

Substance Use and Abuse among Offenders under Probation Supervision in Limuru Probation Station, Kenya

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Abstract: *This research examined the prevalence of substance use and abuse among offenders under probation supervision in Limuru Probation Station, Kenya. The research employed descriptive research design to study a population of 66 male and 18 female offenders selected through stratified random sampling. Primary data was obtained using a semi-structured questionnaire and two standard tests of substance abuse, namely AUDIT (Alcohol Use Disorders Identification Test) and the DAST-10 (Drug Abuse Screening Test). The study found that 58.2 % of the offenders consumed alcohol while 32.9% used drugs. Prevalence of both alcohol and drug use was lowest among female population, and stood at 15% and 3.8% respectively. Alcohol consumption was more prevalent among male respondents above 26 years and the 19-35 years age group among female respondents. The AUDIT established that 71.7% of the alcohol users had some problems with alcohol, 34.8% experienced harmful or hazardous drinking while 36.9% had developed some dependence on alcohol. The DAST-10 established that 26.9% of the drug users had a low level drug use problem, 46.2% had a moderate level problem, 23.1% had a substantial level problem and 3.8% had a severe level drug use problem. The drug problem was critical among the males aged 14-25 years but was negligible among female respondents. Some 39.2% of the substance users said that they were admitted to the correction facility due to drug or alcohol abuse. The study recommends the use of appropriate medical programs – like the treatment and control of communicable diseases - to mitigate the effects of substance abuse.*

Keywords: *Alcohol abuse, Drug abuse, Probation services, Kenya.*

I. Introduction

The latest Kenya government records on drugs related crime indicate that the number of convicted prisoners due to drug related cases has risen by 166% from 2440 in 2003 to 6,486 in 2007, with those convicted and placed under probation rising by 37% from 726 in 2003 to 985 in 2007 (Statistical Abstracts of 2008). Offenders convicted and imprisoned under the Liquor Licensing Act of Kenya rose from 26,731 in 2003 to 29,080 in 2007 representing a 9% increase, (Statistical Abstract, 2008).

For these reasons concerns have been raised by the National Agency for Campaign Against Drug Abuse (NACADA) about the increase in the number of substance abusers and its link with crime especially juvenile delinquency. A survey conducted by NACADA showed high prevalence rates of alcohol and drug abuse among the youth, with an average 4% and 33% of student and non student population saying they were current users of either alcohol or other proscribed substances (NACADA 2004).

In her fight to control the supply and demand of drugs, the government of Kenya has adopted 2 broad strategies that major on controlling availability, accessibility, utilisation and prescription practices especially for therapeutic drugs (Mwenesi, 1995; WHO, 1993). Until the late 1970's substance use and abuse was traditionally associated with crime and most violent and property offences were traced to alcohol and drug use, but recent literature reports attribute increasing amount of violence to drugs (Adler, F. et al 1995).

Since inception, the penal system in Kenya has had a punitive reaction to crime with a preference for imprisonment, but the increase in the number of inmates – from 94,220 in 2003 to 114,087 in 2007 has made the government to review the penal reform program in its Medium Term Plan (2008-2012) marking a principle shift towards non-custodial sentences (Statistical Abstracts, 2008; Probation Service Strategic Plan 2008-2012). This shift has contributed to an increase in the population of offenders under probation supervision from 9,331 in 2003 to 11,817 in 2007 (Statistical Abstracts, 2008).

The probation department in Kenya has played the traditional dual roles of supervision of probation court orders that require the offender to be of good behavior, while at the same time implementing treatment plans aimed at preventing recidivism. With a projected increase in the number of offenders through the prison decongestion program, the probation department is hard pressed to formulate effective scientifically developed treatment plans for offenders placed under probation supervision. Unfortunately though there are several youth probation centres around the country the government has not dedicated special facilities for the treatment and rehabilitation of drug users (Mwenesi, 1995).

Substance use and abuse among the offending population in Kenya has not been studied, yet public opinion and numerous media reports decry the increase in alcohol and drug use and abuse and its association with crime. The department of probation in Kenya has in the recent past attempted to integrate alcohol and substance abuse treatment into its programs. However, currently no systematic study of the substance use and abuse among offenders under probation supervision has been conducted nor have their characteristics, much less its relationship with crime.

As such and in order to come up with effective treatment plans for offenders under probation supervision, it is critical to study substance use and abuse among the offenders and the factors influencing such use or abuse. This research therefore sought to find:

What is the prevalence of substance use and abuse among offenders under probation supervision?

1.2 Substance Use in Kenya

Kenyans have for more than a century consumed and used intoxicants from herbs, roots, leaves and plant barks (Mwenesi, 1995). Up to these days many Kenyans still chew and smoke tobacco leaves, or sniff grounded tobacco. Similarly others chew Khat leaves and skin from its twigs. Other substances have also been used for medicinal purposes and form the basis for indigenous pharmacology. However the community was in charge of the prescription of the drugs and gave the conditions on how they would be used and consumed. Alcohol and tobacco use was restricted to the elders. There was cultural stigma attached to drunkenness and liberal consumption of alcohol during specific cultural activities like weddings, crop harvests and other social occasions.

Though the potential for substance abuse was great, it largely did not exist because of the strong social cohesion that existed in traditional society, which acted like mitigation mechanism. The power of censure and control was however undermined by colonialism as the close community unit was split and the new economic dispensation that ensued supported a political system which destroyed social values and principles thereby giving prominence to the individual hence increasing the potential for abuse of substances that were previously not abused (Haji, 1985). Consequently the commercialization and liberal use of alcohol and drugs became the norm as post independence structures and foreign influence gained ascendancy.

Since then the situation of drugs use and abuse continue to deteriorate to an extent that most studies examining the scope and extent of drug abuse and the specific types of drugs in use in Kenya consider the country to be in the category of an “apparently endangered country” a term used to refer to a country where the number of seizures and amounts seized, reports from health and social workers and other statistics indicate an increasing trend of drug substance abuse (Mwenesi, 1995).

1.3 Factors Influencing Substance Use and Abuse

French sociologist Émile Durkheim believed that when a simple society develops into a modern urbanized one the intimacy needed to sustain a common set of norms declines (Adler et al, 1995). Groups become fragmented, and in the absence of a common set of rules, the actions and expectation of people in one sector may clash with those of people in another. As behavior becomes unpredictable the system gradually breaks down and the society is in a state of anomie. As such when foreign ways of life were introduced in Kenya the indigenous cultures were subdued and this led to prevalence of substance use in the country. Traditional cultures that restricted the consumption of substances like alcohol to older age groups and in special occasions have largely been abandoned, and alcohol is now available to adults and juveniles alike although the law prohibits sale of alcohol to juveniles.

However like in many other parts of the world substance abuse disorders in Kenya are caused by multiple factors including genetic vulnerability, environmental stressors, social pressure, individual personality and presence of psychiatric problems (Gill, 2000, INCB 2009). These factors increase or decrease the likelihood of substance use and subsequent abuse. Studies have shown that everyone possesses or experiences a combination of these factors, in their personal, family, social, school, community and societal environments (INCB 2009). For the purpose of this study these factors are broadly categorized as socio-cultural, socio-psychological, and economic factors.

1.3.2 Socio-Cultural Factors

Although on average every individual is at one time or the other at risk of substance use, there is a population of children and young people exposed to more than an average level of risk. That risk may be manifested in various ways; if drugs are available to young people during adolescence and adulthood e.g. as a result of drug use in the family or a high level of drug trafficking in the neighbourhood, they are more likely to use drugs INCB (2009).

Popular culture has also encouraged drug use whereby the young love movies and popular stars that are known or depicted to be substance users. Popular cultures link substance use to popularity, success,

sophistication, good times, sex appeal and independence (NACADA, 2004). According to Mwaniki (1982), active advertisements of alcohol and tobacco encourage youngsters to try this new “stuff”. Most tobacco and beer companies have been active sponsors of various sports events that attract individuals especially the young who are easily influenced, but the government of Kenya has recently instituted a ban on billboard and posters advertising of alcohol and tobacco within the proximity of educational institutions.

Phillips (1994) observes that peer pressure and the need to be accepted are the single most powerful forces influencing youth to become involved in drugs. Haji (1995) notes that, drug use in tertiary institutions is in ‘order’ because of high level tolerance from comrades. Ray and Ksir (1996) argue that as adolescence progresses, peer influence even in drug use behavior becomes stronger. The Nacada survey of 2004 found that most users begin taking drugs at teenage years when a lot of changes occur in their bodies and peer pressure is great.

The phenomenon of peer influence as a risk factor is complex because it rarely takes the form of overt coercion to try drugs, as is sometimes assumed. According to INCB (2009) decisions on the use of a particular drug are also linked to perceptions of the risk associated with the use of that drug. As the perceived risk associated with the use of the drug increases, the rate of its use tends to decline. Some young people may perceive unhealthy behavior such as drug use as having important social benefits – like supporting a desired identity or making friends. Consequently, knowledge about drug risks does not serve as a protective factor in itself, but belief that the relative risks of drug use outweigh the benefits does. Spiritual engagement, active involvement in healthy recreational activities and service to a community are all important social factors that provide protection during adolescence.

It also appears that there exist a relationship between substance abuse and religious faith. According to the NACADA report of 2004 Muslim youth in Kenya reported the least use of alcohol, followed by Christian youth, while non-religious youth reported heavy use. Another study established that in the North Eastern Kenya where Islam is dominant the use and abuse of alcohol is low while the use of tobacco and khat which are not proscribed by Islamic faith is high (Haji, 1995). This is because Islam does not agree with western popular lifestyles. Similarly, Ray and Ksir (1996) observe that that Catholics and Jews are more likely to drink than Protestants while the non religious are more likely to drink than the religious.

Another reason that puts individuals at risk is bad parentage; children who grow up in a family where members drink, smoke and use other substances are more likely to abuse substances in future. The attitude of a household is a better predictor of drug use behavior of the youth than attitudes of the youth themselves (Yambo and Acuda, 1983). Some parents use or sell substances and at times involve their children in the business of selling the substances thus predisposing them to substance use and eventual substance abuse (Obondo 1998; NACADA, 2004). Ray and Ksir (1996) argue that the use of alcohol by parents has an impact on subsequent alcohol use by their adolescent children.

Many people also abuse drugs because of lack of employment, taking up boring tasks, lack of job supervision and not having an opportunity for promotion. NACADA (2004) also holds the view that that the young are at special risk because of inadequate social services, recreational facilities, educational and employment opportunities and other social support. Further young people who are not engaged in learning and who have poor relationships with their peers and teachers are more likely to experience mental health problems and get involved in health-risk behaviours like drug use (UNDCP, 1995).

1.3.3 Socio-Psychological Factors

According INCB (2009) the quality of family life is a large factor that affects health and behaviour throughout childhood and adolescence. Early deprivation of affection from caregivers often has a profound effect on a child’s pathway through life. Children of drug or alcohol-dependent parents are at particular risk for later drug use (INCB 2009). Ndirangu (2000) observes that Kenyan children going through harsh and inconsistent discipline and hostility or rejection end up using substance of abuse as they are unable to deal with the feelings of anger, fear, loneliness and depression arising from deprivation of parental and general family love. Parents who are good listeners, set reasonable expectations, monitor their children activities and model healthy attitudes and behaviour have a protective effect (INCB 2009).

Some youth abuse drugs in the attempt to search for identity and recognition Ndirangu (2000) and Phillips (1994). The two researchers observe that Kenyas’ youth negative self image and their desire to be recognized has driven them to seek unconventional ways for recognition of their “lost or unrecognized self esteem.”

1.3.4 Economic Factors

Most researchers associate poverty and unemployment as the main contributors of substance abuse. Paradoxically, affluence and poverty are a major cause of substance abuse; the rich abuse substances because they can afford them whereas the poor abuse cheap alcoholic drinks (NACADA, 2004, Ray and Ksir, 1996). These observations confirm a 1982 study which showed that socio-economic backgrounds have a major impact

on substance use and abuse as more than 14% people from low income groups consumed more alcohol and tobacco compared to the affluent.

The Kenya Country Report on 'women and drug abuse' by the World Health Organization reveals that most women users and abusers are victims of poverty and family disintegration (WHO, 1993). The victims include prostitutes, chang'aa distillers and sellers, school dropouts and poor female-headed households and young mothers aged between 13-15 years. In one rural area up to 24% of the female head of households are alcohol dependent and also suffer from various health and socio-economic problems (WHO, 1993).

1.4 Effects of Substance Use and Abuse on the Juveniles

The relation between drugs and crime is a complex one involving drug users and peddlers. Drug related crime can disrupt neighbourhoods due to violence among drug dealers, threats to residents and the crimes of the addicts themselves. In some neighbourhoods younger children are recruited as lookouts and helpers because of the lighter sentences handed to juvenile offenders (APA, 2000).

APA (2000) states that undesirable social effects of substance abuse can be summarized as follows; problems with primary support group like with family members that manifests in discord with parents or family members leading to estrangement, disruption of family by separation, removal from the home, and discord with siblings. Others include discord with partners (married or cohabited) that leads to disruption of family by separation, divorce, or estrangement, and neglect of children care. There are also problems related to the social environment such as unstable friendships, inadequate social support leading to solitary living.

Studies have also found that juveniles also drop out of school because of lack of motivation to study leading to discord with teachers or classmates and inability to keep up with regular study. Working youths who consume drugs also fail to accomplish job assignments leading to stress at work, frequent change of jobs and even job loss. Some of them experience inability to pay rent due to financial difficulties leading to discord with neighbours or landlord and subsequent homelessness (APA, 2000).

Drug users also suffer economic problems including extreme poverty and end up becoming burden to the society. Hence the state or the society bear the cost of health care services, detoxification, hospitalization, long-term medication, long-term counseling services, half-way house, day hospital and other residential service for the drug user. In addition the society suffers the brunt of problems related to interaction with the legal system, the need of money to support drug-taking habits, and others associated with drugs like prostitution, robberies and other forms of larceny leading to arrest, and incarceration. Other psychosocial and environmental problems include, conflict with non-family caregivers such as counselors, social workers, or physicians, and withdrawal from services or treatment.

1.5 Substance Abuse and Offending

According to UNDCP (1995) drugs and crime may be related in several ways. First, illicit production, manufacture, distribution or possession of drugs may constitute a crime. Secondly, drugs may increase the likelihood of other, non-drug crimes occurring. Thirdly, drugs may be used to make money, resulting in money-laundering. And lastly, drugs may be closely linked to other major problems, such as the illegal use of guns, various forms of violence and terrorism.

Goldstein's tripartite frame work (1985) describes 3 ways in which substance use and crime can interact: 1st, substance use can lead to crime as a result of the pharmacological properties of drugs, the need to make money to obtain drugs, or the systematic violence associated with the drug economy; 2nd crime can lead to drug use when individuals who commit crime are exposed to social situations in which drugs are used and drug use is encouraged and 3rd drug use and crime are not causally related but both result from other factors such as poverty, sexual and physical abuse and lack of educational and employment opportunities.

The onset of substance use, abuse and criminal behavior can be attributed to either (1) personal or (2) environmental factors. The environmental view holds that these vices result from the influence of destructive social forces on human behavior. According to Siegel (2000) most criminals grew up in deteriorated parts of town and lack the social support and economic resources familiar to more affluent members of society. Likewise though the problem of substance use and abuse cuts across the social class divide, it is more apparent in the lower class populations found in slums and inner city neighborhoods.

Recent studies have shown that there exist a temporal causation relationship between drugs and crime with the question of which is cause and which is effect arising out of such a relationship. The Alcohol and Crime Report of the US Bureau of Justice Statistics reported that about 3 million violent crimes that occur each year are caused by offenders who have been drinking at the time of the offence (U.S.A BJS, 1998). The report further says that about 1 in 5 victims believe that the offenders were drugs users. The same report indicated that 66% of victims who suffered violence by someone intimate (a current or former spouse, boy friend, or girl friend) reported that alcohol had been a factor (U.S.A, BJS 1998).

A similar report by the U.S department of justice shows that the first national survey on probation conducted in 1995 reported that 14% of probationers were on drugs when they committed their offence (Drugs and Crime Facts, 2009). Another survey conducted among prison inmates in the US in 2004 revealed that 32% of state prisoners and 26% of federal prisoners interviewed had committed their current offence while under the influence of drugs. The state prisoners who reported high incidence of drug use at the time of the offence were drug offenders and property offenders whereas among federal prisoners, they were drug offenders and violent offenders (Drugs and Crime Facts, 2009). Other reviews have consistently shown that alcohol problems drug problems or combinations of the two are associated with crime (Boland, Henderson, & Baker, 1998). Further, substance abuse has been found to be an important contributor to recidivism among offenders (Motiuk, 1998) as cited by (Jan, L. et al 2004). Similarly substance abuse appears to be an important precipitating factor in domestic assault, armed robbery and homicides (Siegel, L. 2000).

This trend has compelled authorities in the US to integrate substance abuse treatment into probation practice. According to Siegel (2000) probation practitioners, through advice from the courts and probation agencies, are increasingly utilizing substance abuse treatment programs managed by probation agencies as well as the community in order to meet the needs of offenders. The U.S Department of Justice reported that almost all probationers had one or more conditions attached to their sentence by the court or probation agencies (Drugs and Crime Facts, 2009). Drug and alcohol treatment was a sentence condition for 41% of adults on probation; 37% had received similar treatment previously. Further an estimated 29% of probationers were required to get treatment for alcohol abuse or dependency and 23% for drug abuse. Drug treatment was required nearly twice as frequently among felons as misdemeanants (Drugs and Crime Facts, 2009)

Studies of the prevalence of substance use and abuse among the offending population in Kenya have not been conducted. However the Statistical Abstracts (2008) show that convicted prisoners of drug related cases increased from 2440 in 2003 to 6,486 in 2007, a 166% increase. Those convicted and placed on probation rose from 726 in 2003 to 985 in 2007, a 37% increase. Offenders convicted and imprisoned under the Liquor Licensing Act rose from 26,731 in 2003 to 29,080 in 2007 a 9% increase.

1.6 Probation Practice in Kenya

The history of probation service in Kenya dates back to 1943 when a series of commissions appointed by the British colonial government recommended its establishment. Probation officially commenced in Kenya in 1946 and was confined to the then Nairobi Municipality in its formative stages and only dealt with juvenile and women offenders at the time. However the probation service in Kenya has grown over the years and now runs a total of 117 stations managing a daily average of 36000 offenders with a professional workforce of 457 officers (Probation Service Strategic Plan 2008-2012). The scope of its programs has also grown from the initial supervision and rehabilitation of offenders placed under probation supervision to the development of community service orders (CSO) program which came into effect in 1999 as a reparative sentence.

The probation department runs three programs namely probation orders program, community service orders program, and the aftercare program. The probation orders program draws its mandate from the probation of Offender's Act Cap 64 of the Laws of Kenya. The act embodies the department's rehabilitation agenda and a link with the judiciary particularly with regard to assisting the courts with sentencing decisions. Probation officers conduct a presentence investigation whose report is presented to the courts to inform sentencing decisions (Probation Service Strategic Plan 2008-2012).

The CSO legal mandate is drawn from the Community Service Orders Act Number 10 of 1998 of the Laws of Kenya. The program is in line with the global trend that increasingly favours non-custodial sentences as opposed to incarceration. It is a reparative sentence that requires an offender to carry out unpaid public work in the offended community and in the process repairing the damaged relationship between the offender and the community. The Aftercare Program deals with the supervision of offenders who are released from various penal institutions either on license or upon completion of their sentences for reintegration and resettlement. The probation service implements this program as per the Borstal Institutions Act Cap 92 Laws of Kenya, prisons act cap 90 Laws of Kenya and the Mental Health Act Cap 248 Laws of Kenya.

II. Methodology

2.1 Research Design

This study examined offenders placed under probation supervision within the jurisdiction of Limuru District which is served by the Senior Principle Magistrate's court within the Limuru municipality, Kenya. The researcher adopted a descriptive research design to determine the current status of a sample of offenders from the population under probation supervision in Limuru.

Initially, the researcher utilised purposive sampling to select the Limuru Probation Station as the study's focal point. The researcher further used stratified random sampling technique to select 50% of the total number of cases in the probation station for use as study population (table 1).

Table: 1 Sample Size

Strata	Population Size	Sample Size	%
Male	133	66	39.3
Female	35	18	10.7
Total	168	84	50

Source: Field Data 2011

2.2 Data Collection

A semi-structured questionnaire consisting both open and close ended questions was used to collect primary data by asking the offenders (respondents) reconstruct their experiences and challenges before and after incarceration at the probation center. Secondary data was collated from records at the Limuru Probation Station and covered such areas as the type of offenses committed by the offenders, duration and of their sentences and conditions to their sentences if any.

Since alcohol and drugs were the major causes of juvenile crime the research also administered AUDIT (Alcohol Use Disorders Identification Test) and the DAST-10 (Drug Abuse Screening Test) to measure the extent of alcohol and drug abuse among the sampled population. A standard AUDIT consist 10 questions with scores for each question ranging from 0-4. The first response for each question (e.g. never) scores 0, the second question (e.g. less than monthly) scores 1, the third (e.g. monthly) scores 2, the fourth (e.g. weekly) scores 3, and the last response (e.g. daily or almost daily) scoring 4. A total score of 8 or more is associated with harmful or hazardous drinking, whereas a score of 13 and more in women and 15 or more in men indicates alcohol dependence.

The DAST-10 is a 10 item, yes/no, self report instrument and takes less than 8 minutes to administer. It is designed to provide a brief instrument for clinical screening and treatment evaluation for drug abuse and is recommended for adults and older youth. It tests for drugs other than alcohol and tobacco products. The answer for each of the 10 items is YES or NO; a score of 1 is assigned to each item for which the response is "YES" and 0 for a "NO" except for the third question for which a "NO" response is assigned 1 point and 0 for a "YES" response. The points are then accumulated and the severity of the problem is assessed. An overall score of 0 means "no problem reported" and no intervention is required, 1-2 means "low level problem" that requires monitoring and reassessment at a later date, 3-5 means a "moderate level problem" that requires further investigation, 6-8 means a substantial level problem that requires assessment and a score of 9-10 indicates a "severe level problem that requires immediate assessment.

2.3 Data Analysis

The data obtained from the close ended questions was analyzed using Statistical package for Social Scientists (SPSS) to derive statistics like mean scores, frequencies, percentages, and cross tabulations.

III. Results

The study was carried out to establish the prevalence of substance use and abuse among offenders under probation supervision in Limuru Probation Station, Kenya. The research issued 84 questionnaires to the same number of respondents comprising 66 males and 18 females (table 1). Some 61 males and all females filled the questionnaires giving the study a response rate of 94%. Hence the study population was 77.2 percent male and 22.8 percent female.

3.1 Demographic Characteristics of the Respondents

As shown in table 2 below some 35.4 % were 26-35 years, 30.4% were over 36 years, 21.5% were 19-25, and 12.7% were 14-18 years. Some 41.8% respondents were single compared to 35.4% who were married, and 22.8% who were separated. Further, 3.8 % had post secondary education, compared to 16.5% who only had secondary education, 8.9% who did not complete secondary education, 22.8% had primary education, and 48.1% did not complete primary education. Thus some 96.3% of the respondents did not advance beyond secondary school.

The research also investigated the religious affiliations of the respondents and found that 73.4% were Protestants, 20.3% were Catholics, and 2.5% were Muslims while the rest, except 1 who was traditionalist, had no religious affiliation (table 3).

Table 2: Demographic Characteristics

Age (Years)	Frequency	Percent
14-18	10	12.7
19-25	17	21.5
26-35	28	35.4
36 and above	24	30.4
Total	79	100
Sex		
Male	61	77.2
Female	18	22.8
Total	79	100
Marital Status		
Never Married	33	41.8
Married	28	35.4
Separated	18	22.8
Total	79	100
Level of Education		
Primary Incomplete	38	48.1
Primary Completed	18	22.8
Secondary Incomplete	7	8.9
Secondary Completed	13	16.5
Post Secondary (Diploma/Certificate)	3	3.8
Total	79	100

Source: Field Data 2011.

Table 3: Respondents Religious affiliation

Respondents Religion	Frequency	Percent
Catholic	16	20.3
Protestant	58	73.4
Islam	2	2.5
Other	3	3.8
Total	79	100

Source: Field Data 2011

3.2 Alcohol and Drug abuse among offenders under probation

The respondents said they had been arrested and jailed for theft (43%), physical assault (41.8%) narcotics mostly bhang (10.1%), and offences under the alcoholic drinks control act and gambling at 3.8% and 1.8% respectively. One question that was posed to the respondents was to what extent they had used mood altering substances (excluding tobacco) before arrest. The results were cross tabulated with the offender's socio-demographic characteristics to establish the underlying use and abuse trends. The study found that 64.6% respondents compared to 35.4% respondents had used both alcohol and drugs at one time of their lives. Further, some 58.2% respondents compared to 41.8% had consumed alcohol in the past 12 months (table 4).

Table 4: Drinking Status (Past 12 months)

Drinking Status (Past 12 Months)	Frequency	Percent
Current Drinker	46	58.2
Non Current Drinker	33	41.8
Total	79	100

Source: Field Data 2011

Table 4 shows that among the 46 current users of alcohol 84.8% were male compared to 15.2% female. All Muslim respondents consumed alcohol compared to 8 (50%) Catholics, 34 (58.6%) Protestants while 2 (66.7%) were traditionalists. Twenty one (61.8%) respondents in jail on account of theft related charges were current users of alcohol compared to 16 (48.5%) jailed because of physical assault related offences, and 9 (75%) sentenced under the alcoholic drinks control act and possession of bhang. The study further established that 67.4% current users of alcohol consumed beer compared to 23.9% who used hard liquor and 8.7% who used local illicit brews and distillations. The association between alcohol use and committing offences of theft and physical assault was significant.

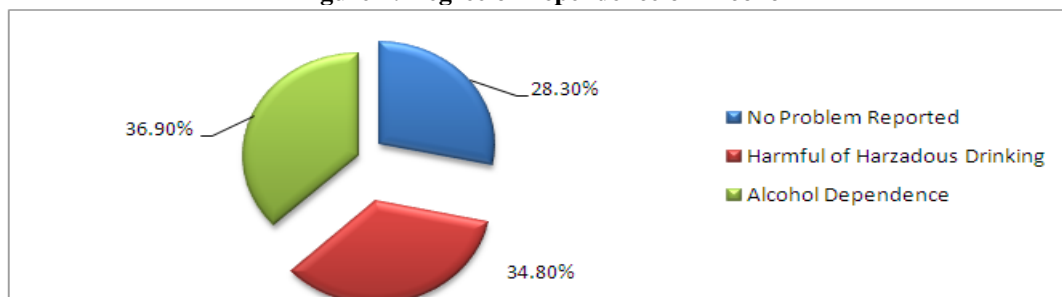
The study also established that 13 (28.3%) of the current users of alcohol had no problem with alcohol as measured by the Alcohol Use Disorders Identification Test, compared to 71.7% who said they had some drinking problems with 16 (34.8%) reporting harmful drinking and 17 (36.9%) reporting alcohol dependence levels (table 5 and Fig. 1 below).

Table 5: Degree of Dependence on Alcohol

	Degree of Alcohol Dependence			Total
	No Problem Reported	Harmful or Hazardous Drinking	Alcohol Dependence	
Current Drinker	13	16	17	46
Non Current Drinker	33	0	0	33
Total	46	16	17	79

Source: Field Data 2011

Figure 1: Degree of Dependence on Alcohol



Source: Field Data 2011

The problem of alcohol was more pronounced among respondents aged 26-35 years and the AUDIT test confirmed that 57.2% of them were involved in either harmful or hazardous drinking or were alcohol dependent. Some 28.6% respondents aged 19-25 years had lower level alcohol problem compared to 47.4% among those above 36 years and 14.3% between 14-18 years with severe level of alcohol dependence. All female respondents aged 19-25 said they suffered from either high alcohol dependence or harmful or hazardous drinking. Further, 33.3% respondents aged 14-18 years reported alcohol dependence, 28.6% respondents aged 26-35 years reported harmful or hazardous drinking, and 20% respondents above 36 years reported alcohol dependence level. Alcohol prevalence was found to be higher among male respondents aged 26 and above (52.5%) compared to those aged 14 - 25 at 23.8%. However data on female respondents showed that alcohol was more prevalent among the adolescents; 66.7% female respondents aged 14-25 years reported some drinking problems compared with 25% who were over 26 years.

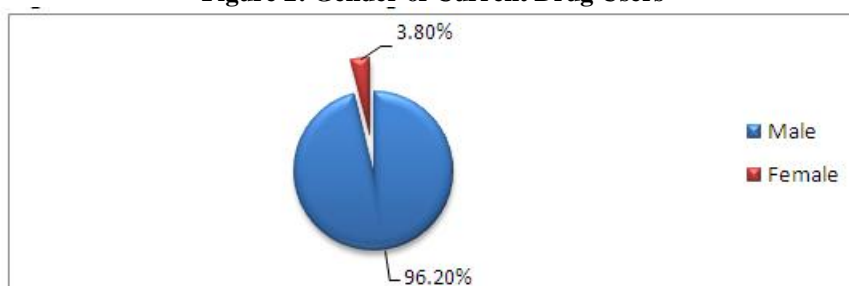
When compared to alcohol, the use of drugs was found to be less among prisoners at the Limuru Probation Station. In total there were 26 current drug users and 96.2% were male compared to 3.8% female (Fig. 2). The research established that 32.9% respondents had used drugs in the past 12 months compared to 67.1% respondents who had not used drugs within the same period (table 6).

Table 6: Drug Use Status (Past 12 months)

Drug Use Status (Past 12 Months)	Frequency	Percent
Current Drug User	26	32.9
Non Current Drug User	53	67.1
Total	79	100.0

Source: Field Data 2011

Figure 2: Gender of Current Drug Users



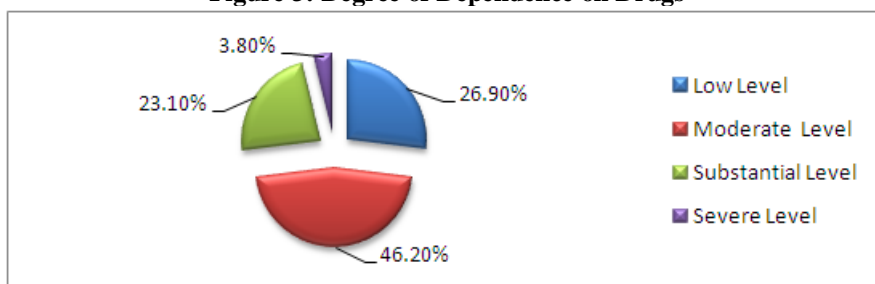
Source: Field Data 2011

Two out of three (66.7%) respondents professing to be traditionalists or non-adherents of faith used drugs in the past 12 months compared to 1 out of 2 (50%) Muslims, 6 out of 16 (37.5%) Catholics, and 17 out of 58 (29.3%) Protestants.

And unlike the big number of alcohol consumers only 10 out of 34 (29.4%) offenders with theft related offences consumed drugs in the past 12 months. Among the physical assault related offenders, 7 out of 33 (21.2%) were current drug users. The combination of the two categories showed that only 17 out of 67 (25.42%) were current drug users. Some 33.3% of those convicted of offences under the alcoholic drinks control act were current drug users. The prevalence of drug usage was highest among respondents convicted in possession of bhang where 7 out of 8 (87.5%) were current users. Further the study established that the most frequently used drug was cannabis (73.1%) followed by Khat (26.9%).

Some 26.9% current drug users reported low level drug use problem that would require monitoring and assessment compared to 46.2% who reported moderate level problem that requires further investigation, 23.1% who reported substantial drug problem that require assessment and intervention and 3.8% reporting severe level problem that require assessment and intervention (Fig. 3) as measured by the Drug Abuse Screening Test (DAST).

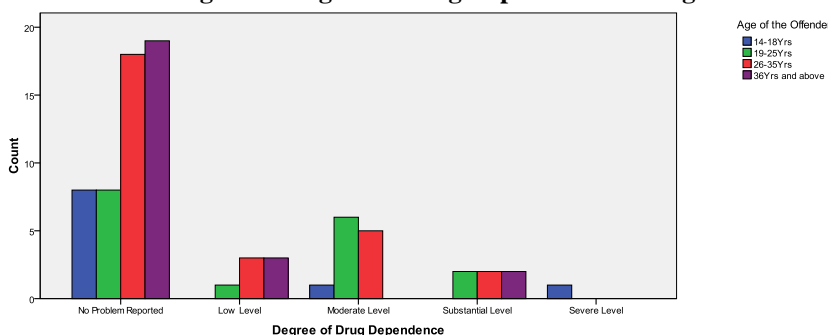
Figure 3: Degree of Dependence on Drugs



Source: Field Data 2011

Among males aged 19-25 years 57.1% reported drug use related problems compared to 7.1% who reported low level problem, 35.7% who reported moderate level problem, and 14.3% who reported substantial level problem on the DAST. About 48% respondents of those aged 26-35 years reported some degree of drug use problem compared to 14.3% who reported low level problem, while 23.8% reported moderate level problem and 9.5% reported substantial level problem. Among respondents over 36 years, 26.3% reported some level of drug use problem compared to 15.8% who reported low level problem and 10.5% who reported substantial level problem. Finally 28.6% male respondents aged 14-18 years reported some degree of drug use problem. The drug use prevalence among female respondents was negligible with only 1 respondent aged 19-25 years reporting moderate level drug use problem. These findings were consistent with our literature which put adolescent youth at higher risk than the adult population; prevalence was highest for respondents aged between 14 and 25 at 47.6% than in those aged 26 and above at 37.5% (Fig. 4).

Figure 4: Degree of Drug Dependence and Age



Source: Field Data 2011

IV. Summary And Conclusions

The study revealed a substance use rate of 64.6% for both alcohol and drugs. This indicates there is a significant substance use problem among offenders under probation supervision in Limuru. The proportion of alcohol users among the respondents stood at 58.2% compared to 32.9% among the drug. Thus alcohol use is a big problem among the offenders under probation at Limuru Probation Station. The drug use rate is slightly lower than the 67% rate established in a survey of prisoners in Scotland but even much higher than the average use among the global population of 5.7% (UNODC, 2010). Prevalence of both alcohol and drug use was lowest among the female population; only 15.2% of the 46 current alcohol users were female. Similarly only 3.8% of

the 26 current drug users were female which illustrates that substance abuse problem is more pronounced among males.

It was noted that alcohol use was highest among offenders convicted of the offence of possession of bhang (87.5%), followed by those convicted under the alcoholic drinks control act (66.7%), theft of property (61.8%) and finally physical assault (48.5%). Similarly drug use was highest among offenders convicted of the offence of possession of bhang at 87.5% followed by theft of property at 29.4%, then physical assault at 21.2%. About 50% of those convicted under the alcohol drinks control act were drug users and the only one offender convicted of gambling was a bhang user. Majority offenders in the correction facility were arrested because of theft and physical assault, and between them those convicted of theft were found to be greater consumers of alcohol and drugs.

The study established that 71.7% of the 46 respondents who were current users of alcohol reported some level of problem with alcohol, 34.8% reported harmful or hazardous drinking while 36.9% reported alcohol dependence. The study also found that 26.9% of the 26 current drug users reported a low level drug use problem that requires monitoring and assessment at a later date, 46.2% reported a moderate level problem that requires further investigation, while 23.1% and 3.8% reported a substantial drug related problem and severe level problem and both require immediate assessment and intervention.

Among male respondents the alcohol problem was more prevalent among respondents aged 26 years and above, whereas the most affected age group among the female respondents was in the age group 19-35 years. Alcohol abuse was more prevalent among male respondents aged 26 and above at 52.5% compared to between 14 and 25 which stood at 23.8%. Prevalence was however higher among female adolescent youth aged between 14 and 25 with 66.7% respondents 14-25 reporting some level of drinking problem compared with only 25% who were 26 years and over. The drug use problem among the males was more prevalent for those between 14 and 25 years at 47.6% than those who were 26 years and above at 37.5%. Among the female respondents prevalence was negligible with only 1 respondent in the age bracket of 19-25 years reporting a moderate level of drug use problem. In general these findings are consistent with the literature review which suggested that the youth is at a higher risk than the adult population.

V. Recommendations

The study found out that 64% of the offenders under probation supervision in Limuru use substance of abuse meaning that the problem is significant among the offenders. Moreover 39.2% of substance users were convinced that substance use contributed significantly to their committing the current offences.

This study recommends intervention in the form of substance abuse counseling and rehabilitation in order to address substance use and also reduce recidivism. The research suggests that such intervention should prioritize on the alcohol component as it seems to be the substance of choice for majority abusers. Such intervention should be geared towards instituting measures that will overcome external influence from friends and siblings, and also in character formation and the inculcation of moral values that exalt self control, especially among those at age 14-25 years. Such measures should give special consideration to male offenders as they appear to be more vulnerable compared to the female population.

In addition the study recommends concerted efforts in the reduction of the supply of cannabis sativa (bhang) because it is the most commonly used drug.

The study finally recommends the use of appropriate medical programs – like the treatment and control of communicable diseases - to mitigate the effects of substance use.

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