unemployed, school dropouts, or living in poverty. Females were less frequent abusers than males, but the abuse was also common amongst females with complimenting factors such as poverty, depression, and other underlying conditions catalyzing their indulgence in the malpractice. The abuse of drugs was soared across the socioeconomic ladder, and having excess funds and limited funds were contributing factors to the abuse.

##### 4.2 Recommendations

The results of the study indicate that most of the commonly abused drugs are in high demand thus increasing supply. Notably, most are smuggled across borders by traffickers. The study recommends strict border control, adequate provision of security personnel at the border posts, and adoption of new technologies to aid in surveillance and monitoring and tracking of the smugglers.

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