

John Mututho Empowerment Center Nakuru Kenya 2020 1st July 2021 30th June



THE ADDICTION PROBLEMS



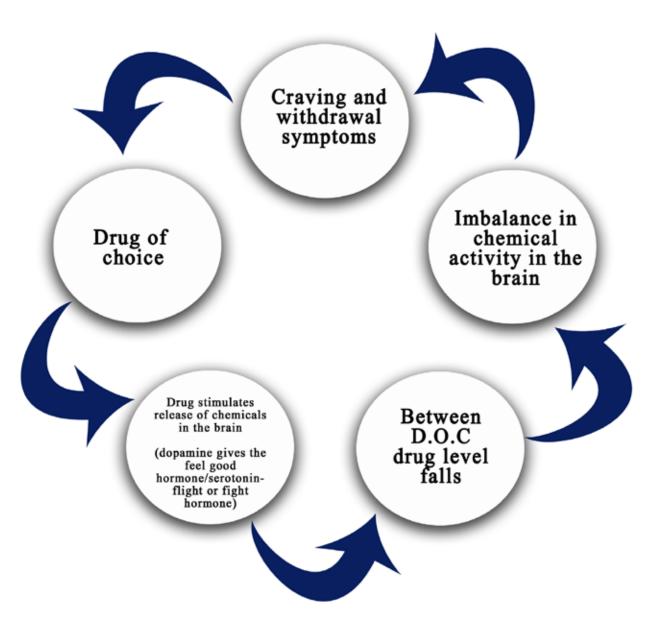
Addiction is the repeated involvement with a substance or activity, despite the substantial harm it causes, because that involvement was/is pleasurable and/or valuable...

There four parts of addictions:

- 1. Addiction includes either/both substances or activities (such as sex or gambling).
- 2. Addiction leads to substantial harm.
- 3. Addiction is repeated involvement despite substantial harm.
- 4. Addiction continues because it was/is pleasurable and/or valuable.

According to the World Health Organization Global Status Report on Alcohol and Health, 2018, worldwide over 3 million people die annually from alcohol. Here in Kenya, NACADA records shows that there are over 8.4million clinical addicts while Cabinet Secretary Dr .Fred Matiang'i acknowledges that a conservative figure of over 50,000 have died of alcohol poisoning in Kenya.

ADDICTION CYCLE



Addiction is chronic but treatable

"....at JOMEC we have successfuly treated more than 1,650 addicts over the last 30 months (2 ¹/₂ years) focusing on holistic treatment....."

SERVICES OFFERED

JOMEC offers full spectrum of treatment services to each client based on his or her individual needs assessed through comprehensive evaluation at admission and throughout his/her stay in the program. Our 90 (shorter period can be organised by combination of in-patient and out-patient but never less than 21 days. Also VVIP and VIP treatment arrangement can be made on request. Helpline 0774 514 635 /Director John Mututho line 0722 714 635

Detoxification is treatment given to people who are addicted to drugs or alcohol in order to stop them from being addicted. JOMEC offers detoxification as the first line of treatment.

Psychiatric intervention

This helps in deminishing the misery associated with disorders of the mind. it is not only critical in preventing or reducing the progress of a mental illness but for improving a person's mental and physical health.

JOMECoffers psychiatric intervention in cases where it deems fit for those clients with comorbid mental health issues.

Psychotherapy (individual, Group and Family) Program. This is a range of treatments offered at JOMEC

that can help with mental health problems, emotional challenges and some psychiatric disorders.

This program aims to enable clients understand their feelings and what makes them feel positive, anxious or depressed.

Clients who have been cleared and whose withdrawal symptoms have stabilized are assigned to a primary counselor who works closely with a supportive multi-disciplinary treatment team. This program includes research based education, recovery oriented challenge and therapeutic groups and periodical one on one counseling session

Pharmacotherapy program

It is used to reduce the intensity of withdrawal symptoms, reduce alcohol and other drug crav-



JOMEC is currently the biggest and most advanced facility in Africa with 1000 client capacity.

ings and reduce the likelihood of use or relapse for specific drugs by blocking their effect. The primary goal of medically assisted treatment is for the client to achieve full sustained remission. Sometimes it may involve an operation characterized by insertion of Naltrexone implant using its carrier to gradually be absorbed by the body. It has been proven to have 60% success rate.

Spiritual Interventions

JOMEC uses this intervention strategy that involves religious or existential aspects such as finding meaning and purpose in life. Religiously oriented spiritual interventions include activities such as prayer, worship, and religious rituals.

Nutrition Care process

This is designed to improve the consistency and quality of individualized care for clients outcome. It is not intended to standardize nutrition care for each client, but to establish a standardized process for providing care. However, special diet is available when prescribed.

12 Steps Program of the AA

It is hailed as the standard for recovery from nearly any type of addiction. It is a set of guiding principles outlining a course of action for addiction recovery.

Empowerment program

We help our patients identify their key strengths and means of converting it to help in self-sustenance. We also aim to provide internships to individuals wishing to hone their experience in the relevant fields.

Team Building

It helps group work together more effectively for the common good in pursuit of a common goal.

Outpatient program

Our OP allows the clients to attend onsite individual and/or group therapy for a structured period of one year. We also look forward to opening our doors to the general public to get treatment from the centre to other diseases not oriented to drug addiction













	ITEM		
1	Alcohol		
2	Tobacco, Shisha		
3	Miraa		
4	Multiple User		
4	Marijuana		
5	Cocaine, Heroine		
6	Drug Test (Paid once)		
7	NHIF (Paid once)		
8	Empowerment(Professional Training) Optional		
9	Administration Cost & Documentation		
10	Medical and prophylactic treatment		





MONTH 1	MONTH 2	MONTH 3	NHIF	TOTAL
60,000	45,000	45,000	150,000	300,000
78,000	45,000	45,000	150,000	318,000
68,000	45,000	45,000	150,000	308,000
114,000	45,000	45,000	150,000	354,000
72,000	45,000	45,000	150,000	312,000
78,000	45,000	45,000	150,000	318,000
6,000	Nil	Nil	Nil	6,000
6,000	Nil	Nil	Nil	10,000
8,000	8,000	18,000	Nil	34,000
14,000	Nil	Nil	Nil	14,000
NHIF	NHIF	NHIF	NHIF	NHIF









Neonatal Addiction: It is also referred to as Neonatal withdrawal or neonatal abstinence syndrome(NAS). It affects infants after birth caused by utero exposure to drugs

dependence.







Behavio raddddictions:

Internet & games Debit Gambling Food & Eating Shopping Work Codependancy Phone addiction



OVER THE COUNTER DRUGS

PRESCRIPTION DRUGS DIAZEPAM METHADONE BENZHEXOL(ARTANE) CLORPOMAZINE(CPZ)

Plus Hundreds of others



Acording there are ov clinical add



Alcohol Dependance (Alcoholism): This is inability to control drinking due to both a physical and emotional dependence on alcohol.



Sexual addiction: is a state characterized by compulsive participation or engagement in sexual activity, particularly sexual intercourse, despite negative consequences.



Love addiction: is a proposed model of pathological passion related behavior involving the feeling of being in love



OHOL

Gambling Addiction: Gambling is the inability to stop gambling when losses begin to take a toll on relationships, finances and career. Gambling addiction often co-occurs with alcohol abuse or drug addiction.



marijuana is as addictive as alcohol. Approximately 10% of people who smoke marijuana will get addicted to it.





OF **tions**

to NACADA er 8.1 million icts in Kenya



INDUSTRIAL ALCOHOL



Food Addiction:/Eating
Disorder: is a behavioral
addiction that is characterized
by the compulsive consumption
of palatable

cocaine is a stimulant drug, is highly addictive and abuse may lead to a number of adverse effects.



Work Addiction (Work-holism): is the inability to stop the behavior often driven by job success.



MEDICALLY ASSISTED THERAPY (MAT)



Our treatment is a combination of medically assisted therapy primarly using the world renown naltrexone treatment and comprehensive psychotherapy flavoured by nutritional and spiritual therapy.

Mental health is a condition treatable and covered under the NHIF Civil Servants Scheme and Government assisted Secondary School - EDUAFYA; both of which are in force

Records indicate that about 5,000 drug users have been put on Medically Assisted Therapy nationally. Out of this, JOMEC has treated over 1,600 with a success rate of over 60%

Rapid Detox is a safe and cost-effective treatment option as per several published articles:

Anesthesia-Assisted vs Buprenorphine- or Clonidine-Assisted Heroin Detoxification and Naltrexone Induction: A Randomized Trial

Treatment Regime per Patient:

- Buprenorphine Sublingual Tablet (8 mg): for 2 days
- Naltrexone tablet: 12.5 mg à 25 mg à50 mg Naltrexone shortened opioid detoxification with buprenorphine .

Treatment Regime per Patient:

• Buprenorphine Sublingual Tablet (6.5 mg): for 4 days

• Naltrexone tablet: increasing dose The Coleman Institute (USA): Accelerated Opiate Detox Technique

The Coleman Institute: The most common method of detoxification is to use Methadone or Buprenorphine+Naloxone in an approved clinic and slowly taper the patient down from his usual dose to zero over a period of approximately 21 days. Then either Naltrexone Tablet or implants are given to further keep the patients off drug for 6 to 12 weeks. However, at JOMEC methadone is not used because of its proven torouse dependency and has tendency to be addictive.

Detoxification

This is the highest level of care that involves monitoring of the withdrawal process so that the body can safely heal from chemical dependency. At JOMEC we Detox in two ways:-

Organically by staying without the drug of choice while incorporating a balanced diet and a lot of water. If the clients experiences withdrawal symptoms then the medically assisted detox is initiated. It involves a minor surgery and insertion of Naltrexone Implant using its carrier to gradually be absorbed by the body.

DRUGS OF CHOICE IN OUR TREATMENT PROTOCOL

Opiate antagonists

- Naltrexone 765mg Implant
- Naltrexone Tab 50mg

Anti Biotics

- Amoxicillin 500mg
- Flucloxacillin 500mg
- Azinthromycin 500mg
- Clarithromycin 500mg
- Ciprofioxacin 500mg
- Silversulfadiazine (SSD) burns cream
- Gentamycin 80mg inj

Anti depresants

- Resperidone 2mg
- Amitripptylline
- Mirtazipine
- 7.5mg
- 15 mg

-30 mg

- Fluoxetine 40mg
- Respedidone 2mg
- Olazipine 10mg

Supplements

- I.V. Pabrinex 1
- I.V. Pabrinex 2
- Liveril
- Tribees Forte

Anti fungals

- Griseofluvin 500mg
- Fluconazole 150mg
- Clotrimazole cream

Anti motility

Loperamide 2mg

Benzo diazipines

- Diazepam inj 10mg
- Diazepam Tab 5mg
- Alprazolam 1mg

NSAIDS

- Diclofenac 100mg
- Ibuprofen 400mg
- Celecoxib 100mg, 200mg

Anti Hypertensives

- Nifedipine 20mg
- Hudroclorothiazide (HCTZ) 50mg
- Losartan 40mg
- Losartan 80mg
- Enalapril 5mg

Anti psychotics

- Quitipine 100mg
- Quitipine 200mg
- Chlorpromazine inj 25mg
- Chlorpromazine tab 100mg
- Haloperidol 5mg
- Clopixol inj 200mg
- Fluphenazine (modecate) 25mg

Anti abuse

Disulfiram 400mg

Tobacco de-addiction

- Nicotine Transdermal patch 7mg
- Nicotine Transdermal patch 14 mg
- Nicotine Transdermal patch 21mg
- Nicotine chewing gum 2mg
- Nicotine chewing gum 4mg

Proton Pump Inhibitors

- Rabeprazonle
- Esomeprazole
- Moeprazole 20mg

Anti Convulsunts

Carbamazepine 200mg

Quick detoxy comprehensive kit

Antidotes

- Activated charcoal
- Benzhexol (antimuscarinic)

Anti histamines

- Cetrizine
- Celestamine
- Promethazine 25mg

Dewormers

- Albendazole 400mg
- Mebendazole 200mg

Cortico steroids

- Beclamethasone
- Betamethasone
- Probeta N eye drops
 - Predinisone
- Predinisolone
- Methylprednisolone
- Triamcinolone

Acetaminophens

Paracetamol 1g

Used during the surgical implant Naltrexone procedure

Naltrexone Implantation Tablets 765mg

Absorbable sutures

Bard parker

Needle Holder

Surgical Blade

Sterile Gauzes

Disposable syringes

Needles

Local Anesthesia

Mosquito Forceps

Methlylated Spirits

Povidone Iodine Cotton Wool

Sterile Surgical Gloves

Cut Seal (Sterile Tissue Adhesive)

TREATMENT PROTOCOL

The programme will start with a drug test (using the medical testing kits) on each client to identify presence of the following drugs:

- Alcohol
- Cocaine (COC)
- Amphetamine (AMP)
- Methamphetamine (AMP)
- Marijuana (THC)
- Methadone (MTD)
- Morphine(MOP)
- Opiates(OPI)

- Phencyclidine (PCP)
- Barbiturates (BAR)
- Benzodiazepines(BZO

Our treatment approach is holistic and will see	Here we cover:		
various forms of therapy administered as below We have three screening tools: ASSIST(Alcohol Screening & Substance Involvement Screening Tests) Clinical Assessment: This involves Personal History, Medical status, Employment status, Support status, Alcohol and drugs route of administration, Patients Legal status, Family & Social relationships and Marital status. M. S. E (Mental Status Examination)-Covers psychiatric assessment and review Psychotherapy	 □ Relapse justification □ High Risk situations □ Honesty and trust in recovery □ Work and recovery □ Recovery process (Bumpy road to recovery) □ Recovery slogans □ Motivation Nutritional Therapy □ Recovery process (Bumpy road to recovery) □ Recovery slogans □ Motivation 		
This includes; mood therapy; behavioral therapy; spiritual therapy; family therapy, Individual Therapy, Group Therapy, Exercise Therapy and Psycho-education. This is split into various sessions Understanding addiction Effects of Substance and drugs use. 12 steps of Alcoholic Anonymous. Enhancing Personal relationships. Personal Development The science of Addiction and Recovery. Triggers and Cravings Planning for recovery. Trauma and Addiction Healing Power of forgiveness in recovery Addiction and Mental Health Relapse Prevention	Pharmacotherapy This is a term therapy done using Naltrexone Implant 750mg and adequately covers 90days. Overview of Naltrexone: The implant is inserted in inguinal area just below the skin. The active compound, Naltrexone, works in two ways. ☐ In the treatment of alcohol dependence and for the blockade of the effects of exogenously administered opioids. ☐ It is indicated as supportive therapy in maintaining abstinence (self-denial) in alcohol-dependent patients. Individuals will no longer experience the euphoria previously experienced after taking alcohol or opioids.		

ADDICTION IS TREATABLE

LIFE SKILLS

This covers the following

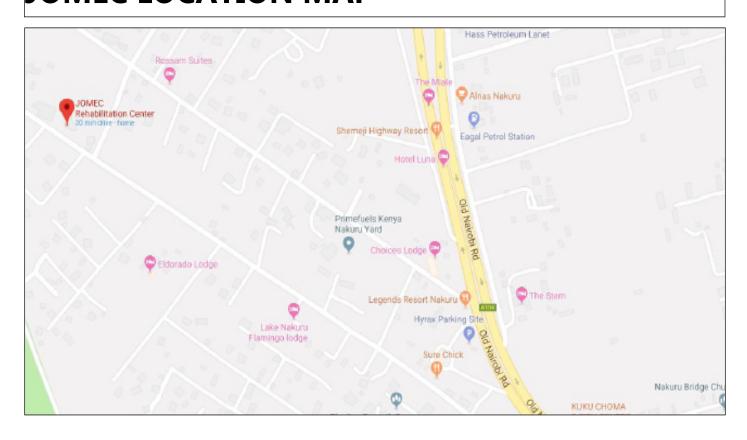
- Introduction to Life skills
- ☐ Self-Awareness
- □ Self-Esteem
- ☐ Managing Emotions
- ☐ Stress management
- ☐ Interpersonal Relationships
- ☐ Effective communication
- Empathy
- ☐ S.T.I, H.I.V & AIDS
- Personal Health, Hygiene and grooming
- ☐ Leadership and integrity
- □ Volunteerism
- Team Building.
- Emerging forms of violence.

- Assertiveness, Negotiation & Peer pressure resis-
- tance
- ☐ Conflict Resolution
- Decision Making
- ☐ Creative &Critical thinking
- ☐ Human Sexuality.





JOMEC LOCATION MAP





TWELVE STEP RECOVERY PROGRAM

WE

1

Admitted we were powerless over our addiction, that our lives had become unmanageable.

2

Came to believe a Power greater than ourselves could restore us to sanity.

3

Made a decision to turn our will and our lives over to the care of God as we understand God.

4

Made a searching and fearless moral inventory of ourselves.

5

Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6

Were entirely ready to have God remove all these defects of character.

7

Humbly asked God to remove our shortcomings.

8

Made a list of all persons we had harmed and became willing to make amends to them all.

9

Made direct amends to such people wherever possible, except when to do so would injure them or others.

10

Continued to take personal inventory and when we were wrong, promptly admitted it.

11

Sought through prayer and meditation to improve our conscious contact with God as we understood God, praying only for the knowledge of God's will for us and the power to carry that out.

12

Having had a spiritual awakening as the result of these steps, we tried to carry this message to other addicts, and to practice these principles in all our affairs.



JOMEC



JOHN MUTUTHO EMPOWERMENT CENTRE

The biggest, most cost effective addiction facility in Africa. We have World Health Organization (WHO) approved Treatment protocol, with modern day breakthrough medicine such as use of the Naltrexone implant.

We are located 200 metres from the Nakuru-Nairobi Highway at Mwariki area/Pipeline and open for 24 hrs including weekends and public holidays.



CONTACT: JOHN MUTUTHO EMPOWERMENT CENTRE (JOMEC) P.O. BOX 19540, NAKURU. HELPLINE



JOMEC was founded by Hon. John M.N. Mututho EBS-Former NACADA Chairman and most famous Anti-Drug & Substance Abuse Disorder Consultant in Africa and Developing World.

CHARGES

CIVIL SERVANTS in both National and County Governments Treatment is **ABSOLUTE FREE** courtesy of JOMEC in partnership with NHIF. Our charges range between Ksh. 60,000/= to Ksh.114,000/= for the first month and an extra charge of Ksh.45.000/= for an extra month. All our clients must have an active NHIF membership upon admission.



NHIF
Afya |Yetu Bima Yetu
PACKAGES
FREE TREATMENT
Civil servants
EDU AFYA for all students in Government sponsored secondary schools.
Rehab package by NHIF Ksh.60,000
JOMEC CHARGES
Ksh.60, 000 – 114,000 first month
Ksh.45, 000 each subsequent month plus valid NHIF card.

Empowerment and Employment

One of the challenges facing substance abuse intervention is relapse. This normally happens because of the harsh economic situations facing many of these addicts. Our proposal is for a short term pilot project, targeted at those who are vulnerable and specifically street families and rural poor to uplift their economic status and avoid relapse that erodes all gains and ultimately leads to more serious health complications.

Economic empowerment will be a holistic approach to help the recovered addicts back on their feet. Most of them have slid into alcoholism and drug addiction due to the challenges of life and therefore need a long-term programme that will help them earn a living.

Our proposal is to provide these people with sustainable employment mainly through:

FARMERS KIT





This is a small scale farmers open field irrigation kit with proven production returns. It is suitable for all types of vegetable farming. A concept for capacity building at the Rehabilitation centres includes:

- 1. High quality Farming inputs
- 2.Training
- 3. Coaching agro support for empowerment The inputs include
- 1.A green house, Drip irrigation system (500m) to irrigate the green house and open field next to it, hybrid seeds, water tank, nursery germination set, environmentally friendly agro chemicals, specialised farmer friendly user fertilisers, protective clothing (overall, mask and gloves)
- 2. Training This component includes explaining in general how to use the inputs, how to handle finance, savings and planning
- 3. Coaching this is an agro support package accompanying the rehabilitated addicts on how to programme and

grow in the green house and in the outdoor farming with modern technology. They will be accompanied throughout the whole growing season by an agronomist to help them understand the entire programme.

- 4. Proceeds will be ploughed back into the rehabilitation programme to ensure sustainability of this programme.
- 5.Providing a fresh Start Rehabilitated addicts will get an open field foundation kit to be able to start his new life. Our research shows that this kit costs approx Kshs 15,000.00 and could generate an income of between Kshs 30,000 and 70,000 per year. With good maintenance, this kit can last for about 8 years.

Their relatives will be encouraged to multiply the kits to support their kin instead of sending them handouts for illicit brews.

TUK - TUK



TUK TUK ideal for:

- Catering services
- Garbage collection
- Public transport
- Trading

Tuk Tuk has become a new economic avenue for many families in many developing countries. Experience from India and Thailand shows that it is idea for urban transport. Besides, Tuk Tuks are also custom made to serve for catering services while others come with trailers and can be used for transport services including provision of garbage collection services.

MASONRY KIT



This is a complete set of working tools required by those who will train as masons. These include tools such as:

- 1. Trowel
- 2. Mason's hammer
- 3. Blocking chisel
- 4. Mashing hammer
- 5. Levels
- 6. Mason's line
- 7. Steel square
- 8. Brush

DIARY FARMING



A hybrid dairy cow for the recovered addicts would go a long way in improving their lives. The dairy industry is growing bigger every day with new markets opening up in the region and beyond.

CONCRETE MIXER



A portable concrete mixer would be ideal for recovered addicts to go together with the masonry kit. This would enable them to undertake serious construction projects that would give them better returns as they reorganise their lives. Most of these addicts have technical skills which would be better enhanced when they are equipped with the tools necessary in their line of profession.

MECHANIC KIT



Those who will have acquired the skills to become mechanics will need to be equipped with the necessary tools to enable them re-start their lives again. This includes a complete tool box set.

MILK GOAT



For those addicts who do not have enough space for dairy cattle, they will be trained on managing dairy goats. These are relatively easier to rear while still being economically viable. Goat milk is scarce in the country despite being in high demand and the recovered addicts can get good returns from this initiative. A goat can produce as much as two litres of milk daily

POUNTRY FARMING



A kit that includes an open space poultry house could fit 1200 broilers or 600 layers. Comes with the drinkers, feeders, water tower + water tank, saw dust, Growing Manual with high quality chicken and feeding for best results

BEEKEEPING KEEPING



Bee keeping is a relatively easy business endeavour. The rehabilitated addicts will be trained on how to do bee farming as an economic activity. At the rehab centre, bee farming will be part of the programme. The honey produced will form part of the nutrition for the patients while some of it will also be sold to boost financial sources. Those to udertake this programme will be given a bee hive at the end of the programme and relatives encouraged to buy more hives

EDUCATION

Education the best gift that someone can be given. Most of these addicts have the potential to be professional career people but some of them dropped out of school due t a myriad of problems, including alcoholism.

Once given an education, these will be the future doctors, lawyers, engineers, entrepreneurs and other professionals taking part in nation building.

Recipients of the empowerment kit who are yet to complete their education will be encouraged to use their proceeds in furthering their education





One on One Counselling

SESSION AT JOMEC

At JOMEC our mission is to inspire, bring new information and healing to rouse and assist humanity raise their consciousness levels and ultimately motivate confidence on a journey back to Sobriety"

JOMEC Psychologist

Tragic case of drug abuse in schools and homes

Students as young as 13 are smuggling alcohol and other drugs into school and home compounds in a national shame that has been captured in a new countrywide government survey.

The new National Authority for the Campaign Against Alcohol and Drug Abuse (Nacada) survey also reveals that students are using all tricks possible to abuse drugs during school visits, during school entertainment or at night in their dormitories.

Source: www.standardmedia.co.ke/article/2001231481/horror-of-drug-abuse-inschools-and-homes

NATIONAL SURVEY ON ADA AMONG SECONDARY SCHOOL STUDENTS IN KENYA

Methodology of the study

The study was drawn from a sample of students from 10 stratified regions across the country i.e. Nairobi, Central, Lower Eastern, Upper Eastern, North Eastern, Coast, Upper Rift, Lower Rift, Nyanza and Western. A total of 3,908 students (60% male and 40% female) from 77 randomly sampled schools were interviewed using a sampling frame of schools registered with the Ministry of Education, Science and Technology. The schools were categorized into National, County and Sub-County and into boys, girls, mixed boarding and mixed day, using a questionnaire, directly linked to the study objectives. In-depth interviews were also conducted with either the principals/deputy principals or guidance and counselling teachers of selected schools.

Key findings

80% of the students were able to identify bhang, alcohol, cigarettes, cocaine, heroin, inhalants, mandrax and khat as drugs. Of these, the three most readily available in schools are cigarettes, alcohol and khat.

72.8% of the students think it's possible for a student to use drugs without their teachers' knowledge.

71.3% agreed that students are likely to initiate ADA in schools, while 69.1% thought students have a role to play in the supply of alcohol and drugs in schools.

The majority agree the school environment could provide opportunities for initiation of alcohol and other drug use and abuse.

The home environment is an important risk factor for initiating alcohol and drugs among the students at 14.5% followed by occasions such weddings or parties (7.9%) and in pubs (4.1%). A high proportion of students reported accessing prescription drugs within the school.

Among the top four reported substances that schoolmates and friends reported using include:

- Alcohol (41.4%; 40.1%),
- Khat (34.1%; 32.6%),
- Cigarettes (31%; 27.5%) and
- Prescription drugs (30%; 27.6%)

Followed by:

- chewed tobacco.
- shisha, kuber and
- sniffed tobacco

The least mentioned drugs and substances of abuse were:

- Rohypnol,
- Heroin,
- Mandrax.
- Cocaine and
- Inhalants.

The study reported that alcohol and drugs are more likely to be used during:

- School holidays (48.5%)
- On their way home from school (35.1%).
- School weekends (30.4%).
- Inter-school meetings (27.8%),
- School outings (27.3%),
- Entertainment in school (24.4%),
- Games (23.7%) and
- School trips (21.8%).

The report indicated that the most common sources of alcohol and drugs was from:

- Friends (32.2%),
- Carried from home (29.3%),
- Bought from other students (25.7%),
- Bought from a bar near school (22%)
- Local brew den (19.1%).
- Kiosks or shops near school (16.9%),
- Relatives (16.7%),
- Supermarkets (11.3%),
- Non-teaching school workers (7.4%),
- Parents (5.3%),
- Teachers (4.8%) and
- School canteen (3.9%).

The study indicated the age of initiation into drug use is between 13 to 15 years (transition from primary to secondary school) and the type of drugs as:

- Prescription drugs and inhalants 13 years
- Alcohol, khat/miraa, tobacco and heroin 14 years;
- Cocaine 14.5 years
- Bhang at 15 years.

The most abused substance by students is:

- Alcohol (23.4%)
- Khat/ miraa (17.0%),
- Prescription drugs (16.1%),
- Tobacco (14.5%),
- Bhang (7.5%),
- Inhalants (2.3%),
- Heroin 1.2% and
- Cocaine (1.1%).

The commonly ever used tobacco products in a student's lifetime include:

- Cigarettes 9.2% (199,778 students),
- Shisha 6.2% (134,633 students),
- Chewed tobacco 3.9% (84,689 students),
- Kuber 3.9% (84,689 students)
- Sniffed tobacco 3.0% (65,145 students);
- Prescription drugs including sleeping pills 15.5% (336,583 students),
- Mandrax 1.0% (21,715 students) and
- Rohypnol 0.6% (13,029 students).

The most commonly used drugs in the last six months prior to the study are:

- Alcohol (9.3%)
- Prescription drugs (6.8%),
- Khat/ miraa (5.9%),
- Bhang (3.7%),
- Inhalants (0.8%),
- Heroin 0.4%, and
- Cocaine 0.4%;

The most commonly used tobacco products in the last six (6) months prior to the study include:

- Cigarettes 3.1% (67,317 students),
- Shisha 2.9% (62,974 students),
- Kuber 1.7% (36,916 students),
- Chewed tobacco 1.5% (32,573 students) and
- Sniffed tobacco 1.3% (28,230 students).

The most commonly used prescription drugs in the last six (6) months include:-

- sleeping pills 6.4% (138,976 students),
- mandrax 0.4% (8,686 students) and
- rohypnol 0.3% (6,515 students).

Most commonly used substance of abuse by students in the last 30 days (i.e. current use) are:

- Alcohol (3.8%)
- Prescription drugs (3.6%),
- Khat/ miraa (2.6%),
- Bhang (1.8%),
- Inhalants (0.6%),
- Heroin (0.2%) and
- Cocaine (0.2%)

The commonly used tobacco products in the last 30 days (current use) include:

- Cigarettes 1.6% (34,744 students),
- Shisha 1.1% (23,887 students),
- Kuber 1.0% (21,715 students),
- Chewed tobacco 0.8% (17,372 students) and
- Sniffed tobacco 0.7% (15,201 students),

Current use of prescription drugs in the last 30 days include:

- Sleeping pills 3.4% (73,831 students),
- Mandrax 0.3% (6,515 students) and
- Rohypnol 0.1% (2,172 students).

The study indicated the following top five as the most easily accessed substances:

- Prescription drugs (36.8%),
- Alcohol (32.4%),
- Cigarettes (32.2%),
- Khat (29.6%) and
- Bhang (22.8%)

Rohypnol (5.8%), mandrax (6.5%), cocaine (6.9%), and heroin (7.5%) are less likely to be accessed while at school.

The risk factors the study identified as associated with ADA among secondary school students in the last six months of the study among secondary school students are:

- Being male,
- Being in a school with all male students (e.g. boys
- boarding or boys day);
- Being in Form 3 or Form 4 (the risk increased with
- increase in number of years in the school);
- Low frequency of inspection;
- Schooling in Lower Eastern, Central or Upper Eastern;
- Living with a single parent who is a father;
- Not being an active member of a religious group or club:
- Having a high amount of pocket money;
- Having a family member or friend using alcohol or other drugs;
- Knowledge of a schoolmate using alcohol or other drugs; and lack of awareness that alcohol and drugs are detrimental to academic performance respectively.

Strategies suggested for dealing with students found with drugs and other substances of abuse in schools included:

- Guidance and counselling;
- Suspension or expulsion from school; and
- Summoning of parents to school.

Less frequently mentioned was:

- The use of police,
- Punishment without suspension and
- Referral for treatment or rehabilitation.

The study found most schools lack of a pro-active strategy to deal with alcohol and drugs. Guidance and counselling teachers only get involved when cases of ADA are reported.



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