

Kenya's Street Children



SUBSTANCE USE: A CALL FOR ACTION

Executive Summary

Street children are increasingly visible on the streets of cities and towns in Kenya. This policy brief summarizes findings from a mixed method study assessing the knowledge, attitudes and substance use practices of street youth in Eldoret, Kenya as well as from a systematic review of 50 studies of drug use among street children in 22 resource-constrained countries.

The international systematic review concluded that the most commonly used drug among street children in low- and middle-income countries is inhalants (such as glue, acetone, gasoline, and paint thinner)¹. This is in line with findings in Kenya demonstrating that 94% of street connected children and youth currently using drugs report sniffing glue². Use of volatile solvents such as glue and gasoline is a major obstacle to street children being re-integrated into society and having a healthy and productive life once they are off the streets. Inhalants have been linked to cognitive and neurological impairment and psychological and physical dependence³. Contrary to popular belief, street connected children and their substance use are not manifestations of delinquency; evidence demonstrates that peer pressure, coping with the reality of life on the streets, and forgetting their problems are the main reasons this population engages in substance use^{1,2,4}.

Based on these analyses the present policy brief comes up with five key recommendations: to devise a National strategy and policy on street connected children in Kenya with the participation of policymakers, academia, law enforcement, community groups, and non-governmental organizations; to work with the National Authority of the Campaign Against Alcohol and Drug Abuse (NACADA) to devise a National Strategy and policy on volatile substance use, particularly concerning the legal availability and unrestricted sales of glues, petrol, paint thinner and other volatile substances to minors; to enforce and monitor all international and national commitments to children by upholding their rights outlined in the UN Convention on the Rights of the Child, including: 'to protect children from the illicit use of narcotic drugs and psychotropic substances' (Article 33); to shift the approach to street children from legalistic and punitive to preventive and protective at the community level; and to create evidenced-based programming, projects, and interventions for substance use with meaningful participation of street connected children and youth.

KEY FINDINGS

- 74% OF STREET CONNECTED CHILDREN IN ELDORET HAVE USED DRUGS
- STREET CHILDREN AND YOUTH'S DRUG USE IS ASSOCIATED WITH A FAMILY HISTORY OF DRUG, ALCOHOL OR TOBACCO USE
- THE LONGER A CHILD IS STREET-INVOLVED THE MORE LIKELY THEY ARE TO ENGAGE IN DRUG USE
- ONLY 29% OF PARTICIPANTS HAD EVER BEEN TAUGHT THE DANGERS OF USING DRUGS

A worldwide problem: evidence from a systematic review

- The majority of street connected children and youth around the world in a variety of cultures and contexts are using inhalants. The widespread use of inhalants is particularly concerning due to the many products that are legally available and have unrestricted sales to minors.
- The duration of time a child has been street-involved, where the child was staying at night, and having family contact were consistently associated with substance use (positively or negatively). Also, older age, male sex, sexual activity and whether being on or of the street were all related to substance use.
- The prevalence estimates of drug use compiled (Figure 1) are several times higher than the World Health Organization's estimates of drug use among non-street youth globally⁵.

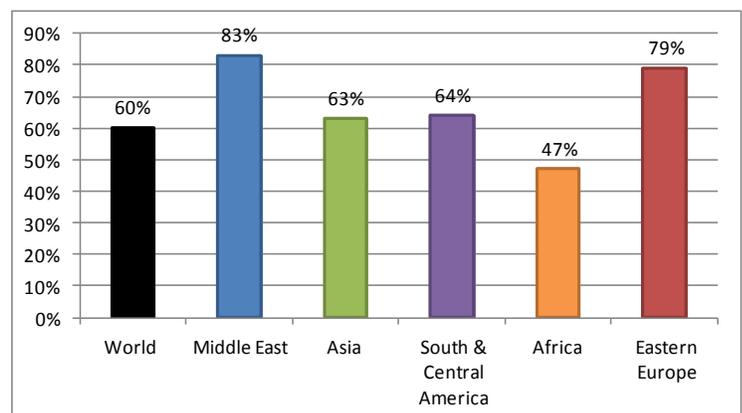


Figure 1: Prevalence of life-time drug use by geographical region in resource-constrained settings among street-involved children and youth based on 27 studies worldwide.

Children's & Youth's Voices

Roots in the Community

- 18% first introduced to drugs by a family member
- 79% of children indicated someone in their family uses drugs, alcohol or tobacco and this is statistically associated with children using themselves
- One girl recounted how her impoverished situation at home led her to the streets and drug use:

"My mother has a problem. My father was a polygamist and when he died my mother had to be on her own. She resulted into taking alcohol, wasn't feeding us or taking care of our needs. We were suffering a lot. I heard people talk of a place called Town and street children. One day I met the street children and I followed them to the market where we ate so many bananas until I was satisfied. In the process they were sniffing glue so I made up my mind to stay in town" (Girl 15-19)

Rehabilitation & Support

- 93% felt that the community should be doing more to assist
- 94% of children currently using responded that they wanted to quit using drugs
- Participants came up with a variety of suggestions that would assist street children in quitting drugs:

"The street children should be taken back to their homes. For the children whose parents are not able to care for them, they should be assisted. Some businesses should be set up for such parents. They can be given loans and when they stabilize they pay back." (Girl 15-19)

"Enrol them for some form of training and when they get a good education and job it will make their life better. Such a child will leave the streets and help rehabilitate other street children. He or she can take the street child to school and in future that child will also help others on the street." (Girl 15-19)

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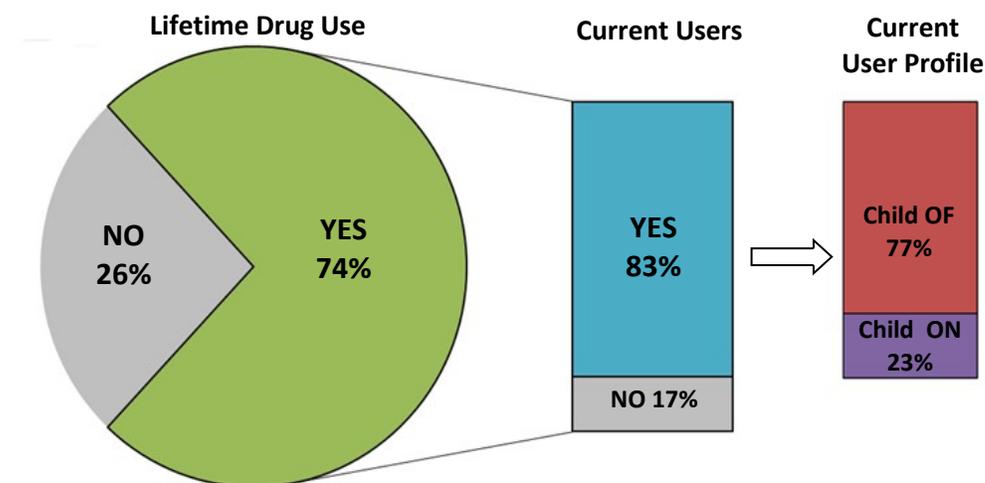


Figure 2: Lifetime and Current drug use prevalence amongst 146 street children and youth in Eldoret, Kenya

What Street Kids Know & Think About Drugs

Only 29% of the 146 children surveyed had ever been taught the dangers of using drugs, and 61% did not think that they were knowledgeable about drug use. This demonstrates the importance of creating education and sensitization programs for street children. Outreach programs should consider utilizing a community-based peer-network of non-users to disseminate information due

to the strong influence peers play in street children's lives.

While many of the children surveyed reported using drugs (figure 2/3), 85% declared they did not like using drugs and 64% did not like how drugs made them feel. Many of the children (41%) felt that no one in their life cared if they used drugs and 71% reported using glue to cope with reality. Almost all of the kids

surveyed (93%) indicated that using drugs doesn't make someone look "cool" and that using drugs didn't make them feel powerful (73%).

It is clear that many children are not engaging in drug use for pleasure, rather they use to cope with their difficult living situations and to escape the reality of life on the streets.

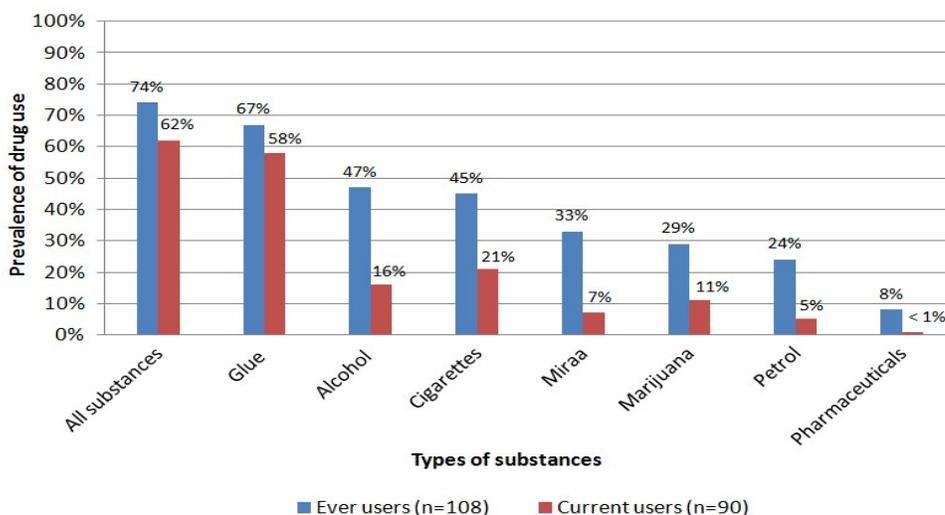


Figure 3: Types and prevalence of substances used by 146 street children and youth in Eldoret, Kenya

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The Desire to Quit

Many participants expressed the desire to quit using glue (inhalants) and other drugs. 94% of children currently using responded that they wanted to quit using drugs, while 85% of users had tried to quit in the past. Although many street children have the desire to quit, many (47%) felt that it was too hard to stop using drugs. In focus group discussions many children and youth discussed the experiences of those participants

that have attempted to stop, many described difficulties due the strong desire to sniff. Children reported an intense craving for the glue and withdrawal symptoms when attempting to stop, returning home, or being placed in an institution

The addictive properties of inhalants cannot be overlooked when planning repatriation home or placement of children into Charitable Children's Institutions. Chil-

dren with an addiction or dependence on inhalants require a proper rehabilitation strategy that includes social support, mental health services and detoxification to deal with the challenges quitting glue. Without supporting and assisting children succumbing to withdrawal symptoms they are likely to relapse to sniffing in order to negate the poor feelings associated with cessation.



The Way Forward

There is an urgent need to address substance use and street-involvement amongst Kenya's vulnerable children. It is vital that street children cease to engage in using glue and other substances, in order to reintegrate into communities, contribute to society and lead productive lives. Additional effort and collaboration between policymakers, communities, and researchers is essential to inform and create substance use rehabilitation and education programs, and to provide additional support services for these children.

Service providers need to implement substance use education into their outreach campaigns, while working with researchers and public health specialists to best inform the development of their programs based on evidence.

Policymakers need to work towards addressing issues within the community that are driving children to the streets while ensuring they work to protect and uphold children's rights.

Overall, all those with a vested interest in Kenya's children and youth should collaborate to reduce the harm associated with substance use and find viable alternatives to life on the streets.

KEY RECOMMENDATIONS

1. To devise a National strategy and policy on street connected children in Kenya with the participation of policymakers, academia, law enforcement, community groups, and non-governmental organizations.
2. To work with the National Authority of the Campaign Against Alcohol and Drug Abuse (NACADA) to devise a National Strategy and policy on volatile substance use, particularly concerning the legal availability and unrestricted sales of glues, petrol, paint thinner and other volatile substances to minors.
3. To enforce and monitor all international and national commitments to children by upholding their rights outlined in the UN Convention on the Rights of the Child, including: 'to protect children from the illicit use of narcotic drugs and psychotropic substances' (Article 33)
4. To shift the approach to street children from legalistic and punitive to preventive and protective at the community level.
5. To create evidenced-based programming, projects, and interventions for substance use with meaningful participation of street connected children and youth.

REFERENCES

1. Embleton L, Mwangi A, Vreeman R, Ayuku D, and Braitstein P. The epidemiology of substance use amongst street children in resource-constrained settings: A systematic review and meta-analysis. *Addiction*, 108: doi:10.1111/add.12252
2. Embleton L, Ayuku D, Atwoli L, Vreeman R, Braitstein P. Knowledge, attitudes, and substance use practices among street children in Western Kenya. *Subst Use Misuse*. 2012 Sep;47(11):1234-47.
3. Kurtzman T, Otsuka k, Wahl R. Inhalant Abuse by Adolescents. *Journal of Adolescent Health*. 2001;28:170-80.
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5. World Health Organization (WHO). *Psychoactive Substance Use Among Adolescents*. (n.d.). Available at: http://www.who.int/substance_abuse/activities/prevention_factsheets/en/index.html (accessed 19 March 2013) (Archived by WebCite® at <http://www.webcitation.org/6HAijFFwi> on 6 June 2013).

OTHER SUGGESTED RESOURCES

1. United Nations. Convention on the Rights of the Child Geneva United Nations Office of the High Commissioner for Human Rights 1990.
2. United Nations Office of the High Commissioner for Human Rights. Protection and promotion of the rights of children working and/or living on the street. Geneva UNOHCHR 2012.
3. World Health Organization. Working with Street Children: A Training Package on Substance Use, Sexual and Reproductive Health Including HIV/AIDS, WHO, Geneva, 2000 (http://www.who.int/substance_abuse/publications/vulnerable_pop/en/index.html)

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