

UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**STRATEGIES OF REGULATING ALCOHOLISM AND DRUG ABUSE IN
KENYA'S LINE MINISTRIES:
A CASE STUDY OF THE MINISTRY OF DEVOLUTION AND PLANNING**

BY

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DECLARATION

This research project is my original work and has not been submitted to any other university for an academic credit.

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ACRONYM

ACOAs	Adult children of alcoholics
ADA	Alcohol and Drug Abuse
AIDS	Acquired Immune Deficiency Syndrome
AMHSA's	Substance Abuse & Mental Health Services Administration
ARDS	Acute Respiratory Distress Syndrome
ASAL	Arid and Semi-Arid Lands
AWOL	Alcohol without Liquid
BC	Before Christ
CBOs	Community Based Organisations
CDF	Constituency Development Fund
CID	Criminal Investigation Department
COAs.....	Children of alcoholics
CSOs	Civil Society Organisations
DPC	Division of Performance Contracting
EAPs	Employees Assistance Programmes
FAS.....	Fatal Alcohol Syndrome
FY	Financial Year
HIV	Human Immunodeficiency Virus
ICAP	International Centre for Alcohol Policies
IEC	Information, Education and Communication
INRA	Information, Needs, Research and Analysis
KEMRI	Kenya Medical Research Institute
KNBS	Kenya National Bureau of Statistics
KRA	Kenya Revenue Authority
LTD	Limited
MDAs	Ministries Department and Agencies
NACADA	National Campaign Against Drug Abuse Authority
NCADD	National Council on Alcoholism and Drug Dependence
NGOs	Non-Governmental Organisations
NIAAA.....	National Institute on Alcohol Abuse and Alcoholism

NPS National Police Service
PC Performance Contracting
PCD Performance Contracting Department
SPSS Statistical Package for Social Sciences
SUD Substance Use Disorder
USA United States of America
WHO.....World Health Organisation

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ABSTRACT

The main objective of the study was to establish the strategies that have been put in place at public workplace by the government of Kenya in spearheading the fight against Alcohol and Drugs Abuse (ADA). Specifically, the study sought to; identify strategies put in place, determine the extent of implementation of the strategies, establish ethical principles that guide anti-ADA campaigns, establish the degree of enforcement, and identify challenges that impede enforcement of these strategies specific reference to Ministry of Devolution.

The study employed quantitative data collection methodology, with qualitative methods also used to gather data from key informants and observation during the study. Tools used in the study were questionnaire, interview guide and observation guide.

The departmental line managers of the Ministry of Devolution and Planning were approached by the researcher to allow him carry out the study. Officers under the line managers were asked to pick and fill the questionnaire and return them to the heads of departments' offices. Line managers were key informants of this study.

The decision to conduct the study at the Ministry of Devolution and Planning was due to the fact that seven former ministries in the previous government (before the 2013 general elections) were merged to form one government ministry, the Ministry of Devolution and Planning, with the former ministries being departments, and thus it was easy to find out if their former ministries (currently, departments) had developed strategies on anti-ADA.

The findings of the study shows that: Kenya government institutions were at different levels in the fight against ADA; government uses some global strategies in anti-ADA efforts, such as development of programmes to fight both ADA and HIV/AIDs.

The study concluded that there were efforts of sensitizing civil servants on ADA, and that efforts had been put in place to mitigate against ADA and its link risk of HIV/AIDs.

The study recommends that more funding be allocated to anti-ADA initiatives at both national and county levels, and that legislation on ADA be improved so as to support government agencies charged with anti-ADA campaigns such as the National Agency for Coordination of Alcohol and Drug Abuse (NACADA).

CHAPTER ONE: INTRODUCTION

The government of Kenya has been greatly concerned over the harm that Drug and Substance Abuse causes in the youth, the entire labour force and the economy in general. As part of the effort to protect citizens from the harmful effects of drug and substances abuse, the government has over the years put in place measures to address this problem. As a result of this, various laws have been promulgated towards this end, and at the same time ratifying three major United Nations Conventions on Narcotic drugs and Psychotropic Substances. These include the Single Convention of Narcotics (1961); the Convention against illicit trafficking on narcotic drugs and Psychotropic substances (1968); and the Convention on Psychotropic Substances (1971). The East African Community's Protocol; and the Organisation of Africa Unity's Declaration and Plan of Action on Drug Abuse and Illicit Trafficking Control in Africa are some of the regional conventions that are currently being observed by the government (Ordinary Session of Assembly of Heads of State and Governments in Yaounde, Cameroon, 8th - 10th July 1996).

1.1 Background of the Study

Alcohol and Drug Abuse (ADA) are major challenges facing Kenya and her workforce today that calls for urgent mitigating measures. The problem is so deep rooted that both public and the private sectors are affected, thus likely to threaten the realisation of the Kenya Vision 2030. The menace is not only affecting the young unemployed adults but also the employed adults in the public and the non-state actors. Drug and substance abuse phenomena being a major threat to socio-economic and political development of Kenya have implications on social stability of the country, the East African region and the World at large, since the World is a global village. Drugs and substance abuse creates socio-economic hardships, breeding misery which leads to increase in crime, violence and a drain on human material resources. In recent years there has been an upsurge in the cultivation, consumption and trafficking of illicit drugs in Kenya resulting in negative production of social capital. Alcohol and Drug Abuse (ADA) also poses danger to the public health system and the quality of life of the citizenry, with great implications in political, economic and social stability of Kenya (NACADA, 2011).

According to Macmillan English Dictionary, Second Edition, alcoholism is “a medical condition that makes it difficult for one to control the amount of alcohol that he or she drinks.” Alcoholism is medically defined as a treatable disease. According to www.ehow.com/facts, alcoholism refers to a chronic disease characterized by physical dependence on alcohol. Alcoholics develop a tolerance to alcohol and experience withdrawal symptoms when they stop drinking. Alcoholism cannot be completely cured, but patients can recover from their physical addiction to alcohol. Alcoholism is a disabling addictive disorder that is characterized by compulsive and uncontrolled consumption of alcohol. Despite its negative effects on the drinker's health, relationships, and social standing alcoholism affects the individual's productivity in the society.

The term alcoholism is widely used, and was first coined in 1849 by Magnus Huss. But in medicine the term was replaced by the concepts of "alcohol abuse" and "alcohol dependence" in the 1980s. The term alcohol dependence is sometimes used as a synonym for alcoholism, sometimes in a narrower sense. Alcoholism is also known as a family disease. Alcoholics may have negative consequences to their young ones, teenage, or grown-up children. Alcoholics may have wives or husbands; they may have brothers or sisters; they may have parents or other relatives. An alcoholic can totally disrupt family life and cause harmful effects that can last a lifetime. Alcohol addiction among the young adult's population in Kenya is a clear indication of loss of future productive manpower and generation. Since we have the young adult population in the public sector it is prudent to see how these categories of persons cope with Alcohol and Drug Abuse (ADA) in the society.

According to World Health Organisation (WHO) report of May 2010, WHO's member states endorsed global strategies that were meant to be used in reducing the harmful use of alcohol and promote a range of proven effective measures for reducing alcohol-related harm. These global strategies include: taxation on alcohol to increase retail prices; reducing availability through allowing fewer outlets to sell alcohol; raising age limits for those buying and consuming alcohol; using effective drink-driving measures; promote the screening and brief interventions in healthcare settings to change hazardous patterns of drinking; treatment of alcohol use disorders; regulating or banning marketing of some alcoholic beverages; and conducting information and educational campaigns in support of effective policy measures. Wider implementation of

national policies was recognised to be vital to save lives and reduce the health impact of harmful alcohol drinking.

The WHO (2011) report states that harmful use of alcohol results in the death of 2.5 million people globally annually, and that alcohol is said to cause illness and injury to many more, and increasingly affects younger generations and drinkers in developing countries. The report revealed that too few countries use effective policy to prevent death, disease and injury emanating from alcohol use. From 1999, when WHO first began to report on alcohol policies, at least 34 countries have adopted some type of formal policies to reduce harmful use of alcohol. Restrictions on alcohol marketing and on drink-driving have increased. But there are no clear trends on most preventive measures. WHO is concerned that many countries have weak alcohol policies and prevention programmes, resulting in national harm to the country's population.

The Global status report on alcohol and health 2014 presents a comprehensive perspective on the global, regional and country consumption of alcohol, patterns of drinking, health consequences and policy responses in Member States. It represents a continuing effort by the World Health Organization (WHO) to support Member States in collecting information in order to assist them in their efforts to reduce the harmful use of alcohol, and its health and social consequences. The report was launched in Geneva on Monday 12 May 2014 during the second meeting of the global network of WHO national counterparts for implementation of the global strategy to reduce the harmful use of alcohol.

Alcohol and Drug Abuse (ADA) is a silent disaster that in Kenya claims many lives every year. In a study conducted within the city of Nairobi by KEMRI (KEMRI, 1999), it revealed that there were an estimated two million Alcohol and Drug Abuse (ADA) addicts, of which 90% are addicted to alcohol. This study also points out that alcohol abuse affects 70% of families in Kenya. The Government of Kenya recognized the threat posed by Alcohol and Drug Abuse (ADA) and as a result established the National Campaign Against Drug Abuse Authority (NACADA) which has been at the forefront in the war against alcohol and drugs abuse. With the establishment of NACADA has made tremendous strides in the campaign against alcohol and drugs and most recently with the enactment of the Alcoholic Drinks Control Act, 2010, which came into operation in November, 22, 2010, effectively repealing the Chang'aa Prohibition Act (Cap 70); and the Liquor Licensing Act (Cap 121). These efforts empowered NACADA

Authority to regulate the alcoholic drinks production and sale in the Kenya, with all districts (currently, Sub-Counties) establishing districts alcoholic drinks regulation committees, charged with implementing and enforcing the Act and subsequent regulations. In line with the Alcoholic Drinks Control Act 2010 NACADA actualized the following; produced guidelines for implementing and enforcing the Act; produced guidelines for Public Sector Institutions prevention of Alcohol and Drug Abuse (ADA); produced guidelines requiring government Ministries, Departments and Agencies (MDAs) to report their Anti-Alcohol policies in the 2013/2014 Financial Year Performance Contracting targets; produced guideline for developing workplace alcohol and Drug Abuse (ADA) policies; developed templates and/or forms to be used by alcohol industry operatives. All these are included as annexure to this study. In general, NACADA coordinates a two pronged campaign, i.e. supply suppression and demand reduction, whereby supply suppression involves enforcing policies, legislations and other means of controlling production, trafficking and sale of alcohol and other drugs.

Demand reduction involves providing preventive education, public awareness, life skills, treatment, rehabilitation and psycho-social support to the general public with the aim of creating greater awareness. These efforts are not only limited to non-state agencies but cuts across all public institutions which are also victims of Alcohol and Drug Abuse (ADA). From the above statistics it is evident that alcohol is the most abused substance in Kenya and is likely to affect the performance of all in the society, including the public workforce, thus leading to failure in realization of our national aspiration of the Kenya Vision 2030. Most of the young adults in Kenya face marriage break ups as a result of excessive drinking that often causes domestic violence and the related consequences. In order to save the face of Kenya, ethical education should be considered the main key drive, with special emphasis being focuses on the societal values of responsibility and self-control as argued by Gichure (1997).

According to a study carried out in Nairobi in 2001 by Prof. Ndetei DM et al, (2001), entitled, “Drug abuse in Kenya, Kenya's capacity for collecting information on drug abuse, Information, Needs, Resources and Analysis (INRA) for Kenya” the existing information on Alcohol and Drug Abuse (ADA) shows that the most abused drugs in Kenya is alcohol, followed by Cannabis sativa (bhang). The survey report also indicated that there were some isolated cases of cocaine,

heroin, mandrax, hallucinogens, amphetamines and solvents also abused in the country. Khat (miraa) which contains a banned psychotropic substance (cathinone) is widely consumed among certain sections of the Kenyan community was found to become a major export crop to Somalia and further afield. The study identified a number of existing sources of information on illicit drugs which can make valuable contributions to an integrated drug information system such as; treatment data from the National and Teaching Hospital the Mathari Hospital, to alcohol and drug rehabilitation and detoxification centres run by NGOs and private companies, as well as advocacy agencies involved in counselling, and Information, Education and Communication (IEC) activities. The Central Bureau of Statistics (KNBS) has also been identified as the source of information on drug abuse in its household survey.

As elsewhere in the World, existing sources of data in Kenya need to be supplemented with specialized drug abuse surveys in order to obtain a more comprehensive and reliable assessments of the situation, particularly as regards to the abuse of drugs in the public workplace. In general, Kenya has a very strong manpower base as regards to research and studies on drug abuse information systems that require funding to enable them undertake a comprehensive study on the phenomenon.

In summary, in line with the Alcoholic Drinks Control Act 2010, NACADA produced guidelines for Public Sector Institutions prevention of Alcohol and Drug Abuse (ADA) which has been enforced through the Performance Contracting (PC) reporting, effective Financial Year 2013/2014. This enforcement demands that public institution follow guidelines from NACADA for developing workplace alcohol and Drug Abuse (ADA) policies, with specific templates provided as guideline for reporting.

1.2 Problem Statement

Alcohol and Drug Abuse (ADA) is a problem that affects communities across the World. Drinking alcohol is a social and cultural practice that is carried out in many parts of the World. Alcohol consumption ought to be an activity that is used beneficially by the consumer, but there are trends where individuals consume alcohol in a bid to maintain their companions or otherwise belonging in a peer group. Though alcohol drinking is a matter of personal choice, in Kenya

most consumers are pushed into these engagements by social classes (peers) which they form early in their lives. In Kenya specifically, alcohol drinking had earlier been used as a tool of social engagement where certain categories of persons met to share their social issues and trends as they unfolded. The drug abuse scourge in Kenya has taken its toll on the society largely out of the fact that not many people treat the various substances as the source of the serious health afflictions. Evident lack of awareness, fanned by unavailability of accurate information on the adverse consequences of indulgence habits left the problem of drugs and substance abuse to permeate communities throughout Kenya. These trends have been blamed for affecting the workforce from both the public and the private sector. Since the public sector is the custodian of government policies, a drunk public service is more likely to affect the country's performance in realization of socio-economic development on the country.

Drug and substance abuse is thus a silent disaster that claims many lives every year and thus affects the productivity of the workforce from both the public and non-government sectors.

There is a strong linkage between drugs/substance abuse and violence, criminality and currently the HIV/AIDS scourge. Most commonly abused drugs and substances include; Alcohol, Tobacco, Cannabis (bhang), Khat (miraa), Sedative-hypnotics, Stimulants, Hallucinogens, Inhalants/Solvents, petrol, glue, paint thinners etc. People indulge in drug/substance abuse due to many factors. Some of these factors are personal while others are due to external forces. But for whatever reasons one puts himself in this situation, drugs abuse do not solve a problem, for one never wins. Alcohol and drug abuse is one of the most critical challenges facing the public workplace today. Supply of drugs and demand complement each other with the result being a vicious circle of drug abuse leading to compulsive use and tolerance. The various types of drugs and substances commonly abused in the Kenya by the different communities have evolved in a cultural and social environment that tolerates and accepts consumption as a normal life style, especially the traditional brews.

Many aspects of this challenge have broader community impacts and affect a wide array of relationships. Substance use disorders have public health challenges on the quality of life that consequently affects the political, economic and social stability of the country. Though much has been done in fighting Alcohol and Drug Abuse (ADA) in Kenya combined efforts by (corporate institutions, learning institutions, religious institutions and the government) ought to be heightened to help yield good results in managing alcohol menace that threaten to cause

generational gap in Kenya. This will involve building societal and institutional values to act as a new light for alcohol management, Leonardo (2008).

Several researchers have done surveys in alcoholism at workplace in Kenya and beyond and made recommendations on the way forward but this problem still persists. In a survey conducted by NACADA in 2011 revealed that 56% of public officers have drunk alcohol, 23% used tobacco products, 16% chewed miraa/Khat/Muguuka, 6.6% bhang and 1.3% taken other drugs i.e. mandrax, heroin or cocaine) at least once in their lifetime. This study revealed that alcohol is the most abused substance within the public officers' ranks, with a prevalence of 33%. Other revelations were that 17% of the public sector employees were users of alcohol and reportedly drunk with workmates. More efforts should be made therefore to ensure that there exist sober civil servants by having workplace initiative of stopping alcoholism in public institutions (NACADA 2011).

Leonardo (2008) points out that every problem in our society can only be solved if we view it as rather a societal problem rather than an individual's problem. However, Covey, (1992; 36) expounded on the 'principle of process' of ethical learning and growth, which requires personal growth in the spheres of emotion, human relationships and character formation, as a need that is to be adopted by our society in imparting necessary education regarding alcohol. But the current data on ADA is still inadequate thus limiting the understanding of the problem, leading to limited evidence based policies and programs. This problem statement therefore sought to find the strategies that have been put in place to enforce the policies on ADA in Kenya, the degree of this enforcement and challenges experienced by stakeholders as out what efforts have been made by public institutions to stop Alcohol and Drug Abuse (ADA) at workplace, especially consumption of alcohol among the productive public service workforce, with greater emphasis being given to Ministries, Departments and Agencies (MDAs), with specific reference to Ministry of Devolution and Planning.

The absence of ethical consideration in regard to consumption of alcohol and its eventual management means that our society ought to embrace important values which can help bring sanity in alcohol consumption. This research paper therefore aims to look at efforts done by the Kenya government by putting in place strategies that can assist in controlling ADA at public workplace, and at the same time identify these strategies laid down by the policy makers, by examining the degree of success of these policies in changing the societal behaviours towards

ADA. It is also important to find out if ethical considerations have been put in place to help in managing alcoholism at workplace in the Kenyan public sector.

This problem statement therefore sought to find out what strategies have been put in place to help in the anti-ADA campaign, leading to lessening the competition in consumption of alcohol among the productive age group, with greater emphasis being given to workplace in public sector institutions. The absence of ethical consideration in regard to consumption of alcohol and its eventual management means there is need to embrace ethics and values in our society, and that we ought to values which can help bring sanity in alcohol consumption. My research therefore sought to find out if ethical consideration and embracement could help control and manage alcohol consumption in Kenya through alcohol education.

1.3 Research Questions

The research questions for this study are:

- 1) What government strategies have been put in place to cushion workplace Alcohol and Drug Abuse in public institutions, with specific reference to Ministry of Devolution?
- 2) To what extent have ADA strategies been implemented at the public workplace, with specific reference to Ministry of Devolution?
- 3) What ethical principles are used to guide public workplace behaviour in management of ADA, with specific reference to Ministry of Devolution?
- 4) What is the degree of enforcement of ADA public workplace strategies, with specific reference to Ministry of Devolution and Planning?
- 5) What challenges impede enforcement of anti-ADA strategies at public workplace, with specific reference to Ministry of Devolution?

1.4 Broad Objective

The broad objective of the study is to establish the strategies put in place at workplace in the public sector to spearhead the fight against Alcohol and Drugs Abuse (ADA) in Kenya.

1.4.1 Specific Objectives

Specific objectives of this study are to:

1. Identify strategies put in place at public sector workplace to cushion workplace anti-ADA, with specific reference to Ministry of Devolution and Planning.
2. Determine the extent of implementation of anti-ADA strategies in the public sector workplace, with specific reference to Ministry of Devolution and Planning.
3. Establish which ethical principles help in anti-ADA campaign in the civil service in Kenya, with specific reference to Ministry of Devolution and Planning.
4. Establish the degree of enforcement of anti-ADA strategies in public sector workplace, with specific reference to Ministry of Devolution and Planning.
5. Identify challenges that impede enforcement of anti-ADA strategies at public workplace, with specific reference to Ministry of Devolution and Planning.

1.5 Justification and Significance of the Study

Problem of alcohol and Drug abuse in public sector institutions has in many cases led to low and/or lack of sound services delivery to Kenyans. In the recent past, there have been a lot of issues written and spoken about, use and abuse of drugs and substances by adults, young adults and youth in Kenya. According to Catholic Information Centre in Nairobi, Kenya, September 30th 2011, "Alcoholism a Threat to the Family" a Nairobi Catholic priest; Rev Fr Baptiste Mapunda described alcoholism as a major threat affecting the family institution. The article states that, "Many families are ruined today through a heavy drinking habit within the family circles". There has been comparatively limited research undertaken in the Kenyan public sector institutions on Alcohol and Drug Abuse (ADA).

Little is therefore known regarding the effect of alcohol and drug abuse at workplace in public institution and how these affect the delivery of services to the citizenry. It is important to note that consumption of alcohol and drug use patterns of the country's public sector employees have great negative impact on workplace safety, workplace productivity, and employees' wellbeing, which is important to the general public. Availability of data on alcohol consumption and drug use patterns of the public service workforce can provide information essential for the development of appropriate and effective policy and intervention strategies and/or mechanisms.

In respect to relevance, this study will help define some changes that need to be instigated into the drinking culture and alcohol management in Kenya by public sector institutions, so as to nurture responsible and productive citizenry. The findings generated from this study should have some interesting implications/proposals for educators and trainers as well as Government ministries, Departments and Agencies (MDAs) and other employers in Kenya in developing programs meant to manage and control alcohol among their employees. The government may further her initiative on ADA management by incorporating religious institutions' in-built models of spiritual counselling in order to prevent and fight the drinking culture at the workplace in public institutions and the country at large, in order to nurture an efficient and effective workforce that is able to implement the Kenya constitution 2010 and deliver the Kenya Vision 2030 to the populace.

1.6 Scope and Limitation of the Study

This study was to establish the existence of strategies at public sector institution workplace that help in enforcing anti-ADA in Kenya, specifically in government Ministries, Department and Agencies (MDAs), with specific reference to Ministry of Devolution and Planning and the Office of the President (which houses NACADA). The Ministry of Devolution and Planning, being the custodian of Economic Development in the Kenya do work with all line ministries and departments in economic and development, thus has a representation in other line ministries by posting Economist who assist in matters of economic planning in all the MDAs. The ministry also coordinates and spearheads various programmes which cuts across line ministries. This Ministry of Devolution and Planning currently houses the former seven (7) line ministries in the previous government before the 2013 General Elections as Departments. These are: Ministry of Youth Affairs, Ministry of Special Programmes, Ministry of Public Service, Ministry of Gender, Ministry of Planning and Vision 2030, Ministry of ASALs, and also houses the KNBS, NCPD, KIPRRA, UWEZO Funds, CDF, to name a few. The work on anti-ADA was started under the coordination of NACADA when most of these departments were independent line ministries. This study focuses at Headquarters MDAs offices as a representative of the ministry of Devolution and Planning. Other institutions that are involved in the study are the ADA rehabilitation/treatment centres and the NACADA headquarters.

This study aims at identifying strategies put in place by policy makers to manage ADA at workplace in the public sector, determine the extent and/or degree to which these strategies have been successfully been implemented, and the ethical principles that have helped the enforcement of these strategies. The study concludes with looking at challenges faced by the public sector institutions in implementation of anti-ADA efforts.

Due to limitation of resources the study will not be carried out in the Counties which are currently semi-autonomous governments, and which have some departments and linkage with the Ministry of Devolution and Planning. Another limitation is that this study may not be applicable to other countries due to cultural differences and background. It will not also be possible to carry out this study in all MDAs due to time constrain and limited resources available at the disposal of the Researcher to conduct a bigger survey.

1.7 Definition of Terms

Addiction: This refers to chronic disorder that has genetic, psychosocial, and environmental dimensions and is characterized by the continued use of a substance despite its detrimental effects, impaired control over the use of a drug, and preoccupation with a drug's use for non-therapeutic purposes (i.e. craving the drug).

Alcoholism: The term refers to a disease known as alcohol dependence syndrome.

Alcohol Abuse: People with alcohol abuse have one or more of the following alcohol-related problems over a period of one year: failure to fulfil work or personal obligations; recurrent use of alcohol in potentially dangerous situations; problem with the law; continued use in spite of harm being done to social or personal relationships.

Alcoholic beverage: This refers to any alcoholic drink whether traditional or mechanised for example Tusker, “Chang’aa”, “Busaa,” “Muratina”, “Mnazi”, to name a few.

Current Usage: Consumption of alcohol or drugs in the last 30 days prior to the survey

Degree of enforcement: Refers to how much efforts have been made to ensure compliance

Drug Abuse: Refers to consumption of illegal drugs or unhealthy use of legal ones.

Employees Assistance Programmes (EAPS): Are employee benefit programmes offered by employers within the framework of counselling to assist employees deal with personal problems that might adversely impact their work.

Effects: Consequences of alcohol and drug abuse

Ethical Learning: Refers to getting knowledge on moral behaviour

Ethical principles: Refers to moral standards that guide individual behaviour.

Extent of implementation: Refers to the magnitude covered in execution of a given activity.

Interference with the drinkers' health and socio-economic functioning of the society: This refers to failure to undertake duties that are acceptable in the society and/or acting in ways that are not supportive to the societal good.

Moderate Drinking: Moderate drinking is defined as equal or less than two drinks a day for men and equal or less than one drink a day for women.

Past Usage: Previous consumption of alcohol or drugs by an individual in lifetime.

Policy: It is a guide that establishes the parameters for decision making and action.

Prevalence: A measure of the frequency of a condition at a point in time.

Problem Drinkers: Are current users of alcohol whose drinking patterns meet some defined criteria such as experiencing negative consequences such as conflict with family members as well as exhibiting one or more symptoms of alcohol dependence.

Treatment and Rehabilitation: supporting persons with substance use disorder to cease substance abuse in order to avoid the psychological, legal, financial, social and physical consequences that can be caused especially by excessive abuse.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter reviews literature and theoretical framework with particular emphasis on the role played by the public institutions in development of anti-alcoholism programmes to control workplace indulgence in alcoholism and drug abuse. It also reviews studies and research work carried out to address the phenomenon in Kenya and beyond our borders. The chapter also attempts to look at: the origin of alcohol, which is widely abused in Kenya; factors contributing to alcohol and drug abuse in public workplace (workplace culture, workplace alienation, alcohol availability, supervision, alcohol policy); symptoms and effect of alcohol and drug abuse; prevention and intervention of alcohol and drug abuse at public workplace; challenges in controlling consumption alcohol and drug abuse in public institutions; what has worked well and what has not worked in relation to these efforts; and Global status of alcohol and drug abuse.

The study on alcoholism has been conducted by several scholars throughout the world due to its implication on societal fabrics. Alcoholics can be of any age, background, income level, social, or ethnic group. In the nineteenth and early twentieth centuries, alcohol dependence was called dipsomania before the term "alcoholism" replaced it.

According to Macmillan English Dictionary 2nd Edition, Alcoholism is “a medical condition that makes it difficult for one to control the amount of alcohol that he or she drinks.” The World Health Organisation (WHO) Committee of experts used the term “alcoholism” in 1951 said that, “To signify any form of drinking which in its extent goes beyond the traditional and customary dietary use or the ordinary compliance with the social drinking customs of the whole community concerned, irrespective of the etiological factors leading to such behaviour and irrespective also of the extent to which such etiological factors are dependent upon heredity, constitution or acquired physio-pathological and metabolic influence”, that: “Alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health, their interpersonal relations, and their smooth social and economic functioning; or who show the prodromal signs of such developments which make them to seek treatment.” According to www.ehow.com/facts, alcoholism refers to a chronic disease characterized by physical dependence on alcohol.

Alcoholics develop a tolerance to alcohol and experience withdrawal symptoms when they stop drinking.

Alcoholism cannot be completely cured, but patients can recover from their physical addiction to alcohol. A drug is any chemical substance which when taken into the body can affect one or more of the body's functions. For instance, when one feels pain and is given aspirin, the pain reduces or disappears. The aspirin modifies how the body works so that pain is tolerated or not felt at all. Similarly, when one smokes bhang, he experiences changes in the mind for example he may see or hear things that are not there. The term drug therefore, includes those substances useful to the body and also those substances that harm the body. They may be legal or illegal. The abuse of narcotic drugs and psychotropic substances that harm or threaten the physical, mental or social and economic wellbeing of the user, his or her family and society at large is a global phenomenon.

2.1.1 Alcohol and Human Culture

Alcohol as an example of ADA has played a central role in almost all human cultures since Neolithic times (about 4000 BC). All societies, without exception, make use of intoxicating substances, alcohol being by far the most common. Alcohol is an intoxicant that is more widely used than any other, at least partially due to the fact that all types of plant species, from cereal grains to fruits and others, can be turned into alcohol (Walton, 2002). Alcohol beverages are an integral part of the fabric of adult society in most countries. Moderate and responsible drinking is considered to be part of normal and balanced life in most societies and patterns of drinking are largely culturally determined (Giannetti et al. 2002). The decision to drink by both adults and young people is motivated by a variety of factors; such as, enjoyment, lifestyle, rites of passage, parental influence, peer influence and, not least, cultural acceptability of drinking (Heath 2000). Mead says that the use of alcohol may date back as far as 8000 B.C., beer and berry wine were used by Neolithic man as far back as 6400 B.C., and grape wine dates to 300 to 400 B.C. (Ray & Ksir, 2004).

All societies, without exception, make use of intoxicating substances, alcohol being by far the most common. There is convincing evidence that the development of agriculture, which is regarded as the foundation of civilisation, played a significant role in the formation of grain based beer, as well as grain for bread. The persistence of alcohol use, on a near-universal scale,

throughout human evolution, suggests that drinking must have had some significant adaptive benefits, although this does not imply that the practice is invariably beneficial. Alcohol was widely consumed historically in part because it kills bacteria, so alcoholic beverages were safer to drink during times when a large portion of all deaths were due to infectious disease. From the earliest recorded use of alcohol, drinking has been a social activity, and both consumption and behaviour have been subject to self-imposed social controls. Attempts at prohibition have never been successful except when couched in terms of sacred rules in highly religious cultures. Alcohol consumption permeates our societies all over the world are taken due to various reasons by the given social groups.

Alcoholism has both positive and negative implications to socio-economic wellbeing of individuals. In many countries, drinking is traditionally considered normative behaviour and an integral part of everyday life.

The introduction of children to alcohol beverages often occurs early, within the family, and in a way that integrates drinking into other commonplace activities. It is commonly, if wrongly, believed that in many cultures alcohol beverages have only been introduced fairly recently. There are, however, very few societies where alcohol beverages have not been enjoyed as part of local culture, as part of family and village life, or as part of religious and spiritual life, since before written history (Heath 2000). Alcohol consumption thus permeates our societies all over the world and are consumed due to various reasons by the given social groups.

Alcoholism has both positive and negative implications to socio-economic wellbeing of individuals. Most people are aware of the fact that individuals react to alcohol consumption in different ways. Individual reactions to alcohol vary depending on the amount consumed, the individual's personality, and the mood of the user at the time of consumption, and the social setting in which one consumes alcohol. Alcohol and drug use has a negative impact on worker productivity, whether the use occurs off the job or on. Rates of problematic substance use vary by occupation (Frone, 2006; Larson et al., 2007).

The price differential between commercially produced, branded products and home-brewed beverages is often prohibitive. Import tariffs and excise taxes may increase the price of a product to several times its original value. The price of branded products also reflects higher costs of production. Such costs are clearly not associated with illicit and home produced alcohol, thus

making them overwhelmingly the beverages of choice (Fillmore 1991). The majority of young people in developing countries consume alcohol which is not commercially marketed or advertised (Adams et al.2001). This influence may be taken to workplace when the young adults are employed and their earnings are low. Since the public sector in Kenya employs from the domestic market, it is easy to get young alcoholics and other substance abusers in the public service. The usage and/or uptake of ADA at workplace therefore is a phenomenon that requires intervention by all stakeholders.

An attempt has been made by NACADA to carry out a survey, (NACADA 2011) to bridge this gap with a total of 1,857 employees from 27 public sector institutions participating. According to the findings, 57.9% of employees in the public sector have drunk alcohol, 22.8% used tobacco products, 15.9% miraa, 6.6% bhang and 1.3% narcotics (mandrax, heroin, cocaine) at least once in their lifetime. In an effort to control alcohol and substance abuse in the public institutions the government through the Division of Performance Contracting (DPC) introduced Alcohol and Drug Abuse (ADA) as part of Financial Year (FY) 2013/14 Performance Contracting Guidelines to Ministries, Departments and Agencies (MDAs). The MDAs were required to implement activities aimed at prevention, early identification and mitigation of alcohol and drug abuse (ADA) among staff and target population. Towards this end, implementing institutions were developed and the MDAs are expected to constitute and/or form ADA prevention coordinating units/ committee or expand the mandate of existing structures to coordinate the program (Performance Contracting Guidelines, 10th Edition, 2013/14. The Presidency, Ministry of Devolution and Planning, Division of Performance Contracting). The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) is mandated by the Division of Performance Contracting (DPC) to coordinate the implementation of the program and receive quarterly progress reports, analyse and provide feedback to the reporting institutions, with a copy to Division of Performance Contracting (DPC). The broader target of this initiative is to: Address Alcohol and Drug Abuse (ADA) among staff and target population by; Undertaking independent baseline/follow-up survey to establish prevalence of ADA in public institutions; Developing and implementing workplace policy on prevention of ADA; Strengthening the capacity of the ADA prevention coordinating unit to implement the program; Undertaking sensitization of staff/target population on prevention of ADA and; Establishing and operationalizing an Employee

Assistance Program (EAP) focusing on early identification, treatment and rehabilitation of staff with Substance Use Disorder (SUD).

Public Institutions are expected to negotiate their annual ADA prevention performance targets with the relevant agencies and submit their work-plan to NACADA in the prescribed format at the beginning of the contract period. They are further required to avail quarterly performance reports as well as ADA prevention coordinating units/committee meetings minutes for each quarter to NACADA within 30 days after the close of each quarter. Institutions that expect support of NACADA in formulating ADA workplace policy, conducting baseline/follow-up survey or capacity building/sensitization are expected to submit their requests by third quarter of each Financial Year. The prescribed reporting templates are available in NACADA Authority's website www.nacada.go.ke under Documents and Resources.

2.2 Social Influences and Alcohol Management

Family has been shown to be the strongest single influence of all external factors on young people's attitudes about drinking (Miller & Plant 2003). Strong relationships between young people and their parents, family structure, communication, adult monitoring and supervision, and parental involvement may all act as positive influences on choices around alcohol consumption (Etz et al. 1998). After parents and family, peers are another important influence on young people's decisions about drinking and on their drinking patterns (Houghton & Roche 2001). Peer relationships and attitudes have been addressed through alcohol education and specific approaches designed especially for this purpose. Other critical elements that influence how young people learn about alcohol and how they make decisions about drinking are the prevailing drinking culture and general risk-taking behaviours. Young people's attitudes and their personal and social skills can be developed in a way that will allow them to make responsible choices and teach them not to place themselves or others in harm's way.

Attitudes towards alcohol, especially in the United States, can best be described as ambivalent, if not schizophrenic. Sullum (2003a) recounts how this ambivalence is reflected in a passage from the Hebrew Bible: "Seeing Noah plant his vineyard, Satan offers to help. He slaughters a lamb, a lion, a pig, and an ape, pouring their blood into the soil". "This signifies," says the legend, "that before a man drinks wine he is simple like a lamb, who doesn't know anything. . . When a man drinks as is customary, he is bold like a lion, saying there is no one like him in the world; when a

man drinks too much, he becomes like a swine, peeing on himself; and when he is drunk, he becomes like a monkey, standing and dancing and acting foolishly, and says inappropriate things in front of everyone, for he does not know what he is doing.” (p. 61).

Alcohol has played a central role in almost all human cultures since Neolithic times (about 4000 BC). Gahlinger (2001) says, the only known societies that had no access to psychoactive substances were the Inuit, who traditionally lived near the Arctic Circle, and some people of the Pacific Islands. According to Gahlinger (2001), these groups shared the trait of being extremely isolated from other civilizations, and when these people were eventually exposed to psychoactive substances, especially alcohol, they exhibited catastrophic rates of addiction and abuse. According to Howard, J. Chinebbel Jnr. (1968.68) in the past alcohol had been seen and/or looked at as a male problem, even where it was acknowledged that women could drink, the difference in their disposition was never highlighted. Murehia (2010) also says that, in the past alcoholism had been looked at as a male problem. According to Ndegwa (1980, and Gichuge 1993), research has revealed that experimenting with alcohol and other drugs starts at primary school level. Similar studies from other parts of the world reveal that drug and alcohol use start as early as ten years (Jardine & Martin, 1984). According to Ndegwa (1980) drugs such as tobacco and alcohol are widely and easily available in Kenya. Ndegwa (1980) further says that individuals learn from an early age that alcohol can be a source of pleasure and relieve both privately and socially.

2.2.1 Alcohol in Public View

Prajna (2008) says that people view alcohol differently, with men on the street considering alcoholism as a weakness of character, moralist as a vice, while representative of law regarding it as a crime, and so on. Drug users are also detested by society and become social misfits for they neglect their families and become the source of social disintegration of the family or social set-up. When not checked ADA may lead to institutions like schools to get disrupted, school drop outs of students from alcoholic families being witnessed. Violence or crime in general will equally increase since the social fabric is affected, social norms broken, hence an increase in say, incest, homosexuality, etc. leading to moral and spiritual erosion. The issue of drug abuse is not cheap to sustain. Because the drugs are illegal and difficult to obtain, they are costly and therefore one has to look for extra ways of getting money which sometimes leads to promotion

of theft and other criminal activities, which lead to insecurity. The general economy of the family or community will suffer due to the inevitable such as: reduced family earnings; decline in economic production; increased cost of running and maintaining health care; increased cost of running and maintaining schools and other institutions; crime increases and general insecurity increases rapidly; rebels are led by substance of abuse; political equation changes; a few individuals have ill-gotten money from trafficking thereby become arrogant and have great influence on political decisions.

Studies have revealed that, “the higher a country’s average per capita wine consumption, the lower its rate of coronary heart disease” (Zuger, 2002). France was at one end of the spectrum with very low rates of heart disease, while Finland, Scotland, and the United States, which are countries with far less wine consumption, had rates of heart disease almost four times higher. It has been suggested that the pattern of drinking, rather than the type of alcohol consumed, is the primary reason for the relationship between wine consumption and protection from heart disease. This is because most wine consumers drink in small amounts, several days per week, rather than in larger amounts on only one or two days per week (National Institute on Alcohol Abuse and Alcoholism, 2000b). One of the negative results of ADA may be sustained stress which leads to mental problems. A sick family or community will mean reduced nutritional status, increased mortality and reduced life expectancy. The family of the abuser becomes the victim. When drugs of abuser are not accepted by society the users become anti-social.

2.2.2 Factors Contributing to Workplace Drinking

Drinking rates vary among occupations, but alcohol-related problems are not characteristic of any social segment, industry, or occupation. Drinking is associated with the workplace culture and acceptance of drinking, workplace alienation, the availability of alcohol, and the existence and enforcement of workplace alcohol policies (Ames and Janes, 1992; Trice and Sonnestuhl, 1988).

Several scholars have identified other factors as being the root cause of alcoholism in the society in general. These are: developmental transitions; relationship between risk and protective factors; distal and proximal developmental influences, strain, anomie and social disorganization; economics and crime, to name a few. Research findings indicate that most of the alcoholics

seeking treatment in drug and alcohol rehabilitation centres are males between the ages of 30 and 49 years. Society inculcates a certain drinking culture in individuals with many cultures sanctioning their males to drink heavily, while a moderate drinker or an abstainer is held suspect. The family is a transmitter of cultural attitudes, where drinking may be engraved into the social life of the family. According to Becky (2003), economic stress, unemployment, poor access to health, are among the major factors that lead to alcoholism, with about 26% of the mothers using alcohol. Peers influenced 37.1% of the alcoholics; advertisements influenced only 11.45% of alcoholics to choose what to drink.

2.2.2.1 Workplace Culture and Alienation

The culture of the workplace may either accept and encourage drinking or discourage and inhibit drinking. A workplace's tolerance of drinking is partly influenced by the gender mix of its workers. Studies of male-dominated occupations have described heavy drinking cultures in which workers use drinking to build solidarity and show conformity to the group. Some male-dominated occupations therefore tend to have high rates of heavy drinking and alcohol-related problems.

In predominantly female occupations both male and female employees are less likely to drink and to have alcohol-related problems than employees of both sexes in male-dominated occupations, (European Journal of Business and Management, Hospitalization Patterns of Diabetic Patients to a Tertiary Hospital in Abu Dhabi, United Arab Emirates, by Salem A. Beshyah, at. el; (2011).

Work that is boring, stressful, or isolating can contribute to employees' drinking. Employee drinking has been associated with low job autonomy, lack of job complexity, lack of control over work conditions and products, boredom, sexual harassment, verbal and physical aggression, and disrespectful behaviour, (European Journal of Business and Management, Hospitalization Patterns of Diabetic Patients to a Tertiary Hospital in Abu Dhabi, United Arab Emirates, by Salem A. Beshyah, at. el; (2011).

2.2.2.2 Alcohol Availability at Workplace

The availability and accessibility of alcohol may influence employee drinking. More than two-thirds of the 984 workers surveyed at a large manufacturing plant said it was "easy" or "very easy" to bring alcohol into the workplace, to drink at work stations, and to drink during breaks. Twenty-four percent reported any drinking at work at least once during the year before the survey. In a survey of 6,540 employees at 16 worksites representing a range of industries, 23 percent of upper-level managers reported any drinking during working hours in the previous month. Restricting workers' access to alcohol may reduce their drinking. The cultural prohibition against alcohol in the Middle East, making alcohol less available, may explain the reduction in drinking among U.S. military personnel serving in Operations Desert Shield and Desert Storm. An estimated 80 percent of the military personnel surveyed reported decreased drinking while serving in those operations, (European Journal of Business and Management, Hospitalization Patterns of Diabetic Patients to a Tertiary Hospital in Abu Dhabi, United Arab Emirates, by Salem A. Beshyah, at. el; (2011). Busch (2005) claims that the 16-ounce beverage will help workers make the transition from a day at work to their night-time social activity, giving the user a "boost" before a night on the town (Anheuser Busch Blends, 2005).

2.2.2.3 Workplace ADA Policies

Limited work supervision, often a problem on evening shifts, has been associated with employee alcohol problems. In one study of 832 workers at a large manufacturing plant, workers on evening shifts when supervision was reduced were more likely to take alcohol and drugs than those on other shifts, on survey report on drinking at work, (European Journal of Business and Management, Hospitalization Patterns of Diabetic Patients to a Tertiary Hospital in Abu Dhabi, United Arab Emirates, by Salem A. Beshyah, at. el; (2011). There is wide variation in the existence of alcohol policies verses employees' awareness of there being these policies (this calls for dissemination of the same). Existence of workplace policies without enforcement across the country may not help any institution, be it public or non-public. Researchers found that most managers and supervisors in one large manufacturing plant had little knowledge of the company's alcohol policy. In addition, supervisors were under constant pressure to keep production moving and were motivated to discipline employees for drinking only if the drinking

was compromising production or jeopardizing safety. Workers' knowledge that policies were rarely enforced seemed to encourage drinking at workplace. (European Journal of Business and Management, Hospitalization Patterns of Diabetic Patients to a Tertiary Hospital in Abu Dhabi, United Arab Emirates, by Salem A. Beshyah, et al; (2011).

Alcohol without Liquid (AWOL) is a machine similar to an asthma inhaler that vaporizes hard alcohol and allows people to inhale the resulting alcohol mist. When mixed with oxygen it provides a “euphoric high”, this “reduces the effects of hangover and is low in carbohydrate” (“Alcohol Machine,” 2005). Another major public health problem associated with alcohol abuse is Foetal Alcohol Syndrome (FAS), a condition in which some babies born to alcoholic mothers display neurological problems, low birth weight, mental retardation, and facial malformations (Carroll, 2003). Although he was unable to identify the physiological mechanisms that produce FAS, George Howard (1918) was one of the first scholars to mention this condition, noting the following, “the child of the female drunkard is not born with a direct alcoholic tendency, but is probably born with ill-nourished tissues, and especially with a badly developed brain and nervous system” (p. 75). Prior to the formal discovery of FAS in the 1970s, some doctors assumed that alcohol was such a harmless substance that it was administered intravenously to women who were thought to be at risk of losing their pregnancies (Carroll, 2003).

2.2.2.4 Prevention and Interventions in the Workplace

Common workplace strategies include; employee education and awareness campaigns, drug testing, and Employee Assistance Programs. While formal evaluations of these programs are few, a handful of studies have found positive outcomes. Workplaces with drug testing programs have 24% less drug usage than workplaces without drug testing, and employees at drug-testing workplaces are 38.5% less likely to be chronic drug users (French et al., 2004). However, the extent to which drug testing causes a deterrent effect among drug-using applicants is unknown.

Peer-based prevention programs show promise. Peer care combines random drug testing with non-punitive reactions to those with substance use problems (Miller et al., 2007).

Team Awareness (Bennett & Lehman, 2001) and the Healthy workplace (Cook et al., 2004) programs also decrease alcohol use and improve functioning. These programs are delivered to employees in small group formats. Prevention programs like these can be helpful for the overall workforce. When specific employees experience problematic use, most are referred to an

Employee Assistance Program (EAP) that typically offers assessment, brief counselling, and referral to more extensive care. Unfortunately, research data on the impact of Employee Assistance Programs (EAPs) is scarce with few studies examining substance use problems (Merrick et al., 2007).

2.2.2.5 Prevention and Treatment for Employees with ADA

Alcoholism and Drug Abuse can be prevented through education. Teaching individuals while they are younger can have an impact on decision-making in later life. Even though alcoholism is considered to be a predetermined illness, it does not have to be a situation that comes to fruition. It is hoped that an educated individual can make a decision not to drink, eliminating the possibility of alcoholic behaviour. Treatments for alcoholism usually include detoxification, psychological counselling, and medications that remove urges for alcohol or make drinking unpleasant, such as Vivitrol and Anti-abuse. Treatment may occur in an in-patient facility or in an out-patient setting. Prevalence in drinking alcohol in the urban slums is a phenomenon that needs to be understood and addressed by the health experts and the authorities. Studies have shown that culture greatly shapes young people's drinking habits. Whether young people get drunk as a purposeful behaviour or as an unintended consequence depends on the country they live in, according to new research on young people in seven countries. This research found out that young people's views on alcohol and drunkenness were influenced more by culture than by factors such as age and sex.

Treatment for employees with substance dependence is effective. A study by Slaymaker and Owen (2006) examined 212 full-time employees in residential treatment. Substantial improvements were made in substance use and legal, psychiatry, and family/social functioning from baseline to the 6- and 12-month follow-ups. Significant decreases were found in the percentage of the sample with unplanned absences from work during the year before treatment (78%) to the one year follow-up (30%). The number of employment problem days also dropped from pre-treatment (5.20 days) to one year (0.14 days). An analysis of 498 outpatients found substantial reductions in absenteeism, productivity problems, and workplace conflict among those who attended at least two months of care (Jordan et al., 2008).

Parental models are instrumental in shaping early attitude and behaviours with regard to teenage alcohol abuse; Peer relations provide a context in which alcohol and other drug use is either

supported or discouraged; Most of the alcoholics have peers who use or abuse alcohol; Kenyans have access to alcoholics' beverages at a very young age although age at first drinking is set at 18 years; The drinking habits of the peers play a major role in initiating individuals into alcohol use or abuse; The peers largely influence the choice of the alcoholic drink used by the individuals; Anyone coming from an alcoholic family is more at risk of becoming an alcoholic; People with history of alcohol abuse and alcoholism, have a higher risk for becoming dependent on alcohol and thus should approach moderate drinking carefully.

A research sponsored by the International Centre for Alcohol Policies (ICAP), also finds striking similarities about drinking among young people in different parts of the world including: typically by parents during a family celebration, where alcohol consumption was primarily associated with enjoyment and socializing; drinking mostly took place at gatherings (parties, sporting events) and in public venues (bars, clubs); a "successful drinking experience involved socializing and avoided problems; an awareness of drinking as a means of self-medication was part of information shared by participants, alcohol has emerging markets partners, problems and response which require multi-disciplinary approach for people understand.

The International Centre for Alcohol Policies series on Alcohol in Society is exploring unique ways on how a balance may be achieved between public health and commerce; giving a good indication on how in practice different disciplines like governments, scientists, scholars and public health experts, on-governmental groups and bodies, as well as the beverage alcohol industry, can all to discuss the trends. It suggests that any policy on alcohol drinking should have a balance between governments' regulation, industry self-regulation, and individual responsibility. In the sub-Saharan Africa, there is an enormous diversity of cultures in the whole continent, as well as rapid social changes. The influence of these, as well as other factors, on patterns of drinking cannot easily be described in simple terms, like quantity and frequency are so diverse, and therefore a multidisciplinary approach towards understanding of alcohol drinking would be the better proposal.

2.2.3 The Effects of ADA

It is important to point out that the effects of drug abuse are vast and they depend on other factors such as: The physical and chemical properties of the substance abused; the user's personality; the mode of the drug usage; the environment or the area where the victim uses it; the

aim, goal or purpose for the use; the cultural attitudes and feelings of the community where the user is based; the law and the rules of the land; the genetic factors; and the public control mechanisms. Different drugs abused affect different parts of the human body. When two or more of these drugs are taken together, they tend to have a combined effect (synergism).

Most drugs abused affect the main organs of the body like: the liver; the kidneys; the heart; the lungs; the central nervous system, with the brain as the centre; the reproductive organs. The effects can be gradual or sudden depending on the individual, the amount taken, the duration and the environment. All these lead to poor health. With one member of the family or community getting sick gradually or constantly, other members have to care for their kin. Sometimes diseases are passed from one member to another due to drug/substance abuse. Examples of such infections include: Human immunodeficiency virus (HIV), Hepatitis B. Consumption of alcohol in excess can lead to long term risks to a person's health. Even if the alcohol abuser appears to be healthy, damage to the body can be taking place on a subtle level such as: Cirrhosis of the liver is a major side effect of long-term drinking. Cardiovascular illness can also be brought on by excessive drinking that can affect the heart muscle, resulting in stroke and heart attacks; Gastrointestinal inflammation and dangers effects to the lining of the stomach are also of great concern, especially when alcohol begins to affect the absorption of vitamin B in the body; Neurological disorders such as damage to the central nervous system and memory loss are other health risks; Domestic abuse; Motor vehicle accidents; Liver problems; Birth defects, e.tc. Because alcohol is a widely used as psychoactive drug with a relatively high level of toxicity, the number of deaths due to alcohol are roughly 25 times the number attributed to all illegal drugs combined (Gahlinger, 2001).

The prolonged use of alcohol can cause considerable physical damage, including cirrhosis of the liver, heart disease, cancer, and brain damage, particularly at high levels of consumption. Cirrhosis is an irreversible disease associated with alcohol abuse that involves normal liver cells being replaced by useless tissue and is one of the leading causes of death in the United States, particularly among men between the age of 25 and 65 (Ray & Ksir, 2004).

According to Ray & Ksir (2004) because alcohol exerts effects on the brain and peripheral nervous system, individuals who are dependent on the substance develop the shakes, amnesia, and even problems with intellectual functioning (Weil & Rosen, 1998). Physical dependence

associated with alcoholism is also shown withdrawal, such a state is medically difficult and in severe cases can result in death (Ray & Ksir, 2004). Martinic and Meacham (2008) says that, a distinct pattern of alcohol consumption is emerging across the world and is a cause for concern because of its relationship with a range of health and social problems. Public discourses on extreme drinking often focus on behaviour and social controls rather than health effects.

2.2.4 Alcohol Management

The government of Kenya initiated action by enforcing measures to control supply and reduction of ADA goes way back in 1983 with the formation of a specialised Anti Narcotic Unit under the police force to help track drug traffickers within our borders. And to reign in on ADA problem, the government of Kenya created the office of the National Coordinator for the Campaign Against Drug Abuse (NACADA), effective from March 27, 2001 under the Office of the President. The office had a mission of coordinating and harmonising drug abuse, prevention education activities, to create awareness, with an aim of achieving behaviour and attitude change and eventually contribute to significant reduction on demand and abuse of chemical substances.

2.2.4.1 ADA Control Programs

Programs have been developed to strengthen parental influence and the role of the family in mitigation against alcoholism. Such initiatives integrate behavioural training for parents, family skills training, education, support, and brief therapy, and appear to be cross-culturally applicable (Kumpfer et al. 2003). This suggests a need in alcohol education to include equipping the “educators”—parents, teachers, youth workers, and religious and community leaders, with the knowledge and skills for this role. It also requires training those who serve and sell alcohol to implement harm reduction measures for young people and adults alike. These measures are expected to trickle down to the workplace in the public sector since the public sector workforce has the family and the youth. Nevertheless, there has clearly been an increase in consumer choice in many countries with the introduction of branded products where a few existed before.

ADA education is necessary to inform the community of the dangers that ADA is likely to cause in the community. Since alcohol is the most consumed substance in the society according to research, education focusing on the same is important. Alcohol education is a popular and much used approach to reducing the potential for harm from alcohol consumption and particular

drinking patterns among the consumers. Providing information and teaching skills represents a crucial component of an integrated approach to promoting responsible alcohol consumption and enabling individuals to make informed choices about their drinking as argued by Giannetti et al. (2002). Alcohol education on its own cannot achieve all the results that are desirable for an effective policy. When integrated into a balanced policy approach that weighs rights and responsibilities and combines regulation with initiatives intended to minimize harm it may be successful. Wisdom ought to be applied in fighting this war against alcohol consumption among productive youth in Kenya as argued by Huang (2008), that ‘a strategy without tactics is the longest road to victory. Tactics without strategy is the noise before defeat’, hence the need for wisdom is relative to alcohol management (Houghton & Roche 2001).

The developmental changes that occur in childhood and adolescence, young people’s general susceptibility for risk-taking, and their relative inexperience with alcohol place them at heightened risk for harm (Brown & Tapert 2004; Spear 2004). A key requirement in developing alcohol education programs and initiatives for young people is to define clearly the desired outcome. Some programs as argued by Giannetti et al. (2002), promote abstinence from alcohol until the legally mandated drinking age while others seek to reduce harm whilst acknowledging that drinking is likely to take place. Tailoring programs so that they are realistic and in keeping with society’s and young people’s expectations, behaviours, and cultural influences is important in ensuring success (Milgram 2001). These educational programmes are likely to play a very important role when individuals become adults.

2.2.5 Global Status Report on Alcohol

The World is a Global Village and this calls for a review of information on alcohol outside our boundaries. The Global status report on alcohol and health (WHO, 2011) presents a comprehensive perspective on the global, regional and country consumption of alcohol, patterns of drinking, health consequences and policy responses in Member States. This report represents continued effort by the WHO to support Member States in collecting information in order to assist them in their efforts to reduce the harmful use of alcohol, and its health and social consequences. This report provides data of over 100 individual country profiles on their efforts to reduce harm caused by excessive use of alcohol. The report says that harmful use of alcohol results in the death of 2.5 million people annually, causes illness and injury to many more, and

increasingly affects younger generations and drinkers in developing countries. Harmful use of alcohol is defined as excessive use to the point that it causes damage to health and often includes adverse social consequences.

Dr Ala Alwan, WHO Assistant Director-General for Non-communicable Diseases and Mental Health, says, “Many countries recognize the serious public health problems caused by the harmful use of alcohol and have taken steps to prevent the health and social burdens and treat those in need of care.

2.2.6 The Agency Charged with Campaign Against Drug Abuse in Kenya

The government of Kenya established an Agency to control Alcohol, Drug and Substance Abuse in Kenya called, the National Campaign Against Drug Abuse (NACADA) Authority in April 2001 via gazette Notice No. 8437 in order to be the central advocate against drug abuse and to coordinate the support of relevant sectors. NACADA was later transformed into a State Corporation through Legal Notice Number 140 of June 2007, to coordinate public education and awareness campaign against alcohol and drug abuse in Kenya.

NACADA was established to: develop legal and institutional framework for control of drug abuse; co-ordinate public education campaign against drug abuse; mobilize resources for drug abuse control and prevention; develop mechanism in collaboration with key stakeholders for curbing drug abuse in schools and other institutions of learning; develop an action plan for curbing drug abuse by the youth; facilitate the setting-up of rehabilitation facilities for drug dependant persons; submit annual reports and recommendations to the Minister for the time being responsible for matters relating to drug abuse; the board may open offices at the provincial or district level to facilitate implementation of this mandate; perform any other function incidental to the foregoing.

NACADA has established working partnership with different stakeholders in its effort to bridge the gap of knowledge about drug and substance abuse. NACADA is also involved in engaging journalists in media workshops to give them the necessary skills in reporting and writing stories on Drug and Substance Abuse. Other partners of NACADA include educational institutions, NGOs, CSOs, CBOs and Professional bodies.

2.2.6.1 NACADA's Strategy for Prevention

NACADA focuses on prevention as the Key most effective method in countering the problems caused by Alcohol and Drug and Abuse in Kenya. Some of the strategies used by NACADA are to: Create measures that limit the pull and desire towards drug and substance abuse; Redirect the behaviour of individuals to drug free lifestyles; Suppress illicit drug trafficking by creation of adequate legal mechanisms; Mobilize communities and NGO's in drug demand reduction campaigns; Educate the public on the dangers of Drug and Substance abuse through the Provincial Administration public meetings, popularly known as "barazas" in Kenya.

2.2.6.2 Public Awareness Programmes by NACADA

Some of the efforts made by NACADA is initiation of public awareness programmes. This has been possible by undertaking the following: Initiating public knowledge empowerment; Providing information on the impact of harmful consumptions to family/community /estate/society/clan etc.; Support of critical agencies (Religious NGOs, Labour Organisations, House Pulpit, Classroom, Shop floor, Associations etc.); Public Rehabilitation Strategy; Response to existing and emerging demand and supply reduction challenges; Periodic qualitative performance and reports.

One of the areas requiring immediate attention has been the creation of Public Awareness aimed at galvanizing support and participation by Kenyans in the fight against the ever increasing drug abuse menace. An interactive initiative with Kenyan professionals, in the field of drug and substance abuse through the mass media is currently ongoing. This initiative had the following objectives: To manage the public knowledge empowerment process in raising awareness of drugs and substance abuse affecting Kenyans; To marshal the support of the community and critical institutions to participate in Primary, Secondary and Tertiary prevention programmes, by so doing it was aimed at helping change misplaced perceptions, expectations, beliefs, and intentions which contribute to risks of involvement in drugs and substance abuse especially by young Kenyans; To develop, design and disseminate information materials geared towards promoting preventive and educational activities.

2.3 Theoretical Framework

Theories are constructed in order to explain and predict phenomena (e.g. behaviour) and consist of a set of interrelated, coherent ideas that make generalizations about observed relationships. Theory building continues through a cycle of induction and deduction, or forming and testing hypotheses. As Marvin Harris (Cultural Materialism 1979:7) observed, "facts are always unreliable without theories that guide their collection and that distinguish between superficial and significant appearances." On the other hand, theories without facts are meaningless.

The premise of science (and what distinguishes it from dogma and armchair philosophizing) is the authority of experiment and observation over reason, ideology, and intuition (Kearl, Michael. 2004). Sociological Theories help us to dissect the society by understanding social behaviours, while Ethical theories are tools for ethical guidance that can be adopted in analysing the range of ethics that can affect societal culture such as alcohol management and individuals' growth and intellectual nourishment as claimed by Senge (1990). Our current alcohol management and education programs are not strictly married into action thus causing a gap in eventual management. There are Sociological and Ethical theories that could be applied to this situation to help bring understanding and change in the approaches.

2.3.1 Strain, Anomie and Social Disorganization

The study is based on E. Durkheim and Robert Merton theories of strain and anomie (Siegel, 2001; Barkan, 2006; and Vold, Bernard & Snipes, 2002). Strain results in times of change, as society becomes more organic and complex. Strain also results where a culture places a strong emphasis on the achievement of wealth and material possessions. Strain results from its theoretical components, such as poverty, lack of opportunity and the formation of lawless groups. The structure of the society may limit the possibility of poor and/or weak individuals to achieve success through institutionalized and socially-acceptable means. The clarity of norms breaks down leading to anomie (the state of normlessness). Anomie leads individuals to develop unconventional values, often rebelling against societal norms in order to achieve success through illegitimate means.

Deontological atheists, as argued by Fisher & Lovell, (2009), based on Kant's philosophy; say that, actions must be guided by universal principles, which apply irrespective of the consequences of the actions. An action can only be morally right if it is carried out as a duty.

Kant's categorical imperative lays emphasis on, one does 'duty for duty's sake' not in expectation of a reward (Gichure 1997).

Bowie (1999) in his organization, built upon Kantian principles, provides a theory of moral permissibility for interactions. Interactions that violate the universality formulation of the categorical imperative are morally impermissible. Bowie (1999) thus insists that there has to be norms that guides our action by use of societal ethics, in this case, the development of workplace policy will help to guide the employees in the public sector to observe workplace norms such as prohibition of ADA at workplace.

Comparing Strain and Anomie Theory, and the Social disorganization Theory. This theoretical framework descended from the Chicago School (Williams & McShane, 1999). Similar studies on social ecology indicate that ecological conditions predispose individuals to crime, such as substandard housing, low income and improper socialization within a family. More recent studies on social disorganization still hold that social disorganization leads to delinquency because of the weakened social control (Barkan, 2006). Social control is a key antidote for social disorganization and is identified by cleaned neighbourhoods, crime watch groups, agencies to help individuals, discipline in or out of the home and other alternative punishments to incarceration for offenders. Crimes and social disorganization are believed to derive from poverty, unemployment, population density and low collective efficiency (Harms, 2000). However, social meaning, social influence and social construction make up the social conception of deterrence (Hoarcourt, 1998). Individuals in the community determine what they want and what their values are, then through influence or social norms they market their influence and others people's behaviour in the community.

2.3.2 Ethical Learning and Growth Theory

An ethical organization cannot be achieved by a decree, (Fisher & Lovell 2009). The end has to be approached obliquely by encouraging process of learning that enable people to decide for themselves to act ethically. For Senge (1990, p. 13-14) learning is not simply an acquisition of useful information; it is simply a personal moral development, which in the case of ADA could help in alcohol management and education.

Covey (1992, p. 36) adopted the 'principle of process' of personal growth in the spheres of emotion, human relationships and character formation. These processes cannot, he argued, be

short circuited; people have to go through the necessary stages of development to achieve greater effectiveness. The rightness or goodness of an action is not intrinsic to that action but can only be judged by its consequences (Fisher & Lovell, 2009).

Virtue ethics as proposed by Aristotle, should be integral in our daily ventures and undertakings. Virtue is a stable quality in man which is an internal principle or a habit. Plato, Aristotle's teacher had identified four virtues, which are; wisdom, courage, self-control and justice. When we say that a person is just, honest or prudent, we mean that in this particular person, there is stable quality of justice, reliability, trustworthiness, honesty or prudence (Gichure 1997).

Fisher & Lovell (2009) infers that virtues are not the 'ends' rather they are the 'means'. They are personal qualities that provide the basis for individual to lead a good, noble or happy life (Debeljuh 2006). Actions must be guided by universal principles, which apply irrespective of the consequences of the actions (Fisher & Lovell, (2009), According to Kant, an action can only be morally right if it is carried out as a duty, Kant's categorical imperative lays emphasis that one does 'duty for duty's sake' not in expectation of a reward (Gichure, 1997). Bowie (1999) in his organization, built upon Kantian principles provides a theory of moral permissibility for interactions. Interactions that violate the universality formulation of the categorical imperative are morally impermissible.

2.3.3 Conceptual Framework

The stability of any nation will depend largely not on how well the citizens adhere to laws or daily regulations that have been codified, but on morality, values systems and ethics of their daily existence. Every society has values and morals which guide the way of its members. Though a number of issues have been pointed out in the literature review section, they fall short of sociological and ethical theories and values, which are key pillars that can help redefine and reinvent the whole system of workplace culture and training programmes that can enhance core work values.

From the Sociological point of view, strain results in times of change, as society become more organic and complex. Strain also results where a culture places a strong emphasis on the achievement of wealth and material possessions. Strain results from its theoretical components, such as poverty, lack of opportunity and the formation of lawless groups. The structure of the society may limit the possibility of poor and/or weak individuals to achieve success through

institutionalized and socially-acceptable means. The clarity of norms breaks down leading to anomie (the state of normlessness). Public Institution workplaces should therefore have clear norms that guide their workers' behaviour in relation to ADA. Failure by the MDAs to have clear policies and strategies on ADA may lead to a state of normlessness, and followed by the lack of joint approach in dealing with the problems related to ADA.

Ethics though is taught as a philosophical discipline it has its birth from the society's expectations and actions of the members that constitute that society. Hence no discipline can prove to be superior over others since the society is multifaceted with all the disciplines currently being administered in the current training and educational programmes.

In line with other philosophical ethicists, Gichure (1997) defines ethics as 'the systematic study of human actions from the point of view of their rightness or wrongness as a means for the achievement of man's ultimate happiness'. Achola (1976) inferred that, good actions means good ethics, similarly a good life means good ethics. Being moral agents, our actions are true picture of the society, and therefore any consequence or outcomes of the drinking culture on the society will be judged from social, ethical and moral standpoint of view. Human beings in practically all cultures and times, are all guided by ethical values which according to Gichure (2007) are; trustworthiness, honesty, integrity, reliability, loyalty, truthfulness, respect, caring, responsibility, accountability, transparency, diligence, perseverance, self-restraint, fairness, citizenship. This is what the current alcohol management and education should not only come to be aware of but aggressively focus on if our Kenyan society is to be restructured so as to become a better place for human existence. According to Gichure (2007) joy, delight and happiness are all connected with ethics and therefore seeking to find ultimate satisfaction while using mood altering substances (alcohol and drugs) that cause one to become immoral agent is totally unethical.

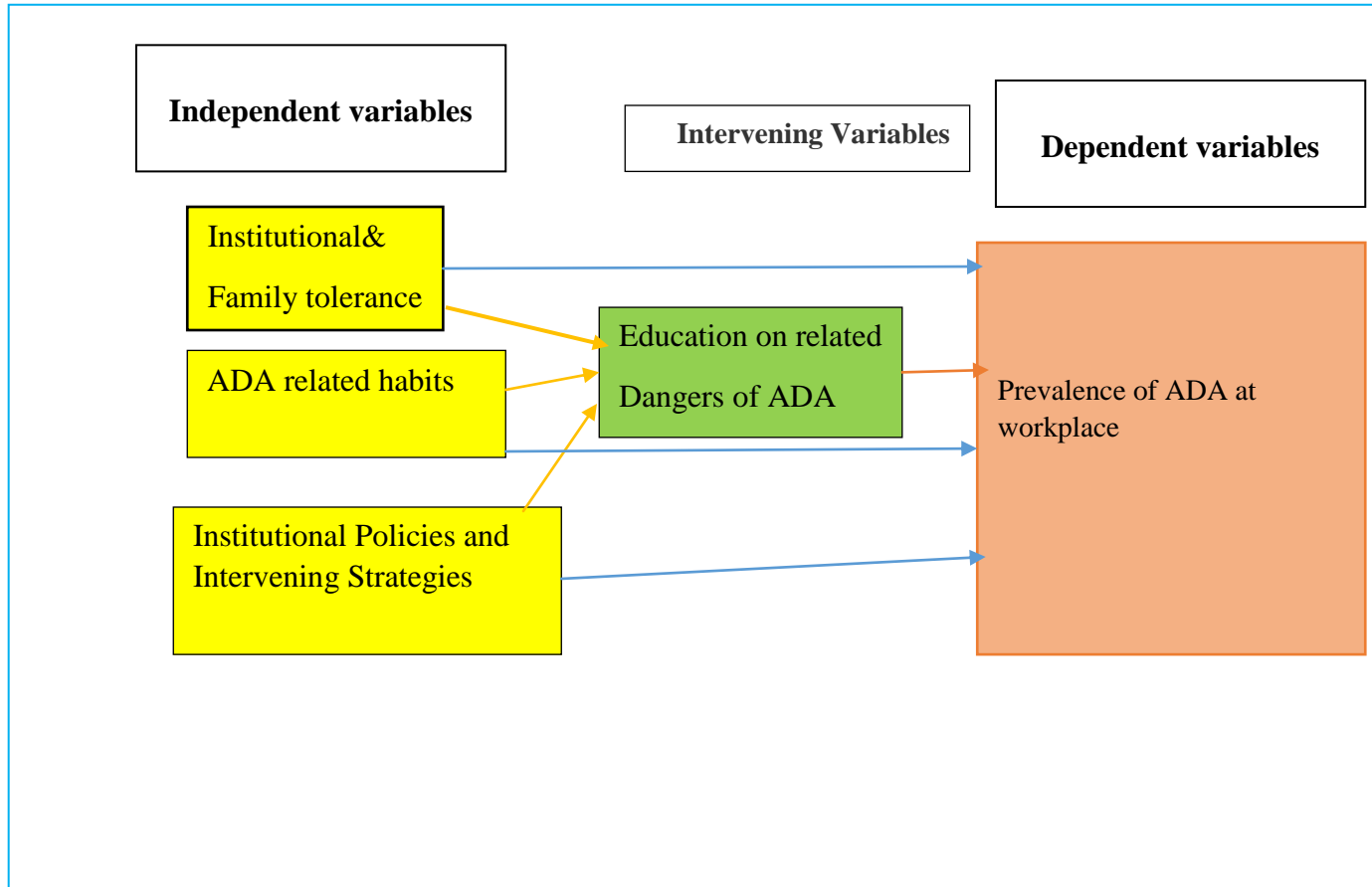
2.3.3.1 Study Variables

An effort has been made to identify potential relevant variables of the study as follows:

Dependent Variables; "Prevalence of Alcohol and Drug Abuse at public workplace has effects on the delivery of services to the citizenry in Kenya".

Independent Variables; For the purpose of this study, the dependent variables considered will be; Precipitating factors (ADA related habits); Institutional and Family tolerance; intervening strategies (Employing ethical etiquette, guidance and counselling).

2.3.3.1. Presentation of variable in a diagram



Intervening Variable: Intervening variable of the phenomenon is that the use of education to inform the communities on the dangers related to ADA on issues to do with institutional and family tolerance, ADA related habits and institutional policies will result to reduction of prevalence of ADA at workplace. This may be done as early as schooling period of the youth. But those past school going may be informed through ADA educated by say the mass media and/or print media.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The chapter describes the methodology adopted by the study in carrying out research, and the design that was used in the study. The purpose of methodology is to describe the processes involved in designing the study to help structure the collection, analysis and interpretation of data. This chapter covered site selection and description, research design, sampling procedure, data collection techniques, unit of analysis and data analysis.

Kothari (2004); Nachmias, C and Nachmias, D (1996) describes a research design as a conceptual structure within which research is conducted. It is a “blueprint” that enables the investigator to come up with solutions to the research problems and guides in the various stages of the research such as for collection, measurement and analysis of data. As Kothari (2004) outlines, in a study research design will aim at answering the following questions: What the study is about; Why the study is being made; what type of data is required; Where can the data be found; Periods of time the study includes; Techniques of data collection; Methods of data presentation and analysis.

Kothari (2006) explains research design as a systematic way of solving the research problem whereby a researcher adopts various steps to study the problem along with the logic behind them. It is therefore a plan, structure and strategy of investigation conceived so as to obtain answers to research questions and to control variance.

The research design used in this study was cross-institutional, allowing for data to be collected from different key informants and respondents from different establishments which represents a larger population interviewed within the study period of one month. The Universe population of this study was determined by the number of employees who work in the targeted MDAs segregated by sex and age. The study was focused on anti-ADA policies and strategies at workplace in public institutions. Key Informants were largely line managers from the participating MDAs.

The study was carried out in the government Ministry of Devolution and Planning headquarters. The main survey instruments were questionnaires (for respondents) and interview guides (for key informants). The study employed both qualitative and quantitative techniques in data collection and analysis. Demographic items included: Heads of departments and/or Units from the

participating public sector Agencies, employees from these Agencies. A number of questionnaires were hand delivered to a cross section of top managers within the participating institutions. The offices of these managers were the focal point for dropping and/or picking the study tools after completion of the exercise. An attempt was made to include all the participants in the sample, and all of the returned questionnaires were subjected to data analysis.

Quantitative data were analysed using descriptive statistics and other standard quantitative methods. Data collected from the survey were entered into the statistical package, SPSS (statistical package for social science) for analysis, discussion and presentation of the results. Other tools that may be used were descriptive statistics using Microsoft Excel sheet.

The study was carried out in the period between July and September, 2014. Research questionnaires were developed and hand delivered to various heads of Units and/or departments, managers in the selected public institutions and other relevant Agencies related to the study such as ADA rehabilitation centres. The researcher collected the questionnaires after they are completed by the respondents. No names or identifying information were indicated on the questionnaires, and all participants were assured of absolute confidentiality. The paper did employ Strain and Anomie Theory, and the Social disorganization, ethical theories such as Ethical learning and growth Theory. This research did employ survey approach to get responses from the Ministries, Departments and Agencies (MDAs). An analysis of the data was carried out using principal component analysis.

3.2 Site Description

This study was carried out in the Ministry of Devolution and Planning headquarters in the period between July and September, 2014. Research questionnaires were developed and hand delivered to various heads Units and/or departments, managers in the selected public institutions to enable distribution to participants who are employees of these public institutions. The researcher did collect the questionnaires after they are completed. No names or identifying information were indicated on the questionnaires, and all participants were assured of absolute confidentiality.

3.3 Research Design

The tools used in the study were primary data as generated from respondents' information contained in the completed questionnaires, observation by the researcher, and secondary data

from documents gathered from the Ministry of Devolution and planning and Agencies that coordinate ADA initiatives in Kenya, NACADA.

The Researcher used theoretical framework to guide the study. Data was generated by the use of questionnaires which were distributed to the respondents to capture primary data. Secondary data from various departments and directorates under the Ministry of Devolution and Planning such as brochures and other forms of communication were key in helping generate observation on the efforts that were in place in pushing ahead anti-ADA campaigns in Kenya. Efforts were also made to get information from different Agencies websites so as to back-up the hard copies available in the Agencies.

The researcher developed research instruments (questionnaire, interview guide and observation guide). An advanced request letter was be sent to the MDAs requesting to engage staff and explaining the purpose and nature of the exercise and how the findings would be used. The researcher administered research instruments to key informants (Managers and/or Heads of Departments and Units in the line ministries). The Researcher then sent hard copies of the questionnaires to various MDAs, which were distributed to Officers (respondents) in these public institutions. The Management therefore made it possible to have respondents available for the exercise as much as possible. After completing the data, the researcher collected the questionnaires from the line managers' offices for further action.

The Researcher carried out data collection, synthesis and analysis in the month of July/September, 2014. Thereafter the Researcher generated a report resulting from data gathered. This report was generated simultaneously with data analysis. This research work is part of fulfillment of award of Master's Degree in Sociology, Rural Sociology and Community Development, of the University of Nairobi.

3.4 Unit of Analysis and Units of Observation

Unit of Analysis is described as “those which the study attempts to understand” (Babbie, 1995:193). It is therefore the entity (object or event) about who or which a researcher gathers information. The unit of analysis in this study were government employees of the Ministries of Devolution and Planning, from various Departments who were the respondents. These were employees from the headquarters.

The Ministry of Devolution and Planning has Departments which were formerly ministries (Seven former ministries have been brought together as the Ministry of Devolution and Planning) in the previous government before the General Elections in Kenya in 2013. Key informants to this study were line Ministry managers such as, Directors and/or Heads of Departments and those of the support Units currently posted to at the Ministry.

3.5 Target Population

The current ministry of Devolution and Planning is one of the biggest ministries. This is because it houses former seven (7) ministries from the previous government which was in place before the Kenyan General Elections of 2013. These are: Economic Development, Youth, Gender, Public Service, ASAL, Special Programmes and Management and Budget. These departments have Directorates and Units that operate within them.

3.6 Sampling Size and Sampling Procedure

The Ministry of Devolution and Planning was chosen to be a representative of all line ministries because it currently houses former seven (7) ministries in the previous government before the General Elections in Kenya in 2013. These ministries became departments under the Ministry of Devolution and Planning and thus have a face on how line ministries are constituted and conduct business, this was the basis of choosing the ministry to find out the strategies that had been put in place at workplace to control ADA. These departments are; Economic Development, Youth, Devolution (largely former Local Government ministry), Gender, Public Service, ASAL, Special Programmes, Management and Budget. Therefore the departments under the Ministries of Devolution and Planning effectively represented the face of other line ministries due to their composition that reflect other line ministries.

From a total of over 400 staff in the headquarter departments the researcher was able to sample 61 respondents. This was largely due to the fact that most officers were either out in seminars, on leave or had travelled in one way or the other. From the seven departments mentioned above, the researcher was able to get respondents who were available through the line managers' offices. This was on the principle of availability of respondents, thus the study was largely census in nature and thus was convenience sampling, since only available officers participated in the study.

Key informants to this study were line Ministry managers such as, Directors and/or Heads of Departments and those of the support Units currently posted to at the Ministry.

3.7 Techniques of Data Collection

The term techniques of data collection is used to designate a practical way of collecting data and for analysing the information obtained in the research process (Mikkelsen 2005:139). The techniques that was used in this study included; Questionnaire and Observation Guide.

Descriptive statistics enabled the researcher to organise data in an effective and meaningful way. This included; the use of percentage, frequency distribution tables and charts. The researcher largely used questionnaire to gather data from the respondents. It is important to note that both Qualitative and Quantitative approaches were used in data collection. Data was collected through, Self-Administered Questionnaires. Observation methods were also used to capture data related to this study. Questionnaires were distributed to line managers of the MDAs whose offices did assist in distributing the study tools to Officers of their Units. Completed Questionnaires were collected by the Researcher and kept safely, awaiting sorting and coding. The coded data were entered in the computer and analysed using SPSS. After analysis of these data, study tools have been stored safely as reference material for possible verification in future. Main instruments for data collection were: Questionnaire; Interview Guide; Pens; Paper; Erasers. In summary, triangulation method was used in this research.

3.7.1 Questionnaires

Questionnaires are research tools and/or instruments used for quantitative study in chronological order to get information from respondents. Quantitative data collection using semi-structured questionnaire (open ended and closed questions) were used to collect information. Open ended questions allowed the researcher to capture the respondents' personal views that might not be obtained using closed questions. Key informants were briefed about the exercise in advance and date set for the commencement of the work in the various institutions.

3.7.2 Interviews Guides

Interview guide is a set of questions aimed at directing the flow of discussion to desired goal. Mikkelsen (2005:169) describes qualitative interviews as “a process whereby only some of the

questions and topics are pre-determined. Many questions are then formulated during the interview. Questions may be asked according to a flexible checklist or guide and not from a formal questionnaire". In this study the researcher collected qualitative data through the use of unstructured interview guide from key informants.

3.7.3 Qualitative and Quantitative Research Methods

This study used qualitative and quantitative methods of research. Data from respondents were largely from quantitative methods by the use of questionnaires. Qualitative approach was largely used while interacting with key informants, especially data from the line managers, and focus on discourse analysis on specific issues as per the key informants' understanding of Alcohol and Drug Abuse (ADA) phenomenon, i.e. the strategies and policies on ADA.

Punch (2005) defines qualitative research as a process of enquiry that draws data from the context in which the events occur, in an attempt to describe the occurrence. Qualitative research method was widely used in this study because of the following reasons: The desire to use flexible and interactive method of data collection such as face to face interviews and participatory observation; The desire to carry out the study in a natural setting of the informants; The desire to analyse and understand the way the club officials interact with their clients; Quantitative research method was also used where questionnaires were administered and data from the same analysed without necessarily talking directly with key informants.

3.8 Data Analysis, Interpretation and Presentation

Quantitative data collected was presented in the form of tables and charts. In qualitative method, data was presented by the researcher using words which were organised in phrases, sentences and paragraphs, to explain the findings. This study generally used both qualitative and quantitative methods in data analysis.

According to Lewins, Taylor & Gibbs (2005), qualitative research is used if we wish to obtain insight into certain situations or problems which we have little knowledge. Qualitative techniques such as the use of semi-structured interviews are appropriate in this study to assist in probing as much information as possible around the objectives and research questions of the area of study. Data for the study was categorised in different themes and interpreted thematically.

Presentation of data thus done alongside the themes related to study objectives. Report on the results of the study are presented to the Department of Sociology and Social Work at the University of Nairobi, and are expected to be used by other scholars and policy makers to inform policy interventions.

Collected data have been entered into a Microsoft Excel database and analysed using SPSS. Descriptive statistics have been used to compute means and standard deviations for numerical variables as well as frequencies for nominal and ordinal variables.

3.8.1 Ethical Considerations during the Study

Resnik (2007) defines ethics as norms for conduct that distinguish between acceptable and unacceptable behaviour. According to Shamoo and Resnik (2003) ethics can also be defined as a method, procedure or perspective for deciding how to act and for analysing complex problems and issues. In carrying out research, there are ethical issues that are to be taken into consideration such as; confidentiality, plagiarism, honesty, objectivity, dissemination of findings, non-discrimination, voluntary and informed consent, anonymity, and respect for colleagues (Mugenda and Mugenda, 2003; Dooley, 2004; Hart, 2005).

Ethical issues that were addressed while conducting this study were: The study adhered to the University of Nairobi research ethics policy by observing the University of Nairobi code of conduct for researchers throughout the study period. Other procedures during data collection involved getting the permission of individuals in authority before approaching respondents to participate in the study in the institutions. Hard copies of the data have been stored in a secure place. Furthermore, all sources used in the study have been acknowledged so as to avoid plagiarism. An informed consent was obtained from the respondents and used to facilitate voluntary participation in the study. The researcher assured that respondents' information collected are used for academic purposes and not otherwise. The collected data have been aggregated to reflect categories of responses, rather than individual responses in order to ensure confidentiality and privacy of respondents. Further, the researcher has ensured the privacy of respondents by ensuring that the information collected is kept confidentially. A copy of the final report will be deposited with the University of Nairobi Authorities.

4.0 CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter discusses research findings that emanated from quantitative and qualitative data collected during the study. The universe population of the study was 61, but the respondents chose to answer some questions and left others answered thus giving different analysis results.

The study aimed at finding out the existence of Anti-ADA strategies at public workplace and was carried out in the Ministry of Devolution and Planning. Due to realignment line ministries after the last general elections in 2013 a total of seven (7) line ministries were brought together to form the Ministry of Devolution and Planning. This informed the Researcher in making the choice of carrying out the study in this ministry.

The research objectives formed the basis of data analysis and interpretation. The broad objective of the study was to establish the strategies put in place at workplace in the public sector to spearhead the fight against Alcohol and Drugs Abuse (ADA) in Kenya, and determine the extent of implementation and management of anti-ADA strategies in the Ministries, Department and Agencies (MDAs). Specific Objectives of this study are to; identify strategies put in place at public sector workplace to managing anti-ADA; determine the extent of implementation of anti-ADA strategies in the public sector; establish the degree of enforcement of anti-ADA strategies in public sector workplace; establish which ethical principles help in anti-ADA campaign in the civil service in Kenya; and identify challenges that impede enforcement of anti-ADA strategies at public workplace.

4.1.1 Government institutions history on fight against ADA

The study revealed that various government institutions were at different levels in the fight against ADA. The study shows that most institutions were at the sensitization level, with education through seminars and sensitization registering a score of 35.7% as illustrated in table 4.1.1. Institutions thus have non-coordinated approach to the problem which need to be addressed by the stakeholders. By respondents replying that the history of ADA in their institution was 4 years while others stating that they have 7 years history as in table 4.1.1 clearly shows that institutions are at different stages in development of their strategies such as policy on ADAD. There is therefore need to harmonize the efforts of anti-ADA campaign in the public workplace.

Table 4.1.1: Government institutions history on fight against ADA

History on fight against ADA in agencies	Frequency	% of Universe
4 years	1	7.1
Above 7 years	1	7.1
ADA institutional policy	2	14.3
Educating through seminars and/or sensitization of the public	5	35.7
Guiding and counselling	1	7.1
Just began	1	7.1
Low key/not effective	2	14.3
Seminars	1	7.1
Total	14	100.0

4.2 Government strategies at public workplace put in place to cushion workplace ADA

Kenya being a member of the World Health Organization (WHO), the government of Kenya has over the years been a signatory to Global strategy in the fight against Alcohol and Drug Abuse (ADA). According to the WHO report of May 2010, WHO's member states endorsed global strategies to be used in reducing the harmful use of alcohol and promote a range of proven effective measures for reducing alcohol-related harm. These global strategies include: taxation on alcohol to increase retail prices; reducing availability through allowing fewer outlets to sell alcohol; raising age limits for those buying and consuming alcohol, to name a few. Wider implementation of national policies was also recognised to be vital to save lives and reduce the health impact of harmful alcohol drinking.

4.2.1 Strategies on ADA at public workplace in Kenya

Strategies that are currently in use at public workplace to deal with Alcohol and Drug Abuse (ADA) as revealed by the study are: development of ADA workplace policy; development of programmes to fight both ADA and HIV/AIDs at workplace; establishment of counselling units; development of training and communication tools that are used in dissemination of anti-ADA efforts at workplace; change programmes to influence character change at workplace; establishment of Drugs and Substance committees at workplace; adherence to workplace code of conduct, reporting on ADA through Performance Contracting (PC), to name a few. The efforts

put in place thus are aimed at bringing about good values and ethics at the workplace and general community action point.

Table 4.2.1: Government strategies on ADA

Strategies which are available		Frequency	% of Universe
	Availability of Code of conduct and cancelling mechanisms	1	4.3
	Availability of Condom dispensers	1	4.3
	Drug and substance committee	1	4.3
	Guidance and counselling	5	21.7
	Availability of resources for anti-ADA	2	8.7
	Sensitization and staff training on ADA	13	56.2
	Total	23	100.0

4.3 Extent of implementation of ADA strategies at public workplace

The study also revealed that there were efforts by Agencies to; avail condom dispensers at workplace, report on ADA by institutions by use of PC per quarter, establishment of counselling services to serve the concerned individuals, training and workshop for workers ADA, campaigns programmes, operationalise of drug and substance committee, availability of resources to the victims of ADA, sensitization of staff through trainings and workshops, availability of rehabilitation centres and outsourcing training, to name a few.

4.3.1 Implementation of ADA workplace strategies through reporting

As part of strategy on ADA the study revealed that 54.2% of the Agencies report on ADA at their workplace, while 12.5% did not prepare report on ADA as shown in table 4.2.1. More interestingly 33.3% of respondents were not aware that there were reports prepared in their institutions on ADA, which brings the question as to whether there was proper dissemination on the fight against substance abuse at workplace in the public sector.

Table 4.3.1: Implementation of ADA workplace strategies through reporting

Existence of reporting on ADA		Frequency	% of Universe
	Yes	26	54.2
	No	6	12.5
	Don't know	16	33.3
Total		48	100.0

4.3.2 Implementation of ADA workplace strategies through workplace Policy

On availability of ADA policy at workplace in public Agencies, 45.8% of respondents acknowledged that their Agencies had ADA Policy as registered in table 4.3.2. However 20.8% of respondents noted that their Agencies did not have ADA Policy, while 31.25% of respondents stated that they were not aware of the existence of ADA Policy in their institutions. It is also important to note that 2.1% of respondents stated that their Agencies had developed a draft policy on ADA.

Table 4.3.2: Implementation of ADA strategies through workplace Policy

If ADA policy is in place		Frequency	% of Universe
	Yes	22	45.8
	No	10	20.8
	Don't know	15	31.25
	Have a draft	1	2.1
Total		48	100.0

4.3.3 Implementation of ADA strategies through Workplace Programmes for Staff

The study revealed as per table 4.3.3, that 41.7% of respondents were not aware that there were ADA programmes in their Institutions, while 37.5% of respondents were aware of ADA programmes in their institutions, and 41.7% of respondents stated that they didn't know whether their Institutions have ADA programmes. It is important to note that the study also revealed that some Institutions and/or Agencies were reported to be making efforts of setting up ADA programmes by having draft policy documents available and were represented by 4.2% of respondents.

Table 4.3.3: Implementation of ADA strategies through workplace programmes for staff

Existence of ADA workplace programs	Frequency	% of Universe
Yes	18	37.5
No	8	16.7
Don't know	20	41.7
Draft document is available	2	4.2
Total	48	100.0

4.4 ADA public workplace strategies enforcement by Agencies

The study revealed that institutions and/or Agencies had put in place various efforts at workplace geared towards enforcing ADA strategies as illustrated in table 4.4. Under this category provision of Counselling scored the highest at 57.1%. Respondents also indicated that there were further assistance in; referrals (9.5%), rehabilitation (23.81%), sensitization and workshops through seminars and trainings (9.5%).

Table 4.4: ADA public workplace strategies enforcement by Agencies

Assistance given to workers	Frequency	% of Universe
Counselling and support	12	57.1
Referrals	2	9.5
Rehabilitation	5	23.81
Sensitization programs and workshops	2	9.5
Total	21	100.0

4.4.1 Enforcement of ADA strategies by availing Psychiatrists and/or Counsellors

The study revealed that public institutions had Psychiatrists and Counsellors (as per table 4.4.1), who are charges with the responsibility of assisting workers with ADA problems at workplace, with 44.9% of respondent indicating that these services were available., while 26.5% of respondents stated that there were no such services at their workplace. More interestingly 28.6% of respondents indicated that they didn't know of the existence of Psychiatrists and Counsellors in their institutions. The revelation by the study is a clear indicator that there need to be improved sensitization programmes on ADA in government institution if the war against ADA at workplace is to be won. It also shows that just a few of the Officers in these institutions are aware of ADA issues, and that they have not shared the same with the rest of the staff working within these institutions.

Table 4.4.1: Enforcement of ADA strategies by availing Psychiatrists and Counsellors

Existence of Psychiatrists and Counsellors	Frequency	% of Universe
Yes	22	44.9
No	13	26.5
Don't know	14	28.6
Total	49	100.0

4.4.2 Availability of framework for assisting those with ADA problems

The study revealed that there were workplace in-built frameworks put in place in public institutions to deal with ADA problems. Some of these measures are; development of ADA policy, counselling services, medical attention to affected persons, establishment of counselling Units, establishment of drugs and alcohol testing centres within the Agencies, establishment of drugs and alcohol committees in the institutions, outsourcing for clinical services, establishment of referral systems, identifying and sending workers with problems to rehabilitation centres, conducting workshops and seminars on ADA. The most prominent of the above mentioned category was counselling which scored 46.2% as illustrated in table 4.4.2. This study reveals that various methods are used to fight ADA at workplace.

Table 4.4.2 Availability of framework for assisting those with ADA problems

	Frequency	% of Universe
ADA policy development	1	7.7
Counselling and medical attention	6	46.2
Drug and alcohol testing	1	7.7
Drug and substance committee	1	7.7
Outsource clinics	1	7.7
Referrals and rehabilitation	2	15.2
Workshops and seminars	1	7.7
Total	13	100.0

4.4.3 Existence of criminal law enforcement organs who deal with ADA

The study revealed that NACADA was the top Agency in issues of ADA enforcement at 40% and was followed closely with the police at 30%. Anti-narcotic unit registered 20% while the courts registered 10% in the fight against ADA.

Table 4.4.3: Existence of law enforcement organs who deal with ADA problems

Law Enforcement Organs in dealing with ADA	Frequency	% of Universe
Anti-narcotic units and laws	6	20
Court of laws	3	10
Kenya police	9	30
NACAD	12	40
Total	30	100.0

4.4.4 Existence of laws in criminal justice system in Kenya

According to the study findings, 57.4% of respondents were aware of the existence Anti-ADA Laws in the criminal justice system in Kenya, while 38.3% were not aware whether these Laws exist. The study also revealed that the court systems are used in effectively administering justice in areas to do with ADA with a score 2.1%. The study also revealed that the penal code is generally an existing avenue of registering justice to the offenders, and registered 2.1%.

Table 4.4.4 Existence of laws in the criminal justice system in Kenya

Existence of anti-ADA laws in justice system	Frequency	% of Universe
Yes	27	57.4
Don't know	18	38.3
Courts	1	2.1
Panel code	1	2.1
Total	47	100.0

4.4.5 Application of anti-ADA laws in criminal justice system in Kenya

Some of the highlighted laws by respondents were; Anti-drug abuse laws, Anti-drug policies, Anti-narcotic laws, Cap. 254 Act 2010, not to sale alcohol to children below eighteen years, Drug and Substance abuse Act, Mututho laws, NACADA Act, penal codes and the law Tobacco Control Act, Alcohol Control Act. It should be noted that arrests, prosecutions and jail terms were seen as the most effective methods of dealing with ADA which had 50% score.

Table 4.4.5: Application of anti-ADA laws in criminal justice system in Kenya

Application of law through	Frequency	% of Universe
Arrest, prosecution and jail	11	50
Limiting alcohol and Mututho	3	13.6
NACADA Act	3	13.6
Penal codes and the law	2	9.1
Tobacco control Act	1	4.5
Alcohol control Act	2	9.1
Total	22	100.0

4.5 Ethical standards that guide institutional behaviour on ADA

The study revealed that there were standards that were used to guide the civil servants as they performed their duties as illustrated in table 4.5. The Civil Servants Service Code of Conduct was stated as main guide to Officers' action at workplace with a score of 45.5%. Other ethical standards mentioned by respondents as key were confidentiality, counselling, prohibition of substances at work place, Public Service Ethics Act, trainings, zero tolerance to substance use at workplace.

Table 4.5: Ethical standards that guide institutional behaviour

Ethical standards guiding behaviour	Frequency	% of Universe
Civil service code of conduct	5	45.5
Confidentiality, counselling	5	45.5
Need for training at workplace	1	9.1
Total	11	100.0

4.6 Challenges that impede enforcement of ADA workplace strategies in public Agencies

Some of the main challenges facing Anti-ADA workplace efforts are denial, stigma, acceptance of abuse victims, lack of workplace policy, fear of intimidation, inadequate funding, lack of awareness, lack of policy guidelines, lack of co-operation, lack of commitment by affected persons, lack of cooperation, lack of funding, lack of ethical standards such as confidentiality, impact of ADA to health and socio-economic status of substance users, to name a few.

4.6.1 The Impact of ADA to health and socio-economic status of substance abusers

The study revealed as per table 4.6.1 respondents had different views on the effect of ADA to the users. The study shows that there are different impacts to substance use among the affected persons. Results of this study revealed that substances use have the following impact to health and/or socio-economic wellbeing of persons and with scores as given in the table; causing friction, causing chaos, counselling counsellor deterioration and negative influence, deteriorates health of individuals, disastrous drains and harms, impoverish individuals, abusers and community increase expenditure, lead to loss of income thus poverty, leads to family break-ups, leads to socio-economic downside, leads to bad tampers, leads to health destruction. Overall, the study revealed that substance abuse was the main cause of friction in the community.

Table 4.6.1: Impact of ADA to health & socio-economic status of substance users

Impact of ADA to Health & Socio-Economic Status	Frequency	% of Universe
Causes friction& chaos	2	8.7
Counselling services establishment	7	30.4
Deterioration of health and negative influence	6	26.1
Increase expenditure for individuals and community	8	34.8
Total	23	100.0

4.6.2 Suggestions on how agencies dealing with ADA could be empowered

Respondents had different views on the assistance that could be given to the Agencies mandated to coordinate the fight against substance abuse in Kenya as illustrated in table 4.6.2. Respondents stated that for better coordination of ADA the following were to be put in place; equate funding and/or allocation of more resources, depoliticize NACADA so that the Agency

operate more professionally, NACADA functions to be devolved, more education of the public on the effects of substance, empower the prosecution of substance crimes, enact laws, to name a few. It should be noted that most respondents stated that there was need to have improved financing of ADA activities, with a score of 31.1%, while training of staff scoring 6.6%. The rest of the categories scored as illustrated in table 4.6.2.

Table 4.6.2: Suggestions on how agencies dealing with ADA could be empowered

How agencies dealing with ADA can be assisted	frequency	% of universe
Allocated more funds and resources	19	31.1
Depoliticize NACADA	5	8.2
Devolved services to Counties	4	6.6
Educating the public	5	8.2
Empower the prosecution	4	6.6
Improve the legal framework	3	4.9
Widen scope, including prosecutorial powers	8	13.1
Training and deployment of qualified staff	4	6.6
Reporting	5	8.2
Devolve services to the Counties and Sub-Counties	4	6.6
Total	61	100

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Government strategies and policies on alcoholism should be participatory and all inclusive; more enlightened attitude towards alcohol regulation should be observed to have community members empathize with the alcoholics rather than reject them; there is need to educate the people on the dangers of alcoholism. The purpose of this study was to establish the strategies put in place at workplace in the public sector to spearhead the fight against Alcohol and Drugs Abuse (ADA) in Kenya, and determine the extent of implementation and management of anti-ADA strategies in the Ministries, Department and Agencies (MDAs). Specifically the study aimed to; identify strategies put in place at public sector workplace to managing anti-ADA; determine the extent of implementation of anti-ADA strategies in the public sector; establish the degree of enforcement of anti-ADA strategies in public sector workplace; establish which ethical principles help in anti-ADA campaign in the civil service in Kenya; and identify challenges that impede enforcement of anti-ADA strategies at public workplace.

This chapter presents a summary of the findings of the study, giving conclusions and recommendations that reflect the answers to the specific questions for possible action and suggestions for further research.

5.2 Summary of the Findings

Martinic and Meacham (2008) says, “There are new pattern of alcohol consumption worldwide which are worrying due to its links with health and social problems especially among youth”. Therefore time has come for the fields of alcoholism treatment, drug addiction treatment, and the treatment of mental illness to cooperate in fostering quality care for patients in Kenya. The psychodynamic approach to addiction treatment presents a practical methodology for achievement of that goal. Addiction counsellors should be trained and supervised in this model. Conflicting views as to the motivation of crime and the influences on criminal behaviour has to be understood.

The study revealed that various government institutions were at different levels in the fight against ADA, with most institutions being sensitization level.

The study revealed that the government of Kenya has over the years has been a signatory to Global strategy in the fight against Alcohol and Drug Abuse (ADA) as the World has become a Global village. The government has thus adopted some of the global strategies to help in implementation of anti-ADA at the public workplace. Some of the strategies that have been used are: development of ADA policy, development of programmes to fight both ADA and HIV/AIDs at workplace, development of training and communication tools that are used in dissemination of anti-ADA efforts at workplace, influence character change at workplace and the wider society, establishment of Drugs and Substance committees at workplace, adherence to workplace code of conduct, to name a few.

The study further revealed that the government has put in place measures such availing condom dispensers at workplace as a stop gap measure to reduce HIV/AIDs prevalence. Institution have also been given guidelines of reporting on ADA while at the same time establishing counselling services to serve those with ADA problems. Efforts that have been put in place include; conducting training and/or workshops or staff on ADA, establishment of campaigns programmes, establishment of drug and substance committee, availability of resources to the victims of ADA, availability of rehabilitation centres, and reporting on ADA. The study revealed that there were ADA workplace policies in some public Agencies while others were in the stages of developing their workplace policies.

The study also revealed that some institutions did not have ADA programmes and thus their workers were not aware of ADA efforts in the public service.

The study revealed that some of the public institutions had put in place various efforts at workplace geared towards enforcing ADA strategies. Some of these efforts were counselling, referrals, rehabilitation, sensitization and workshops through seminars and trainings, and establishment of sensitization programmes in institutions annual work plans, to name a few.

The study revealed that some public institutions had Psychiatrists and Counsellors who assisted workers with ADA problems. Other workplace in-built strategies put in place in public institutions to deal with ADA problems as revealed by the study were; development of ADA policy, counselling services, medical attention to affected persons, establishment of counselling Units, establishment of drugs and alcohol testing centres within the Agencies, establishment of drugs and alcohol committees in the institutions, to name a few. The most prominent of the above mentioned category was counselling.

The study revealed that NACADA and the police were the top organs in Kenya in dealing with ADA problems. The study revealed that awareness level of Kenyan laws helps in dealing with ADA problem. The study revealed that there were ethical standards that were used to guide the civil servants as they performed their duties especially the Civil Servants Service Code of Conduct.

The study revealed that some of the main challenges facing Anti-ADA workplace efforts were denial and stigma. The study revealed that effect of ADA to the users had major impact to health and socio-economic wellbeing of individuals in the society. To this end the study revealed that ADA was also the main cause of friction, chaos, deterioration of health of individuals, disastrous drains and harms, to name a few.

5.3 Conclusion

The study concluded that there are efforts that have been put in place aimed at bringing about good values and ethics at the workplace and general community action point. It is also important to note that some efforts had been put in place at workplace to mitigate against ADA and related link risk of HIV/AIDs and some of the measures that Agencies and departments as the two have relationship in behaviour change. There are clear indicator that there need to be improved sensitization programmes on ADA in government institution if the war against ADA at workplace is to be warn for just a few of the Officers in these institutions are aware of ADA issues, and that they have not shared the same with the rest of the staff working within these institutions. Overall, substance abuse was the main cause of friction in the community. As suggested by Anthropologists' work, the most effective way of controlling Alcohol and Drug Abuse (ADA) should be through socialization, not by threats by security agents. A review of conceptualization of Alcohol and Drug Abuse (ADA) in Kenya is paramount to this end.

5.4 Recommendations

More social programs or community service programs need to be introduced to support anti-ADA crusade in Kenya.

5.4.1 Improved efforts in training of the staff in the public institutions On ADA problems

For more Kenyans to be involved in ADA campaigns they are to be well grounded on issues to do with the problem both at home and in their workplace. There is need to intensify alcohol regulation and awareness campaigns in Kenya. This calls for improved efforts in training of the staff in the public institutions in ADA issues and mounting of sensitization processes to all stakeholders. More education of the public on the effects of substance and empowering the prosecution of substance crimes are key, together with enactment of relevant laws to be used in enforcement of policies on ADA. Alcohol and Drug Abuse should be treated like any other disease.

5.4.2 Equate funding and/or allocation of more resources

For better coordination of ADA adequate funding and/or allocation of more resources should be a priority. Facilitate ADA activities through the National Treasury, improve on finances, improve the operational structures of the Agencies, enact and/or improve financial and legislations on substance abuse, establish legislative and legal framework on ADA. It should be noted that most respondents stated that there was need to have improved financing of ADA activities, with a score of 24%, while training of staff scoring 3.3%. The rest of the categories mentioned above scored 1.6% or below. There is also need to construct more rehabilitation centres for those with ADA problems in Kenya.

5.4.3 Deployment of NACADA staff

There is need to employ more staff by NACADA and at the same time to have prosecution powers. NACADA thus should be provided with adequate manpower to run the agency divisions and with qualified personnel. This will ensure that there is improved reporting to the public on ADA and at the same time widening the scope of the agencies.

5.5 Suggestions for Further Research

The study was not conclusive but opened for more need for future researchers to research on a number of areas related to ADA. The study suggests that more research should be carried out to determine what the best strategies in addressing ADA problems in Kenya.

Further research should be carried out on; the effect of the existing policies on ADA and their application at the public workplace; how women can be engaged in participating in ADA control mechanism as the women are important stakeholders and suffer most when abandoned by the males (husbands) as they go about drinking and/or using other drugs, and not supporting their families.

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APPENDIX 1: QUESTIONNAIRE FOR RESPONDENTS

1. How old are you? (a)10-20 yrs (b) 21-30yrs (c) 31-40 yrs (d) 41-50 yrs (e) 51-60 yrs (f) Others (Specify)
2. Marital status; (a) Married (b) Single (c) Divorced (d) Others (Specify).....
3. If married, how many children do you have? (a) 1 – 3 (b) 4 – 6 (c) 7 – 9 (d) 10 - 12
4. What type of house do you live in?(a) Rental (b) Owner Occupier (c) Institutional quarters (d) With my parents
5. In which estate do you live currently?
6. Who uses substances in your family? (a) Father (b) Mother (c) Both Parents (d) others (specify)
7. Which substance do you abuse? (a) Alcohol (b) Bang (c) Miraa (d) others (specify)
8. What quantity of Alcohol or drugs do you take? (Specify)
9. Who abuses alcohol in your family? (Specify which type of alcohol)
10. Why do they abuse the substance?
11. At what age did you start substance abuse? (a) 10 – 15 yrs (b) 16 – 20 yrs (c) 21 – 25 yrs (d) 26 -30 yrs (e) Others specify).....
12. Who introduced you to substance use? (a) friend (b) parent (c) sibling (d) Other relative (e) Other (specify).
13. Who introduced you to alcohol? (a) friend (b) parent(c) sibling (d) Other relative (e) Other (specify).
14. Do you know of any rehabilitation centre for Alcohol and Drug Abuse in Kenya? (a) Yes (b) No (c) If “YES” (Give names)
15. What are the main drugs abused by Kenyans? (a) bang (b) alcohol (c) miraa (d) cigarette (e) heroin (f) Others (Specify)
16. For how long have you worked in your current institution? (a) 1 -5 yrs (b) 6 -10 yrs (c) 11 – 15 yrs (d) 16 – 20 yrs (e) 21 – 25 yrs (f) Others (specify)
17. How many employees are there in your Agency/Department/Directorate/Unit? (tick one)

18. What is the name of your Department/Agency/Unit/Directorate? (tick one)

19. What is your job group and /or your function at work?
20. Does your institution have ADA Policy? (a) Yes (b) No (c) Don't know (d) Have a draft Policy
21. Outline the strategies that have been put in place at your workplace to manage ADA?

22. What ethical standards guide your institutional anti-ADA crusade?
23. Does your Agency report on ADA as part of Performance Contract obligation to NACADA? (a) Yes (b) No (c) Don't Know
24. How has your institution helped your workmates who have ADA problems?
25. Does your institution have ADA workplace programmes for staff? (a) Yes (b) No (c) Don't know (d) Draft programme document in place.
26. Which reason explains why you use substance? (a) To relax (b) To relieve stress (c) Be accepted by peers (d) Desire to experiment; (f) Easily available; (g) Cope with problems; (h) Other (specify).....
27. What reasons do your workmates give for abusing drugs? (a) To relax (b) To relieve stress (c) Peer acceptance (d) Desire to experiment (f) Easily available (g) Cope with problems (h) Other (specify).....
28. What are the common problems that you have had that are linked to use of substance(s)? (a) Quarrel (b) Fight (c) Accident (d) Loss of valuable (e) Damage to objects (f) Relationship with parents (g) Relationship with friends (h) Relationship with supervisors (i) Victimized for theft (j) Trouble with police; (k) Engaged in sex you regretted later (l) Blackouts or flashbacks (m) Medical problems (n) Other (specify).....
29. What are the common problems that those known to you have that are linked to use of substance(s)? (a) Quarrel (b) Fight (c) Accident/injury (d) Loss of valuable (e) Damage to object (f) Relationship with parents (g) Relationship with friends (h) Relationship with supervisors (i) Accused of robbery/theft (j) Trouble with police (k) Have sex that they

regretted later (l) Blackouts (m) Medical problems (n) Other (specify).....

- 30. What does ADA do to the health and socio-economic status of Abusers, Family of abusers and Community where the abusers come from?
- 31. Which Government Agencies is responsible for coordinating anti-ADA in Kenya?
- 32. How can these Agencies be empowered?
- 33. Do you have Psychiatric counsellors and social workers at your workplace to address some of the drug-related issues. (a) Yes (b) No (c) Don't know.
- 34. Describe their counselling preparedness? (a) Good (b) Better (c) Best (d) Other (Specify)
- 35. For those who are dependent or addicted, what institutional public, private and voluntary frameworks are in place to assist them at your workplace?
- 36. What is the history of fight against ADA in your institution?
- 37. Which are the key Kenyan criminal law enforcement organs in dealing with drugs?
- 38. Are there anti-ADA laws in the criminal justice system? (a) Yes (b) No (c) Don't know
- 39. How are the anti-ADA laws applied in Kenya?
- 40. Which are the known laws in Kenya that help in dealing with ADA?
- 41. What are the known challenges that face workplace anti-ADA efforts?

THANK YOU

APPENDIX II: INTERVIEW GUIDE FOR KEY INFORMANTS

1. For how long have you worked in your current station? (a) 1 -5 yrs (b) 6 -10 yrs (c) 11 – 15 yrs (d) 16 – 20 yrs (e) 21 – 25 yrs (f) Others (specify)
2. How many employees are there in your Agency/Department/Directorate/Unit? (tick one)
3. What is the name of your Department/Agency/Unit/Directorate? (tick one)
4. What is your job group and /or your function at work?
5. Do you know of any rehabilitation centre for Alcohol and Drug Abuse in Kenya? (a) Yes (b) No (c) If “YES” (Give names)
6. What are the main drugs abused by Kenyans? (a) bang (b) alcohol (c) miraa (d) cigarette (e) heroin (f) Others (Specify)
7. Does your institution have ADA Policy? (a) Yes (b) No (c) Don’t know (d) Have a draft Policy
8. Outline the strategies that have been put in place at your workplace to manage ADA?
9. What ethical standards guide your institutional anti-ADA crusade?
10. Does your Agency report on ADA as part of Performance Contract obligation to NACADA? (a) Yes (b) No (c) Don’t Know
11. How has your institution helped your workmates who have ADA problems?
12. Does your institution have ADA workplace programmes for staff? (a) Yes (b) No (c) Don’t know (d) Draft programme document in place
13. What reasons do your staffs give for abusing drugs? (a) To relax (b) To relieve stress (c) Peer acceptance (d) Desire to experiment (f) Easily available (g) Cope with problems (h) Other (specify).....
14. What are staff problems that are linked to use of substance(s)? (a) Quarrel (b) Fight (c) Accident (d) Relationship with colleagues (e) Relationship with supervisors (f) Medical problems (n) Other (specify).....

15. Which Government Agencies are responsible for coordinating anti-ADA in Kenya?
.....
16. How can these Agencies be empowered?
17. Do you have Psychiatric counsellors and social workers at your workplace to address some of the drug-related issues. (a) Yes (b) No (c) Don't know.
18. Describe their counselling preparedness? (a) Good (b) Better (c) Best (d) Other (Specify)
.....
19. For those who are dependent or addicted, what institutional public, private and voluntary frameworks are in place to assist them at your workplace?
.....
20. What is the history of fight against ADA in your institution?
21. Which are the key Kenyan criminal law enforcement organs in dealing with drugs?
.....
22. Are there anti-ADA laws in the criminal justice system? (a) Yes (b) No (c) Don't know
23. How are the anti-ADA laws applied in Kenya?
24. Which are the known laws in Kenya that help in dealing with ADA?
25. What are the known challenges that face workplace anti-ADA efforts?
.....

THANK YOU