

THE KENYA SCOUTS ASSOCIATION





SUPPORTED NY UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME (UNDCP) AND UNITED NATIONS POPULATION FUND (UNFPA)

Drug Demand
Reduction
EDUCATION PROGRAMME
Trainers Reference Manual



THE KENYA SCOUTS ASSOCIATION







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Foreword

Scouting is the largest youth movement in the world dedicated to the personal and social development of its members. The basic foundation of Scouting is the strict adherence to the Scout Law and Promise. Personal and social development for individual Scout members is actualized through a progressive scheme of "learning by doing" through informal, age-set-specific education programs.

The Kenya Scouts Association (KSA) program has expanded and diversified over the years to respond to the increasing challenges facing Kenyan youth today. For example, KSA integrated a reproductive health education and training program into regular Scouting programs.

The Drug Demand Reduction Education Program is a new KSA initiative. The Association will rely on its network of trained Scout Leaders to organize and run a series of trainings in which drug demand reduction is given special emphasis.

This manual is developed for Scout Leaders involved specifically in Scouts' training programs, and generally in helping Scouts to better understand themselves and their society. I encourage Scout Leaders to mobilize resources within their localities and elsewhere (at KSA headquarters or among our collaborating partners, for example) to enrich the contents of our training on drug demand reduction. This

manual is a guide on salient issues to be covered during training. But it is only the beginning. There is much more that Scouts need to learn and practice in order to lead a drug-free life.

We at the KSA are grateful to the United Nations Drug Control Program (UNDCP) for funding this program and for providing valuable comments on the first draft of the manual. The KSA acknowledges the work of Dr. Wanjiku Kironyo who conducted the first 'training of trainers' workshops, and compiled information for the first draft of this manual. Finally, we are grateful to PATH for developing this manual in its current form with input from UNDCP, WSB and KSA.

KSA is committed to playing its role in the broad and important area of personal and social development of Scouts. We are convinced that this is a responsibility to be shared by all of us who are interested in the well being of our citizens.

Hon. Julius Ole Sunkuli, EGH, EBS, MP Chief Commissioner Kenya Scouts Association

Note to scout leaders

Problems of drug use and abuse, especially among Kenyan youth, are increasing. This manual is part of a program by the Kenya Scouts Association (KSA) that aims to integrate drug demand reduction education into the existing reproductive health education program of KSA. The reproductive health program is designed to reach all Scouts in Kenya through training coordinated by area Commissioners, trainers and implemented by Scout Leaders.

Training Scouts is an exciting but challenging task. It calls for honest and frank discussions. Some of the content in this manual may touch the Scouts directly or indirectly. It is important that as a trainer/scouter, you use an approach that is nonjudgmental about the behaviors or beliefs of your trainees.

Make sure to clarify to them the difference between facts and myths with respect to all topics. Endeavor to use a participatory approach to make learning more interesting and enjoyable for the Scouts. Participatory methods create a favorable environment in which the Scouts and the Scout Leader can effectively share information, explore and discover new things. They pave the way for openness, honesty and an intense interaction between and among the Scouts themselves. In

this environment, Scouts and their leaders will share experiences and feel free to voice their views and fears in a more direct way. They can, without reservations, look at the drug issues as "their problem" and not "someone else's problem."

This manual is about drug abuse prevention. It is for use by the trainers to facilitate training sessions on drug abuse prevention. The training is meant to help Scouts avoid the temptations and pressures that lead to drug usage.

If you, the Scout Leader, identify a Scout who has problems or who has already started using drugs, there are several things you can do to help. These include: talking with the Scout about his/her problem, enquiring with the Scout if they want their families to get involved in solving the problem, asking the Scout if he/she wants to see a trained therapist or counselor. You can also refer the Scout to the nearest health facility for specialized therapy or for counseling. Remember - any action you take should be consensual and agreed upon in advance with the affected Scout.

AROSC!

Philip Kiprono Ngetich National Executive Commissioner Kenya Scouts Association



Objectives of this training

BY THE END OF THIS TRAINING, PARTICIPANTS WILL HAVE LEARNED AND UNDERSTOOD:

- What drug and substance abuse is.
- Effects of different types of drugs on a person's health.
- Decision-making and assertiveness skills they can apply to avoid drug addiction.

TIPS TO FOLLOW IN TRAINING

The principal methodology of training in Scouting is the "patrol system." Working through the patrol system, make trainings fun and memorable through techniques that encourage participation. The following group training methods will be useful to the Scout Leader:

Pre-test questions – Posing general questions to the trainees. These are usually appropriate on the first day of the training or at the start of a new topic. Pre-test questions enable you to explore and learn what the trainees already know about the subject or topic of discussion.

Mini-lecture — A structured and orderly presentation of information delivered by the Scout Leader. Lectures are efficient in introducing new information and imparting knowledge and skills. This presentation should allow for an exchange between the Scouts and the Scout Leader.

Group discussions – Verbal exchanges led by the Scout Leader about a specified topic. Through this process, the Scouts will have a chance to share

facts and ideas and will be able to listen to and consider different points of view. Discussions can be held in large or small groups. Small groups offer a chance for shy and less vocal participants to speak. The patrol system will provide a good opportunity for group discussions.

Brainstorming – A technique that relies on an informal, nonjudgmental atmosphere in which Scouts are encouraged to take chances and be as creative as possible. Brainstorming can be used effectively as the first step in problemsolving or concept development. Following an exchange of ideas, the group evaluates the contributions together to develop or reach a consensus.

Role-plays — Dramatic presentations through games, drama, music, or poetry. Role-playing can be used to achieve a variety of learning objectives. Role-plays allow participants to enter into the experience of a person, practice a skill, and learn from the insights or difficulties of other persons. Role-playing in small groups or pairs allows more



trainees the chance to participate directly in the learning process. After the role-plays, be sure to discuss the situations and the lessons that participants learned from the role-plays.

Case study/situation – Stories, either fictional or true. Case studies describe a problem by discussing the situation, what the characters' options are, or how certain dilemmas might be resolved. Ensure that case studies are thoroughly discussed ("processed") to clarify the points that the case is intended to illustrate or to apply it to the training for the Scouts.

THE TRAINING ATMOSPHERE

Keep alert to the emotional "atmosphere" as you conduct your training. Strategies to ensure your training is positive and productive include:

- Use games and role-plays to "break the ice."
- Encourage participants to be positive to each other — e.g. to be patient, encouraging and not to condemn.
- Do not allow participants to "personalize" issues.
- Allow time for each participant to express themselves (but do not let any one person dominate the conversation.)
- Do not disagree with a "wrong" response openly. Respond positively but steer the discussion towards the right answer. (Example: "That's a good thought, but what if we looked at it this way ...?")
- Encourage laughter where appropriate. This will release tension.
- Avoid stereotypes but address them if they come up. Stereotypes are emotional labels that perpetuate unfair generalizations - e.g. "Kikuyus smoke bhang."
- Be assertive if necessary.
- If controversy arises in a discussion, restate both sides of the argument and encourage your participants to find a "compromise." Avoid making a value judgment yourself.

GETTING ACQUAINTED WITH EACH OTHER

This section is to help Scouts get acquainted with each other and build trust among themselves and the Scout Leader. Some of the following games and exercises may be helpful to the Scout Leader in helping unit/troop members open up and learn more about each other. The games are meant to encourage kindness and friendships among members and help them develop a sense of togetherness. The activities are a way for troop members to learn interesting things about their colleagues. This will enable Scouts to become more comfortable with each other.

There are many games and exercises that you can use depending on the type of group or the setting of the training. The following are examples of such games.



1. The Name Game

INSTRUCTIONS:

- Ask participants to form a circle. Start the game by saying: "My name is....."
- Ask the first person on your right to continue by saying his name as well as your name. Continue around the circle with each Scout giving their own name, then naming all the people to their left. The last person will give their own name and repeat the name of everybody else in the group.

The name game activity can be varied in the following ways:

Ask each Scout to state their name and add something they are good at. For example, "I am good at basketball." Go around the circle again, with each person repeating the other Scouts' name and what they are good at.

- Ask each Scout to give their name and say something they like which starts with the first alphabet of their name. For example, "I am Charles and I like computers," "I am Margaret and I like milk," etc. Continue around the circle until everyone has had a chance to participate.
- Ask each Scout to give their name and select an adjective that starts with the first alphabet of their name. The adjective should describe what they would like the group to know or remember about them. For example, "I am Anthony. I would like to be known as Active Anthony." "I am Joyce. I would like to be known as Joyful Joyce."

2. The Super Web game

INSTRUCTIONS:

- Form a circle. Tell Scout members that they will each have a chance to tell the group their name and something about themselves.
- You can suggest a topic or let the group choose one. For example, "My favorite TV show is...... because......" OR "I would like to be......when I grow up."



 Begin by stating your name and completing the sentence. Then while holding on to the end of a roll of thread (or ball of yarn), roll the thread to someone across the circle from you. That person will state their name, complete the sentence and then, while holding onto the end of the string, roll the ball to someone else. This should continue until everyone has participated. Eventually it will produce a pattern similar to a spider's web.

The Spider Web Game illustrates the way Scouts are connected together in their commitment to fighting drugs. Everyone holding the thread maintains the pattern. If one person releases their

hold, the web starts falling apart. This illustrates that everyone has an important role/function in the drug abuse prevention programme. As the Scout Leader, make sure that the Scouts understand this "connectedness."

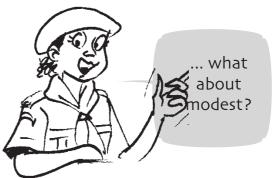
3. The People Hunt Game

INSTRUCTIONS:

 Prepare sheets of paper with squares. The sheets should be equal to the number of Scouts in the training.

I am active, friendly, jovial, obedient all around. WONDERFUL!





- In the squares, write out some descriptive characteristics found in many people. For example active, friendly, jovial, aggressive, naughty, obedient, lazy, sociable, etc.
- Pass out the "People Hunt" Activity sheets to each Scout. Explain that the squares contain facts about people. Some facts apply to many members, some to only a few, some to none at all.

The Scouts' task when you say "go" is to get the other Scouts to sign on squares which apply to them. No one can sign a sheet more than twice. The objective is to get as many signatures from different people as possible within ten minutes.

Afterwards, ask volunteers to report:

- What facts were hard to find.
- What facts were easy to find.
- What they learnt about each other.
- What they liked about this activity.





SESSION 1

Drug use and abuse in Kenya

OBJECTIVES:

BY THE END OF THIS SESSION, PARTICIPANTS WILL HAVE LEARNED AND UNDERSTOOD:

- The meaning of drug dependence, drug abuse and drug addiction.
- The drugs that are commonly abused.
- The current situation of drug abuse in Kenya.

Drug abuse and addiction

INSTRUCTIONS

Ask participants to split into three groups. Tell them they will be asked to define key definitions relating to drugs and drug abuse. Each person or group should be assigned one of the following terms to define:

- Drug Abuse
- Drug Dependence
- Drug Addiction

Give them ten minutes and then ask them to read their definitions to the group. Then read the following definitions to them and ask each group/ person to write down what is missing from their definition.

SOME DEFINITIONS

Drug abuse: There are drugs and other substances that affect the way a person feels or thinks. In the short term, these drugs can make a person feel more sociable, smarter, cooler, braver and generally more excited. They can also make that person feel less worried or stressed. But these feelings are temporary. A continuous, irresistable desire to use drugs that can be harmful to health is called drug abuse.

Drug abuse is the repeated use of potentially addictive chemical and organic substances. It includes the use of chemicals in excess of normally prescribed

"Kenya falls squarely under the category of endangered countries."

dosage and frequency, as well as routes that intensify or speed up drug reaction. This encompasses the general misuse of drugs and substances such as alcohol, narcotics, amphetamines, sedatives and inhalants.

Drug dependence: This means a state of dependence or neediness resulting from the continued use of a drug by an individual. Once an individual is in this state, he or she experiences



Glue sniffing can cause brain damage - even death

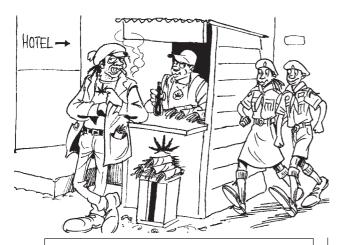
a compulsion and urge to take the drug in order to experience the effects of the drug.

Drug addiction: This is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Characteristics exhibited by an individual in this

state include:

* A tendency to increase the dose (you feel that you want more and more).





Drug dealers lie in wait to sell to young people

- A psychological dependence on the effects of the drug (you are helpless without the drug).
- A detrimental effect on the individual and on society (once drug dependent, the individual is wasted).

In psychological dependence, there is a feeling of satisfaction and a mental desire that requires periodic or continuous administration of the drug to produce pleasure or to avoid discomfort. It is these characteristics that make drug dependence difficult to deal with in the long run, and are responsible for the unfortunate fact that drug dependence is a relapsing disorder. (Glatt, 1969)

DRUG ABUSE IN KENYA

INSTRUCTIONS

Ask Scouts their perceptions of drug use in Kenya. Do many Kenyans use drugs, in their experience? What drugs are available legally and where are they used? (alcohol at weddings, etc). What drugs are illegal? Then alert them to the following information:

Traditionally, the use and consumption of certain drugs and alcohol was done within the culture of a community. Most cultures had traditional rules and values that strictly prescribed the circumstances under which these drugs and intoxicants could be obtained, used and consumed. In general, drinking of alcohol was acceptable during specific social activities such as marriage ceremonies, festivities celebrating the birth of babies, initiation ceremonies, post-harvest celebrations, funeral ceremonies and other social events. Restriction of consumption to such

ceremonies acted as a regulatory mechanism to control abuse. However, this strong cultural and traditional censure of the abuse of drugs and other substances has eroded over time with the process of modernization.

Key findings from a rapid assessment study of drug abuse in Kenya carried out by United Nations International Drug Control Programme (UNDCP) and the Government of Kenya in 1994 indicate that Kenya falls squarely under the category of "endangered countries." This refers to a country where the number of seizures of illegal drugs, the amount of seized drugs as well as reports from health workers, social workers, prisons and other statistics indicate an increasing trend of drug abuse.

The study indicates that the problem of drug abuse is larger than expected and that it has permeated all strata of society, with youth and young adults the most affected groups. The main findings of the 1994 study showed that:

- Abuse of social (alcohol, tobacco, miraa) and illicit drugs (cannabis, heroin, cocaine, mandrax) is on the increase.
- Abuse of solvents is increasing and is not only confined to youth. Solvents are used to increase the potency of illicit local brews.
- Abuse of the stimulant miraa is on the increase and contributing to greater abuse of so-called "downers" — depressants used to counteract insomnia induced by miraa.
- Cough mixtures are among drugs being abused by youth.
- Easy availability of dependence—producing drugs is a major reason contributing to the upward trend of drug abuse in Kenya.
- Few specialized facilities exist for treatment and rehabilitation of drug abusers.

COMMON DRUGS IN KENYA

INSTRUCTIONS

Ask Scouts to make a list of the most commonly used drugs in Kenya, with descriptions of what the drug is (a plant, a chemical) and whether it is legal or not legal in Kenya. Using the following list, check their definitions and add any missing categories. Ask volunteers to fill in any missing information.



There are many drugs that are abused in Kenya. The following are the commonly abused ones:

Tobacco: A legal cash crop in some parts of Kenya. It is smoked in the form of cigarettes, sniffed, or chewed in some cultures.

Bhang/Marijuana: An illegal drug. It is becoming very popular especially among the youth. It is smoked. Bhang is illegally grown and exported by some Kenyans.



Miraa/khat: A legal and widely chewed drug. It is an important cash crop in some parts of Kenya.



Alcohol: It is legal, although of late there are many illegal alcoholic products being sold in Kenya. It is widely popular among many people including youth. It is sold in many different brands.



Glue: A legal substance used for shoe repair. It is sniffed, especially by street children.



Petrol: A liquid sniffed by young people, especially street children.

Cocaine: A stimulant of the central nervous system.

It is consumed in several ways: Smoked, snorted through the nostrils, or injected.

Heroine: A fine, white/brown powder that is found in tablet, liquid or capsule form. It is snorted, smoked or injected and rarely drank.

Mandrax: Found in tablet form. Used for its relaxing effects. Ingested in pill/capsules form. Can lead to addition and overdose.



THE "GATEWAY" DRUGS

INSTRUCTIONS

Ask Scouts what a "gateway drug" is.
If they do not know, ask them what the
word "gateway" means. Is the gateway
the beginning of something or the ending?
If you go thr ough a gateway, what does
that mean? (e.g. you are starting or
entering something.)
Then describe the following:

Young people who become drug users generally begin with legal drugs (alcohol and tobacco) and then move to illegal ones. This is why alcohol and tobacco are called the "gateway" drugs. Preventing young people from using the gateway drugs will help an overwhelming majority of them from ever using other drugs.

DISCUSSION POINTS:

- What drugs do the Scouts know or have heard about?
- What other drugs do their friends talk about?
- What drugs are commonly abused in your community?
- When can we say that a person is addicted to a drug?
- How can we identify a friend who may be using drugs?



Reasons why people take drugs

OBJECTIVES:

BY THE END OF THIS SECSSION, SCOUTS SHOULD BE ABLE TO EXPLAIN:

- Reasons why young people start using drugs.
- How different types of drugs are taken.
- Situations or circumstances in which drugs are taken.
- Who is at risk of becoming a drug abuser.

Why people use drugs

The world has changed. Among the consequences of modernization are the breakdown of social institutions, traditional values and norms that previously acted as regulatory mechanisms to control behavior. The institution of the "family," for instance, has changed as parents struggle with economic realities. Working parents have very little time to spend with their children, while children spend most of their time in school. Media – music, advertising, newspapers, videos – often fill the gap. Unfortunately, some media glorifies vices such as drug abuse. In the absence offactual information and proper guidance and counseling from adults, children adopt behavior projected by the characters they read about or see in the media.

Many young people start using drugs for some of the following reasons:

Curiosity: They want to explore and find out what the drugs do. This happens due to lack of relevant information about the harmful effects of the drugs.

Peer Pressure: Youth influence and put pressure on each other to try out (experiment) drugs. Some youth try out drugs just to "fit in" with a group of friends.

Sensation: The drugs are perceived as thrilling to youth who want to feel good.

Escape: To escape from the problems and pressures of everyday life.

Image: To acquire new or different images for themselves. Some people want to feel "tough," "bolder," "stronger," or "cooler."

Fear: To acquire courage to do certain things they want to do but fear.

Addiction: Drug addicts abuse drugs because they are physically/biologically dependent on the drug. They cannot function without drugs.

WHY DO YOUNG PEOPLE USE DRUGS?

INSTRUCTIONS

Ask Scouts to suggest various influences in life that might encourage young people to try drugs.

For example, ask Scouts if they have ever seen a television program, movie, a music video, or read in the newspaper about someone who has used drugs and/or alcohol. How did the person look? Were they presented negatively or positively (e.g. a music video - wearing nice clothes, driving a nice car, etc)? Ask Scouts if they think media encourages some young people to use drugs.

Ask Scouts if, among their peers, there is a perception that getting "high" makes you "cool." Ask Scouts if they know anyone who has ever encountered "peer pressure" to try alcohol or other drugs - and how this occurred (at school?)

Ask Scouts if parents have a role to play in discouraging drug use. What should parents be telling their children and when?



Children learn from what their parents do - not what their parent say

There is no single cause, no one reason why children, teenagers and adults use drugs. From studies of young people who use drugs we know that certain factors shape children's attitudes about drugs and their decisions whether or not to use them. Some of these factors are more important than others, and not all apply in each case. In most cases it is probably a combination of these factors that makes the crucial difference.

The single greatest influence in the lives of most children is their parents. The word 'parent' here applies not only to biological parents but also to stepparents, foster parents, relatives and others who serve as guardians. The examples they set and the values they communicate greatly determine children's susceptibility to drug use. Children are more likely to abuse drugs if their parents:

- Abuse alcohol or are alcoholics.
- Use alcohol or prescription medications to cope with stress.
- Tolerate or encourage heavy drinking or allow them to serve, pour, or purchase alcoholic beverages.

- Smoke tobacco.
- Use illicit drugs.
- Convey an ambivalent or positive attitude towards drugs and drug use.

Risk factors to look out for:

Young drug abusers tend to have a number of characteristics in common.

These include:

- Isolation and alienation from family and friends.
- Little or no value for personal achievement.
- Little or no sense of personal and social responsibility.
- Poor grades and little commitment to doing well in school.
- Difficulty getting along with others (communicating their thoughts and feelings, resolving differences).
- Inability to deal positively with stress, make rational decisions, approach problems logically.
- Families that have a history of criminality, alcoholism or other anti-social behavior.
- Parents who are either too lenient or too strict, or who do not clearly define and consistently enforce rules.

It is generally assumed that the more of these "risk factors" there are in a child's life, the more likely he or she is to develop serious drug problems.

During the primary school years, most young people do not use drugs. Not using drugs is the "norm" at this age. However, as children approach and enter adolescence they are exposed to information and drugs. During this stage of exploration and discovery, pressure from peers to use drugs intensifies, especially by the time they enter secondary schools.

Young people respond to a kind of natural "herd instinct." As long as they believe and see most of their peers using drugs and/or approving drug use, they will be more likely to use drugs themselves. But if they know that most of their peers do not use drugs, and that they disapprove of drug use, peer pressure will work in favor of stimulating the

INSTRUCTIONS

non-use norm.

Then divide the participants into three groups and ask them to create a role-play using music, poetry or theatre.

Group #1: Should present a scenario in which a young person is exposed to "peer pressure" to take drugs. Those who play the role of "peers" must use their best argument to convince the young person to take drugs. The Scout playing the role of the "young person" must be able to resist this peer pressure in a realistic way.

Group #2: Should present a scenario in which a parent talks to a young person about drugs and alcohol. The young person should question the "parent" about his/her own use of legal drugs (cigarettes, alcohol). The parent must respond in a way that realistically explains why adults sometimes use drugs but also discourages use amongst youth.

Group #3: Should write words for a short "rap" or other popular music song - or write a poem — about how the media influences young people's decisions to take drugs. The words can be set to the music of a pre-existing song.

The groups should be given 20 minutes to work on their presentations. After they have presented, discuss the role-plays with the entire group. What other "solutions" to the problems presented in the role-plays are possible? How else might young people resist drugs?

HOW ARE DRUGS TAKEN?

INSTRUCTIONS

Ask Scouts to look at the list they created earlier of legal and illegal drugs.
Ask them to now define how these drugs are taken/administered. Ask them also where drugs are commonly found and taken (bars, restaurants, schools, in hiding, etc). If they do not know, help them using the information below:

Most drugs are taken in more than one way. Some of the different ways drugs are taken include:

- Smoking e.g. tobacco, bhang.
- Drinking e.g. alcohol.
- Injection e.g. heroine, cocaine.
- Inhaling/sniffing e.g. glue, petrol, cocaine.
- Swallowing e.g. mandrax.
- Chewing e.g. miraa.

WHEN ARE DRUGS TAKEN?

- At night (to induce sleep, relieve pain, relieve boredom, etc).
- In times of trouble (economic problems, exam failure, etc).
- After a quarrel (between parents, girlfriends/ boyfriends, etc).
- When bored or idle or to have 'fun'.
- Under peer pressure.
- When stressed (academic stress).
- During times of insecurity when the police and law enforcers are not there.



Children often take drugs in hidden places

ENVIRONMENTS WHERE DRUGS ARE COMMONLY TAKEN

The place where drugs are taken depends on the social environment and the legality of the drug in question. For example, alcohol is taken in the open since it is not illegal for adults.

Generally, drugs are taken in the following places:

- In schools (especially with tobacco, bhang, khat). Cases of drugs in schools are on the increase in Kenya today and are associated with indiscipline.
- At "home" or drug-taking dens (alcohol, cocaine, and heroine). The "home" offers more privacy and protection than anywhere else, hence the most illegal drugs (especially the injectables) are consumed there.
- On the streets. Street children can be seen smoking and sniffing petrol and glue.
- In parks and bus stops.
- In tunnels.
- In the bush.

DISCUSSION POINTS:

- What has contributed to the drug problem in the world today?
- What are situations that put us at risk of experimenting with and becoming addicted to drugs?
- Why are youth most vulnerable to drugs?



Myths and facts about drugs

OBJECTIVES:

BY THE END OF THIS SESSION, SCOUTS SHOULD BE ABLE TO:

- Explain the health risks involved in drug abuse.
- Distinguish between myths and realities regarding the effects of drugs.

Drugs and their effects

INSTRUCTIONS

Before you address each of the drugs listed below, ask Scouts to describe the following:

- What they think the drug "feels" like when taken.
- What the drug might cause us to do/act like.
- How they think the drug might affect the body physically.

1. ALCOHOL

Taking alcohol in reasonable amounts is socially accepted custom in much of Kenya. Alcohol has been used for social, ceremonial and other purposes throughout African history.





Alcohol use can lead to lack of mental and physical coordination

EFFECTS:

A moderate dose of alcohol gives most people a feeling of warmth, well-being and general exhilaration. Like other mood-changing drugs, alcohol keeps anxieties and inhibitions at bay. Sometimes, a person starts doing or saying things that he/she would normally find embarrassing. After taking just a little alcohol, reflexes and reactions become slower. After consuming larger amounts, speech becomes slurred and a person may exhibit aggressive tendencies. With excessive prolonged drinking, all these tendencies are further exaggerated leading ultimately to lack of mental and physical coordination, illness and in some cases, death.

The World Health Organization defines alcoholics as "those excessive drinkers whose dependence on alcohol has attained such a degree that they show a noticeable mental disturbance or an interference with their interpersonal relationships and their smooth economic and social functioning."

Addiction to alcohol is analogous to other drug dependencies. But the high rate of alcohol abuse, the increasing amount of alcohol addiction, the seriousness and scope of its effect — not only on the individual but also on the family and society as a whole — make it a far more serious problem.

2. MIRAA (KHAT)

Miraa is a stimulant. It is taken by chewing the fresh leaves or the tender stalks of the miraa plant.



EFFECTS:

- Alertness, insomnia, decreased appetite and impaired judgement.
- Hyperactive, apprehensive and suspicious mental state.
- Accelerated speech.
- Elevated mood.
- Disturbed attention and concentration.
- Waves of terror or fear.
- Feelings of unreality or double personality.
- Distortion of shapes and colours.
- Personality deterioration and socio-economic disabilities.
- Withdrawal symptoms (depression, anxiety).

3. TOBACCO

Tobacco is a leaf that is smoked in form of cigarettes, sniffed or chewed.



EFFECTS:

 Smoking directly affects the respiratory tract and the lungs, leading to infection of the



Cigarettes can harm your baby

respiratory system and cancer of the lungs.

- Nicotine, the active ingredient in tobacco, affects the brain and causes relaxation, stress relief and exhilaration. Nicotine is highly addictive.
- Smoking causes many cancers including cancer of the throat, as well as enlarged intestines. It damages the heart and blood vessels and puts one at risk of high blood pressure and heart attack.
- When pregnant women smoke, their babies are more likely to be born smaller than normal, premature or dead.

4. GLUE AND PETROL

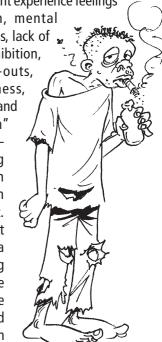
Liquid and semi-liquid substances sniffed to produce mind-altering effects. Though these substances are not classified as drugs, they are sometimes used as drugs. In Kenya, they are usually abused by street children.



The user sniffs the solvents directly from the container or puts solvent-soaked rags into a plastic bag, holds the bag to the mouth and periodically inhales deeply.

SHORT-TERM EFFECTS:

After inhaling, a person might experience feelings of dizziness, relaxation, mental confusion, light headedness, lack of co-ordination, lack of inhibition, loss of appetite, black-outs, hallucinations, sleepiness, illusions, euphoria, nausea and well-being. The actual "high" sensation of well-being – lasts 5 to 45 minutes. During this time, slurred speech similar to the effects from alcohol is usually prevalent. There may also be hot flushes, body rashes, a feeling that one is floating and flashes of light. People who inhale may become restless, uncoordinated and confused. The abuser can



Drugs make you feel helpless



DRUG DEMAND REDUCTION EDUCATION PROGRAMME

also develop destructive behavior, emotional instability and loss of inhibitions. They may also develop conditions like laryngitis tracheobronchitis, cardiac irritability, inflamed sinuses, seizures and loss of muscle co-ordination, abdominal pain and visual impairment.

LONG-TERM EFFECTS:

The prolonged habitual use of inhalants can cause bloodshot eyes and nose bleeding. Over time, personality changes and tremors can occur. Other effects include: nerve damage, memory loss, heart disease, muscular weakness, brain damage and eventual death.

5. MANDRAX

Mandrax is ingested in the form of pills or capsules but can also be injected intravenously. The blood distributes the drug into the brain tissue and the liver.



Mandrax suppresses rapid eye movement during dreams, causing deep sleep. However, the sleep is not necessarily restful.

Drowsiness occurs within 10 to 20 minutes of ingestion. Some effects include being relaxed to the point of non-coordination and slurred speech.

EFFECTS:

- Inability to speak without slurring words.
- State of relaxation to the point of noncoordination.
- Amnesia.
- Headache and dizziness.
- A dreamlike state.
- Loss of personal identity.
- Menstrual disturbance in women.
- Loss of inhibitions.
- Loss of appetite.

When mandrax is taken with alcohol, the possibility of an overdose is great. The symptoms of overdose include spasm, delirium, extreme tension of the muscle and arteries, convulsions, tremors, stomach hemorrhage and possible death.

Note: If an overdose is suspected, medical attention must be sought immediately. Keep the victim awake at all costs!

6. VALIUM

These are depressant drugs, which calm nerves and induce sleep. They are used to relieve nervousness and tension. These can be taken orally as tablets or capsules or be injected.

SHORT-TERM EFFECTS:

Abdominal cramps, increased bronchial secretions, lightheadedness, urination problems, blurred vision, clumsiness, slurred speech, trembling headache, dry mouth, nausea or vomiting, pounding or fast heartbeat, unusual weakness or tiredness, loss or damage in sexual desire, constipation, muscle spasms, dizziness, diarrhea, drowsiness, a sense of well-being.

7. LONG-TERM EFFECTS:

Slurred speech, emotional instability, constant drowsiness, shortened memory, loss of coordination and awareness and paranoia.

After a prolonged period of time, tranquilizers can produce tolerance and dependence quite rapidly, creating withdrawal symptoms similar to (though less severe than) those of barbiturates.

8. COCAINE

Cocaine is a stimulant drug derived from the coca bush. which is an evergreen shrub

grown in the mountainous regions of South America. Cocaine is a local anaesthetic. An anaesthetic is a drug which, when applied to mucous membranes or injected around nerves, produces a loss of sensation. It is usually sold as a fine white powder. Some drug dealers save money or reduce potency by diluting cocaine with substances that look similar to it, such as icing sugar or cornstarch.

Coca paste is the first product in the production of cocaine. Although not pure, coca paste can contain about 40 to 85 percent cocaine along with a number of other solvents used in the extraction process. The behavioral effects coca paste can produce are identical to that of cocaine.

Crack is a potent crystalline form of cocaine that can be smoked. It is called "crack" because it makes a crackling sound when heated and smoked.

SHORT-TERM EFFECTS:

People under the influence of cocaine generally feel more confident, energetic and alert. Physical effects include a rapid heartbeat and respiration, increased body temperature, dilated pupils, sweating, mild loss of hearing (not permanent), paleness and decreased appetite. Large quantities of cocaine can cause unusual or violent behavior, tremors, loss of coordination, twitching, hallucinations, pain or pressure in the chest, nausea, blurred vision, fever, muscle spasms, convulsions, high blood pressure and stroke. Users of cocaine can get a feeling of 'hangover' that may cause insomnia and a stuffy nose.

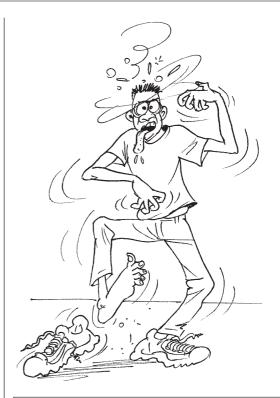
LONG-TERM EFFECTS:

Regular cocaine users are often restless, extremely excitable and suspicious. The individuals suffer from insomnia, hallucinations and delusions, weight loss, constipation, impotence and difficulty in urination. Continual heavy use of cocaine leads to lethargy, apathy and sleeplessness. Regular users often abuse other drugs to relieve these symptoms that are caused by cocaine.

Chronic symptoms of cocaine sniffing are nasal stuffiness, runny, sore or bleeding nose and chapped nostrils. Damage of lining of the nose is common and may include the development of a hole in the barrier separating the nostrils. Severe cardiovascular complications are also very likely to occur with extended use. Crack smokers may also suffer damage to their lungs from the cocaine vapors.

TOLERANCE AND DEPENDENCY:

The regular user of cocaine and crack is at risk of becoming addicted. First, the user experiences an intense rapid high. The user will feel the effects of crack in less than ten seconds. Secondly, intense feelings of depression, anxiety and irritability follow the euphoric state. Both the initial rush and euphoria and the subsequent feelings of depression motivate the person to use the drug again. A stimulation phase of increased alertness and feelings of sexual prowess and euphoria is known as the cocaine "rush." The initial high is pleasurable and perceptions are distorted. The user may use the pleasurable effects to cope with a stressful situation.



Large quantities of cocaine can cause unusual or violent behavior

9. OPIUM

Opium is derived from the opium poppy, a colorful flower. It is eaten, smoked or taken in the form of pills and is used to make legal drugs such as morphine and illegal drugs such as heroin. All three forms of opium (raw opium, morphine and heroin) act upon the brain in similar ways: by simulating the chemicals called "endorphins" that are naturally found in the brain and produce a "high" or "euphoric" sensation when triggered. Opium products, however, are stronger than endorphins. Each time the brain receives a dose of these "imposters" it craves more, eventually creating addiction.

The more potent or refined the drugs are, the greater the effects they cause. With opium, it is not unusual for a person to keep stabilized for years. With morphine, such equilibrium is far more difficult to maintain, and with heroine even harder. Evidence from different societies shows that people who have used drugs in their natural forms develop or suffer fewer problems (effects) than those who use refined drugs.

10. HEROINE

Heroine means "large" or "powerful." It is usually diluted with other substances



and is in most cases injected. Today, in North America, heroine is still used as a street drug and as a powerful painkiller. Street names for heroine include brown sugar, dragon and dope.

11. MORPHINE

Morphine is used medically to dull pain and cause sleep. It is bitter, colorless or white and is ten times more potent than opium. Morphine is administered in the form of extended-release tablets, oral solution, syrup, suppository or solutions for injection. It is used as a powerful painkiller in medicine.

SHORT-TERM EFFECTS:

The initial effects depend on a person's mood, environment, dosage and past experiences with these types of drugs.

The effects include: An initial rush of pleasure, stimulation of higher brain centers, analgesia, relief of severe cough and diarrhea, sleepiness, constipation, nausea and vomiting, dry mouth, drowsiness, moist, cold and blue skin, pinpointed pupils, hallucinations and possible impairment of the respiratory system.

LONG-TERM EFFECTS:

Prolonged use of opium-based products produce effects including: A higher percentage of miscarriages and other birth defects, constipation, decreased sexual drive, wasting and menstrual irregularity. When injected, effects can include infections, contractions of the AIDS virus, liver disease, coma and death.

12. BHANG/MARIJUANA

This is a hallucinogenic mood-altering drug also known as cannabis. It is from the flowers and leaves of the Cannabis Sativa plant, which possesses euphoric and hallucinogenic properties.

Cannabis is usually smoked in a hand-rolled cigarette (joint) but can also be eaten, cooked in food or used in tea. Marijuana and its derivatives can be green, black, yellowish or a mixture of these colors. Marijuana can be injected but is very painful and thus uncommon to take it this way.

SHORT-TERM EFFECTS:

Marijuana causes a feeling of relaxation. Some people become talkative while others become quiet and withdrawn. Senses feel sharper but judging distance and passage of time becomes difficult. A person's attention span and

concentration may be reduced and remembering things that have just happened becomes difficult. (The heartbeat can accelerate by as much as 50%, depending on the potency of the drug). Other noticeable effects include: red eyes, increased appetite, dry mouth and throat, drowsiness, confusion and anxiety.

When higher doses are taken, the user may have mild hallucinations and feelings of panic.

LONG-TERM EFFECTS:

Bhang contains a high amount of tar, which may lead to lung damage. Prolonged use of cannabis may result in the "Amotivational" syndrome, namely slowed mental responses, reduced drive, inability to do complex tasks, reduced communication skills, failure to make long-term plans and neglect of personal appearance.

MYTHS AND REALITIES OF DRUG ABUSE

Young people sometimes get hooked on drugs after experimentation because their peers give them information that is not factual. Scout Leaders need to help Scouts to distinguish between myths and realities of drug use and abuse.

INSTRUCTIONS

Using a large sheet of paper, draw a line down the middle. Write "Myths" in the left column and "Realities" in the right. Ask Scouts to write some "myths" and "realities" of drug use in the columns. Then add any missing details fr om the list below.

The following are examples of some myths and the realities that we need to emphasize to our Scouts:

MYTHS:

- Drugs cannot harm you.
- Drugs are taken mostly by rich and successful people.
- Drugs solve all your problems and worries.
- Drugs improve thinking and mental processes.
- Drugs improve your school and work performance.
- Taking drugs is fashionable among young people all over the world.



• Drugs are associated with success and riches.

REALITIES:

- Drugs are addictive.
- Drugs can cause us to lose consciousness and control over our actions.
- Drug addiction can result in poor interpersonal relationships with friends and family members.
- Drugs can make us feel temporarily good but they will NOT solve our problems
- Illegal drugs lead to problems with the law (police) and may even lead to arrest. Personal plans and professional goals will be destroyed.
- Drug abuse may result in death or permanent disability.

LINKAGE BETWEEN DRUGS AND HIV AND AIDS The Human Immune Deficiency Virus (HIV) causes AIDS (Acquired Immune Deficiency Syndrome). AIDS is a condition of the body when immunity has been suppressed to the point where the body cannot resist infections from diseases. Millions of people around the world today, especially in Africa, are infected with HIV. In Kenya, youth are getting infected at younger ages. Girls are getting infected at even younger ages than boys.

HIV is transmitted in four main ways:

- sexual transmission;
- from mother to fetus (unborn child);
- transfusion of infected blood;
- sharing contaminated needles.

Transmission occurs through a needle or syringe, and is thus common to drug abusers who share needles and syringes with one another. This sharing facilitates the transmission of the virus (HIV) from one infected drug user to another.

Today, however, HIV has spread to the entire population. No one is "risk" free

DISCUSSION POINTS:

- What are myths that Scouts have heard of about harmful substances and drugs?
- How can we get (or help our friends to get) accurate information about drugs?



SESSION 4

How to avoid on getting hooked on drugs

OBJECTIVES:

BY THE END OF THIS SESSION, SCOUTS WILL HAVE LEARNED ABOUT AND PRACTICED:

- Decision-making and assertiveness skills to avoid or counter the pressure to use drugs
- Strategies to help others avoid drugs

INSTRUCTIONS

Discuss with participants the best strategies to resist the pressure to use drugs. Remind them that strategies must be realistic and appropriate to their lives and resources. Encourage them to be creative. For example:

- "Forewarned is forearmed" Give information about drugs. (Many young people take drugs because they do not know the harmful consequences.)
- Teach youth about the harmful effects of drugs. (Use examples of well-known people who have suffered from drug use, or ask a former drug addict to speak to the group and tell them

- his/her horrific experience with drugs, etc).
- Build and strengthen personal and social skills that protect you from the lure of drugs. (Practise role-plays in which Scouts resist peer pressure or the negative influences of drug dealers, family, media, etc.) These include problem-solving, decision-making and communication skills.
- Help youth to clarify their values and apply those values to various situations in which they have to make difficult decisions, such as responding to peer pressure to use drugs.
- Enhance the self-esteem of youth.
- Use youth peer educators to reach other young people. (Young people - especially teenagers — are often more influenced by their peers.)
- Involve youth in "Anti-Drug" or "Say No To Drugs" clubs.



Empower scouts to "Say No To Drugs"

Start your own "Say No To Drugs" club

The "Say No" Clubs should be fun and educational. Scout Leaders should sit with interested Scouts and create a list of activities appropriate for the club (for example: a 5K run in support of a charity that fights drug abuse, a school art competition that challenges students to depict the dangers of drug abuse, a rap-music competition with words/lyrics that discourage drug use.)

The "Say No" clubs should address factors known to influence young people's decisions about drug and alcohol use. The "Say No" program should:

- Be tailored to developmental needs and abilities of adolescents/youth.
- Give youth information and skills they need to resist peer pressure.
- Help youth understand the forces in their lives that shape their feelings and attitudes about drugs and drug use.

- Focus on avoiding "gateway drugs".
- Recognize that peer pressure can be used positively to reinforce positive values and is a powerful tool for persuading youth not to use drugs.
- Provide an opportunity for involving youth in structured out-of-school learning activities that are interactive and interesting to youth.
- Expose members to positive adult and teenage role models who share and support their commitment to remain drug-free.
- Provide an opportunity to involve parents and other interested adults in Scouting activities.
- Provide a forum for youth to engage in constructive extra-curricular learning activities that help them discover and develop their talents. This helps build their character and enhance their self-esteem.

The message of the "Say No" clubs should be clear and direct:
Using drugs is wrong.
Every drug is potentially harmful.
There is no "responsible" use of illicit drugs.

EMPOWERING YOUTH

The success of the "Say No To Drugs" and other drug abuse prevention activities rest in effective empowerment of youth. Youth get empowered through their involvement in positive activities. Examples of strategies and situations that help to empower youth include:

- Information and facts (through education) on all issues surrounding drugs and drug use.
- Open discussion by parents and other adults about drug issues. This helps to reinforce what young people learn in the clubs.
- Practicing decision-making and understanding whom to tell when somebody tries to entice or encourage them to take drugs.
- Learning to develop positive self-esteem. Adults help empower youth when they:

- Warn youth about drugs in the same manner they give information about dangers of crossing the street without looking out for cars. In other words - repeatedly and forcefully.
- Answer questions on drugs simply and honestly.
- Engage youth in discussions in a manner that helps youth to voice their views and opinions.
- Keep communication open.
- Listen to young people.
- Encourage youth to report situations that are uncomfortable or difficult.
- Build young people's self-esteem by listening to them, respecting their feelings and giving them hope.

COMMUNICATING EFFECTIVELY

Scouts need to feel and know that the Scout Leader is their "best and trusted friend." It is the responsibility of the Scout Leader to cultivate and nurture this relationship of friendship among the Scouts. The following are some interpersonal relationship and communication skills that the Scout Leader can use to accomplish this:

- Be consistent in the information you give and the behavior you project to the Scouts (be a good role model).
- Share your experiences with the Scouts.
- Show respect to the views and feelings expressed by the Scouts.
- Be an active listener.
- Learn to accommodate their views and offer guidance as necessary.
- Build close peer relationships.
- Assign responsibilities to the youth.

MAKING GOOD DECISIONS ABOUT DRUG USE

The objective of this manual is to help Scouts to avoid drugs. Scouts need to know that learning information about drugs and their dangers is not enough. The reality of the world is that there will be many pressures tempting them into drug use. Scouts need to practice the art of making good decisions and develop assertiveness skills that will help them to implement and sustain their decisions.

Good decision-making has three significant steps otherwise known as the "3 Cs" of decision-making. These are:

1. **Challenge:** You must understand the challenge, problem or situation that confronts you. If you do not understand what the problem or challenge is, how can you find a solution?

The "3 Cs"
of Decision-Making:
Challenge.
Choices.
Consequences.

2. **Choices:** You must think of the different choices or options you have regarding the challenge that is facing you. For every problem there may be a choice of solutions.

3. **Consequences:** You must weigh the consequences or possible outcomes of each of the options you select to deal with the problem or situation.

Once you have done this, then you can make a decision. The Scout Leader should help Scouts to realize that some decisions are straightforward and easy to make, while others are complicated. Gathering the facts about an issue is the first step towards making good decisions.

KEY STEPS FOR GOOD DECISION-MAKING:

- Define the problem, situation or issue about which a decision needs to be made.
- Identify all the possible options or courses of action in regards to this problem.
- Consider all the possible consequences or outcomes of each course of action.
- Consider your own values your beliefs about what is right or wrong – and which courses of action are consistent with your values.
- Consider how your decision may affect other people.
- Choose the course of action that seems best based on your knowledge, values, morals, religion and your personal goals.
- Reflect back and evaluate the decision and how you feel about it — whether you feel that you carefully considered all your options and are comfortable with the choice you made.

INSTRUCTIONS

The Scout Leader should divide participants into at least three groups. Using the "Three Cs" model, ask Scouts to brainstorm the "challenges"

"choices" and "consequences" of the following scenario. Each group should work on the problem separately from other groups, listing as many of the "Three Cs" as they can. The groups should then meet and

present their findings. The Scout Leader should note any observations that appear more than once between the three groups. **Senario** - You have been invited to a party at which alcohol will be served. You are new in school and want to make friends with other kids. Should you drink alcohol in order to "get along?."

PLANNING DRUG ABUSE PREVENTION ACTIVITES

While setting up drug abuse prevention programmes, there are a few general principles that you should follow. These are not in any way meant to restrict the choices that you have but are a sort of distillation of common wisdom in the field of drug abuse prevention.

THE FOLLOWING BASIC ELEMENTS SHOULD PROVIDE FOOD FOR THOUGHT:

PROMOTION OF HEALTH

Health can be promoted through personal and cultural practices. This means that you should support common practices in your community. Try to discourage those practices that cause damage to physical and mental well-being.

FOCUS ON HUMAN BEINGS AND ENCOURAGE SOCIAL INTERACTION

Social skills are best learned in social environments. All your activities should have a strong element of social interaction. Understanding and cooperation between different generations will improve if you organise activities in which both young and old can take part. This will help young people to communicate with their parents and other adults who influence their lives in the community.

LOCAL INVOLVEMENT OF YOUNG PEOPLE AND RESPECT OF CULTURAL VALUES

All your activities should closely involve young people from the particular area that you are working in. The values that you try to promote should respect cultural traditions of Kenyan



Encourage positive alternatives through dialogue and activities

communities. For example, if you organise a song contest for both boys and girls in a community where girls are not supposed to sing and dance in front of strangers, you will probably meet resistance.

ENCOURAGE POSITIVE ALTERNATIVES

"Positive" is a relative term which must be seen in the light of local values, with understanding of the needs of young people and what appeals to them. All your strategies should try to reinforce the desirable traditions and practices in the community rather than trying to scare people into changing their ways. This does not mean that you should not talk about bad things, but it is better to talk about them calmly than trying to scare people.

GAIN FROM RESEARCH AND EXPERIENCE

All your activities should build on existing research-based evidence regarding (a) How to identify substance abuse related problems;

(b) How to find the causes of the problems; (c) How to find the possible preventive responses to the identified problems; (d) How to effectively implement preventive activities; (e) How to judge the effectiveness of your activity/programme.

LONG-TERM PERSPECTIVE

Your programmes should take a long-term view of the situation. Changes in the social climate, acceptance of health-promoting values and making interactive, health-promoting activities part of the local culture are all difficult and time-consuming tasks.

SPECIFIC POPULATIONS

The specific needs of vulnerable or disadvantaged youth (such as street children, refugees, minority youths and in some cases, young women) should be identified and addressed locally.

COMMUNITY DEVELOPMENT

Often the communities that you work in may lack resources and provide few opportunities for young people. Prevention programmes require some hope for economic and social improvement. In deprived communities, programmes should be combined with community development work, such as education, health and social services, housing, sanitation or income-generating activities. In order to do this, you may have to talk to local government figures, your representatives in local assemblies, and the rich and influential people in the area. Please understand that no

one expects you to change all these things on your own, you will NOT have failed if you can't make a difference in all these cases. But you will damage your chances of success if you don't consider these problems and seek innovative ways to combat

USE THE MEDIA AND POPULAR CULTURE

them.

Young people are strongly influenced by the mass media and other influences outside the local community. Your programmes should encourage people like famous pop stars, TV channels and local heroes to contribute to the promotion of health among young people. You can do this by:

- Advocating more responsible media and treatment of youth issues,
- Encouraging the mass media to look at their marketing practices towards young people,
- Utilising media and popular youth culture for promoting local health messages and projects.

REMEMBER:

No particular single approach or strategy has been proven through rigorous scientific study to be consistently effective over the long term in reducing drug abuse. However, there is some consensus among experts, practitioners and youth themselves on what kinds of elements need to be taken into consideration when designing prevention programmes:

- Not all young people are the same and they are not all equally vulnerable. Strategies should be carefully tailored to clearly defined target groups;
- Using different strategies is probably the best way to approach the drug abuse problem. Ideally, they should combine a good understanding of drug abuse as well as the attitudes and behaviours of young people in your community as well as health promotion and the building of self-esteem and resistance skills;
- Your strategies should encourage individual strengths and protect individuals in stressful situations and environments. They should give youth a set of specific skills for resisting peer pressure to use drugs (for example in

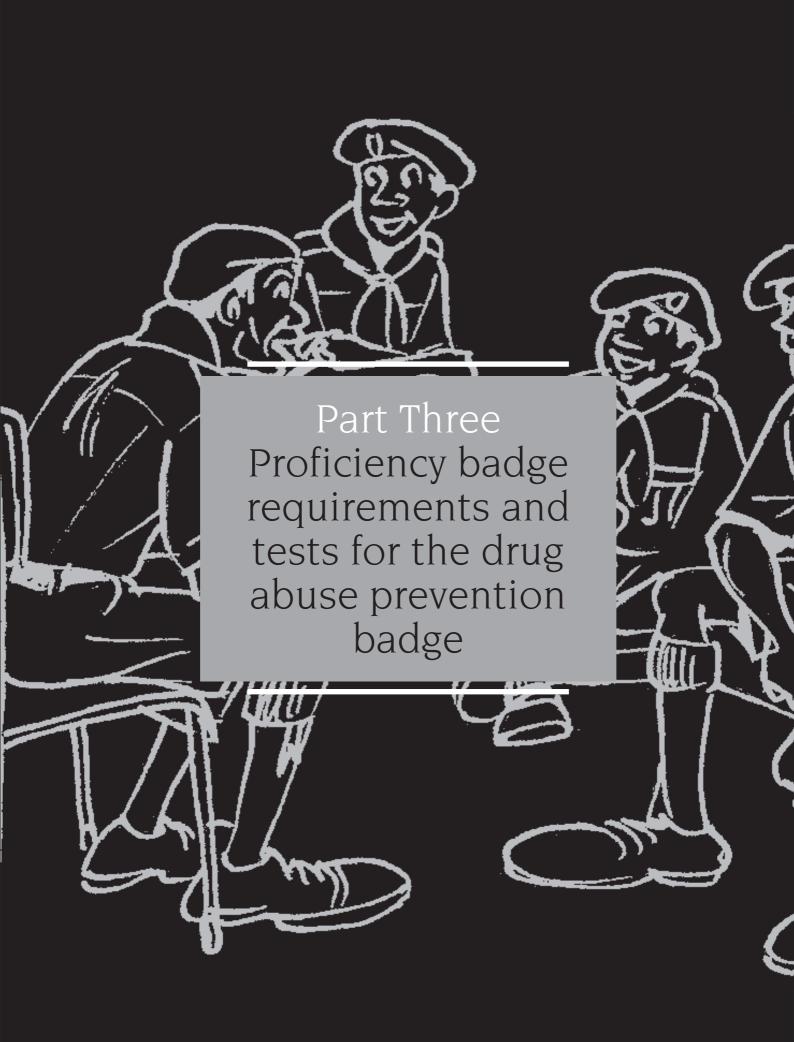
communications or relationships with peers). It is also important to offer young people accessible, low-cost opportunities to meet, cultivate an appreciation for the arts, play sports and take part in other activities that develop self-confidence (the "Say No" Clubs);

- You should involve young people from your target community at every stage of programme development;
- Prevention should not focus on one drug only, but address the wider concept of health promotion, substance abuse in general, including that of tobacco, alcohol and inhalants;
- Young people are usually open to new information if it is factual and does not contradict their personal experiences. Scare tactics reduce the trust that youth have in adults and in some cases, even encourage risky behaviour;
- Prevention programmes should include the family and the community at large in order to reinforce information that is communicated to young people.

DISCUSSION POINTS:

- How can we ensure that we make good decisions in our lives?
- What can we do to ensure that we sustain and continue practicing the decisions that we make?
- What is the role of Scouts in helping to prevent the use and abuse of drugs and other harmful substances among youth in Kenya today?





This section contains the various tests and challenges to Scouts based on the topic of drug demand reduction. On successfully completing the proficiency tests, a Scout qualifies to be awarded the Drug Abuse Prevention Badge for the particular section that the Scout has been examined on. It is the responsibility of the Scout Leader to ensure that the Scout has completed the tests and any other requirements on his/her own (within the patrol) in order to earn the badge.

This section suggests guidelines and proposes activities as tests for the Scouts. It is the responsibility of the Scout Leader to identify and implement practical ways and methods of examining and testing Scouts based on the setting or environment where the Scout Unit is operating.

The basic requirement for a Scout in any section to earn the Drug Abuse Prevention Badge is to attend all the scheduled trainings on the topic. In addition to participating in these trainings, the Scout Leader will assign tests that may incorporate the following:

SUNGURA SCOUTS

- Name three alcoholic drinks found in Kenya and explain the damage they do.
- Draw and name four dangerous alcohols and explain how they can be avoided.
- Take wrappings off the boxes of different types of cigarettes that people use and paste them on paper. Write messages about the dangers of cigarette smoking next to the labels.

CHIPUKIZI SCOUTS

 Name ten alcoholic drinks found in Kenya and find out how two of them are made.



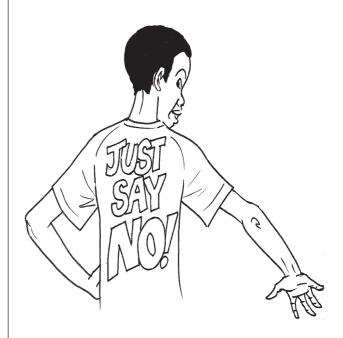
- Name three dangers of drinking and three dangers of cigarette smoking. Explain ways these can be avoided.
- Using drawings, cutouts, cartoons, etc, make a picture story on the dangers of smoking bhang, or taking other illegal drugs.
- Make a list of six harmful drugs besides alcohol, bhang and cigarettes and find out from a local expert (doctors, police, etc) one harmful effect of each drug.

MWAMBA SCOUTS

 Name ten alcoholic drinks found in Kenya and find out how two of them are made.



- Mention three dangers of drinking and three dangers of cigarette smoking.
- Using drawings, cutouts, cartoons, etc, make a picture story on the dangers of smoking bhang or taking other illegal drugs.
- Make a list of six harmful drugs besides alcohol, bhang and cigarettes and find out from a local expert (Doctors, Police, etc) one harmful effect of each drug.



"B.-P's." Last Message



ear scouts - If you have ever seen the play 'Peter Pan.' You'll remember how the pirate chief was always making his dying speech because he was afraid that possibly when the time came for him to die he might not have time to get it off his chest. It's much the same with me, and so, although I'm not at this moment dying, I shall be doing so one of this days. And I want to send you a parting word of goodbye.

Remember, it's the last you'll ever hear from me, so think it over.

I've had a most happy life and I want each one of you to have as happy a life too.

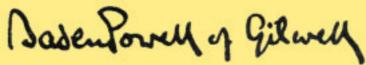
I believe that God put us in this jolly world to be happy and enjoy life. Happiness doesn't come from being rich, nor merely being successful in your career, nor by self-indulgence. One step towards happiness is to make yourself healthy and strong while you are a boy, so that you can be useful and so can enjoy life when you are a man.

Nature study will show how full of beautiful and wonderful things God has made the world for you to enjoy. Be contented with what you've got and make the best of it. Look on the bright side of things instead of the gloomy one.

But the real way to get happiness is by giving out happiness to other people. Try and leave this world a little better than you found it, and when your turn comes to die, you can die happy in feeling that at any rate you've not wasted your time but have done your best.

"Be prepared" in this way, to live happy and to die happy-stick to your scout promise- even after you've ceased to be a boy - and God help you do it.

Your friend.





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