



Kenya Psychiatric Association

Chiromo Hospital Group, No. 37 Muthangari Rd, Suite 205

P.O. Box 52714-00100 Valley Arcade, Nairobi, Kenya

Telephone No: +254796161087

Website: www.kenyapsychiatrist.org Email: kpa.psychiatrists@gmail.com

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KPA POSITION ON SUBSTANCE USE PROBLEMS AMONG STUDENTS

BACKGROUND

There has been a spate of fires and unrest in secondary schools across Kenya over the past one year. Substance use among the students has been touted as a major contributing factor. Heads of schools have referred children for urine substance testing, with a negative test being a mandatory requirement for readmission into school. The National Authority for the Campaign against Drug Abuse (NACADA) carried out a national survey in 2018 which established that 20.2% of primary school children have ever used a substance. The Kenya Psychiatric Association acknowledges that substance use among students is a major challenge. Behavioural and health problems that arise due to substance use include: school drop-out, poor academic performance, teenage pregnancy, and risk of sexually transmitted diseases including HIV/AIDS.

ROLE OF THE KENYA PSYCHIATRIC ASSOCIATION

The Kenya Psychiatric Association (KPA) is a professional association registered in 1986 with the aims of promoting the field of Psychiatry and improving the state of mental health in Kenya. We offer professional advice to government on matters relating to mental health. We create public awareness with regard to mental health including substance use. Our members provide treatment for substance use disorders.

RECOMMENDATIONS

1. The use of urine substance testing for children suspended from school and its use as a criterion for readmission is flawed because the test detects substances in urine up to 3-4 days only after last consumption. Moreover, urine substance testing is not diagnostic of substance use problems. In order to diagnose a substance use disorder, a formal clinical assessment by a mental health provider is required.
2. Provision of continuous education on substance use to students

KPA Office Bearers:

Dr Boniface Chitayi -President; Dr Victoria Wamukhoma -Vice President; Dr David Wairoto -Secretary; Dr Kingi Mochache -Vice Secretary;

Dr Mercy Karanja -Treasurer; Dr Edith Kwobah -CME Co-ordinator;

Members: Dr. Judy Kamau, Dr. Florence Jaguga

3. Provision of life-skills training program to the students: Students should be trained on skills such as communication, stress management, problem-solving etc. Such training has been shown to prevent initiation and progression of substance use. The World Health Organization has guidelines for delivering life skills training for children and adolescents
4. Implement screening and brief interventions in schools. This entails administering a screening tool to students to determine the level of involvement with substance use. This is then followed by a brief 10–15-minute counselling session that encourages those using to reduce or stop using substances. This approach has been well researched and found to be effective in helping young people cut down or stop substance use.
5. Employ counsellors within each secondary school to deliver the interventions proposed. Where this is not possible, build capacity for guidance and counselling teachers to implement the interventions.
6. Refer those with significant substance use symptoms for a full assessment by a qualified mental health provider.
7. Students requiring substance use treatment should be accorded the necessary support and be accepted back in the school community upon recovery.
8. Finally, substance use is health problem requiring health interventions. Expulsion is punitive and discriminatory and does not address the problem.

THE NATIONAL EXECUTIVE COMMITTEE

THE KENYA PSYCHIATRIC ASSOCIATION.

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