EFFECTIVENESS OF COUNSELING AND NON-COUNSELING INTERVENTIONS
IN PREVENTING ALCOHOL AND MARIJUANA ABUSE AMONG HIGH
SCHOOL STUDENTS IN KIAMBU

By

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UNITED STATES INTERNATIONAL UNIVERSITY – AFRICA

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EFFECTIVENESS OF COUNSELING AND NON-COUNSELING INTERVENTIONS IN PREVENTING ALCOHOL AND MARIJUANA ABUSE AMONG HIGH SCHOOL STUDENTS IN KIAMBU

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UNITED STATES INTERNATIONAL UNIVERSITY – AFRICA

SUMMER 2019
DECLARATION

I, the undersigned declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University-Africa in Nairobi, Kenya, for academic credit.

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Margaret Gesare Ongubo  ID 647457

This Thesis has been presented for examination purposes with my approval as the appointed supervisor.

Signed: _________________________  Date: __________________________

Dr. Rachel Ngesa Maina

Signed: _________________________  Date: __________________________

Dean, School of Humanities and Social Sciences

Professor Martin C. Njoroge
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ABSTRACT

Alcohol and marijuana use remains a major concern for parents, teachers, health professionals, law enforcement and policy makers. Schools provide viable settings where interventions can be used to curb the use of alcohol and marijuana. The study sought to assess the effectiveness of counseling and non-counseling interventions used in preventing alcohol and marijuana abuse among high school students in Kiambu County. The objectives were: Identifying the counseling and non-counseling interventions used to prevent alcohol and marijuana abuse among high school students; Investigate the effectiveness of counseling and non-counseling interventions used to prevent marijuana and alcohol abuse among high school students; Determine how non-counseling interventions contribute to the prevention of marijuana and alcohol abuse in high school; and Assess challenges faced in counseling and non-counseling interventions for the prevention of marijuana and alcohol abuse, among high school students. This study used a descriptive survey design. The total population comprised of County and Sub County high school students from Kiambu County. The list of school selection was done through stratified sampling method. Purposive sampling was employed to choose groups of respondents from which a sample size was drawn. Random sampling procedure was used to select a sample from the population. A sample of 276 respondents was sampled. The study used primary data that was collected from the students. The data was organized, coded, and analyzed using Statistical Package for Social Scientist (SPSS). Quantitative data was analyzed be subjected to descriptive statistics using frequencies and percentages. The study found that most 167 (65.49%) of the respondents indicated that peer counselling was used to prevent alcohol and marijuana abuse among high school students to a great extent. Moreover, 74 (29.02%) agreed that Parent-Teacher-Association (PTA) and Board of Management (BOM) were involved in tackling Alcohol and Marijuana abuse problems in the school thus contributing to the prevention of marijuana and alcohol abuse. The study found that lack of support from parents and teachers, were the main challenges faced in counseling and non-counseling interventions. Motivational interviewing and personal counselling were used to prevent alcohol and marijuana abuse among high school students to a great extent. The counselor’s respectful listening skill and nonjudgmental attitude help build a therapeutic alliance, which aids the client in feeling accepted and builds self-esteem, promoting positive change. Punitive approaches rely on the punishment devised so as to deter students from committing the offence. Local community had the ability to identify drug abusing students thus contributing to prevention of marijuana and alcohol abuse. All schools should set up guidance and counselling offices facilitated by professionals to counsel students who indulge in drug abuse. Principals also should invite specialists often to talk to students on dangers of drug abuse. There is need for head teachers to exert their position power in directing students’ efforts towards discipline and good academic performance. Guiding and counseling should be emphasized when enhancing student discipline by sensitizing the teachers and students on the importance of counseling.
DEDICATION

I dedicate this thesis to my dear husband Wilfred Kidula, sons Eleazar Angade and Eliah Baraka. Also to friends for sacrifice made during long hours I was absent from their lives.
ACKNOWLEDGEMENT

Most of all I would like to thank the Almighty God for the care, strength and good health during my study period. To my supervisor Dr. Ngesa who made massive contribution, guidance and support, I say, thank you very much.
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<tr>
<td>DSA</td>
<td>Daily Subsistence Allowance</td>
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CHAPTER ONE
INTRODUCTION

1.1 Background to Study

Drug and Substance Abuse among the youth is a major challenge worldwide. Despite the commonly held belief that European youth have fewer problems with drug and substance abuse than American youth, recent data from representative surveys in Europe and the United States suggest that the opposite may be true (Muthikwa, 2016). In South Africa drug abuse has been associated with crime, interpersonal violence and risky sexual behavior (with accompanied increased risk of HIV acquisition and STI incidences). It is also associated with negative health of users and negative psychological impact to their families. Marijuana and alcohol are generally the most commonly used drugs amongst South African youths (Anderson, Bruijn, Angus, Gordon, & Hastings, 2012).

The Kenyan education sector also faces challenges in curbing alcohol and marijuana abuse. Over the past two decades, drug and substance abuse in Kenya has rapidly risen to unprecedented levels leaving the country unsafe from the menace (Ngesu, Ndiku, & Masese, 2008). Caught in the middle of this drug scourge are the Kenyan youth who are deliberately or tactfully recruited in the drug culture through personal factors, uncontrolled media influence and social exposure (Ngesu & Njeru, 2014). Rising crime rate in the society, family dysfunctions, high poverty levels, and the general malaise in the society are some of the reasons given for the ever increasing drug abuse incidents among the youths (Abur, 2014).

Previous studies show that the most commonly abused drugs by students include stimulants such as cocaine, heroin, alcohol, marijuana and tobacco in cigarettes (Amosun, Ige, & Ajala, 2010). Other abused drugs include khat or ‘miraa’, inhalants and volatile solvents like petrol and glue (Maithya, Robert, Felix, & Maithya, 2015). Drug abuse has been found to have its roots from pre-teen years and gets amplified in the teenage years when most of the youth are in secondary school (Chebukaka, 2014).
According to the American Academy of Child and Adolescent Psychiatry (AACAP, 2018), pre-teenage and teenage years are confusing and complex periods in the human life. It is a time of increased inquisitiveness, discovery and risk taking. Drug experimentation is a common and prevalent part in the adolescent’s rite of passage (Chebukaka, 2014). Some of the teenagers experiment and stop, while some continue to use drugs occasionally without significant harm being experienced to themselves. However, others develop drug dependency and move on to abuse and use more dangerous drugs causing significant harm to themselves and other people. Furthermore, teenagers respond to the alluring urge of alcohol and drug use. This seems to offer quick relief and instant pleasure, fame and acceptance among the peers, besides enhancing sexual aptitude and financial success. All these issues resonate with the primary adolescence stage and are enhanced further through the influence of television and uncontrolled social media.

The use of alcohol and marijuana at a young age presents negative socio-economic, psychological and health effects. Examples of teens at the highest risk of alcohol and drug abuse are those associated with dysfunctional families, family history of alcohol and drug abuse depression and low self-esteem feelings (Tobler, 2012). The effects of alcohol are slurred speech, vision impairment, lack of coordination, extreme shifts in mood, memory lapses, slowed breathing and even suicidal attempts (Njoki, 2013). Effects of alcohol on society and nation includes health burden which cause alcohol related death; Social burden which includes Absenteeism and lost productivity at work, Reduced quality of life and Crime; Financial burden to the nation (Tobler, 2012). Alcohol and marijuana initiation stage usually starts at the age of 10 years and peaks at the age of 13 and 14 years. At that point more than 50% of adolescents report ever having consumed alcohol or smoking marijuana in their life-time (Kosterman, Hawkins, Mason, & Mccauley, 2010). A survey conducted in Michigan by the National Comorbidity Survey-Adolescent, (NCS-A, 2012) showed that most US adolescents (60%) reported having had the opportunity to use illicit drugs. In addition, 39% of adolescents aged 13 to 14 years and 81.4% of adolescents aged 17 to 18 years have an opportunity to use illicit drugs. In Kenya half of the drug abusers are aged between 10-19 years with over 60% living in urban areas and 21% in rural areas (Njoki, 2013).
The national survey report on the Rapid Situation Assessment of Drug and Substance Abuse in Kenya (2012) revealed that 12% youths aged between 15-24 years abuse alcohol, 6% abuse tobacco, 5% abuse khat popularly known as miraa and 2% abuse marijuana (Abur, 2014). Njoki (2013) in her study on drug and substance abuse in Kenyan secondary schools found out that approximately 10% of students aged between 16-19 years drunk alcohol more than three times in a week, 16% smoked cigarettes while nearly 14 % smoked marijuana (bhang) more than three times in a week. Chesang (2013) in a study of drug abuse among the youths in Kenya revealed that the average initial age of initiation of the youths to drug abuse is between 10-14 years, he pointed out that in Nairobi alone more than 50% of youths in secondary school had abused drugs with approximately half of them having dependency and continued with the practice after school. Alcohol and Marijuana use and abuse continue to be important public health problems that contribute greatly to morbidity and mortality rates throughout the United States, Canada, and globally (WHO, 2003).

Drug abuse has been cited as one of the causes of social problems facing secondary school students. The problems range from lack of concentration in class, missing classes, school strikes, student-teachers conflicts, physical weakness, lack of appetite and rejection by friends (Maithya, 2009). A report of the task force on the students’ discipline and unrest in Secondary schools in Nairobi identified drug abuse as one of the causes of indiscipline in schools (Ngesu & Njeru, 2014). Schools provide an important setting for interventions aimed at preventing alcohol and marijuana use and abuse. The schools provides a viable setting in which to conduct brief interventions to reduce adolescent drug and substance abuse (Bradley, 2009). The Kenya National Campaign against Drug Abuse (NACADA) was established by the Kenyan government in early 2001. The aim was to help coordinate individual and organizational activities in the campaign against drug abuse. NACADA’s mandate to initiate public education campaigns and developed action plans aimed at curbing alcohol and drug abuse among the youth in Kenya (Chesang, 2013).
Brief motivational interventions are important tools for treatment within the primary care settings. Brief motivational interventions have been proven to produce long-term reductions in average alcohol and substance use amongst the youths (Bradley, 2009). BMIs often involve two components: (a) an assessment of the quantity, frequency, and consequences of drinking, and (b) tailored motivational strategies, most commonly the use of personalized feedback and normative comparisons (Dimeff, Baer, Kivlahan, & Marlatt, 2016). An effective brief intervention for substance abuse could be widely implemented in public schools, and would be of enormous public health significance across the United States (Walker et al., 2006). Experimental interventions have also been used in New York City schools to determine the feasibility of using school resources to implement school-based motivational interventions as a routine care to measure student support services in school (Walker, et al., 2006). Counseling, group counseling, peer counseling, mentoring, and role modeling were used in US High schools to help students overcome drug abuse.

In Kenyan secondary schools, counseling services are managed by a teacher counselor appointed by the school head, or by the Teachers Service Commission (TSC) with support of guidance and counseling committee (Owino and Odera, 2014). The main functions of the counselor include planning and developing counseling services, educational and vocational planning, student’s appraisal, and referral work and staff consultation (Ruttoh, 2015). Studies by Ahmed (2016) in Wajir County on counseling mention drug abuse as a problem in schools but fail to indicate the role of counseling in managing the habit. Counseling has been instrumental in the fight against Drug and Substance Abuse (DSA) (Chand, 2008). Through counseling, students are taught the dangers of DSA and how to overcome it. Apart from counseling, a report by Republic of Kenya (2008) indicates that head teachers and teachers are involved in prevention, control and mitigation of DSA through formal and non-formal curriculum. This is done through advocacy-where a professional speaks or acts to help the students claim entitlements or access services. Its also done through alcohol education and awareness and mental health education. This can be termed as the non-counseling strategies used in prevention of DSA.
According to (Kimori, Katayama, & Baba, 2010) members of the community need to report suspected drug dealers to the police and provincial administration for apprehension while parents should note behavioral changes in their children and seek help at the earliest opportunity. Ng’ang’a (2013) recommended strategies that would combatively handle students in the drug initiation stage of 10 to 14 years. He concurred that a combination of counseling and non-counseling approach is the best way to deal with alcohol and marijuana abuse in schools (Ng’ang’a, 2013). This study seeks to assess the effectiveness of counseling and non-counseling interventions used in preventing alcohol and marijuana abuse among high school students.

1.2 Problem Statement

The Kenya Ministry of Education in its reports that directed setting up of counseling department and the establishment of NACADA in 2001; legislation overseeing the cultivation, trafficking and abuse of legal and illegal drugs in Kenya (NACADA, 2012). Performance contracting on State Corporations (Government of Kenya, 2007) saw recommendation of prevention of alcohol and marijuana in schools resulting in a strategy which has since ensured employment of counselors, training on drug and substance abuse, trainer of trainers (TOTs) and establishment of workplace alcohol and marijuana abuse policy. In implementing the United Nations Millennium Development Goals and the Vision 2030 (GoK 2007), the government put in place measures to curb alcohol and marijuana abuse in Kenya through various prevention programs.

According to the report by Government of Kenya (2011), the Ministry of Education directed all schools to set up counseling department to help in achieving discipline and instilling growth and development while preventing daily subsistence allowance. Guidance and Counseling department were expected to provide services to managing social problems such as drug abuse. Other than counseling strategies, head teachers also use non counseling approaches such as drama, sports, music, and resource persons to enhance alcohol and marijuana prevention (Mungai, 2011). Kimori (2010) explored other aspects of curbing substance use but did not explore the non-counseling strategies used in curbing the problem. He found that head teacher characteristics influence the strategy they use to curb DSA in the schools.
In another study, Omollo (2005) focused on the factors that either promote or discourage substance use among secondary school students in Kiambu. The results revealed that, the commonly used drugs by secondary school students within the area of his study are alcohol, khat, tobacco and bhang, in that order. It also revealed that, khat and bhang are commonly used by students in lower classes (Forms 1 and 2) while students in the upper classes commonly consumed alcohol.

Study by Orifa (2004) examined counseling interventions used in preventing DSA in mixed public secondary schools in Kiambu County. Results indicated that alcohol and marijuana were the commonly abused drugs. The study recommended that effectiveness of DSA interventions requires integrating the counseling interventions with other non-counselling strategies. Studies show that schools using counseling and non-counseling interventions to reduce DSA have yielded promising results (Walker et al., 2007).

1.3 Purpose of the Study

The study sought to assess the effectiveness of counseling and non-counseling interventions used in preventing alcohol and marijuana abuse among high school students in Kiambu County.

1.4 Research Objectives

The study sought to address the following objectives:

i. Identify the counseling and non-counseling interventions used to prevent alcohol and marijuana abuse among high school students in Kiambu County.

ii. Investigate the effectiveness of counseling and non-counseling interventions used to prevent marijuana and alcohol abuse among high school students in Kiambu County.

iii. Determine the contribution of non-counseling interventions in prevention of marijuana and alcohol abuse in high school in Kiambu County.

iv. Assess challenges faced when using counseling and non-counseling interventions to prevent of marijuana and alcohol abuse, among high school students in Kiambu County.
1.5 Research Questions

i. What are the counseling and non-counseling interventions used to prevent alcohol and marijuana abuse among high school students in Kiambu County?

ii. What is the effectiveness of counseling and non-counseling interventions used to prevent marijuana and alcohol abuse among high school students in Kiambu County?

iii. Do non-counseling interventions contribute to the prevention of marijuana and alcohol in high school among high school students in Kiambu County?

iv. What are the challenges faced when using counseling and non-counseling interventions to prevent of marijuana and alcohol abuse, among high school students among high school students in Kiambu County?

1.6 Justification and Significance of the Study

The Assessment of effectiveness of counseling and non-counseling interventions used in preventing alcohol and marijuana abuse could help identify benefits and challenges for interventions programs and appropriate adjustment. Drug abuse has tormenting social, physical, spiritual, emotional and financial consequences on the person who uses the drugs, their families and the school’s vision and mission. Drug abuse continues to impact negatively on performance of academics, making the victims frustrate their teachers and parents. Students who are addicted to drugs fail in their final exams or even drop out of the secondary school. Assessment of effectiveness of counseling and non-counseling interventions used is crucial in unveiling workable strategies which the stakeholders could apply to avert substance abuse and its impact.

The findings of this study would help the Ministry of Education (MOE) in policy formulation pertaining to DSA. They will be able to know how to help students who want to stop using marijuana and alcohol. Teachers and school counselors will use these findings to assess the effectiveness of counseling and non-counseling strategies used to curb marijuana and alcohol abuse. They will modify to enhance their effectiveness or come up with new strategies that address current trends in the marijuana and alcohol abuse. The school administrators will use counseling strategies to identify factors hindering effectiveness of strategies for curbing...
alcohol and marijuana abuse and, where possible, eradicate the problem. This will help in promoting a drug-free school environment and better academic performance, thus improving the standards of education in the country.

1.7 Scope and Limitation

The focuses of the study was to first establish the effectiveness of counseling and non-counseling interventions in these schools. The study limited itself to County schools and sub County schools from Kiambu County. The study gathered information from the students who were in form one, two, three and four. The study focused mainly on marijuana and alcohol abuse to avoid too much span and allow for adequate attention to major areas identified in the objectives of this study.

In establishing the effectiveness of counseling and non-counseling interventions among high school students, the primary data was captured through students’ questionnaires. The students felt that they may be victimized by giving indepth information. To avoid this, the students were assured of confidentiality and did not write their names on the questionnaires. Also, the researcher was afraid of resistance from school administrators. To concure this, the researcher had an introduction letter from the university assuring them that the findings will only be used for academic purposes.

1.8 Definition of Terms and Concepts

1.8.1 Counseling Intervention

Cognitive, affective, behavioral and systemic counseling strategies, techniques and methods common to the behavioral sciences that are specifically implemented in the context of a therapeutic relationship (Billington, 2016).

1.8.2 Drug

Any natural or synthetic, licit or illicit substance that is used to produce physiological or psychological effects in human beings or higher order animals (Lippincott, Walkins, & Wolters, 2012).
1.8.3 Drug Abuse

It refers to the administration of any drug in a manner that diverts from approved medical or social patterns within a given culture (Langwith, 2007).

1.8.4 Drug Related Problems

Negative effects associated with drug abuse such as violence, conflict with friends or school authorities, destruction of school’s property and academic underperformance (Maryland Drug Abuse Administration, 2014).

1.8.5 Intervention

An attempt to help drug users to positively modify their behavior and change their attitude towards misuse of drugs. It also includes activities and Programmes put in place to address drug abuse (Blackstock & Campbell, 2016).

1.8.6 Non-Counseling Intervention

Services that may be helpful in changing behavioral pattern and are provided by care staff in community based and other services, support staff, care workers, project workers (Billington, 2016).

1.9 Chapter Summary

This chapter expounded on the background of the study, it delineated the objectives of study and it clarified the significance of the study, scope, limitations, problem statement, research questions and definitions of terms. The next chapter covers the literature review.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter provides literature reviewed on the effectiveness of counseling and non-counseling interventions in preventing alcohol and marijuana abuse among high school students.

The first section describes the theory behind counseling intervention used in high school to prevent alcohol and marijuana abuse. The next sections present a discussion on the counseling and non counseling strategies that have contributed to the prevention of marijuana and alcohol abuse in high school. Finally, it describes the challenges faced in using counseling and non-counseling interventions in preventing alcohol and marijuana abuse among high school students in Kiambu County.

2.1 Theoretical Framework

This section reviews cognitive behavior therapy, rational emotive therapy and behavioral therapy theories.

2.1.1 Cognitive Behavioral Therapy

Cognitive Behaviour Therapy is a psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression (Bordin, 2015). Previous research highlights the importance of substance related beliefs in mediating and moderating early drug use. An adolescent's early experimentation with alcohol or Marijuana or cannabis escalates to more addictive illicit drugs later in adulthood but the theory does not explain what causes the youth to begin using drugs (Ferguson & Horwood, 2009). Progression from one stage to another indicates there is a possibility of abstinence, maintenance of drug use, or progression to the next level. Cognitive precursors of drug use behaviors has been directed at demonstrating either that groups with different behaviors such as alcohol consumption possess different cognitions (Golub & Johnson, 2014). Conversely the groups with different cognitions show increased likelihood of future drug use behaviors (Christiansen & Goldman, 2015).
Cognitive capacities for abstract thinking begin to take a prominent role during early adolescence. The older adolescents tend to be better equipped to consider the future consequences of their actions (Keating & Clark, 2012). Environmental and personal adjustment variables interact with cognitive variables to influence and promote behavioral change (Christiansen & Goldman, 2015). All-or-nothing thinking is one of the most frequently encountered types of negative thinking. Negative thinking patterns are one main cause of many problems including anxiety, depression, and addiction (Cognitive Therapy Guide, 2010). These powerful, destructive thoughts tend to be prevalent in individuals struggling with drugs and substance abuse. An example of all-or-nothing thinking is, “I have to do things perfectly, because anything less than perfect is a failure.” CBT uses helps clients to understand negative thinking and develop healthier thinking which they can incorporate it into their lives (Carroll & Sholomskas, 2015).

Cognitive therapy for alcohol and Marijuana abuse help in, strengthening of the therapeutic alliance through an empathic understanding of the client's problem, along with unconditional acceptance. Therefore, activity monitoring or planning is desirable but hard to be achieved in individuals with complaints of that nature. It is also important to develop problem solving techniques, to enable the patient knows how to deal with high risk situations. Daily records of thoughts dealing with alternative rational responses can help manage urge of using drugs. When dealing with urges, it is recommended to postpone the urge for 5 minutes, 10 minutes, 1 hour, so as to reduce the focus and the urge to take drugs achieved by watching television, using the computer, under taking relaxation, talking to a brusted person, cleaning or fixing things at home, school or work. Use of confrontation cards containing statements to control beliefs has proved useful (Christiansen & Goldman, 2015). It is important to focus on long-term goals instead of searching for immediate gratification and short term rewards. Using dramatizations can also serve as strategy to train drug refusal assertiveness (Hofman & Asmundson, 2017).
2.1.2 Rational Emotive Behavior Therapy

Rational Emotive Behavior Therapy (REBT) is both psychotherapeutic system of theory and practice and a school of thought established by Albert Ellis in 1955.

Rational emotive behavior therapy, previously referred to as rational therapy and rational emotive therapy, is active-directive, philosophically and empirically based psychotherapy. The aim is to resolve emotional and behavioral problems and disturbances and help people to lead happier and more fulfilling lives. Substance abuse and drug addiction claims the lives of many people each year (Albert Ellis, Haper, & Powers, 2018). It is characterized by an urgent need to continually seek substances, even when a person knows such a pattern is harmful. This need is driven by changes in the brain caused by harmful substances. Rational Emotive Behavior Therapy is a form of psychotherapy which trains people to change thinking in ways that promote healthy behaviors and practices. Engaging in REBT helps a person to rid himself or herself of negative behaviors, eliminate addictive tendencies, and seek a life of fulfillment and happiness. This therapy also encourages development of positive values, such as positive self-esteem, and unwavering acceptance of self and others (Ellis & Joffe, 2017).

Many factors contribute to a person’s choice to begin abusing substances. Risk factors affect a person’s likelihood of substance abuse, while protective factors help prevent it. If protective factors are not effectively implemented, and even sometimes when they are implemented, people can fall victim to addiction. REBT could be useful for addicted individuals to change thinking and, as a result, changing addictive behaviors. Preventing relapses requires more than medication and family support. Resisting further substance abuse may require affected individuals to revolutionize their thinking and inhabit a new way of life one free from the constraints of substance abuse (Ellis, Dryden, & DiGiuseppe, 2015).
2.2 How Counseling Intervention are used to Address Alcohol and Marijuana Abuse among High School Students

Counseling interventions involve unique interrelationship between clients and a counselor which aims to create a change and growth in personal development, social adjustment, and professional development. During the counseling process, the counselor has the responsibility to contribute to the process of change, concerning his or her client’s personal development (Bordin, 2015). Students with marijuana and alcohol use problems often have mixed feelings and thoughts about their smoking of marijuana and alcohol use. They may perceive some negative consequences of smoking marijuana or drinking alcohol, but can also enjoy positive experiences such as intoxication, disinhibition, socialization, and pleasure. Victims often remain in a conflicted or ambivalent state unless their perception of these costs and benefits shifts. Understanding and resolving this ambivalence is a central goal of motivational interviewing by elicitation rather than persuasion (Ingersoll, 2013).

Counseling is seen as a partnership and the counselor promotes an atmosphere that is conducive to change (Miller & Rollnick, 2014). Motivational interviewing is a technique that uses directive, client-centered counseling to elicit behavior change (Brunner, 2013). In motivational interviewing, the counselor intentionally aims to resolve client ambivalence and facilitate healthy change (Rollnick, 2014). The spirit of motivational interviewing to alicit collaboration, evocation, and autonomy (Walker et al., 2006). The four main principles of motivational interviewing, as defined by Miller and Rollnick (2014), involve expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy. Several theories have contributed to the development of motivational interviewing and support the efficacy of these four principles (Miller & Rollnick, 2013). The counselor’s respectful listening skill and nonjudgmental attitude help build a therapeutic alliance, which aids the client in feeling accepted and builds self-esteem, promoting positive change (Rollnick, 2014).
Non-counseling methods of prevention of alcohol and marijuana involve the use of policies and rules to eradicate use of alcohol and marijuana in schools. School rules are a set of written instructions that set parameters of the day to day operations of students in a school (Odhiambo, 2014). Rules are developed and implemented by head teachers and teachers within the school environment. Head teachers have legitimate power to enforce desired courses of action in their schools and expect obedience (Okumbe, 2013). In this framework, prevention refers only to interventions occurring prior to the onset of DSA related disorders. According to the USA’s National Academy of Science Committee on the Prevention of Mental Disorders (COPMD, 2009). Prevention is categorized into universal, selective and indicated interventions. Universal prevention programs focus on the general population, with the aim of deterring or delaying the onset of a condition. Selective prevention programs target selected high-risk groups or subsets of the general population believed to be at high risk due to membership in a particular group. Indicated prevention programs are created for those already showing early danger signs, such as the initial stages of engaging in a high-risk behavior or other DSA related behaviors. Recruitment and participation in an indicated intervention is based on an individual’s warning signs or behaviors (World Health Organization, 2007).

Brief intervention strategy has been used in Arizona State University, where researchers from the Communication Department designed a drug resistance project to test the relative effectiveness of various means of presenting drug abuse prevention messages (Hecht, Corman, and Miller-Rassulo (2009). The drug resistance project focused on presentation of the REAL (Refuse-Explain-Avoid-Leave) technique to help high school students reject offers of drugs from peers. The REAL system was incorporated into a 34-minute musical docudrama videotape called “Killing Time”. The “killing Time” script was also adapted for a stage performance format that included a live band rear screen projection, and live actors modeling the REAL behavior in situations taken from high school students’ narratives of their first drug experiences. The film or live performance was followed by a 20-minute guided discussion period. Exposure to the entire drug resistance project was limited to a 50-minute class period.
An evaluation of the program was conducted in Arizona state high school where all classes in the school were assigned to either control or one of the experimental format conditions: film, film and discussion, live performance or performance and discussion. The results showed that no effect on alcohol use was observed from the program in any format, but the addition of a discussion program following the presentation of REAL produced statistically significant short-term reduction of marijuana and other drug use. This implies that the brief intervention methods were most effective to the needs of high school students who had already begun experimenting with some form of substance abuse (Hecht, Corman, and Miller-Rassulo, 2009).

Review of the effectiveness of REAL program (D’Amico & Fromme (2002) has shown that Curriculum participants reported lower alcohol and marijuana use than students who did not receive the program. Effects lasted up to 14 months for alcohol use and marijuana. Positive outcomes occurred primarily among students who saw four or five of the curriculum videos. Comparison between control students and intervention students who watched four or more intervention videos reported fewer days of alcohol use (p < .001), fewer drinks consumed (p = .029), fewer days of marijuana use (p = .007), and fewer "hits" of marijuana (p = .007).

A counselor who is effective must be armed with techniques that support both verbal and nonverbal communication. These techniques include breathing room, talk meter, music, the paper bag story, and social media profile as ways in which counselors can engage clients when there are barriers to traditional talk therapy (Bennett, Le, Lindahl, Wharton, & Mak, 2017).

According to (Ellickson, Bell, McGuigan, 2013), project ALERT is one of the first drug abuse prevention efforts to be explicitly developed using the social influence theory of prevention of tobacco, alcohol, and marijuana use. The program focuses on resistance skills, the consequences of smoking marijuana, and personal responsibility for marijuana resistance. It also reinforces group norms against use of prohibited drugs and substance. Project ALERT is taught in eight weekly 1-hour in seventh grade with three booster sessions in eighth grade.
Project ALERT’s social influence approach to prevent and reduce alcohol and marijuana use revealed that long-term results indicated that the program’s impact on drug use stopped once the program ended (Walker et al., 2007). Thus, effective school-based substance use interventions continue to be needed throughout middle and high school. Ellickson et al. (2014) discovered that implementation of Project ALERT educator curriculum, empirically supported intervention that is widely used in public schools, successfully curbs adolescent alcohol and marijuana use only for the duration that the intervention is being implemented (Ellickson, Bell, McGuidan, 2013).

Botvin’s program is a research-validated substance abuse prevention program proven to reduce the risks of alcohol and marijuana by targeting the major social and psychological factors that promote the initiation of substance use and other risky behavior. It relies on the use of ‘booster’ sessions that extends the duration of exposure to the curriculum over several years (Kelly, 2018).

Botvin’s life skill curriculum focuses on social resistance skills that recognize and cope with pressures to use harmful substance and life skills which are personal and social skills designed to cope with the challenges of adolescent transformation. The skills include techniques for developing interpersonal relationships, managing anxiety and resisting advertising appeals. This program has been used in upstate New York where over 5000 youths in 56 schools who had not begun smoking by seventh grade were randomly assigned either to receive the curriculum or to receive no intervention (Botvin, 2014).

According to the Council on School Health and Committee on Substance Abuse (2007), preventive intervention programs are reviewed, including universal, selected, and indicated programs for schools and families, along with a community-based prevention program. Descriptions of the model programs, including information on their primary goals, target audiences, implementation methods, program components, provider training, and evidence of effectiveness, were adapted in part from the Substance Abuse and Mental Health Services Administration (SAMHSA) Model Program Fact Sheets and the SAMHSA National Registry of Evidence-Based Programs and Policies (NREPP & SAMHSA, 2007).
Adolescents are usually referred to treatment by their family, the juvenile justice system, or the schools. However, when they enter treatment, few adolescents (20%) believe drug use is problematic (Dennis et al., 2004). In addition, adolescents often lack the resources such as insurance, finances and transportation to seek treatment on their own, and may be deterred from seeking treatment if parental involvement is required (Walker et al., 2006). Although very few school-based motivational interventions to reduce adolescent substance use have been implemented, the in-school teen marijuana check-up and school-based motivational enhancement therapy for adolescent marijuana users yielded promising results (Walker et al., 2007).

2.3 Non-Counseling Interventions Contribution to the Prevention of Marijuana and Alcohol Abuse in High School

School-based substance use prevention has been synonymous with curricula aimed at enhancing student knowledge, attitudes and behavior (Goodstadt, 2008). Schools provide students with behavioral models, opportunities to bond with people who view substance use, and access to substances differently (Flay, 2014). Policies influence the social environment of the school by playing a crucial role in behavior control mechanisms (Goodstadt, 2008). Recent meta-analyses found that programs incorporating elements of several model were significantly effective than were those based only on social influence model (Waller, 2010).

Studies of school policies in many developed countries show that majority of schools have adopted written smoking policies in some form (Crossett, Everett, Brener, Fishman, & Pechacek, 2012; Rosendahl, Galanti, Gilljam, Bremerberg, & Ahlbom, 2012). Two related studies of school showed that 97% of schools had written policies prohibiting smoking and alcohol use. In Australia, 97% of secondary schools prohibited smoking for all students on all occasions (Clarke, White, Hill, & Borland, 2010). In England and Wales, 88% of middle and secondary schools had an official policy on student smoking strict adherence to school policies showed less cases of Marijuana and Alcohol reported in the schools (Myers, 2012).
The procedures followed when policy restrictions are violated are central components of school drug policies. First-time alcohol and marijuana offenders in the US is the most common consequence thus the school administrators and the student’s parent or guardians are notified (Small et al., 2010).

Similarly the most common consequence for a first-time marijuana violation in Australian secondary school is contacting the student’s parent or guardian. The use of these policies showed that making non compliance costly to the individual student, significantly reduced reported cases of indulgence in alcohol and marijuana in schools (Clarke et al., 2010).

For alcohol and other drug violations in US schools, students may face suspension from school or are encouraged to participate in student assistance program. For illegal drug use violations students are referred to the legal authorities (Small et al., 2010). These punitive methods are associated with crisis management approaches which are reactive in their policies and locate the problem in students. The methods which are punitive depend on the infliction of punishment with the purpose of discouraging students from compelling the crime (Ekpenyong, 2012).

Studies done on drug abuse in secondary schools in Wajir County, Kenya showed that 88% of guidance and counseling heads and 100% of the head teachers concurred that suspending students who engage in alcohol and marijuana use helped fight the vice among learners, (Ahmed, 2016). Alcohol and smoking in public schools in Nairobi County recommends instituting security measures to eliminate drugs from school premises and school functions. The study found that alcohol and marijuana prevention can be effective by ensuring that a new intervention is initiated. There should be consultation and collaboration between local law enforcement officials, parents, school boards, treatment agencies and concerned group within the community (Orifa, 2004).

Fergusson & Horwood (2009) suggested that head teachers should formulate rules deterring students from engaging in Drug and Substance Abuse. They should use rewards to reinforce good behaviour and punishment to deter noncompliance to school rules on DSA. Obiero (2016) found that DSA was a leading cause of strikes and violence in schools. This argument has further been reinforced by the drug and alcohol theory which states that alcohol consumption facilitates aggressive behavior and increases the risk of being the victim of a
violent act. Obiero (2016) also emphasized the need for head teachers to exert their position power in directing students’ efforts towards discipline and good academic performance. He further showed that head teachers should use punishment, suspension to curb DSA.

2.4 Effectiveness of Counseling and Non-Counseling Interventions in Addressing Marijuana and Alcohol Abuse among High School Students

Schools are the focus of most attempts to develop and test evidence-based approaches to adolescent drug abuse prevention. School-based efforts are efficient in that they offer access to large numbers of students (Tobler, 2012). Substance use is seen as inconsistent with the goals of educating Kenyan youth. However, many initial attempts at prevention were ineffective because they focused primarily on lecturing students about the dangers and long-term health consequences of substance use. In the American society some programs used fear-arousal techniques designed to dramatize the dangers of drug use and scare individuals into not using drugs. These initial attempts were not theory-based and failed to incorporate information about the developmental factors and social influences and other etiologic factors that contribute to adolescent substance use. These approaches were based on a simple cognitive conceptual model that people make decisions about substance use and abuse based on their knowledge of the adverse consequences involved (Gatins & White, 2016). Over time, more effective contemporary approaches to school-based prevention were developed and tested. Programs became available that were derived from psychosocial theories on the etiology of adolescent drug use and focused primary attention on the risk and protective factors that promote the initiation and early stages of substance use (Ellis, Dryden, & DiGiuseppe, 2015).

Botivin’s prevention program has proven to reduce the risks of alcohol and marijuana by targeting the major social and psychological factors that promote the initiation of alcohol and marijuana use. Botivin’s program has been implemented in Upstate New York where over 5000 youths in 56 schools participated. The results indicated that students who had received at least 60% of the classroom sessions were significantly less likely than students from nonintervention schools to report any use of Marijuana or Alcohol during the previous 30 days (Botvin, 2014).
Motivational interviewing strategies have shown to be well suited for adolescents and young adults (Jonston et al., 2010). The technique does not increase resistance and utilizes ambivalence to develop motivation to change (Kandel, Kessler, & Margulies, 2008). In addition, a brief duration of motivational interventions and the emphasis on the client’s self-direction and independence is particularly attractive to adolescents (Tobler, 2012).

2.5 Challenges Faced in Counseling and Non-Counseling Interventions for the Prevention of Marijuana and Alcohol Abuse, Among High School Students.

The various challenges presented by the educators are divided into three groups that are interrelated and influence each other. The first refers to the social representations in which use of alcohol and marijuana presents a biased impressions on events such as violence and celebrities. This association has often had a crippling effect on preventive actions in the school environment (Abramovay & Castro, 2015). They are largely fostered by the sensationalist manner in which the press covers the problem and spreads it without legitimate evidence.

Other challenges relate to the teachers’ personal issues, such as a lack of expertise, lack of appropriate teaching methodologies, prejudices and moral values related to the alcohol and marijuana prevention (Dalbosco, 2011). Questionnaires given to educators in Brazilian elementary and secondary schools, showed that the majority of educators (68%) have attended training on the subject, thus questions the training model offered by the departments of education, which have not achieved significant gains in knowledge for teachers, perhaps because these programs are essentially based on informational aspects and disregard social representations. There is also the possibility that discourse about a lack of knowledge constitutes a defense strategy in response to the complexity of the alcohol and marijuana intervention (Dalbosco, 2011).

Finally, there are challenges attributed to the education, such as the difficulty of combining and integrating school projects, a lack of institutional support for actions, a lack of time due to unnecessary school demands, and a lack of teaching resources supporting preventive actions (Njoki, 2013). In this sense, another important point to be considered is the lack of
integration between the concept of vulnerability and its impact on preventive practices for drug consumption, both in teacher training and in prevention projects developed within the school environment. Moreover, these experiences have mostly been guided by models that are explicitly or implicitly focused on abstinence.

The approaches tend to be ineffective (Sodelli, 2011). A consideration of these challenges, greatly contributes to the development of training processes in education and health. This enhances the quality of prevention and health promotion programs offered to students in school environments.
2.6 Conceptual Framework

This conceptual framework shows the relationship between the prevention of alcohol and marijuana abuse with the counseling intervention and non-counseling intervention as the independent variable. The dependent variable was prevention of alcohol and marijuana abuse. The figure below shows the conceptual frame work for this study.

Independent Variables

<table>
<thead>
<tr>
<th>Counseling Intervention</th>
<th>Dependent Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Counseling</td>
<td>Prevention of Alcohol and Marijuana abuse</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td></td>
</tr>
<tr>
<td>Personal Counseling</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non – Counseling Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>County policies</td>
</tr>
<tr>
<td>School rules and norms</td>
</tr>
<tr>
<td>Community Expectation</td>
</tr>
<tr>
<td>Life skills development</td>
</tr>
<tr>
<td>Co-curricular activities</td>
</tr>
<tr>
<td>Mentoring and coaching</td>
</tr>
</tbody>
</table>


**Figure 2.1: Conceptual Framework**

Counseling intervention and non – counseling intervention, contribute to prevention of alcohol and marijuana abuse among the high school students. Effective prevention programs and policies exist, and if implemented well, markedly reduce substance misuse in the population.
2.7 Chapter Summary

The literature review shows that understanding counseling and non-counseling interventions which help in prevention alcohol and marijuana abuse among high school students is crucial (Ingersoll, 2013). Policies influence the social environment of the school by playing a crucial role in behavior control mechanisms (Goodstadt, 2008).

Students with marijuana and alcohol use problems often have mixed feelings and thoughts about their smoking of marijuana and alcohol use. They may perceive some negative consequences of smoking marijuana or drinking alcohol. Motivational interviewing mainly involves expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy. Preventive intervention programs are reviewed, including universal, selected, and indicated programs for schools and families, along with a community-based prevention program (Council on School Health and Committee on Substance Abuse, 2007). Few adolescents (20%) believe drug use is problematic (Dennis et al., 2004).

Prevention program has proven to reduce the risks of alcohol and marijuana by targeting the major social and psychological factors that promote the initiation of alcohol and marijuana use (Botvin, 2014). Motivational interviewing strategies which does not increase resistance and utilizes ambivalence to develop motivation to change have shown to be well suited for adolescents and young adults (Jonston et al., 2010).
CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

This chapter discusses the research methodology aspects pertaining to the research design, population, sampling design, sampling frame, technique and the sample size. The chapter also highlights the data collection, data analysis procedures and data presentation.

3.1 Research Design

This study used a descriptive survey design to access the effectiveness of the counseling and non-counseling interventions used to prevent alcohol and marijuana abuse among high school students in Kiambu County. The purpose of the survey was to describe the sample population. The collected data was analyzed, conclusions drawn and generalized for the entire population.

3.2 Population and Sampling

According to the County Government of Kiambu, Education and Literacy, Kiambu County has a total student population of 89,065 out of which 44,777 are males and 44,288 are females in form 1, 2, 3 and 4 (MOE statistics, 2018). The total population comprised of high school students in County school and sub County from Kiambu County. A total population of 89,065 were form one, two, three and four.

Target population of the study was illustrated in Table 3.1. It illustrates the total student population in Kiambu County.
It is evident in Table 3.1 that, the total population of the study was 89,065. Kikuyu had the highest population of 10,900 and Kiambaa had the lowest with 3000 students.

3.2.1 Sampling Design

The list of school selection was selected through stratified sampling method. The reason for using stratified sampling was to ensure that the variables were represented in other variables in order to incorporate all categories of schools.

3.2.2 Sampling Frame

In this study, the sampling frame consisted of the list of high school students from county and sub county schools in the government of Kiambu from form 1, 2, 3 and 4. Out of the twelve sub counties, one school was randomly selected from each of the sub-counties.
Sample framework illustrated in Table 3.2 shows school categories with high population and low population.

**Table 3.2: Sample Frame**

<table>
<thead>
<tr>
<th>Schools Categories</th>
<th>High population</th>
<th>Low population</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Kikuyu</td>
<td>viii) Limuru</td>
<td></td>
</tr>
<tr>
<td>ii) Gatundu North</td>
<td>ix) Lari</td>
<td></td>
</tr>
<tr>
<td>iii) Githunguri</td>
<td>x) Gatundu south</td>
<td></td>
</tr>
<tr>
<td>iv) Ruiru</td>
<td>xi) Kiambu</td>
<td></td>
</tr>
<tr>
<td>v) Thika town</td>
<td>xii) Kiambaa</td>
<td></td>
</tr>
<tr>
<td>vi) Kabete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vii) Juja</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Kikuyu, Gatundu North, Githunguri, Ruiru, Thika town, Kabete and Juja had high population while Limuru, Lari, Gatundu south, Kiambu and Kiambaa had low population.

### 3.2.3 Sampling Technique

Purposive sampling was employed to choose a sample size. This entailed three schools from each category. To select the respondents, random sampling technique was used. The study adopted random sampling technique because the technique was efficient and cost effective and allowed application of statistical methods to the data, including identifying the degree of error due to the sampling on high school students from county and sub government of Kiambu as listed above.

### 3.2.4 Sample Size

Yamane’s formula 2001 was used to determine the sample size from the population of 49200 students. In the sampling, a confidence level of 95% was considered in this sampling
calculation. On a population of 49,200 high school students present in Kiambu County, a sample of 276 respondents was sampled. This provided a maximum variability, P =0.06.

\[
\text{Yamane formula} = n = \frac{N}{1+\frac{N(e)\times e}{2}}
\]

Where \( n \) is the size of the sample, \( N \) is the size of population and \( e \) is the precision level

\[
n = \frac{49200}{1+49200(0.06)^2}
\]

\[
n = 276
\]

The population and sample size from each of the 6 randomly selected sub counties are shown in Table 3.4.

### Table 3.3: Sample Size

<table>
<thead>
<tr>
<th>Sub County</th>
<th>Population</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Kikuyu</td>
<td>11,000</td>
<td>62</td>
</tr>
<tr>
<td>ii) Gatundu North</td>
<td>10,000</td>
<td>56</td>
</tr>
<tr>
<td>iii) Githunguri</td>
<td>11,000</td>
<td>62</td>
</tr>
<tr>
<td>iv) Kiambaa</td>
<td>3,000</td>
<td>17</td>
</tr>
<tr>
<td>v) Kiambu</td>
<td>7,200</td>
<td>40</td>
</tr>
<tr>
<td>vi) Juja</td>
<td>7,000</td>
<td>39</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49,200</strong></td>
<td><strong>276</strong></td>
</tr>
</tbody>
</table>

From Table 3.3, the sub county with the highest sample size was Kikuyu and Githunguri with a sample size of 62 each. The total sample size was 276.

### 3.3 Data Collection Methods

Secondary and primary data was used. The data was collected from high school students. A questionnaire was used as the data collection method. The questionnaire was used to collect data from the respondents and to elicit information from open and closed-ended questions.

The variables on the specific objectives of the study were measured in interval scales on a five-point Likert scale (1-representing strongly agree to 5– strongly disagree) to determine
respondents’ agreement with the statements given based on the specific objectives of this research.

3.3.1 Research Instruments

A questionnaire was designed to capture information on; Demographics of the respondents and the specific objectives. The questionnaire was administered to the students by hand delivery. The researcher engaged Research Assistants who were trained in data collection. The research Assistants did their work by distributing the questionnaire to the targeted population. A total of 276 questionnaires were distributed to the target population. In order to achieve a high response rate, appointments were booked before the research assistants deliver and collect the questionnaires to the targeted people. The respondents were given two days to complete the questionnaire and a reminder sent via email to remind those who had not filled the questionnaire. The questionnaires were then collected after the two days and a sequential number given to each questionnaire.

3.4 Reliability and Validity of the Instruments

3.4.1 Pilot Study

The pilot study aided the correction of inconsistencies arising from the instruments, which ensured that they measure what was intended. A pilot test involving 28 respondents was carried out to evaluate the completeness, precision, accuracy and clarity of the questionnaire. This ensured the reliability of the data collection instruments used. Based on the feedback from the twenty-eight respondents, questions on non counselling interventions were introduced in the questionnaire and the final questionnaire prepared for collection of data.

3.4.2 Validity

To ensure measurement errors are kept to a minimum. It was necessary to determine properties of the measure that gives confidence that the instrument is doing its job properly. The first property is validity, which is whether an instrument measures what it sets out to measure. The second is reliability, which is whether an instrument can interpret consistently across different situation (Andy,2013).
3.4.3 Reliability

Validity is a necessary but not sufficient condition of a measure. A second consideration is reliability, which is the ability of a measure to produce the same results under the same conditions (Andy, 2013).

To establish reliability of the questionnaire, a test-retest technique was employed. It was done by administering the questionnaires to the respondents in the pilot study. The questionnaire responses was scored and then correlated to establish whether the contents of the questionnaire are eliciting the same responses. Cronbach’s alpha was used to measure of internal consistency of the questionnaire. When the index of Cronbach alpha was found to be more than 0.7, the item in the questionnaire was considered to be reliable.

Table 3.4: Reliability Analysis

<table>
<thead>
<tr>
<th>Scale</th>
<th>Cronbach's Alpha</th>
<th>Comments</th>
<th>No. of items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling and non-counseling interventions used</td>
<td>0.84</td>
<td>Good</td>
<td>16</td>
</tr>
<tr>
<td>Effectiveness of counseling and non-counseling</td>
<td>0.82</td>
<td>Acceptable</td>
<td>16</td>
</tr>
<tr>
<td>interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution of non-counseling interventions</td>
<td>0.74</td>
<td>Acceptable</td>
<td>16</td>
</tr>
<tr>
<td>Average</td>
<td>0.80</td>
<td>Reliable</td>
<td>16</td>
</tr>
</tbody>
</table>

Cronbach’s alpha is a measure of internal consistency, that is, how closely related to a set of items are as a group. It is considered to be a measure of scale reliability. The reliability test shows that the questionnaire was acceptable thus reliable. This is supported by a Cronbach's Alpha average of 0.80 for the 20 items entered. All the objectives were acceptable as shown by counseling and non-counseling interventions used, 0.84; effectiveness of counseling and non-counseling interventions, 0.82; contribution of non-counseling interventions, 0.74. When the alpha is above 0.7, it means the questions are acceptable (Mohsen & Dennick, 2011).
3.5 **Data Analysis Methods**

Analysis of data began with cleaning raw data for accuracy and completeness. The data was first organized then coded. It was analyzed using Statistical Package for Social Science (SPSS) version 28. Quantitative data was analyzed using frequencies to generate means and percentages. Qualitative data was used in developing narratives in order to draw conclusions. Tables, pie charts and bar graphs were used to present the data.

3.6 **Ethical Considerations**

To maintain high standards of research ethics consideration, a high level of confidentiality was maintained. Personalized information like name, identification number in the questionnaire was not included.

To be compliant with the government’s policy on research, a research permit was obtained from the National Commission for Science, Technology and Innovation (NACOSTI) (Appendix V). The researcher obtained consent from the organizations which the study was carried out (Appendix III). The researcher maintained high ethical standards by making sure that data used in the study was obtained from the targeted respondents.

3.7 **Chapter Summary**

This chapter contained the research methodology. The research design, population and sampling were presented. In addition, data collection methods, reliability and validity of the instrument, data analysis methods and ethical considerations were contained in this chapter. Results and findings were presented in the next chapter.
CHAPTER FOUR

RESULTS AND FINDINGS

4.1 Introduction

This chapter presents the respondents’ profile and results based on descriptive and inferential statistical data. Descriptive analysis involved frequencies and graphs. The inferential analysis involved the regression of selected independent variables on the dependent variable to address objectives of the study.

4.2 Respondents Profile

Findings on the respondents’ profile include the presentation of response rates, demographics, and the level of awareness of alcohol and marijuana abuse among students in high schools.

Out of the targeted 276 questionnaire respondents from Kiambu County, 255 participated in the research, representing as 92% response rate. Twenty one (21) questionnaire returned either had no response or had more than 70% incomplete responses. In this analysis and report writing was conducted from March, 2019 to July 2019. The sampled sub-counties from Kiambu County were Kiambaa, Githunguri, Kikuyu, Juja, Gatundu North and Kiambu are shown on Figure 4.1.

![Figure 4.1: Response Rates per Sub-County](image)

**Figure 4.1: Response Rates per Sub-County**
The study revealed that Githunguri sub-county had the highest population representing 24% followed by Kikuyu Sub-county representing 23% while Kiambaa sub-county had the least population representing 7%.

4.2.1 Age and Gender of the Respondents

The results on the number of respondents in the age brackets ranged from between, less than< 16, 16-20, 20-25 and more than> 26. The results on age of respondents were presented in Table 4.1 based on the age brackets.

Table 4.1: Age of the Respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>less than&lt; 16</td>
<td>88</td>
<td>36</td>
</tr>
<tr>
<td>16-20</td>
<td>155</td>
<td>60</td>
</tr>
<tr>
<td>20-25</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>More than&gt; 26</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>255</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.1 shows that most of the respondents representing 155 (60%) had an age bracket range of 16-20, a few respondents representing 2 (1%) were from the age bracket of 20-25 and > 26. 9 (4%) persons did not respond on their age group.
4.2.2 Gender of the Respondents

The gender of the respondents comprised of male and female. The results on were illustrated in Figure 4.2.

![Figure 4.2: Gender of the Respondents](image)

Figure 4.2 shows that most of the respondents were male representing 170 (67%). The female represented 80 (31%). 9 (4%) of the persons did not respond to the gender identification.

4.2.3 School Category and Sub-County

Table 4.2 shows the number of students in sub-county schools.

<table>
<thead>
<tr>
<th>School Category</th>
<th>Number of Respondents</th>
<th>Valid Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>County School</td>
<td>101</td>
<td>40</td>
</tr>
<tr>
<td>Sub-County School</td>
<td>121</td>
<td>47</td>
</tr>
<tr>
<td>Others Specified</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>No Response</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>255</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4.1 reveals that most of the respondents representing 121 (47%) were from sub-
county schools, followed by county schools representing 101 (40%).

Seventeen (7%) respondents did not identify their school category. This shows that the study respondents were familiar with counseling and non-counseling interventions used in preventing alcohol and marijuana abuse among high school students.

### 4.2.4 Awareness of Alcohol and Marijuana Abuse and Reasons for Drug and Substance Abuse

The study sought to find out if the respondents were aware of alcohol and marijuana abuse in high schools.

![Figure 4.3: Awareness of Alcohol and Marijuana Abuse](image)

**Figure 4.3: Awareness of Alcohol and Marijuana Abuse**

Figure 4.3 shows that approximately half 147 (58%) were aware of alcohol and marijuana abuse in schools.

The reasons given for students abuse alcohol and marijuana were varied. The research required at least four opinions per respondent, but of the respondents gave at least one opinion.
Figure 4.4: Causes for Alcohol and Marijuana Abuse Among High School

Figure 4.4 reveals that peer pressure was the main reasons for using alcohol and marijuana (135; 53%). In addition, 92 (36%) felt that stress was the main reasons for students use alcohol and marijuana with only 2 (1%) feeling that availability of money for wastage was the using alcohol and marijuana. The four main reasons given for using alcohol and marijuana were peer pressure, stress, feeling unique and lack of good parenting.

4.3 Counseling and Non-Counseling Interventions Used in Preventing Alcohol and Marijuana Abuse among High School Students

The first objective sought to identify the counseling and non-counseling interventions used to prevent alcohol and marijuana abuse among high school students.

4.3.1 Counseling Used in Preventing Alcohol and Marijuana Abuse

The respondents were asked to identify the counselling interventions used in their school. The results were illustrated in Table 4.3.
<table>
<thead>
<tr>
<th></th>
<th>Very low extent</th>
<th>Low extent</th>
<th>Moderate extent</th>
<th>Great extent</th>
<th>Very great extent</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Peer counselling</td>
<td>No.</td>
<td>45</td>
<td>28</td>
<td>15</td>
<td>92</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>17.7</td>
<td>11.0</td>
<td>5.9</td>
<td>36.1</td>
<td>29.4</td>
<td>3.5</td>
</tr>
<tr>
<td>b) Guidance and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>counselling services</td>
<td>No</td>
<td>15</td>
<td>25</td>
<td>45</td>
<td>88</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>5.9</td>
<td>9.8</td>
<td>17.7</td>
<td>34.5</td>
<td>32.2</td>
<td>3.8</td>
</tr>
<tr>
<td>c) Cognitive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>counselling</td>
<td>No</td>
<td>25</td>
<td>23</td>
<td>69</td>
<td>84</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>9.8</td>
<td>9.0</td>
<td>27.1</td>
<td>32.9</td>
<td>21.2</td>
<td>3.5</td>
</tr>
<tr>
<td>d) Motivational</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>interviewing</td>
<td>No</td>
<td>37</td>
<td>36</td>
<td>32</td>
<td>85</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>14.5</td>
<td>14.1</td>
<td>12.6</td>
<td>33.3</td>
<td>25.5</td>
<td>3.4</td>
</tr>
<tr>
<td>e) Personal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>counselling</td>
<td>No</td>
<td>31</td>
<td>33</td>
<td>34</td>
<td>85</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>12.2</td>
<td>12.9</td>
<td>13.3</td>
<td>33.3</td>
<td>28.2</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Table 4.3: Counselling Interventions Used in Preventing Alcohol and Marijuana Abuse

Table 4.3 shows that most 167 (65.49%) of the respondents indicated that peer counselling was used to prevent alcohol and marijuana abuse among high school students to a great extent, 15 (5.88%) indicated to a moderate extent and 73 (28.63%) indicated to a low extent. The mean score was 3.49 and standard deviation of 0.25. To prevent alcohol and marijuana abuse among high school students, peer counselling was used.

On guidance and counselling services, 170 (66.67%) indicated that it was used to prevent alcohol and marijuana abuse among high school students to a great extent, 45 (17.65%) indicated to a moderate extent and 40 (15.69%) indicated to a low extent. The mean score was 3.77 and standard deviation of 0.43. Guidance and counselling services was used to prevent alcohol and marijuana abuse among high school students.

On cognitive counselling, 138 (54.12%) indicated that it was used to prevent alcohol and marijuana abuse among high school students to a great extent, 69 (27.06%) indicated to a moderate extent and 48 (18.82%) indicated to a low extent.
The mean score was 3.47 while the standard deviation was 0.12. To prevent alcohol and marijuana abuse among high school students, cognitive counselling was used.

On personal counselling, 157 (61.57%) indicated that it was used to prevent alcohol and marijuana abuse among high school students to a great extent, 34 (13.33%) indicated to a moderate extent and 64 (25.10%) indicated to a low extent. The mean score was 3.53 and standard deviation of 0.18. To prevent alcohol and marijuana abuse among high school students, personal counselling was used.

### 4.3.2 Non-Counseling Interventions Used in Preventing Alcohol and Marijuana Abuse

The respondents were asked to identify the non-counselling interventions used in their school. The results were illustrated in Table 4.4.

**Table 4.4: Non-Counselling Interventions Used in Preventing Alcohol and Marijuana Abuse**

<table>
<thead>
<tr>
<th></th>
<th>Very low extent</th>
<th>Low extent</th>
<th>Moderate extent</th>
<th>Great extent</th>
<th>Very great extent</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) County policies</td>
<td>12</td>
<td>31</td>
<td>90</td>
<td>85</td>
<td>37</td>
<td>3.4</td>
<td>0.2</td>
</tr>
<tr>
<td>b) School rules and norms</td>
<td>10</td>
<td>13</td>
<td>50</td>
<td>89</td>
<td>93</td>
<td>3.9</td>
<td>0.5</td>
</tr>
<tr>
<td>c) Community Expectation</td>
<td>35</td>
<td>20</td>
<td>78</td>
<td>76</td>
<td>46</td>
<td>3.3</td>
<td>0.3</td>
</tr>
<tr>
<td>d) Life skills development</td>
<td>17</td>
<td>28</td>
<td>42</td>
<td>79</td>
<td>89</td>
<td>6.7</td>
<td>0.2</td>
</tr>
<tr>
<td>e) Co-curricular activities</td>
<td>30</td>
<td>27</td>
<td>74</td>
<td>59</td>
<td>65</td>
<td>11.8</td>
<td>0.1</td>
</tr>
</tbody>
</table>
Table 4.4 shows that 90 (35.3%) of the respondents indicated that county policies were used to prevent alcohol and marijuana abuse among high school students to a moderate extent, 85 (33.3%) indicated to a great extent, 37 (14.5%) indicated to a very great extent, 31 (12.2%) indicated to a low extent and 12 (4.7%) indicated to a very low extent. The mean score was 3.4 and standard deviation of 0.2. To prevent alcohol and marijuana abuse among high school students, county policies were used.

On school rules and norms, 93 (36.5%) indicated that it was used to prevent alcohol and marijuana abuse among high school students to a very great extent, 89 (34.9%) indicated to a great extent, 50 (19.6%) indicated to a moderate extent, 13 (5.1%) indicated to a low extent and 10 (3.9%) indicated to a very low extent. The mean score was 3.9 and standard deviation of 0.5. School rules and norms were used to prevent alcohol and marijuana abuse among high school students.

On community expectation, 78 (30.6%) indicated that it was used to prevent alcohol and marijuana abuse among high school students to a moderate extent, 76 (29.8%) indicated to a great extent, 46 (18.0%) indicated to a very great extent, 35 (13.7%) indicated to a very low extent and 20 (7.8%) indicated to a low extent. The mean score was 3.3 and standard deviation of 0.3. Community expectation was frequently used to prevent alcohol and marijuana abuse among high school students.

On life skills development, 89 (34.9%) indicated that it was used to prevent alcohol and marijuana abuse among high school students to a very great extent, 79 (31.0%) indicated to a great extent, 42 (16.5%) indicated to a moderate extent, 28 (11.0%) indicated to a low extent, 17 (6.7%) indicated to a very low extent. The mean score was 3.8 and standard deviation of 0.2. To prevent alcohol and marijuana abuse among high school students, life skills development was used.

On co-curricular activities, 74 (29.0%) indicated that it was used to prevent alcohol and marijuana abuse among high school students to a moderate extent, 65 (25.5%) indicated to a very great extent, 59 (23.1%) indicated to a great extent, 30 (11.8%) indicated to a very low extent, 27 (10.6%) indicated to a low extent.
The mean score was 3.4 and standard deviation of 0.1. Co-curricular activities were used to prevent alcohol and marijuana abuse among high school students.

4.4 Effectiveness of Counseling and Non-Counseling Interventions Used to Prevent Marijuana and Alcohol Abuse Among High School Students

The second objective sought to find out the effectiveness of counseling and non-counseling interventions used to prevent marijuana and alcohol abuse among high school students. It was divided into two sections: counseling interventions and non-counseling interventions.

4.4.1 Effectiveness of Counseling Interventions Used to Prevent Marijuana and Alcohol Abuse

The study investigated the effectiveness of counseling interventions used to prevent marijuana and alcohol abuse. The findings were illustrated in Table 4.4.
Table 4.5: Effectiveness Counseling Interventions Used to Prevent *Marijuana* and Alcohol Abuse

<table>
<thead>
<tr>
<th>Counseling Interventions</th>
<th>SD</th>
<th>D</th>
<th>U</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Peer counselling is effective in handling alcohol and marijuana abuse</td>
<td>No</td>
<td>45</td>
<td>28</td>
<td>15</td>
<td>92</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>17.7</td>
<td>11.0</td>
<td>5.9</td>
<td>36.1</td>
<td>29.4</td>
<td>3.5</td>
</tr>
<tr>
<td>b) Guidance and counselling services control abuse of alcohol and marijuana.</td>
<td>No</td>
<td>15</td>
<td>25</td>
<td>48</td>
<td>88</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>5.9</td>
<td>9.8</td>
<td>18.8</td>
<td>34.5</td>
<td>31.0</td>
<td>3.8</td>
</tr>
<tr>
<td>c) Students in the school are aware of guidance and counselling services that address alcohol and marijuana abuse</td>
<td>No</td>
<td>18</td>
<td>39</td>
<td>46</td>
<td>78</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>7.1</td>
<td>15.3</td>
<td>18.0</td>
<td>30.6</td>
<td>29.0</td>
<td>3.6</td>
</tr>
<tr>
<td>d) Guidance and counselling services have been used in your school to address the problem of Alcohol and Marijuana abuse</td>
<td>No</td>
<td>25</td>
<td>16</td>
<td>30</td>
<td>95</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>9.8</td>
<td>6.3</td>
<td>11.8</td>
<td>37.3</td>
<td>34.9</td>
<td>3.8</td>
</tr>
<tr>
<td>e) Cognitive counselling reduces cases of Alcohol and Marijuana abuse</td>
<td>No</td>
<td>25</td>
<td>32</td>
<td>69</td>
<td>75</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>9.8</td>
<td>12.6</td>
<td>27.1</td>
<td>29.4</td>
<td>21.2</td>
<td>3.4</td>
</tr>
<tr>
<td>f) Motivational interviewing reduces cases of Alcohol and Marijuana abuse</td>
<td>No</td>
<td>33</td>
<td>36</td>
<td>42</td>
<td>85</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>12.9</td>
<td>14.1</td>
<td>16.5</td>
<td>33.3</td>
<td>23.1</td>
<td>3.4</td>
</tr>
<tr>
<td>g) Personal counseling enhances positive relationship</td>
<td>No</td>
<td>31</td>
<td>33</td>
<td>40</td>
<td>85</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>12.2</td>
<td>12.9</td>
<td>15.7</td>
<td>33.3</td>
<td>25.9</td>
<td>3.5</td>
</tr>
<tr>
<td>h) Guidance and counselling imparts resistance skills to alcohol and Marijuana use</td>
<td>No</td>
<td>28</td>
<td>38</td>
<td>48</td>
<td>94</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>11.0</td>
<td>14.9</td>
<td>18.8</td>
<td>36.9</td>
<td>18.4</td>
<td>3.4</td>
</tr>
<tr>
<td>i) Guidance and counselling imparts skills to cope with challenges of adolescent transformation.</td>
<td>No</td>
<td>31</td>
<td>21</td>
<td>25</td>
<td>85</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>12.2</td>
<td>8.2</td>
<td>9.8</td>
<td>33.3</td>
<td>36.5</td>
<td>3.7</td>
</tr>
</tbody>
</table>

It is evident from the table that most 92 (36.08%) of the respondents agreed that peer counselling was effective in handling alcohol and marijuana abuse, followed by 75 (29.41%) who strongly agreed, 45 (17.65%) strongly disagreed, 28 (10.98%) disagreed and 15 (5.88%) were uncertain. The mean score was 3.49 and standard deviation was 1.456. Peer counselling was not effective in handling alcohol and marijuana abuse.
In addition, 88 (34.51%) of the respondents agreed, 79 (30.98%) strongly agreed, 48 (18.82%) were uncertain, 25 (9.80%) disagreed and 15 (5.88%) strongly disagreed that guidance and counselling services was effective in controlling abuse of alcohol and marijuana. The mean score was 3.75 and standard deviation was 1.171. Guidance and counselling services was effective in handling alcohol and marijuana abuse.

The results indicate that 78 (30.59%) agreed, 74 (29.02%) strongly agreed, 46 (18.04%) uncertain, 39 (15.29%) disagreed and 18 (7.06%) strongly disagreed that students in the school were aware of guidance and counselling services that addressed alcohol and marijuana abuse. The mean score was 3.59 and standard deviation was 1.262. The respondents were aware of guidance and counselling services that addressed alcohol and marijuana abuse.

Moreover, 95 (37.25%) agreed, 89 (34.90%) strongly agreed, 30 (11.76%) uncertain, 25 (9.80%) strongly disagreed and 16 (6.27%) disagreed that guidance and counselling services had been used in the school to address the problem of alcohol and marijuana abuse. The mean score was 3.81 and standard deviation was 1.262. Guidance and counselling services had been used in the school to address the problem of alcohol and marijuana abuse.

The results showed that 75 (29.41%) agreed, 69 (27.06%) uncertain, 54 (21.18%) strongly agreed, 32 (12.55%) disagreed and 25 (9.80%) strongly disagreed that cognitive counseling reduced cases of alcohol and marijuana abuse. The mean score was 3.40 and standard deviation was 1.22. Cognitive counseling did not reduce cases of alcohol and marijuana abuse.

Eighty five 85 (33.33%) agreed that motivational interviewing reduced cases of alcohol and marijuana abuse, 59 (23.14%) strongly agreed, 42 (16.47%) were uncertain, 36 (14.12%) disagreed and 33 (12.94%) strongly disagreed. The mean score was 3.40 and standard deviation was 1.347. Motivational interviewing did not reduce cases of alcohol and marijuana abuse.

The results also revealed that 85 (33.33%) agreed, 66 (25.88%) strongly agreed, 40 (15.69%) uncertain, 33 (12.94%) disagreed and 31 (12.16%) strongly disagreed that personal
counseling enhanced positive relationship. The mean score was 3.48 and standard deviation was 1.341. Personal counseling did not enhance positive relationships.

Finally, 94 (36.86%) agreed, 48 (18.82%) uncertain, 47 (18.43%) strongly agreed, 38 (14.90%) disagreed and 28 (10.98%) strongly disagreed that guidance and counseling imparted resistance skills to alcohol and Marijuana use. The mean score was 3.37 and standard deviation was 1.244. Guidance and counseling did not impart resistance skills to alcohol and Marijuana use.

The results also showed, 93 (36.47%) strongly agreed, 85 (33.33%) agreed, 31 (12.16%) strongly disagreed, 25 (9.80%) uncertain and 21 (8.24%) disagreed that guidance and counseling imparted skills to cope with challenges of adolescent transformation. The mean score was 3.74 and standard deviation was 1.335. The means indicates that counseling interventions used to prevent marijuana and alcohol was effective. Guidance and counseling imparted skills to cope with challenges of adolescent transformation.
4.4.2 Non-Counseling Interventions Used to Prevent Marijuana and Alcohol Abuse

The study sought to find out how effective non-counseling interventions used to prevent marijuana and alcohol abuse were. The findings were illustrated in Table 4.6.

Table 4.6: Effectiveness of Non-Counseling Interventions Used to Prevent Marijuana and Alcohol Abuse

<table>
<thead>
<tr>
<th>Non-counseling interventions</th>
<th>SD</th>
<th>D</th>
<th>U</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Government policies help in boosting the prevention of alcohol and marijuana abuse among high school students</td>
<td>No</td>
<td>66</td>
<td>38</td>
<td>31</td>
<td>76</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>25.9</td>
<td>14.9</td>
<td>12.2</td>
<td>29.8</td>
<td>17.7</td>
<td>3.0</td>
<td>1.5</td>
</tr>
<tr>
<td>b) School rules and norms can be used to prevent alcohol and marijuana abuse among high school students</td>
<td>No</td>
<td>35</td>
<td>48</td>
<td>45</td>
<td>69</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>13.7</td>
<td>18.8</td>
<td>17.7</td>
<td>27.1</td>
<td>22.8</td>
<td>3.3</td>
<td>1.4</td>
</tr>
<tr>
<td>c) Community expectation can be used to prevent alcohol and marijuana abuse among high school students</td>
<td>No</td>
<td>43</td>
<td>65</td>
<td>37</td>
<td>73</td>
<td>37</td>
<td>3.0</td>
</tr>
<tr>
<td>%</td>
<td>16.9</td>
<td>25.5</td>
<td>14.5</td>
<td>28.6</td>
<td>14.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Life skill development prevents alcohol and marijuana abuse among high school students</td>
<td>No</td>
<td>27</td>
<td>33</td>
<td>44</td>
<td>80</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>10.6</td>
<td>12.9</td>
<td>17.3</td>
<td>31.4</td>
<td>27.8</td>
<td>3.5</td>
<td>1.3</td>
</tr>
<tr>
<td>e) Participation in co-curriculum activities prevents alcohol and marijuana abuse among high school students</td>
<td>No</td>
<td>34</td>
<td>37</td>
<td>39</td>
<td>64</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>13.3</td>
<td>14.5</td>
<td>15.3</td>
<td>25.1</td>
<td>31.8</td>
<td>3.5</td>
<td>1.4</td>
</tr>
<tr>
<td>f) Mentoring and coaching prevents alcohol and marijuana abuse among high school students</td>
<td>No</td>
<td>16</td>
<td>27</td>
<td>46</td>
<td>88</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>6.3</td>
<td>10.6</td>
<td>18.0</td>
<td>34.5</td>
<td>30.6</td>
<td>3.7</td>
<td>1.2</td>
</tr>
</tbody>
</table>

From Table 4.6, 76 (29.80%) agreed, 66 (25.88%) strongly disagreed, 45 (17.65%) strongly agreed, 38 (14.90%) disagreed and 31 (12.16%) were uncertain that government policies helped in boosting the prevention of alcohol and marijuana abuse among high school students. The mean score was 3.00 and standard deviation was 1.471. Government policies did not help in boosting the prevention of alcohol and marijuana abuse among high school students.
In addition, 69 (27.06%) agreed, 58 (22.75%) strongly agreed, 48 (18.82%) disagreed, 45 (17.65%) were uncertain and 35 (13.73%) strongly disagreed that school rules and norms could be used to prevent alcohol and marijuana abuse among high school students. The mean score was 3.26 and standard deviation was 1.361. School rules and norms cannot be used to prevent alcohol and marijuana abuse among high school students.

The results showed, 73 (28.63%) agreed, 65 (25.49%) disagreed, 43 (16.86%) strongly disagreed, 37 (14.51%) were uncertain and 37 (14.51%) strongly agreed that community expectation could be used to prevent alcohol and marijuana abuse among high school students. The mean score was 2.98 and standard deviation was 1.332. Community expectation cannot be used to prevent alcohol and marijuana abuse among high school students.

Moreover, 80 (31.37%) agreed, 71 (27.84%) strongly agreed, 44 (17.25%) uncertain, 33 (12.94%) disagreed and 27 (10.59%) strongly disagreed that life skill development prevented alcohol and marijuana abuse among high school students. The mean score was 3.53 and standard deviation was 1.303. To prevent alcohol and marijuana abuse among high school students, life skill development was used.

Eighty one, 81 (31.76%) strongly agreed, 64 (25.10%) agreed, 39 (15.29%) were uncertain, 37 (14.51%) disagreed and 34 (13.33%) strongly disagreed that participation in co-curriculum activities prevented alcohol and marijuana abuse among high school students. The mean score was 3.47 and standard deviation was 1.403. Participation in co-curriculum activities did not prevent alcohol and marijuana abuse among high school students.

Finally, 88 (34.51%) agreed, 78 (30.59%) strongly agreed, 46 (18.04%) were uncertain, 27 (10.59%) disagreed and 16 (6.27%) strongly disagreed that mentoring and coaching prevents alcohol and marijuana abuse among high school students. The mean score was 3.73 and standard deviation was 1.181. Alcohol and marijuana abuse among high school students was prevented by mentoring and coaching.
4.5 Contribution of Non-Counseling Interventions to the Prevention of Marijuana and Alcohol Abuse in High School

The third objective was to find out the contribution of non-counseling interventions to the prevention of marijuana and alcohol abuse in high school. To analyze this objective, Table 4.6

Table 4.7: Contribution of Non-Counseling Interventions to the Prevention of Marijuana and Alcohol Abuse

<table>
<thead>
<tr>
<th>Statement</th>
<th>SD</th>
<th>D</th>
<th>U</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expulsion from school</td>
<td>No</td>
<td>%</td>
<td>22.8</td>
<td>11.0</td>
<td>11.0</td>
<td>23.1</td>
<td>23.5</td>
</tr>
<tr>
<td>The local community has the ability to identify drug abusing students</td>
<td>No</td>
<td>%</td>
<td>17.7</td>
<td>20.4</td>
<td>14.5</td>
<td>24.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Parent-Teacher-Association (PTA) and Board of Management (BOM) are involved in Tackling Alcohol and Marijuana abuse problems in the school</td>
<td>No</td>
<td>%</td>
<td>14.1</td>
<td>12.6</td>
<td>12.9</td>
<td>29.0</td>
<td>24.3</td>
</tr>
<tr>
<td>The community assists the head teacher in minimizing alcohol and marijuana abuse among students by reporting any suspicious behaviour.</td>
<td>No</td>
<td>%</td>
<td>18.8</td>
<td>12.6</td>
<td>14.1</td>
<td>26.3</td>
<td>21.6</td>
</tr>
</tbody>
</table>

Table 4.6 revealed that 60 (23.53%) strongly agreed, 59 (23.14%) agreed, 58 (22.75%) strongly disagreed, 28 (10.98%) disagreed and 28 (10.98%) were uncertain that expulsion from school contributed to the prevention of marijuana and alcohol abuse in high school. The mean score was 3.15 and standard deviation was 1.545. Expulsion from school did not contribution to the prevention of marijuana and alcohol abuse in high school.

In addition, 62 (24.31%) agreed, 52 (20.39%) disagreed, 45 (17.65%) strongly disagreed, 39 (15.29%) strongly agreed, 37 (14.51%) were uncertain that the local community had the ability to identify drug abusing students thus contributing to prevention of marijuana and alcohol abuse. The mean score was 2.99 and standard deviation was 1.387.
The local community did not have the ability to identify drug abusing students thus contributing to prevention of marijuana and alcohol abuse.

Moreover, 74 (29.02%) agreed, 62 (24.31%) strongly agreed, 36 (14.12%) strongly disagreed, 33 (12.94%) were uncertain and 32 (12.55%) disagreed that Parent-Teacher-Association (PTA) and Board of Management (BOM) were involved in tackling Alcohol and Marijuana abuse problems in the school thus contributing to the prevention of marijuana and alcohol abuse. The mean score was 3.4 and standard deviation was 1.397. Parent-Teacher-Association (PTA) and Board of Management (BOM) were not involved in tackling Alcohol and Marijuana abuse problems in the school thus contributing to the prevention of marijuana and alcohol abuse.

Finally, 67 (26.27%) agreed, 55 (21.57%) strongly agreed, 48 (18.82%) strongly disagreed, 36 (14.12%) were uncertain and 32 (12.55%) disagreed that the community assisted the head teacher in minimizing alcohol and marijuana abuse among students by reporting any suspicious behaviour thus contributing to the prevention of marijuana and alcohol abuse in high school. The mean score was 3.21 and standard deviation was 1.454. The community did not assist the head teacher in minimizing alcohol and marijuana abuse among students by reporting any suspicious behaviour thus contributing to the prevention of marijuana and alcohol abuse in high school.

4.6 Challenges Faced in Counseling and Non-Counseling Interventions for the Prevention of Marijuana and Alcohol Abuse, Among High School Students

The fourth objective sought to find out the challenges faced in using counseling and non-counseling interventions for the prevention of marijuana and alcohol abuse, among high school students. Most of the respondents listed challenges relating to lack of support from parents and teachers, stigma from people if they accepted counseling and fear of school expulsion if they did not say the truth. Other challenges listed by the respondents included peer influence which made them not say the truth because they feared being stigma by their peers, ignorance and hostility.
4.7 Summary

This chapter presents the findings related to respondents profile, counseling and non-counseling interventions used in preventing alcohol and marijuana abuse and effectiveness of counseling and non-counseling interventions used to prevent marijuana and alcohol abuse among high school students. The findings also related to contribution of non-counseling interventions to the prevention of marijuana and alcohol abuse in high school and challenges faced in counseling and non-counseling interventions for the prevention of marijuana and alcohol abuse, among high school students. Summary, conclusions and recommendations of the study were presented in the next chapter.
CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The findings were summarised in this chapter. In addition, conclusions and the recommendations were presented.

5.2 Summary of the Findings

The study used a descriptive survey design to assess the effectiveness of counseling and non-counseling interventions used in preventing alcohol and marijuana abuse among high school students in Kiambu County. The specific intentions were: Identifying the counseling and non-counseling interventions used to prevent alcohol and marijuana abuse among high school students; Investigate the effectiveness of counseling and non-counseling interventions used to prevent marijuana and alcohol abuse among high school students; Determine how non-counseling interventions contribute to the prevention of marijuana and alcohol abuse in high school; and Assess challenges faced in counseling and non-counseling interventions for the prevention of marijuana and alcohol abuse, among high school students. The total population was comprised of County and Sub County high school students from Kiambu County. Kikuyu, Gatundu North, Githunguri, Kiambaa, Kiambu and Juja sub counties were selected.

The list of school selection was done through stratified sampling method. Purposive sampling was employed to choose groups of respondents from which a sample of 276 respondents was drawn. To select the respondents, random sampling technique was used. Secondary and primary data was collected from the students and used. The data was then organized and coded. It was later analyzed using Statistical Package for Social Sciences (SPSS). Quantitative data was analyzed using frequencies and percentages.
5.2.1 Counselling and Non-Counselling Interventions Used in Preventing Alcohol and Marijuana Abuse Among High School Students

Findings from the study indicated that the counselling intervention used to a great extent prevented alcohol and marijuana abuse among high school students in priority order were peer counselling (167; 66%); guidance and counselling services (170;67%); personal counselling (157; 62%); motivational interviewing (150; 55%) and cognitive counselling (138; 54%)

The non-counseling interventions used to a great extent were school rules and norms (93; 36.5%); life skills development (89; 35%); county policies (85; 33%); community expectation (76; 30%) and co-curricular activities (59; 23%).

5.2.2 Effectiveness of Counselling and Non-Counselling Interventions Used to Prevent Marijuana and Alcohol Abuse Among High School Students

The study revealed that of the respondents agreed that peer counselling (92; 36%) and guidance and counselling services (88;35%) were the most effective in handling alcohol and marijuana abuse among high school students in Kiambu County. Seventy eight, 78 (31%) agreed that students in the school were aware of guidance and counselling services that sought to address alcohol and marijuana abuse. Moreover, 95 (37.25%) agreed that guidance and counselling services had been used in the schools to address the problem of alcohol and marijuana abuse. Seventy five, 75 (29.41%) agreed that cognitive counseling reduced cases of alcohol and marijuana abuse. Eighty five 85 (33.33%) agreed that motivational interviewing reduced cases of alcohol and marijuana abuse. Eighty five (33%) agreed that personal counseling enhanced positive relationship. Finally, 94 (37%) agreed that guidance and counseling imparted resistance skills to alcohol and marijuana use. Ninety three 93 (36.47%) strongly agreed that guidance and counseling imparted critical skills to help cope with challenges of adolescent transformation.

The study also found that 76 (30%) agreed that government policies helped in boosting the prevention of alcohol and marijuana abuse among high school students. Sixty nine, 69 (27%) agreed that school rules and norms could be used to prevent alcohol and marijuana abuse among high school students.
Seventy three, 73 (29%) agreed that community expectation could be used to prevent alcohol and marijuana abuse among high school students. Moreover, 80 (32%) agreed that life skill development prevented alcohol and marijuana abuse among high school students.

Eighty one, 81 (32%) strongly agreed that participation in co-curriculum activities prevented alcohol and marijuana abuse among high school students. Finally, 88 (35%) agreed that mentoring and coaching prevents alcohol and marijuana abuse among high school students.

5.2.3 Contribution of Non-Counseling Interventions to the Prevention of Marijuana and Alcohol Abuse in High School

The study revealed that 60 (24%) strongly agreed that expulsion from school contributed to the prevention of marijuana and alcohol abuse in high school. In addition, 62 (24%) agreed that the local community had the ability to identify drug abusing students thus contributing to prevention of marijuana and alcohol abuse. Moreover, 74 (29%) agreed that Parent-Teacher-Association (PTA) and Board of Management (BOM) were involved in tackling Alcohol and Marijuana abuse problems in the school thus contributing to the prevention of marijuana and alcohol abuse. Finally, 67 (27%) agreed that the community assisted the head teacher in minimizing alcohol and marijuana abuse among students by reporting any suspicious behaviour thus contributing to the prevention of marijuana and alcohol abuse in high school.

5.2.4 Challenges Faced in Using Counseling and Non-Counseling Interventions for the Prevention of Marijuana and Alcohol Abuse, Among High School Students

The study found that lack of support from parents and teachers, stigma from people in case they accepted counseling and fear of school expulsion thus did not say the truth were the main challenges faced in counseling and non-counseling interventions for the prevention of marijuana and alcohol abuse, among high school students.
5.3 Discussion

5.3.1 Counseling and Non-Counseling Interventions Used in Preventing Alcohol and Marijuana Abuse Among High School Students

Guidance and counselling services was used to prevent alcohol and marijuana abuse among high school students to a great extent. Motivational interviewing was used to prevent alcohol and marijuana abuse among high school students to a great extent. The spirit of motivational interviewing is a collaboration, evocation, and autonomy (Walker et al., 2006).

Personal counselling was used to prevent alcohol and marijuana abuse among high school students to a great extent.

5.3.2 Effectiveness of Counseling and Non-Counseling Interventions Used to Prevent Marijuana and Alcohol Abuse Among High School Students

Motivational interviewing reduced cases of alcohol and marijuana abuse. The counselor’s respectful listening skill and nonjudgmental attitude help build a therapeutic alliance, which aids the client in feeling accepted and builds self-esteem, promoting positive change (Rollnick, 2014). Government policies helped in boosting the prevention of alcohol and marijuana abuse among high school students. School rules and norms, community expectation and life skill development prevented alcohol and marijuana abuse among high school students. This is in line with the Council on School Health and Committee on Substance Abuse (2007), preventive intervention programs are reviewed, including universal, selected, and indicated programs for schools and families, along with a community-based prevention program.
5.3.3 Contribution of Non-Counseling Interventions to the Prevention of Marijuana and Alcohol Abuse in High School

Expulsion from school contributed to the prevention of marijuana and alcohol abuse in high school.

This concurred with Ahmed (2016), study done on drug abuse in secondary schools in Wajir County which showed that 88% of guidance and counseling heads and 100% of the head teachers concurred that suspending students who engage in alcohol and marijuana use helped fight the vice among learners, (Ahmed, 2016). Parent-Teacher-Association (PTA) and Board of Management (BOM) were involved in tackling Alcohol and Marijuana abuse problems in the school thus contributing to the prevention of marijuana and alcohol abuse. First-time alcohol and marijuana offenders in the US the most common consequence notifies school administrators and notifies of the student’s parent or guardians (Small et al., 2010).

5.3.4 Challenges Faced in Counseling and Non-Counseling Interventions for the Prevention of Marijuana and Alcohol Abuse, Among High School Students

The study found that lack of support from parents and teachers, stigma from people in case they accepted counseling were challenges faced in counseling and non-counseling interventions for the prevention of marijuana and alcohol abuse. There is also the possibility that discourse about a lack of knowledge constitutes a defense strategy in response to the complexity of the alcohol and marijuana intervention (Dalbosco, 2011). Fear of school expulsion was the main challenges faced in counseling and non-counseling interventions for the prevention of marijuana and alcohol abuse, among high school students. This differed with Fergusson & Horwood (2009) who suggested that head teachers should formulate rules detering students from engaging in Drug and Substance Abuse. They should use rewards to reinforce good behaviour and punishment to deter noncompliance to school rules on DSA.
5.4 Conclusions

5.4.1 Counseling and Non-Counseling Interventions Used in Preventing Alcohol and Marijuana Abuse Among High School Students

The study concluded that peer counselling, guidance and counselling services, cognitive counselling, Motivational interviewing and personal counselling were used to prevent alcohol and marijuana abuse among high school students to a great extent. During counseling the counselor has the responsibility to contribute to the process of change, concerning his or her client’s personal development. The counselor promotes an atmosphere that is conducive to change. In motivational interviewing, the counselor intentionally aims to resolve client ambivalence and facilitate healthy change.

5.4.2 Effectiveness of Counseling and Non-Counseling Interventions Used to Prevent Marijuana and Alcohol Abuse Among High School Students

The study concluded that peer counselling and guidance and counselling services were effective in controlling abuse of alcohol and marijuana. Students in the school were aware of guidance and counselling services that addressed alcohol and marijuana abuse. Guidance and counseling imparted resistance skills to alcohol and Marijuana use. The counselor’s respectful listening skill and nonjudgmental attitude help build a therapeutic alliance, which aids the client in feeling accepted and builds self-esteem, promoting positive change. Preventive intervention programs are reviewed, including universal, selected, and indicated programs for schools and families, along with a community-based prevention program.

5.4.3 Contribution of Non-Counseling Interventions to the Prevention of Marijuana and Alcohol Abuse in High School

Government policies helped in boosting the prevention of alcohol and marijuana abuse among high school students. To prevent alcohol and marijuana abuse among high school students, life skill development was required. The procedures followed when policy restrictions are violated are central components of school drug policies.
The study concluded that expulsion from school contributed to the prevention of marijuana and alcohol abuse in high school. Punitive methods are associated with crisis management approaches which are reactive in their policies and locate the problem in students. Local community had the ability to identify drug abusing students thus contributing to prevention of marijuana and alcohol abuse. The community assisted the head teacher in minimizing alcohol and marijuana abuse among students by reporting any suspicious behaviour thus contributing to the prevention of marijuana and alcohol abuse in high school.

5.4.4 Challenges Faced in Counseling and Non-Counseling Interventions for the Prevention of Marijuana and Alcohol Abuse, Among High School Students

The study concluded that lack of support from parents and teachers, stigma from people in case they accepted counseling were the challenges faced in counseling and non-counseling interventions for the prevention of marijuana and alcohol abuse, among high school students. There were challenges attributed to the education, such as the difficulty of combining and integrating school projects, a lack of institutional support for actions, a lack of time due to unnecessary school demands, and a lack of teaching resources supporting preventive actions.

5.5 Recommendations

Based on the research findings, it is recommended that:-

5.5.1 General Recommendations

All schools should set up guidance and counselling offices facilitated by professionals to counsel students who indulge in drug abuse. This will help take care of the students with emotional needs that they wish to share in confidence but lack the platform to do so and in return end up turning to drug abuse. Principals also should invite specialists often to talk to students on dangers of drug abuse. Ministry of Education, (MOE) should deploy adequate trained teachers of guidance and counselling in each secondary school.
However, given the current staffing levels in schools, the MOE could consider deploying education officials at Sub-county level, charged with guidance and counselling for a manageable cluster of schools. Within the school, mechanism should be put in place so that all teachers monitor students’ behaviours for early detection and remedial action.

There is need for head teachers to exert their position power in directing students’ efforts towards discipline and good academic performance. Head teachers should use punishment.

There is need for affirmative policy formulation to provide/encourage use of student friendly disciplinary measures like guidance and counseling by professional teacher counselor. Secondary schools should have qualified guidance and counselling teachers to help students struggling with drugs.

Teachers training curriculum should be modified to incorporate school discipline studies particularly drug abuse and the Ministry of Education Science and Technology should expand its spheres of coverage to incorporate school principals in addressing the challenges faced in enhancing student discipline.

Guiding and counseling should be emphasized when enhancing student discipline by sensitizing the teachers and students on the importance of counseling. More and more teacher counselors should be trained in guidance and counseling. Democratically elected student council should be empowered to coach other students on schools norms and values hence strengthening peer counseling. Parents and teachers should monitor the company that the students keep to ensure they do not involve themselves with students or non-students who abuse drugs.

The teachers should set a good example to the students. They should avoid going to school when they are drunk or using other drugs in the presence of the students. They should also work to have better relationships with the students.

During open days and other forums at school, the school management should liaise and invite experts in parenting to sensitize the parents on their roles in bringing up children and preventing them from falling into the trap of drug and substance abuse.
Government interventions should target both low and high-risk families. As many parents as possible should be included in these programmes and not only those involved in school management affairs such as those in the Board of Governors (BOG) or Parent-Teacher Associations (PTA).

Ministry of education should formulate uniform policy to guard against disparities in addressing drug abuse in schools. This policy would be an important component of a comprehensive drug preventive strategy for youth in schools. Since some parents may lack exposure on issues related to drug abuse, the MOE and NACADA should take the lead in organizing parenting programmes, and continuously making information available on how to address drug abuse among their children.

The issue of drug abuse among the students should remain on the agendas of policy makers in the country, especially elected leaders, so as to maintain long-term commitment to solving the drug problem. This could include advocacy, creating awareness, and meet-the-people campaigns.

5.5.2 Recommendations for Further Research

A similar study could be carried out in other counties to find out whether the same results will be obtained so as to allow for generalization of results.

Research is needed to ascertain the relationship between school policy and drug abuse among students.

More investigations are needed on the methods used to address drug abuse in schools in various parts of Kenya because the methods used to address the problem may differ according to different circumstances.
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Ng'ang'a, R. (2013). A Study of Participatory Approaches Used by the Head Teachers to Control Drug Abuse in Public Secondary Schools in Nyeri County. Nairobi: UON.


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APPENDIX I: DEBRIEFING FORM

Effectiveness of Counseling and Non-counseling Interventions in Preventing Alcohol and Marijuana Abuse Among High School Students in Kiambu County

For having agreed to participate in this study, thank you. The study seeks to assess the effectiveness of counseling and non-counseling interventions used in preventing alcohol and marijuana abuse among high school students in Kiambu County.

You have to voluntary participate in this study. In case you wish, you can pull out after reading this debriefing form and all records of your participation will be damaged. No one will ask you for deciding to withdraw. The work is confidential. Your details will not be seen and instead will use cording numbers to make it anonymous to people. This information shall be stored in a disc for one year after which it shall be destroyed completely.

You are allowed to keep a copy of this debriefing for your records. You can also decide to give it back to the researcher. Margaret G. Ongubo Tel 0726800646 Email margygesare@yahoo.com
APPENDIX II: SELF ADMINISTERED QUESTIONNAIRE FOR STUDENTS

Dear Respondent:

I am Margaret Gesare, a student pursuing a master’s degree in counseling psychology in the School of Humanities and Social Sciences, United States International University-Africa. I am currently undertaking a research entitled; ‘Effectiveness of Counseling and Non-counseling Interventions in Preventing Alcohol and Marijuana Abuse Among High School Students in Kiambu County’

Kindly assist me by completing this questionnaire. The questionnaire will take 10-20 minutes to complete. Information provided will be confidential and will be purely used for academic purposes only.

Thank you for taking time to respond to this questionnaire.

Instructions

Please respond to all the items as honestly as possible.

ALL questions should be answered by ticking (√) in the spaces provided. Write additional responses necessary information sought in the spaces provided where applicable.
SECTION A: Demographic

1. Age bracket of the respondent

   <16 □  16 – 20 □  20 – 25 □  More than >26 □

2. Sex

   Male □  Female □

3. School Category

   County school □  Sub- county schools □  others specify □

4. a) Are you aware of alcohol and marijuana abuse in your Schools?

   Yes □  No □

   b) If yes, in your opinion why do students abuse alcohol and marijuana in your school

   i..............................................................

   ii.........................................................

   iii......................................................

   iv......................................................
SECTION B: The Effectiveness of Counseling Interventions Used to Prevent Alcohol and Marijuana Abuse.

5. Kindly indicate the extent to which the counseling interventions are used to prevent marijuana and alcohol abuse. Please (✓) tick appropriately on a scale of 1-5.

1-Strongly Disagree (SD), 2-Disagree (D) 3-Uncertain (U), 4-Agree (A), 5-Strongly Agree (SA)

<table>
<thead>
<tr>
<th>Counseling Interventions</th>
<th>SD</th>
<th>D</th>
<th>U</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Peer counseling is effective in handling alcohol and marijuana abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Guidance and counseling services control abuse of alcohol and <em>marijuana</em>.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Students in the school are aware of guidance and counseling services that address alcohol and <em>marijuana</em> abuse</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d. Guidance and counseling services have been used in your school to address the problem of Alcohol and <em>Marijuana</em> abuse</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>e. Cognitive counseling reduces cases of Alcohol and <em>Marijuana</em> abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Motivational interviewing reduces cases of Alcohol and <em>Marijuana</em> abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Personal counseling enhances positive relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Guidance and counseling imparts resistance skills to alcohol and Marijuana use</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>i. Guidance and counseling imparts skills to cope with challenges of adolescent transformation.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
6. Please comment on the effectiveness of counseling interventions used to prevent marijuana and alcohol abuse.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Please propose the way we can use counseling interventions to improve its effectiveness towards alcohol and marijuana prevention

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
_______
SECTION C: Effectiveness of Non-Counseling Interventions Used to Prevent High School Students Abusing Alcohol and Marijuana.

8. Kindly indicate the extent to which effectiveness of non-counseling interventions used to prevent alcohol and *marijuana* among high school students. Please (✓) tick appropriately on a scale of 1-5. 1-Strongly Disagree (SD), 2-Disagree,(D) 3-Uncertain(U), 4-Agree(A), 5-Strongly Agree (SA)

<table>
<thead>
<tr>
<th>Non-counseling interventions</th>
<th>SD</th>
<th>D</th>
<th>U</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Government policies help in boosting the prevention of alcohol and <em>marijuana</em> abuse among high school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) School rules and norms can be used to prevent alcohol and <em>marijuana</em> abuse among high school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Community expectation can be used to prevent alcohol and marijuana abuse among high school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Prevention of alcohol and marijuana abuse using life skill development among high school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Participation in co-curriculum activities prevents alcohol and marijuana abuse among high school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Prevention of alcohol and <em>marijuana</em> abuse using Mentoring and coaching among high school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Please comment on the effectiveness of non-counseling interventions in prevention of marijuana and alcohol abuse

10. Please propose ways we can use non-counseling interventions to improve its effectiveness towards alcohol and marijuana prevention
SECTION D: Contribution of Non Counseling Interventions Contribute to the Prevention of drug Abuse in High School.

11. Kindly indicate how non counseling interventions contribute to the prevention of marijuana and alcohol abuse in high school. Please (✓) tick appropriately on a scale of 1-5. 1-Strongly Disagree (SD), 2-Disagree,(D) 3-Uncertain(U), 4-Agree(A), 5-Strongly Agree (SA)

<table>
<thead>
<tr>
<th>Statement</th>
<th>SD</th>
<th>D</th>
<th>U</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Expulsion from school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The local community has the ability to identify drug abusing students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Parent-Teacher-Association (PTA) and Board of Management (BOM) are involved in tackling Alcohol and Marijuana abuse problems in the school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) The community assists the head teacher in minimizing alcohol and marijuana abuse among students by reporting any suspicious behavior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION E: Challenges faced in counseling and non-counseling interventions for the prevention of alcohol and marijuana abuse in high school.

12) List the Challenges counseling and non-counseling interventions face in preventing alcohol and marijuana abuse among high school students.

i. ................................................................

ii. ..........................................................
For participating in this study, thankyou. It is my hope you enjoyed. In case of questions about the research, you are allowed to ask. Questions may also be e-mailed to [Margaret G. Ongubo e-mail margygesare@yahoo.com. In case you experienced any adverse reaction due to your participation in this study, please contact IRB USIU Tel 0730116127.

The research study is conducted by MARGRET G. ONGUBO, a Student of Master of Counseling Psychology USIU, telephone number 0726800646. If you are interested more about the research contact the above named researcher for more information or have the following references for your further readings.
APPENDIX III: PARENT / GUARDIAN INFORMED CONSENT

Dear Parent/Guardian,

I am Margaret gesare a student pursuing a master’s degree in counseling psychology in the School of Humanities and Social Sciences, United States International University-Africa. I am currently undertaking a research entitled; ‘Effectiveness of Counseling and Non-counseling Interventions in Preventing Alcohol and Marijuana Abuse Among High School Students in Kiambu County’. kindly requesting you to allow your child to fill the questionnaire below.

His/her responses will be kept confidential and only be used for the purposes of this research.

Thank you in advance.

Signature of Parent/Guardian______________________________
APPENDIX IV: PARTICIPANTS’ INFORMED ASSENT

I ___________________________state that I am under 18 years of age and
I voluntarily agree to participate in a research conducted by Gesare Margaret a master’s
student at United States International University-Africa. The research is being conducted on
“effectiveness of counseling and non-counseling interventions in preventing alcohol and
marijuana abuse among high school student in Kiambu County, Kenya.”. I acknowledge
that the task involved has been explained to me and that I have accepted the use of this
questionnaire in data collection. I have also been informed that I can withdraw from
participating at any time and with no adverse consequences.

Signature of Participant______________________________