

**FACTORS INFLUENCING IMPLEMENTATION OF
ALCOHOLIC DRINKS CONTROL ACT OF 2010 IN
MUHORONI DIVISION, KISUMU COUNTY, KENYA**

BY

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DECLARATION

This research Project report is my original work and has never been presented for the award of any degree in any other University

Signature Date

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This research project report has been submitted for examination with my approval as the University Supervisor

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DEDICATION

This research project report is dedicated to my mother Makokha and my wife Grace who gave me a lot of support and sacrificed a lot with hunger during the long journey of pursuing the Masters Degree. May God create room for their future accomplishments.

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TABLE OF CONTENTS

	Page
DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
TABLE OF CONTENT.....	v
LIST OF TABLES.....	ix
LIST OF FIGURES.....	xi
ABBREVIATIONS AND ACRONYMS.....	xii
ABSTRACT.....	xiv
CHAPTER ONE.....	1
INTRODUCTION.....	1
1.1 Background of the study.....	1
1.2 Statement of the Problem.....	7
1.3 Purpose of the study.....	8
1.4 Objectives of the study.....	8
1.5 Research Questions.....	9
1.6 Significance of the study.....	9
1.7 Basic assumptions of the study.....	9
1.8 Limitations of the study.....	9
1.9 Delimitations of the study.....	10
1.10 Definition of Terms as used in the study.....	11
1.11 Organisation of the Study.....	11
CHAPTER TWO.....	14
LITERATURE REVIEW.....	14
2.1 Introduction.....	14
2.2 Stakeholders sensitization influencing implementation of Alcoholic Drinks control Act of 2010.....	14
2.2.1 Stakeholders views on substance abuse.....	16
2.2.2 Stakeholders views on the magnitude of substance abuse.....	16
2.2.3 Stakeholders views on the factors that influence substance abuse.....	17
2.2.4 Stakeholders views on Population vulnerability to substance abuse.....	17
2.3 Attitude of stakeholders towards implementation of Alcoholic Drinks control Act of 2010.....	18

2.3.1	Peer influence.....	19
2.3.2	Parental influence.....	19
2.3.3	Access to Alcohol.....	19
2.3.4	The role of Alcohol in society.....	20
2.3.5	Freedom of access and availability.....	21
2.3.6	Responsible practises around advertising and promotion.....	21
2.3.7	Comprehensive information and education	22
2.3.8	Healthcare and education of health care providers.....	22
2.3.9	Responsible services of beverage Alcohol.....	22
2.3.10	Ensuring quality and integrity.....	23
2.4	Structures and systems put in place influencing implementation of Alcoholic Drinks Control Act of 2010.....	23
2.4.1	Alcohol drinks face tough time due to inflation.....	23
2.4.2	Impact of legislation of homemade spirit chang'aa not yet felt	24
2.4.3	East African breweries (EABL) still leads Alcohol drink sales.....	25
2.4.4	Distribution landscape still fragmented.....	25
2.4.5	Future of Alcoholic drinks resilient despite tougher legislation.....	26
2.5	Resources allocation influencing implementation of Alcoholic Drinks Control Act of 2010.....	26
2.5.1	Enforcement resources –independent and declining.....	28
2.5.2	Administrative Placement.....	29
2.5.3	State-local partnerships.....	29
2.5.4	Administrative process: Adjudication of Alcohol law violations.....	29
2.5.5	Determination of Administrative penalties.....	30
2.5.6	Limits to Authority.....	31
2.6	Theoretical Framework.....	31
2.7	Conceptual Framework.....	34
2.8	Summary of Literature review.....	35
CHAPTER THREE.....		36
RESEARCH METHODOLOGY.....		36
3.1	Introduction.....	36
3.2	Research Design.....	36
3.3	Target Population.....	36

3.4	Sample Selection and Sample size.....	37
3.4.1	Sample Size.....	37
3.4.2	Sampling Procedure.....	37
3.5	Research Instruments.....	38
3.5.1	Pilot Testing.....	39
3.5.2	Reliability of the Instrument.....	39
3.5.3	Validity of Research Instrument.....	40
3.6	Data Collection Methods.....	41
3.7	Data Analysis Techniques.....	41
3.8	Ethical considerations.....	42
CHAPTER FOUR.....		43
DATA ANALYSIS PRESENTATION INTERPRETATION AND DISCUSSION.....		43
4.1	Introduction.....	43
4.2	Study response rate.....	43
4.3	Demographic characteristics of respondents.....	44
4.4	The level at which stakeholder’s sensitization influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division.....	47
4.5	How attitude of stakeholders influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division.....	57
4.6	How the Governance structures and systems influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division	68
4.7	How resource allocation influences implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division.....	75
CHAPTER FIVE.....		81
SUMMARY OF FINDINGS CONCLUSIONS AND RECOMMENDATIONS.....		81
5.1	Introductions.....	81
5.2	Summary of findings.....	81
5.3	Conclusion.....	84
5.4	Recommendations.....	85
5.5	Suggestions for further study.....	85
5.6	Contributions to the body of knowledge.....	86

REFERENCES.....	87
 APPENDICES	
Appendix 1.....	90
Questionnaires toLocal Administration.....	91
Appendix 2.....	93
Questionnaires to stakeholders/Heads of Departments.....	93
Appendix 3.....	96
Questionnaires to brewers and drinkers.....	96
Appendix 4.....	85
Letter of Transmittal.....	99
Appendix 5.....	100
University Letter.....	100
Appendix 6.....	101
ResearchvClearance Permit.....	101
Appendix7.....	102
Research Authorization.....	102

LIST OF TABLES

Table 3.1: Sample selection and sample size.....	38
Table 4.0: Study response rate.....	44
Table 4.1: Gender of respondents	45
Table 4.2: Age distribution of the respondents	45
Table 4.3: Level of education of respondents	46
Table 4.4: Training in implementation of government policy	47
Table 4.5: Type of training undergone by stakeholders.....	48
Table 4.6: How the stakeholders assist parents and community schools to adapt to the new Act.....	49
Table 4.7: Brewers and customers awareness on drug education programs	50
Table 4.8: Local administration awareness on drug education programs	50
Table 4.9: How drug education programs were conducted.....	51
Table 4.10: Magnitude of the substance abuse	51
Table 4.11: Brewers and customers opinion on the prevalence of alcohol and substance abuse.....	52
Table 4.12: Brewers and customers' training on drug related issues.....	53
Table 4.13: Type of training undergone in drug education program	54
Table 4.15: Influence of stakeholders' awareness on adoption of alcohol control act	56
Table 4.14: Stakeholders view on factors contributing to substance abuse	55
Table 4.16: Local administration opinion on how people are supporting reforms	57
Table 4.17: Reason why the local administration was of the opinion that the community was Positive.....	58
Table 4.18: Information sharing on the alcohol control act	59
Table 4.19: How the local administration shared alcohol control act information	59
Table 4.20: How parental and peer influence affecting implementation of alcohol act of ..	60
Table 4.21: Local administration opinion on the role of alcohol in the society.....	61
Table 4.22: Whether the stakeholder were given the opportunity to review their comment	62
Table 4.23: How the stakeholders were involved in reviewing comments.....	62
Table 4.24: Whether customers are given the opportunity to comment or participate in Policy proposal.....	63
Table 4.25: Reaction of customers and brewers towards implementation of the alcoholic Drinks control act of 2010.....	64
Table 4.26: Whether department volunteered paper work action	64

Table 4.27: Whether stakeholders were getting information on health care and health Providers.....	65
Table 4.28: How health care information helps	66
Table 4.29: How they ensured health standards.....	66
Table 4.30: Influence of stakeholders’ attitude on adoption of act.....	67
Table 4.31: Whether the system was addressing audiences as far as implementation is Concerned.....	68
Table 4.32: How the system was addressing audience in the implementation process	69
Table 4.33: Governance structures enhancing protective factors	70
Table 4.34: How protective factors were enhanced	70
Table 4.35: How tougher legislations affected the future of alcohol drink sales.....	71
Table 4.36: Structures administering the alcohol act	72
Table 4.37: Presence of structures to guide efforts of drug abuse	72
Table 4.38: Operational structures	73
Table 4.39: Ability of structures to control drug and substance abuse	74
Table 4.40: Presence of data management system.....	75
Table 4.41: Number of people managing the data management systems	75
Table 4.42: How the data management system is managed.....	76
Table 4.43: Approach used to determine personnel to be involved in training	76
Table 4.44: Availability of enforcement resources	77
Table 4.45: Involvement of relevant agencies	77
Table 4.46: Challenges in involving partner resource agencies.....	78
Table 4.47: Regular use of resources	78
Table 4.48: Degree of local – state partnership with respect to alcoholic drinks	79
Table 4.49: Availability of financial resources to finance business.....	80
Table 4.50: Utilisation of resources	81

LIST OF FIGURES

Figure 2.1 Conceptual framework.....	30
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ABBREVIATIONS AND ACRONYMS

1. A.L.A.	American Lung Association
2. A.H.O	African Health Observatory
3. AMREF	American Research Foundation
4. A.R.A	Association for Responsible Alcohol use
5. A.S.A	Advertising Standards Authority
6. C.U	Chuka University
7. C.R. F	Corticotropin- releasing factor
8. I.N.R.A	Information needs resource and analysis
9. EABL	East African Breweries Limited
10. E.M.A.U	Elimu Ya Malezi ya Ujana
11. FBO	Faith Based Organizations
12. HIV	Human Immuno-deficiency Virus
13. KIA:	Kenya Institute of Administration
14. MAMSER:	Mass mobilization for social justice and economic recovery
15. MLDA:	Minimum legal drinking age
16. MSP:	Multitude of social processes
17. NIAAA:	National Institute on Alcohol Abuse and Alcoholism
18. NACADA:	National Agency for Campaign against drug abuse
19. NADAR:	National alcohol and drug abuse research
20. NDS	National Drug Strategy
21. NGO;	Nongovernmental organisation
22. NHP:	National Health Policy
23. NOA:	National Orientation Agency
24. NPSI:	Nairobi Psychotherapy services institute
25. NTDS:	Neglected tropical diseases

26.	RCT	Randomised control trial
27.	UK	United Kingdom
28.	US:	United States
29.	WHO	World Health Organization
30.	WW1:	World War 1

ABSTRACT

This Project research discussed factors influencing implementation of Alcoholic Drinks Control Act of 2010 and how the government tried to influence the implementation of the Alcoholic Act itself. The dangers posed by society in establishing the positive and negative aspects of alcohol in society. The knowledge and perceptions of the Alcoholic Act to the local Administration, the Family system, the community and its integration and re settlement. Most successful families benefitted a great deal from the sale of the Alcohol across various networks. Some countries trying to authorise the brew reached some time and decided to lift the licence. It remained a matter of deliberations until when new governments placed mechanism to allow the sale. Various Acts were put in place to solve the problem. The influence of this organ made tremendous impact on the alcoholic uptake. In many of the countries that authorised the brewing and sale it realised quite a large portion had to cease from taking the alcohol. When some ideology is hindered from the people's perception then it becomes accepted to the subjects. This made many to take on the precinct that if found then vigorous steps, conviction in nature, may be subjected to them. It was necessary to understand whether the governance structures and systems were informed of the alcoholic act and eventually pinpoint the availability of resources to enable the full implementation of the Alcoholic Act of 2010. In the study, the researcher explored stakeholder sensitization influencing implementation of the Act where vital areas such as the views on substance abuse, the magnitude of substance abuse, factors influencing substance abuse population vulnerability were included. The study focused on attitude of stakeholders upon which incorporated peer influence, parental influence, access to alcohol, role of alcohol in society, practices around advertising and promotion, information and education, healthcare of healthcare providers, quality and integrity, among others. In the structures and systems dwelt on the inflation, legislation landscape fragmentation, then resources allocation had enforcement resources, Administrative placement, state-local partnerships, administrative penalties and limits to authority. Questions concerning the objectives needed to be articulated to help in solving the demise. The study used descriptive research design due to the vast area. The study used both quantitative and qualitative data collection systems. Random Purposive sampling was used involving local administrations, head of departments, businessmen and some victim of alcohol. The researcher analysed data using simple calculations and comparisons of compiled data in percentages and in representing them in simple tables. Data using questionnaires was grouped, organized and categorised according to specific objectives and research questions. These were answered using descriptive statistics of frequency counts and percentages. A total of 12(37.5%) stakeholders said that their parents by sensitizing youth between 15-35 years on the dangers of alcohol and substance abuse. A total of 5(62.5%) local administration officials said that the local community was supportive of the reforms the local administration staff believed that the local community was positive because, they reported incidents of drug abuse among them. Out of the 11 stakeholders who affirmed that protective factors were enhanced, 4(36.36%) said that it was done so by educating and sensitizing the public on the dangers of drug abuse. The study found that though the stakeholders were sensitized on the act, it only went as far as them knowing about the act. The stakeholders were also having a positive attitude towards the act. However efforts to implement the act were hampered by poor resource endowment in terms of data management systems, personnel, enforcement resource, agencies and financial resources. This affected the implementation of the alcohol act. The study recommended that there was need for more sensitization among stakeholders through trainings, workshops and seminars. The act should be implemented step by step with the participation of all stakeholders so as to have a positive attitude. There should be merger of private and public institutions as well as non-governmental organizations. The available resources should be optimally used. The research suggested to be carried out at another county more so in an urban setting. Senior decision makers should be involved.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Most policies with high ratings for effectiveness and cost-effectiveness are alcohol control policies which require legislation to implement. They include alcohol taxation, restrictions on availability, and minimum age provisions measures against drink-driving and reducing exposure to alcohol marketing (WHO, 2011).

The alcohol problem besetting Malaysia's rural population should be seen in the light of a poverty problem rather treated in isolation. The government as a whole and not just the Ministry of Health needs to have a clear policy on alcohol. Measures taken should be Multi-sectoral and geared for long term goals such as decreasing consumption. Alcohol beverages should be treated as a highly regulated product. Ban on all forms of advertising directly or indirectly, introduce a licensing system that limits the number, location of sale, time of availability and size and ban the sale of liquor in small sizes. Alcohol taxes should further be increased. Duty free status of alcohol sold at airports in shops should be eliminated. Step up the enforcement of the law to curb illegal sales of liquor, especially in sundry shops and homes. Alcohol control activities should be seen as the responsibility of local government, health sector and local community. Develop alcohol rehabilitation Programmes (Asunta, 2001).

Perhaps the most troubling concern is that individuals who begin consuming alcohol before age 15 are 4 times more likely to become alcohol dependent than those who did not drink before age 21 years., a trend which underscores the serious nature of underage drinking . Underage drinking is a multifaceted problem exacerbated by an intensive black market for obtaining false identification on the internet and elsewhere, a lawful admission of under 21 customers to bars, clubs, late closing hours, proliferation of keg parties, house and hotel parties, and the many establishments that cater to underage drinking. It is possible to go into bars across the state and see young people who simply do not appear to be 21 years of age while it is

difficult to assign a dollar amount to the cost associated with the problem at least on national entity, it is estimated that in New York alone drinking is excess of \$ 3.2 billion (New York, 2008).

In the 1913, Congress passed the Webb – Kenyon Act for bidding the transport of liquor into dry states. As the US entered World War 1, the conscription Act banned the sale of liquor near military bases. In August 1917 the lever food and fuel control Act banned production of distilled spirits for the duration of the wars. The war prohibition Act of November 1918 forbade the manufacture and sale of intoxicating beverages of more than 2.75% alcohol content until the end of demobilization. In 1917 congress passed the Eighth Amendment which was ratified in 1919 and took effect in January 1920 prohibiting the manufacture sale or transport of intoxicating beverages within the US as well as imports and exports.

The Volstead Act 1919 defined intoxicating as having alcohol content greater than 0.5% and established the procedures for enforcement of the Act. Consumer demand, however, led to a variety of illegal sources for alcohol especially illegal distillers and smuggling from Canada and other countries (Allan, 2002). It is difficult to determine the level of compliance and although the media at the time portrayed the laws as highly ineffective, even if it certainly decreased alcohol consumption during the period. Despite a minimum drinking age of 21, many young people in the US consume alcohol by drinking frequently or imbinge drinking –often defined as having five or more drinks in a row. A minority of youth may meet the Diagnostic and statistical manual of mental disorders criteria for alcohol dependency (1, 2). The progression of drinking from use to abuse to dependence is associated with biological and psychosocial factors. This Alcohol Alert examines some of these factors that put youth at risk for drinking and for alcohol related problems and considers some of the consequences of their drinking. Thirteen to fifteen year olds are at high risk to begin drinking. According to results of an annual survey of students in 8th, 10th and 12th grades, 26% of 8th graders, 40% of 10th graders and 51% of 12th graders reported drinking alcohol within the past month. Binge drinking at least once during 2 weeks before the

survey was reported by 16% of 8th graders, 25% of 10th graders and 30% of the 12th graders (NIAAA, 1997)

Alcohol and tobacco are the most widely used psychoactive drugs in Canada, and cause by far the greatest number of harms and costs to the Population. Results of Canadian Alcohol and other Drug Survey (1994) indicate that 72% of women and men aged 15 years and older –about 16.5 million Canadians report drinking alcohol in the past 12 months. Approximately one quarter of current drinkers drink less than once per month and 5 % drink on a daily basis ; the rest fall somewhere in between . Young adults, male s and those with higher incomes drink more than other Canadians. According to the 1993 General Social Survey, nearly one in 10 adult Canadians (9.2%) report problems with their drinking. The most common problems affect physical health (5%) and financial position (4.7%).

The majority of Canadians (73.4%) report that they have been harmed in some way at some point by the drinking of another person; 41% of all Canadians reported that they had experienced some form of harm in the past 12 months. There were 6700 deaths and 86,000 hospitalizations associated with alcohol in 1992. Motor vehicle accidents accounted for the largest number of alcohol related deaths while accidental falls and alcohol dependence syndrome accounted for the largest number of alcohol related hospitalizations. Impaired driving is a major cause death, among fatally injured drivers, 45% had some alcohol in their blood and 38% were over the legal limit of 0.8% blood Alcohol concentration.

About 20% of current drinkers report that they have driven after consuming two or more drinks in one hour. The federal government has authority over the importing and exporting of alcohol related excise taxes and broadcast advertising. Each province also has a role in regulating the control and sale of alcohol; they also control alcohol marketing and advertising. There are four specific drinking and driving offences in the federal criminal code: impaired operation of a motor vehicle causing bodily harm, operating a motor vehicle with a blood alcohol level in excess of 0.8%; refusal to provide a breath or blood sample. The provincial highway traffic

legislation is important in the apprehension, prosecution and punishment of drinking drivers. In statistics, Canadian national violence against women survey says at least 29% women victimized by a partner cited alcohol as a precipitating factor while only 1% mentioned other drugs. The survey shows that wife assault is generally more harmful when drinking is involved. Over one half (56%) of violent men who were drinking at the time of the incident physically injured their spouses and of these 47% inflicted injuries requiring medical attention (Riley, 1998).

In German, the Minimum Legal Drinking Age (MLDA) is the most widely studied alcohol control policy. Wageneer et al, 2000, says, many studies using the most robust research designs show that a higher MLDA result into lower alcohol use and fewer traffic crashes among 18-20 year olds. Alcohol control measures are effective only to the extend that they affect consumers decision about drinking. By restricting alcohol availability they impinge on the enjoyment constraints derived from alcohol. In judging how high to set excise taxes much to restrict on premises service as alcohol advertising it is necessary to weigh the loss of enjoyment against the possible gains in health safety, public order etc. A direct comparison if these apparently incommensurable consequences are not easy but economics provide a well-developed framework for doing just that.

The results of the international research indicate that an increase in the price of alcohol reduces alcohol consumption hazardous and harmful alcohol consumption dependence. The harm done by alcohol and the harm done by alcohol to others than the drinker. The exact size of the effect will vary from country to country and from beverage to beverage. There is strong evidence for the effectiveness of alcohol taxes in targeting young people and the harm done by alcohol. There is also evidence that alcohol consumption has a positive effect on total advertising bans. That is an increase in alcohol consumption can increase the probability of legislation of an advertising in a particularly media. However alcohol consumption has been trending downwards in a number of countries since around 1988. These say that the bans on alcohol advertising lead to a reductions in alcohol consumption. There is likely to be pressure for relaxation of these bans.

If evidence exists that bans are effective in reducing alcohol consumption, this evidence should constitute strong justification for maintaining rather than relaxing these controls.

The misuse of alcohol is associated with a wide range of injuries that result in significant morbidity or death. In Australia 44% of fire injuries, 34% of falls and drowning, 30% of car accidents, 50% of assaults, 16% of child abuse, 12% of suicides and 10% of Industrial machine accidents have been estimated to be associated with alcohol consumption. Alcohol is an added risk factor for injury and death in the aquatic environments during activities such as swimming. The cost of alcohol misuse in Australia is considerable estimated for 1992 to be \$ 4,494 million dollars.

It is in the light of these enormous costs to the community that the key harm indicators have been selected to enable continued and efficient monitoring of alcohol consumption and related harms. Every effort was made to ensure economic efficiency by utilizing existing data sources. The WHO International Guide for monitoring Alcohol consumption and Related Harm was adhered to when selecting key indicators for Australia. This enables future comparison of Australia and International levels of alcohol related harm. Annually collected data on these key indicators have the potential to streamline the evaluation of public health, law enforcement and education interventions to reduce alcohol –related harm, ultimately resulting in savings to the community (National Drug Strategy, 2001).

In South Africa, the Association for responsible Alcohol Use (ARA) recognizes that harsh social and economic living conditions contribute to alcohol abuse and agree with the World Health Organization that in order to reduce alcohol-related harm, it is crucial to address social deprivation. The objectives of the 2003 Liquor Act were to reduce the socioeconomic and other costs of alcohol abuse and to promote the development of a responsible and sustainable liquor industry. ARA believes the Alcohol policy must operate within a reasonable regulatory framework that balances individual freedoms with the wellbeing of society. Governments should set appropriately and effectively regulate alcohol beverage sales. Governments should set a

minimum age for the purchase of alcohol beverages. Laws should penalize those who illegally supply alcohol to those under the legal purchase age. Government should enforce laws against drinking and driving and impose severe penalties on those who violate them. Illicit trade in alcohol can cause serious health and social problems and governments should enforce laws to prevent this (ARA, 2003).

Though the decrees on sales of tobacco and alcohol prohibiting the use of children from promoting the sales of cigarettes and alcohol is well enforced, little children as low as five years of age are in the habit of being sent to buy cigarettes and alcohol in stalls and beer parlons by parents and guardians, as there is no existing law that forbid the indecent Act. The defunct Mass mobilization for Social justice, self reliance and economic recovery (MAMSER) now christened National Orientation Agency (NDA) by the present Administration is regarded as dead wolves by the generality of the Masses and this no longer serves its usefulness for its failure to serve as the corrective indices for change in the country.

Neglected tropical diseases (NTDS) are still common end so are domestic violence, rape, sexual abuse, abuse of children, which are often related to excessive use of alcohol. Seventy five percent of the disease burden in Uganda is caused through health promotion and prevention. The persons addicted to drug abuse and or alcohols have specific programs and social protection programs for the elderly. This indicates that Uganda has the highest per capita consumption 19.5 litres of absolute alcohol in the world, which is attributed to homemade alcohol. This is higher than Luxembourg with 17.54 litres of absolute alcohol a country reported to have a high prevalence of conventional alcohol in the world. Alcohol consumption locally and internationally gives precognitive as a major risk factor for non-communicable disease infection designing, disability and mortality caused by accidents, violence and crime.

In Tanzania, most alcoholics are adult males who increase the chances of violence subsequent escalation to and maintenance of higher levels of drug abuse as likely to be result

from biological, psychological and psychiatric characteristics of the individual and user social protection measures should target on changing the behaviour of the individuals rather than on confiscating the substance , alcohol abused ,poverty , lack of employment, lack of parental guidance, social protection programs for people addicted to alcohol are supposed to be extended out of schools, children and young people known as save the children NGO, the program to reduce vulnerability of young people to drug abuse by AMREF and several small projects. Elimu ya Malezi ya Ujana, (EMAU) focussing on counselling and guidance of Temake Ilala and Kihondoni in Dar-es-salaam. The problem of alcohol is related to a Multitude of Social Processes which have not been sufficiently addressed to halt the growing number of drug addicts (Levisse(2003).

Alcohol is the most liberally used drug in Kenya (NACADA, 2002). All alcoholic beverages contain ethanol which is a drug Estimates of alcohol. Alcohol is by far the leading drug of abuse in Kenya. Cigarettes and alcohol make up over 90% of all drug addicts in Kenya. Alcohol in the form of local brews and spirits accounts for 6.2%. Such concerns led to the campaign against Drug and Substance Abuse (NACADA, 2006) that coordinates all activities against drug abuse. The country mobilising intervention and support for partners and stakeholders in the fight against any as well as initiation projects as where and when need arises.

Alcoholism has strong negative effects on mental relationships and family cohesion; children raised in alcoholic families tend to experience lower levels of family functioning and are more likely to have had traumatic experiences than children from non-alcoholic families.

1.2 Statement of the Problem

The Alcoholic Drinks Control Act 2010 was touted to significantly change the rules in the industry and place greater challenges on manufacturers and retailers. Implementation of the Act has also been slow, and faced many legal bottlenecks from the industry. Even though traditional brewer remains a lucrative business, its challenge to the mainstream liquor industry

has not yet been felt and deaths arising from consumption of low standard traditional liquor are still being reported (Euro monitor, 2012).

Who can doubt that the world faces a major problem with the illicit use of drugs? We have learned of drug abuse among our friends and acquaintances within our own families and our own neighbourhoods. Most of us have personal knowledge of individuals who have died through drugs abuse and we all know people who have suffered because of it. Of the crimes that come in its make we hear daily (Birch, 1997).

There is high level of Alcohol in the rural areas where boys are missing out on being taught crucial male gender roles by their fathers who themselves are not understanding them as expected because they are always drunk. There are no special facilities existing for treatment and rehabilitation of drug abusers and the division has few demand reduction programmes. Majority households in rural areas are female headed due to males overindulgence in alcoholism. (NACADA, 2011).

1.3 Purpose of the study

The purpose of the study was to investigate Factors Influencing implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division, Kisumu County, Kenya.

1.4 Objectives of the Study

The study sought to achieve the following objectives:

- i) To establish the level at which stakeholders sensitization influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division.
- ii) To examine how attitude of stakeholders influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division.
- iii) To determine how the Governance structures and systems influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division.
- iv) To examine how resources allocation influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division.

1.5 Research Questions

The study sought to answer the following research questions:

- i) What level does sensitization influence implementation of Alcoholic drinks control act of 2010 in Muhoroni Division?
- ii) How does attitude of stakeholders influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division?
- iii) How does the Governance structures and systems influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division?
- iv) How does the resource allocation influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division?

1.6 Significance of the Study.

It is hoped that the study will contribute to more detailed understanding of how stakeholder's sensitization is influencing implementation of Alcoholic drinks control of Act 2010 has achieved positive or negative result. This is a global issue and particularly in sub-Saharan Africa countries where government are still struggling to keep stakeholders well informed and properly trained. It is also hoped that the study is to improve health of the individual, living standards, Eradicate poverty, curb the dependency and promote health by improving the socio-economic income of the individuals.

1.7 Basic assumptions of the study

It was assumed in the study that up-to-date records of information would be obtained since the researcher worked in the area and was likely to get first hand information from the locals. Interviews could be done face to face which would involve the people from the surrounding and not fear giving correct information.

1.8 Limitations of the study

The overall message of restricting drinking in different domains is to emphasize Alcohol as a special commodity which does not mix well with certain environments and occupations, or with work places. For these message to be credible, it is important that Police

and security staff enforce the existing laws and that there is support by the local communities for such controls. An integrative and comprehensive intervention rests on a number of key criterion.

The provisions of balanced information on both benefit and harm , a sound evidence base founded on the best available scientific data, an approach that is palatable and easy for public to understand , a focus on issues that corresponds to actual , familiar and representation drinking behaviour , the recognition that alcohol consumption is an integral part of many societies and may be associated with both positive and negative outcomes , an approach that addresses the potential for harm in a non-judgemental way , strengthening individual responsibility at the same time as reinforcing external controls , involvement of individuals and the communities in all aspects and levels of policy development and consistency with other approaches and measures that are being used . The target interventions approach relies on the principles of harm reduction. It is a pragmatic one, recognizing that risks are inherent in many of them (ICAP, 2000).

1.9 Delimitations of the study

This study is delimited by administrative boundary of Shauri Yako Estates, Muhoroni Division. The government's policy towards cottage industry is not favourable. In the absence of alternate income generating activities, they are not going to give away the business in the near future, despite hard work required. The government and concerned authorities have not done notable work to provide them employment opportunities to lead a sustainable livelihood. There are a few improvements that can be made to the traditional brewing process that will significantly improve quality of the product failure and enhance their income to support their livelihood (Maili Saba, 2005).

Those improvements should be concerned with attention to hygiene, use of quality raw Materials, controlled time and temperature of boiling and fermentation addition of sufficient yeast, filtration addition and pasteurization. The local brewing women should be trained to improve their traditional process of brewing. Governments, NGOs and donor agencies should not

ignore and undervalue the significance of brewing and come forward with necessary programmes for timely improvements of this artisanal activity (Ashok, 2010). The advent of sophisticated marketing and the availability of mass media and the new technology have allowed a level of alcohol marketing that has never been seen before. The global alcohol producers have enormous resources to employ in marketing. This advantage makes the regulation of marketing a major challenge for governments concerned about the impact of marketing on the rate of uptake of drinking in traditional low alcohol communities. This uptake includes the earlier and more widespread recruitment of young people and women to drinking. It is also of concern particularly in relation to the impact on younger people in established alcohol markets.

1.10 Definition of Terms as used in the study

Alcohol Accessibility	- the ease of acquiring the substance
Vulnerability	- the most affected and victims
Affordability	- the cost implied in getting the required particulars
Quality and integrity	- the dignity of producing alcohol
Licensing of alcohol	- the permission granted to prepare alcohol
Cost of alcohol	- the sale of the substance
Penalty guidelines	- the stamped power that has to abide by the utilization
Public education	- the knowledge associated with understanding policies
Personal behaviour	- the character portrayed in the event of processing and consumption
Resource mobilization	- funding of the materials necessary in production
Partnerships	- the agencies involved in the production
Administrative authority	- the structures put in force allowing trade .

1.11 Organisation of the Study

This report was divided into five chapters: Introduction, Literature Review, Methodology, Data Analysis, presentation and summary of findings, conclusions and

recommendations. Chapter one is divided into the following sections: Background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, basic assumptions of the study, limitations of the study, delimitations of the study, definitions of terms as used in the study and organization of the study. The rest of the study was organised under the following main sections. Chapter two which provides detailed documentation of related literature reviewed under the following sections: Stakeholders' sensitization influencing implementation of the alcoholic act with some thematic areas as: stakeholders views on substance abuse, views on the magnitude of substance abuse, on the factors that influence substance abuse, on population vulnerability to substance abuse. Attitude of stakeholders influencing implementation of the act that includes thematic areas such as: Peer influence, Parental influence, Access to Alcohol, the role of Alcohol in society, freedom of access and availability, responsible practices around advertising and promotion, comprehensive information and education, health care and education of health care providers, responsible service of beverage Alcohol, ensuring product quality and integrity. Governance structures and systems influencing implementation of the act: Alcohol drinks face tough time due to high inflation, impact of legislation of homemade spirit chang'aa not yet felt, Eats African Breweries (EABL) still leads Alcohol drink sales, distribution landscape still fragmented and future of Alcoholic drinks resilient despite tougher legislation. Resources allocation influencing implementation of the act that includes: Enforcement resources – independent and declining, Administrative placement, State- local partnerships, Administrative process: Adjudication of Alcohol law violations, determination of Administrative penalties and limits to Authority. Theoretical framework- the Bio psychosocial model and conceptual framework.

Chapter three looks at the research methodology to be used in collecting relevant data in order to realize the objectives of this study. Specifically, the chapter has the following sections: introduction, research design, target population, sample selection and sample size, sampling procedure, research instruments, pilot testing, reliability of the instrument, validity of the

research instrument, data collection methods, , data analysis techniques and ethical considerations. This report then ends with references and appendices including questionnaires and interview guides.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Review of literature involves the systematic identification, location and analysis of documents containing information investigated. In this case, literature review has been carried out under the following topics; stakeholder's sensitization influencing implementation of Alcoholic Drinks Control Act. Attitude of stakeholders towards the implementation of the Act healthcare and education of healthcare providers, responsible service of beverage Alcohol, ensuring product quality and integrity. How structures and Systems put in place influence implementation of the Act: Alcohol drinks face tough time due to high inflation, impact of legislation of homemade spirit chang'aa not felt yet; East African Breweries still leads Alcohol drink sales, distribution landscape still fragmented, and future of Alcoholic drinks resilient despite tougher legislation. How the resources allocated influence implementation of the Act: Enforcement resources-independent and declining, Administrative placement, state-local partnership and Administrative process: Adjudication of Alcohol Law violations, determination of Administrative penalties and limits to Authority.

2.2 Stakeholder's sensitization influencing implementation of Alcoholic Drinks Control Act of 2010.

A government is an organization that has the governing authority of a political unit. A government is a body within an organization that has the authority to make and has the power to enforce rules and regulations. It is the system that decided the state of affairs for a country, state and community where new rules and laws are made. World Bank defines governance as a state of the institute that governs socio-economic and social interactions among them. Good governance ensures that political, social and economic priorities are harmonized. Research reviews conducted under the auspices of WHO have identified the alcohol policies that are most effective in reducing alcohol related harm.

Alcoholism usually has strong negative effects on marital relationships and family cohesion. Children raised in alcoholic families tend to experience lower levels of family functioning and are more likely to have had traumatic experiences than children from non-alcoholic families. The penalties of alcohol and drug abuse mirrors the prevalence of drugs that are common in different regions of the country (Nacada, 2011).

Given the sensitivity around substance use issues, parents and other members of the community can undermine a prevention program if they do not accept or understand it. It is important to note that there may be two stakeholder perspectives in a community; one being an exaggerated anti-drug stance and the other a more realistic perspective about what schools can achieve.

It was noted that the harm reduction and illegality issues create enormous dilemmas for schools, as they don't wish to be perceived as "normalising" or being "soft on drugs". When they consulted with school personnel they found that principals were concerned that drug education programming may lead to the school being seen as a "drug school" which will impact negatively on the school's profile. The committee on Drug and Alcohol policy will continue to monitor and evaluate the policy against the objectives and goal of the policy and overall goals and objectives in the University charter. The committee will send quarterly reports to NACADA on the application of the effectiveness of the policy and make relevant changes to serve the objectives. The policy will be reviewed regularly in Consultation with the Chuka University Drug and Alcohol prevention committee. The committee will further ensure that data relating to this policy in the University is updated annually. The committee will also monitor both staff and students to evaluate the degree of satisfaction with the services provided (Chuka University, 2013).

Their work and the work by others in Nova Scotia show that considerable confusion and concern exists among stakeholders around "harm reduction" programming in schools. Parent

and community education and an open collaborative approach to arriving at clear program aims and elements are needed to reduce fears and misgivings.

2.2.1 Stakeholders views on substance abuse

A study conducted in Nigeria revealed that of the 62% stakeholders who participated 35(56%) were of the view that substance abuse was a self inflicted problem, 16 (26%) believed that it was caused by external factors ; while 11 (17%) believed that substance abuse could either be self-inflicted or caused by external factors. 37(60%) viewed substance abuse as a voluntary act, 5(8%) viewed it as an involuntary act ; while 20(32%) believed that substance abuse could either be voluntary or involuntary. Some differences were observed in the pattern of responses between stakeholders that had worked directly with drug/ Alcohol –dependent persons and those that had not. A greater proportion of stakeholders who had worked directly with drug/alcohol dependent persons had more liberal perception of the Act of substance abuse than those who had not worked with them. For instance, 56 % of stakeholders who had not worked with drug/Alcohol dependent persons perceived substance abuse as being a self-inflicted problem while only 26% of stakeholders that had worked with them perceived substance abuse as being a self-inflicted problem.

2.2.2. Stakeholders views on the magnitude of substance abuse

Substance abuse is a chronic problem that has eaten deep into the Nigerian society. The incidence and prevalence rates were unacceptably high and were still n the increase. It was also believed that the perpetrators were becoming less hidden. Substance abuse is in a deplorable state as this issue is rampant in schools, from secondary to tertiary level. It is the order of the day at bus terminus, market places, prison.

A school Administrator further noted, “unlike back in the days when students secretly abused drugs like Indian hemp, it is no longer done secretly and some of those students even boast of it. Substance abuse was not a new problem in the country and that that incidence and prevalence rates had been grossly underestimated due to the lack of adequate awareness and

information on the problem. Most students may try to follow school rules and avoid being influenced by their peers to indulge in habits like alcohol consumption leading to no significant relationship between peer group influence and alcohol consumption (Mukama , 2010).

2.2.3 Stakeholders views on the factors that influence substance abuse

It was unanimously agreed during the open discussion that peer pressure was a major factor. Other factors highlighted by a significant number of stakeholders were poverty and unemployment. Very few stakeholders mentioned availability of drugs and ineffective policies. Stakeholder's views about the level of influence of socio-demographic factors on substance abuse were assessed. The factors assessed include age, sex, marital status, peer pressure, poverty, unemployment, and level of education. Results of the survey indicated that over 80% of stakeholders perceived peer pressure as having a high influence on substance abuse. The proportion of stakeholders who perceived the other socio-demographic factors assessed as having a high influence on substance abuse as follows: poverty 69%, unemployment 56% , level of education 27% age 24% , sex 23% , marital status 11%. All of the socio-demographic factors assessed were perceived as having some level of influence on substance abuse.

2.2.4 Stakeholders views on population vulnerability to substance abuse

Stakeholders had differing perceptions about the population vulnerable to substance abuse in Nigeria. Majority were of the opinion that the vulnerable population were the youth; a few persons felt that everyone was vulnerable to substance abuse irrespective of the age. The latter group argued that substance abuse was common in different population groups and could be mitigated at any depending on the combination of substance abuse etiologic factors inherent in an individual on those to which an individual had been exposed to. The survey findings showed that 42% of participants were of the opinion that the vulnerable population were the youth in the 11-17 age groups and 52% indicated youth in the 18-25 age groups. The remaining 8% indicated other age groups.

With the support from the Disability Mainstreaming Committee, NACADA has conducted several Outreach and training sessions that targeted persons with disability on alcohol and substance abuse prevention, management and mitigation. The Authority is in the process of developing an Action plan as a benchmark towards effective mainstreaming of disability issues, and to accelerate the response to drug abuse problem amongst persons with disabilities as well as to provide guidance for the coordination of the intersecting disability issues within the Authority's Strategic Plan (NACADA, 2012).

2.3 Attitude of stakeholders towards implementation of Alcoholic Drinks Control Act of 2010.

The government and the donors stakeholders have very high support for reforms evidenced by their participation in problem identification, justification, reform design, planning and implementation. Stakeholders attitude has been positive e.g. “ promotion of Evidence based campaign on National Alcoholic and Drug Abuse research workshop 2011 report held at the Kenya Institute of Administration on 29th and 30th March 2011” The workshop introduced by NACADA Authorities National co-ordinator expounded on the role of the Authority in the campaign against drug abuse as defined in the Authority mandate and what the Authority had achieved in the campaign against alcohol and drug abuse as well as the need for evidence-based programming (Nacada, 2010). It was noted that drugs and substance abuse research had been undertaken over the years. The gap was to make better use of research findings through targeted dissemination to policy makers and development agencies for evidence-based programming. It was reiterated that need for a system for sharing information and data among the various players in the fight against drug abuse. The drug and substance abuse workshop provided the participants an opportunity to review comment and identify research gaps in drugs and substance abuse issues. Participants proposed ways enhancing drugs and substance abuse research in the country to promote campaign that is evidence-based. The research content of the workshop was built from responses by drug and substance abuse researchers who volunteered their paper. The

papers were reviewed within alcohol and drugs, themes and qualified for presentation at the workshop. Researcher's findings, presentations both in planning and thematic break away session provided opportune for deliberations, building consensus on action points and recommendations for future research. Participants included researchers, academicians, Ministries, lawyers, faith based organisations (FBOs), journalists and representatives of non-governmental organisations (NGOs).

2.3.1 Peer influence

The influence of peer pressure plays a key role in promoting or preventing Alcohol use among young people. Based on the survey, many young people are introduced to Alcohol by their peers and friends. Consequently, peers including celebrities heavily influence young people's perceptions on Alcohol use. In terms of possible interventions in this area, campaign should utilize local role models and reformed users to promote behaviour change among young people. In addition, schools should be equipped (human and financial resources) to provide harm reduction programmes.

2.3.2 Parental influence

Parental influence is one key factor in Alcohol consumption among young people. It is apparent that the drinking behaviour of a parent can easily influence a young person. Consequently, efforts to reduce Alcohol harm among young people should be directed at supporting and educating parents. The government's approach should build and highlight the key roles parents can play in preventing Alcohol harm to young people.

2.3.3 Access to Alcohol

Young people's access to Alcohol is seen as an important element in promoting Alcohol use. The survey search suggests that increased access by young people to Alcohol increases the potential for Alcohol use and abuse as well as the related risks. Consequently, campaigns need to target accessibility to Alcohol especially in households. Messages targeting parents and guardians should create awareness that the majority of young people access Alcohol from their

homes and as such, parents need to be more vigorous in storing and monitoring Alcohol in their homes. Concerning access of Alcohol from retail stores, the survey indicates that price control could hamper Alcohol consumption among young people.

Based on the survey, majority of the respondents consume cheap hard liquor going for below kshs 200 per unit, as such increasing prices of Alcoholic beverages especially hard liquor would go a long way in reducing harm to young people. While the licensing policy has provisions for reducing underage sales, there is need to enforce stricter controls and measures among all Alcohol retailers to minimize direct sales to young people. The governments should also concentrate on communicating consistent messages to parents about their role in enabling their children to access Alcohol. The new Alcoholic Act offers the opportunity for concerned stakeholders to set out a strong central policy direction to prevent and reduce Alcohol harm especially among young people. We all have a role in orchestrating change and responding to Alcohol and drug use among our youth by addressing the root causes and providing sustainable solutions and support for youth through skills development programmes and education at the community, county and national level.

2.3.4 The role of Alcohol in society

All cultures and societies place restrictions on Alcohol consumptions, either by law or custom, varying from place to place. Under conditions of rapid social change, cultural norms and societal customs may become undermined by social disruptions and economic changes and may not keep pace with changes in drinking patterns. Alcohol misuse and the effects of alcohol on health and antisocial behaviour are of national concern. Governments in Westminster and Edinburgh face calls for tougher controls on its price, promotion and availability. This is particularly evident in Scottish governments' attempts to combat a problem that is estimated to cost in excess of \$ 2 billion in a year in health care, policing, social services and the wider economy. Media reports claim that people in Scotland drank almost two litres more pure alcohol

last year than those living in other parts of Britain. Alcoholic liver disease and the number of alcohol related deaths have doubled in a decade (Advertising Standards Authority, 2008).

2.3.5 Freedom of access and availability

Consumers should be able to obtain legally produced and marketed beverage Alcohol access may be limited by laws, regulations and the standards that individuals, families, communities and the beverage Alcohol industry impose upon themselves. Limitations on access should deter inappropriate drinking patterns, particularly where others are put at risk. Access to beverage Alcohol should be limited for children and youth; the exact age for access in each country can only be decided by the local or national authorities.

In those societies , or sub-populations in which new patterns of problematic drinking are emerging , or in which traditional wisdom on drinking may be poor or absent , a special focus should be placed on providing education , guidance and other initiatives on whether or how to drink.

2.3.6 Responsible practices around advertising and promotion

It is recognised that the advertising and promotion of beverage Alcohol may need more careful regulation than that for some other products. Beverage Alcohol industry members should promote only the responsible consumption of their products and should not encourage irresponsible and inappropriate consumption. Advertising and promotional activities should not, for example, create an impression that the drinking of Alcohol is a requirement for success, or present a negative portrayal of those who abstain; nor should they be targeted at children or those who do not have the right to buy or consume Alcohol.

Regulatory bodies, which may involve the beverage Alcohol industry as well as effective self-regulatory standards within the industry, should govern beverage Alcohol advertising, packaging and promotion. Where self-regulation codes for advertising and promotion of Alcohol beverages do not exist, the beverage Alcohol Industry should take steps to encourage their

developments and enforcements especially in emerging markets. When self-regulation is shown not to be effective, governments should intervene with legislation or regulation.

2.3.7 Comprehensive information and education

People should have access to full and accurate information on the characteristics of beverages including their Alcohol content. Accurate information should be available on the effects of drinking Alcohol including the fact that effects differ depending on the amounts consumed, patterns of consumption, differing characteristics of consumers, and the circumstances under which consumption occurs. Those who provide such information, including governments, the beverage Alcohol industry, the health sector, educators, and the media should present it in a clear, accurate and balanced manner. Individuals who choose to consume beverage Alcohol should take into account information about related risks, harms and benefits.

2.3.8 Healthcare and education of healthcare providers

Based on scientific evidence, the health sector should provide education to the public about the harms associated with inappropriate patterns of drinking. The health sector should acknowledge the potential benefits of moderate Alcohol consumption for those populations where this has been shown to be the case. The beverage Alcohol industry should support health sector initiatives through programs. Preventing alcohol related harm is a critical health priority. It requires a combination of legal and regulatory interventions, enforcement, community based programmes and actions, better health and social services which focus on alcohol, personal behaviour change and shifts in community attitudes (Freeman et al, 2006).

2.3.9 Responsible service of beverage Alcohol

Those who deal directly with consumers including beverage Alcohol retailers and the hospitality industry should put in place responsible serving and selling practices. Drinking environments which support moderate Alcohol consumption should be encouraged.

2.3.10 Ensuring product quality and integrity

In order to protect consumers from adulterated or contaminated beverages, governments should adapt product quality standards and prevent illicit product and illegal trade. Beverages Alcohol producers have a responsibility to ensure that their products meet high standards of quality and integrity.

2.4 Structures and systems put in place influence implementation of Alcoholic Drinks Control Act of 2010.

Revised preventive principles have emerged from research studies funded by NIDA on the original of Drug Abuse behaviours and the common elements found in research on effective preventive programs. Parents, educators and community leaders can use these principles to help guide their thinking, planning, selection, and delivery of drug abuse preventive program at the community level. Preventive program should enhance protective factors and reverse or reduce risk factors (Preventive program should address all forms of drug abuse, alone or in combination including the underage use of legal drugs (e.g. tobacco or alcohol) the use of illegal drugs (e.g. marijuana or heroin) and the inappropriate use of legally obtained substances (e.g. inhalants) prescription medication, or over – the counter drugs. Preventive programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors. Preventive programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and electricity, to improve program effectiveness.

2.4.1 Alcohol drinks face tough time due to high inflation

Alcohol beverages are potentially hazardous product and therefore should be Subject to specific conditions not applied to other commercial goods and services. To develop effective Partnerships between state ABC agencies and local governments and law enforcement agencies. To provide increased resource for state and local enforcement efforts to ensure compliance with alcohol laws. It is important to establish clear and consistent administrative penalty guidelines

for violations of alcohol laws and encourage more active citizen participation in the licensing and adjudication process. It was necessary to encourage private and public funding agencies and research organizations to support research to evaluate all aspects of alcohol beverage control systems. The survey findings encouraged states to institute better data collection and reporting systems, especially in the cases of enforcement actions and case dispositions (Research report, 2005).

The country is recovering from a volatile political environment as well as the influence of various socio-economic problems, ranging to drought and economic production. The effects of global financial crisis are still affecting the general economic performance, as high inflation and increase in production and raw materials cost add gist to the mill. The ever increasing inflation rates and thus rising costs of living are increasingly leading to consumers avoiding luxurious goods such as Alcohol, instead focusing on necessity goods such as food whose prices have more than doubled in recent times. To match high inflation rates, brewers are increasing the prices of Alcoholic drinks.

The role of government should focus on access to beverage alcohol, action fixed –term licenses to the private sector to operate wholesale and retail beverage alcohol business, collect beverage alcohol – related revenue as early as possible in the supply chain (Ontario, 2005).

2.4.2 Impact of legislation of homemade spirit chang'aa not yet felt

The Alcoholic drinks control Act 2010 was touted to significantly change the rules in the industry and people, a great challenge on manufacturers and retailers. First of all, this act legalises under certain conditions, the production and sale of homemade spirit chang'aa in order to control the product and generate more excise tax from it. However, getting licenses for brewing local liquor is tedious and expensive for traditional local brewers. Implementation of the act has also been slow, and faced many legal bottlenecks from the major players in the industry. Even though traditional brewer remains a lucrative business, its challenge to the mainstream liquor industry has not been felt and deaths arising from consumption of low standard traditional

liquor are still being reported. According to a survey carried out in Namibia, it was noted that there needs to be a variance on revenue collected from Alcohol industry. This is to indicate levels of alcohol consumption in the country either being high or low, it also recommended quantitative surveys documenting the country's alcohol prevalence, feedback on alcohol consumption from Consumers and other relevant players should be given. The research informed that research should be undertaken to inform of possible interventions. There was need for organised consultative forums with respective agencies or departments. The structures should commence undertaking a Rapid Results Initiative if Possible within 100 days with the law enforcement agencies to speed up the implementation of the Act (Muturi, 2007).

2.4.3 East African breweries (EABL) still leads Alcohol drink sales

East Africa Breweries Ltd continued to dominate the landscape in 2011, managing the trend of 2010. The company owns an extended portfolio across beer, RTDs and spirits, with a variety of mid-priced and premium products that ensure high volumes and healthy profit margins. Despite tough economic times, the company continued to post good results in its half – year results for 2011. The company is also heavily promoting its brands via sponsorship of sporting events and product re-launches.

2.4.4 Distribution landscape still fragmented

Independent small grocers remained the largest off-trade distribution channel for Alcohol drinks in 2011 with a volume share of 61% on the other hand , bars remain the largest distribution channel for on-trade , as urban consumers enjoy social drinking and can find brands there are not always available in off-trade . Consumers are price sensitive and opt to buy Alcohol in off-trade outlets, which are cheaper than on-trade establishments. There are only a handful of wine specialist's retailers in the country, since wine consumption is still in its infancy.

2.4.5 Future of Alcoholic drinks resilient despite tougher legislation

The tougher Alcohol legislation perceived in 2010 as well as more control over drink-driving will put more pressure on drinkers, especially in public places. This will have a strong impact on trade growth which will be almost halved in the forecast period. However, off-trade volume will remain quite in line with the review period as consumers will circumvent the restrictions on drink by consuming more at home. A Sociological Analysis of Alcohol studied in Grenada, attempted to excavate the reasons why young people use and abuse alcohol and marijuana. It sought to produce individuals to speak about their experiences with the use of these drugs and consequent implications.

To curb the incidence of their use, there must be a concerted effort by all stakeholders. All institutions must come on board because none is insulated from the disastrous effects of alcohol and marijuana use and abuse. A number of approaches must be taken in dealing with these acute societal problems. The Psychoanalyst Sigmund Freud also argued that an adult 's behaviour best could be explained by examining the significant events of the first six years of his / her life . Freud also believes that these childhood experiences are the subconscious motivator of actions taken later in life. The drug secretariat can implement a mentorship program that would provide good role models to young people who would listen to and advice them on all aspects of their lives encouraging and assisting them in social , moral and intellectual developments (Douglas, 2006).

2.5 Resources allocation influencing implementation of Alcoholic Drinks Control Act of 2010.

Establish a team to explore option regarding the purpose, goals, and objectives of improvements to the alcohol interlock initiative. Invite relevant agencies to provide input into the drafting of proposed alcohol interlock legislation prior to its introduction. Form an implementation team and select a team leader. Determine the number of personnel required and the extent to which different types of agency personnel will be implored.

Develop an implementation people select and develop a strategy to manage indigent un-affordability funding according to the alternative\ that is most suitably feasible. Modify and update technical standards to include specific elements of the new strategy and consequences for new classes of offenders. Translate new alcohol interlock legislation into administration units. Pinpoint needed revision to existing request for certificate certification protocols and vendor contracts. Review a vendor oversight plan/protocol to ensure quality delivery of devices and services inform relevant agencies about the implementation of alcohol interlock legislation and any changes to an existing strategy. Create new form, letters, application, waivers, notices and other data sharing or exchange documents. Develop and manage an inter lock data management system. Create training and educational plan for practitioners affected by the alcohol interlock initiatives. Create a public awareness plan. Create an evaluation plan. Monitor progress during the implementation of the initiative and track outcomes in the short term and the long term and provide a report to the legislature.

A Call for Action describes a number of strategies that should be used to reach desired goals. There are other solutions that have been shown to be effective in reducing underage drinking. These includes: raising the tax on alcoholic beverages. This raises the price and reduces consumption , especially underage drinkers, reduce the number of alcohol outlets , especially around college campuses, restrict the hours and days of sale of alcohol , conduct compliance checks to make sure store clerks are asking for proof of age , use shoulder tap programs to make sure adults don't buy alcohol for under age youth, enact social host liability laws to enable third party suits if an underage drinking youth causes harm, restrict alcohol advertising , especially when the target audience is more than 25% underage youth, adapt conditional use permits to make it harder to give alcohol to under age youth at outdoor events , enact use of Fake ID Violation that results in administrative drivers license revocation , adapt Use or Lose Laws –if you use alcohol (possession , Purchase , or Consumption violation) then you lose your driver's

license, enact Graduated Driver Licensing (GDL) Laws with night restrictions to reduce the drinking and driving risk of youth (Fell, 2000).

2.5.1 Enforcement resources- independent and declining

Most states have a state agency with primary responsibility for enforcing Alcohol laws and regulations. The enforcement capacity varies widely. The enforcement agents are not sworn police officers and are not permitted to carry firearms. Agency representatives reported that these restrictions seriously hamper the agent's effectiveness in the field. States also vary widely in the number of agents assigned primarily to Alcohol enforcement duties, particularly when comparing the ratio of agents to the number of outlets in the field. It is necessary to clearly define partners' contribution, their roles in implementation, their responsibilities and mandates and the relevance of their support in line with national priorities. An appropriate coordination mechanism is therefore important to bring together all intervening agencies, organizations and stakeholders. Provision of information for decision makers and communities should be strengthened in order to increase commitment to public health protection recognition of alcohol related harm in the community and active participation in Policy measures and in implementation (African Health Observatory, 2013).

Agency enforcement is not limited to actions against licensed establishments. Most agencies also investigate complaints such as unlicensed, illegal Alcohol sales, false identification manufacture and distribution and underage Alcohol distribution. In addition, many agencies reported that their enforcement responsibilities are expanding to a complex state. The harmful use of alcohol should be integrated in the school curriculum. Local community action should be based on rapid assessment and involvement of the community and the young people in problem identification, planning and policy implementation. Surveillance and monitoring, research and knowledge management play pivotal roles in alcohol control (African Health Observatory, 2013).

2.5.2 Administrative placement

In most states Alcohol beverage Administration, licensing, and enforcement are all housed with the same agency. Recently some states have transferred or considering transferring the enforcement responsibilities from other agencies. Currently, at least several Alcohol enforcement agencies are housed under the state's department of public safety. While at least four state police agencies have primary responsibility for enforcing Alcohol laws. There is some debate regarding the implication of separating the enforcement from administrative and licensing functions. The advisability of such a separation may hinge on the states process for adjudicating administration cases of Alcohol law violations. This is a war that no one organization cannot win singlehandedly hence networking is essential. Moreover, there is need to create avenues for funding in the areas of training of addiction counsellors and research. Other useful interventions include: decentralization of NACADA Authority to the counties and design community driven prevention initiatives, and integration of alcohol and drug abuse activities into our national health care programmes (NACADA, 2011).

2.5.3 State –local partnerships

One strategy for addressing the lack of Alcohol enforcement resources at the state level is to increase and improve partnerships between state and local law enforcement agencies. Agency representatives report that each type of agency can bring a unique set of skills to the partnerships. The state Alcohol enforcement agents have expertise in the area of Alcohol laws and in many states Alcohol enforcement agents have special authority that local law enforcement may not possess.

2.5.4 Administrative process: Adjudication of Alcohol law violations.

Enforcement is designed to increase the perceived likelihood that a violation will be detected, which is a key component of deterrence. Adjudication addresses the remaining two deterrence variables – the certainty and swiftness of a penalty being imposed and the extend of

that penalty. The interplay between these three deterrence variables determines the effectiveness of an enforcement strategy in promoting compliance with the law. Deterrence –based penalty structures need to ensure that the cost of violating the law significantly outweigh the benefits obtained. If the penalties assessed are not sufficiently severe and are seldom imposed, then a simple cost-benefit analysis may result in a calculation that the assessed penalties are an operating cost of doing business.

2.5.5 Determination of Administrative penalties

Almost every state reserves the right to a fine, suspend, or revoke a license. As the most severe penalty, revocations are rare in most states and usually only occur with very serious or multiple offences. Suspensions may also be reserved for repeat offenders and, in many states violators may choose a set of fines as an alternative to a suspension. Fines are the most common and least severe penalty. Many states have statutes and regulations that determine the maximum administrative penalty for each type of violations.

Commercial licensing systems that regulate the production, importation and sale (wholesale and retail) of alcoholic beverages should be put in place. There is a need to enact and enforce legislation on the minimum age at which alcohol drinking and purchasing is authorised and to restrict the times and places of sale. Countries should develop and implement comprehensive alcohol policies that are evidence –based and focus on public health interest, mobilize and allocate resources for alcohol policies , adopt and enforce regulations and legislation aimed at reducing alcohol consumption and related harm and strengthen clinical practises , promote and strengthen independent research in order to access the situation and monitor national trends and the impact of adopted policy measures , continuous monitoring and evaluation will be based on progress , outcome and impact measurements, formulated under a regional plan of action , and to be reported every two years to the Regional committee (African Health Observatory, 2013)

2.5.6 Limits to authority

States vary in the extent to which they grant Alcohol enforcement agents arrest powers. In many cases, agents may only make arrests in or around premises. Many agency representatives believe that the lack of arrest powers hampers Alcohol enforcement agent's effectiveness. They may observe certain violations, but they are unable to take action without requesting assistance from other law enforcement agencies. This may be the consuming or infeasible and can result in the absence of enforcement action. Restrictions on firearms possession pose a similar problem.

Agents operate in close environments with hostile drunken individuals, and thus frequently face potentially dangerous situations. If agents are not allowed to carry firearms, they may have to rely on other enforcement agencies to provide back up before taking action. The main aim of alcohol policies is to ensure the wellbeing of members of society by maximising benefits and minimising potential for harm that may be associated with drinking. To be effective, alcohol policies rely on creating a balance between the rights of individuals and those of society. Balanced policies are founded on the belief that more can be achieved through co-operation and partnership than can be effected in isolation. Yet such cooperation needs to be agreed upon, and it must be pervaded by a sense of mutual trust and transparency (ICAP, 2000).

2.6 Theoretical Framework

The term "theory" is used in a variety of different ways, but it's most common meaning is as an explanation of observed regularities. This study will be based on the Bio psychosocial model that is both a philosophy of clinical care and practical clinical guide. Bio psychosocial model assumes that illness and injury have biological, psychological and socio-cultural components. Diagnosis and Treatment decision should take into account all three aspects (Rick wood et al, 2008). Philosophically, it is a way of understanding how suffering, disease and illnesses are affected by multiple levels of organizations from the societal to the molecular. At

the practical level, it is the way of understanding the patient's subjective experience as an essential contributor to accurate diagnosis, health outcomes and humane care.

The compulsive drug seeking associated with Alcoholism can be derived from multiple neuroadaptation. Negative reinforcement is defined as a drug taking that alleviates a negative emotional state. The negative emotional state that derives such negative reinforcement is hypothesized to derive from deregulations of specific neurochemical elements involved in reward and stress within the basal forebrain structures involving the ventral striatum and extended amygdala, respectively. Specific neurochemical elements in these structures include not only decreases in reward neurotransmission such as dopamine and Y-amino butyric acid function in the ventral striatum , but also recruitment of brain stress systems , such as Corticotropin – releasing factor (CRF) in the extended amygdale. The fundamental premise of the theory is that all behaviour is the result of person –environment interaction (Jessor, 2001).

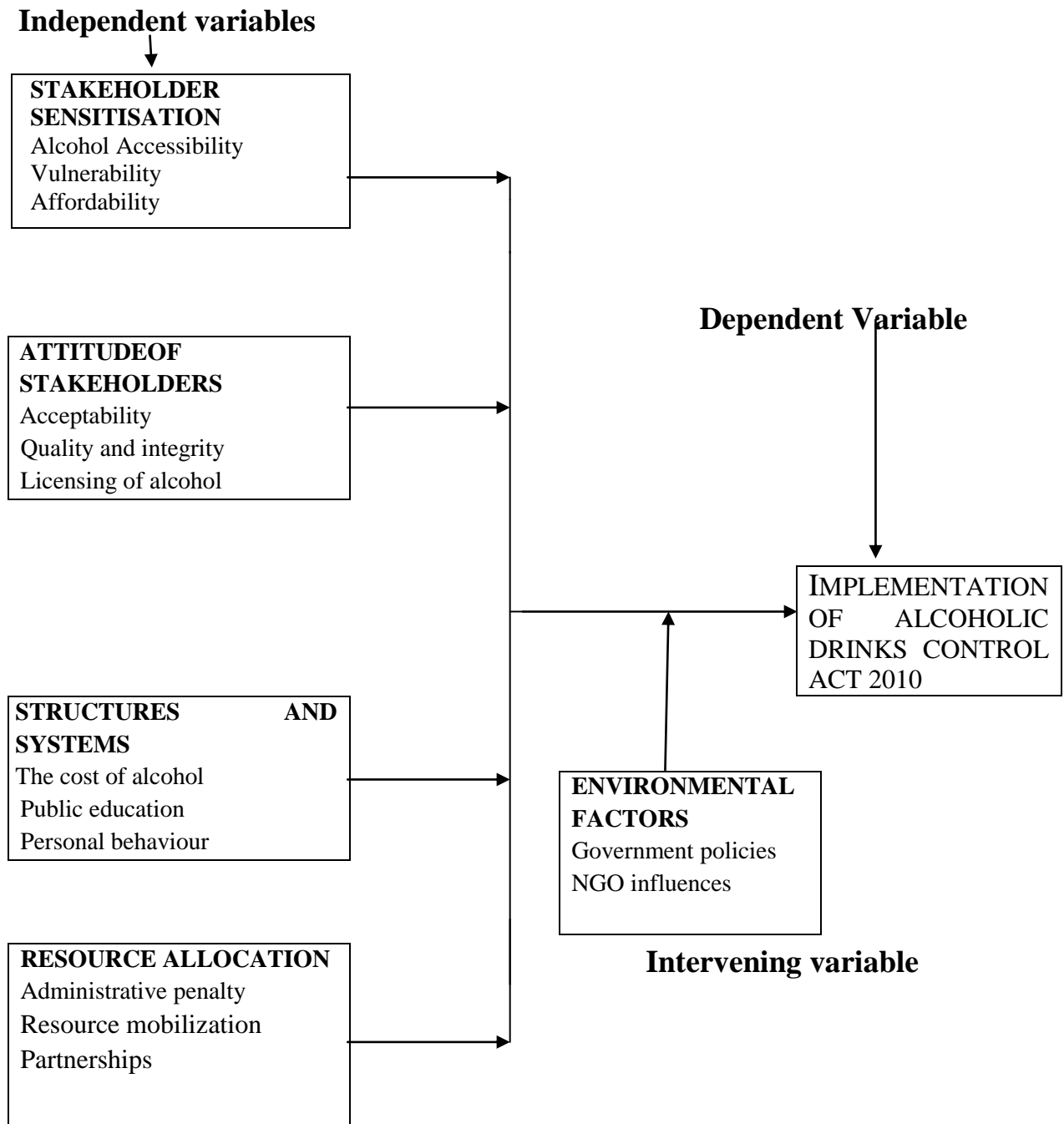
Acute withdrawal from chronic Alcohol, sufficient to produce dependence, increases reward thresholds, increases anxiety like responses, decreases dopamine system function, and increases extracellular levels of the amygdale. CRF receptor antagonists also block excessive drug intake produced by dependence. A brain stress response system is hypothesized to be activated by acute excessive drug intake , to be sensitised during repeated withdrawal, to persist into protracted abstinence , and to control to the negative motivational state of withdrawal include norepinephrine, dimorphic, and neuropeptide Y . The combination of loss of reward function and recruitment of brain stress systems provides a powerful neurochemical basis for a negative emotional state that is responsible for the negative reinforcement driving, at least partially the compulsivity of Alcoholism.

2.7 Conceptual Framework

Concepts are the building blocks of theory and represent the points around which social research is conducted. In this study, adopted theory is bio-psychosocial model theory and the conceptual framework to facilitate the analysis indicates that dependent variable in this study is

Implementation of Alcoholic Drinks Control Act of 2010. The independent variables are stakeholder's sensitization, attitude of stakeholders, Governance structures and systems and Resources allocated in the implementation. The intervening variable is environmental factors that include government policy, NGO influences among others. The figures alongside gives this highlights;

Figure 2.1 Conceptual framework



2.8 Summary of literature review

The literature review has been intensively researched to give meaning to the study. The researcher dwelt much with some of the factors affecting stakeholders' sensitization in implementing the Alcoholic Act of 2010. These factors include; the views of stakeholders on substance abuse. Views were gathered on the magnitude of substance abuse. Research went along way identifying views on population vulnerability to substance abuse where the youth are said to be the most vulnerable. In finding out the attitude of stakeholders, Access to Alcohol, the role of Alcohol in society, freedom of access and availability, responsible practices around advertising and promotion, comprehensive information and education, health care and health care providers, responsible service of beverage Alcohol and ensuring product quality and integrity. The literature went further to explain structures and systems influencing implementation of Alcoholic Act that included such as Alcohol drinks faced tough time due to high inflation, the impact of homemade spirit chang'aa not yet being felt, East African Breweries still leading Alcohol drink sales ,and distribution landscape still fragmented. The review was also made for the resource allocation influencing implementation of Alcoholic drinks Act which touched on the enforcement resources that are independent and declining, Administrative placement, state-local partnerships, Administrative process that is to say the Adjudication of Alcohol law violations, determination of Administrative penalties and the limits to authority which are not clearly.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on research design, target population, sample selections, sample size, research instruments, sampling procedures, research Instruments, pilot testing , reliability of the Instrument, validity of the research Instrument, data collection methods , data analysis techniques and Ethical considerations that have been used by the researcher during the period of study.

3.2 Research Design

The descriptive survey research design was adopted in conducting the study. The major type of descriptive research is description of the state of affair as they exist and s that descriptive survey is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. It can be used when collecting information about people's attitudes, opinions, habits, or any of the variety of education or social issues.

The study combines both qualitative and quantitative approaches. This was appropriate in the light of understanding a research problem by converging broad numeric trends from quantitative research and the detail of qualitative research, exploring participant views with the intent of building on these views with quantitative research so that they can be explored with a large sample of a population, obtaining statistical, quantitative results from a sample and then follow up with a few individuals to help explain those results in more depth and to best convey the trends and voices of marginalised groups or individuals(Creswell, 2009).

3.3 Target Population

The target population of this study included: departmental heads, chiefs, Assistant Chiefs, village elders, police officers, church clergypersons, selling clubs, brewers and drinkers. The total number is 5600 participants. It is these age groups that mostly contribute to collection of

necessary information sourced from, although there are few cases above 60 years who will also participate in the study. The information, collected by the researcher, was majorly primary data since was be collected directly from the alcohol victims themselves.

3.4 Sample Selection and Sample Size

3.4.1 Sample Size

A sample is that finite size of statistical population whose properties are studied to gain information about the whole population. Based on Krejcie and Morgan's (1970) table for determining sample size at 5% margin of error (95% confidence). Sited by Amin (2005), for a population of 75,000, a sample size of 56 was needed to represent a crossection of the population.

3.4.2 Sampling Procedure

The study took 10% of the total number of 5600 as is stated in Mugenda &Mugenda (2003). The researcher then took 10% of the 560 from each department assuming they had same characteristics and interest since they were in the same environment; this gave a total of 56. A combination of systematic random sampling and purposive sampling methods was employed. Cases that have characteristics in line with the objectives of the researcher were first identified. Elimination of systematic sampling error that may result from a subgroup of the population being concentrated within one section or a section being left out, the list of all members in the sampling frame was randomised. The sample size was purposively selected to incorporate 3 business persons, 5 head of departments, 4 chiefs, 5 assistant chiefs, 8 village elders, 7 police officers, 4 clergypersons, 5 brewers, 8 drinkers and 7 teachers. These made a total of 56. Hence, a sample is that which is used to make an estimate of the characteristics being. In this study, random purposive sampling techniques were utilized. These were employed because there was a very large pool of potentially information-rich cases and no obvious reason to choose one case over another. Government officials, administrators and local leaders participation was sought through structured interviews and questionnaires to capture issues related with the implementation of

Alcoholic drinks control act. Settlers who are illiterate, Brewers, customers and stakeholders concerned in the study were randomly and purposively selected. The researcher used expert judgemental to select participants that are representative of the population. The researcher considered factors that could influence the population such as socio-economic status, intelligence and access to education then the researcher purposefully selected a sample that adequately represented the target population on the variable.

Table 3.1 Sample selection and sample Size

TARGET POPULATION	TOTAL POPULATION	SAMPLE SIZE
Business persons	30	3
Heads of Departments	50	5
Chiefs	40	4
Assistant Chiefs	50	5
Village Elders	80	8
Police Officers	70	7
Clergy Persons	40	4
Brewers	50	5
Drinkers	80	8
Teachers	70	7
TOTAL	560	56

Source : Field Survey Study 2013

3.5 Research Instruments

The researcher made a set of questions which will be directed to the target population in which every person visited answered questions and gave satisfactory or relevant answers according to the interview questions. Questionnaires data on the Factors Influencing implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division, Kisumu County, Kenya was used within the area of study, among the set of ages of the affected subjects, marital status, level of education, occupation, any knowledge of alcoholism, the most affected age group as well as sex and factors responsible for high incidence, prevalence of Alcohol.

An in-depth interview is an open ended, discovery oriented method to obtain detailed information about a topic from a stakeholder. In-depth interviews are a qualitative research

method; their goal is to explore in details respondent's point of view, experiences, feelings and perspectives. In this case the in-depth interview is chosen in this research because it facilitates a direct interaction between the respondents and researcher.

3.5.1 Pilot Testing

Pilot testing was conducted at Shihaka village in South Wanga division, Mumias sub county where the researcher took 10% of the population.

The study used both questionnaires and an in depth interview schedule. A questionnaire may be considered as a formalised stylized transcript with response missing. The questionnaires were selected since they could be used in more localised and intimate settings. The questionnaires had self administered questions that have both open and close ended questions that were used to obtain quantitative data. It was hoped that the respondents would feel free to express themselves since they were not giving their names. Data collected included the respondents' perception and knowledge regarding challenges facing alcoholics at Muhoroni Division.

The second phase targeted qualitative data collection whereby interview schedule was used. Interview is device which attempts to capture the responses of people to questions that are carefully standardized and intended to be minimally interceptive.

Many recent researchers still concur with Kerlinger (1973), who sees interview as the most powerful tool in social research. Interviews should be honest, sincere, hardworking and impartial and must pose the technical experience.

3.5.2 Reliability of the Instrument

Reliability refers to the consistency of an instrument to produce the same results at different times. Piloting is one way of checking the reliability of instruments. This was done by pairing the items in the instruments as odd numbers and even numbers. The even numbers were

paired with odd numbers on an equal basis, thereafter the items in the even and odd numbers were scored separately and corrected.

Reliability in research is influenced by random error. As random error increases, reliability decreases. Random error is a deviation from true measurement. This study adopted the test – retest technique. The test re-test method was used to assess the reliability of the data. This involved administering the same question twice to respondents at Shihaka in south wanga Division and correlating their responses independently. After administering the questionnaires, a correlation co-efficient was calculated using appropriate formula to establish the relationship between the two sets of scores. The reliability of the instruments was determined using Spearmans' Brown Prophecy formula as shown below:

$$\text{Reliability of the entire test} = \frac{(\text{Reliability of 0.5 test}) (r)}{1 + (\text{Reliability of 0.5 test}) (r)}$$

3.5.3 Validity of Research Instrument

A research instrument is valid if it actually measures what it is supposed to measure and when the data collected through it accurately represents the respondents' opinion (Amin, 2005). The validity of the instruments was ascertained by conducting a pilot study. This ensured that the instructions were clear and captured in simple English language and all possible responses to a question were captured. Content validity of a measuring instrument is the extent to which it provides adequate coverage of the investigative questions guiding the study (Mugenda, 2008). The instruments in this research namely questionnaire, interview schedules were reviewed by the university supervisor and recommended for improvement and also verified whether the instruments was able to address the objectives of the study. Rules concerning interview were adhered to. The important comments and suggestions were captured from the respondents and enabled the researcher to improve the efficiency of instruments, adjust strategies and approaches to maximise the response rate.

3.6 Data Collection Methods

The researcher sought for a research permit from the National Council for Science and Technology of Kenya through the Director of the Board of Post Graduate Studies University of Nairobi. A copy of the Permit was made available to heads of Department of the chosen institutions who were visited for briefing and appointment made for administration of the instruments. The questionnaires would be collected and the researcher went through them and did the analysis. The researcher visited the Head of department for interview.

3.7 Data Analysis Techniques

Ker Linger (1973) defines data analysis as categorizing ordering, manipulating and summarising of data to obtain answers to research questions. In this study, data analysis involves both quantitative and qualitative methods. The qualitative data is analysed by establishing the categories and reasons for or against and conclusions in line with the study objectives. These data are edited and presented in a narrative form where perceptions of various respondents are captured.

This helps to keep or maintain common characters together and enable easy data presentation. The researcher analysed data by use of simple calculations and comparisons of compiled data in percentages and in representing these in tables. Both qualitative and quantitative methods were used. Data collected using questionnaires was grouped, organised and categorised according to specific objectives and research questions. Closed-ended questions were awarded numerical scores. These were analysed using descriptive statistics that is the frequency counts and percentages.

The data collected using questionnaires was coded manually, organised under different variables where establishment of the frequencies and percentages calculated to allow the use of descriptive statistics. Presentation was in form of graphs and charts.

This enabled the researcher to demonstrate the collected data in a scientific design that can be easily followed and understood.

3.8 Ethical considerations

In the course of this research, study the research protection of the respondents from physical, psychological and emotional harm by exercising his professionalism as a researcher. The researcher had to obtain consent from the respondents before the respondents were engaged. The researcher had to brief them of what he was studying and the importance of the study and explained clearly how to use the research instruments that were to be used. The researcher also made it clear to the respondents that they needed not indicate their identities for purposes of confidentiality. The researcher maintained respect for all including those who had declined to participate.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSIONS

4.1 Introduction

This chapter Present study findings which have been discussed in line with the objectives as: study response rate demographic characteristics of respondents, training in the implementation of government policies, training of stakeholders, local administration awareness on drug education programs and how conducted. How healthcare information helps, how they ensured health standards, influence of stakeholders attitudes on the adoption of the act.

Governance structures enhancing protective factors and the tougher legislation affecting the future of alcohol drink sales, presence of structures to guide efforts of drug abuse and the operational structures. The abilities of structures to control drug and substance abuse, presence of data management system, the availability of enforcement resources , involvement of relevant agencies and challenges involving partner resource agencies regular use of resources.

4.2 Study response rate

A total of 58 questionnaires were sent to be administered and 56 questionnaires were returned for analysis yielding a response rate of 93.1%. Response rate of good trial of the field assistants. Both field assistants and the community were taught on the importance and purpose of the study. This percentage was enough to continue with the study since according to Necamaya(1996), response rate of more than 75%is enough for the study to continue.

Table 4.0
Study response rate

Respondents	Targeted	Obtained	Response rate
heads of department	5	5	100
Chiefs	4	4	100
assistant chiefs	5	5	100
village elders	8	8	100
police officers	7	7	100
Clergypersons	4	4	100
selling clubs	3	3	100
Brewers	5	5	100
drinkers	8	6	75
Teachers	7	7	100
Total	56	54	93.1

Source: Field Survey Study 2013

Specifically the study targeted 5 heads of departments, 4 chiefs, 5 assistant chiefs, 8 village elders, 7 police officers, 4 clergy persons, 10 selling clubs, 5 brewers, 8 drinkers and 7 teachers and managed to get all of them. The study managed to get everyone but for two customers. In total the study managed a response rate of 96.4% which was well above the 75% threshold needed for a social scientific study to proceed. This is according to cooper and Schindler (2007).

4.3 Demographic characteristics of respondents

This section covers the results, interpretation and discussion on demographic characteristics of the community which include gender, age, and level of education of the respondents.

4.3.1 Gender of the respondents on participation in Alcoholic drinks Control Act of 2010

To answer this question, the respondents were asked to indicate their gender and results were as follows.

Table 4.1 Gender of respondents

Gender	Frequency	Percentage
Male	54	96.43
Female	2	3.57
Total	56	100

Source: Field Survey Study 2013

From table 4.1, out of the 56 respondents involved in the study, 54 (96.43%) were male while 2(3.57%) were female. This was an indication that the stakeholders in the alcohol industry were largely male. They are males who lose out on family functions while required to be present at home educate young boys on male duties. This is true in that research conducted by Nacada found out that alcohol has a strong negative effect on marital relationships and family cohesion. Children raised in alcoholic families tend to experience lower levels of family functioning and are more likely to have had traumatic experiences than children from non-alcoholic families (Nacada, 2011).

4.2 Age of respondents

The study examined the age distribution of the respondents and presented the findings in Table 4.2

Table 4.2: Age distribution of the respondents

Total	Frequency	Percentage
18 - 25 Years	5	8.93
31 - 40 Years	27	48.21
41 - 50 Years	12	21.43
51 - 60 Years	10	17.86
61 - 70 Years	2	3.57
Total	56	100

Source : Field Survey Study 2013

From table 4.2, a total of 5(8.93%) respondents were aged between 18 and 25 years, 27(48.21%) respondents were aged between 31 and 40 years, 27(48.21%) respondents were aged between 31 and 40 years, 12(21.43%) were aged between 41 and 50 years, 10(17.86%) were aged between 51 and 60 years and 2(3.57%) respondents were aged between 61 and 70 years. These findings show that most stakeholders in the alcohol industry were of the ages ranging between 31 and 40 years. The statistics is similar to Krownberg (2004), in a study conducted to identify determination of participation in Colorectal cancer screening with faecal occult blood testing, results from the United Kingdom Randomised Control Trial (UK RCT). Pilot programmes and surveys of screening activities showed an increased participation with increased age.

4.3.3 Level of education of respondents

The study examined the level of education of the respondents and presented the findings in Table 4.3

Table 4.3: Level of education of respondents

Level of education	Frequency	Percentage
None	1	1.79
Primary	9	16.07
Secondary	34	60.71
Degree	12	21.43
Totals	56	100

Source: Field Survey Study 2013

In exploring the age of respondents, the study found that 1(1.79%) respondent as not having any formal education, 9(16.07%) had primary education as their highest level of education, 34(60.07%) respondents had secondary level of education and 12(21.43%) had degree level of

education as their highest level of education. These findings show that most stakeholders in alcohol industry had secondary level of education and degree level of education.

4.4 The level at which stakeholders' sensitization influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division

The first objective of the study examined the level at which stakeholder sensitization influenced implementation of alcohol control act in Muhoroni division. The study explored whether the stakeholder had undergone any training on government policy and presented the findings in Table 4.4.

Table 4.4: Training in implementation of government policy

Training in implementation of government policy	Local administration		Stakeholders	
Yes	8	100	24	64.86
No	0	0	13	35.14
Total	8	100	37	100

Source : Field Survey Study 2013

The study found that all the 8 local administration staff had undergone training on government policy. On the part of the stakeholders a total of 24(64.86%) stakeholders in the study had undergone while 13(35.14%) had not undergone any training in government policy. According to the drug secretariat a mentorship program was to be implemented that would provide good role models to youth people who would listen to and advice then on all aspects of their lives encouraging and assisting them in social , moral and intellectual developments . This implied that training as fundamental in understanding any government policy (Douglas, 2006).

The study examined the type of training undergone by the stakeholders and presented in Table 4.5.

Table 4.5: Type of training undergone by stakeholders

Type of training	Frequency	Percentage
Youth programs and empowerment activities	9	37.5
Rules and regulations	8	33.33
How to implement community policing	3	12.5
How to deal with drug and substance among the youth	2	8.33
Good governance and corruption	1	4.17
Training on departmental roles	1	4.17
Total	24	100

Source: Field Survey Study 2013

A total of 9(37.5%) stakeholders had undergone training in youth programs and empowerment activities, 8(33.33%) stakeholders had undergone training on government rules and regulations, 3(12.5%) stakeholders undergone training on how to deal with drug and substance among the youth, 1(4.17%) stakeholders had undergone training in good government and corruption and 1(4.17%) had undergone training on departmental roles. This shows that training had not been given priority hence there is need to create avenues for funding in the areas of training of addiction counsellors and research , development of rehabilitation centers, decentralization of Nacada Authority to the counties and design community driven prevention initiatives , integration of alcohol and drug abuse activities into our National Healthcare programs (Nacada, 2011).

The study explored how the office is helping parents and community schools to adapt to the new alcohol control act and presented the findings in Table 4.6.

Table 4.6: How the stakeholders assist parents and community schools to adapt to the new act

Helping parents and community schools to adapt to the new act	Frequency	Percentage
By sensitizing youth between 15 – 35 years on dangers of alcohol and substance abuse	12	37.5
Conducting individual counselling and involving the community	9	33.33
By giving the youth productive work to do where they can earn from	8	12.5
Through the judicial marching and open days	7	8.33
Not in any way	1	4.17
Total	37	100

Source: Field Survey Study 2013

The study found that 12(37.5%) stakeholders said that their parents by sensitizing youth between 15 – 35 years on dangers of alcohol and substance abuse, 9 (33.33%) stakeholders said that their offices assisted parents and community to adapt to the new alcohol act by conducting individual counselling and involving the community. The study found that 8(12.5%) stakeholders said that their offices assisted parents and community to adapt to the new alcohol act by giving the youth productive work to do where they can earn from. A total of 7(8.33%) stakeholders said that their offices assisted parents and community to adapt to the new alcohol act by organising judicial marching and open days, 1(4.17%) stakeholders said that their offices were not assisting parents and community to adapt to the new alcohol act. A positive system and school leaders also need to identify knowledge and capabilities among parents and community members that can be drawn upon in developing a caring and safe school culture and supporting all students. The drinking behaviour of a parent can easily influence a young person. Efforts to reduce alcohol harm among young people should be directed at supporting and educating parents.

The study examined the explored the awareness of the brewers and customers on the drug education programs and presented the findings in Table 4.7:

Table 4.7: Brewers and customers awareness on drug education programs

Drug education programs awareness	Frequency	Percentage
Yes	4	36.36
No	7	63.64
Total	11	100

Source: Field Survey Study 2013

From Table 4.7, a total of 4(36.36%) brewers and customers said that they were aware of the drug education programs while the other 7(63.64%) brewers and customers were not aware of any drug education programs. This was an indication that ignorance was high among the brewers and customers on drug education programs. People should have access to full information on characteristics of alcohol context. Accurate information should be available on the effects of drinking alcohol including the fact that the effects differ depending on the amounts consumed, patterns of consumption characteristics and circumstances. Present information in clear, accurate and balanced manner. The Canadian Brewery industry has an overriding challenge in terms of an aging and slow growing population, which is more concerned about health and increasing cultural diversity in Canada (The Canadian brewery Industry, 2009).

The study explored the awareness of the local administration on the drug education programs and presented the findings in Table 4.8 below.

Table 4.8: Local administration awareness on drug education programs

Knowledge of Drug education programs	Frequency	Percentage
Yes	2	25
No	6	75
Total	8	100

Source: Field Survey Study 2013

From the views of the local administration staff, most of them, just like it was the case for the customers and brewers, were not aware of drug education programs. Only 2(25%) local administration officials were aware of drug education programs while 6(75%) administration officials were not aware of drug education programs.

The study went further to explore how the drug education programs were conducted from the view of the administration staff and presented the findings in Table 4.9 below.

Table 4.9: How drug education programs were conducted

Conducting educational programs	Frequency	Percentage
Through public institutions	1	50
Through barrazas	1	50
Total	2	100

Source : Field Survey Study 2013

Out of the two local administration officials who said that drug education programs were carried out one of them said it was done through involving public institutions partnering with the local administration.

The study explored the magnitude of substance abuse in the jurisdiction of local administration staff and presented the findings in Table 4.10 below.

Table 4.10: Magnitude of the substance abuse

Magnitude	Frequency	Percentage
Rampant and extensive	4	50
Minimal	2	25
I don't know	2	25
Total	8	100

Source : Field Survey Study 2013

It came out that alcohol and substance abuse was rampant and extensive more so among the youth from the views of 4(50%) local administration, 2(25%) local administration staff said that

alcohol and substance abuse was minimal and 2(25%) local administration officials did not exactly know the extent or prevalence of alcohol and substance abuse. Some forms of drug abuse are associated with recreational settings in specific subpopulations, for example, ecstasy use which is found more among young people and associated with particular lifestyle, and events; parties, night clubs and dance events seen in many affluent societies. This signifies existence of alcohol and substance abuse among young persons (World Drug Report, 2010).

The study sought to know the same from the brewers and customers and presented the findings in Table 4.11 below.

Table 4.11: Brewers and customers opinion on the prevalence of alcohol and substance abuse

Customers affected by alcohol	Frequency	Percentage
Above 60% of the youth	7	63.64
25% - 60% of the youth	3	27.27
Less than 25%	1	9.09
Total	11	100

Source: Field Survey Study 2013

From the approximation of the brewers and customers, a proportion of 60% of the youth in their area were engaged in alcohol and substance abuse, 3 (27.27%) brewers and customers said that approximately a proportion ranging between 25 and 60% youth were engaged in alcohol and substance abuse and lastly 1(9.09%) customer said that less than 25% of the youth were engaged in substance and alcohol consumption. This is similar to a study that indicated 72% of women, men aged 15 years, and older about 16.5 million Canadians reported drinking alcohol in the past 12 months. About a quarter of current drinkers, drink less than once per month and 5% drinks daily. Young adults, males and those with higher incomes drink more than other Canadians (Riley, 1998).

The study sought to examine whether the brewers and customers had received any training on drug related issues and presented the findings in Table 4.12 below.

Table 4.12: Brewers and customers' training on drug related issues

Training on drug programs	Frequency	Percentage
Yes	4	36.36
No	7	63.64
Total	11	100

Source : Field Survey Study 2013

From Table 4.12, 4(36.36%) brewers and customers had undergone some training on drug related issues while the majority 7(63.64%) brewers and customers had not undergone any training on drug related issues. This clearly showed there exists a gap in the awareness and training of customers and brewers in drug related issues. The misconception here lies with the misuse of alcohol and is associated with a range of injuries that result in significant morbidity or death. In Australia, 44% of fire injuries, 34% of falls and drowning, 30% of car accidents, 50% of assaults, 16% of child abuse, 12% of suicides and 10% of industrial machine accidents have been estimated to be associated with alcohol consumption. Alcohol is an added risk factor for injury and death in the aquatic environments during activities such as swimming. If people are trained they will not indulge in some of these irresponsible activities (National Drug Strategy, 2001).

The study explored the type of training undergone by the four brewers and customers and presented the findings in Table 4.13 on next page.

Table 4.13: Type of training undergone in drug education program

Type of training	Frequency	Percentage
impact of drug abuse on youths	2	50
Antinarcotics drug awareness and prevention	1	25
fight against drug and substance abuse	1	25
Total	4	100

Source : Field Survey Study 2013

Out of the four brewers and customers who had undergone some training on drug education programs, 2(50%) brewers and customers said that they had undergone training on the impact of drug abuse on youths, 1(25%) brewer had undergone a training on antinarcotics drug awareness and prevention and 1(25) customer had undergone a training on fight against drug and substance abuse. This is similar to a training carried out on ‘the drug and substance abuse workshop’ that provided participants with an opportunity to review comment and find research gaps on drug and substance abuse issues. These workshop findings provided an opportunity for deliberations building consensus on action points and recommendations for future. There is thus need to have brewers and customers to have education on drug and substance abuse (Nacada, 2011).

The study sought to know from the stakeholders the factors that contributed to substance abuse and presented the findings in Table 4.14

Table 4.14: Stakeholders view on factors contributing to substance abuse

Factors	Frequency	Percentage
Poverty	15	40.54
Unemployment	11	29.73
Ignorance	7	18.92
Lack of life skills and economic empowerment	6	16.22
Stress	6	16.22
Peer pressure	5	13.51
Lawlessness	5	13.51
Increase in alcohol selling areas	4	10.81
Illiteracy	2	5.41
Orphans lacking parental guidance	1	2.7

Source : Field Survey Study 2013

From Table 4.14, 15(40.54%) stakeholders said that what contributed alcohol and substance abuse was poverty, 11 (29.73%) stakeholders said that unemployment was the main cause of alcohol and substance abuse, 7(18.92%) stakeholders said that ignorance was the main cause of alcohol and substance abuse, 6 (16.22%) stakeholders said that the main cause of alcohol and substance abuse was lack of life skills and economic empowerment among the youth, 6(16.22%) stakeholders said that the main cause of alcohol and substance abuse was stress, 5(13.51%) stakeholders blamed peer pressure for the alcohol and substance abuse problem, 5(13.51%) stakeholders blamed the state of lawlessness on abuse of alcohol, 4(10.81%) stakeholders blamed it on the increase in alcohol selling areas, 2(5.41%) stakeholders pointed to illiteracy as the main reason for alcohol and substance abuse and lastly 1 (2.7%) stakeholder blamed it on orphans lacking parental guidance. This contrary though not to a wide note where a study in Nigeria indicates that 80% of the stakeholders in Nigeria perceived peer pressure as having influence on

substance abuse , 69% on poverty , 56% on unemployment , 27% education , 24% on age , 23% on sex while 11% on marital status.

The study explored the influence of stakeholders' sensitization on the adoption of the alcohol control act through a cross tabulation between level of stakeholder awareness and level of adoption of the stakeholders on the act and presented the findings in Table 4.15.

Table 4.15: Influence of stakeholders' awareness on adoption of alcohol control act

Awareness of alcohol act	Adoption of the alcohol act						Total	
	Poor		Average		Good		Freq.	%
	Freq.	%	Freq.	%	Freq.	%		
Not aware	5	29.41	1	6.67	0	0	6	16.22
Averagely aware	11	64.71	9	60	4	80	24	64.86
Highly aware	1	5.88	5	33.33	1	20	7	18.92
Total	17	100	15	100	5	100	37	100

Source :Field Survey Study 2013

From the cross tabulation out of the 17 stakeholders who said that they poorly adopted the alcohol act, 5(29.41%) were unaware the alcohol control act, 11(64.71%) were averagely aware of the act and 1(5.88%) was of the opinion that they were highly aware of the alcohol act. This showed that poor adoption of alcohol act was related more with unawareness of the alcohol act or average awareness. In the category of stakeholders who said that they were averagely aware of the act 1(6.67%) said that he was not aware, 9(60%) stakeholders said they were averagely aware of the alcohol act and 5(33.33%) said they were highly aware of the alcohol act. In the group of stakeholder who had well adopted the alcohol act, none was unaware of the alcohol act, 4(80%) were averagely aware of the alcohol act and 1(20%) was highly aware of the alcohol act. This findings show that good adoption of the alcohol act was related to awareness of the act through sensitization. There is a considerable confusion and concern exists among stakeholders around harm reduction programming in schools. Parents, community education, and an open collaborative approach to arriving at clear programs aims, elements are needed to reduce fears and misgivings. It was found that Principals were concerned that drug education programming

may lead to the school being seen as a drug school which will impact negatively on the schools profile.

4.5 How attitude of stakeholders influence implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division

The second objective of the study explored how the attitude of the stakeholders influenced the implementation of the alcoholic drink control act of 2010. Given that the alcohol drinks control act was aimed at instituting reforms in the alcohol industry, the study sought to examine the attitude of the citizens towards the reforms from the views of the local administration and presented the findings in Table 4.16 below.

Table 4.16: Local administration opinion on how people are supporting reforms

Supporters of reforms	Frequency	Percentage
Positive	5	62.5
Negative	3	37.5
Total	8	100

Source : Field Survey Study 2013

From Table 4.16, 5(62.5%) local administration officials said that the local community was supportive of the reforms while 3(37.5%) local administration officials had it that the local community had a negative attitude towards the reforms. The study is similar to the view that each person is important in the affairs of reconstruction. It was therefore necessary to clearly define Partner's contribution, their roles in implementation, their responsibilities and mandates and the relevance of their support in line with National priorities. An appropriate coordination mechanism is therefore important to bring together all intervening agencies, organization and stakeholders (WHO& African Health Observatory, 2013).

This prompted the researcher to seek to know the reason why the local administration officials were of the opinion that the community were either positive.

Table 4.17 shows their opinion

Table 4.17: Reason why the local administration was of the opinion that the community was positive

Responses	Frequency	Percentage
By reporting incidents of drug abuse	3	60
Sharing ideas on possible best practices	3	60
they respond to learn more	2	40
They are of the opinion that the law has given people chance to work	2	40
They have a good opinion of bars only being opened up at night	1	20

Source : Field Survey Study 2013

The local administration staff said that the local community was positive because, they reported incidents of drug abuse among them. This was according to 3(60%) administration officials, 3 (60%) local administration officials said that the local community were positive because they shared ideas on possible best practices that should be adopted to make the act successful. It was mentioned by 2(40%) local administration officials that the locals sought to know more from them and this was a pointer to them having a positive attitude towards the act. Two other local administrations said that the locals cited they were having more time to work as a result of the law and this was a benefit. This showed that they were positive about the act. Lastly 1(20%) chief said that locals supported bars being opened only at night meaning they had a positive attitude about the act. This is similar to a study combining WHO and the AHO, which showed that Surveillance and monitoring, research, and knowledge management play a pivotal role in alcohol control. The harmful use of alcohol should be integrated in the school curriculum. Local community action should be based on rapid assessment and involve the community and young people in problem identification, planning and policy implementation to make the community more positive on the reforms (WHO& African Health Observatory, 2013).

The study went forth and examined whether people shared information about the act in the area in the view of the local administration officials and presented the findings in Table 4.18.

Table 4.18: Information sharing on the alcohol control act

Information sharing	Frequency	Percentage
Yes	7	87.5
No	1	12.5
Total	8	100

Source :Field Survey Study 2013

From Table 4.17, it emerged that there was sharing of information on the alcohol control act according to the local administration officials. A total of 7(87.5%) local administration officials said that there was information sharing by the local administration on the alcohol control act. This findings show that there was a high level of information sharing on the alcohol control act. Provision of information for decision makers and communities should be strengthened in order to increase commitment to Public Health protection recognition of alcohol related harm in the community and active participation in policy measures and in implementation (WHO & African Health Observatory, 2013).

The researcher went ahead, examined how information was shared on the alcohol control act, and presented the findings on Table 4.19 below.

Table 4.19: How the local administration shared alcohol control act information

How shared	Frequency	Percentage
Through informal meetings	4	50.00
By organised meetings and barazas	2	25.00
Through existing groups such as CBO	2	25.00
Total	8	100

Source : Field Survey Study 2013

The study established that the information was shared through informal meetings. This was according to 4(50.00%) local administration officials out of the 8 who said that they shared information on the act. Two (25%) of them said they shared information through organised meetings and barazas and lastly 2(25%) said that the information was shared through existing groups such as CBOs.

The study examined the contribution of the parents and peers towards implementation of the alcohol act of 2010 and presented the findings in Table 4.20 below.

Table 4.20: How parental and peer influence affecting implementation of alcohol act of 2010

Parental and Peer influence	Frequency	Percentage
Most parents have ignored their responsibility to guide their children and peer pressure is misleading youths	2	25
Both parents and the youth are engaged in drinking and nobody wants to discuss the side effects	2	25
Those who are drinking form the majority in the society so it is difficult to get guidance	2	25
A few parents and peers are advising the youth on importance of the act	2	25
Total	8	100

Source : Field Survey Study 2013

From Table 4.20, 2(25%) local administration officials said that parents were not assisting in the implementation of the alcohol control act because, most parents had ignored their responsibility to guide their children and peer pressure had taken over misleading fellow youth into alcohol and drug abuse.

It was further mentioned by 2(25%) other local administration that both parents and the youth were engaging in drinking and nobody wanted to discuss the side effects because they were all involved.

It also emerged that parents could not do much to guide the youth because those who were drinking were the majority overpowering even the few parents who could stand up to guide the youth on alcohol and substance abuse.

Only 2(25%) local administration officials said that parents were advising the youth on the importance of the act. This is true with the NACADA findings where there is high level of alcohol in the rural areas where boys are missing out on being taught crucial male gender roles by their fathers who are not always drunk. Majority households in rural areas are female headed due to males overindulgence in alcoholism (Nacada, 2011).

The study went further, examined the role of the alcohol in the society, and presented the findings in Table 4.21.

Table 4.21: Local administration opinion on the role of alcohol in the society

Role of alcohol	Frequency	Percentage
Destroys families and society	7	87.5
Positive role in stress management	1	12.5
Total	8	100

Source :Field Survey Study 2013

It emerged that alcohol had a negative impact in the society according to majority of the local administration officials. A total of 7(87.5%) local administration officials said that alcohol destroyed families and the wider society. While only 1(12.5%) chief said that it was beneficial in the society because it led to stress management. This was similar to a believe that children of alcoholics do not attain higher education with a big proportion not completing or going beyond primary school. Alcohol has the strongest effect on domestic violence. The wives are shouldering the responsibilities of their daily drinking spouses (Nacada, 2011).

The study went forth and examined whether the stakeholders were given the opportunity to review their comments. This was important in establishing whether the implementation of the act was all inclusive. Table 4.22 shows the results of the findings.

Table 4.22: Whether the stakeholder were given the opportunity to review their comments

Opportunity for comment	Frequency	Percentage
Yes	14	37.84
No	23	62.16
Total	37	100

Source: Field Survey Study 2013

From Table 4.21, 14(37.84%) stakeholders were given the to review their comments while the other 23(62.16%) stakeholders said they were not given the opportunity to review their comments. This findings show a contrast from those of the local authority officials who were largely involved in the setup of the act. Most of the stakeholders were not involved in the act through reviewing of comments. Nacada conducted several outreach and training sessions that targeted persons with disability on alcohol and substance abuse prevention, management and mitigation. It also provides guidance for the coordination of the intersecting disability issues within the Authority's strategic plan (Okedi, 2012).

The study went forth to explore how the stakeholders were involved in reviewing their comments and presented the findings in Table 4.23.

Table 4.23: How the stakeholders were involved in reviewing comments

Review of comments	Frequency	Percentage
Through verbal submissions of my suggestions in forums and also by making recommendations in periodic reports	10	27.03
Through sensitizing individuals and families on effects of drug abuse and providing necessary counselling to the affected	14	37.83
By sharing in staff meetings	13	35.14
Total	37	100

Source : Field Survey Study 2013

From Table 4.23, 10(27.03%) stakeholders said that their comments were reviewed through verbal submissions of their suggestions in forums and also by making recommendations in

periodic reports, 14(37.83%) stakeholders said that their opinion were reviewed through sensitizing individuals and families on effects of drug abuse and providing necessary counselling to the affected and 13(35.14%) stakeholders said that their opinion was reviewed through sharing in staff meetings. The findings were in line with those of the committee on drug and alcohol policy continues that monitors and evaluates the policy against the objectives and goal of the policy and overall goals and objectives in the University Charter. The committee monitors both staff and students to evaluate the degree of satisfaction on the services provided (Chuka University, 2013).

Similarly, the study sought to know from the customers and brewers whether they were given the opportunity to comment or participate in policy proposal establishing the alcohol act and presented the findings on Table 4.24.

Table 4.24: Whether customers are given the opportunity to comment or participate in policy proposal

Opportunities for policy proposal	Frequency	Percentage
Yes	4	28.57
No	7	71.43
Total	11	100

Source: Field Survey Study 2013

It was established that out of the 11 customers and brewers involved in the study, only 4(28.57%) were given the opportunity to comment or participate in policy proposal while the majority 7(71.43%) were not given the opportunity. This showed that there was a gap between involvement of local authority officials and customers on the implementation of the alcohol control act.

The study went further to assess, the reaction of the customers and brewers towards implementation of the alcohol control act and presented the findings in Table 4.25 as shown.

Table 4.25: Reaction of customers and brewers towards implementation of the alcohol drinks control act of 2010

Reactions	Frequency	Percentage
It has impacted negatively towards the bar business by reducing the working hours	5	45.45
The judiciary is too lenient with business men who break the law on alcohol	3	27.27
It has led to increased corruption as the police and local administration are now getting more	2	18.18
The act is good as it has led to reduced alcohol consumption	1	9.09
Total	11	100

Source : Field Survey Study 2013

The study found that most brewers and customers were of the view that the alcohol act impacted negatively towards the bar business by reducing the working hours. This was according to 5(45.45%) brewers and customers. The study also established that the customers were of the opinion that the judiciary was too lenient on people who broke the alcohol law this was according to 3(27.27%) brewers and customers in the study. It was established that the alcohol act had led to increased cases of corruption by police demanding bribes from those who broke the law. This was according to 2(18.18%) brewers and customers. The study established that 1(9.09) brewers and customers said that the act was good as it had led to reduced alcohol consumption.

The study went forth to examine whether the department that the stakeholders were working in volunteered paperwork action and presented the findings in Table 4.26 below.

Table 4.26: Whether department volunteered paper work action

Volunteering paper work	Frequency	Percentage
Yes	8	21.62
No	16	43.24
I don't know	9	24.32
Total	37	100

Source: Field Survey Study 2013

A total of 8(21.62%) stakeholders said that their departments volunteered paper work on action points, 16 (43.24%) stakeholders said that their departments did not volunteer paperwork action

on action points while 9 (24.32%) didn't know whether their departments volunteered paper work on action points. This findings show that the level of volunteering on action points was very low between the stakeholders in the departments. There should therefore be need of quantitative surveys documenting the country's alcohol prevalence. Feedback on alcohol consumption from customers and other relevant players (Muturi, 2007).

The study went further and explored whether the stakeholders had information on health care and health providers and presented the findings in Table 4.27.

Table 4.27: Whether stakeholders were getting information on health care and health providers

Healthcare and health care providers	Frequency	Percentage
Yes	9	24.32
No	17	45.95
I don't know	11	29.73
Total	37	100

Source : Field Survey Study 2013

The study established that the stakeholders were largely unaware of the information on health care and health providers. This was according to 17(45.95%) stakeholders who said that they did not have information on health care and health providers. It also came out that only 9(24.32%) stakeholders had information about health care providers while a massive 11(29.73%) stakeholders did not know anything about health care and health providers. With these contradictions, it is clear that all institutions must come on board because none is insulated from the disastrous effects of alcohol. Alcohol misuse and effects of alcohol on health and antisocial behaviour are of national concern. Alcohol liver disease and the number of alcohol related deaths have doubled in a decade (Advertising Standards Authority, 2008).

The study sought to know from the stakeholders who said that they had information on health care and health providers, what kind of information they had and presented the findings in Table 4.28.

Table 4.28: How health care information helps

How the information helps	Frequency	Percentage
By hygienic brewing / sale and recommending closure of unhygienic premises	2	22.22
One can know where to report in case of breach of health standards	3	33.33
Getting recommendation on important health standards	4	44.44
Total	9	100

Source : Field Survey Study 2013

It came out that by having health care information, the stakeholders were able to know the meaning of hygienic brewing and were therefore able to recommend the closure of unhygienic premises. This was according to 2(22.22%) out of the 9 stakeholders who said that they had the information. Similarly, 3(33.33%) stakeholders said that they knew where to report in case of breach of health standards. It was also mentioned by 4(44.44%) respondents that by getting information on health tips, they were able to get to know where to source for recommendations on important health standards. Freud believed that childhood experiences are the subconscious motivator of actions taken later in life. The drug secretariat implements a mentorship program that would provide good role models to young people who would listen to and advise them on all aspects of their lives encouraging and assisting them in social, moral, and intellectual developments (Douglas, 2001).

The researcher examined how the stakeholders ensured health standards and integrity and presented the findings in Table 4.29

Table 4.29: How they ensured health standards

Health standards and integrity	Frequency	Percentage
By looking for certified products by KBS	5	13.51
Ensuring cleanliness of production equipment	4	10.81
Using recommended and properly measured equipment	4	10.81
By checking out on the opinion of the health professionals	2	5.41
Avoiding outlawed products and businesses	1	2.7
I don't know	21	56.76
Total	37	100

Source : Field Survey Study 2013

From Table 4.29, the study examined found that the stakeholders ensured the health standards of the alcohol products by looking for certification from the KNBS. This was according to 5(15.51%) stakeholders in the study. The study also established that the stakeholders were ascertaining the health standards of the alcohol products by ensuring the cleanliness of the production equipment; this was according to 4(10.81%) stakeholders. It was also reported by 2(5.41%) stakeholders that they assessed the safety standards of the alcohol by checking out on the opinion of the health professionals while 1(2.7%) stakeholder said that they assessed the health standards of the health products by avoiding outlawed products and businesses. It however emerged that most of the stakeholders were unaware of how they would assess the health standards of the alcohol products. This is because a total of 21(56.56%) stakeholders confessed that they didn't know how to assess health standards of the alcoholic drinks. The findings show that there is nonexistence of health checking or no one is clear with what takes place in the alcohol processing notwithstanding the fact that alcohol beverages are potentially hazardous products and therefore should be subject to specific conditions not applied to other commercial goods and services. Establish clear and consistent guidelines for violations of alcohol laws and encourage more active citizen participation in the licensing and adjudication process (Research report, 2005).

The study examined the influence of attitude towards adoption of the alcohol act among the stakeholders and presented the findings in Table 4.3.

Table 4.30: Influence of stakeholders' attitude on adoption of act

The act is beneficial	How do you rate your adoption of the act						Total	
	Poor		Average		Good			
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Agree	11	64.71	8	53.33	5	100	24	64.86
Undecided	0	0	7	46.67	0	0	7	18.92
Disagree	6	35.29	0	0	0	0	6	16.22
Total	17	100	15	100	5	100	37	100

Source : Field Survey Study 2013

From Table 4.30, out of the 17 stakeholders who said that they rated their adoption of the alcoholic act as poor, 11(64.71%) agreed that the alcohol act was beneficial while the other 6(35.29%) were of the opinion that the alcohol act was not beneficial. In the category of stakeholders who rated their adoption of the alcohol act as average 8(53.33%) agreed that it was beneficial while 7(46.67%) were not sure whether it was beneficial. Lastly all the 5 stakeholders who said their adoption of the alcohol act was good said that the act was beneficial. This findings show that good adoption of the alcohol act was related to good attitude towards the act among the stakeholders. All in all the adoption of the alcohol act needed to have balanced policies which are founded on the belief that more can be achieved through co-operation and partnerships. The main aim of alcohol policies is to ensure the wellbeing of members of society by maximizing benefits and minimizing potentiality for harm that may be associated with drinking (ICAP, 2000).

4.6 How the Governance structures and systems influence implementation of Alcoholic Drinks Control Act 2010 in Muhoroni Division

The third objective explored how governance structures and systems influenced the implementation of the alcohol drink control act of the year 2010 in Muhoroni Division. The researcher started by examining whether the system was addressing audiences as far as implementation was concerned and presented the findings in Table 4.31.

Table 4.31: Whether the system was addressing audiences as far as implementation is concerned

Are audiences addressed	Frequency	Percentage
Yes	11	29.73
No	26	70.27
Total	37	100

Source : Field Survey Study 2013

A total of 11(29.73%) stakeholders said that the system was addressing audiences in the implementation process while 26(70.27%) stakeholders refuted that the system was addressing audiences as far as implementation was concerned. These is true in that a WHO report indicates that is necessary to clearly define partner's contribution, their roles in implementation, their

responsibilities and mandates and the relevance of their support in line with national priorities through an appropriate coordination (AHO&WHO, 2013)

The study went forth and explored how the system addressed audiences as far as implementation was concerned and presented the findings in Table 4.32.

Table 4.32: How the system was addressing audience in the implementation process

Addressing audiences	Frequency	Percentage
Getting views through public barazas	5	45.45
by providing health education	5	45.45
The use of NACADA to address the audience	1	9.09
Total	11	100

Source : Field Survey Study 2013

It was established that the management addressed audiences by getting views through public barazzas. This was according to the views of 5(45.45%) brewers and customers. A similar proportion of brewers and customers said that the system addressed audiences by providing health education and lastly 1(9.09%) customer said that the system used NACADA to address the audiences on alcohol related issues. Contrarily there needs to have resources necessary to develop and implement comprehensive alcohol policies that are evidence based and focus on Public Health interest. Mobilize and allocate resources for alcohol policies and continuous monitoring and evaluation based on progress, outcome, impact measurements formulated under a Regional Plan of Action (AHO, 2013).

The study sought to know from stakeholders whether the governance structures enhanced protective factors to reduce and target risk modifiable factors and presented the findings of the analysis in Table 4.33.

Table 4.33: Governance structures enhancing protective factors

Efficiency of governance structures	Frequency	Percentage
Yes	12	32.43
No	25	67.57
Total	37	100

Source : Field Survey Study 2013

From Table 4.33, it was established that the existing government structures were not enhancing protective factors to reduce and target risk modifiable factors. This was because majority of the stakeholders refuted that the governance structures enhanced protective factors to reduce and target risk modifiable factors. ARA recognizes that harsh social and economic living conditions contribute to alcohol abuse and agrees with the WHO that in order to reduce alcohol related harm it is crucial to address social deprivation. Governments should set appropriately and effectively regulate alcohol beverage sales. Governments should enforce laws against drinking and driving and impose serious penalties on those who violate them (ARA, 2003).

The study went further and explored from the stakeholders who said that there were governance structures enhancing protective factors, how protective factors were enhanced and presented the findings in Table 4.34.

Table 4.34: How protective factors were enhanced

Enhancement of protective factors	Frequency	Percentage
By educating and sensitizing the public on the dangers / demerits of drug and substance abuse	4	36.36
By enforcement of the law	3	27.27
Through guidance and counselling	3	27.27
By inclusion of drug and substance abuse in school curriculum	2	18.18

Source : Field Survey Study 2013

Out of the 11 stakeholders who affirmed that protective factors were enhanced, 4(36.36%) said that it was done so by educating and sensitizing the public on the dangers of drug abuse. Another

3(27.27%) stakeholders said that protective factors were enhanced by enforcing of the law on alcohol act. It was also mentioned by 3(27.27%) stakeholders that protective factors were enhanced through guiding and counselling of those who were involved in alcohol abuse and lastly 2(18.18%) stakeholders said that they enhanced protective factors by inclusion of drug and substance abuse in schools. This is similar with the believe that protective factors had authority over the importing and exporting of alcohol, alcohol related excise taxes and broadcast advertising. The government should control marketing and advertising, make every effort in the selection of the key indicators to ensure economic efficiency by utilizing existing data sources (Riley, 1998).

The study explored how tougher legislations affected the future of alcoholic drink sales from the view of the brewers and customers and presented the findings in Table 4.35.

Table 4.35: How tougher legislations affected the future of alcohol drink sales

Effect of tougher legislation	Frequency	Percentage
Discourages tougher sales of alcoholic drinks	8	21.62
Encourages corruption by police taking bribes during working hours	2	5.41
Encourages consumption of illicit brews	1	2.7
I don't know	26	70.27

Source: Field Survey Study 2013

It emerged that tougher legislations discouraged sales of alcoholic drinks. This was according to 8(21.62%) brewers and customers. It also emerged that tougher legislations affected the future of alcoholic drinks sales by encouraging corruption among the police officers who were taking bribes to let loose offenders of the act. Only one (2.7%) customer said that it encouraged consumption of alcohol. While a massive 26,(70.27%) did not know whether tougher legislations affected future of alcoholic drinks sales. The findings contradict since tougher legislation reduced the number of outlets especially around campuses and the wellbeing of members of

society. Each institution has a role in regulating alcohol related excise taxes and broadcast advertising (Riley, 1998).

The study went forth, explored whether the customers knew the structures administering the alcohol act, and presented the findings in Table 4.36.

Table 4.36: Structures administering the alcohol act

Structures administering	Frequency	Percentage
Yes	2	18.18
No	9	81.82
Total	11	100

Source : Field Survey Study 2013

From Table 4.35, most of the brewers and customers were not aware of the alcohol act. It was established that a total of 9(81.18%) customers and brewers were unaware of the structures administering the alcohol act while only 2(18.18%) brewers and customers were aware of the alcohol control act. This shows that most customers were unaware of the structures administering the alcohol act. It is similar with the findings where the government should set appropriately and effectively regulate alcohol beverage sales. Governments should enforce laws against drinking and driving and impose severe penalties on those who violate them. Alcohol policy must operate within a reasonable regulatory framework that balances individual freedoms with the wellbeing of society (ARA, 2003).

The study sought whether government structures to guide thinking, planning and delivery of efforts to prevent drug abuse and presented the findings in Table 4.37:

Table 4.37: Presence of structures to guide efforts of drug abuse

Presence of governance structures	Frequency	Percentage
Yes	5	62.5
No	3	37.5
Total	8	100

Source :Field Survey Study 2013

The study established that there were structures to guide thinking, planning and delivery of efforts to prevent drug abuse. This was according to 5(62.5%) local administration officials who said that the government had structures to guide efforts of drug abuse. Only 3(37.5%) local administration officials said that government did not have structures to guide thinking, planning and delivery of efforts to prevent drug abuse. On the contrary, the government may be having structures to guide thinking, planning and delivery efforts but are not utilised according or they operate differently from the accepted reality. This gives us the impression by the WHO International Guide for Alcohol Consumption and related harm that was adhered to when selecting key indicators for Australia. Annually collected data on these key indicators had the potential to streamline the evaluation of public health, law enforcement and education interventions to reduce alcohol related harm, ultimately resulting in savings to the community (National Drug Strategy, 2001).

The study went on to explore the type of structure involved in guiding, planning and delivery of efforts to prevent drug abuse and presented the findings in Table 4.38.

Table 4.38: Operational structures

How the structure operate	Frequency	Percentage
By depending on the provincial administration	3	60
NACADA	2	40
By working with the administration police	1	20

Source : Field Survey Study 2013

Out of the 5 local administration officials who said that the government had structures to guide efforts of drug abuse, 3(60%) said that the structures depended on the provincial administration to guide them. Two (40%) local administration officials said that they relied on NACADA to guide their operations and lastly 1(20%) chief said that they operationalize the drug prevention structures by using the administration police. The findings contradict the actual information in that a study by Nacada attempted to excavate the reasons why young people use and abuse

alcohol and marijuana and sought to produce individuals to speak about their experiences with the use of these drugs and consequent implications. There must be a concerted effort by all stakeholders. The drug secretariat can implement a mentorship program that would provide good role models to young people who would listen at, decentralization of NACADA authority to continue (Nacada , 2011).

The study went on to investigate whether the structures were able to control drug and substance abuse and presented the findings in Table 4.39.

Table 4.39: Ability of structures to control drug and substance abuse

Controlling ability	Frequency	Percentage
Yes	5	62.5
No	3	37.5
Total	8	100

Source : Field Survey Study 2013

The study established that most local administration officials were of the opinion that structures were able to control drug and substance abuse. This was according to 5(62.5%) local administration officials while 3(37.5%) local administration officials said that they were unable to operate drug and substance abuse. The findings are similar to an outreach program by NACADA who conducted several Outreach and training sessions that targeted persons with disability on alcohol and substance abuse prevention, management and mitigation. The Authority also develops Action Plans as a benchmark towards effective mainstreaming (Okedi,2012).

4.7 How resources allocation influence implementation of Alcoholic Drinks Act

The fourth objective examined how resource allocation influenced implementation of alcohol act. The researcher started by examining presence of data management system. Table 4.40 shows the presence of data management systems according to the local administration officials.

Table 4.40: Presence of data management system

Presence of data management systems	Frequency	Percentage
Yes	3	37.5
No	5	62.5
Total	8	100

Source : Field Survey Study 2013

From Table 4.39, 3(37.5%) local administration officials said that there were data management systems in place. While 5(62.5%) local administration officials said that there was no efficient data management system. These findings show that the amount of data management systems available for use by the local administration was very low. This is contrary as the policy on Alcohol and Drug Abuse in the workplace was reviewed regularly in consultation with the Chuka University Drug and Alcohol prevention committee. The committee was to further ensure that data relating to the policy in the University is updated annually (Chuka University, 2013).

The study went further and explored the number of people managing the systems and presented the findings in Table 4.41.

Table 4.41: number of people managing the data management systems

Number of people managing the system	Frequency	Percentage
1	1	33.33
2	1	33.33
I don't know	1	33.33
Total	3	100

Source : Field Survey Study 2013

The study found that out of the 3 local administration officials who were of the opinion that there were systems 1(33.33%) said that it was only one person who is in charge of the management of the systems, 1(33.33%) chief said that there were only two people handling the data management system and lastly 1(33.33%) chief did not know the number of people who handled the data management systems. Data management is supposed to be everyone's commitment. In the

National Strategy on drugs mentioned a need to annually collect data on key indicators that have the potential to streamline the evaluation of public health, law enforcement e.tc. (National Drug Strategy, 2001).

The study went forth and explored how the data management systems were managed and presented the findings in Table 4.42.

Table 4.42: How the data management system is managed

Managing data management systems	Frequency	Percentage
Through filling systems	1	33.33
Through emails	1	33.33
I don't know	1	33.33
Total	3	100

Source : Field Survey Study 2013

Out of the 3 local administration officials who said that there were data management systems, it was reported by 1(33.33%) of them that data was managed through the filing system. Another 1(33.33%) chief said that data was managed through emails and the other one didn't know exactly how data was managed. This is also correct with the information by a research report that it is necessary to encourage staff to institute better data collection and reporting systems, especially in the cases of enforcement actions and case dispositions (Research report, 2005).

The study also explored the approach that was used to determine the personnel required for training and presented the findings in Table 4.43.

Table 4.43: Approach used to determine personnel to be involved in training

Approaches	Frequency	Percentage
Needs analysis	1	33.33
Getting the opinion of the managerial staff	2	66.67

Source : Field Survey Study 2013

Out of the 3 local administration officials who said that they were data management systems in place, 1(33.33%) said that the personnel required for training were identified using needs analysis while the other 2(66.67%) local administration official said that they identified personnel to be trained by getting the opinion of the managerial staff on who should be trained. Contrarily Professor Parry indicated that for effective determination for personnel, required to be

involved in training, it requires a combination of legal and regulatory interventions, law enforcement, and community based programs and actions, better health and social services which focus on alcohol, personal behaviour change and shifts in community attitudes (Parry, 2006).

The study proceeded to explore whether the enforcement resources were available and presented the findings in Table 4.44.

Table 4.44: Availability of enforcement resources

Availability of enforcement resources	Frequency	Percentage
Yes	2	25
No	6	75
Total	8	100

Source : Field Survey Study 2013

Out of the 8 administration officials in the study, 2(25%) believed that enforcement resources were available while the other 6(75%) did not believe that there were any enforcement resources to support the alcohol act. This true even according to a research report that emphasized need to develop effective partnerships between state ABC agencies and local governments and law enforcement agencies, provide increased resources for state and local enforcements efforts to ensure compliance with alcohol laws (Research Report, 2005).

The study explored whether relevant agencies were invited partner with the stakeholders in implementing the programs of the alcohol control act. Table 4.45 shows the results of the findings.

Table 4.45: Involvement of relevant agencies

Invitation of partnerships	Frequency	Percentage
Yes	20	54.05
No	17	45.95
Total	37	100

Source : Field Survey Study 2013

From Table 4.46, 20(54.05%) stakeholders said that they invited relevant stakeholders to partner with them in implementing programs while the other 17(45.95%) stakeholders said that they did not partner with any stakeholders in implementing programs. This findings show that stakeholders were involved in implementation of programs. To curb the incidence of the use, there must be concerted efforts by all stakeholders. All institutions must come on board. A

number of approaches must be taken in mind in dealing with this acute societal problem (Douglas, 2006). It is necessary to clearly define partner's contribution, their roles in implementation, their responsibilities and mandates and the relevance of their support in line with National priorities. An appropriate coordination mechanism is therefore important to bring together all intervening agencies, organizations and stakeholders (AHO, 2013).

The study explored the challenges the stakeholders faced in attempts to invite partner's resource agencies in implementing programs and presented the findings in Table 4.46.

Table 4.46: Challenges in involving partner resource agencies

Challenges in Partnerships	Frequency	Percentage
Lack of resource to mobilise partner agencies	19	41.30
Lack of proper policy partnership and linkages	14	30.43
Corruption in the partnerships	8	17.39
Bureaucracy in government procedures	5	10.86
Total	46	100

Source : Field Survey Study 2013

It was reported by 19 (51.35%) stakeholders that they faced the challenge of lack of resource to mobilise partner agencies, 14 (37.84%) stakeholders said that they faced the challenge of lack of proper policy partnership and linkages, 8(21.62%) stakeholders said that they faced the challenge of corruption in the partnerships with partner agencies and 5(13.51%) stakeholders said that they faced the challenge of bureaucracy in government procedures. Funding is therefore critical in all these aspects. Partnerships resource agencies need to create avenues for funding in the areas of training of addiction counsellors and research. Integration of alcohol and drug abuse activities into our National health care programs (KIA, 2011).

The study examined whether the officers were maintaining money and resources allocated accordingly and presented the findings in Table 4.47.

Table 4.47: Regular use of resources

Maintaining of resources	Frequency	Percentage
Yes	25	67.57
No	12	32.43
Total	37	100

Source : Field Survey Study 2013

It was established that 25(67.57%) stakeholders were of the opinion that the officers are maintaining money and resource allocated accordingly while the other 12(32.43%) believed that the officers were not maintaining money and resource allocated accordingly. This is contrary to the believe in that there requires to be continuous monitoring and evaluation based on progress , outcome and impact measurements , formulated under a regional plan of action and to be reported every two years to the regional committee . With these it will be easier to judge stakeholder's utilization of money and resources allocated to them (AHO, 2013).

Table 4.48: Degree of local – state partnership with respect to alcoholic drinks

Degree of local-state partnerships	Frequency	Percentage
High degree	4	8.88
Average degree	14	31.11
Low degree	27	60
Total	45	100

Source : Field Survey Study 2013

From Table 4.48, a total of 27(72.97%) stakeholders said that the degree of local state partnerships with respect to alcoholic drinking was to a low degree, 14(37.84%) stakeholders were of the opinion that the degree of local state partnership in implementing the alcohol act was average while the other 4(10.81%) customers said that it was to a high degree. In a study by Muturi, it is clear that the degree of partnerships is low and this is why he emphasizes that there needs to have quantitative surveys documenting the country's alcohol consumption from consumers and other relevant players, organized consultative forums with respective agencies and departments, undertaking Rapid Results Initiative with law enforcement agencies to speed up the implementation process (Muturi, 2007).

The study further explored the availability of financial resources in the business. Financial resources are essential in ensuring the business runs successfully Table 4.49 shows the opinion of the brewers.

Table 4.49: Availability of financial resources to finance business

Do you have enough funds to run your business	Frequency	Percentage
Yes	2	18.18
No	9	81.82
Total	11	100

Source : Field Survey Study 2013

Table 4.48 only 2(18.18%) brewers said they had adequate funds to run the business. These findings showed that the businesses were largely underfunded to support themselves. Considering that in business it is not just how much resource you have but how you allocate the resource. This is similar to the workshop which was done by Nacada that emphasized need to create avenues for funding (KIA, 2011).

The study explored how the businesses utilised the resources and presented the findings in Table 4.50.

Table 4.50: Utilisation of resources

How the money is utilised	Frequency	Percentage
To purchase new stock	5	45.45
Run daily operations	4	36.36
Expand my business	1	9.09
Total	10	100

Source : Field Survey Study 2013

It was reported by 5(45.45%) brewers that they used their finances to purchase stock, 4(36.36%) brewers that they used their finances to run daily operations and lastly 1(9.09%) said he used his finances to expand his business. The main aim of alcohol policies is to ensure the wellbeing of society by maximising benefits and minimising potential for harm that may be associated with drinking. Create a balance between the rights of individuals and those of society. The finances need to be circulated to ensure prudent utilization of the finances (ICAP, 2000).

CHAPTER FIVE

SUMMARY OF FINDINGS CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the research findings based on the analysis of the research objectives, gives a conclusion of the findings and further presents recommendations based on the research findings.

5.2 Summary of findings

The purpose of the research was to establish the factors influencing implementation of Alcoholic drinks control act of 2010 in Muhoroni Division. The research was carried out with a view that the government was making an effort to implement the Alcoholic drinks control act of 2010. This section presents a summary of the research findings based on the analysis of the research objectives.

The first Objective was to examine the level at which stakeholders sensitization and its influence on implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni Division. The study found that most stakeholders were sensitized on the alcoholic drinks control act. For instance all the eight local administration officials had undergone training and knew about the act while 24(64.86%) stakeholders had undergone training about the act. The type of training they had undergone was training on youth programs and empowerment activities, rules and regulations, how to implement community policing, how to deal with drug and substance among the youth, good governance and corruption and training on departmental roles.

The study found that less than 50% of the stakeholders were involved in sensitizing the community and parents to be involved and adapt to the new act. For instance a total of 12(37.5%) stakeholders said that their parents by sensitizing youth between 15 – 35 years on dangers of alcohol and substance abuse, 9 (33.33%) stakeholders said that their offices assisted parents and community to adapt to the new alcohol act by conducting individual counselling and involving the community. The study found that 8(12.5%) stakeholders said that their offices assisted parents and community to adapt to the new alcohol act by giving the youth productive work to do where they can earn from. A total of 7(8.33%) stakeholders said that their offices assisted parents and community to adapt to the new alcohol act by organising judicial marching and open days, 1(4.17%) stakeholders said that their offices were not assisting parents and community to adapt to the new alcohol act. This was probably because just 24(64.86%) stakeholders had undergone training about the act.

The study however found that the level of awareness of the brewers and customers on the drug education programs was also poor. Specifically, the study found that just 4(36.36%) brewers and customers and only 2(25%) local administration officials said that they were aware of the drug education programs. This is probably the reason why drug and substance abuse was reportedly rampant. It was reported that 4(50%) local administration that drug abuse was rampant and extensive more so among the youth while 7(63.64%) brewers approximated that a proportion of 60% of the youth in their area were engaged in alcohol and substance abuse.

It was established that stakeholder's awareness on drug abuse had an influence on the adoption of the act. For instance out of the 17 stakeholders who said that they poorly adopted the alcohol act, 5(29.41%) were unaware the alcohol control act, 11(64.71%) were averagely aware of the act and 1(5.88%) was of the opinion that they were highly aware of the alcohol act. This showed that poor adoption of alcohol act was related more with unawareness of the alcohol act or average awareness. In the category of stakeholders who said that they were averagely aware of the act 1(6.67%) said that he was not aware, 9(60%) stakeholders said they were averagely aware of the alcohol act and 5(33.33%) said they were highly aware of the alcohol act. In the group of stakeholder who had well adopted the alcohol act, none was unaware of the alcohol act, 4(80%) were averagely aware of the alcohol act and 1(20%) was highly aware of the alcohol act. This findings show that good adoption of the alcohol act was related to awareness of the act through sensitization.

The second Objective was to examine how attitude of stakeholders influence implementation of Alcoholic drinks control act. The study established that community members are supportive of the reforms brought about by the alcohol drinks control act from the views of the local administration officials. A total of 5(62.5%) local administration officials said that the local community was supportive of the reforms while 3(37.5%) local administration officials had it that the local community had a negative attitude towards the reforms. The local administration staff believed that the local community was positive because, they reported incidents of drug abuse among them. This was according to 3(60%) administration officials, 3 (60%) local administration officials said that the local community were positive because they shared ideas on possible best practices that should be adopted to make the act successful. It was mentioned by 2(40%) local administration officials that the locals sought to know more from them and this was a pointer to them having a positive attitude towards the act. Two other local administrations said that the locals cited they were having more time to work as a result of the law and this was a benefit. This showed that they were positive about the act. Lastly 1(20%) chief said that locals supported bars being opened only at night meaning they had a positive attitude about the act.

The study also found that the level of information sharing among the locals in their areas of jurisdiction was very high. This was according to 7(87.5%) local administration officials. the information was shared through informal meetings. This was according to 4(57.14%) local administration officials out of the 7 who said that they shared information on the act. Two (28.57%) of them said they shared information through organised meetings and barazas and lastly 1(14.29%) said that the information was shared through existing groups such as CBOs.

The study found that the stakeholders had a positive attitude towards the alcoholic drinks control act. For instance 17(64.86%) stakeholders agreed that the alcohol act was beneficial and only 6(16.22%) said the act was not beneficial. Out of the 17 stakeholders who said that they rated their adoption of the alcoholic act as poor, 11(64.71%) agreed that the alcohol act was beneficial while the other 6(35.29%) were of the opinion that the alcohol act was not beneficial. In the category of stakeholders who rated their adoption of the alcohol act as average 8(53.33%) agreed that it was beneficial while 7(46.67%) were not sure whether it was beneficial. Lastly all the 5 stakeholders who said their adoption of the alcohol act was good said that the act was beneficial. This findings show that good adoption of the alcohol act was related to good attitude towards the act among the stakeholders.

The third Objective was to determine how the governance structures and systems influence implementation of alcoholic drinks control act. Most stakeholders did not believe that the system was addressing audiences in as far as implementation was concerned. A total of 26(70.27%) stakeholders refuted that the system was addressing audiences in implementation. Similarly, most stakeholders did not believe that the existing government structures were enhancing protective factors to reduce and target risk modifiable factors as a total of 25(67.57%) stakeholders said that the existing government structures were enhancing protective factors to reduce and target risk modifiable factors.

Out of the 11 stakeholders who affirmed that protective factors were enhanced, 4(36.36%) said that it was done so by educating and sensitizing the public on the dangers of drug abuse. Another 3(27.27%) stakeholders said that protective factors were enhanced by enforcing of the law on alcohol act. It was also mentioned by 3(27.27%) stakeholders that protective factors were enhanced through guiding and counselling of those who were involved in alcohol abuse and lastly 2(18.18%) stakeholders said that they enhanced protective factors by inclusion of drug and substance abuse in schools.

The study established that there were structures to guide thinking, planning and delivery of efforts to prevent drug abuse. This was according to 5(62.5%) local administration officials who said that the government had structures to guide efforts of drug abuse.

Out of the 5 local administration officials who said that the government had structures to guide efforts of drug abuse, 3(60%) said that they structures depended on the provincial administration to guide them. Two (40%) local administration officials said that they relied on NACADA to guide their operations and lastly 1(20%) chief said that they operationalize the drug prevention structures by using the administration police.

The fourth Objective was to examine how resource allocation influences implementation of alcoholic drinks control act. The study explored the role of resources such as data management systems, personnel, enforcement resource, agencies and financial resources in the implementation of alcohol drinks act. It was established that largely there was no data management system to assist the local administration in the implementation of the alcohol act. A total of 5(62.5%) local administration officials said that there was no efficient data management system. Out of the other 3 local administration officials who were of the opinion that there were systems 1(33.33%) said that it was only one person who is in charge of the management of the systems, 1(33.33%) chief said that there were only two people handling the data management system and lastly 1(33.33%) chief did not know the number of people who handled the data management systems. This showed that the data management system were poorly supported

Only 3(37.5%) local administration officials said that staff were trained and involved in the management of the systems. This showed that there was little human resource endowment and development in management of the systems.

The study also found that there was poor endowment of utilization resources. Only 2(25%) local administration officials believed that enforcement resources were available while the other 6(75%) did not believe that there were any enforcement resources to support the alcohol act.

The study also found that the amount of financial services available to run the business was very low. Only 2(18.18%) brewers said they had adequate funds to run the business these findings showed that the businesses were largely underfunded to support themselves.

5.3 Conclusion

The study examined the factors that influence the adoption of the alcohol drinks control act in Muhoroni division. The study found that though the stakeholders were sensitized on the act, it only went as far as them knowing about the act. The stakeholders were also having a positive attitude towards the act. However efforts to implement the act were hampered by poor resource endowment in terms of data management systems, personnel, enforcement resource, agencies and financial resources. This affected the implementation of the alcohol act.

5.4 Recommendations

Having looked at the theoretical framework, the conceptual framework alongside literature review and the study findings, the following recommendations are made:

In the first Objective of stakeholder sensitization influencing implementation of alcoholic drinks control act, there needs to be more sensitization on the alcoholic drink control act among the stakeholders through trainings, workshops and seminars. This will be important in ensuring that all the stakeholders understand the provision of the act and implement in properly.

The study recommends that the government should do a stakeholder analysis to know the role of the different stakeholders to establish what role they can play to guide the implementation of the act.

The second Objective of attitude of stakeholders influencing implementation of alcoholic drinks control act, the study recommends that the government should educate the stakeholders on the alcohol act more so that there is a nurture of positive attitude among the stakeholders on the benefits of the act. The study also recommends that the act should be properly implemented step by step with the participation of the stakeholders so as to have a positive attitude among the stakeholders.

According to the third Objective of the governance structures and systems influencing implementation of alcoholic drinks control act, the study recommends that there needs to be a merger of private and public institutions as well as non-governmental organizations. This will ensure that the stakeholders can acquire resources for implementation of the act.

In the final Objective of the resource allocation influencing implementation of alcoholic drinks control act, the study also recommends the available resources should be used optimally to ensure efficient use of resources in the implementation of the act.

5.5 Suggestion for further study

1. The study suggests that in future a similar research needs to be done in another county more so in an urban setting to compare with the findings of this study
2. The study also suggests that in future a similar study should be done but then involves decision makers in the high levels such as the county governors in the implementation of the act.
3. The study suggest that in future a follow-up study needs to be done to assess the whether there is improvements or not in the factors affecting the implementation of the act.

5.6 Contributions to the body of knowledge

The findings of this study have led to the following contribution toward the body of knowledge as illustrated in the table below.

Table 5.6 Contribution to the body of knowledge

<u>Objectives</u>	<u>Contributions to the body of knowledge</u>
Stakeholder's sensitization influencing Implementation of Alcoholic drinks control Act Of 2010.	The government should do a stakeholder analysis to know the role of the different Stakeholders to establish what role they can play to guide the implementation of the Act.
Attitude of stakeholders influencing Implementation of Alcoholic drinks control Act Of 2010	The Act should be properly implemented step by step with the participation of the stakeholders so as to have a positive attitude among stakeholders.
How governance structures and systems Influence implementation of Alcoholic drinks Control Act of 2010.	There should be a merger of private and public institutions as well as non-governmental organizations to ensure that Stakeholders can acquire resources for Implementation of the Act.
How the resource allocation influence Implementation of Alcoholic drinks control Act of 2010.	The available resources should be used optimally to ensure efficient use of the Resources in the implementation of the Act.

REFERENCES

- Advertising Standards Authority, (2008): Stakeholders Consultative Event Report, Our Dynamic Earth, Edinburgh.
- African Health Observatory, (2013): Reduction of the harmful use of alcohol: A strategy for the WHO African region.
- Allan Ware, (2002). The American Direct Primary party institutionalisation And Transformation
- Alternative Report on the implementation of the UN convention on the rights of The child in Nigeria.
- A.R.A, (2003): The South African Liquor Industry: Our Contribution to Alcohol Industry
- Ashok, R, (2010). Women's Livelihood from Homemade Beer and whisky in a Peri-urban village, Nepal.
- Asunta M, (2001). The Globe: Alcohol Problem in Malaysia.
- Birch P, (1997): Analysis of the Drug Problem, England
- Chuka University, (2013): Alcohol and Drug Abuse, workplace policy, Kenya.
- Creswell, J.W (2009): Research Design: Quantitative, Qualitative, and Mixed Methods Approaches USA.
- Dooley, D, (2007): Social Research Methods, Prentice hall, Inc, New Delhi.
- Douglas, C, (2006): A Sociological Analysis of Alcohol and Marijuana, use and Abuse among Young people: Drug Demand Reduction. European Union & Government of Grenada.
- Euros monitor International, (2012): Alcoholic Drinks In Kenya. Its challenge to the Mainstream liquor, Nairobi
- Fell, C.J (2000): Reaffirming the National Minimum Drinking Age of 21, New York USA
- Fisher, A.et al, (1995). A Handbook for Family planning
- Operation Research Design. Second Edition. Population council

ICAP, (2000): International Center for Alcohol Policies, Analysis, Balance, Partnerships:

Introduction: An Integrated Approach to Alcohol Policies.

Jessor, R. (2001): Institute of Behavioural Science. Problem –Behaviour Theory: Annual Review of psychology.

Kenya Institute of Administration 2011, Promotion of evidence based

Campaign. National alcohol and drug abuse research workshop

Kerlinger F.N, (1973), Foundations of Behavioural Research. Holt Rinehart and Winston, New York.

Levissee , (2003), Vulnerability and social protection programmes in Tanzania Research analysis work group.

Maili Saba, (2005), Livelihoods and Gender in Sanitation Hygiene Water Services among Urban Poor, Maili Saba Research Report, March 2005

Mugenda, O and Mugenda, A. (2003). Research Methods. Quantitative and Qualitative Approaches ACTS Press-Nairobi, Kenya

Mukama , E, (2010): Peer Group Influence, Alcohol Consumption and secondary school Students attitude towards School, Kampala,Uganda.

Muturi, J.M, (2007): Alcohol Legislation in Kenya; Contributing to HIV Prevention and Management, Windhoek, Namibia.

NACADA, (2006): Frequently asked questions on Drugs and substance abuse, Nairobi.

NACADA, (2011) : The Promotion of Evidence –Based Campaign . National Alcohol and Drug Abuse Research Workshop, 2011 , KIA , Nairobi.

National Health Policy (2009), Reducing poverty through promoting people's health

National Drug Strategy, (2001): Ministerial Council on Drug Strategy, National Drug Strategy Issues and strategies, Australia

Alcohol Alert, (1997) : National Institute on Alcohol and Alcoholism ,USA

New York, (2008): New York state law Revision Commission. Preliminary report on the

Alcoholic Beverage Control Law.

Okedi , W, (2012): The Campaigner : NACADA Newsletter ,

Ontario, (2005): Ministry of Finance, Strategy for Transforming Ontarios Beverage Alcohol
System. A report of the Beverage Alcohol system. Review Panel.

Orodho (2003): Essentials of Educational and Social Sciences Research Methods. Mazola
Publishers Ltd, Nairobi.

Palmer N.A. 2006: The twenties in America Politics and History.

Prof. Freeman et al, (2006): Alcohol Use Literature Review; South Africa.

Research Report,(2005): The role of Alcohol Beverage Control Agencies in the Enforcement and
Adjudication of Alcohol Laws; The National Highway Traffic Safety
Administration, USA.

Rick wood ,D et al ,(2008): The Australian Psychological Society Ltd. Substance Abuse. A
Position Statement prepared for the Australian Psychological Society.

Riley D, (1998): Canadian Foundation for Drug Abuse, International harm reduction Canada
Wisconsin 2008; Wisconsin historical society progressivism and the Wisconsin idea.

WHO, (2011): Addressing the harmful use of Alcohol. A guide to developing effective
Alcohol Legislation

WDR, (2010). World Drug Report; Drug Statistics and Trends.

APPENDIX 1.
QUESTIONNAIRES TO LOCAL ADMINISTRATION

The purpose of this questionnaire is to solicit the perception, views, opinions and insights of the stakeholders on Factors Influencing Implementation of Alcoholic Drinks Control Act No.4 of 2010 in Muhoroni Division, Kisumu County Kenya with an aim to finding solutions to the social problem.

Please answer the questions honestly.

You are humbly requested to tick where necessary.

Section A. BACKGROUND INFORMATION

Please put a tick () next to the response applicable to you.

1. Indicate your Gender. Male () Female ()
2. What is your age bracket? (a) 16- 20 () 21- 30 () 30- 45 () 45- 55 () 55- 65 ()
3. What is your Marital Status? Married () Single () widow () widower () divorced ()
Bachelor () spinster ()
4. Indicate your highest level of education.
(a) None ()
(b) Primary ()
(c) Secondary ()
(d) Degree ()
(e) Post graduate ()

Section B. STAKEHOLDER SENSITIZATION

Please tick () to indicate your answer where necessary

1. Have you undergone training in implementation of government policy?
Yes () No ()

2. If Yes indicate the type of training-----

3. Do you have drug education programmes in your area?

Yes () No ()

4. Show how they are effected/conducted-----

5. What is the magnitude of substance abuse in your jurisdiction.-----

Section C. **ATTITUDE OF STAKEHOLDERS**

Please tick () to indicate your answer where necessary.

1. How do people support the reforms in your area?

Positive () Negative ()

2. If positive show how they respond-----

3. Do people share information in your area?

Yes () No ()

4. If yes Show the manner in which they share the information-----

5. How is parental and peer influence affecting implementation of the Alcoholic act of 2010.--

6. What is the role of Alcohol in the society you stay. -----

Section D. **GOVERNANCE STRUCTURES AND SYSTEMS**

1. Are they aware of the structures of administering the Act?

Yes () No ()

2. Does the Governance structures have programmes to guide thinking, planning and delivery of substance abuse? Yes () No ()

3. How do the programmes operate?-----

4. Are they able to address the type drug abuse problem? Yes () No ()

If yes, how they address the Problem-----

5. How does inflation affect the Alcoholic drink sales? -----

6. To what extend is the distribution landscape fragmented? -----

Section E. **RESOURCE ALLOCATION**

1. Do we have an efficient Data management system? Yes () No ()

2. How do your people manage the system? -----

3. What method is used to determine personnel required for training and educational plan? -----

4. Are the enforcement resources available and to what extend? -----

5. What are the effects of Administrative placement? -----

Thank you for filling this questionnaire. God bless you.

APPENDIX 2

QUESTIONNAIRE TO STAKEHOLDERS/ HEADS OF DEPARTMENTS

Please tick () next to the response applicable to you.

Section A. BACKGROUND INFORMATION

1. What is your Gender? Male () Female ()
2. Indicate your Age bracket. 18- 25 () 26- 35 () 36- 45 () 46- 55 () 56- above ()
3. Show your highest level of education.
 - a) None ()
 - b) Primary ()
 - c) Secondary ()
 - d) Degree ()
 - e) Post graduate ()
4. What is your occupation? -----

Section B. STAKEHOLDER SENSITIZATION

1. Have you been trained in the implementation of government policies?
Yes () No ()
2. If yes , show the type of training ?-----

3. How is your office helping Parents and the community schools adapting to the new Act-----

4. What are the factors that influence substance abuse? -----

Section C. ATTITUDE OF STAKEHOLDERS

1. Are you given opportunity to review comment?
Yes () No ()
2. If yes , how-----

3. Does the department Volunteer paper work on action points?

Yes () No ()

4. How are they performed?-----

5. i) Do you have information about health care and healthcare providers? Yes () No ()

ii) How does it help in the brewing and sale of the alcohol in your area? -----

6. How do you ensure product quality and integrity? -----

Section D. **GOVERNANCE STRUCTURES AND SYSTEMS**

1. Is the system addressing audience characteristics as far as the implementation is concerned?

Yes () No ()

2. If yes, how do they carry out the activity? -----

3. Do they enhance Protective factors to reduce and target risk modifiable factors?

Yes () No ()

4. How is the enhancement realised?-----

5. How does tougher legislation affect the future of Alcoholic drink sales? -----

Section E. **RESOURCE ALLOCATION**

1. Do you invite relevant agencies to partner with you when implementing your programmes?

Yes () No ()

2. What are some of the challenges faced in such attempts? -----

3. Are officers maintaining money and resources allocated adequately? Yes () No ()

4. If Yes, what means do they ensure compliance? -----

5. What is the degree of state-local partnerships in accordance to the Alcoholic drinks in your area.-----

6. How is Administrative process in terms of Adjudication of Alcoholic law violations in your jurisdiction?-----

7. How do you rate your awareness of the alcohol control act?

Not aware ☐

Averagely aware ☐

Highly aware ☐

8. How do you rate your adoption of the alcohol act?

Poor ☐

Average ☐

Good ☐

9. The alcohol act is beneficial?

Agree ☐

Undecided ☐

Disagree ☐

Thank you for filling this questionnaire. God bless you.

APPENDIX 3

QUESTIONNAIRE TO BREWERS AND CUSTOMERS

Please complete each section in this questionnaire instrument. Do not write your name on this questionnaire or any other identification, as the information given shall be confidential.

Section A. BACKGROUND INFORMATION

Please tick () next to the response applicable to you

1. Indicate your gender. Male () Female ()
2. Show your Age Bracket. 18- 25() 31- 40 () 41- 50 () 51 -60() 61- 70() above 70 ()
3. What is your Occupation?
 - a) Teacher ()
 - b) Mason ()
 - c) Police Officer ()
 - d) Businessperson ()
 - e) Public servant ()
 - f) Others (specify) -----
4. What is your level of education?
 - a) None ()
 - b) Primary ()
 - c) Secondary ()
 - d) Degree ()
5. Are you married? Married () single () widowed () widower ()

Section B. STAKEHOLDER SENSITIZATION

1. Are you aware about drug Education programmes?
Yes () No ()
2. Are you trained in any of them? ----- Which ones-----

3. In your view what is the population that is vulnerable to substance abuse? -----

Section C. **ATTITUDE OF STAKEHOLDERS**

1. Do you have opportunities to review, comment or participate in policy proposals?

Yes () No ()

2. Are you included in the recommendations for future research?

Yes () No ()

3. What is your reaction towards the Implementation of the Alcoholic drinks control Act no 4 of 2010.-----

4. How do you access Alcohol? -----

5. How is the freedom of access and availability of the Alcohol to you? -----

6. What are some of the responsible practises around advertising and promotion of the Alcohol?-----

7. Which means do you apply to maintain responsible service of beverage Alcohol?-----

Section D. **GOVERNANCE STRUCTURES AND SYSTEMS**

1. Are you informed of the structures and systems in the administration of justice?

Yes () No ()

2. If Yes , how do you benefit from them?-----

3. Do you have time to participate in the forums of the system?

Yes () No ()

4. If Yes, which ones have you presented your feelings? -----

5. What is the impact of legislation of homemade spirit chang'aa? -----

6. Why does East African Breweries still lead in Alcoholic drink sales?-----

Section E. **RESOURCES ALLOCATION**

1. Do you have enough funds for running your business?

Yes () No ()

2. If yes, how do you utilize the funds? -----

3. Explain briefly the limits to Authority that may hinder implementation of the Alcohol Drinks Control Act.-----

4. What are some of the ways available that the state utilizes to determine Administrative penalties? -----

Thank you very for efforts in filling this questionnaire. God bless you.

APPENDIX 4
LETTER OF TRANSMITTAL

LETTER OF TRANSMITTAL

MISIKO FRANCIS OKUMU

P.O. BOX 825

KISUMU

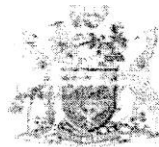
Dear Sir/Madam,

I am a post graduate student at the University of Nairobi undertaking a research on “Factors Influencing implementation of Alcoholic Drinks Control Act of 2010 in Muhoroni division Kisumu County, Kenya. You have been chosen to participate in this study. I would be grateful if you could fill the questionnaire delivered to your group with the correct information. The information you give will be treated with confidentiality and for the purpose of the research only.

Your co-operation will highly be appreciated.

Yours faithfully,

FRANCIS MISIKO OKUMU



UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION
KISUMU CAMPUS

The Secretary
National Council for Science and Technology
P.O Box 30623-00100
NAIROBI, KENYA

12th April 2013

Dear Sir/Madam

**RE: OKUMU FRANCIS MISIKO REG NO:L50/66439/2010 – MASTER OF ARTS
IN PROJECT PLANNING AND MANAGEMENT**

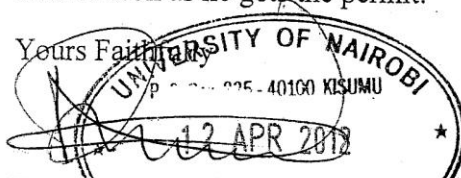
This is to inform you that Okumu Francis Misiko named above is a student in the University of Nairobi, College of Education and External Studies, School of Continuing and Distance Education, Kisumu Campus.

The purpose of this letter is to inform you that Francis has successfully completed his course work and Examinations in the programme; he has developed Research Project Proposal and submitted before the School Board of Examiners which he successfully defended and made corrections as required by the School Board of Examiners.

The research title approved by the School Board of Examiners is: *“Factors influencing implementation of Alcoholic drinks control act of 2010 in Muhoroni Division, Kisumu County, Kenya”*. The research project is part of the pre-requisite of the course and therefore, we would appreciate if the student is issued with a research permit to enable him collect data and write a report. Research project reflect integration of practice and demonstrate writing skills and publishing ability. It also demonstrates the learners’ readiness to advance knowledge and practice in the world of business.

We hope to receive positive response so that the student can move to the field to collect data as soon as he gets the permit.

Yours Faithfully



Dr. Raphael Ondeko Njiru, PhD
RESIDENT KISUMU CAMPUS
PROGRAMME – DEPARTMENT OF EXTRA-MURAL STUDIES
UNIVERSITY OF NAIROBI



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

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Our Ref: NCST/RCD/14/013/787

Date: 26th July, 2013

Francis Misiko Okumu
University of Nairobi
P.O.Box 825-40100
Kisumu

RE: RESEARCH AUTHORIZATION

Following your application dated 26th July, 2013 for authority to carry out research on "*Factors influencing implementation of alcoholic drinks act of 2010 in Muhoroni Division, Kisumu County, Kenya*," I am pleased to inform you that you have been authorized to undertake research in **Muhoroni District** for a period ending 31st December, 2013.

You are advised to report to **the District Commissioner and the District Education Officer, Muhoroni District** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.



SAID HUSSEIN
FOR: SECRETARY/CEO.

Copy to:

The District Commissioner
The District Education Officer
Muhoroni District,