

Patterns and Dynamics of Psychoactive Substance Use among Street Children in Eldoret Municipality, Kenya

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ABSTRACT: The use of psychoactive substances among street children for survival has been a prevalent problem in most urban centres in Kenya. Eldoret Municipality is one of the regions that has been affected by generally high numbers of street children who in particular capitalize on the use of psychoactive substances to survive on the streets. This paper is an outcome of a study that was conducted in Eldoret Municipality and partly examined the patterns and dynamics of psychoactive substance use among street children in the Municipality. The focus on the Municipality was based on the fact that it is a politically hot spot town and has an ever growing number of street children. This is largely attributed to factors such as poverty, HIV/AIDS, tribal clashes and/or wars, emergence and expansion of low income estates (slums). The research on which this paper draws adopted an ethnographic design commonly used in studies dealing with network analysis or organizational structures. Data was collected by means of semi-structured interviews and focus group discussions with street children and service providers. The study found that glue sniffing and use of other substances like, bhang (Marijuana), alcohol (local brew), smoking and chewing tobacco were most used by the street children and hence, thwarting efforts of rehabilitation and reintegration of street children with their families and/or caregivers. From the findings of the study, there has been little achievement in rehabilitation and reintegration of street children with their families particularly those addicted to various psychoactive substance abuse. This paper concludes that the principal barrier to prevention of psychoactive substance use has been the failure by the government and street children agencies to implement an all-inclusive and sustainable strategy for street children's rehabilitation and reintegration. The authors recommend that the government, health service providers and street children agencies should adopt a holistic health and rehabilitation approach for street children population. This shall lead to eventual removal of street children from the streets not only in Eldoret Municipality, but also in all urban centres in the country.

KEYWORDS: Psychoactive Substance, Patterns, Dynamics, Drug Abuse, Eldoret Municipality, Kenya.

1 INTRODUCTION

Street children constitute a marginalized population in most urban centres of the world. Estimates indicate that there are million of street children in most urban centres throughout the world [1]. These urban centres have been the theatres and the battlegrounds for the children from poor resource settings [2]. Their peer interactions, social networks, living arrangements and survival strategies are much the same all over the world. They have invariably been exploited and marginalized. Various studies have estimated the number of street children in different countries in the world. For instance,

in Ethiopia, Non Governmental Organisations estimated that there are nearly 600,000 street children and 100,000 of these in Addis Ababa [3]. Around 1,000,000 children are believed to be on the streets of Egypt [4]. The Indian Embassy has estimated that there are 314,700 street children in metros such as Bombay, Calcutta, Madras, Kanpur, Bangalore and Hyderabad and around 100,000 in Delhi alone [5]. There are about 10,000-12,000 street children in South Africa [6]. In Bangladesh, around 380,000 were on the street in 2004 (50.8% in the age-group of 11 to 19 years) with 55% of these children residing in Dhaka [7]. In Kenya, there are 250,000-300,000 children living and working on the streets with more than 60,000 of them in Nairobi [4]. In Eldoret town during post-election violence of 2007/2008, the number of street children was between 2500-4000 [8]. However, during this study these numbers had reduced magnificently to 1,500-2,000. This is as a result of various intervention programmes for street children initiated after the post-election violence by various agencies dealing with vulnerable children.

These studies have further indicated that children find their way to the streets because of poverty, overcrowding, abuse, neglect, family disintegration and HIV/AIDS. Over and above, poverty and financial needs have often been major reasons for being on the streets [9]. In Africa, street children reflect the patterns of urbanization and advent of capital economy in the early twentieth century [10], [11]. This has resulted to increased economic problems, political changes, civil unrest, natural disasters, increasing family separations and conflicts. In Kenya, the influx of street children in urban centres has been attributed to the disintegration of the family institution. According to the United Nations Universal Declaration of Human Rights (1948, Article 16.3), the family is the natural and fundamental group unit of society and is entitled to protection by society and State. This means that the family institution has a powerful impact on the lives and identities of individuals. However, the decline of family influence and control over its members, breakdown of the extended family, stresses on the nuclear family, the failing of intimate love, the changing roles of women and sexual permissiveness have drastically changed family structure and its primal roles [12]. This implies that the diminished role of the family system is caused by the failure of the kinship system to provide support for family members in distress. Therefore, when the children do not have someone to take care of them (or assume parental responsibilities), the streets become one of the alternative sources of their livelihood and survival.

As a marginalized group on the streets, street children fall into patterns of drug use in order to cope with their adverse circumstances and survive on the streets [13]. A Drug as defined by the International Convention of 1961 for Narcotic Drugs, and of 1971 for psychotropic substances include all substances and chemicals that should not be used for any purpose other than for medical and scientific research. If used for other purposes otherwise, they are called illicit drugs [14]. As a result, Drug abuse is a maladaptive pattern of substance use leading to clinically significant, impairment or distress [15]. In Nigeria, For instance, the prevalence of psychoactive substance use among street children stands at 45% [16]. In Egypt, 66% of the street children consume various substances or drugs on habitual basis and the consumption is mostly viewed as a common activity among themselves [17]. In Bangladesh, drug and substance use follows a rather predictable developmental progression, beginning with experimentation and recreational use of alcohol and cigarettes. Subsequently, the individual may then progress to the use of marijuana and other illicit substances like opiates [2]. In Brazil, drug-related violence is a particularly serious national challenge that has a negative impact on communities. Street children play an important part in this illicit market, acting as couriers for drug traffickers, and are frequently killed because they know too much, steal too much or are caught in the crossfire between gangs and dealers [18]. In Ukraine, children working and/or living on the streets were found to be disproportionately vulnerable to HIV due to several behavioral factors such as including injecting drugs [19].

Sociological and Anthropological accounts indicate that psychoactive substance use did not start with street children, but human beings have been using psychoactive substances for many millennia and used as food by some human groups or as a coping strategy to some life situations [20]. Psychoactive substance use among street children is a powerful activator of pleasure of centers of the brain thereby potentiating continuing drug-taking behavior. The use of psychoactive substances among street children has been through methods such as ingestion, sniffing, smoking or injection [15]. Various factors such as biological make-up, family background, school environment or neighbourhood and the events at the developmental stage of these children combine to influence psychoactive substance use. Drug use, however, is also about seeking enjoyment, reinforcing solidarity and creating a sense of belonging and status within the group. Moreover, it is a collective protest against stigmatization as street children, and thus a claim to power over their own bodies. Street children take psychoactive substances to experience the effects that come with their mind-active properties [21]. The authors of this paper argue that some drugs are used by street children in the studied area to influence perception, mood, cognitive processes, and emotions which in turn enables them to comfortably fit into the street culture and life.

From a sociological point of view, street children use psychoactive substances specifically as a social activity, socialization and social interaction. Others use psychoactive substances as a way of relieving anger and stress. Group membership among street children plays a central role in the use of psychoactive substances. As reference [22] contends, drugs and alcohol are

compensatory devices for the children since they help relieve hunger pangs, boredom and feelings of being ashamed, and because they help the children to fill a void in their lives, enabling them (at least temporarily) to forget their daily concerns and also facilitate sleep. Reference [23] argued that given that their lifestyle cannot afford the exclusive focusing of their energies on drug procurement and consumption, 'hard' drug use is not as prevalent among children living and working in the street populations as commonly believed. Although, the long-term effects of children living and working in the street's substance use may not be clear, there is evidence that sniffing glue places them at high risk of injury in pedestrian traffic accidents [24]. Reference [25] opined that familial stress and connectedness can actually modulate psychoactive substance use.

Despite various interventions to increase knowledge on problems related to psychoactive substance use among street children, very little has been achieved due to knowledge gaps on patterns and dynamics of psychoactive substance use. This has led to lack of appropriate strategies and preparedness in addressing the problem. Various studies conducted on the existence and extent of psychoactive substance use in Kenya, there is a dearth of literature on the patterns and dynamics of psychoactive substance use among street children. Therefore, this study was conducted to fill this knowledge gap. This is in concurrence with [2] who confirmed that the very individuals (street children) who should benefit the most from drug abuse treatment and prevention efforts are the least studied, the least understood and the most elusive to clinicians, researchers and others concerned with understanding and improving their health-the street children. It is against this background that this paper examined the patterns and dynamics of psychoactive substance use among street children and how it impacts on rehabilitation programmes for street children in Kenya.

2 RESEARCH METHODOLOGY

This paper is an output of a study that was conducted in Eldoret Municipality in the year 2012. Eldoret Municipality is the fastest growing commercial hub of Western Kenya. It's well interlinked with roads, railway and air transport network. It has an expansive agricultural production that offers opportunities for a number of economic activities. Eldoret town is the headquarter of Uasin Gishu County in the North Rift Region of Rift Valley province. The County share common borders with Trans Nzoia County to the North, Elgeyo-Marakwet County to the East, Baringo County to the South East, Kericho County to the South, Nandi County to the South West and Kakamega County to the North West the County has a total area of 3,327.8km² (Uasin Gishu County Information Office, 2011). Street children in Eldoret town were first reported in 1989, with numbers increasing significantly in 1991/1992 and 2007/2008 in the wake of post-election violence due to internal displacement that resulted in large numbers of families migrating into impoverished urban slums in Eldoret Municipality [10].

The focus on Eldoret Municipality was based on the fact that it is a politically hot spot town and has an ever growing number of street children. This is largely due to factors such as poverty, HIV/AIDS, tribal clashes/wars, emergence and expansion of low income estates (slums). The town also acts as a strategic meeting point for children from different parts of the country. Thus, Eldoret Municipality was an ideal context to answer the research questions raised in the study. The research on which this paper draws adopted an ethnographic design commonly used in studies dealing with network analysis or organizational structures. Data was collected by means of semi-structured interviews and focus group discussions with street children and service providers. This paper is based on the findings of objective three of the study which partly examined street children's survival mechanisms on the streets. The paper significantly revolves around the patterns and dynamics of psychoactive substance use among street children in the study area. This is vital in understanding how it influences their survival on the streets.

3 FINDINGS AND DISCUSSIONS

3.1 INITIATION OF STREET CHILDREN INTO STREET LIFE

The study found that initiation gives a street child entry into the streets and entry into a new sub-culture within the streets through basic socialization. Once they start living on the streets, base members spend their time together in sleeping places, carrying out different routine activities including the consumption of various substances such as glue and alcohol. Pressures for conformity among street children are emphasized and express the shared principles of solidarity, unity, bonding and protect the collective interest of the street children. The set norms, rules, regulations and values also determine the social relationships and identity within the members and as a result, become imperative for their own survival. However, the study found that the rules and regulations are not adhered to or put into practice by some street children. This was very common in bases that are heavy drug users who are always in conflict with the set norms and regulations.

3.2 PATTERNS OF PSYCHOACTIVE SUBSTANCE USE AMONG STREET CHILDREN ON THE STREETS

In human history, almost in all cultures people have used some kinds of substances and the use of substances has continued over generations [26]. However, today, use of these substances has increased and has led to an increase in the consequences. The study found that the uptake of psychoactive substances among street children is associated with many health and risk factors. These health risk factors included behavioral such as belligerence, theft, begging, fighting, telling lies, being sexually abused to get the psychoactive substances to consume. Health physical factors included chest ailments, skin diseases, nutritional diseases, and various forms of substance which induced violence based on how they obtain the psychoactive substances for consumption. A significant number of street children psychoactive substances were highly vulnerable to health risks given that that they had neither regular source of health care nor access to counseling therapy.

The study established that push factors such as poverty, psychological difficulties, illnesses and lack of educational and recreational opportunities led children into the streets. These factors had a positive correlation with the way they operated on the streets. The study found that these factors including peer influence, street life situations and accessibility of drugs and substances acted as significant motivators to psychoactive substance use among street children. Street children assume that psychoactive substance use may provide excitement, or help in imagining a better future and offer relief from physical, psychological and emotional pain. The study observed that glue sniffing was one of the most abused substances among the respondents. This greatly affected the health of street children as it has severe risk of brain damage, and respiratory infections. This finding is consistent with [26], [10], and [11] who found out that the street children who are heavy users of psychoactive substances severely affect their health. They are easily recognized by their ragged clothing, soiled faces, scaly skins, looking drowsy with glazed eyes, and the effects of brain damage are observable among long-time users. During the study, one of the key informants from a Non-Governmental Organization narrated that:

On their arrival on the streets, street children start sniffing glue and most of them get fantasy, lose appetite, and become weak and drowsy. When street children come to our centre they tell us that they were introduced to glue sniffing by other street children. They embarked on scavenging, begging, pick pocketing, prostitution and doing menial jobs...to finance their addiction. The children tell us that when the glue is inhaled, and one becomes addicted to it, it boosts one's confidence, reduces one's social concern, and stops hunger pains, helping them to forget problems and giving them courage to face dangers. Heavy users of drugs develop a don't care attitude (NGO worker, Male, 31: June 2012).

During interviews, a street girl narrated that:

When you are living on the streets, there are some things that you cannot do when you are sober. For example, eating from the dustbin, pick pocketing, begging and sleeping in the cold. Therefore, you need to sniff glue so that you can have the courage and confidence to eat from the dustbin and do all these on the streets (Street girl, 17 years).

From the above evidence, it implies that sniffing glue and using other psychoactive substances gives you courage and confidence of pursuing various activities while on the streets. And psychoactive substance use has been developed as a culture among street children and many children may use it as a way of belonging to a group or social bonding.

3.2.1 INITIATION TO DRUGS AND SUBSTANCES USE

The study revealed that over 50% of street children have experience in psychoactive substance use. For all psychoactive substance users, experimental use was the rule. The study found that some street children use only a particular psychoactive substance and others uses more than one psychoactive substance. Most of the new street children who try a given illicit drug do not use it regularly. However, they will start use it regularly when they are used or addicted to the substances. Findings from the study showed that the earliest age of psychoactive substance use among street children in Eldoret Municipality is 5 years. However, usage of psychoactive substances arose sharply from children aged 12 years and had stayed more than three years on the streets. It was evident that the more street children stayed on the streets and approached teenagehood they graduated to using more hard drugs such as cocaine. This is consistent to what [28] found that as vulnerable young people approach their teenagehood there is a likelihood to involve themselves in illicit drug use such as heroin, cocaine among others.

The study found that glue was the most used psychoactive substance by street children. Majority of the street children in the study identified themselves with one or more forms of psychoactive substances. Findings of the study revealed that glue sniffing, locally brewed alcohol, miraa and marijuana were the most common psychoactive substances used by street children in Eldoret Municipality. Glue sniffers were found to frequently use other substances in addition to glue. A large proportion of the current glue sniffers used alcohol (54%). Other substances used by the current glue sniffers were marijuana (16%), alcohol miraa (8%), heroin/cocaine (6%), injectables (2%) and other groups of street children (14%) used glue only. The

study found that most street children are addicted to glue sniffing due to their persistent use. Some street children lamented that they sometime substitute it with food. This is also confirmed by other studies that glue is a popular intoxicant among street children throughout the developing world because it is very cheap, diminishes pain, reduces fear, increases bravado, and suppresses hunger [29].

Besides, the study found that living alone on the streets was associated with the use of psychoactive substances due to the freedom to experiment and unrestrained exposure to drug and substances. This is also confirmed by literature that street childrens' psychoactive substance use is one of the ways to overcome boredom and a survival strategy to harsh living conditions on the streets. Drug use is an attempt to escape from everyday strains and negative feelings experienced by street children. The study revealed that street children repeatedly suffer from depression, shame, helpless, unwanted, low self-esteem and loneliness. In turn they indulge in drug use provides temporary relieve from these negative emotions and thoughts and helps not to think about future. Findings from key informants revealed that planning of drug abuse and prevention services for street children were planned, however, this was hampered by lack of coordinated efforts and the absence of reliable information for designing appropriate interventions.

The study sought to understand the categories of children who used psychoactive substances. The study found that majority (54%) of street children who were orphaned or came from problematic families engage in psychoactive substance use. Seventeen percent (17%) of the respondents from this category had experience of using psychoactive substance before they came to the streets. They started using psychoactive substance for the reason that their parents or guardians use it. However 46% of the respondents learned the use of psychoactive substance while they were on the streets. This is similar to [31] study, which showed that adolescents are more likely to start smoking if their parents' smoke. This is due to lack of moral guidance while growing up. This is also in concurrence with other studies which have shown that more often than not, most children from dysfunctional families engage in psychoactive substance use [30].

3.2.2 PEER INFLUENCE

Drug possession was also very common to most street children. Drugs abused included glue, bhang (Marijuana), chang'aa and busaa. During Focus Group Discussion with the children, one participant posited that:

I mostly sniff glue because it helps me not to feel shy, pain, hungry and feel cold at night because I sleep on the corridors or Verandah (Male street boy, Age, 14).

The study found that peer influence was the main reason for sniffing glue with more than 75% of the current glue sniffers. Other reasons included coping with cold environment (47%); forgetting family problems (28%); out of curiosity (25%); sniffing is an alternative to food (16%); and out of frustration (19%). Majority of the street children were sniffing glue in groups as this gave an opportunity for those children who did not afford to buy theirs to share what their colleagues had. The study found that there were very minimal cases of Injecting Drug Users (IDUs). The few cases of Injecting Drug Users were more prevalent among teenagers who had stayed on the streets for a longer period (*over three years*). Findings of the study on health status of the respondents showed that glue sniffers were less likely to seek medical care when they had a health problem. Thirty five percent (35%) of glue sniffers opted for self medication compared to (4%) of non-glue sniffers who complained of negative reception by medical professionals in the hospitals they visited. This also gives a reason why there was low utilization of the public health facilities among street children in Eldoret Municipality.

3.3 DYNAMICS OF SUBSTANCE USE AND DRUG ABUSE

The study found that street children were fond of using psychoactive substances that were readily available and affordable. The study revealed that how drugs are distributed, how drugs get from one base A to Base B was through the networks street children and their leaders have created on the streets. Some street children who didn't have money to buy psychoactive substances, they could exchange with other materials such as clothes, food and even sex for drugs and the consumption of these substances is eminently social activity, relational and active and acted as a medium of social interaction. This implies that street children care for each other and they practice generalised reciprocity for them to survive on the streets. The study observes that psychoactive substance abuse operate as the medium of exchange in interpersonal relations and interceding relationships between street children and their leaders to confirm social allegiances.

From the foregoing discussion, this study observes that individuals sometimes choose to use substances in order to enhance the perceived rewards of other experiences. When used for this basis, the substance begins to fulfill multiple functions for the user such as serving to enhance sex, improve social situations and advance the user's sense of self-worth. As the substance user becomes increasingly dependent upon the psychoactive substances to fulfill unmet needs and

compensate for deficits in coping skills, their capacity to handle life problems diminishes. The study found out that despite the negative health effects of drugs, street children are persistent users notwithstanding, adverse consequences. Addiction involves continuing to use even though one knows it is causing problems. Street children revealed that the effects of psychoactive substance use resulted to feelings of well being, and relaxation.

3.3.1 HEALTH RELATED BEHAVIORS AMONG STREET CHILDREN

Street children are faced by numerous health related problems due to the kind of environment they are exposed to. These include sleeping outside in the cold, high sexual activities, and unhygienic food and water. Consequently, they are prone to health complications. The researcher was interested in understanding the kind of health risk behaviors children engage in while on the streets. The researcher found that street children indulge in risk health related behaviors that end up affecting their health. Analysis of the findings indicated that glue (50%) was used by majority of the respondents, followed by eating dirty food (21%), smoking cigarettes and bhang (13%), taking alcoholic drinks (9%) and prostitution (6%) respectively. From the focus group discussions with respondents, it was found out that street children are at risk to sexually transmitted infections (STIs) such as HIV/AIDs, gonorrhoea, and syphilis. These infections can be attributable to ignorance, multiple sexual partners, lack of information, low rates of condom use and psychoactive substance abuse. The repeated use of drugs and substance use resulted to intoxication, which affected children's alertness, perceptions, decision making, judgment, emotions and their moral behaviour. The combined effects of psychoactive substance use made them even more dangerous. Psychoactive substances have many effects that are the result of improper use and direct exposure or use. Glue sniffing was the most common and abused because it is relatively cheap, easily available and mostly shared amongst street children.

4 EMERGING ISSUES

Article 33 of the Convention on the Rights of the Child states that:

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

On the contrary, findings from the study shows that most developing countries including Kenya do not have proper frameworks to monitor the use and trafficking of illicit drugs and substances, hence the drugs are easily accessed and used by street children. For instance, in Kenya, psychoactive substances such as glue have not been classified as a dangerous substance to street children.

Literature review from previous studies and the findings of this study indicate that children of drug or substance dependent parents or caregivers are at particular risk for later drug use. Therefore, there is need to protect children from such environments to protect them from entry into psychoactive substance use. The opportunity to attend school is an important protective factor for children who are able to attend school as well as educating them on the side effects of psychoactive substance abuse. The quality of school experience has an impact on their health and on their likelihood of engaging in risky behavior such as drugs and substance use. This paper observed that most street children and youths who are not in formal education system will eventually engage in psychoactive substance abuse. Therefore, they can be reached by street educators and other service providers for guidance and protection. In addition, the authors argue that protective factors help set a healthy channel and provide a safeguard against risk factors. There is need for well established rehabilitation and reintegration programmes so that the street children can benefit from the protective effects of healthy family, social, school and community environments.

5 CONCLUSION AND RECOMMENDATIONS

From the foregoing discussion, it is evident that psychoactive substance use among street children is a major challenge for street children in Eldoret Municipality. From the findings of the study, there has been little achievement in rehabilitation and reintegration of street children with their families particularly those addicted to various psychoactive substance use. Developing and implementing a plan to prevent harm from psychoactive substance use among street children, is an intricate undertaking that requires multi-stakeholder and coordinated efforts over a long period of time. Therefore, the role of the street children agencies and other service providers in preventing psychoactive substance use should be participatory and also involve street children and not merely that of responding to services planned and designed by peripheral agencies or individuals. The authors observed that the principal barricade to prevention of psychoactive substance use has been the failure by the government and street children agencies to implement an all-inclusive and sustainable strategy for street

children rehabilitation. Based on the finding of the study, this paper recommends that health service providers and Non Governmental Organizations should develop holistic health programmes that would address street children's health issues not only in Eldoret Municipality, but also throughout the country and most importantly get children off the streets.

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