

DRUG ABUSE: Help for the user

- *What are the most commonly abused drugs?*
- *What is drug addiction or drug abuse?*
- *How do I know if I am addicted to alcohol or drugs?*
- *How can I know if someone is taking drugs? What are some common symptoms of drug abuse?*
- *Why do young people turn to drugs?*
- *How can a true friend or family member offer help and counsel to someone who is taking drugs?*
- *What are the spiritual issues for the drug abuser to consider?*

Do you have all the facts?

Drug abusers are not always easy to spot. Often times, the drugs allow the users to hide behind a mask so that what is seen outwardly—extreme excitement, euphoria, or intoxication—is hiding a deeper set of symptoms—depression, loneliness and fear—the real problems from which the user is running.

Many of the substances being abused are not without benefit when used properly in a medically controlled situation. However, when some of the most common mind-altering chemical substances are carelessly combined with the raw emotions found in human beings, the outcome is often injurious, debilitating and even deadly. Drugs can heal, but they can also kill.

Drug, alcohol and tobacco use are all on the rise in Kenya and around the world. Statistics from the United Nations Drug Control Program show that the percentage of the Kenyan population (among those 15 years and above) abusing specific drugs amounts to the following: 0.1% use opium, 0.1% use cocaine and 4.0% use cannabis. (United Nations Drug Control Program, Office for Drug Control and Crime Prevention, 2001) Despite the increase in usage, drugs are not the answer to life's problems.

Q. What are the most commonly abused drugs?

A. There are a variety of drugs currently being used by youth, most of which are illegal, but also some that are legal, despite their addictive properties, like gasoline (petrol) and glue. The most widely abused illicit drugs are as follows: (Students Campaign Against Drugs, 2002)

Marijuana/Bhang: Marijuana or “bhang” is the most widely used illicit drug and tends to be the first illegal drug used by teens. Bhang is the dried form of the cannabis sativa plant and is ingested usually by smoking. The active ingredient in the cannabis sativa plant is a mind-altering chemical called delta-9-tetrahydrocannabinol (THC) but also contains other harmful chemicals that are ingested while smoking. The amount of THC present determines how strongly the effects are induced. Marijuana or bhang can be smoked alone or mixed with tobacco. It can also be orally ingested with food or tea, inhaled as a fine powder, or mixed with tobacco and chewed. Users call marijuana by a variety of names; *grass, weed, ndom, boom, boza, dope, sky, hash, mojat, poison, bhangi, ngwai, pot, ganja, marijuana, dagga, and Mary Jane.*

Cocaine: Cocaine is a white powder that comes from the leaves of the coca plant, grown abundantly in South America. Cocaine is either “snorted” through the nasal passages or injected intravenously. Cocaine belongs to a class of drugs known as stimulants, which tend to give a temporary illusion of limitless power and energy, but leaves the user feeling depressed, edgy, and craving more once the initial ‘high’ has passed. Users call it by a variety of names, including *coke, C, snow, blow, toot, nose candy, flake and ‘the lady’.*

Crack: Crack is a form of cocaine that has been chemically altered so that it can be smoked. Smoking allows extremely high doses of cocaine to reach the brain quickly, creating an intense and immediate high. Cocaine and crack are highly addictive.

Opiates/Heroin: Heroin is a highly addictive drug derived from the opium poppy plant. Heroin is a narcotic; it can relieve pain and induce sleep. The initial effect of heroin is described as a rush of intense pleasure. Heroin can either be sniffed, snorted, smoked, injected or orally ingested. Users call it by a variety of names, including; *brown sugar, white stuff, kichuri, smack, white lady, horse and dope.*

Khat/Miraa: Khat (*Catha edulis*) is a tobacco-like plant with greenish leaves and tender shoots or twigs, which are chewed to extract the chemical compound from the plant. The chemical substance is called cathinone, which is used to relieve fatigue. The effects on the user include sweating and dehydration, hypothermia, increased blood pressure, insomnia, constipation, pronounced anorexic effects, moderate degree of central stimulation, migraines, irritability, malaise and depression. The fresh leaves and tender shoots are often chewed for 8 to 12 hours, with the peak effects being reached three and a half hours after the beginning of chewing. Users call it by a variety of names: *khat, kat, miraa, marungi, gomba, and chat.*

Tobacco: Although it is a legal substance, tobacco has strong addictive properties. Obtained from the dried leaves of the tobacco plant, smoked tobacco contains over 4000 poisonous chemicals. These include nicotine, tar, carbon-monoxide and nitrogen-dioxide. Nicotine is officially classified as a poisonous alkaloid, and is a highly addictive chemical. It generates a physical compulsion combined with a mental obsession to use more nicotine. Nicotine is directly absorbed into the blood and can cause high blood pressure. The tar alone in tobacco smoke has over 50 chemical substances that can cause lung, lip, tongue and other cancers. Carbon-monoxide can cause heart damage, and cause damage to the unborn baby of a woman who smokes. Nitrogen-dioxide lowers the body's ability to protect itself against illness, causes sore throats and bad breathe. Common street names for tobacco include: *fegi, guff, mozo, sigara, fegs, kafera, zale, msokoto, cigs, puff and ngale.*

Alcohol: Alcohol is also a legal substance that can cause several short and long term health problems. While alcohol is a legal product for adults, it is not legal for children. Classes of alcohol include beers, wines and spirits or liquors. The classes arise from the different alcoholic content levels. Alcohol is a powerful mind-altering drug because it interferes with the central nervous system. Balance and coordination, judgment and reaction are affected with even mild usage. Furthermore, alcohol is a depressant, and consuming it rapidly in large quantities can be fatal. Alcohol's impact on developing organs, the brain and decision making, make it a particularly dangerous substance for adolescents. Alcohol causes impotence and sterility and causes a serious illness known as FAS (fetal alcohol syndrome) to babies born to alcoholic mothers. The long term effects of chronic alcohol abuse include cirrhosis of the liver. Users call alcohol by a variety of names such as *booze, mwako, pints and brown bottle.*

For more information about these and other abused substances, please visit the organizations or Web sites listed below under **Community Contacts.**

Q. What is drug addiction or drug abuse?

A. There are those who use drugs occasionally, for example to stay up all night so that they can study for exams. There are those who use it just for the thrill or experience, for example at a party, disco or social outing. Then, there are those who are addicts. Addicts are people who show strong psychological dependence (habituation) and physical dependence (addiction). It is important to remember that addicts are not made in a day. Each of the groups mentioned above can become addicts.

Drug addiction is a disease. One official definition reads as follows: *“Alcohol and Drug addiction is a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking or drug abuse, preoccupation with the drug, use of alcohol or drug despite adverse consequences, and distortions in thinking, most notably denial.”* (National Council on Alcoholism and Drug Dependence, 1990)

Drug recovery groups such as *Alcoholics Anonymous* or *Marijuana Anonymous World Services* look at addiction as a physical, mental and spiritual disease. *“The physical aspect is the compulsion – the inability to stop once we have started. The mental aspect is the obsession, or the overpowering desire to use it, even when we are destroying our lives and the lives of those we love. The spiritual aspect of the disease is our total self-centredness.”* (Marijuana Anonymous World Services, 1988)

Most drug addicts begin by experimenting with various types of mood altering substances – drugs which are designed to affect the way you feel. Some may never go beyond this state. Many, however, will continue to experiment and become regular users.

Becoming a more regular user does not simply mean that you are using more drugs more often. It means that you are beginning to use drugs for a particular reason and it is beginning to affect your overall behavior or personality. When teenagers have to lie to their parents about money, about why they have dropped out of school sports or other activities, or about who their companions are SO THAT they can continue to use drugs, then they are fast becoming an addict. At this stage, taking drugs is likely to result in guilt which produces feelings of regret and self-hate which then results in increased drug use.

Another indication of someone having a chemical or substance dependency is being preoccupied with drugs. At this stage, more and more of the addicts' time is spent on thinking about being high and making sure that a steady supply of drugs will be available, and most of the user's activities revolve around drug use. The user may be caught by the police and try to quit, and could even succeed for a few weeks. But generally these periods of abstinence will not last. The user will go back to drugs, believing that he has the power to quit when he wants. Unfortunately, the only power he has at this point is to choose to use drugs.

By the time the user has reached a state of dependency, negative personal feelings have been building steadily until he requires daily, even hourly, medication with drugs. Drug abusers in this state are unable to distinguish between normal and intoxicated behavior. To them, being high is normal and no one can convince them otherwise. This delusion continues even when others can see that the abuse of drugs has gotten out of control. In their denial, the abuser will continue to insist that there is no problem, that it is not out of control, and that they can quit at any time.

Q. How do I know if I am addicted to alcohol or drugs?

A. Drug addiction or alcoholism is a diagnosis the user cannot carry out. This is because of the psychological defenses or denial most addicts use when they become dependent on alcohol or drugs. Many use excuses such as "I only use it on weekends and at parties," or "It hardly ever interferes with my studies or my work," or "I am only doing it now because of a relationship I am in" or "I can't be that bad—there are much worse drugs, and other drug users whose lives are much worse than mine." These are all symptoms of denial.

A simple way to know if you are addicted to drugs or alcohol is to ask yourself the following questions:

- Has smoking bhang or drinking alcohol stopped being fun?
- Do you ever get high alone?
- Is it hard for you to imagine a life without marijuana or alcohol?
- Do you find that your friends are determined by your drug use?
- Do you smoke marijuana or take drugs to avoid dealing with your problems?
- Do you smoke pot or drink alcohol to cope with your feelings?
- Does your marijuana use let you live in a privately defined world?
- Have you ever failed to keep promises you made about cutting down or controlling your drug use?
- Has your use of drugs caused problems with memory, concentration, or motivation?
- When your drug stash is nearly empty, do you feel anxious or worried about how to get more?
- Do you plan your life around your marijuana or drug use?
- Have friends or relatives ever complained that your pot smoking or drug taking is damaging your relationship with them?

If you answered "yes" to any of the above questions, you may have a problem with drug addiction. (Marijuana Anonymous, 1998)

Q. How can I know if someone is taking drugs? What are some common symptoms of drug abuse?

A. There are physical and psychological factors that determine the effect of a drug on a user. The physical factors include the type of alcohol or potency (strength) of the drug, how much and how fast the alcohol has been drunk, or the dosage of the drug consumed. Whether the user has a full or empty stomach at the time of taking the drug determines the rate of absorption into the blood stream and, thus, the drug's effect.

The psychological factors that might make the symptoms different from one person to another include the personality, mood and attitude of the user. If the user is extremely upset (angry or sad), his high will be different than if he is in a pleasant mood. The expectations of the user and his previous drug experience also will determine the effects of the drug.

There are a variety of drugs used by youth today. Below, you will find the most common drugs and the symptoms

that follow the use of each substance. For more information, please visit the organizations or Web sites mentioned below under **Community Contacts**.

Marijuana/Bhang: Marijuana has several negative physical and mental effects. Short-term effects of using marijuana (2-4 hours after consumption) include sleepiness, high food consumption and bloodshot eyes. Marijuana users often have impaired or reduced short-term memory and difficulty keeping track of time. They have reduced ability to perform tasks requiring concentration and coordination, such as driving a car.

Often, uncontrollable fits of laughter and abnormal behavior such as talking or smiling to oneself can be observed. However, large doses have been known to cause hallucinations and paranoia (abnormal fear). Marijuana allows the user to be more open and talkative. When combined with alcohol, taking bhang can lead to excess violence. (Students Campaign Against Drugs, 2002) Marijuana intoxication is probably the most difficult to detect because an experienced user can function normally while high. Brown stains on fingertips, small burn holes in shirts or dresses, and the presence of marijuana 'tools' (pipe, rolling papers, etc.) all indicate excessive use. Adults should become familiar with a marijuana symbol painted on shirts and walls.

A very important sign of drug abuse is the development of tremendous apathy or an 'I don't care' attitude in the user. Long-term effects of marijuana use include risk of infertility in women and difficulty fathering children in men. In addition, one develops a psychological dependence requiring more of the drug to get the same effect.

Cocaine: The typical cocaine user has many cocaine-related health problems. Loss of energy, insomnia, sore throat, nosebleeds, headaches, sinus problems and a runny nose are a few. Trembling, seizures or convulsions, nausea or vomiting, constant licking of lips or grinding of teeth are others. One of the early symptoms is a constant sniffing or rubbing of the nose. In regular users, loss of consciousness, trouble with breathing or swallowing, heart palpitations and lack of interest in personal hygiene may occur. From a psychiatric perspective, anxiety and irritability, depression, panic, delusions and paranoia, hearing voices, loss of interest in friends and non-drug related activities, memory problems, thoughts of suicide, blackouts and compulsive behavior are key indicators of cocaine dependence.

Heroin/Opiates: Someone who is using heroin habitually can be detected by the dilation of his pupils and his tendency to nod off and on. His lethargy and apathy are strong indicators of the use of these drugs. If the user is a novice or one who uses heroin only intermittently, withdrawal is very severe. The withdrawal sickness begins four to six hours after the last injection, but becomes very severe after 12 to 16 hours. Symptoms include watery eyes, running nose, dilated pupils, diarrhea, flushing and sweating, nausea and uncontrolled kicking movements. An overdose is brought on by an ingestion of such a quantity of the drug to the point that the user's body suffers from a coma or even death. The presence of an outfit (drug injection kit) or of a small bag of white powder may be evidence of heroin use. Other telltale signs are neglected health, blood poisoning, hepatitis, tetanus, skin infection, scarred veins, ulcers and collections of pus in body tissue.

Alcohol: An experienced drinker can compensate for impaired behavior caused by this drug. In small doses, alcohol has a tranquilizing effect. The user feels relaxed and free from tension, and inhibitions are loosened. In larger amounts, muscle coordination, memory and judgment are affected. Alcohol may cause drowsiness in one person and act as a stimulant to another. Of course, all the usual manifestations of drunkenness are obvious; staggering, bloodshot eyes, alcohol breath, blurred vision, and often, vomiting. A hangover the next day, indicated by nausea, fatigue, severe headache and anxiety are all symptoms of alcohol abuse.

In summary, when someone is involved in drug abuse, you will notice a change in their behavior. You will notice a relaxing or deterioration of moral, social, familial and religious values. A drug user is often restless and bored and has an 'I don't care' attitude about his dress, his language and even his choice of friends. For the student, there is often a change in grades, sports involvement and attendance. Emotionally, the drug user will be prone to outbreaks of temper, and withdrawal from family involvement. The young abuser may need more money and if you reside with the drug user, you may begin to notice your money disappearing.

When you notice the changes outlined above, do not panic and attempt to punish these behaviors. Scare tactics do not work. *If a person is drowning, it is not a good time to teach him to swim.* Wait for a good opportunity. If you are really concerned about helping your friend or relative, your concern will show. Meanwhile, get as much information as you can about which drugs are popular in your community, be familiar with the symptoms and begin to look for places where you can obtain further help. On this Web site you will find a listing of resources you can turn to for further help. We do encourage you to visit the organizations and Web sites listed below under **Community Contacts**.

Remember, someone who tried booze or pot at a weekend party is not an addict. Their experiment, however, is a

symptom of restlessness or confusion. Take time to listen to their problems. Be approachable and available. Be a friend. *Make a difference!*

Q. Why do young people turn to drugs?

A. There is no single reason or set of conditions that clearly leads to drug abuse. Psychologists and youth workers, however, usually hear the following four main reasons. (Strack, 1993) (Students Campaign Against Drugs, 2002)

Peer Pressure: Peer pressure, through persuasion, coercion, or threats is a major reason young people begin taking drugs. Many turn to drugs because they want approval and acceptance from their peers. They will try anything so that they can be part of the ‘popular’ group. Eventually, the group ends up being like a god: peers dictate hairstyles, dress, friends, and attitudes towards school, church and sex. The pressure to be part of the popular group is increased by media, which constantly show young people that smoking is cool and drinking is fun.

Peer pressure during adolescence is very real, especially when all kinds of changes are happening to their bodies, and the urge is very strong to join a group that seems to offer direction and a place to channel the teen’s new found energy. But young people also need to realize that peer pressure is indeed so strong that it becomes hard to control. It does not take effort to float with the current, but it does take effort and courage to make a stand, go against the crowd, and make a difference. It takes determination to be strong and find people who want to be sober and stay focused on non-destructive behaviors. If young people are already in the wrong kind of peer group, it is not too late to make a change. Teens should not be deceived; bad company corrupts good morals. **(1 Corinthians 15:33)**

Escape: Many young people take drugs in order to escape the hassles of home, school and dating. If their family is going through a rough period, or they are unhappy with their school environment or their girlfriend or boyfriend has dumped them, drugs can seem to offer a good escape. Unfortunately, they will soon realize that drugs only lead to more problems at home, more problems with school and lower self-esteem.

Curiosity: Many teens want to try drugs for the ‘new experience’ it provides. They have been told by others about all kinds of unique experiences. They have heard of the excitement of a ‘high’. Unfortunately, young people have easy access to every kind of drug at youth hangouts and in most school restrooms or toilets where they can satisfy their curiosity. If teens are curious to try drugs for a new experience, most will know where to find drugs. Teens are faced with the temptation almost every day and at almost every party.

A word to parents or guardians: most drug abuse begins in secondary school. You must be aware of the risk and take protective steps in these critical years before your child enters college or university. Parents need to clearly establish an expectation that they do not want their children drinking alcohol or taking illegal drugs. It is known that children who are exposed to alcohol are more likely to be involved in violence and experiment with other forms of drugs later in life. So, stay involved with your child and be especially aware of changes in grades and friends.

Emptiness: Young people *try* drugs because of peer pressure, or as an escape in a difficult situation or simply out of curiosity, but the main reason teens *stay* on drugs (after trying it) is because of a deep sense of emptiness. They continue using drugs to try to lessen the pain of depression, loneliness or anger. The drugs seem to offer a brief shelter from dealing with deeper issues of life. Questions such as, “Who am I?”, “Why am I here?”, “Where am I headed?” tend to dominate the inner emptiness that often lead young people to continue using drugs.

Life is not easy, but drugs will not make it easier. Only God can fill the deep emptiness in life and give us the power to live a life of purpose. For more information on how to receive healing and power to live a life of purpose, contact a local church leader near where you live.

Q. How can a true friend or family member offer help and counsel to someone who is taking drugs?

A. In order to help those who are taking drugs, it is important to appreciate two facts: first, drug addiction is a disease, and thus requires professional help for successful recovery. You can find a partial list of organizations that can help under **Community Contacts** below. Second, for a person with a drug problem to begin the journey toward recovery, they must accept responsibility for their life actions. Without this realization, there can be no successful recovery. No one can help someone who does not admit they are ill or want to heal.

With this in mind, listed below are five general ways you can help a person who you believe is taking drugs or is increasingly being controlled by drugs.

1. Encourage the person to talk about their feelings: As the drug abuser begins to open up about their problems, it is important for you to just listen patiently. Be a friend. Don't condemn, but don't play down the seriousness of the issue of taking drugs. Don't push the person too hard to reveal facts that they may not be ready to reveal. Give them time to answer or to ask questions they feel comfortable discussing. As you allow them to talk you will find clues as to what the problems actually are.

2. Encourage the person to face their problem as it is and accept their own responsibility for the problem: Maybe the person has had a difficult past or is going through a painful experience. Help them see that maturity involves taking responsibility for their own condition. They are not responsible for the actions of those who may have hurt them, but they *are* responsible for their *own* actions. If a person chooses not to accept that responsibility, they cannot begin the journey to recovery. Many people want sympathy but they really don't want to change. Ask your friend if they really want to be find their way out of the addiction.

3. Do not betray the confidence of your friend or relative who is taking drugs: Do not reveal what was told to you in confidence, otherwise their trust in you will be broken. Do not tell others that you are counseling someone. (Note: If you are under the age of 18 and want to offer help and advice, you need to consult a responsible adult for assistance in knowing what to say and how to do the right thing for the abuser.)

4. As you continue helping your friend, remind them that in real life there are no easy solutions: Help them to set both short-term and long-term goals. Point them in the right direction to achieve those goals by introducing them to opportunities and resource materials that will help. Find out what programs are available in schools or churches that counsel young people who have drug addictions and other related problems. Several of these organizations are listed below under **Community Contacts**.

5. Let them make the choice of whether or not they will change: If the drug addict, whether a friend or a relative, decides by their words or actions that they do not want to change, you need to make the tough decision to allow the addict the opportunity to work out their problem or fail. Detach or separate yourself from the addict's behavior. This may seem unkind, but in fact, this is what will make the addict look at situations realistically and objectively and begin to seek a solution. Giving them money (which likely goes to buying more drugs) or doing their school work for them or lying for them or bailing them out of jail is really postponing rather than helping the recovery of the addict. Remember, unless the addict recognizes that they have a problem and admits that they have lost control, there can be no successful recovery. The drug user has to acknowledge that they are responsible for their actions and then want to change.

Finally, count the cost of counseling before you begin. It takes time. Counseling involves continuity. You may receive calls for help at odd times, and you may receive discouragement after discouragement before you see the results you desire. It takes months to build trust as a friend. Don't try to do it alone. As soon as you can, try to build a bridge between your friend and their parents. Try to build a bridge between your friend and their Creator and Savior Jesus Christ.

Q. What are the spiritual issues for the drug abuser to consider?

A. Former addicts will attest to the fact that religion holds the key to overcoming substance abuse. (MiVille, 2001) Among the first steps of most successful drug recovery programs is the need for addicts to admit they are addicted and to believe that only a 'power greater than themselves' can restore their sanity. (Marijuana Anonymous, 1998)

Substance abuse, whether it is drug or alcohol addiction, is a form of idolatry. As a result, an addiction is often a spiritual problem. Idolatry refers to '*blind worship of a thing or person that does not deserve to be worshiped.*' People often think of idols as statues of wood or stone, but in reality an idol is anything that is given sacred or divine value and power. Furthermore, idolatry is a rejection of God.

When we choose to reject God, He does not stop us from making our own choices. (**Romans 1:21–25**) He lets us declare our assumed independence from Him, even though He knows that in time, we will become a slave to our own rebellious choices. Eventually, we will lose our freedom and become unable to stop sinning. Does life without God look like a life of freedom? Look more closely. The worst type of slavery is slavery to sin. The benefits that seem to be found in drugs are deceptive; like all man-made gods, drugs are not able to deliver what they promise.

God said that we should serve our Creator. (*Exodus 20:1-5*) (*Isaiah 44:6b*) (*Deuteronomy 6:13-14*) (*Matthew 22:37-38*) Worshipers of 'self' or other things do the opposite. They are serving or worshiping what they have made, rather than the One who made them. Only God can give life true meaning and power. (*John 10:9, 10*) Is there anything we can't live without? Is there any priority greater than God? (*I John 5:21*) If so, this may be an idol in our lives, or our master.

It is normal to desire meaning and happiness. However, when we look to drugs or alcohol to give our lives meaning and happiness instead of God, we will end up with a strong sense of guilt, regret and emptiness. In addition, we end up destroying our bodies which God skillfully and wonderfully made to glorify Him. (*I Corinthians 6:19-20*) God created us and loves us. He wants the best for us. As our Creator, He paid the price to set us free from our sins. (*John 3: 16-18*) By contrast, no idol ever created life, and no idol can redeem us from our sins. God can set us free and give us the power to make a fresh new start in life. So follow and worship God!

Make a Difference!

Nobody likes to think of themselves as a drug addict. People like to think of themselves as having control of their lives and over their use of drugs. As you read through the information on this web site, realize that all drug addicts begin with the first experiment. Before long, because of the addictive chemical in drugs, and the need to escape the realities of life, one becomes a constant user and eventually addicted.

Drugs cannot solve life's challenges. Feeling lonely, unloved, depressed or guilty is not abnormal. The important thing, however, is how these problems are solved. Drugs offer a false escape and make the problems worse. Real life has no fast solutions. Instead of hiding behind drugs, it is better to find good friends or adults that can be admired and consulted. Talking about and discussing the challenges of life is the first step to finding a solution. In the end, God offers the best solution; He can forgive sins and failure, take away guilt and offer second chances. As Lord, He cares and understands. He loves all of us and wants us to turn to Him for help. Make a wise choice. Do the right thing. *Make a difference!*

Resources

Amani Counseling Centre and Training Institute. *Help at hand* [Brochure]. P.O. Box 41738 Nairobi, Kenya.
Tel: 254-2-602672/3 or 254-722-626590. E-mail: accti@africaonline.co.ke

American Society of Addiction Medicine. (1990). Retrieved September, 2002, from <http://www.ncadd.org>

Chiromo Lane Medical Centre. *Recovery in dignity* [Brochure]. P.O. Box 73749 Nairobi, Kenya.
Tel: 254-2-3749979/3746103. E-mail: clmcpyc@insightkenya.com
Web site: <http://www.mentalhealthkenya.org>

Christian Medical Fellowship, P.O Box 20954 Nairobi 00202 Tel: 2710768 or Email: admin@cmfkenya.org or
Website: www.cmfkenya.org (Back)

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Joint United Nations Programme on HIV/AIDS. (2001). *Injecting drug users and HIV/AIDS* [Brochure]. Sterck, A: Author. Email: unaids@unaids.org Web site: <http://www.unaids.org>

Lifespring Counseling Centre. [Brochure]. P.O. Box 42905 Nairobi, Kenya. Tel: 254-2-723237.
E-mail: accti@africaonline.co.ke

Marijuana Anonymous. <http://www.marijuana-anonymous.org>

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- Oasis Counseling Centre and Training Institute. *Guided to the springs of living water (Revelations 7:17)* [Brochure]. P.O. Box 76117 Ufungamano House, 5th Floor Nairobi, Kenya. Tel: 254-2-715023/721157/726494. E-mail: oasiscc@maf.or.ke
- Student's Campaign Against Drugs (2002). *Make your mark* [Brochure]. Tel: 254-2-2714093 Nairobi, Kenya. E-mail mhttp://scad@wananchi.com Web site: <http://www.mentalhealthkenya.org/scad/scadhome.htm>
- United Nations International Drug Control Program. *A drug free Africa* [Brochure]. P. O. Box 30218 Nairobi, Kenya. Tel: 254-2-623739. E-mail: UNDCP.Kenya@undcp.unon.org Web site: <http://www.odccp.org>
- Wholistic Caring and Counseling Centre. *Reducing ignorance by educating women* [Brochure]. P.O. Box 975 Ruiru, Kenya. Tel: 254-722-73931.
- The Nairobi Womens Hospital. Commitment to Women's healthcare.
Dr. Sam Thenya, Chief Executive.
Hurlingham Medicare Plaza, Arwings Khodek Road, P.O.Box 10552-00100, Nairobi, KENYA, cell:0722-520858, 0733-918226, Tel:2712886/ 724802, 2726821 /4 /6 /7, Fax:716651, Email:info@nairobiwomenshospital.org
- Medicare Wellness Center(s) LTD. Dr. Paul Wangai Jr., Director
Medical Clinics, Post Bank House, 3rd Floor & Aga Khan Hospital, Drs Plaza, Ground Floor, Rm. 15, P.O.Box 62610, Nairobi, Kenya. Tel: 220787 / 339031 / (3749991 / 3742113 Afternoons) Email: pmwangi@compuserve.com
- Community Contacts***
- Amani Counseling Centre and Training Institute. P.O. Box 41738 Nairobi, Kenya.
Tel: 254-2-602672/3 or 254-722-626590. E-mail: accti@africaonline.co.ke
- Chiromo Lane Medical Centre. P.O. Box 73749 Nairobi, Kenya. Tel: 254-2-3749979/374610.
E-mail: clmcpyc@insightkenya.com Web site: <http://www.mentalhealthkenya.org>
- Christian Medical Fellowship, P.O Box 20954 Nairobi 00202 Tel: 2710768 or Email: admin@cmfkenya.org or Website: www.cmfkenya.org (Back)
- Lifespring Counseling Centre. P.O. Box 42905 Nairobi, Kenya. Tel: 254-2-723237.
E-mail: june@africaonline.co.ke
- Oasis Counseling Centre and Training Institute. P.O. Box 76117 Ufungamano House, 5th Floor Nairobi, Kenya.
Tel: 254-2-715023/721157/726494. E-mail: oasiscc@maf.or.ke
- Wholistic Caring and Counseling Centre. P.O. Box 975 Ruiru, Kenya. Tel: 254-722-73931.

The Nairobi Womens Hospital. Commitment to Women's healthcare.

Dr. Sam Thenya, Chief Executive.

Hurlingham Medicare Plaza, Arwings Khodek Road, P.O.Box 10552-00100, Nairobi, KENYA, cell:0722-520858, 0733-918226, Tel:2712886/ 724802, 2726821 /4 /6 /7, Fax:716651, Email:info@nairobiwomenshospital.org

Medicare Wellness Center(s) LTD. Dr. Paul Wangai Jr., Director

Medical Clinics, Post Bank House, 3rd Floor & Aga Khan Hospital, Drs Plaza, Ground Floor, Rm. 15, P.O.Box 62610, Nairobi, Kenya. Tel: 220787 / 339031 / (3749991 / 3742113 Afternoons) Email: pmwangi@compuserve.com

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