Drug abuse, school participation, and school-based mitigation strategies among learners in Vihiga County, Kenya

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ABSTRACT

Drug abuse can weaken learners' attendance, classroom engagement, adherence to routines, peer relationships, and participation in co-curricular activities. Schools respond through awareness, counselling, peer programmes, policies, monitoring, referral, and collaboration, but the coverage and practical effectiveness of these measures can vary. This study determined the effect of drug abuse on school participation and examined the effectiveness of mitigation strategies used among secondary school learners in Vihiga County, Kenya. Social Learning Theory and the Person–Environment Fit Model guided the study. A pragmatist paradigm and convergent mixed-methods design were adopted. The target population comprised 29,240 Form Three learners, 112 principals, 112 teacher counsellors, and one County Quality Assurance and Standards Officer. Stratified and simple random sampling selected 395 learners, purposive sampling selected 12 principals and 12 counsellors, and saturated sampling included the County officer. Usable data were obtained from 387 learners and all 25 institutional respondents through questionnaires, semi-structured interviews, and document analysis. Quantitative data were analysed using frequencies, percentages, and chi-square tests of independence, while qualitative evidence was analysed thematically. Most respondents reported that learners who abused drugs did not attend school regularly (90.4%), did not participate actively in class (82.2%), did not follow school routines (92.2%), and did not relate well with peers (85.5%). Chi-square results showed significant associations between drug abuse and attendance, extracurricular participation, class participation, routine adherence, problem solving, and maintenance of responsibilities ($p < .01$). Guidance and counselling (86.3%), awareness talks (80.9%), peer counselling (68.2%), and prevention clubs (65.9%) were commonly reported. However, treatment or rehabilitation referral (45.5%), sensitization of new learners (46.0%), and formal policy implementation were less consistent. The study concludes that drug abuse is significantly associated with reduced school participation, while school interventions show broad institutional commitment but uneven coverage and limited outcome evaluation. Schools should strengthen confidential counselling, referral pathways, peer-led prevention, attendance monitoring, parental engagement, community surveillance, and systematic evaluation of programme outcomes.

Keywords: Drug Abuse, Guidance and Counselling, Mitigation Strategies, School Participation, Secondary Schools, Vihiga County

I. INTRODUCTION

School participation is a multi-layered representation of a learner's relationship with learning. It involves regular attendance, punctuality, active classroom participation, completion of assigned tasks, following school procedures, interacting with peers/teachers, and constant interest in learning. These dimensions are closely associated with each other (Mohamed, et al., 2025). A learner who is frequently absent forfeits instruction time, cannot keep up with classroom work, may even stop participating in school activities, and can gradually reduce attachment to the school. Drug abuse endangers school involvement as some drugs affect perceptions of thinking, feelings, judgment, and action. Alcohol, cannabis, miraa, tobacco products, inhalants, and other drugs can impair concentration, hinder memory, disrupt good sleep, boost impulsiveness, and lessen motivation. According to the National Institute on Drug Abuse (2020), drug use among adolescents can disrupt the ability to plan, control impulses and stay on task, known as executive function. These consequences can manifest in the school setting as truancy, tardiness, poor attendance, classroom behavior issues, isolation, and inability to care for one's responsibilities.

The independent variable in this study was drug abuse, defined as the non-medical and harmful use of substances by learners of secondary schools. Participation in the school was taken as the principal dependent variable, operationalized as attending the school, participation in school activities, involvement in school-related activities, routine adherence, responsibility, problem solving, and peer relations. School-based mitigation strategies for institutional responses for initiation, identification of risk, support of those impacted and restoration of participation

were also investigated. It is important to keep these variables conceptually separate because the existence of an intervention does not guarantee a constant application of the intervention or effectiveness.

Individual, peer, family, school, and community factors play a role in drug abuse among adolescents. Learners can access substances for curiosity reasons, peer pressure, or through accessibility to the drug, beliefs about relieving stress, feeling that substances help them fit in with their peers, and a lack of supervision over their drug consumption. The learner may find it hard to meet the expectations of the school once use is initiated. Minor participation can subsequently lead to increased association with peers who use drugs and less contact with protective academic and co-curricular structure, resulting in a cycle of disengagement. Alcohol, marijuana, miraa, cigarettes, and other drugs have been reported in Kenyan secondary schools. Etyang and Winga (2021) linked absenteeism and lack of concentration among secondary school learners with drug use. Alulu et al (2023) found that substance and drug abuse had a negative relationship with student performance in Gatanga Sub-County. These studies show that harm to learners is being experienced in their education; however, school involvement is more than just exam performance; it includes the ongoing ways in which learners engage with school.

The broader participation perspective is key because learners may drop out as "formilies" while still being "functionally disengaged". A learner might be regular but not in class, might not join clubs and sports, might ignore routines and commitments, drop out of class, might not do assignments and have poor peer relationships. These trends can lead to dropping out or failing in school. When measured, they give a school a more real-time look at how drug abuse in the school community affects the school's activities, and they represent markers for schools that can be tracked to evaluate that drug abuse has not “clicked” before it is too late to opt out. Schools apply various school approaches for preventing and reacting to drug use problems among students. Common methods include awareness talks, guidance/counselling, peer counselling, prevention clubs, random checks, school rules, parental involvement and integration into the school curriculum and/or referral to health/habilitation and rehabilitation services and/ or cooperation with law enforcement. Liu et al. (2023) noted that school-based prevention could be more impactful by integrating peer engagement and family-school collaboration, in addition to skills development. Individual information sessions can help to raise awareness, but can be inadequate if dependency, psychological distress, or high peer and community availability is present.

Mitigation effectiveness depends on implementation quality. Counselling should be confidential and be provided by staff who are able to identify risk and make referrals for seeking help. Training and supervision are required for a peer programme. Policies need to be implemented in a uniform and equitable manner to connect a school to health/services. There is a need for parents and communities to contribute to minimizing access outside the school compound. When these characteristics are not present, a school can report that it has an intervention, while not having sustained behavioural and/or participation outcomes. The context of Vihiga County makes this analysis significant. Vihiga has significant consumption of alcohol, marijuana, and miraa, and peers, bars, markets, and community members were found to be access points. Most reported going to day schools, which meant they spent an average of 14 hours a day in communities where drugs were available. A combined view of school participation and mitigation allows a perspective on both the educational outcomes of drug abuse and the school's capacity to respond.

This article, therefore, determines the association between drug abuse and several indicators of school participation and assesses the coverage and perceived effectiveness of school-based mitigation strategies. It maintains the cross-sectional boundaries of the study and does not make an assumption that association is necessarily causation. The analysis was used to inform practical choices regarding counselling, referral, peer prevention, attendance, involvement of parents/guardians, and cooperation between the school and the community.

1.1 Statement of the Problem

Secondary schools in Vihiga County have implemented awareness talks, guidance and counselling, peer programmes, rules, and other responses to drug abuse. Even with these initiatives, the study reported persistent use of alcohol, marijuana, miraa, tobacco products, inhalants, among others, as noted by learners. Affected learners were also reported as being absent, weak in body, low morale, not concentrating, in behavioural trouble, and showing reduced involvement in activities done by the school personnel. The continued problem raises questions about both the educational consequences of drug abuse and the adequacy of existing interventions.

Existing research in Kenya and other African settings has frequently concentrated on examination performance or general indiscipline. Though this type of outcome has significance, it does not reflect school involvement comprehensively. The evidence of the simultaneous relationship between drug abuse and attendance, classroom involvement, out-of-classroom activities, routine, responsibility, problem solving, and peer relations is still limited and localized. There also exists a practice gap from the availability of anti-drug activities to whether there is proof of their consistent implementation, trust by the learners, linkages to referral services, and measurable outcomes in assessment.

In the absence of this evidence, schools might rely on disciplinary measures or single shots of awareness-building programs, and neglect the conditions that foster drug use and drop-out. Learners in need of treatment may not

be called for referral, fear of punishment prevents them from seeking help, and programme success may not be monitored. The study thus analysed the relationship between drug abuse and participation in school, and drug abuse mitigation strategy coverage, help-seeking mechanisms and effectiveness of help-seeking strategies at secondary schools in Vihiga County.

1.2 Research Objectives

i. Determine the effect of drug abuse on school participation among learners in secondary schools in Vihiga County, Kenya;
ii. Examine the effectiveness of strategies used to mitigate drug abuse among the learners.

1.3 Research Questions

i. How does drug abuse affect learners' school participation? How effective are the strategies used to mitigate drug abuse in secondary schools in Vihiga County?
ii. The null hypothesis stated that there was no significant relationship between drug abuse and school participation among learners in secondary schools in Vihiga County.

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 Social Learning Theory

Social Learning Theory (SLT) posits behaviour is learned by observing, imitating, modelling and reinforcing it. Bandura and Walters (1977) stated that people learn from others' experiences as well as from their own outcomes. Teens are particularly sensitive to peer acceptance and may emulate behaviors that seem to bring them a sense of acceptance, confidence, joy, or prestige. For drug-using peer groups, reinforcement of drug use, relating to access, and providing models of behaviour that deviate from those presented in school can therefore be expected.

The theory can also account for decreased school attendance rates. Prolonged exposure to peers who normalize being absent, have little interest in routines, or do not take school seriously can lead to and reinforce these behaviors. Substance use can also result in smaller social networks around those using substances and limited exposure to substance-free peers who can also advocate for positive school involvement. On the other hand, peer educators, peer mentors, peer counsellors and student leaders who are trained in refusal, responsible coping and help-seeking and reintegration skills can demonstrate these. Social Learning Theory has relevance then for both objectives. It provides a brief explanation of how drug abuse can be related to disengagement as well as the effectiveness of peer-led prevention. Its limitation is that it is mainly related to learned behaviour, and does not adequately capture the extent to which school environments are supportive of learners' ability to respond to educational and behavioural requirements. The Person–Environment Fit Model is one that adds to this limitation.

2.1.2 Person–Environment Fit Model

Person–Environment Fit Model suggests that adjustment will be increased as individual needs and capabilities meet environmental demands and resources. Daily et al. (2020) explained that poor fit can produce strain, weak commitment, and adverse outcomes. Learners are expected to attend regularly, behave well, complete tasks, take part in activities, and maintain positive relationships in secondary school. Even under the influence of drugs, the ability to do these things can diminish.

Fit can be better or worse in the school environment. Resources such as confidential counselling, fair rules, structured activities, supportive teachers, peer mentorship, family engagement and referral can assist learners in dealing with demands and getting back into the game. On the other hand, lack of discipline, poor counseling, stigma, or no referral system may exacerbate feelings of alienation. If a learner feels that punishment or disclosure is anticipated, he or she may be reluctant to reach out and seek support, and may feel more isolated from school. The model can help in interpreting mitigation strategies, as effectiveness will depend on whether there is a fit in terms of institutional support to meet the learners' needs. Awareness talks can be enough in cases of prevention, but are not enough in cases where dependency or extreme distress exist. Where clinical needs cannot be met through school-based support, referral is required. The model thus brings back the focus from having programmes at all, to their accessibility, adequacy, and suitability in the context of risks of various categories/reaches.

2.1.3 Theoretical Integration

All of the theories, collectively, can account for a developmental pathway from exposure to participation outcomes and response. Social Learning Theory explains how behaviours to substance use and disengaging from school can be both modelled and reinforced; Person–Environment Fit Model explains when learners no longer fit into the school environment. Effective mitigation seems to be about shifting peer norms, enhancing the support system, and more than just punishment, according to the integrated perspective.

2.2 Empirical Review

2.2.1 Drug Abuse and School Participation

Makuvaza et al. (2024) explored the effect of drug and substance abuse on the school performance of secondary school learners in Marondera Urban in Zimbabwe. Low academic achievement, school absence, suspension, and expulsion were associated with drug use. The study showed a distinct education cost while its urban setting in Zimbabwe and small learner sample make application to Vihiga County to be quite limited. It also paid more attention to academic achievements than to regular attendance, social relationships, and out-of-class activities.

Mohamed et al. (2025) conducted a study on the impacts of miraa, tobacco and marijuana use on academic achievement and social well-being among secondary school students in Yaqshid District, Somalia, and found that these substances had a negative impact on secondary school students' academic performance and social well-being. Peer pressure, family history, domestic problems, and excess pocket money were found to be contributing factors in the study. Even though it targets secondary students, that makes it relevant; the Somali educational, cultural, and administrative environment is distinct from Kenya. This research expands the scope of the outcome to include several participation measures. Drug and substance abuse have been reported to be on the rise, leading to a drop in academic performance by Alulu et al. (2023) in Gatanga sub-county of Kenya. The Kenyan school context adds to the relevance and differences in local culture, climate, accessibility, and school composition, which means that evidence must be county-specific. In the present study, a more extensive mixed methods approach and the involvement of school administrators, counsellors and a County officer are also undertaken.

Etyang and Winga (2021) reported a correlation of drug abuse and examination failure, and poor concentration and absence from classes by learners as reported in secondary schools of Kenya. Their results are compatible with the participation indicators as a part of this study. However, they did not analyse the full spectrum of routines, responsibilities, co-curricular involvement, problem solving, and peer relations. In this research, however, the outcome domain is widened empirically to give examination findings a more balanced approach and not be the only means of judging educational impact. In Kakuma Refugee Camp, a high level of association was identified between substance abuse and children's academic performance as revealed by Ingolo et al. (2025). Those who took drugs missed school and displayed poor discipline and poor social relationships. The study is also valuable as it highlights the attendance and relational consequences, whilst the circumstances of the camp are quite different from communities set up in Vihiga County. The aim of the present study is to determine if there is similarity in the mainstream secondary schools.

However, longitudinal and international studies have yielded more complex findings regarding occasional and/or experimental use. The study pointed to mediators of educational effects, including infrequent use, which does not necessarily yield the same effects on the child in all contexts, family support, school climate, frequency of use, and type of substance. This evidence cautions against assuming that every user experiences the same level of disengagement. It also indicates that there must be graduated intervention, according to the severity of the student and the extent to which he or she is involved. The evidence that has been reviewed shows a very definite gap. The overwhelming majority of research focuses on academic achievement, while research that looks at school attendance as a multi-faceted phenomenon is limited. The day-school exposure and community access are significant factors, but local evidence from Vihiga County is limited. The present study addresses this gap through indicators of attendance, class involvement, extracurricular activity, routine adherence, responsibility, problem solving, and peer relationships, supported by chi-square tests and qualitative accounts.

2.2.2 Effectiveness of School-Based Mitigation Strategies

Daily et al. (2020) examined school climate as a universal intervention and found that a positive climate could delay substance-use initiation in early adolescence. The study shows that prevention is not limited to drug-specific talks; belonging, safety, supportive relationships, and consistent expectations can reduce risk. Its longitudinal United States context differs from Vihiga County, but the emphasis on school environment is relevant to the Person–Environment Fit Model.

Liu et al. (2023) conducted a review of adolescent substance-use prevention in education and found there to be key points regarding skills-based curricula, peer interventions, and family–school collaboration. The review highlighted the need to identify interventions and appropriate developmental levels, but also to not take an information-only approach. It also identified barriers to implementation, such as stigma and variations in programme delivery. The

following concerns have a direct impact on the current evaluation of counselling, peer programmes, policies, and referral.

Jaguga and colleagues (2025) examined the acceptability of a peer-provider SBI for Kenyan youth. The participants responded to the intervention and believed that peer delivery could assist with behaviour change, with a follow-up session recommended. The Kenyan environment is good for applicability, but the pilot did not only target secondary schools in Vihiga County. The current study focuses on the extent of peer counselling reporting and compares this peer counselling with other school responses.

Muthoka and Mwenje (2020) examined strategies used to curb drug and substance abuse in secondary schools in Nzaui Sub-County, Kenya. An important intervention that became a core concern was guidance and counselling. Although their findings corroborate the significance of counselling in the current study, it is important to note that research did not offer the same comparison across referral, policy, new-student sensitisation and learner help-seeking. Hence, this article continues with the institutional evaluation.

According to Rono et al. (2019), measures implemented in public secondary schools in Kenya involved guidance, counselling, rules and awareness. The study showed a high level of institutional gravitas with an undercurrent suggestion that the will is not always the doing. The present research addresses this deficit by investigating learner impressions of the various strategies and whether students were aware of which resources they could access for assistance. Meta-analysis identified that in general, interactive school-based programmes were more effective than non-interactive information approaches (Tobler & Stratton, 1997). The idea is still true today, although the evidence comes before many of the current substances; learners must be given a chance to practice refusal, coping, communication, and problem-solving skills. Awareness sessions can help, but must be connected with counselling and peer support, family engagement, and referral.

Hawkins et al. (1992) talked of the need for a preventative approach that involves risk/protective factors of the individual, family, peers, schools, and community. This environmental focus is in line with a variety of drug access routes in Vihiga County. The school are not solely responsible for ensuring supply in the community, and parents are not able to supervise all school activities. Thus, coordinated responses will be required. The primary knowledge deficiency relates to effectiveness. There are a number of studies that include strategies differentiating program, learner trust, consistency of implementation, referral capacity, and measurable outcomes. The present study offers evidence from the perspective of the students and staff regarding what is included in current intervening measures, where students choose to seek help, perception of policies and resources, and the missing components in the continuum of prevention to treatment to reintegration.

2.3 Summary of Knowledge Gaps

Drug abuse has been repeatedly associated with problems in school, but school involvement is equated to academic achievement. This leaves insufficient information on attendance, class activities, routines, assignments, co-curricular activities, and peer relationships. Prevention literature also highlights many potential prevention activities, but not necessarily their availability, credibility, or the ability for referral if needed when the school-based supports do not prove adequate.

The study addresses these gaps in a single County-level investigation. It operationalises and measures the extent of participation within the school community as a whole, tests for association with drug abuse and selected indicators, and measures school-based mitigation coverage and perceived effectiveness. The convergent design also offers institutional explanations to support any interpretation of the learner responses.

III. METHODOLOGY

3.1 Research Design

The study used a pragmatist paradigm and a convergent mixed-methods design. Quantitative evidence related to school participation and mitigation strategies was obtained from a cross-sectional learner survey, and qualitative and institutional evidence was obtained from interviews and document analysis. The strands were gathered over a similar time frame but analysed separately and combined when making interpretations.

The design was suitable as there are identifiable patterns and contextual experiences in the involvement of the school. Frequencies and chi-square tests were required in order to identify associations between attendance, classroom activity, routines, and responsibilities. Interviews were necessary to describe the presence of drug abuse in daily school life and the way that interventions were carried forward. Institutional evidence of attendance, discipline and counselling was provided through document analysis. The integration led to the reduction of a single sensitive self-report source.

3.2 Study Area

The study was carried out among secondary schools in Vihiga County, western Kenya. The County has rural and peri-urban communities and a high percentage of day schools. It was chosen as education stakeholders reported alcohol, cigarettes, miraa, marijuana, and other drugs used by learners, plus issues of absenteeism, indiscipline, poor performance, and reduced participation. The setting enabled the school-based support and the community access conditions to be explored.

3.3 Target Population

The target population comprised 29,240 Form Three learners, 112 principals, 112 teacher counsellors, and one County Quality Assurance and Standards Officer. The reason that Form Three learners were targeted is that they were not under the pressure of the national-examination requirements on learners, as learners in Form Four had sufficient experience of the secondary school environment. Principals and counsellors offered administrative and pastoral input, while the county officer had knowledge about the system-level implementation and learner welfare.

3.4 Sampling Procedures and Sample Size

Yamane's formula was used to determine a sample of 395 learners at a five percent margin of error. Stratified random sampling was initially done according to gender, then proportional allocation and simple random sampling within each gender were used. For the principals and teacher counsellors, 12 of each were purposively selected due to their close work with managing the schools and supporting learners. The sole County Quality Assurance and Standards Officer (QASO) was part of the saturated sampling. There were 387 learners, and all 25 institutional respondents provided useful answers.

3.5 Data Collection Instruments and Procedures

The student questionnaire included: Demographic, drug-use status, attendance, participation in school, extracurricular activities, routine adherence, responsibility, problem solving, peer relationships, sources of help, and perceptions of mitigation strategies. The principals and counsellors were interviewed, and the County officer was asked about any changes in attendance, engagement, behaviour and implementation of school responses observed. A document analysis guide was utilized to see discipline records, attendance registers, and guidance and counseling reports.

Questionnaires were administered anonymously in classrooms according to normal instructions and were collected in the classroom right after completion. The interviews were face-to-face and lasted about 30-45 minutes. On-site permission was given for the review of relevant documents. Following this, three local schools were used to conduct a pilot study, which identified opportunities for improvements to the wording and sequence of the questions. School participation and mitigation strategies had acceptable levels of internal consistency with values of 0.76 and 0.79, respectively, for Cronbach's alpha.

3.6 Data Analysis

Frequencies and percentages summarized learner characteristics, participation indicators, intervention coverage, help-seeking preferences, and perceptions of effectiveness. Chi-square tests of independence assessed associations between drug abuse and categorical school-participation indicators at an alpha level of .05. The test was used because the variables were represented as frequency categories. Results were interpreted as associations and not as proof that drug abuse caused the participation outcomes. Interview and document data were organized and analyzed thematically. Codes were grouped under attendance, classroom engagement, routines, peer relations, counselling, awareness, referral, enforcement, and collaboration. Qualitative themes were compared with quantitative results to identify convergence and implementation gaps.

3.7 Ethical Considerations

The study was approved by the Masinde Muliro University of Science and Technology Institutional Scientific and Ethics Review Committee, and the National Commission for Science, Technology, and Innovation granted a research licence. Consent from the education authorities and schools involved. The learners purposefully engaged, and the assent and proper authorization process were adhered to. No students' names are recorded, nor were there any admission numbers. Questionnaires were filled out in a non-threatening environment, and no one was forced to answer questions that they did not want to answer or to continue the answering process. Interviews and data collected were kept confidential, without any reporting of individual clients, and were reported in aggregate form. Guidance and counselling services are offered if drug abuse leads to an emotional problem. These were particularly significant to ensure that disclosure would not result in stigma or punishment to the respondents, who were minors.

IV. FINDINGS & DISCUSSION

4.1 Response Rate and Study Context

The study obtained 387 usable learner questionnaires from the planned 395, together with responses from all 12 principals, 12 teacher counsellors, and the County officer. The age range covered for most of the learners was from 17 to 19 years, and 67.7 percent were male, with 87.6 percent of the learners attending day schools. The sample composition was important because the overall prevalence profile was impacted by the greater number of males, and also because many day-school students participated in community environments before and after school.

A total of 28.4% of learners acknowledged using drugs other than those required for medical purposes. The top three drugs were alcohol, marijuana, and miraa. These prevalence findings provide the context for the participation analysis: drug abuse was not a hypothetical risk but an acknowledged behaviour within the study population. The results below analyze the dependent variable of school participation on multiple daily indicators.

Table 1: Response Return Rate

Respondent Category	Targeted Sample	Responses Received
Form Three Learners	395	387
Principals	12	12
Counselors	12	12
CQASO	1	1
Total	**420**	**412**

Table 2: Demographic Characteristics of Secondary School Learners

Demographic Characteristics	Categories	Frequency	Percent
Age in Years	15-16Years	24	6.2
	17-19 Years	301	77.8
	Above 19 Years	62	16.0
	Total	387	100.0
Gender	Male	262	67.7
	Female	125	32.3
	Total	387	100.0
Type of School	Boarding	3	.8
	Mixed boarding	22	5.7
	Day school	339	87.6
	National School	2	.5
	Extra County School	4	1.0
	County School	8	2.1
	Sub County	9	2.3
	Total	387	100.0
Have you used drugs other than those required for medical reasons	Yes	110	28.4
	No	277	71.6
	Total	387	100.0

4.2 Drug Abuse and School Participation

4.2.1 Attendance, Classroom Engagement, and Co-curricular Participation

A high prevalence was found among the learners who were perceived to be drug abusers, with a consistent pattern of reduced participation. There were 9.6% who said that drug-using learners attend school regularly and 90.4% who said they do not. Attendance sets the base of participation, as missing a day means not receiving a day of instruction, guidance, peer support, and structure. Regular absence also has a detrimental effect as learners are likely to lose momentum and have poorer school bonds because of the regular absence.

Classroom involvement was also not high. A total of 82.2% disagreed, while 17.8% thought that the affected learners participated actively in classes. Psychoactive drugs affect the ability to sustain attention, to work memory, self-

regulation, and cooperate. NIDA (2020) linked impaired executive function to substance use among adolescents, which may include trouble following rules, answering questions, following through with a task, and learning new information.

Extracurricular participation was affirmed by 31.5% and rejected by 68.5%. While this was more than active class participation, most still felt withdrawal from sport, clubs and other activities. Co-curricular programmes allow for positive peer networks, identity, discipline, and opportunities for achievement. With decreased involvement, there is likely to be a loss of protective structures and more time spent with drug-using groups. These results align with Makuvaza et al. (2024), who reported absenteeism and poor academic outcomes among drug-using secondary school learners in Zimbabwe. The present study contributes to the evidence that this does not just impact academic outcomes but also co-curricular and daily institutional involvement.

Table 3

Learners' Perceptions of School Participation among Drug-Using Learners (N = 387)

Participation indicator	Yes, n (%)	No, n (%)
Attend school regularly	37 (9.6)	350 (90.4)
Participate in extracurricular activities	122 (31.5)	265 (68.5)
Participate actively in class	69 (17.8)	318 (82.2)
Follow the school routine	30 (7.8)	357 (92.2)
Know their school responsibilities	46 (11.9)	341 (88.1)
Ready to solve problems	46 (11.9)	341 (88.1)
Manage daily school routines	40 (10.3)	347 (89.7)
Actively participate in school activities	89 (23.0)	298 (77.0)
Relate well with peers	56 (14.5)	331 (85.5)

4.2.2 Routines, Responsibilities, Problem Solving, and Peer Relations

The lowest amount of participation recorded was for routine adherence. But only 7.8% said that drug-using learners followed school routines and 10.3% thought that they managed their daily routines. Assemblies, timetabled lessons, food, study time, cleaning, and more make up school routines. It may be challenging to maintain consistent adherence due to substance use, intoxication, withdrawal symptoms, poor sleep, and decreased motivation.

Only 11.9% felt that affected learners knew what their school responsibilities were, and a similar proportion said they would be prepared to solve problems if they arose. This indicates a problem with self-regulation, judgement, and accountability. If learners do not fulfill their responsibilities or respond positively to challenges, it can lead to friction between the learner and others, including teachers and fellow students, thereby further reducing feelings of belonging and participation.

Peer relationships were also affected. Only 14.5% felt drug learners related well with peers. The following factors may play a role: behavioural change, aggression, withdrawal, mistrust, stigma and association with drug-using groups. The Social Learning Theory views this as a shift in the models and the reinforcement given to the learner. Without interaction with pro-school others, drug-using networks can be more influential.

The research findings align with Ingolo et al. (2025)'s findings on which revealed that substance use was linked to low discipline, absence, and bad social relationships among learners in Kakuma. Similarly, Mohamed et al. (2025) reported a negative impact on social well-being for Somali secondary school students. The present study adds to the literature by providing quantitative specific routine, responsibility, problem-solving, and relational indicators in Vihiga County.

4.2.3 Chi-Square Tests of Association

Chi-square tests were performed to determine if drug abuse and selected categorical participation indicators were independent. The association with regular attendance was significant, $\chi^2(1, N = 387) = 42.15$, $p < .01$. Extracurricular participation was also significant, $\chi^2(1, N = 387) = 35.80$, $p < .01$, while active classroom participation produced $\chi^2(1, N = 387) = 39.27$, $p < .01$. Based on these findings the null hypothesis was rejected for the selected indicators. Significant associations were also reported for the following routines: problem solving and maintaining responsibilities. The trend seen in the various indicators reinforces the finding of the co-occurrence of drug abuse and low school participation in the study population. However, the tests do not establish which variable occurred first. Using substances can lead to disengagement for a learner after substance use, or an already disengaged learner may become more exposed to drug-using peers. The cross-sectional design does not allow for distinguishing between these pathways.

The empirical review corroborates this interpretation. Alulu et al. (2023) indicated that there is a negative relationship with academic performance in Kenya, Etyang and Winga (2021) associated drug use with absenteeism and difficulty in concentration. The present findings expand the outcome to include routines and responsibilities and provide

statistical evidence from Vihiga County. They also suggest the Person – Environment Fit Model, as they found that "substance-affected learners were less able to accommodate the institutional demands.

Table 4

Chi-Square Tests for Drug Abuse and School Participation

Participation factor	χ^2	Df	N	p-value
Regular attendance	42.15	1	387	< .01
Extracurricular participation	35.80	1	387	< .01
Active class participation	39.27	1	387	< .01
Following routines	31.45	1	387	< .01
Problem solving	28.10	1	387	< .01
Maintaining responsibilities	33.70	1	387	< .01

The tests indicate association and do not establish causation.

4.2.4 Qualitative Evidence on Participation

Interviews confirmed the survey and chi-square patterns. A headteacher said that learners affected "miss school or appear physically too unwell to join activities in school". School staff also noted low morale, lack of concentration, behavioural issues, and difficulty maintaining routine. These accounts reveal that difficulties in participation were not just evidenced through examination results but in attendance, physical readiness, behaviour and involvement. Document review supported an institutional approach in studying absenteeism, discipline, and counselling interventions. The review endorsed the use of attendance and behavioural indicators, although the avoidance of any school-specific record, to allow for confidentiality, was not undertaken by the article. The synthesis of the learners' perceptions, staff observations, and records further supports the interpretation that drug abuse was linked to decreased participation.

The findings were integrated, and this was a significant contribution of a practical nature. Attendance change, active participation in class, adherence to routine, and completion of responsibilities can be used as early-warning measures in schools to monitor. This monitoring should not lead to a "one type fits all" approach to assessment, but instead to supporting and enhancing assessment. If there is any doubt that a learner is using drugs or alcohol, they are offered confidential counselling and referral, if appropriate.

4.3 Effectiveness of Mitigation Strategies

4.3.1 Coverage of School-Based Interventions

Guidance and counselling was the most commonly named intervention by 86.3% of learners. Awareness talks (80.9%), peer counselling (68.2%), and prevention clubs (65.9%) were reported. These data reveal that a high number of schools had progressed beyond punishment and had systems in place for informational and psychosocial reactions. This extensive counseling coverage is significant as substance use can be concurrent with stress, family issues, peer influence, and/or other personal issues. The programme availability does not reflect frequent or special use of the programme by trained people or learners' trust in the programme. When confidentiality is respected, staff possess the time and skill and can make referrals in relation to serious issues, then counselling is effective. Selection, training, supervision, and boundaries are also necessary when it comes to peer counselling. Peer behaviour is unsupervised - do not expect a peer to manage dependency, suicide risk or severe behavioural disturbance.

Prevention clubs are places for peer leadership, awareness and activity. They were reportedly present in 65.9% of schools, indicating the presence of useful institutional commitment, although a third of learners did not report access to these. This imbalance could be related to uneven distribution of resources (assuming that is not the problem) or the administration identifying and planning for the programme or programme continuity. Liu et al. (2023) highlighted the importance of embedding peer and skills-based programmes in broader school and family contexts. Formal or more-explicit reactions were less frequently reported. Prominent areas of concern are in the areas of referral for treatment or rehabilitation (45.5%) and sensitization of new learners (46.0%). Random checks were reported by 51.4% and a drug policy was reported by 52.5%. These percentages show that there is a gap between general prevention and a continuum of care. Learners with repeated use, withdrawal or other serious psychological problems may need specialized services outside the school.

Table 5

School-Based Drug Abuse Mitigation Strategies (N = 387)

Intervention	Yes, n (%)	No, n (%)
Guidance/counselling services	334 (86.3)	53 (13.7)
Awareness talks	313 (80.9)	74 (19.1)
Peer counselling	264 (68.2)	123 (31.8)
Prevention clubs	255 (65.9)	132 (34.1)
Core subject/content on drug abuse	216 (55.8)	171 (44.2)
Drug-free school policy	203 (52.5)	184 (47.5)
Random checks	199 (51.4)	186 (48.1)
New-student sensitization	178 (46.0)	209 (54.0)
Treatment/rehabilitation referral	176 (45.5)	211 (54.5)

4.3.2 Help-Seeking Pathways

When learners were asked where they would seek help for a student with a drug problem, 54.3% selected the school counsellor. The health centre was selected by 14.2%, the principal by 10.3%, and 20.7% stated that they would not seek help. The counsellor's role as the desired source of support validates the crucial role school guidance services play and the need for the services to be accessible, confidential and responsive. A third of that fraction, one-fifth, is engaged in a huge challenge in terms of implementation: those who would not seek help. Barriers may include: fear of punishment, embarrassment, concern for confidentiality, distrust of adults, and lack of information about potential resources. If a learner does not approach an intervention, then it cannot be effective. Schools should therefore make clear and explicit that counselling services operate, to whom, what does and does not remain confidential and in what instances does limited disclosure for safeguarding and/or referral occur.

Bearing in mind that the interaction between schools and health centres was not a prominent feature for the majority of learners, the low number of centres was chosen. Pathways of referral should be clearly defined and described in advance, and not in times of crisis. Learners should be aware that counseling can lead to a supportive medical/psychological assessment, but does not automatically result in expulsion. Jaguga et al. (2025) identified that the youth in Kenya welcomed peer-supported interventions when they knew why they were needed and follow-up support continued. The clarity of that is required in the school referral.

Table 6

Preferred Help-Seeking Point within the School (N = 387)

Help-seeking point	Frequency	Percentage
School counsellor	210	54.3%
Health centre	55	14.2%
Principal	40	10.3%
Other	2	0.5%
Would not seek help	80	20.7%

4.3.3 Perceived Effectiveness and Implementation Gaps

Pupils' attitudes to school responses were generally positive. An overall 74.5% agreed or strongly agreed that secondary schools had effective anti-drugs measures, and 85.0% believed learners to be well informed about consequences. 75.1% perceived policy enforcement as being consistent and fair, whilst 74.7% believed that trained counsellors and other resources were made available. These findings indicate broad recognition of institutional effort. There was also significant support for parental and inter-agency roles. A total of 79.1% agreed that parental involvement was crucial, while 77.8% supported collaboration with local law-enforcement agencies. The highest level of consensus was about the need to improve communication and awareness (81.4%). An additional 78.8% were pro-comprehensive strategies. This made the students understand that the problem could not be solved in isolation from any other school activity.

The positive perceptions must be taken into account as well as the coverage gaps. Only less than half reported referring for treatment or rehabilitation and/or sensitization for new students. One-fifth would not receive assistance, and almost half did not have a formal drug-free policy. Programme outcomes were neither measured systematically, and the descriptions found in the interviews included guidance/counselling, invited speakers, and parent meetings. The evidence, therefore, demonstrates perceived usefulness and institutional commitment rather than verified long-term effectiveness.

The distinction is critical. A school can hold meetings, but cannot measure any change in knowledge, behaviour, attendance or incidents. It may have a policy that learners experience as inconsistent. It may provide counselling (without

referral) service. Measurable indicators used for effectiveness should therefore include restored attendance, reduction in repeat incidents, completion of counselling and, successful referral, and increase in class participation and sustained reintegration. The results are consistent with Muthoka and Mwenje (2020), who showed attention towards guidance and counselling in secondary schools of Kenya. They also support the findings of Rono et al. (2019) who documented the following preventive measures. The present study further elaborates those findings, analyzes learner's choice of a point to seek help, quantifies the gap in referral, and demonstrates the coexistence of positive perception with uneven implementation.

The results also reflect the interactive-prevention principle as described by Tobler and Stratton (1997). Although there was a lot of awareness, there was a stronger response, and there was a need for practising coping, refusal, communication, and help-seeking. According to the Person–Environment Fit Model, the resources that the school provides must fit with the learner needs in order to be most effective in the implementation of the programmes. This fit is improved through counselling, clubs, fair policy, referral and parental collaboration.

Table 7

Selected Perceptions of Anti-Drug Strategy Effectiveness (N = 387)

Statement	Agree/strongly agree	Disagree/strongly disagree
Schools have effective anti-drug measures	288 (74.5%)	99 (25.5%)
Learners are well informed about consequences	329 (85.0%)	58 (15.0%)
Policy enforcement is consistent and fair	291 (75.1%)	96 (24.8%)
Parental involvement is crucial	306 (79.1%)	81 (20.9%)
Adequate support resources are available	289 (74.7%)	98 (25.4%)
Law-enforcement collaboration is effective	301 (77.8%)	86 (22.2%)
Improved communication and awareness are needed	315 (81.4%)	72 (18.6%)
Comprehensive strategies are essential	305 (78.8%)	82 (21.2%)

4.3.4 Stakeholder Roles and Integrated Discussion

Open-ended responses focused on differentiated responsibilities among stakeholders. School leaders would be expected to guide and counsel, educate pupils on the effects of drugs, take action against the use of drugs and carry out proportionate checks. Parent and guardians should guide, monitor, communicate, and set positive examples for their children. Community response included reporting of drug activity, educating youths, discouraging drug sales near schools, and providing counselling. This division mirrors the fact that drug-access and participation issues do not stop at institutional borders.

The strong emphasis on counselling reflects a restorative (as opposed to just punitive) approach. The implementation of punitive action is part of what was included among school interventions but it can also lead to greater stigma and reduced uptake of help-seeking. Fair sanctions can be appropriate for safety purposes, but with the added component of assessment, counselling, family involvement and referral. Without support, suspension, or expulsion can heighten feelings of disengagement and put learners at risk of being a part of the same community networks that may have provided substances. This study adds to the literature by integrating participation outcomes and mitigation systems into just one analysis. It indicates that the problem of drug use in school is not just a drug use problem, but a participation and reintegration challenge as well. Language to assess harm can be applied in the assessment of recovery. Attendance, active involvement in class, adherence to routines, responsibility, and peer relationships should be included in the monitoring of a programme.

The consistent results also indicate the importance of school climate. When a learner feels that they have trusted counsellors, a positive peer, fair rules and have opportunities to be active within clubs, they are more likely to seek help and re-engage. Daily et al. (2020) stated that positive school climate is protective against initiation of substances. For Vihiga County, strengthening climate needs to involve ongoing communication, trained staff members, safe access to information, easily understood and effective activities, and connections to families and health providers. A cross-sectional design is still a crucial limitation. The large chi-squares indicate association only, not time sequence or causation. Measures of programme impact and perceived effectiveness of strategies can also be different. Future research should track learners across the years, analyze schools based on the degree of intervention, and track attendance, participation, repeat incidents, and referral completion.

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusion

The level of drug abuse had a significant relationship with low school participation of secondary school learners in Vihiga County. There were clear concerns around poor attendance, lack of engagement in lessons, lack of adherence to routines, inconsistent responsibilities, problems with being ready for problem-solving education, and difficulties with peer relationships. The chi-square tests showed that null hypotheses were rejected on the selected indicators. These findings present a statistical association in the context of the study population but do not confirm that drug abuse was the cause of each of these participation results. The schools had implemented a wide variety of mitigation measures, predominantly guidance and counselling, awareness talks, peer counselling and prevention clubs. The general consensus was that the involvement of the school, parents, and law enforcement was of great importance to the learners. Referral for treatment, sensitization of new learners, formal policy coverage and help-seeking were, however, uneven. Therefore, it is concluded that institutional commitment is in evidence, but a full continuum of prevention to recovery/reintegration, which was evaluated, was not achieved.

5.2 Recommendations

Secondary schools should have a confidential and properly-facilitated guidance and counselling service. Provide structured training, supervision and clear referrals for teacher counsellors and peer counsellors. Peer counsellors should sit only in the role of support and referral, and not necessarily in 'high risk' cases without the involvement of an adult and professionals. Schools must make formal contact with nearby health centers, mental health professionals, rehabilitation. The referral criteria should include repeated use, withdrawal symptoms, significant distress, risk of self-destructive behavior, and ongoing reluctance to engage. Informing learners/parents that referral will be a supportive process, aimed at the restoration of health and participation.

Attendance, punctuality, participation of pupils in class, adherence to routine, disciplinary incidents, completion of counselling, and referral outcomes should be monitored as indicators of programme evaluation and early warning. The data should be reviewed on a regular basis by management and counselling teams at school, ensuring that there is protection of learner confidentiality. These indicators should not only consider whether an awareness activity took place, but also consider the improvements that should be used to consider reintegration. Drug policies should be well articulated and implemented equitably and uniformly. The measures taken with respect to safety should be accompanied by assessment, counselling, parental involvement, and a reintegration plan. Where possible and alternative arrangements exist, schools are advised to discourage responses that lead to longer-term exclusion from education.

Parents need to be involved in planned prevention/reintegration conferences and receive instruction on communication, supervision, and red flags. Bars, markets, and other unstructured outlets around schools should be monitored by local administrators and community policing bodies. Schools should offer a wider range of sports, clubs, mentoring and out-of-school activities that will provide positive peer networks and minimise unstructured time, especially for day-school students. Future research should employ longitudinal or quasi-experimental designs to determine if specific strategies have a positive impact on attendance and participation over periods of time. A comparative study on schools with good counseling, referral, and peer programs, and less good programs would provide more direct evidence of effectiveness. Help-seeking channels need to be trusted and learner perspectives must be integral to programmes' otherwise, there can be no work.

Declaration of Interest

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REFERENCES

Alulu, L., Gachigi, P., Okoth, E., & Ngunu, S. (2023). Influence of drug and substance abuse and academic performance among students in secondary school in Gatanga Sub-County, Kenya. *International Journal of Research and Innovation in Social Science, 7*(10), 1079–1092. https://doi.org/10.47772/IJRISS.2023.701084

Bandura, A., & Walters, R. H. (1977). *Social learning theory*. Prentice-Hall.

Daily, S. M., Mann, M. J., Lilly, C. L., Bias, T. K., Smith, M. L., & Kristjansson, A. L. (2020). School climate as a universal intervention to prevent substance use initiation in early adolescence: A longitudinal study. *Health Education & Behavior, 47*(3), 402–411. https://doi.org/10.1177/1090198120914250

Etyang, M., & Winga, M. A. (2021). The prevalence, causes and effects of drug use and abuse on performance indicators among secondary school students in Teso South Constituency, Kenya. *European Scientific Journal, 17*(15), 111. https://doi.org/10.19044/esj.2021.v17n15p111

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*(1), 64–105. https://doi.org/10.1037/0033-2909.112.1.64

Ingolo, T., Marima, E., & Gichuhi, D. (2025). Impact of drug abuse on academic performance of children at Kakuma Refugee Camp, Turkana County, Kenya. *African Journal of Empirical Research, 6*(3), 288–297. https://doi.org/10.51867/ajernet.6.3.25

Jaguga, F., Aalsma, M. C., Enane, L. A., Turissini, M., Kwobah, E. K., Apondi, E., Barasa, J., Kosgei, G., Olando, Y., & Ott, M. A. (2025). A qualitative pilot study exploring the acceptability of a peer provider delivered substance use brief intervention from the perspective of youth in Kenya. *Substance Abuse Treatment, Prevention, and Policy, 20,* Article 6. https://doi.org/10.1186/s13011-025-00639-9

Liu, X. Q., Guo, Y. X., & Wang, X. (2023). Delivering substance use prevention interventions for adolescents in educational settings: A scoping review. *World Journal of Psychiatry, 13*(7), 409–422. https://doi.org/10.5498/wjp.v13.i7.409

Makuvaza, S., Makunzva, P., Kurisa, B., Mtisi, O., Marange, R., & Nhikitiki, A. (2024). The impact of drug and substance abuse on academic performance of secondary school students in Marondera Urban, Zimbabwe. *Global Scientific Journals, 12*(4), 784–790.

Mohamed, D. B., Ashibi, J. E., & Ashibi, P. O. (2025). Examining the effects of drug abuse on academic performance of secondary school students in Yaqshid District, Somalia. *KIU Journal of Education, 5*(1), 143–155. https://doi.org/10.59568/KJED-2025-5-1-18

Muthoka, P., & Mwenje, M. (2020). Effectiveness of strategies used in secondary schools to curb drug and substance abuse among high school students in Nzaui Sub-County, Makueni County, Kenya. *International Journal of Arts and Humanities, 8*(6), 63–69.

National Institute on Drug Abuse. (2020). *Principles of adolescent substance use disorder treatment: A research-based guide*. National Institutes of Health.

Rono, R., Kimengi, I. N., & Githinji, F. W. (2019). Measures adopted to reduce drug and substance abuse in public secondary schools in Kenya. *Journal of Education and Practice, 10*(23), 97–103. https://doi.org/10.7176/JEP/10-23-14

Tobler, N. S., & Stratton, H. H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *Journal of Primary Prevention, 18*(1), 71–128. https://doi.org/10.1023/A:1024630205999