IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 25, Issue 5, Series. 3 (May. 2020) 15-21
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

From Policy to Practice: Enhancing Implementation of Strategies to Deal With the Persistent Abuse of Drugs Among Youths in the Coastal City of Malindi, Kenya.

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Abstract: This paper explores the drug and substance abuse (DSA) as a main health problem affecting the youth in Kenyas coastal city of Malindi. Previous studies revealthat consumption of heroin started in Kenya in the cities that were used as transit points, such as Malindi, before spreading to other regions in the country. The paper adopted formal and informal one on one interviews to analyze the menace of drug and substance abuse and additional information was acquired through document analysis which included documents and reports. Methadone substitution and needle exchange programs, enhancing community outreach programs, adopting a drug prevention curriculum in schools and making accessible HIV counselling and testing for both urban and rural drug users at no cost werefound to be some of the strategies being used to deal with the menace of drug abuse in Malindi Sub-County. This paper recommends scaling up of these existing strategies throughadoption of more collaborate measures to tackle the challenge of drug abuse.

Key Words: drug abuse, transmission, strategies, collaboration

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Date of Submission: 29-04-2020 Date of Acceptance: 13-05-2020

I. INTRODUCTION

As a major drug transit region with source drugs from the golden tangle and gold crescent in Asia; the Kenyan coast has become a major drug consuming market with 40% of youth in Malindi being gravely affected by the vice. With a projection of 2.65 million people affected by illicit drugs in Kenya today, Malindi sub-county is sitting at the heart of this problem. Although the county of Kilifi has a high primary school net enrolment rate of 84 percent, a huge number of primary school-aged children are out of school. Similarly, the secondary school net enrollment rate for the county is extremely low (26 percent). A hoping 74% (that is, 92,030) of the secondary school age children are out of school. The Kenya National Adolescent and Youth Survey (NAYS) (2015) has listed drug and substance abuse (DSA) as the main health problem affecting the youth in Malindi Sub-County. The National Authority for the Campaign Against Drug Abuse (NACADA) puts Malindi Sub-County on top of the coastal towns in terms of youth substance abuse.

According to the then Chair of NACADA Mr. John Mututho, the youths in Malindi are rated as the highest consumers of bhang among their age mates across the country (DN 3rdJune, 2015). Accordingly, the International Drugs Policy Consortium (IDPC) assert that the consumption of heroin started in Kenya in the cities that were used as transit points (such as Malindi) before spreading to other regions in the country. Malindi Sub-County Deputy Commissioner, Karung'oKamau argued that the increase in drug abuse in the area is attributed to the fact that they are more available in Malindi as compared to other places. The city has become an important transit point for the trans-Indian drug trade that moves products from South Asia to South Africa and the Americas.

The former US ambassador to Kenya in a report titled "*Malindi: Mixing Sun, Drugs, Corruption and a Marginalized Islamic Majority on the Kenyan Coast"*detailed how the Kenyan Coastal port of Malindi was being used as a drug transit base. According to the report, drug traffickers are attracted to the Kenya Coast because of porous transit points between Latin American producers and the international markets.The drugs are smuggled into the region mostly through Malindi from the neighboring county of Tana River despite the fact that there are three police barriers (Pokomo Magazine 29th May, 2019).

In Garsen,Tana River County, the drugs are peddled even at the bus stage and mostly abused in the cheap-local alcohol dens. In Hola, Mikiki and Laza Miembeni they serve as safe havens for Marijuana smokers. In Madogo, majority of youths use Khat with tablets popularly known as taptap and Marijuana. In Mororo, at a place known as California where there is a prostitute brothel, all kinds of drugs are abused. All these are areas within adjoined county of Tana River. At the same time, a local drug using community network has become

more visible throughout the years and now constitutes a major threat to the local communities and future economic prospects of the region.

In recent years, the central government has outlined a series of pragmatic policies to encourage harm reduction programs. However, some local governments still lag behind in dealing with drug abuse due to lack of adequate mobilization. It is worth noting that the central government along with the Kilifi county government have in the recent past initiated programs to boost enrollment of children in schools and also to sustain their education through the system. This is aimed at providing the youth with the education they need. Another notable intervention by the government is the use of Methadone, which is a drug for countering the effects of heroin addicts. Ideally, it is provided at no cost to rehabilitate drug addicts. Persons who are dependent on opioid have also been benefiting from medically assisted therapy within health facilities in Kilifi County. The government through its security apparatus have also been conducting raids, arresting and charging those operating drug trafficking businesses within the area. Undeniably, Non-Governmental organizations along with other stakeholders have also stepped in to fight the growing menace of persistent drug abuse in Malindi Sub-County.

As such, scaling up methadone substitution and needle exchange programs, enhancing community outreach programs, adopting a drug prevention curriculum in schools and making accessible HIV counselling and testing for both urban and rural drug users at no cost are some of the strategies currently being used to deal with the menace of drug abuse in Malindi Sub-County. Some of the recommendations made to enhance the implementation of these strategies include; Increasing HIV testing rates in Substance Use Disorder (SUD) treatment facilities, adopting a Needle and Syringe program, adopting effective prevention of drug abuse strategies for schools, implementing key educational components, introducing intervention components for drug abuse prevention in schools, use of amultiagency approach, heighten parental involvement, enhancing community engagement and participation and improve enforcement.

II. METHODOLOGY

Formal and informal one on one interviews were conducted with members of The Omari Project (TOP) staff, current and former users from Malindi communities, current clients staying at the Msabaha rehabilitation center, and other relevant stakeholders. The Omari Project (TOP), a non-governmental organization (NGO) started in 1995 to address heroin abuse in Watamu and Malindi. Additional information was acquired through document analysis which included documents and reports from NACADA, The Kenya National Adolescent and Youth Survey (NAYS), International Drugs Policy Consortium (IDPC), Pokomo Magazine and local newspaper articles.

III. DISCUSSION

Methadone Substitution and Syringe Exchange Programs

The criminalization of people who use illicit drugs, along with the mass incarceration of people for nonviolent drug law violations, has restricted access to sterile syringes and opioid substitution treatments, and aggressive law enforcement practices have promoted risky practices that facilitate the spread of HIV/AIDS and other diseases while creating barriers to drug and HIV treatment (Global Commission on Drug Policy, 2012). Failure to adopt proven harm reduction measures has significantly increased the public health harms of drug misuse. For example, legal and bureaucratic barriers still prevent people who inject drugs from accessing sterile syringes in the United States, despite decades of evidence proving that syringe access programs help to reduce the spread of diseases (WHO, 2004 &Institute of medicine, 2007).

Opioid substitution therapy supplies users of an illegal drug (such as heroin) with a replacement drug (such as methadone or buprenorphine) under medical supervision. This helps the person reduce the frequency of injections and reduce their dependence on illegal drugs. One third of all cases of the acquired immunodeficiency syndrome (AIDS) in the United States are associated with the injection of illicit drugs. There is mounting evidence for the effectiveness of syringe exchange programs in reducing human immunodeficiency virus (HIV) risk behavior and its transmission among injection drug users (Des Jarlais, Paone, Friedman, Peyser, & Newman, 1995). Expansion of syringe exchange would require increased public funding and undoubtedly would include government regulation on syringe exchanges. An analogy is drawn with the present system of regulation of methadone maintenance treatment programs and possible regulation of syringe exchange programs.

The Kenyan government had announced that the drug, methadone, would soon be available in three facilities in the coast region to take care of the upsurge of heroin addicts as the crackdown on drug trafficking continued. The therapy is provided for free to the addicts on a daily basis to assist them recover from their strong attachment toheroin. Dr. Nicholas Muraguri the Director of Medical Services said that previously, methadone treatment was inaccessible to the majority of addicts in Kenya, many of whom are struggling to break from the vicious cycle of addiction to heroin,Standard Digital (2015).

The need for injection drug users (IDUs) to have access to sterile syringes for the prevention of blood-borne disease and other health problems is well established. Injection drug use accounts for approximately one-third of all AIDS cases in the coastal town of Malindi, and for 60% of new hepatitis C infections. For injection drug users who cannot or will not stop injecting drugs, the once-only use of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission" (Normand J, Vlahov D, Moses LE, (Eds), 1995). Nonetheless, IDUs' access to sterile syringes is generally inadequate to limit their risk of acquiring and transmitting infections (Lurie P, Jones TS, Foley J, 1998).

Syringe exchange is associated with reduced HIV transmission among IDUs, yet existing syringe exchange programs (SEPs) are able to meet only a fraction of the injectors' need for sterile injection equipment (Lurie P, Jones TS, Foley J, 1998). To increase access to sterile syringes, the county government of Kilifi should enact an Expanded Syringe Access Program (ESAP), which legalizes pharmacy sale of syringes to adults without a prescription. This program shall provide a means for drug treatment and other health care providers to promote safer injecting practices to their drug using patients without providing syringes on-site. Yet ESAP, while a significant step forward may be realized, may be utilized only modestly, due to believes and to slow uptake by service providers working with drug users associated with cultural and religious practices.

Methadone maintenance treatment (MMT), because of its effectiveness in treating heroin dependence, is also associated with reduced risk for acquiring or transmitting HIV infection (Ball JC, Lange WR, Myers CP, Friedman SR, 1998). Yet while the majority of patients receiving methadone maintenance treatment cease using heroin, some continue to inject, particularly in the early months of treatment (Ball JC, Ross A, 1991). Others inject cocaine, a behavior that methadone influences minimally if at all (Schoenbaum EE, Hartel DM, Gourevitch MN, 1996).

Education about safer drug use ("harm reduction") and related interventions, including provision of sterile syringes, have not been accepted practice at most methadone maintenance treatment programs (MMTPs) in Kenya. The notion of offering methadone treatment along with access to sterile syringes seems discordant, or even contradictory, to many MMT staff. Finally, some MMT providers are concerned that acknowledgment of ongoing drug use among their patients might damage already shaky community and public relations. Together, these obstacles may hinder MMTPs from endorsing harm reduction interventions such as access to sterile injection equipment.

Community outreach programs

The Kenya government has recognized the seriousness of the drug problem and introduced the National Authority for Campaign Against Drug Abuse (NACADA) in early 2001. This organization is charged with the responsibility of coordinating activities of individuals and organizations in the campaign against drug and substance abuse. Its mandate is to initiate public education campaigns and develop action plan aimed at curbing drug abuse in Kenya.

Education about substance abuse is an important part of helping individuals understand the many aspects of this topic (National Institute on Drug Abuse, 2014). This information can include factual data about what substance abuse is; warning signs of addiction; information about how alcohol and specific drugs affect the mind and body; the consequences that addiction can have on one's physical and mental health, family, relationships, and other areas of functioning; and how and why substances are abused. The main focus of substance abuse education is teaching individuals about drug and alcohol abuse and how to avoid, stop, or get help for substance use disorders and this can begin at a young age.

Despite the emphasis by the government of Kenya on the negative aspect of drug misuse and the rigorous awareness campaigns by government, non-governmental organizations, religious groups and schools on the danger of drug abuse, the abuse of drugs by the youths is on the increase in Kenya (Daily Nation, 2003). More than 70% of the youths felt drug sensitization campaigns were not successful in Kenya. This was based on the fact that the number of drug abusers among the youth was on the increase. Poor sensitization was attributed to improper targeting of the audience, resource personality and venue.

Different countries have taken trials and interventions at various school, family, and public level of information to change knowledge and attitude of the society toward illegal drugs and accordingly to reduce the rate of drug abuse (Sarami&Naderi, 2009). Various training tools including curriculum development, lecturing, large and small group discussion, simulation and role play, practice in using the technique, and video and film presentation have been used in the programs for drug abuse prevention education (United Nations Office on Drugs and Crime, 2004).

Drug Prevention Curriculum in Schools

Education for the prevention of drug abuse can be described as the educational programs, procedures, policies and other experiences that contribute to the achievement of the broader health goals of preventing drug use and abuse. Such education should be inclusive of both formal and informal health curricula, the creation of a

safe and healthy school environment, the provision of appropriate health services and support as well as the involvement of the family and the community in the planning and delivery of programs.

Schools have a drug prevention curriculum from Pre-primary onwards that focuses on the harmful effects of drug use. The majority of institutions in Malindi Sub-County have hired trained social workers and counsellors to provide guidance and counselling to the students on matters related to drugs among others. These trained personnel evaluate and relief the pressure that often contribute to the child's failure.

Given that young people spend the majority of their time in school, it is essential to equip them with the skills and confidence they need to choose a healthy lifestyle and change the conversation about addiction. With substance abuse starting at early ages, states are looking to schools to help revamp their drug abuse education programs. Much of the focus is now on preparing elementary school students with the right tools to make healthy decisions. It only makes sense to start health education in the early grades. The students will build on the knowledge as they grow and learn. Schools are the focus of most attempts to develop effective approaches to drug abuse prevention. In addition to their traditional educational mission, schools often assume responsibility for addressing a variety of social and health problems, such as health education that targets tobacco, alcohol, and drug abuse, as well as teenage pregnancy and AIDs.

The first school-based approaches to drug abuse prevention were based on intuitive notions of how to prevent drug abuse. They included information dissemination, affective education, and alternatives programming. More recent approaches to prevention are grounded in psychological theories of human behavior and include social resistance skills training and competence enhancement approaches. Providing students with factual information about drugs and drug abuse is the most common approach to prevention (Botvin& Griffin, 2003). Typically, students are taught about the dangers of tobacco, alcohol, or drug use in terms of the adverse health, social, and legal consequences. Information programs also define various patterns of drug use, the pharmacology of drugs, and the process of becoming a drug abuser. Many of these programs describe the pros and cons of drug use or have students participate in debates in order to lead them to conclude that they should not use drugs.

HIV voluntary counseling;

Voluntary Counseling and Testing (VCT) allows individuals to learn their HIV status through pre- and post-test counseling and an HIV test. VCT is client-initiated, as opposed to provider-initiated testing and counseling (PITC) when health care providers initiate discussion of HIV testing with clients who are seeking health care for other reasons. VCT can be provided through stand-alone clinics or offered through community-based approaches, such as mobile or home-based HIV testing. In addition, counseling for VCT may take place at the individual, couple, or group level. VCT was originally implemented at an individual-level, clinic-based procedure. Different modalities evolved, including community-based and couple-based approaches, to increase access and uptake. Across all of these different strategies, by combining personalized counseling with knowledge of one's HIV status, VCT is designed to motivate people to change their behaviors to prevent the acquisition and transmission of HIV, reduce anxiety over possible infection, facilitate safe disclosure of infection status and future planning, and improve access to HIV prevention and treatment services. From 2007-2008, the number of facilities offering VCT increased by 35% globally; however, the majority of people globally remain unaware of their HIV status. Despite decades of VCT implementation, additional research is needed to understand the best approaches for increasing uptake of VCT and reduction of HIV related risks in the context of VCT.

Effectiveness of Voluntary Counseling and Testing Interventions

The systematic review and meta-analysis from previous studies examined the effect of VCT on sexual risk behavior in developing countries. Two outcomes were evaluated in meta-analysis: condom use and number of sex partners. Most studies in the meta-analysis compared outcomes between groups who received the intervention and those that did not. Two studies assessed outcomes before and after the intervention among the same study population.

How is the Effectiveness of a Voluntary Counseling and Testing Intervention Determined?

The findings presented in this fact sheet come from a recent meta-analysis of 17 studies.

In this review VCT was defined as

1. Receiving pre-test counseling
2. Being tested for HIV, and
3. Receiving post-test counseling.

Of the 17 studies, 10 were conducted in sub-Saharan Africa which is Zimbabwe, Uganda, Mozambique, Kenya, 4 in East and Southeast Asia, that is China and Thailand, 1 in Latin America and the Caribbean that is Guatemala, and 2 were multi-site studies with locations in Trinidad, Kenya, and Tanzania. Regarding testing modality, 12 studies were clinic-based, 3 were employment-based, 1 involved mobile VCT, and 1 provided home-based VCT as a part of outreach services.

HIV testing and counselling (HTC) in Kenya

More than half (53%) of the 1.6 million people living with HIV in Kenya are unaware of their HIV status.

HIV testing and counselling (HTC) has become a major feature of Kenya's HIV response. This is in part a response to the large number of HIV sero-discordant couples, in 2012 it was estimated that there were 260,000 sero-discordant couples in Kenya (when one partner is HIV negative and one is positive). These couples significantly contribute to new infections, especially when individuals are unaware of their status.

Kenya has adopted a number of innovative approaches to HIV testing in recent years, including targeted community-based HIV testing, door-to-door testing campaigns, and the introduction of self-testing kits. These efforts have led to a dramatic rise in the number of people testing for HIV. In 2008, 860,000 people were being tested annually for HIV. By 2015, this had increased to 9.9 million.

There remains a significant disparity between men and women. In 2014, 53% of women had tested for HIV in the past 12 months and received their results, compared to 45% of men. To address this, there has been a concerted effort to increase testing rates among Kenyan men, with community-based testing programs proving particularly successful. One such approach is to give home-based testing kits to pregnant women to pass on to their male partners. One study found this achieved 91% testing coverage in male partners within three months, compared to 51% among men who were invited to take a test at a clinic.

Like HTC coverage among the general population, testing rates among pregnant women have risen substantially. Between 2009 and 2013, the number of pregnant women tested for HIV increased from 68% to 92%.

In May 2017, the Kenya government introduced self-testing kits, as part of their 'Be Self-Sure' campaign. The kits are now available to buy from pharmacies across the country for around US$8 each. Recent studies have shown a high-demand for self-testing among people in Kenya but for some the price of tests will be a barrier.

HIV voluntary counselling and testing is offered at health facilities within Malindi Sub County. However, a low percentage of youth go for voluntary testing and counselling. As such, it is crucial for more sensitization to be carried out to encourage the youth to know their HIV status. By doing so, they will be able to take precautionary measures to guard their negative status and if positive take the prerequisite treatment. Since the spread of HIV is common through the shared needles that the youth use while taking drugs, knowing their status will go a long way in discouraging the practice.

In helping the youth affected in dealing with this, the County Governments of Kilifi should consider: -

Providing affordable and accessible counselling, treatment and rehabilitation services to support persons with substance use disorders;

Develop appropriate programs that target the vulnerable groups of narcotic drug users especially heroin and cocaine in order to alleviate the adverse negative effects associated with their usage e.g. HIV/AIDS and Hepatitis C infection.

NACADA should continue to enhance the capacity of County Alcohol Control Inter-Agency Committees of Kilifi and other relevant enforcement agencies to facilitate them to effectively respond to the challenges of alcohol and drug abuse prevention, control and management.

Recommendations

The program strategies are aligned to meet the following key objectives;

- Reduce drug abuse in Malindi Sub- county
- Reduce HIV/AIDS infections in Malindi Sub-county
- Behaviour change

In resonance with these objectives the following recommendations may be critical in enhancing the strategies;

Increase HIV testing rates in SUD treatment facilities.

The increasing rates of HIV testing within substance use disorder (SUD) treatment clients is an important public health strategy for reducing HIV transmission rates. In addition to increasing the likelihood that persons who test HIV positive will receive the care and services that they need, HIV testing is an important public health strategy for reducing HIV transmission. People with substance use disorders (SUDs) or who misuse substances, including injection drug users, people who trade sex for drugs, and people who have sex while intoxicated, are at high risk of becoming infected with HIV (King, Nguyen, Kosterman, Bailey & Hawkins, 2012). As such, increasing HIV testing rates in SUD treatment facilities could identify HIV positive individuals who may be unaware of their status and improve linkage to appropriate care.

A recent multi-site randomized clinical trial found that offering HIV testing on site at SUD treatment units substantially increased the proportion of people who received HIV testing and learned their results when compared to clients who were offered a referral to off-site testing (Metsch*et al*, 2012). By offering HIV testing,

including rapid HIV testing, to patients in substance abuse treatment programs, providers can help more individuals to become aware of their infection and seek care and treatment to protect their health and reduce their potential of transmitting the virus to others.

1. Enhance the distribution of clean needles and the disposal of used ones for drug users.

Adopting a Needle and Syringe program will provide people with sterile needles and syringes that will reduce the spread of HIV as well as other blood-borne viruses that are transmitted through the shared needles. Notably, the global coverage for such program still remains inadequate. The World Health Organization recommends 200 clean needles per person per year. However, legal restrictions on those under 18 years, criminalization, discrimination and stigma are some of the barriers that would affect needle and syringe programs. Adequate funding is necessary for such a program to run efficiently hence immense political support is a prerequisite.

2. Adopt key educational components

The educational components of the school drug abuse prevention program should include : A program that is based on the guiding principles for school-based education for drug abuse prevention that forms a core component of the school curriculum and focuses on equipping young people with information about drugs, the life skills necessary to enable them to deal with different situations without turning to drugs, the ability to resist the pressure to use drugs and an understanding of what drugs are. A set of clearly communicated policies and procedures that provide care, counselling and support for all students and ensure a cooperative approach among staff, students, parents, and related professionals, agencies and the police.

3. Develop effective prevention of drug abuse strategies for schools

Develop strategies for ensuring that all members of the school community contribute to and support school policies and procedures for dealing with drug matters. Appropriate professional development and training for relevant staff, information and support for parents, in particular parents of students involved in illicit and other unsanctioned drug use, have mechanisms for continuous monitoring and review of the school's approach to education for drug abuse prevention and incident management.

4. Adopt intervention components for drug abuse prevention in schools

The intervention components of a school drug abuse prevention program should include: policies and procedures for dealing with drug incidents based on the guiding principles for school-based education for drug abuse prevention that consider the student's whole life and the degree to which he or she is in control of his or her actions and decisions, plans for initial and long-term responses to drug incidents aimed at protecting the health of all students and the school community, a plan for managing drug incidents consistent with local laws and regulations, as well as national and local school policies on drugs, a communication strategy for drug incidents that ensures all staff are aware of school or system-wide procedures for contacting and responding to the media, a directory of professionals and agencies, including the police, who can provide opportunities for professional development, advice and resources, agreements with professionals and agencies, including the police, to formalize and strengthen cooperative liaison and referral arrangements, support for students involved in drug incidents that ensures their continued participation in education programs. Records of drug incidents should be kept and due attention should be paid to the protection of the rights and privacy of all those involved.

5. Multiagency approach

Adopt an intergovernmental approach to fight drug abuse in Malindi Sub County where the County Government also involves the National Government and stakeholders from both the public and private sector. It is crucial for Kilifi county government; Malindi Sub County to have a collaborative arrangement with parents, school boards, law enforcement officers, treatment organizations and non-governmental organizations in the fight against drug abuse. The utilization of outreach and Non – Governmental organization would play a crucial role in disseminating informal education as well as giving feedback in regards to drugs users, peddlers and barons involved in the trade syndicate.

6. Enhance Parental Involvement

Sensitize parents on the dangers of drug abuse, the attendant problems and their functions as role models. They should be encouraged to teach standards of right and wrong. They should instill in the youth, habits, skills and attitudes that will help them become better citizens.

7. **Initiate rehabilitation program for drug dependent persons**

For such program to succeed there is need for continuity and a high degree of co-ordination as well as a close co-operation between private and government agencies if their existence is to make sense. Guidance personnel like psychologists, psychiatrists and social workers should be readily available and accessible. Counselling, psychotherapy and treatment should be availed. Family based treatment has been found to be especially effective with young drug and alcohol abusers. It is said to be more difficult to initiate in adulthood when a majority of people no longer reside with the parents.

8. Heighten community engagement and participation

Involve citizens in making decisions concerning issues that affect them. By doing so, the citizens become more vigilant and alive to the social problems that surround them making them become part of the team coming up

with solutions. Since they are now part of the process, they become more committed to reinforce and implement any recommendations agreed upon.

9. Enhance Enforcement

Enhance enforcement in a bid to discourage the vice. As such, the law enforcement officers should be adequately resourced to facilitate their activities within Malindi Sub-County.

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Patrick K. Kiongo. “From Policy to Practice: Enhancing Implementation of Strategies to deal with the Persistent Abuse of Drugs among Youths in the Coastal City of Malindi, Kenya.”*IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 25(5), 2020, pp. 15-21.