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The Effects of Drug and Substance Abuse among Youth in Kapsowar Town, Kenya: Implications for Family, Social, and Community Well-Being

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Abstract
This study examined the effects of drug and substance abuse among youth in Kapsowar Town, Elgeyo Marakwet County, Kenya, with particular attention to implications for family, social, and community well-being. The study foregrounds the social problem of drug and substance abuse among youth, which presents interconnected health, social, family, economic, moral, and spiritual challenges. Despite this, national prevalence data do not adequately explain how these consequences are experienced within specific local communities. Using a case study design, the study employed a qualitative approach. Data were obtained from eight clergy and forty church youth leaders purposively selected from eight participating congregations in Kapsowar Town. The study treated these participants as key informants whose pastoral and youth-leadership experiences provided contextual accounts of the phenomenon. The study identified five consolidated themes: crime and community insecurity; health and psychological harm; expansion of the local substance-abuse market; household poverty and reduced economic participation; and disruption of parental, pastoral, moral, and family relationships. Interpreted through the Pastoral Cycle. The study findings indicate that substance abuse is concurrently an individual, relational, family, and community concern requiring coordinated pastoral, family, governmental, and community responses. The study recommends the need for interventions that combine prevention, counselling, rehabilitation, family support, and collaboration between churches and relevant public and community institutions. It contributes a context-specific pastoral interpretation of youth substance abuse.

Key words: Community well-being, drug and substance abuse, family well-being, pastoral care, youth.

INTRODUCTION

This study examined the effects of drug and substance abuse among youth in Kapsowar Town, Elgeyo Marakwet County, Kenya, with particular attention to implications for family, social, and community well-being. Drug and substance abuse among youth is a significant social and public-health concern because its consequences can extend beyond the individual user to families, relationships, livelihoods, and the wider community. The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) report presents alcohol, cannabis, tobacco among the key drugs and substances of abuse by young people cross the Kenya's' counties. On emphasis, Somani and Meghani (2016) further present a global scale of drugs and substances of abuse as they report that among adolescents in the U.S, 78 per cent are estimated to abuse alcohol, out of which 47 per cent are among those who drink regularly. In the Kenyan context, their study findings shows that 70 per cent of colleges and university students are engaged in lifetime abuse of drugs and substances. The concern is particularly important in contexts where young people constitute a substantial proportion of the population and where family and religious institutions remain important sources of socialisation and support. In Kenya, national evidence documents continued use of alcohol, tobacco, cannabis, khat, and other psychoactive substances among young people (NACADA, 2022). Such national statistics establish the scale of the problem but do not, independently, explain how substance abuse is experienced and interpreted within particular communities.

In Kenya, the population structure makes youth substance use an especially consequential issue. The Kenya National Bureau of Statistics (KNBS, 2022) reports substantial proportions of adolescents and young people within the national population. NACADA (2022) similarly reports current use of several substances among people aged 15–24 years. These patterns indicate the importance of not only examining the prevalence of substance use but also its consequences for everyday social relations, family life, health, economic activity, and community functioning. Existing scholarship also shows that substance use may be associated with psychological and social difficulties and may affect family functioning and individual well-being (Harrison et al., 2018; Reiter, 2019).

The Kapsowar context is particularly relevant because the study documents a local cultural history in which certain fermented and distilled beverages were traditionally regulated by age and social circumstances. The study refers to traditional beverages such as *wirki*, *busaa*, and *kipketin* and contrasts their culturally regulated use with contemporary concerns about harmful substance use. This distinction is analytically important because the presence of an intoxicating substance in a culture does not automatically constitute abuse. Therefore, in this study, drug and substance abuse refers to harmful, excessive, or socially and personally disruptive use of psychoactive substances, including alcohol and other substances identified by participants as being abused in the local setting.

The term youth is also context-dependent, as the study adopts the Kenyan constitutional age category, while recognising that international and African frameworks use somewhat different age ranges. Because the participants in this study were adults serving as clergy or church youth leaders, the term "youth" in the findings refers to the young people these key informants reported on, rather than to the participants themselves. This distinction is essential to prevent an assumption that the study directly represents the experiences of all youth or of all youth who use substances.

The research problem arises from the gap between broad national accounts of substance use and the limited contextual understanding of how its consequences are experienced within a particular town and its family, social, and religious institutions. NACADA (2022) provides important evidence for the magnitude and policy significance of substance use. Still, national data do not fully illuminate how substance abuse affects local relationships, household livelihoods, parental responsibilities, moral expectations, and community security. The present study addresses this gap by examining the reported effects of youth drug and substance abuse in Kapsowar Town through a qualitative case study of clergy and church youth leaders. In the study, social well-being refers primarily to the quality and stability of interpersonal and social relationships. In contrast, community well-being concerns broader collective conditions such as security, economic functioning, moral expectations, and the capacity of community institutions to respond to the problem.

The study was guided by the Pastoral Cycle developed by Holland and Henriot (1983), which links contextual experience, social analysis, theological reflection, and action. This framework is appropriate to the study because the research is concerned not only with documenting the effects of substance abuse but also with interpreting those effects within a Christian pastoral context and considering appropriate responses. Therefore, the study aims to examine the effects of drug and substance abuse among youth in Kapsowar Town and to interpret their implications for family, social, and community well-being.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Pastoral Cycle as the Analytical Framework

Holland and Henriot's (1983) Pastoral Cycle provides the study's overarching analytical framework. The cycle moves through four interconnected moments: experience or insertion, social analysis, theological reflection, and pastoral planning or action. Rather than treating these moments as a theoretical description detached from the research process, the present study uses them as an interpretive sequence. First, participants' accounts provide a contextual description of what is happening in Kapsowar. Second, the reported patterns are considered in relation to social, cultural, family, and psychological conditions. Third, the implications of those patterns are interpreted through Christian theological concepts concerning human dignity, responsibility, relationships, and the body. Fourth, the analysis considers responses involving churches, families, youth, government agencies, and other community institutions.

As a result, the framework is not presented as a substitute for empirical analysis. Instead, it provides the theological lens through which the empirical findings are interpreted. This distinction is critical as the study's qualitative data establish participants' perceptions and experiences, whereas theological claims constitute a subsequent interpretive layer.

Individual and Health Consequences

Previous literature associates substance abuse with physical, psychological, and behavioural consequences. This is clear as Harrison et al. (2018) discuss the relationship between substance use and psychiatric and behavioural problems, while McWhirter (1993) identifies health-related vulnerabilities among young people at risk. Additionally, Reiter (2019) emphasises that problematic substance use can affect several areas of an individual's life and can have consequences for family functioning. Similarly, Olson (1984) continues to affirm that, "Injection is the fastest way of introducing the substance into the system. Some users open a blood vessel with a pin or razor blade and then insert the drug into the opening with a medicine dropper These perspectives suggest that health consequences should not be isolated from social and relational outcomes.

Social and Community Consequences

Drug and substance users encounter and cause social problems. For example, after using drugs like alcohol or bhang, they can be subjected to physical fights or verbal abuse, drive when drunk, and therefore cause accidents, theft, and robbery with violence to get money for buying the drugs/substance of abuse and be jailed for having illegal drugs. For instance, "Bhang is a very destructive drug and, like many other drugs, induces a false feeling of well -being. It reduces the sense of responsibility and leads people to take actions they would not normally take. Crimes, theft, lose their interest in real life, the desire for more drugs destroys their love for the family and normal human relationship" (Njoki Njogu, 2008). This is clearly demonstrated in two social incidents that happened in 1999 in "Nyeri High School arson, in which colleagues burnt four prefects to death. In 2001, a fire started by students believed to be on drugs at Kyanguli Secondary School claimed the lives of 67 Students" (Oburu et al., 2020). In emphasis, Harrison et al. (2017) continues to sum up that chronic intoxication may affect behaviour adversely, leading to unemployment, motoring offences, accidents and family problems. Again, the illicit drugs are expensive, and therefore the use may be accompanied by stealing or indulging in commercial sex for money gains (Harrison et al., 2017).

The present study therefore treats participants' accounts of crime and insecurity as locally reported consequences rather than as population-level causal estimates.

Family consequences are central to the study because substance abuse can redirect household resources, strain relationships, alter parental responsibilities, and contribute to cycles of vulnerability. Reiter (2019) identifies the family as an important context in understanding substance abuse, while the original manuscript's literature associates problematic substance use with disrupted family environments and intergenerational vulnerability. The significance of this

literature for Kapsowar lies in the possibility that substance abuse affects not only the user's well-being but also the capacity of family members to provide care, security, and economic support.

Spiritual Consequences

The devil is at work attracting many youths to drug and substance abuse. The Bible aware that the devil is actively at work prowling around (1 Pet. 5:8), and the battle that they wrestle with as God's children is not against flesh and blood, but against the powers of darkness in the devil's kingdom (Eph. 6:12). Therefore, many youths have become lured by the devil's trap in abuse of drug and substance abuse. As a result, they end up lacking interest in spiritual activities like prayer and studying of God's word due to sin influence as Collins (1988) confirms "Sin is any action or attitude that violates or fails to conform to the will of God. We sin by what we think, by what we do or fail to do, and by what we are. Sin is a powerful, pervasive, and penetrating force that can master and enslave us, especially when we fail to repent or admit and confess our faults." On the same point according to Kunhiyop, these substances have a direct spiritual effect on our bodies, which are the spiritual abode of the Holy spirit and so should be treated as holy 1 Cor. 3:16-17. In a real sense it is not the drugs and alcohol that are abused but our bodies.

Substance abuse may also have economic consequences through expenditure on substances, reduced productivity, absenteeism, loss of employment, and increased household financial pressure (Harrison et al., 2018; Reiter, 2019). The original manuscript additionally places considerable emphasis on moral and spiritual consequences. These dimensions are particularly relevant to a study situated within churches. Nevertheless, empirical claims about health, crime, and economic effects require empirical evidence (Durrant & Thakker, 2003). In contrast, biblical and theological sources are more appropriate for interpreting the moral and spiritual meaning of those findings. The revised article therefore separates empirical description from theological interpretation.

Taken together, the reviewed literature establishes that substance abuse can affect individual health, social relationships, families, and economic functioning. However, this literature leaves a contextual gap regarding how these effects are perceived and interconnected within Kapsowar Town's church and community environment. The study addresses this gap by bringing together the accounts of clergy and church youth leaders and interpreting the resulting themes through the lens of the Pastoral Cycle. Its contribution is consequently contextual and interpretive rather than a prevalence estimate or clinical assessment of youth substance use.

METHODOLOGY

The study adopted a qualitative approach and case study design to explore participants' accounts and interpretations of youth drug and substance abuse within their natural social and religious context in accordance to Creswell (2014). The case study bounded the inquiry geographically and institutionally within Kapsowar Town and participating churches, enabling in-depth examination rather than statistical generalisation. The study was conducted in Kapsowar Town, Elgeyo Marakwet County, Kenya, where churches constitute key community institutions for pastoral guidance, counselling, and social support. Approximately 36 churches surround the town; six main denominations were identified: African Inland Church (AIC), Roman Catholic Church (RCC), Seventh-day Adventist (SDA), Kenya Assemblies of God (KAG), Pentecostal Assemblies of God (PAG), and Holiness and Repentance. AIC and RCC each contributed an additional congregation due to their larger presence, bringing the total to eight participating church sites.

Participants comprised eight clergy and forty church youth leaders (one clergy and five youth leaders per church). They were selected as key informants because their pastoral and leadership roles placed them in regular contact with young people and enabled them to observe and respond to youth-related social, behavioural, family, and pastoral concerns. Purposive sampling was used to obtain information-rich accounts from individuals with direct institutional and pastoral experience of youth substance abuse. Churches were purposively identified to ensure denominational representation, while clergy and youth leaders were selected for their roles and expected relevance to the research problem.

Data were collected using questionnaires (youth leaders) and interviews (clergy). Questionnaires enabled consistent accounts from a larger number of informants across the eight churches on perceived effects of substance abuse on health, family relationships, economic activities, social behaviour, and community well-being. On the other hand, interviews provided

detailed pastoral perspectives on counselling, spiritual guidance, family engagement, and responses to social problems. Data collection occurred in church settings after obtaining permission; participation was voluntary, and confidentiality was maintained through participant codes (clergy: CCG01–CCG08; youth leaders: CYG01–CYG40).

Data were analysed thematically, focusing on identifying recurring meanings and patterns within the accounts provided by clergy and church youth leaders concerning the effects of drug and substance abuse among youth in Kapsowar Town. The analysis proceeded through several related stages. First, the completed questionnaires and interview accounts were organised according to the research purpose. Second, responses containing similar ideas, experiences, or perceived consequences of substance abuse were identified and grouped. Third, related categories were compared and consolidated to avoid treating closely overlapping consequences as separate findings. Fourth, broader themes were developed from the consolidated categories. Finally, the themes were interpreted in relation to the study objective, relevant literature, and the Pastoral Cycle.

Responses with similar ideas or perceived consequences were grouped, compared, and consolidated to avoid overlap, then developed into broader themes and interpreted in relation to the study objective, relevant literature, and the Pastoral Cycle. This process yielded five consolidated themes: crime and community insecurity; health and psychological harm; expansion of the local substance-abuse market; household poverty and reduced economic participation; and family, parental, pastoral, and moral-relational disruption. Analysis was interpretive rather than statistical, with participant quotations serving as illustrative evidence within the broader pattern of accounts. The Pastoral Cycle guided interpretation from lived experience to theological reflection and practical implications.

The study protected participants' dignity, privacy, confidentiality, and autonomy. Participation was voluntary, informed consent was obtained, and personal names were replaced with codes to maintain confidentiality. Participants were not required to disclose information that could unnecessarily identify particular substance users or third parties. Findings were reported at the thematic level to avoid identifying individuals or households, and the distinction between adult participants and the youth population they reported on was maintained to reduce the risk of misrepresentation.

FINDINGS AND DISCUSSION

Five consolidated themes capture the principal effects identified across participant accounts: crime and community insecurity; health and psychological harm; expansion of the local substance-abuse market; household poverty and reduced economic participation; and family, parental, pastoral, and moral-relational disruption.

Crime and Community Insecurity

Participants reported that substance abuse was associated with theft, robbery, physical fights, threats, and other forms of insecurity. CCG08 described an alcohol-dependent relative who sold household property and farm produce to obtain money for cigarettes and alcohol. CYG11 similarly described incidents in which an intoxicated or dependent person demanded money and, when refused, took property. CCG08, CYG15, and CCG04 also referred to incidents involving violence, loss of property, and deaths. These accounts indicate that, in participants' perceptions, substance abuse was not confined to private consumption but had consequences for household security and public safety.

Health and Psychological Harm

Participants identified multiple health-related consequences of alcohol, bhang, and cigarette use. CYG05 associated alcohol use with dizziness, memory loss, and heart- and liver-related problems. CCG03 and CYG17 described perceived effects of bhang, including sleep disturbance, hallucinations, depression, increased heart rate, and other psychological effects. CCG02 associated cigarette smoking with damage to internal organs. Some participants also linked substance abuse to risky sexual behaviour and the possibility of HIV and other sexually transmitted infections, including transmission through shared injecting equipment.

Expansion of the Local Substance-Abuse Market

Participants also perceived a growth in the availability and commercial visibility of alcohol and other substances. CCG05 reported that the number of drinking establishments had increased substantially over five years, while CYG14 and CCG07 referred to wine and spirit outlets. Participants further described mobile selling of substances that they regarded as illegal. This theme extends the analysis beyond the consequences of

consumption to the local environment in which consumption occurs.

Household Poverty and Reduced Economic Participation

Participants associated substance abuse with reduced engagement in farming, business, and other productive activities. CCG01, CYG10, and CYG23 described young people who no longer participated fully in economic activities, while CYG18 linked substance abuse to persistent household poverty. Participants also described early-day intoxication as limiting productive activity. The accounts suggest that economic harm operates through both direct expenditure on substances and the loss of productive time and labour.

Family, Parental, Pastoral, and Moral-Relational Disruption

Participants reported that substance abuse placed pressure on parental and pastoral relationships. CYG06 described parental and pastoral fatigue in responding to persistent substance abuse. CCG01 reported instances in which parents withdrew material support because they perceived repeated assistance as ineffective. CCG04 similarly described frustration among clergy following unsuccessful pastoral interventions. Participants also referred to situations in which children of young substance users became dependent on grandparents or other relatives for basic care. Participants additionally associated substance abuse with changes in moral conduct, vulgar language, neglect of personal care, early pregnancy, sexual violence, and reluctance to assume family responsibilities. A smaller number of participants linked substance abuse to celibacy or avoidance of marriage because of perceived inability to meet family responsibilities. These claims should be read as participants' perceptions rather than as established demographic effects.

Discussion

The study findings show that participants understood youth substance abuse in Kapsowar as a multidimensional problem whose consequences move across individual, family, social, and community boundaries. This pattern is broadly compatible with the literature, which treats substance abuse as a problem capable of affecting health, behaviour, relationships, and economic functioning (Harrison et al., 2018; Reiter, 2019). The distinctive contribution of the study lies in how these dimensions are connected within a local church and community context.

Experience/Insertion: What is happening?

The first moment of the Pastoral Cycle requires attention to lived contextual experience (Holland & Henriot, 1983). In Kapsowar, participants described substance abuse as visible in crime and insecurity, health and psychological harm, the availability of substances, household poverty, and strained family and pastoral relationships. The findings therefore portray substance abuse as a community-visible phenomenon rather than a private behavioural issue. This is consistent with the literature's recognition that consequences may extend beyond the individual user to family and social relationships (Reiter, 2019).

Social analysis: Why is it happening and How are Consequences Produced?

The second moment requires critical examination of the social conditions surrounding the phenomenon. The findings suggest a mutually reinforcing relationship between availability, individual consumption, economic vulnerability, family strain, and community insecurity. The reported growth in drinking outlets and mobile selling suggests an environment in which substances are perceived as increasingly accessible. At the household level, expenditure on substances and reduced productive activity were perceived to intensify poverty. At the relational level, repeated unsuccessful interventions were reported to produce frustration among parents and pastoral caregivers.

Theological Reflection: What does the Phenomenon Mean through Faith?

The theological interpretation of the findings concerns human dignity, moral responsibility, relationships, and the Christian understanding of the body. Biblical passages cited in the original manuscript, including Proverbs 20:1; 23:29–35; and 1 Corinthians 6:19–20, provide a theological vocabulary for discussing self-control, the consequences of intoxication, and the body's sacred value. In this interpretation, substance abuse is understood as inconsistent with the Christian calling to responsible stewardship of the body and relationships with others. Kunhiyop (2008) similarly frames substance abuse within Christian ethical reflection.

Pastoral Planning/Action: How Should the Community Respond?

The fourth moment of the Pastoral Cycle turns reflection toward action (Holland & Henriot, 1983). The findings suggest that churches have a potentially important role in prevention, counselling, mentorship, rehabilitation referral, family support, and community mobilisation. At the same time, the pastoral response should not be isolated from professional treatment and public policy. The reported health, economic, and security consequences require collaboration among churches, families, health and social-service providers, government agencies, and community organisations. A particularly important implication concerns the treatment of youth with dignity rather than only condemnation. The findings indicate that parental and pastoral frustration can itself become a source of relational withdrawal. A pastoral approach grounded in care and accountability should therefore combine moral guidance with sustained support, referrals to appropriate treatment services, family counselling, relapse-sensitive follow-up, and, where appropriate, practical reintegration into education, work, and community life.

CONCLUSION AND RECOMMENDATIONS

Conclusion: This study concludes that, within the Kapsowar case examined, youth drug and substance abuse is perceived by clergy and church youth leaders as a problem whose consequences extend beyond individual consumption to family relationships, social interaction, economic participation, community security, and pastoral responsibilities. The principal reported effects were increased crime and insecurity, health and psychological harm, perceived growth in substance availability, household poverty and reduced productivity, and disruption of parental, pastoral, moral, and family relationships. The findings therefore support the title's emphasis on family, social, and community well-being: substance abuse is understood as a relational and community concern as much as an individual one.

Viewed through the Pastoral Cycle lens, the study demonstrates the value of moving from contextual experience to social analysis, theological reflection, and coordinated action. Its contribution is primarily contextual and interpretive. Because the participants were church leaders rather than a representative sample of substance-using youth, the findings should not be generalised to all youth in Kapsowar. Instead, they provide an information-rich account of how a key set of community and pastoral actors perceive the phenomenon's consequences and the forms of response they consider necessary.

Recommendations: Churches in Kapsowar should strengthen structured youth-focused prevention, counselling, mentorship, and referral programmes, while ensuring that pastoral engagement is accompanied by appropriate professional support where substance dependence or significant health and psychological problems are suspected. Families should be supported through counselling and pastoral education to respond to substance abuse without abandoning affected young people, with particular attention given to protecting children and other dependants who may experience neglect or financial insecurity. Churches, county authorities, health providers, law-enforcement agencies, and relevant community organisations should establish coordinated local responses that address prevention, treatment, rehabilitation, community safety, and reintegration rather than relying on a single institution.

Future research should include young people who use or have used substances, family members, health practitioners, and other community actors so that the perspectives reported in this case study can be compared with direct accounts of substance-use experiences. Further studies should examine the local availability of alcohol and other substances using verifiable administrative or observational data. They should investigate how cultural practices, commercial availability, family relationships, and socioeconomic conditions interact with youth substance use in Kapsowar.

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