Implementation of Alcohol and Drug Abuse Policy in Learning Institutions:

The Case of Public Universities in Kenya

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Masters of Arts in Political Science and Public Administration**

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DECLARATION

This project is my original work and has not been presented for examination in any other university

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DEDICATION

I dedicate this work to my Dad, sister Ephey, brothers Geofrey and Reagun. To my late Mum, you instilled in me the spirit of hard work, determination, perseverance and when things threatened to be out of control you kept on reminding me "No condition is permanent." You always told me to "reach for the stars." Thanks for inspiring me greatly.

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LIST OF ABBREVIATIONS AND ACRONYMS

ADA   Alcohol and Drug Abuse

AUDIT   Alcohol Use Disorders Identification Test

CAGE   Cut-down, Annoyed, Guilty Eye-Opener

CAPS   College Alcohol Problem Scale

CARBC   Centre for Addictions Research of British Columbia

CASA   The Nationa Centre on Addiction and Substance Abuse at Columbia University

CIT   Contextual Interaction Theory

HIV/AIDs   Human Immunodeficiency Virus Infection/ Acquired Immune Deficiency
            Syndrome

JKUAT   Jomo Kenyetta University of Agriculture and Technology

KII   Key Informant Interviews

MAST   Michigan Alcohol Screening Test

MMU   Multimedia University of Kenya

MST   Multiple Streams Framework

NACADA   National Agency for Campaign against Drug Abuse Authority

NIAAA   National Institute on Alcohol Abuse and Alcoholism

RAPI   Rutgers Alcohol Problem Index

RAPS   Rapid Alcohol Problem Scale

UK   United Kingdom

UNODC   United Nations Office on Drug and Crime

UoN   University of Nairobi

USA   United States of America

WHO   World Health Organization

ABSTRACT

This study assesses the implementation of alcohol and drug abuse policy in Kenya's public universities, and particularly examines the impact of resource availability, policy communication, training and availability of screening tools on implementation process. The study was guided by the following hypothesis; Resource availability influences implementation of alcohol and drug abuse policy in Kenya's learning institutions, Policy communication influences implementation of alcohol and drug abuse policy in Kenya's learning institutions. Training and availability of screening tools influence implementation of alcohol and drug abuse policy in Kenya's learning institutions. The study collected both qualitative and quantitative data in order to test the major independent variables: resources, communication, training and screening tools hypothesized against the dependent variable: implementation of alcohol and drug abuse policy. The results of this study show that 63.2% of those interviewed state that resources was in sufficient. In addition to lack of resources, descriptive analysis also revealed that 80.5% of the respondents indicated that there was lack of personnel for the implementation of this policy.

The study also found out that the major communication mediums for this policy was university website and notice boards, having been rated at 51.6% and 50.5% respectively. However, despite the statistics showing that there was regular communication between various service units, chi-square test indicated that policy communication had statistical significance and thus influences the implementation process. Training and availability of screening tools were also lacking in these universities. Inferential statistics also confirmed through chi-square test that resources, training and availability of screening tools have a significant effect on the implementation process. The study adopted the Contextual Interaction Theory (CIT) of policy implementation. According to this theory for policy to be successful resources, training and clear patterns of communication between actors must be available. The study findings indicate there is lack of resources, training and screening tools. The srtudy recommends sufficient allocation of resources for implementation process, ensure there is training and provide screening tools to the implementing officers.

CHAPTER ONE
INTRODUCTION

1.1 Background of the study

Alcohol and Drug Abuse (ADA) is a global problem that affects all sectors of society in all countries. In particular it affects the freedom and development of youth who are the world's most valuable asset (UNODC, 2002). According to World Drug Report, a total of 180 million people abuse drugs worldwide and the majority of these are youth (Lakhampal & Agnihotri, 2007). The gravity and characteristics of alcohol and drug problem vary from region to region and country to country. Due to the rising harm caused by misuse of alcohol and drugs, a global call to regulate alcohol through policy became paramount. Therefore, a World Health Assembly resolution in 2005 had to call the World Health Organization to work hand-in-hand with member countries to formulate policy aimed at checking alcohol misuse (WHO, 2005). This prompted various countries such as, South Africa, Botswana (Parry, 2010; Pitso & Obot, 2011), Lesotho, Malawi and Uganda (Bakke & Endal, 2010) to develop alcohol and drug policies at a national level to regulate the behavior of their citizens.

However, as a domain for alcohol and drug problem prevention, the workplace holds great promise. In the United States and increasingly around the world, the majority of adults who are at risk for alcohol problems are employed (Roman & Blum, 2002). Given this reality, organizations and institutions world over have formulated alcohol and drug abuse policy at the workplace. These policies have provisions that give the employers several well defined means at their disposal for intervening with problem drinking. Those provisions serve not only the interests of the employer but also those of the employees and their dependents (Roman & Blum, 2002). Learning institutions as workplace have also developed alcohol and drug abuse policy to regulate the abuse by staff and students. For instance, by the early 1990s, 97% of school across the USA had policies that prohibited alcohol and drug use among students, and 64% established a drug-free school zone around school grounds (Ross et al., 1995), and by early 2000s, almost all schools in North America had a policy that prohibited alcohol and drug use (Small et al., 2001).

Although much attention has been paid to the issue of university and college drinking in recent years including policy option, alcohol and drug abuse among young people has risen to unprecedented levels. The rates of drinking misuse among college students in USA have been largely unchanged over the past few decades (Johnston et al., 2010). In UK alcohol is the most popular drug misused by young people (Advisory Council on the Misuse of Drugs, 2006). Gill (2002), reviewing 25 years of research in alcohol consumption and binge drinking within UK undergraduate students, found that a significant number of male and female students drink more than the recommended weekly upper limit (14 units for women 21 for men). In South African universities substance abuse is also very high, according to a study by Kyei & Ramagoma (2013) on a survey conducted at the University of Venda on the use of alcohol on campus. From 209 students interviewed the results show that over 65% use alcohol of which 49% abuse it. The above statistics therefore suggests that alcohol and drug abuse policy in learning institutions has not been successful compared to other non learning institutions.

Implementation of this policy in learning institutions becomes an uphill task due to the fact that the policy touches on the regulation of student's behavior. There is also evidence that experimenting with alcohol and illegal drugs is considered to be normal by many students who appear to overlook the negative consequences drug and alcohol use may have (Larimer et al., 2005). This poses a challenge to implement alcohol and drug policy on such students since they already have a mindset that abuse of alcohol and drugs is acceptable. Alcohol and drug policies that target employees in learning institutions might not be significantly different from alcohol and drug policies in non learning institutions, the same cannot apply to students. While most alcohol and drug policies on employees require them to be sober, failure to which they are warned and subsequently dismissed, students cannot be easily expelled from learning institutions even if they were to contravene the policy many times due to fear that they might protest, demonstrate and riots. This is even worse in institutions of higher learning which deal with students who are adults.

The situation is further compounded by the fact that in primary and high schools, there are cases of juvenile drinking, which is learnt from parents and other adults who misuse alcohol and drugs (Rowe, 2012). Alcohol and drug policy implementation thus, poses a serious challenge to administrators since students enter university, with already rooted drug and

alcohol abuse behavior. In addition, many of them also bring to campus strongly held expectations that drinking alcohol is an integral part of the college experience and the belief that to do so is their right (Stewart, 2011). Such beliefs and expectations are often reinforced by various groups on campus. According to Edwards & George (1980) the following four factors are critical to the successful implementation of any public policy; communication, dispositions or attitudes, bureaucratic structure and resources. While communication is an essential ingredient for effective implementation of a public policy, in learning institutions, orders to implement alcohol and drug abuse policies are not transmitted to the appropriate personnel and implementing officers in a clear manner. There is need for better communication and support among campus personnel and staff who deal directly with the student drinking on campus (Toomey et al., 2011). There is consensus that for policies to be effective they must be clear, concise, well communicated, and consistently enforced (Stewart, 2011).

The implementer's disposition/attitude toward the policy will also influence the implementation of the policy. Therefore the level of success will depend on how the implementers see the policies as affecting their organizational and personal interests. Most administrators lack understanding or experience on the issue of alcohol and drug abuse, this can be attested by the fact that only half of administrators who are assigned to alcohol and drug abuse issues report regular monitoring of campus drinking problems (Rhodes et al., 2005). Majority of implementers such as halls custodians, housekeepers and administrators are not familiar with issues related to alcohol and drug abuse on campus and also perceive problem drinking not to be as serious as it may actually be on their campuses. If there is no efficient bureaucratic structure, the problem of implementation can still arise especially when dealing with complex policies such as alcohol and drug policy in learning institutions (Edwards & George, 1980).

Human and material resources are also crucial in the implementation of alcohol and drug abuse policy in learning institutions. Lack of funds to adequately staff universities and college law enforcement departments is critical (Toomey et al., 2011). Without sufficient resources rules and laws will not be implemented and enforced effectively, services will not be provided and reasonable regulations will not be developed (Makinde, 2005). Likewise there will be no screening tools and training of implementing officers on alcohol and drug

abuse. In addition, there must be an organized and participatory process that involves a wide range of stakeholders including administrators, faculty, students and local community leaders (DeJong, 1995). Their participation will be important in developing, revising, implementing, enforcing and endorsing these policies.

1.2 Statement of the Research Problem

In Kenya, alcohol and drug abuse is one of the top problems confronting the nation today. Incidences of drug and alcohol abuse and related anti-social behavior have tremendously increased in recent years (Chesang, 2013). In addressing the adverse effects of drug and substance abuse, attempts have been made by the government to curb the menace through the formulation of various laws (NACADA, 2002). These attempts have been directed towards the control of intoxicating liquors, through liquor licensing, prohibiting the sale, use and possession of tobacco and miraa in certain areas. Since 1980 these efforts have intensified with the government establishing statutes to govern the manufacture, sale and consumption of alcohol. These include the Chang'aa Prohibition Act 1980, the Liquor Licensing Act 1986, the Traditional Liquor Licensing Act 1991, the Narcotic Drugs and Psychotropic Substances Control Act 1994, Tobacco Control Act 2007, Alcoholic Drinks Control Act, 2010 and the Alcoholic Drinks Control Act, 2015.

Besides these legislations, the government established the National Agency for the Campaign against Drug Abuse (NACADA) on 27 March 2001, to coordinate the activities of individuals and organizations in the campaign against drug abuse. The agency's mandate is to initiate public campaigns against drug and substance abuse, and to develop an action plan aimed at curbing alcohol and drug abuse by the youth in schools and other institutions of learning. Through the agency, the government mandated institutions to formulate workplace alcohol and drug abuse policies (JKUAT, 2011). Despite the various efforts and policy responses, alcohol and drug abuse still persists in Kenya's institutions of learning. According to NACADA (2012), majority of students in all levels of education still abuse substances. This is causing a lot of concern as the vice has been identified as a major cause of problems experienced in learning institutions in Kenya in the recent past (Muchemi, 2013).

There is evidence that abuse of alcohol and drugs among youth in colleges and universities in Kenya have escalated. For instance, according to reports from the Deans' offices and the Guidance and Counseling Departments, at Kenya Technical Teachers' College, cases of indiscipline due to drug and substance abuse increased between 2010 and 2012 (Maithya, Okinda, & Mung'atu, 2015). At the University of Nairobi, in May, 2015, a student died after he fell from third floor of their hostel after he and five others had had alcoholic drinks (Ombati, 2015). Despite having alcohol and drug policies in Kenya's learning institutions students still abuse alcohol and drugs and problems associated with the vice persist in these institutions. This study therefore sought to examine why does alcohol and drug abuse persists in Kenya's learning institutions despite implementation of alcohol and drug abuse policies.

1.3 Research Question

The study sought to answer the question: why does alcohol and drug abuse persists in Kenya's learning institutions despite implementation of alcohol and drug abuse policy? Specific questions included;

1. To what extent does resource availability influence implementation of alcohol and drug abuse policy in Kenya's learning institutions?
2. To what extent does policy communication influence implementation of alcohol and drug abuse policy in Kenya's learning institutions?
3. To what extent does training and availability of screening tools influence implementation of alcohol and drug abuse policy in Kenya's learning institutions?

1.4 Objectives

The objective of the study was to examine why alcohol does and drug abuse persists in Kenya's learning institutions despite implementation of alcohol and drug abuse policy. Specifically the study sought;

1. To examine the impact of resource availability on implementation of alcohol and drug abuse policy in Kenya's learning institutions.
2. To examine the impact of policy communication on implementation of alcohol and drug abuse policy in Kenya's learning institutions.
3. To examine the impact of training and availability of screening tools on implementation of alcohol and drug abuse policy in Kenya's learning institutions.

1.5 Justification

There have been studies on the magnitude and impact of alcohol drug abuse in different sectors, but there has not been a deliberate attempt to study specifically alcohol and drug abuse policy implementation in institutions of higher learning which is a complex environment. Although a few studies have shown that many colleges have implemented a wide range of alcohol control policies (Mitchell, Toomey, & Erickson, 2005; Nelson et al., 2010), there is only one study that assessed levels of enforcement of alcohol policies on college campuses (Harris et al., 2010). In Kenya most studies have concentrated on drug and substance abuse awareness, experience and availability in Kenya (NACADA, 2007).

There is no study that touches on implementation of alcohol and drug abuse policy in learning institutions. This study analyzed the process of alcohol and drug abuse policy implementation in learning institutions in order to understand how best alcohol and drug policies can attain their intended purposes, which is a useful finding to the policy makers. The study findings can also help the NACADA and other policy makers to better understand the complex nature of learning institutions and challenges hindering the successful implementation of alcohol and drug policies in learning institutions. There is knowledge gap on how to implement alcohol and drug policies in learning institutions, the findings of the study thus fills this gap and informs implementation process in learning institutions.

1.6 Scope and Limitations

The study was initially focused on three public universities in Kenya purposively selected namely; University of Nairobi, Kenyatta University and Multimedia University of Kenya. The target population was valid staff and undergraduate students. However, the researcher could not get an approval from Kenyatta University's management to conduct this study at their institution. This was a big challenge for the researcher since Kenyatta University was selected on the basis that it was the first Kenya's public University to have developed alcohol and drug abuse policy in 2009. This reason made it impossible for the researcher to substitute any other university for this study. Therefore the study proceeded on with only two universities.

The study also encountered the following constraints; since the study targeted staff and students, some respondents especially students who were affected by alcohol and other drugs were not willing to provide information. Securing an appointment with some campus administrators was also very difficult. The other challenge encountered was lack of trust between some respondents (students) and research assistants. Since the study employed both qualitative and quantitative techniques during data collection, some information may have been lost during the transcription. The research team however, was adequately prepared and dealt with those challenges amicably and thus successfully completed the study within schedule.

1.7 Definition of Concepts

1. **Learning Institutions**

Learning institution in a nominal definition is an organization established for educational purposes e.g. a university (Hornby, 1995). For this study, learning institutions is operationalized to mean public universities in Kenya.

2. **Enforcement**

Enforcement refers to compelling observance of or obedience to a law or policy (Hornby, 1995). For this study policy enforcement is operationalized to mean the sum total of actions taken by both employers and employees to increase compliance to alcohol and drug abuse policies in public universities.

3. **Enforcement officers**

Enforcement officers are personnel that ensure that a law or rule concerning the execution of any policy is obeyed (Cambridge Advanced Learner's Dictionary , 2008). For this study enforcement officer is operationalized to mean administrators, halls officials, residential assistant/custodians, counselors and security personnel within public universities in charge of alcohol and drug abuse policy.

4. **Workplace alcohol and drug Abuse Policy**

In a nominal definition workplace alcohol and drug policy is a policy that controls alcohol and drug abuse in a working environment (NACADA, 2009). For this study, workplace alcohol and drug policy is operationalized to mean any purposeful effort on the part of employer of public universities to minimize or prevent alcohol and drug related consequences through a policy.

5. Policy Communication

Policy communication is how the information regarding a particular policy is passed from the authority/policy actors to the policy targets (Hornby, 1995). For this study, policy communication is operationalized to mean timely, accurate and consistent policy information and orders to enforce alcohol and drug policy.

6. Screening tools

Screening tools are instruments used for the detection of alcohol and drug abuse among students (Nova Scotia, 2012). Operationally, screening tools will refer to brief self-reports or interviews used as the first step in the process of evaluating whether a student may or may not have abused alcohol and drugs.

7. Policy implementation

Policy implementation is the stage of policy-making between the establishment of a policy and the consequences of the policy for the people whom it affects (Edwards & George, 1980). Policy implementation refers to the translation of policy goals and objectives into operational rules and development of guidelines which includes coordination of resources, personnel and instruments to achieve the intended goals.

8. Drugs

Drugs are substances that are not food or nutrition, that when put into the body, change the way the body works or the way the person thinks (JKUAT), 2011). In this study drugs (illegal) refer to the substances that the government regards as harmful to the mental and physical well being of the individual, hence controlling or discouraging their consumption by policies and law.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

The study's literature is organized into four broad themes associated with implementation of alcohol and drug abuse policy in learning institutions. The first theme is on resources both material and human resources for addressing alcohol and drug abuse policy in learning institutions. The second theme focuses on communication of the policy from the authority to students and also the various departments within learning institutions. The third theme is on relevant training for the implementing officers. The final theme is on relevant screening tools for alcohol and drugs available to policy implementers in learning institutions.

2.2 Resources and its impact on implementation

Addressing alcohol and drug abuse among students in learning institutions is a challenging and complex issue. This is because the issues associated with problem drinking affect student and community-level health, safety, and academic functioning (Lavigne, Francione-Witt, Wood, Laforge, & DeJong, 2008). Apart from these issues, college and university life provides students with context for experimentation with alcohol and drugs (Gillespie, Holt, & Blackwell, 2007). Secondly, the use of alcohol is socially acceptable in their families and communities. Some families may glorify the use of alcohol since to them it is socially acceptable and in some cases it is seen as a sign of maturity, therefore not able to dissuade their children from abusing alcohol, (Olaore & Aham-Chiabotu, 2012).

Despite the above challenges, most learning institutions world over have formulated alcohol and drug policies in an attempt to curb the abuse. However, these policies have not impacted on student's behavior in colleges and universities. Resources have been cited has one of the reasons as to why alcohol and drug abuse policy is not creating impact in learning institutions. Generally the absence of adequate resources will result in implementation problems thus contributing to ineffectiveness of any public policy (Makinde, 2005). Resources include both human and material such as adequate number of staff who are well equipped to carry out the implementation process, relevant and adequate information on implementation process, the authority to ensure that policies are carried out as they are intended, and facilities such as equipment, buildings, etc. as may be deemed necessary for the

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successful implementation of the policy. Without sufficient resources it means that laws will not be implemented and enforced, services will not be provided and reasonable regulations will not be developed (Makinde, 2005).

According to Toomey et al, (2011) in a study on Enforcing Alcohol Policies on Campuses: Reports from College Enforcement Officials, found out that one of the barriers to effective implementation of alcohol in colleges was lack of funds and resources available to adequately staff college law enforcement departments (Toomey et al., 2011). They also found out that lack of money or other resources to adequately conduct alcohol enforcement was a barrier to effective enforcement (Toomey et al., 2011). According to them lack of funds was due to a reduction in state and federal funding for alcohol implementation process and thus contributing to less enforcement on and around campuses and fewer opportunities for different enforcement agencies to work together to address problems related to college student alcohol use (Toomey et al., 2011). In Kenya however, there has not been any study on implementation of alcohol and drug abuse policy in universities, and therefore this study established that in Kenya's public universities there was also lack of resources to successfully implement alcohol and drug abuse policy.

According to Pede (2011) in a case study of collegiate alcohol education, argues that no program can be successful without staff and resources to get the job done. Staffing can include those employees directly associated with alcohol education and prevention such as those working with counseling centers or health and wellness departments. A full-time staff member solely devoted to alcohol education, prevention, and intervention efforts can help make those efforts more effective. To Pede (2011) resources should consist of funding specifically for alcohol education, prevention, and interventions. Given the limited financial and human resources for establishing alcohol-prevention initiatives on campuses, conducting a social norms campaign may decrease the likelihood that other efforts, such as restricting alcohol use on campus, are implemented. Wechsler et al., (2004) in a study on "Colleges Respond to Student Binge Drinking: Reducing Student Demand or Limiting Access", found out that schools that receive public or alcohol industry funding for their alcohol prevention programming are more likely than schools that do not receive such funding to conduct alcohol education and social norms campaigns for their prevention efforts (Wechsler et al., 2004).

They are also more likely to make institutional investments such as providing counseling and treatment services, employing dedicated substance-abuse employees, convening a task force to deal with substance abuse issues, and establishing a cooperative agreement with community agencies to deal with these issues. Resources also include time and any other meaningful material that are invested in implementing alcohol and drug abuse policy (Wall et al., 2012). As an example of the limited time as resource, a Midwestern state study of institutional resources dedicated to alcohol abuse prevention found that, on average, the 23 community colleges participating in the study devoted very little staff time (less than 15% of a full-time position) to alcohol-related intervention and prevention activities (Illinois Higher Education Center, 2004). The above study did not go further and investigate whether there were campus staff who dedicated much time to alcohol related issues and then succeeded in curbing alcohol and drug abuse.

Resources can also be in terms of data, books and newsletter. For instance, a report by Nova Scotia (2012) advised universities and colleges to make resources available to parents prior to commencement of first year on how they can help to prevent harmful drinking in university, and ensure updated resources are made available to parents on an ongoing basis (Nova Scotia, 2012). According to Weitzman and Nelson (2004) the need for data resources is among the challenges to creating more rational and environmentally based prevention programs in colleges. They further argue that there is also a need to generate and sustain the political will which is necessary to change the environment to reduce harms caused by substance use. This may require well educated public and policy sector, as well as time and other resources which are limited in colleges (Weitzman & Nelson, 2004). This study established that various forms of resources such as personnel, data, newsletters and time is also lacking in Kenya's public universities.

2.3 Policy Communication and its impact on implementation

Communication is an essential ingredient for effective implementation of public policy. Through communication, orders to implement and enforce policies are expected to be transmitted to the appropriate personnel in a clear manner, accurate and consistent (Makinde, 2005). Inadequate information can lead to a misunderstanding on the part of the implementers who may be confused as to what exactly are required of them. If implementation instructions are distorted in transmission, or are vague, or are inconsistent then it may cause serious

obstacles to policy implementation (Makinde, 2005). Toomey et al. (2011) on the study Enforcing Alcohol Policies on College campuses: Reports from College Enforcement Officials, found out that another barrier to enforcing alcohol policies on campuses was lack of communication among departments, and therefore advocated for a better communication and support among personnel on campus (Toomey et al., 2011).

Better communication can help establish positive social norms and expectations on campus regarding student alcohol. Faculty, administrators, and implementing officers can use college recruiting and student orientation materials to communicate to prospective students that the school promotes a healthy social and academic environment not denigrated by alcohol misuse. They can also speak out about alcohol issues and explicitly state their expectations for prospective and incoming students (Stewart, 2011). Law enforcement intolerance of alcohol misuse can be communicated during orientation sessions, welcome-back addresses, during presentations in residential life settings, and through ongoing awareness building and media efforts to provide clear communication of alcohol laws and policies and the associated consequences for violations of those laws and policies on and off campus (Stewart, 2011).

Muchen (2014) while conducting a study at the University of Kentucky, on the improvement of Tobacco-free Policy enforcement, found out that the university had come up with a communication strategy called 3 "Ts" that was very effective in policy compliance. According to Hahn et al (2012), the first T is Tell, which means appropriate and timely communication throughout the campus (Hahn et al., 2012). This therefore means policy communication was a top priority in the policy implementation process. The campus community can clearly know about how to comply with the policy at any time with the appropriate notification and communication. The second T is Treat, which means providing evidence-based tobacco treatment services to control tobacco use (Hahn et al., 2012). The third T is Train, which is to train supervisors, faculty, administrators, and student leaders to approach violators in a firm, appropriate and effective way (Hahn, et al., 2012). At the same time, directors could reinforce the policy during regular meetings, and professors may reinforce the policy in classes. During each semester, the departments may host resource fairs to disseminate the policy implementation and smoking cessation programs (Bai, 2014).

Communication is not only to be between faculty, administrators and students, but also be extended to parents. According to Dauenhauer (2014), colleges and universities that have implemented a notification policy which alerts parents when violation of federal, state, or institutional policies regarding drugs and alcohol was able to minimize the substance use (Dauenhauer, 2014). The intent of parental notification is to increase communication between parents and their college-aged children to reduce maladaptive behavior (Thompson-Beseler, Hall, & Eighmy, 2013). Mark et al. (2006) also established that communication with parents and family counseling were part of the indices in the key elements of effective adolescent substance abuse treatment programs. However, according to Cremeens, et al. (2011), college administrators noted parental communication with their children about alcohol use and/or acceptance of alcohol consumption by their child as a challenge. For example, college administrators noted that parents glorify their college drinking behaviors and are indifferent when their child is cited for an alcohol violation (Cremeens et al., 2011). The administrators recommended more effective communication of the alcohol policies' details and protocol for adjudication, and orientation activities focused on alcohol policies, related risks, and consequences (Cremeens et al., 2011). In addition, they also recommended a consistent message to students regarding alcohol use, policies and consequences for policy violations.

Since drinking tends to increase through the university year, ongoing communication to parents is recommended. National College Health Improvement Project (NCHIP) based at Dartmouth College in New Hampshire recommended that parent programs form part of university alcohol education programs. Similarly, Hirschfeld et al. (2005) recommended a type of policy that is realistic and encourages open student communication with faculty and administrators, improves access to professional help when needed, and promotes responsible substance use beyond graduation. Finally Tobler (1999) argued that the more communication exists among teachers, pupils and peers, the more pupils will be prevented from abusing drugs and alcohol. (Hirschfeld, Edwardson, & McGovern, 2005). This study has established that there is communication among departments or service units however, that has not established positive norms and expectations on campus.

2.4 Training and its impact on implementation

Personnel working in learning institutions including counselors, administrators, and teachers are often faced with challenges associated with substance abuse among students. Yet, they

are not adequately prepared to identify, address, or assist substance abusing students. For example, (Burrow-Sanchez, Lopez, & Slagle (2008) found that middle school counselors perceived themselves as lacking competence in specific areas related to substance abuse, such as individual and group counseling interventions as well as screening and assessment. Similarly, Finn and Willert (2006) found out that few school teachers had knowledge about or training in how to respond to drug use among students.

Personnel, teachers and the whole school staff need to be trained on alcohol and drug education and prevention, health education and health promotion has is being clearly and frequently mentioned in the literature. Therefore a draft policy should include provision for training of staff involved in alcohol and drug education. Coggans et al. (1991) in their review of drug education in Scotland found that teachers who had attended two levels of training had greater confidence in their adequacy for the role of drug educator. The first level was in-service training on drug education, drugs and drug use; the second was staff development in the school. However, they found that while teachers who had attended only first level training felt more confident in their role, it did not necessarily mean they were more expert in the role. There were indications that experience of using drug education materials was better predicator of high levels of drug related knowledge than was experience of in-service training (Coggans et al., 1991).

Coggans et al. (1991) also found that the extent of training had no simple relationship with the teachers' involvement in drug education, pointing to the need for advanced planning as well as adequate training to ensure that those who have received training will be in a position to use what they have learnt. In the sample of 103 middle school and high school teachers, only 16% reported that their school had a training program specific to drug prevention. In addition to inadequate in-service substance abuse training opportunities, some counseling graduate programs lack substance abuse courses in their curriculum. In a national study, Burrow-Sanchez & Lopez (2009) surveyed a sample of 286 high school counselors about their preparation and training needs for working with student substance abuse problems. On average, the participants disagreed that their counseling graduate education had provided them with adequate training related to substance abuse. In addition, 50% of the school counselors indicated not taking a course in substance abuse in graduate school, 31.8% reported taking one course, 12.6% indicated reporting taking two courses, and 5.2% indicated

taking three or more courses. Burrow-Sanchez & Lopez (2009) concluded that a more comprehensive and thorough understanding will allow professional school counselors to play an active and vital role in responding to the needs of substance abusing adolescents.

According to Pede (2011), in a case study of collegiate alcohol education, argues that training is a key piece of alcohol education and the prevention of alcohol abuse. It is not limited to the training of students but should also include faculty and staff. Training can include topics like emergency response, policy enforcement, referral strategies, and problem identification (Pede, 2011). In the same study he argued further that good training of university staff may increase the effectiveness in which problems involving alcohol can be indentified and resolved (enforcement). Training can therefore help to increase the effectiveness and efficiency in which alcohol related emergencies are handled. Appropriately trained personnel will know how to deescalate situations and at what point professional services and university administrators need to become involved (Pede, 2011).

In college of Charleston, fake ID training with local retailers plus signage about the checking of IDs helped reduce the use of fake IDs. Wagenaar, et al. (2005) reported improvements in ID checking after training. At Eastern Illinois University, free training in English and Spanish for bar owners, followed by regular compliance checks by enforcement officers led to 40% decrease in underage drinking, indicating bars personnel and students had responded to training as an intervention (PIRE, 2012). In a related study, Toomey et al. (2007) concluded that training programs and enforcement strategies combined with compliance checks have been proven successful in reducing binge drinking by reducing student's access to the alcohol. Servers, owners and managers of alcohol-selling establishments need training in all aspects of responsible alcohol service, including how to check and handle false age identification.

2.5 Relevant screening tools and its impact on implementation
Screening tools are brief self-reports or interviews used as the first step in the process of evaluating whether a student may or may not have alcohol and drug problem. The outcome of a screening is to determine the need for further and more comprehensive assessment. Early screening tools, such as the Michigan Alcohol Screening Test (MAST) and the Cut-down, Annoyed, Guilty Eye-Opener (CAGE), were developed to detect alcohol dependence and

refer to treatment. In universities, screening students for at-risk or harmful drinking is an important early component of providing comprehensive health care services and for the provision of more in-depth interventions around drinking. They can serve to initiate the intervention process that may lead to more comprehensive support later on through the broader health care system (CARBC, 2008). There are effective brief interventions for the university student population (Larimer & Cronce, 2007; NIAAA, 2002) and effective screening is an important component of these interventions.

Many universities however, do not use a formal assessment tool to screen for alcohol problems among their students despite the high prevalence of heavy drinking. Among those that do, most are not using a tool that is best suited to university students (Winters et al., 2011). There are several tools applicable for university students and some that are specific to university students: AUDIT, POSIT, CRAFFT, CAGE, CAPS, and RAPS (Winters et al., 2011). The CRAFFT questionnaire is an example of screening tool for testing alcohol and drug abuse, which has proven to be time efficient and consistent (Griswold et al., 2008). This tool administers questions in form of a questionnaire to students, a range of questions such as "Do you ever use drugs to relax?" "Have you gotten into trouble while you were using alcohol or other drugs?" (Griswold et al., 2008). Answering "yes" to two or more questions suggests that a significant problem with substance abuse exists. Another possible screening instrument is the Problem-Oriented Screening Instrument (POSIT) which screens for problems in a range of areas including substance abuse, and can be obtained from the National Clearing house for Alcohol and Drug Information (Burrow-Sanchez et al., 2008).

CAGE Questionnaire is another screening tool that can be effectively used by school implementing officers such as counselors. It is simple and brief tool to use. It consists of four questions for students over the age of 16 (Didgen & Shea, 2000). For instance, the counselor may ask the student if he or she has ever felt the need to "cut down" on his or her drinking (Erford, 2007). If the student answers "yes" to any of the questions, he should be referred for further assessment (Glidden-Tracey, 2005). Most of these screening instruments are in form of a questionnaire and thus administered to students in form of asking brief questions. However, some screening tools such as Breathalyzer or breath detectors can also be used in a school environment.

2.6 Theoretical Framework

The study adopted the Contextual Interaction Theory (CIT) of policy implementation in examining what influence implementation of alcohol and drug abuse policy in learning institutions. The theory was developed in the Netherlands during the late 1990s and has been applied in several studies (Bressers & O'Toole, 1998). The basic assumption of this theory is that the course and outcome of the policy process depend not only on inputs but more crucially on the characteristics of the actors involved, particularly their motivation, information and power (Bressers & O'Toole, 2005). Motivation is conceptualized in terms of the level of importance actors place on a particular policy or program and the degree to which the policy or program contributes to their goals and objectives. It is also viewed in terms of serious commitment of resources to the policy implementation process. Information according to this theory includes general knowledge aspects such as policy awareness for relevant actors, understanding of policy requirements and benefits, technical knowledge of the matter at hand and patterns of communication between actors about the policy and how to comply.

According to this theory, for policy to be successful, there must be serious commitment of recourses, policy actors equipped with relevant information concerning the policy and clear patterns of communication between actors. The actors should also be equipped with the knowledge on the policy through training and at the same time empowered with relevant tools and instruments.

Figure 2.1: Interaction of Variables

Independent variables   **Dependent variable**

Resource availability

Policy Communication

Training and Screening Tools

Influence

Implementation of Alcohol and drug abuse Policy
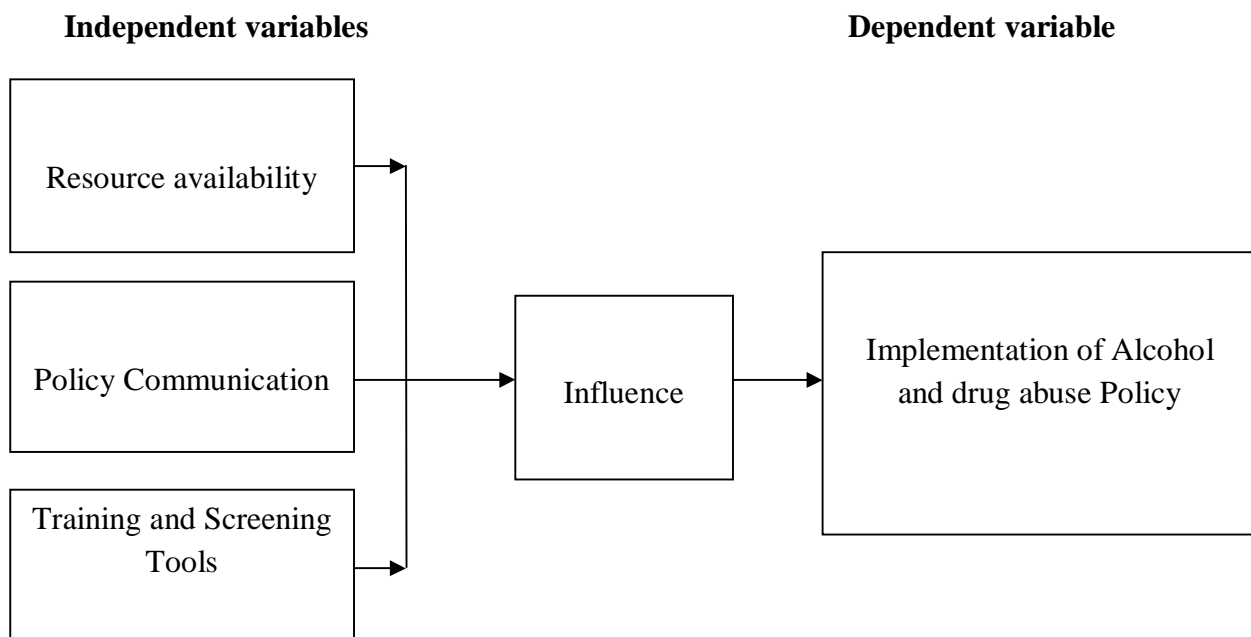
Figure 2.1, describe the relationship between independent variables; resource availability, policy communication, training and availability of screening tools against dependent variable implementation of alcohol and drug abuse policy. Resource availability, clear communication, training and availability of screening tools are likely to influence implementation of alcohol and drug abuse policy.

2.7 Hypotheses

The study was guided by the following specific hypothesis;

1. Resource availability influences implementation of alcohol and drug abuse policy in Kenya's learning institutions.

2. Policy communication influences implementation of alcohol and drug abuse policy in Kenya's learning institutions.

3. Training and availability of screening tools influence implementation of alcohol and drug abuse policy in Kenya's learning institutions.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes research methodology used in carrying out this study. This includes the description of research design, study area, sampling techniques, data collection methods and data analysis techniques.

3.2 Research Design

This study adopted a descriptive study design to carry out this research. The study collected both qualitative and quantitative data. Quantitative data was collected through a survey of university staff and students in the two universities. Quantitative data was collected through an in-depth interview with experts on issues of alcohol and drug abuse in the two universities.

3.3 Study Area and Population

In the last ten years, the student population in Kenyan universities has increased from 67,558 in 2003/2004 to about 769,550 in 2015. At the same time, the number of public universities in the country rose from 6 to 24 by 2014 (Ngila, 2015). The study purposively selected 3 public universities from 24 public universities in Kenya namely; University of Nairobi, Kenyatta University and Multimedia University of Kenya. University of Nairobi was selected based on the fact that it is located within the city centre, thus providing students with easy access to many alcohol outlets. It also has a student population of 79,000 and 7,500 staff, 10 campuses 8 in Nairobi, one in Kisumu and another in Mombasa. Kenyatta University was selected since it was the first public university to formulate alcohol and drug policy in 2009. It is located outside the city centre a long a major highway making it easy for students to commute to the city centre quite often. It has a student population of about 70,000 and 5,000 staff distributed over 15 schools and several campuses.

Multimedia University of Kenya was selected since it was among the newly established public universities that had formulated alcohol and drug abuse policy. It has about 4,000 student population and less than 500 staff, with two campuses; main campus located about 25 kilometers south of Nairobi, and the other in the central business district of Nairobi. Due to her a smaller student population the study wanted to establish if the numbers matter in

implementation of alcohol and drug abuse policy. However, the management of Kenyatta University did not grant an approval to the researcher to conduct this research at their institution for technical reasons which they did not disclose in their correspondence. The researcher was therefore unable to replace Kenyatta University with any other university due to reasons as to why it was selected. The study was then conducted on the remaining two universities. University of Nairobi represented other major public universities that had student population of more than 10,000 while Multimedia University of Kenya represented public universities with student population of less than 10,000.

3.4 Sampling Techniques

The total sample size for the study was supposed to be 384 respondents, often calculated using Fisher's formular for targeted population equal or greater than 10,000 (Mugenda & Mugenda, 2003). However, since the researcher could not get an approval to conduct this study at Kenyatta University, the sample size for the study was reduced to 234 respondents and were disproportionately distributed among University of Nairobi and Multimedia University of Kenya to avoid overrepresentation, and, or underrepresentation by either of the university. The study employed both probability and non probability sampling. Under probability sampling, the study used stratified random sampling technique by dividing the targeted population from each university into two strata; staff and students, while under non probability sampling the study employed purposive sampling techniques to select some staff and policy experts. Within the staff sub population, the study further sub-divided the strata according to job categories

Under each stratum the respondents were distributed based on the number allocated per university. University of Nairobi 170 respondents distributed as follows; 15 security officers, 45 halls staff, 10 administrators, 8 lecturers, 4 officers in charge of alcohol and drug abuse policy (3 from the health department), 3 policy experts in the university. Students were distributed as follows; 75 students and 10 student leaders. Multimedia University 64 respondents distributed as follows; 4 security officers, 22 halls official, 3 administrators, 2 lecturers, 1 officer in charge of alcohol and drug abuse policy. Students were distributed as follows 28 students and 4 student leaders.

In the two universities, students were selected as follows; students were selected using simple random technique from various campuses while their student leaders were purposively selected. Random sampling technique was also used to select security officers and halls officials while purposive sampling procedure was used to select administrators, top level managers of halls, lecturers and policy experts from various campuses. These campuses were also purposively selected.

Table 1.1: Distribution of respondents for the study

Respondents at different universities	University of Nairobi	Mutltimedia University of Kenya
Security Officers	15	4
Halls Staff	45	21
Administrators	10	3
Lecturers	8	2
Officer in charge of ADA	4	1
Policy experts in university	3	1
Students	75	28
Student Leaders	10	4
Total	**170**	**64**

3.5 Collection Techniques

The study relied on both primary and secondary data. Primary data was obtained through interviews and questionnaires. Standardized survey questionnaires with both open-ended and closed questions were administered to collect data from selected respondents; students and their leaders, security officers, halls officials, administrators and lecturers (Appendices A, B, and C). Surveys helped in capturing a large percentage of targeted group and at the same time capturing the demographic data of respondents. Key informant interviews were used to help capture individuals' point of view on alcohol and drug abuse policy process, with the emphasis on implementation process. It helped in filling the gaps that was generated from the survey data. Key informant interviews were selected based on expert knowledge, exposure and experience. This included officers in charge of alcohol and drug abuse policy, and policy

experts in the respective universities (Appendix D). Secondary data sources included journal articles, policy papers, NACADA reports, books and internet sources.

3.6 Data Analysis Techniques

The collected data from questionnaires and in-depth interviews were analyzed using both quantitative and qualitative techniques. Quantitative data was analyzed using statistical package for social sciences (SPSS), which generated both descriptive statistics and inferential statistics. Descriptive statistics was used to show the variation in resource availability, policy communication, training availability and availability of screening tools in terms of percentages and mean averages. This enabled the researcher to describe distribution of scores through graphical representation of frequency distribution such as pie charts, bar charts graphs and tables. Inferential statistics on the other hand were used to show the correlation between variables using chi-square. Qualitative data was coded and analyzed according to various themes pertinent to the study. Frequency tables and statistical averages were used to present, analyze and interpret quantitative data. This enabled the researcher to describe broad classification of variables under the study and how they relate to implementation of alcohol and drug abuse policy.

CHAPTER FOUR
STUDY FINDINGS

4.1 Introduction

Alcohol and drug abuse among young people especially in universities and colleges has risen to unprecedented levels, despite the heightened attention paid to the issue of drinking in recent years, including policy option. This chapter aims at analyzing alcohol and drug abuse policy implementation process in Kenya's public universities and accounts for what influences the implementation process. The chapter presents information on the respondents' age, gender, designation and education level. It concludes with answering the research questions based on the analysis of field data presented in line with the research objectives.

4.2 Response Rate

The study sample was 234 respondents distributed among two public universities; University of Nairobi had 170 respondents and Multimedia University of Kenya 64 respondents. The total number of respondents who took part in the study by filling in and returning their questionnaires were 205 respondents constituting 87.60% for the two universities. Respondents from University of Nairobi were 156 (66.66%) while from Multimedia University of Kenya were 49 (20.94%). Respondents who did not take part in the study were rated at 29 (12.39%).

Figure 4.1: Response rate of respondents for the study
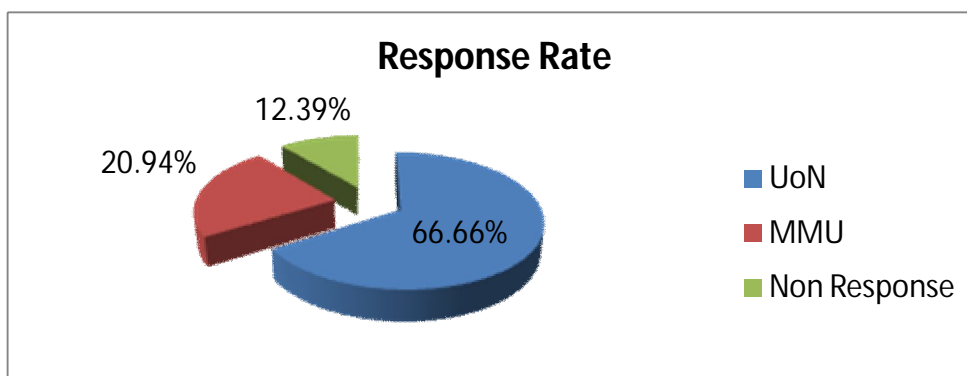
Source: Generated from study data, 2015

4.3 Demographic Information

This includes respondents' gender, age, level of education and designation.

Figure 4.2: Distribution of respondents by gender for the study
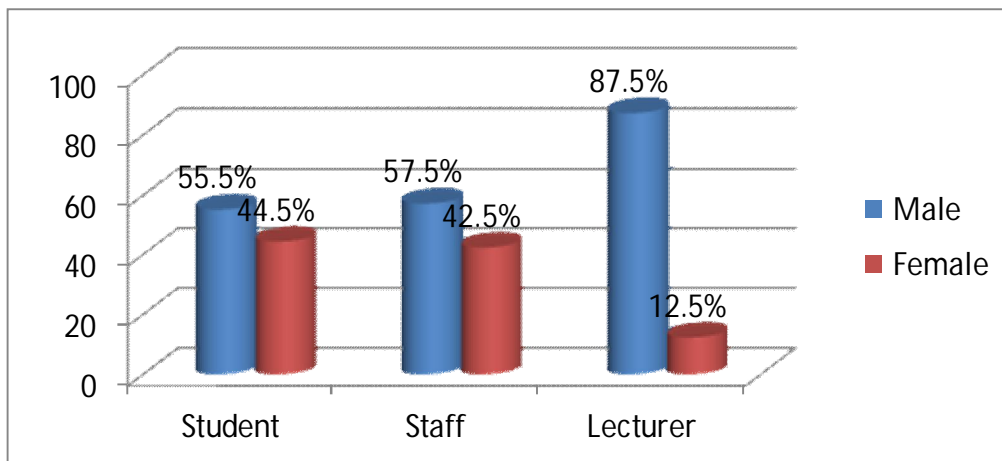
Source: Generated from study data, 2015

The respondents were divided into three categories; University staff, lecturers and undergraduate students. The study revealed that from staff category majority of the respondents were male 57.5% while 42.5% were female. From student's category 55.5% were male while 44.5% were female. And from lecturer's category majority of respondents 87.5% were male and 12.5% were female. From lecturer's category it was very hard to get female lecturers to participate in the study, and thus explains the huge difference between male and female.

Table 4.1: Distribution of respondents by age (staff) for the study

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25 years	3	3.4	3.4	3.4
	26-30 years	10	11.5	11.5	14.9
	31-35 years	26	29.9	29.9	44.8
	36-40 years	9	10.3	10.3	55.2
	41-45 years	13	14.9	14.9	70.1
	46-50 years	13	14.9	14.9	85.1
	51 and above	13	14.9	14.9	100.0
	Total	87	100.0	100.0	

Source: Generated from study data, 2015

In terms of the respondents' age, the results from the study show that the age of the majority of the respondents (staff category) ranged between 31-35 years (29.9%), 41-45 years, 46-56 years and 51 and above years (14.9%) each, 26-30 years (11.5%), and 18-25 years (3.4%).. Since most respondents for this study were from halls section, it could be deduced that majority of employees in halls section are from 41 years and above which constitute (44.7%).

Table 4.2: Distribution of respondents by age (students) for the study

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-20 years	29	26.4	26.4	26.4
	21-25 years	78	70.9	70.9	97.3
	26-30 years	1	0.9	0.9	98.2
	31-35 years	1	0.9	0.9	99.1
	36 and above	1	0.9	0.9	100.0
	Total	110	100.0	100.0	

Source: Generated from study data, 2015

In the student category, the findings reveal that majority of students were from 21-25 years (70.9%), 16-20 years (26.4%), 26-30 years, 31-35 years, 36 and above constituted (0.9%) each.

Table 4.3: Distribution of respondents age (students) cross tabulated by level of study

		Level of study					
		1st Year	2nd Year	3rd Year	4th Year	5th Year and above	Total
Age of respondent	16-20 years	15	8	4	2	0	29
	21-25 years	7	12	21	29	9	78
	26-30 years	0	0	0	0	1	1
	31-35 years	0	0	0	0	1	1
	36 and above	0	0	0	0	1	1
Total		22	20	25	31	12	110

Source: Generated from study data, 2015

Table 4.4: Distribution of respondents by age (lecturers) for the study

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	36-40 years	2	11.8	25.0	25.0
	41-45 years	2	11.8	25.0	50.0
	46-50 years	2	11.8	25.0	75.0
	51 and above	2	11.8	25.0	100.0
	Total	8	47.1	100.0	
Missing	System	9	52.9		
Total		17	100.0		

Source: Generated from study data, 2015

In the lecturer's category, the findings revealed that they were evenly distributed; 36-40 years (25%), 41-45 years (25%), 46-50 years (25%), and 51 and above (25%).

The researcher sought to find out education level of the respondents in the area under study especially staff category.

Figure 4.3: Distribution of respondents' level of education (staff) for the study
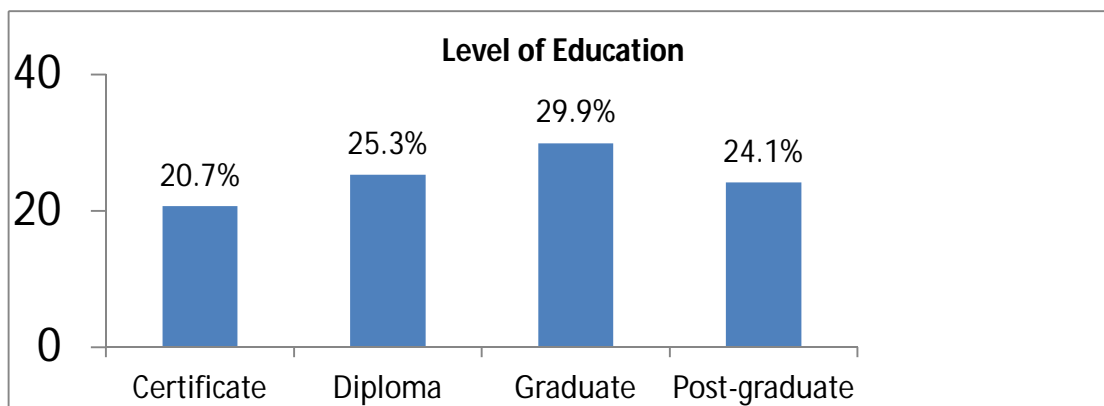
Source: Generated from study data, 2015

Among respondents interviewed 20.7% were certificate holders, 25.3% were diploma holders, 29.9% were graduates and 24.1% post-graduates. The findings reveal that majority of the respondents from staff category were graduates.

On the designation of the respondents, the findings reveal that majority of respondents were custodians36.8%, administrators 14%, security officers 13.8%, halls assistant10.3%, and the rest were less than 10%. These findings are so since it was a deliberate sampling decision targeting staff from halls section, security section and administrators.

4.4 Alcohol and drug abuse policy

The universities under study have alcohol and drug abuse policies which were accessible to anyone across the globe. It was important for the researcher to establish if respondents knew that the university had developed the policy.

Figure 4.4: Does this University have ADA Policy?
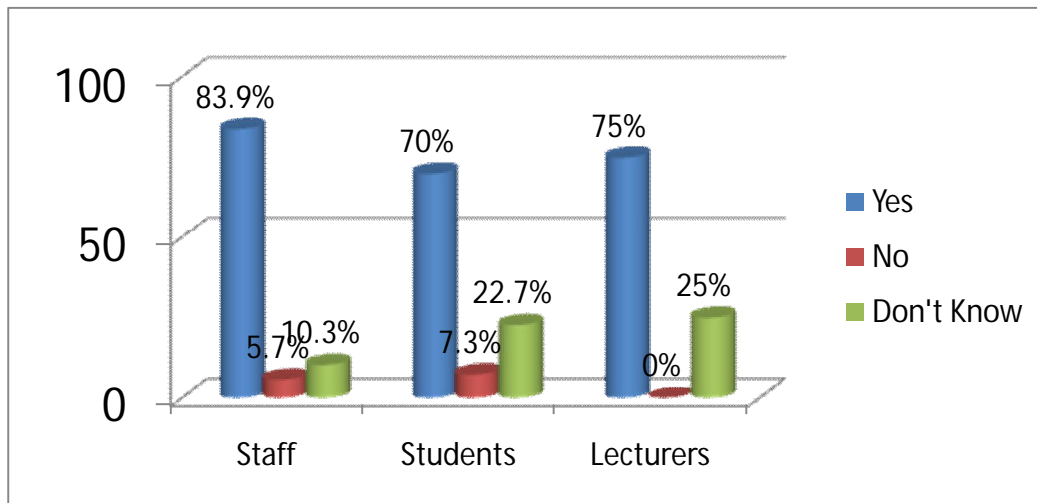
Source: Generated from study data, 2015

The study findings indicated that majority of the respondents from staff category (83.9%) knew that the policy existed while 5.7% did not, 10.3% could not tell whether the university had developed the policy or not. From students category majority of respondents (69.1%) knew that the policy existed 7.3% did not and 22.7% could not tell whether the university had developed the policy or not. From lecturers' category 75% knew that the policy existed while 25% did not. From the study it could be argued that majority of respondents from all categories knew that the policy existed their respective universities.

The study further inquired if the respondents knew the contents or the provisions of alcohol and drug abuse policy.

Figure 4.5: Do you know the contents or provisions of this policy?
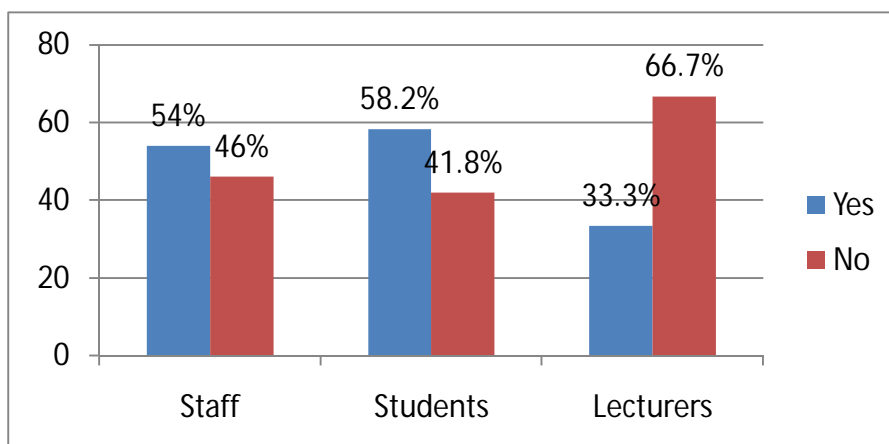
Source: Generated from study data, 2015

From staff's category, 54% of the respondents knew the provisions of the policy while 46% did not. From student's category, 58.2% knew the provisions of the policy while 41.8% did not, similarly from lecturer's category 33.3% knew the provisions of the policy while 66.7% did not. The findings show that the number of respondents who knew the provisions of the policy had reduced as compared to those who had confirmed its existence.

The study then cross tabulated the findings based on the designation of the respondents.

Table 4.5: Do you know the contents/provisions of this policy? (staff). The results are cross tabulated by respondents' designation.

Designation	Do you know the contents?		Total
	Yes	No	
Security Officer	8	4	12
Custodian/House Keeper	12	20	32
Halls Assistant/Supervisor	5	4	9
Halls Officer/Manager	3	2	5
ICT	2	4	6
Accountant	2	0	2
Administrator	9	4	13
Counselor	2	0	2
Secretary	3	2	5
Technician	1	0	1
Total	47	40	87

Source: Generated from study data, 2015

When rated according to designations, the results show, majority of custodians/housekeepers 62.5%) did not know the contents of the policy and yet they are the ones who spent a lot of time with students and expected to guide them based on the provisions of the policy. Majority of security officers (66.66%), administrators (69.23%) and counselors (100%) knew the contents of the policy. Counselors were only two in number and they knew the contents of this policy, in percentage this constituted 100%. The researcher inquired further why some respondents did not know the contents of this policy.

Figure 4.6: If No, explain why?

If No, why?

- 8.7%
- 4.3%
- 4.3%
- 26.1%
- 56.5%

Legend:
- Not sensitized
- Not seen the policy
- Not our mandate
- Policy not effected
- Policy not lauched
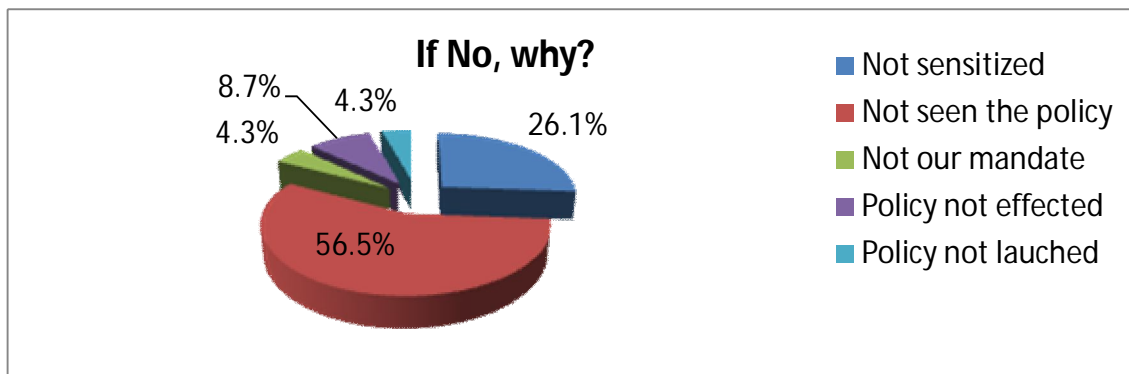
Source: Generated from study data, 2015

The study findings revealed reasons as to why respondents did not know the contents of the policy. 56.5% of these respondents had not seen the policy, 26.1% not yet sensitized about the policy, 8.7% policy not yet effected, 4.3% policy not yet launched, and another 4.3% this policy was not their mandate. From these results it could be argued that majority of respondents had not seen the policy

4.5 Implementation of alcohol and drug abuse policy.

Alcohol and drug abuse amongst the youth in Kenya has become a major societal problem. Crime rate, which is directly related to drug abuse, has escalated to levels that are very disturbing. According to Masita (2004) almost every Kenyan youngster at one time or another experiment with drugs, especially with alcohol and cigarettes. Although the regular users of hardcore drugs are much fewer than those of cigarette and alcohol, the major cause of concern is that a high proportion of these young people eventually become addicted threatening their own health and safety, and causing difficulties for their families and friends. In 2007, NACADA revealed that majority of alcohol and drug abusers in Kenya were students in secondary schools and universities especially in the cities of Nairobi, Mombasa and Kisumu.

In an attempt to fight this menace, Kenyan government mandated all institutions to develop alcohol and drug abuse policies. One of the objectives of this policy in public universities was to reduce the rate of abuse among students which had tremendously increased. However, implementation of these policies has not been effective in these institutions since students are still abusing alcohol and drugs (NACADA, 2014). The study established through literature

review that resource availability, policy communication, training and availability of screening tools were important variables that influence effective implementation of alcohol and drug abuse policy in learning institutions. From the literature review it emerged that these variables were either lacking or not available in learning institutions and that's why this policy was not impacting positively on student's behavior. According to theoretical framework adopted for this study, for a policy to be successfully implemented there must be sufficient resources committed to the implementation process. Policy implementers should also be equipped with information and knowledge through training and relevant tools such as screening tools.

4.5.1 Resource Availability and its impact on implementation of ADA Policy

The first objective sought to examine the impact of resource availability on implementation of alcohol and drug abuse policy in public universities. From the literature review the study had established that resources for implementation of this policy in colleges and universities were lacking (Toomey et al., 2011). Resource availability is an important variable that has always been linked to effective policy implementation. The study sought to know the extent to which resource availability influences implementation of this policy in Kenya's public universities. During the study resources were split into four components that is, financial capacity, personnel, information in terms of data/newsletters/ books, and time spent on alcohol and drug issues. Respondents were asked if financial resources were adequate for implementation of alcohol and drug abuse policy.

Figure 4.7: Are financial resources adequate for implementation of ADA policy?
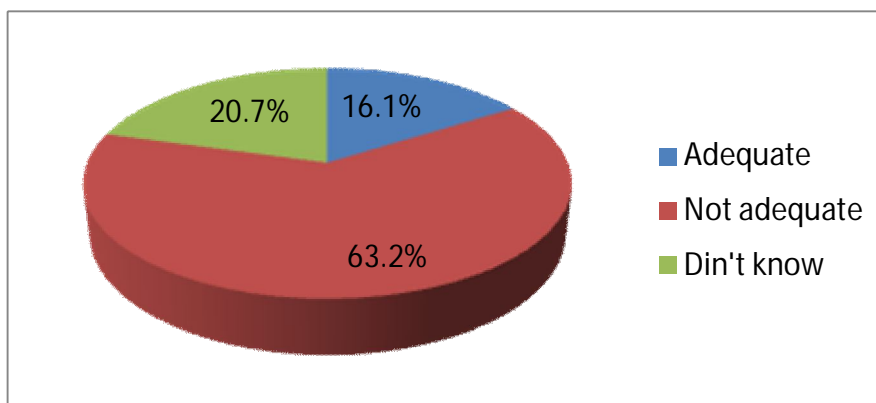
Source: Generated from study data, 2015

The data in figure 4.6 shows that 16.1% of the respondents agreed that resources were adequate, 63.2% disagreed and the remaining 20.7% could not tell whether it was adequate or not. Comparing the two universities, 15.38% of the respondents from UoN agreed that financial resources were adequate, while 67.69 did not agree. 18.18% of the respondents from MMU agreed that financial resources were adequate, while 67.69% did not agree. From these results it can be argued that resources for alcohol and drug abuse policy implementation are inadequate. This therefore means that lack of resources might impact on the implementation of this policy thus leading to ineffective implementation hence the policy not achieving its objective of reducing the rate of alcohol and drug abuse in public universities. The study sought to know why respondents were saying resources were adequate or not.

Reasons given by respondents who indicated there was inadequate resources accounted for (80%) and were as follows; less manpower, inadequate counselors/trainers, no budgetary allocation, no training or workshops being organized, no seminars and sensitizations programs and not involving all stake holders. While reasons given by respondents who indicated resources were adequate accounted for (20%) and were as follows; allocation of funds every year, organizing workshops, seminars and sensitization programs. These findings were in line with most of the literature reviewed, for instance according to Makinde (2005) rules and laws will not be implemented and enforced effectively due to insufficient resources. Services will also not be provided at reasonable regulations, training and sensitization programs including seminars and workshops on policy issues will not be offered.

The study further inquired on the issue of human resources/personnel responsible for implementation of alcohol and drug abuse policy.

Figure 4.8: Does your service units have enough personnel responsible for implementation of ADA policy?
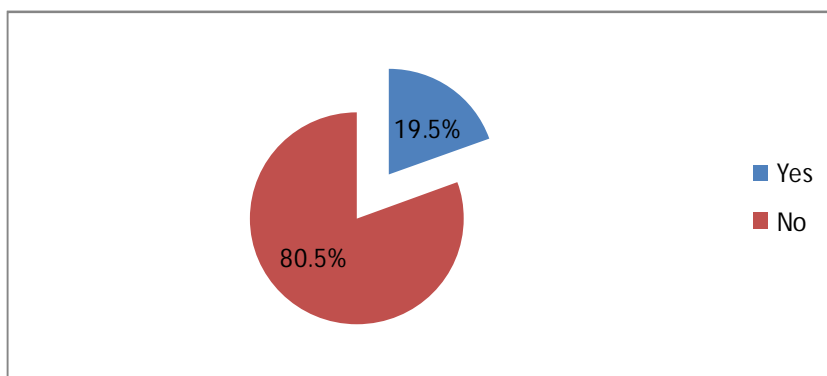
Source: Generated from study data, 2015

In terms of personnel the study established that a majority of respondents (80.5%) were of the opinion that personnel responsible for implementation of the policy are inadequate, while 19.5% of the respondents felt that personnel available were adequate. Comparatively, 18.18% of the respondents from UoN indicated that personnel were adequate while 84.61% indicated personnel were inadequate. 31.81% of the respondents from MMU indicated that personnel were adequate while 68.18% indicated personnel were inadequate. These finding was supported by the in-depth interviews where a key informant admitted that there is only one person in the alcohol and drugs coordinating office who is responsible for coordinating all the activities relating to alcohol and drug issues in University of Nairobi. However, at Multimedia university of Kenya it emerged that the office of Deputy Vice Chancellor in charge of research and innovations was coordinating the issue of alcohol and drugs in the university assisted by the office of gender and disability and a special committee on alcohol and drugs headed by dean of students.

According to policy implementation literature, no policy program can be successful without enough full time personnel who are directly associated with policy implementation. A full-time personnel solely devoted to alcohol education, prevention, and intervention efforts can help make those efforts more effective (Pede, 2011). It is evident from the data that there is lack of personnel in charge of alcohol and drug abuse policy on a full time basis. This could be the reason why implementation of this policy is not effective in public universities in Kenya. In terms of how much time personnel dedicated to implementation process and policy issues.

Table 4.6: How much time do you dedicate to issues related to ADA while on duty? Cross tabulated by designation

		How much time dedicated to ADA?				Total
		None	1-2 hours	2-4 hours	4-8 hours	
Designation	Security Officer	2	3	1	6	12
	Custodian/House Keeper	19	7	4	2	32
	Halls Assistant/Supervisor	5	2	2	0	9
	Halls Officer/Manager	1	3	1	0	5
	ICT	5	1	0	0	6
	Accountant	0	2	0	0	2
	Administrator	6	5	1	1	13
	Counselor	0	1	0	1	2
	Secretary	2	2	1	0	5
	Technician	1	0	0	0	1
Total		41	26	10	10	87

Source: Generated from study data, 2015

The results indicate 41 (48%) of the respondents dedicated no time to issue of alcohol and drug abuse, 26 (30%) dedicated one and two hours, 10 (11%) dedicated two and four hours, and another 10 (11%) dedicated four and eight hours to matters relating to alcohol and drug abuse. The study findings are in line with literature reviewed for this study. For instance, according Illinois Higher Education Center (2004) on a study of institutional resources dedicated to alcohol abuse prevention. The study found that, on average, very little (less than 15% of a full-time position) is devoted to alcohol-related intervention and prevention activities and concluded that is why implementation of alcohol and drug abuse policy is not effective in colleges and universities.

The situation was complicated further by the fact less than half of the respondents (staff) 44.8% and only 12.5% (lecturers) admitted that their service units had information in terms of data/newsletters/books that can educate students on the dangers of alcohol and drug abuse. With the findings of this study it is therefore not surprising that the policy is not meeting its objective.

The study sought to find out if respective units had information in terms of data, newsletters, books that can educate students on the dangers of alcohol and drug abuse.

Figure 4.9: Does your service unit have information in terms of data/newsletters/books that can educate students on the dangers of alcohol and drug abuse?
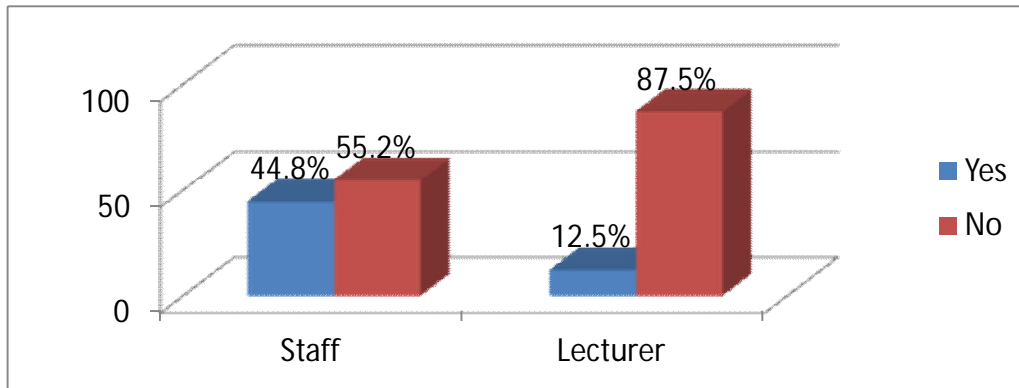
Source: Generated from study data, 2015

The study found out from staff category, 55.2% of the respondents, disagreed while 44.8% of the respondents agreed. From lecturers' category, 87.5% disagreed while 12.5% agreed. From these results it can be argued that information in terms of data/newsletters/books to educate students on alcohol and drug abuse is lacking at the respective universities. It is not clear why the service units from lecturers' category should not have such information even if they are not offering a course on drugs. The issue of alcohol and drug abuse affects students from all disciplines and therefore every service unit should have information on the same if the universities are determine to curb the menace. Theoretical framework applied in this study advocated for serious financial commitment of resources to the implementation process. It also advocated for equipping policy actors with sufficient information and knowledge concerning the policy being implemented.

Empirical studies reviewed also confirmed that resource availability is an important element during the implementation process. The findings of this study indicate that various forms of resources are lacking such as financial capacity, personnel, information in terms of books/data/newsletter and time. According to policy implementation literature reviewed for this study, resource availability is an important variable that has always been linked to effective policy implementation, therefore its inadequacy would have an impact on implementation of alcohol and drug abuse policy in these universities.

4.5.2 Policy communication and its impact on implementation of ADA policy.

In terms of policy communication, the main areas were; how the policy is communicated to students and staff, whether there was regular communication between various service units or departments within the university, and whether the service units were transmitting clear and precise orders to students concerning the policy. According to the theoretical framework adopted for this study, successful policy implementation requires that those involved have sufficient information. Information includes technical knowledge of the matter at hand and levels and patterns of communication between actors. For example, do those responsible for implementation actually know with whom they should be working and who the policy is supposed to benefit? Do they know, for instance, which department is assigned to lead the implementation and how the program will be monitored? How is information and communication between actors coordinated? Do beneficiaries have sufficient and appropriate information to benefit from the program?

Empirical studies reviewed also show that the way a policy is communicated to policy implementers and targeted population will determine its successful implementation. If orders to implement policies are not transmitted to the appropriate personnel in a clear manner, implementation will be difficult. According to Makinde (2005) communication is an essential ingredient for effective implementation of public policy. In universities however, there was lack of communication among departments (Toomey et al., 2011). In examining policy communication, the study sought to find out how the public universities were communicating alcohol and drug abuse to students.

Table 4.7: How does this university communicate ADA policy to students?

Communication medium		Frequency	Percent	Valid Percent
Valid	University website	46	51.6	51.6
	University notice boards	45	50.5	55.5
	Institute/Schools/Faculties	15	16.9	16.9
	University hostels	10	11.2	11.2
	Banners/Billboards/posters	1	11.2	11.2

Source: Generated from study data, 2015

The study results revealed that the university communicates the policy to students through the university website with a rating of 51.6% of the respondents, 50.5% mentioned university notice boards, 16.9% mentioned institutes, schools and faculties, and 11.2% mentioned billboards/posters/banners. The results indicate that that university websites and notice boards were the main mediums of communication on drug and alcohol abuse policy to students and employees. From the literature and theoretical framework it was noted that regular communication between various departments leads to effective implementation of alcohol and drug abuse policy. The study sought to find out how the public universities were communicating alcohol and drug abuse to students.

Figure 4.10: Is there regular communication between various service units?
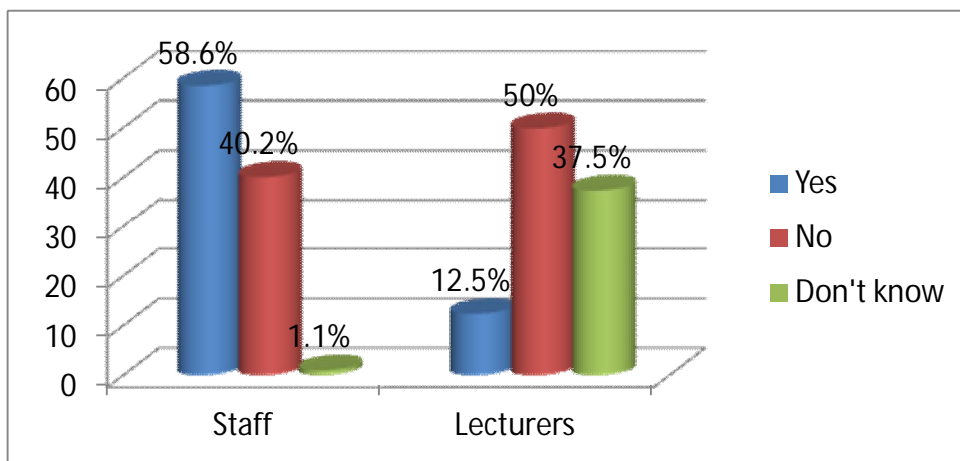
Source: Generated from study data, 2015

The study results shows, 58.6% of the respondents (staff) agreed there was regular communication on issues related to alcohol and drug abuse, 40.2% of the respondents did not agree and 1.1% did not know. From lecturers' category, 50% (4 in number) of the respondents agreed there was regular communication, 37.5% of the respondents did not agree and 12.5% did not know. Comparative analysis from these findings revealed that 55.38% of the respondents from UoN indicated there was regular communication while 43.07% disagreed. 68.18% of the respondents from MMU indicated there was regular communication while 31.81% disagreed. These results seem to suggest that there is regular communication between various units.

It also emerged from the literature review that the reason as to why alcohol and drug abuse policy was not effective on campuses, was due to the fact that universities administrators were not transmitting clear and consistent orders to students regarding consequences for policy violations (Cremeens et al., 2011). The study sought to find out if the if the service units were transmitting clear and precise orders on alcohol and drug abuse policy to students?

Figure 4.11: Does your service unit transmit clear and precise information on ADA to students?
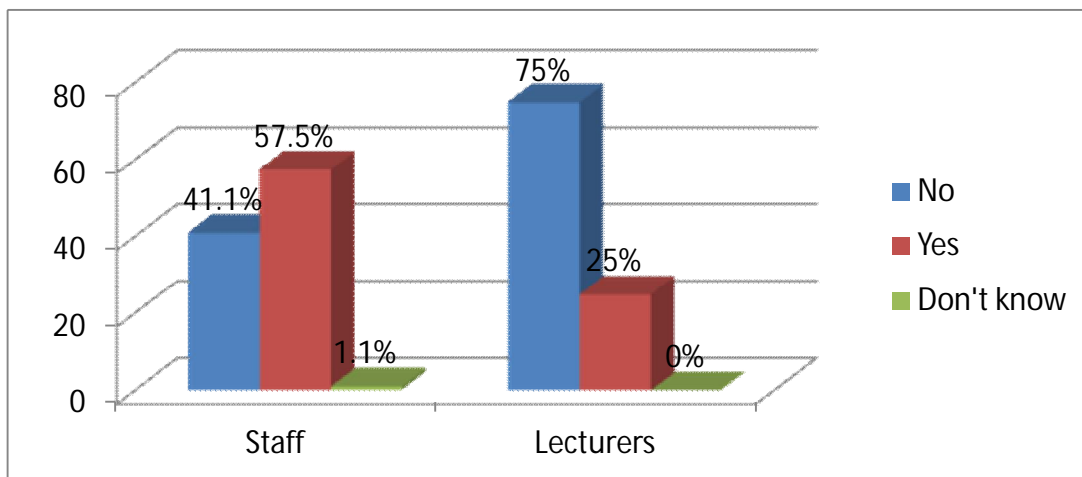
Source: Generated from study data, 2015

From the results, 57.5% of the respondents (staff) indicated the units were transmitting clear and precise orders on alcohol and drug abuse policy to students, 41.1% indicated they did not, and 1.1% did not know. From lecturers' category, 25% agreed 75% disagreed. The total number of lecturers for the study was eight and therefore 25% were two and 75% were six. From the policy literature reviewed communication is an essential element of policy implementation process. This study revealed that these universities transmit clear and precise orders to students and there is also regular communication among various service units. However, this regular communication does not contribute to positive social norms that impact on the behavior of students within these universities.

4.5.3 Training and availability of screening tools and their impact on implementation of ADA policy.

According to a study by Pede (2011) on alcohol and drug abuse in colleges and universities, training is a key piece of alcohol education and the prevention of alcohol abuse. Good training of university staff may increase the effectiveness in which problems involving alcohol can be indentified and resolved. This is also in line with the assumptions of the theoretical framework used in the study that advocated for empowerment of policy actors with information and knowledge on policy issues through training. Training therefore, can help to increase the effectiveness of policy implementation. In examining the impact of training and availability of screening tools on implementation of alcohol and drug abuse policy in public universities, the study sought to find out whether respondents had relevant training on alcohol and drug abuse.

The data obtained indicate that 43.7% of the respondents had training on alcohol and drug issues while 56.3 of the respondents did not have the training on the same. The results are indicative of the outcome that a bigger proportion of the respondents lacked training on issues related to alcohol and drug abuse. Lack of training therefore will impact on implementation of alcohol and drug abuse policy in these universities. According to policy implementation literature relevant training and knowledge on policy issues motivates policy implementers and thus contributes to effective implementation. These results therefore might be argued to mean that most policy implementers on alcohol and drug abuse policy do not have training on alcohol and drug issue thus lack competence and are not motivated. Inquiring further, if there was training opportunities for both staff and students on alcohol and drugs.

Figure 4.12: Does this university offer training opportunities for staff/students on alcohol and drugs
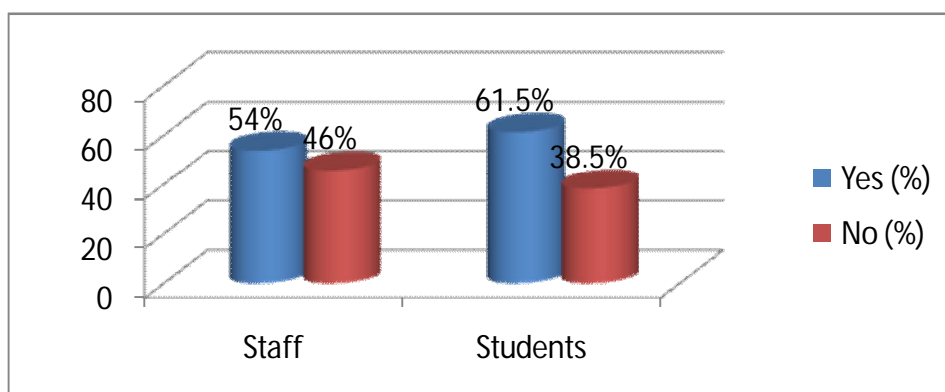
Source: Generated from study data, 2015

From the study findings, majority of the respondents 54% (staff) and 61.5% (students) of the respondents indicated that there were training opportunities on alcohol and drug while 46% (staff) and 38.5% (students) indicated there were no training opportunities offered by the university. Comparatively, 60% of the respondents from UoN agreed there were training opportunities while 40% did not agree. 36.36% of the respondents from MMU agreed there were training opportunities while 63.63% did not agree. Even though the bigger proportion of respondents indicated there were training opportunities, majority of respondents from Multimedia University of Kenya responded indicated there were no training opportunities offered by the university to employees. The study results also revealed that the number of the respondents of those who had training was less compared to the number of respondents who indicated the universities were offering training opportunities. To unravel the puzzle one of the key informants argued that majority of employees are not interested on being on issues related to alcohol and drugs. According to this informant, there has been poor attendance of workshops, seminars and training on drugs. A majority of employees think that the training is meant for security officers, counselors and student peer educators.

Policy implementation will only be effective when policy implementers have information and knowledge on policy issues as per the dictates of theoretical framework and empirical studies mentioned earlier. University management should therefore ensure staff attends training and if possible made it a requirement that any employee especially from the halls section must attend training on alcohol and drugs every financial year. This will contribute to the effective implementation of this policy and thus reduce the rate of alcohol and drug abuse among students and staff.

On the availability of screening tools, the study sought to find out if relevant screening tools for detection of alcohol and drug abuse were available.

Table 4.8: Does your service unit have relevant screening tools?

| | | Does your unit have relevant screening tools? | | Total |
		Yes	No	
Name of university	University of Nairobi	6	59	65
	Multimedia University of Kenya	4	18	22
Total		10	77	87

Source: Generated from study data, 2015

Comparative analysis show that 9.23% of the respondents from UoN indicated there were screening tools while 90.76% disagreed. From MMU 18.18% of the respondents agreed there were screening tools while 81.81% disagreed. When combined the data obtained indicate that 11.6% of the respondents agreed there were screening tools while 88.4% disagreed. From this results, majority of respondents indicated there were no screening tools. On further inquiry, the study sought to find out how students from the respondents who admitted there were screening tools to indicate the screening tools that were being used.

Table 4.9: If no, how do you screen students?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Physical observation	44	50.6	66.7	66.7
	No screening done	18	20.7	27.3	93.9
	Done at the university clinic	2	2.3	3.0	97.0
	Smelling	1	1.1	1.5	98.5
	No idea	1	1.1	1.5	100.0
	Total	66	75.9	100.0	
Missing	System	21	24.1		

Source: Generated from study data, 2015

The data in table 4.13 indicate that 66.7% of the respondents cited the use of physical observation, 27.3% indicated there was no screening done on students, 3.0% indicated that the screening was done at the university clinic/lab, 1.5% indicated the use of smell and finally 1.5% had no idea how the screening was done. These results clearly show there is no screening done on students for the purposes of alcohol and drug abuse detection. However, in

a discussion with a key informant on why the university has not prioritized the availability of screening tools. It emerged that the university has made available standardized screening tools/assessment tools stationed at the university clinic. To this key informant they will have to train staff especially from hostels and security on how to administer and interpret these tools that were in form of a questionnaire. According to this key informant these standardized assessment tools were already being used at the University of Nairobi clinic mainly by counselors. Multimedia University of Kenya was also employing the services of sniffer dogs during the start of a new academic year.

Based on the findings concerning the objectives of the study it can therefore be stated that the three objectives that is, resources, policy communication, training and availability of screening tools has an impact on the implementation of alcohol and drug abuse in Kenya's public universities. The study also set out to find how alcohol and drug abuse could be minimized in the respective universities. Respondents were given a chance to provide suggestions that they thought would deescalate the rate of alcohol and drug abuse in their universities.

Table 4.10: How should alcohol and drug abuse be minimized?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Severe/strict punishment	23	26.4	28.8	28.8
	regular checkups	2	2.3	2.5	31.3
	Extra curriculum activities	2	2.3	2.5	33.8
	Prohibition of drugs	13	14.9	16.3	50.0
	Set rules and regulations	3	3.4	3.8	53.8
	Full training, sensitization,	35	40.2	43.8	97.5
	Use of screening tools	2	2.3	2.5	100.0
	Total	80	92.0	100.0	
Missing	System	7	8.0		
Total		87	100.0		

Source: Generated from study data, 2015

Respondents suggested measures such as severe punishment, regular checkups, prohibition of alcohol and drugs on campus, full training opportunities on alcohol and drugs, provide screening tools, organize sensitization programs such as seminars, workshops and extra curriculum activities. Some of the measures cited by respondents were already in place. For instance, Multimedia University of Kenya had already prohibited sale and consumption of drugs on campus. University of Nairobi was already providing standardized screening tools though only at the university clinic. This clearly shows that these universities had realized the issue of drugs was a major societal problem that needed to be addressed. However, for implementation process to be successful there was need to consistently and intensifies these efforts.

4.6 Relationship of variables under study (Chi-square test of association)

The variables under study were; resource availability, policy communication, training and availability of screening tools. Inferential statistics through the use of chi-square test were conducted on these variables in relation to policy implementation and testing of three hypotheses, that is;

1. Resource availability influences implementation of alcohol and drug abuse policy in Kenya's learning institutions.
2. Policy communication influences implementation of alcohol and drug abuse policy in Kenya's learning institutions.
3. Training and availability of screening tools influence implementation of alcohol and drug abuse policy in Kenya's learning institutions.

On resources, the researcher found out the average of the questions touching on resources then cross tabulating it with the question that represented policy implementation from the questionnaire, which was "Does your unit consistently implement and enforce this policy".

Table 4.11: Resources * Does your unit consistently implement and enforce ADA policy? Cross tabulation

		Does your unit consistently enforce ADA?			Total
		Yes	No	Don't know	
AVE_Resources	1.00	3	0	1	4
	1.33	10	2	0	12
	1.67	20	4	1	25
	2.00	15	17	3	35
	2.33	2	5	3	10
Total		50	28	8	86

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.055[a]	8	.003
Likelihood Ratio	24.430	8	.002
Linear-by-Linear Association	11.366	1	.001
N of Valid Cases	86		

Source: Generated from study data, 2015

The same calculation was also done for other variables namely policy communication and training and screening tools.

Table 4.12: Communication* Does your unit consistently implement and enforce ADA Policy? Cross tabulation

		Does your unit consistently enforce ADA?			Total
		Yes	No	Don't know	
AVE_Communication	1.00	34	2	1	37
	1.50	10	10	4	24
	2.00	6	16	2	24
	2.50	0	0	1	1
Total		50	28	8	86

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	43.375[a]	6	.000
Likelihood Ratio	41.525	6	.000
Linear-by-Linear Association	23.417	1	.000
N of Valid Cases	86		

Source: Generated from study data, 2015

Table 4.13: Training and Screening tools * Does your unit consistently implement ADA? Cross tabulation

		Does your unit consistently enforce ADA?			Total
		Yes	No	Don't know	
AVE_Training and screening tools	1.00	6	0	0	6
	1.33	22	5	2	29
	1.67	12	3	3	18
	2.00	10	20	3	33
Total		50	28	8	86

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.201[a]	6	.001
Likelihood Ratio	25.111	6	.000
Linear-by-Linear Association	11.832	1	.001
N of Valid Cases	86		

Source: Generated from study data, 2015

Interpretation of chi-square is such that when the p-value (Asymp. Sig. (2-sided) is less than 0.005 then there is a statistical significance between variables (resource availability, policy communication, training and availability of screening tools) under test. For this study the chi-square test for all independent variables tested against dependent variable produced p-values of less than 0.005. These results mean that resource availability, policy communication, training and availability of screening tools are statistically significant.

Table 4.14: Summary of chi-square tests

Independent Variables	Dependent Variable (Alcohol and drug abuse policy implementation)			
	Chi-square Test	d.f.	p-value	Statistical Significance
Resource Availability	23.055	8	0.003	Significant
Policy Communication	43.375	6	0.000	Significant
Training and availability of Screening Tools	23.201	6	0.001	Significant

Source: Generated from study data, 2015

From the chi-square test, the hypotheses for the study was confirmed, therefore from the findings of the study it can be argued that;

1. Resource availability influences implementation of alcohol and drug abuse policy in Kenya's learning institutions.

2. Policy communication influences implementation of alcohol and drug abuse policy in Kenya's learning institutions.

3. Training and availability of screening tools influence implementation of alcohol and drug abuse policy in Kenya's learning institutions.

Therefore, from the hypotheses testing and statistical significance, there is relationship between resource availability, policy communication, training and availability of screening tools and implementation of alcohol and drug abuse policy. All these variables influence the implementation process.

CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This study assessed the implementation of alcohol and drug abuse policy in Kenya's public universities, particularly the impact of resource availability, policy communication, training and availability of screening tools. The results of this study show that 63.2% of those interviewed state that resources were inadequate. This means that lack of resources has to a large extent contributed to the poor implementation of alcohol and drug abuse policy thus failing to reduce the rate of alcohol and drug abuse in Kenya's public universities. Inferential statistics confirmed through chi-square test that resources have significant effect in the implementation process, and therefore the need to allocate more resources for this policy implementation is inevitable.

In addition, descriptive analysis also revealed that 80.5% of the respondents indicated that there was lack of personnel responsible for the implementation of the policy. This is corroborated by the in-depth interviews where the key informant admitted that there was lack of personnel. The situation is compounded further by the fact that the existing personnel, who are inadequate, have also not dedicated sufficient time to issues related to alcohol and drug abuse. From the results, it was found that 47% of the respondents did not dedicate their time to issues related to alcohol and drug abuse. The various service units according to the study did not have materials in terms of data/newsletters/books that could educate students against substance abuse.

From the results, it was found out the major policy communication channels were university websites and notice boards having been rated at 51.6% and 50.5% respectively. However, despite the statistics showing that there was regular communication between various service units, chi-square test indicated that policy communication had statistical significance and thus influences policy implementation. Training and availability of screening tools was also lacking in these universities. According to the study 56.3% of the respondents indicated they did not have any training on alcohol and drugs, while 88.4% of the respondents indicated there were no screening tools even though a discussion with key informant refuted this claim. These results on resources, policy communication, training and availability of screening tools

have affected implementation of alcohol and drug abuse policy significantly. This is the reason why this policy might have not achieved the desired outcomes. The university management also seems not interested in the fight against abuse of drugs. They have given students too much power to the extent that students do not obey orders from junior officers especially at the halls of residence. Punishments given to most students who abuse alcohol and drugs are not severe enough to deter them from such behaviors. It is only in extreme cases where a student can be expelled.

Despite the challenges currently experienced, there are suggestions on how to successfully implement alcohol and drug abuse policy in Kenya's public universities. One of the ways is by carrying out more sensitization programmes on the provisions of this policy and the dangers of drug abuse. This includes holding frequent seminars, workshops, public lectures and even concerts to educate both staff and students on the same

5.2 Conclusion

This study was undertaken to find out whether resource availability, policy communication, training and availability of screening tools had any relationship with policy implementation process. The study reveals that there was relationship between the three variables and implementation process, and that they are all statistically significant. The hypotheses for the study were as follow; resources availability influence influences implementation of alcohol and drug abuse policy in Kenya's learning institutions, policy communication influences implementation of alcohol and drug abuse policy in Kenya's learning institutions, and training and availability of screening tools influence implementation of alcohol and drug abuse policy in Kenya's learning institutions. The study results and chi- square test confirmed these hypotheses

The theoretical framework adopted for this study in regard proved to be useful. It's basic assumption that the course and outcome of the policy process depend not only on inputs but more crucially on the characteristics of the actors involved, particularly their motivation, information and power. Motivation viewed in terms of serious commitment of resources to the policy implementation process while information includes knowledge on policy issues such as policy awareness for relevant actors, understanding of policy requirements and benefits, technical knowledge of the subject matter and patterns of communication between

actors about the policy and how to comply. Thus, lack of resources and inadequate information has demotivated university staff. Seriuos commitment of recourses, policy actors equipped with relevant information concerning the policy and availability of screening tools will lead to higher motivation and successful implementation of alcohol and drug abuse policy.

5.3 Recommendations

The following are recommendations from the study:

1. The university management should increase budgetary allocation and staff for implementation of alcohol and drug abuse policy.
2. The university management should ensure that all implementers of this policy, especially the halls personnel, security personnel and administrators be adequately trained on issues related to alcohol and drugs so as to effectively implement this policy.
3. The university management to ensure that all staff and students are fully sensitized on the provisions of this policy.
4. The university management to equip relevant personnel with screening tools for the detection of alcohol and drug abuse.

5.4 Suggested areas for further studies

From this study, some of the areas that have emerged as areas for future studies on alcohol and drug abuse policy implementation process in learning institutions in Kenya are as follows.

1. Assessing the impact of introducing rehabilitation centres within the campuses
2. The impact of introducing a common course on alcohol and drug abuse on the implementation of alcohol and drug abuse policy
3. The impact of student leadership on implementation of alcohol and drug abuse policy in public university.
4. How to establish positive social norms relating to drugs on and around campus.

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APPENDICES

APPENDIX A: QUESTIONNAIRE FOR STUDENTS

Serial Number: [   ]

My name is Kaketch Jim, a Master of Arts student at the department of Political Science & Public Administration, University of Nairobi. I am carrying out a study on **Implementation of Alcohol and Drug Abuse Policy in Learning Institutions.** The study focuses on the implementation process of alcohol and drug abuse policy in Kenya's public universities. This will help policy makers to better understand the challenges hindering the successful implementation of alcohol and drug abuse policy in these institutions. Incidences of alcohol and drug abuse have tremendously increased in learning institutions, the findings of this study will help in deescalating this trend. Your response will be treated with the utmost confidentiality. Your name or any description that may reveal your identity will not be disclosed anywhere in this study.

Section A: General Information

Date of Interview: _____

College/Campus: _____

Faculty/School/Institute: _____

Section B: Demographic information

1. Indicate your age (Tick (✔) only one)

    a) 16-20 years   [ ]

    b) 21-25 years   [ ]

    c) 26-30 years   [ ]

    d) 31 –35 years   [ ]

    e) 36 and above [ ]

2. State your gender: Male [ ]   Female [ ]

3. What is your level of study? (Tick(✔) only one)

    a) 1st Year   [   ]

    b) 2nd Year   [   ]

    c) 3rd Year   [   ]

    d) 4th Year   [   ]

    e) 5th Year and above   [   ]

4. Are you a student leader? (Tick (✔) only one)   Yes [ ]   No [ ]

5. Do you reside in the university hostel? (Tick (✔) only one) Yes [ ]   No [ ]

Section C: Policy Implementation

1. Does this university have Alcohol and Drug Abuse Policy? Yes [ ] No [ ] Don't know [ ]

2. Do you know the contents/provisions of this policy Yes [ ]   No [ ]

   If No, why? _____

   _____

3. How does this university communicate alcohol and drug abuse policy to students?

     a) Posted on the University website   [ ]
     b) Posted on the University notice boards   [ ]
     c) Available at the Institutes/schools/faculties   [ ]
     d) Available at the University hostels   [ ]
     e) Any other (Please specify) _____

4. Is the policy being implemented? Yes [ ]   No [ ]   Don't know [ ]

   If No, explain why? _____

   _____

   If Yes, how is it being implemented?

   _____

   _____

5. Have you gone for counseling due to alcohol/drug abuse?

     Yes [ ] No [ ] Don't abuse [ ]

6. If No, would you like to be counseled to stop abusing alcohol/drugs?

     Yes [ ]   No [ ]

7. Which of these do you mostly abuse? (Tick (✔) all that apply)

     a) Alcohol   **[ ]**

     b) Bhang/Marijuana/Cannabis   **[ ]**

     c) Tobacco   **[ ]**

     d) Khat   **[ ]**

     e) Don't take any   **[ ]**

     f) Others (specify) _____

8. Where do you get or buy these drugs from? _____

9. Apart from counseling is there any service(s) offered by this university for those who

abuse alcohol/drugs?   Yes [ ]   No [ ]   If Yes, which ones?

_____

10. A part from formulating policy on alcohol and drug abuse, how else does this university deal with issue of alcohol and drug abuse among students?

_____

11. Do your classmates or friends on campus also abuse alcohol and drugs?

   Yes [ ] No [ ]

  If Yes, indicate which ones?

_____

12. How often do they abuse them?

   Rarely [ ]   Occasionally [ ]   Several times [ ]

13. Which one do they abuse most, alcohol or other drugs?

   Alcohol [ ]   Other drugs [ ]

14. Whenever a student is found abusing alcohol and drugs, what steps are taken? (Tick (✔)

   all that apply)   a) Suspension   [ ]

                   b) Guidance and Counseling while in school   [ ]

                   c) Refer for counseling elsewhere   [ ]

                   d) Ignore the students altogether   [ ]

                   e) Any other (specify) _____

15. Are there students who have dropped academically due to abuse of alcohol/drugs?

   Yes [ ]   No   [ ]

16. Does this university offer any training on alcohol and drugs to students?

     Yes [ ] No [ ]

17. If you are a student leader, which role (s) do you play in reducing alcohol/drug abuse in this university? _____

_____

18. Why do you think students still abuse alcohol and drugs despite implementation of alcohol

   and drug abuse policy in this university?

_____

19. What recommendation could you give to curb alcohol and drug abuse in this university?

_____

Thank You

APPENDIX B: QUESTIONAIRE FOR STAFF

Serial Number [   ]

Dear Respondent,

My name is Kaketch Jim, a Master of Arts student at the department of Political Science & Public Administration, University of Nairobi. I am carrying out a study on **Implementation of Alcohol and Drug Abuse Policy in Learning Institutions.** The study focuses on the implementation process of alcohol and drug abuse policy in Kenya's public universities. This will help policy makers to better understand the challenges hindering the successful implementation of alcohol and drug abuse policy in these institutions. Incidences of alcohol and drug abuse have tremendously increased in learning institutions, the findings of this study will help in deescalating this trend. Your response will be treated with the utmost confidentiality. Your name or any description that may reveal your identity will not be disclosed anywhere in this study.

HALLS PERSONNEL/SECURITY PERSONNEL/ADMINISTRATORS

Section A: General Information

Date of Interview: _____

College/ Campus: _____

Faculty/School/Institute: _____

Section B: Demographic information

1. Indicate your age (Tick (✔) only one)

    a) 18-25 years   [ ]
    b) 26-30 years   [ ]
    c) 31-35 years   [ ]
    d) 36 –40 years   [ ]
    e) 41-45 years   [ ]
    f) 46-50 years   [ ]
    g) 51 and above   [ ]

2. State your gender: Male [ ]   Female [ ]

3. State your designation _____

4. What is your highest level of education? (Tick (✔) only one)

   a) Certificate   [ ]

   b) Diploma   [ ]

   c) Graduate   [ ]

   d) Post-graduate [ ]

   e) Any other   [ ] Please specify _____

Section C: Policy Implementation

1. Does this university have Alcohol and Drug Abuse Policy? Yes [ ] No [ ] Don't know [ ]

2. Do you know the contents/provisions of this policy? Yes [ ] No [ ]

   If No, why? _____

   _____

3. Is this policy being implemented? Yes [ ] No [ ]

   If No, explain why?

_____

_____

   If Yes, how is it being implemented?

_____

_____

4. Whenever a student is found abusing alcohol and drugs, what steps are taken? (Tick (✔)

all that apply)   a) Suspension   [ ]

                  b) Guidance and Counseling while on campus   [ ]

                  c) Refer for counseling elsewhere   [ ]

                  d) Ignore the students altogether   [ ]

5. Which of these do students mostly abuse? (Tick (✔) all that apply)

   a) Alcohol   [ ]

   b) Bhang/Marijuana/Cannabis   [ ]

   c) Tobacco   [ ]

   d) Khat   [ ]

   e) Others (specify) _____

6. What are the effects of alcohol and drug abuse on students?

_____

7. What are some of the challenges that your service unit experience when implementing this

   policy? _____

8. Are financial resources adequate for implementation of this policy? Yes [ ]   No [ ]

   Explain why you think it is adequate or inadequate?

   _____

   _____

9. Does your service unit have enough personnel responsible for implementation of this policy? Yes [ ]   No [ ]

10. Does your service unit have information in terms of data/newsletters/books that can educate students on the dangers of alcohol and drug abuse? Yes [ ]   No [ ]

11. How much time do you dedicate to issues related to alcohol and drug abuse while on duty?   a) None   [   ]

       b) 1-2 hours   [   ]
       c) 2-4 hours   [   ]
       c) 4-8 hours   [   ]

12. How does this university communicate alcohol and drug abuse policy to students?

   a) Posted on the University website   [   ]
   b) Posted on the University notice boards   [   ]
   c) Available at the Institutes/schools/faculties   [   ]
   d) Available at the University hostels   [   ]
   e) Any other (Please specify) _____

13. Is there regular communication between various service units in this university on issues related to alcohol and drug abuse? Yes [ ]   No [ ]

14. Does your service unit transmit clear and precise orders on alcohol and drug abuse policy implementation to students?   Yes [ ]   No [ ]

    If No, why?   _____

_____

15. Does you service unit consistently implement and enforce this policy? Yes [ ]   No [ ]

    If No, why? _____

_____

16. Do you have relevant training on alcohol and drug issues?   Yes [ ]   No [ ]

17. Does this university offer training opportunities for staff on alcohol and drugs?

    Yes [ ]   No [ ]

18. Does your service unit have relevant screening tools for detection of alcohol and drug abuse? Yes [ ]   No [ ]

    If Yes, which ones?

_____

If No, how do you screen students who are abusing alcohol/drugs?

_____

_____

19. What is your general assessment on alcohol and drug abuse policy implementation in this university?

_____

_____

20. Why do you think students still abuse alcohol and drugs despite implementation of alcohol and drug abuse policy in this university?

_____

_____

21. How should alcohol and drug abuse be minimized in this university?

_____

_____

Thank you.

APPENDIX C: QUESTIONAIRE FOR LECTURERS

Serial Number: [   ]

Dear Respondent,

My name is Kaketch Jim, a Master of Arts student at the department of Political Science & Public Administration, University of Nairobi. I am carrying out a study on **Implementation of Alcohol and Drug Abuse Policy in Learning Institutions.** The study focuses on the implementation process of alcohol and drug abuse policy in Kenya's public universities. This will help policy makers to better understand the challenges hindering the successful implementation of alcohol and drug abuse policy in these institutions. Incidences of alcohol and drug abuse have tremendously increased in learning institutions, the findings of this study will help in deescalating this trend. Your response will be treated with the utmost confidentiality. Your name or any description that may reveal your identity will not be disclosed anywhere in this study.

Section A: General Information

Date of Interview: _____

College/ Campus: _____

Faculty/School/Institute: _____

Section B: Demographic information

1. Indicate your age (Tick (✔) only one)

   a) 20-25 years   [ ]

   b) 26-30 years   [ ]

   c) 31-35 years   [ ]

   d) 36 –40 years   [ ]

   e) 41-45 years   [ ]

   f) 46-50 years   [ ]

   g) 51 and above [ ]

2. State your gender: Male   [ ]   Female   [ ]

3. State your designation _____

4. State your title (e.g Mr./Ms./Dr./Prof.) _____

Section C: Policy Implementation

1. Does this university have Alcohol and Drug Abuse Policy? Yes [ ] No [ ] Don't know [ ]

2. Do you know the contents/provisions of this policy? Yes [ ]   No [ ]

    If No, why? _____

    _____

3. Is the policy being implemented? Yes [ ]   No [ ]   Don't know [ ]

    If No, explain why? _____

    _____

4. Are the teaching staff involved in its implementation? Yes [ ]   No [ ]

    If Yes, how? _____

    _____

5. Have you encountered cases of students coming to class drunk? Yes [ ]   No [ ]

    If Yes, how do you deal with such cases?_____

    _____

6. Have you encountered students abusing alcohol and drugs in this university? Yes [ ] No[ ]

    If Yes, which of these do they mostly abuse? (Tick (✔) all that apply)

        a) Alcohol   **[   ]**

        b) Bhang/Marijuana/Cannabis   **[   ]**

        c) Tobacco   **[   ]**

        d) Khat   **[   ]**

        e) Others (specify) _____

7. Whenever a student is found abusing alcohol and drugs what steps are taken? (Tick (✔) all

that apply)   a) Suspension   [   ]

                b) Guidance and Counseling while in school   [   ]

                c) Refer for counseling elsewhere   [   ]

                d) Ignore the students altogether   [   ]

                e) Any other (specify) _____

8. What are the effects of alcohol and drug abuse on students?

    _____

    _____

9. Does your service unit have information in terms of data/newsletters/books that

    can educate students on the dangers of alcohol and drug abuse? Yes [ ]   No [ ]

10. How much time do you dedicate to issues related to alcohol and drug abuse?

     a) None   [   ]
     b) 1-2 hours   [   ]
     c) 2-4 hours   [   ]
     d) 4-8 hours   [   ]

11. How does the university communicate alcohol and drug abuse policy to students?

     a) Posted on the University website   [   ]
     b) Posted on the University notice boards   [   ]
     c) Available at the Institutes/schools/faculties   [   ]
     d) Available at the University hostels   [   ]
     e) Any other (Please specify) _____

12. Is there regular communication between various service units in this university on issues related to alcohol/drug abuse? Yes [ ]   No [ ]   Don't know   [ ]

13. Does your service unit transmit clear and precise information on alcohol and drug abuse to students?   Yes [ ]   No [ ]

    If No, why?   _____

_____

14. Does your service unit offer courses on alcohol and drug issues to students?

     Yes [ ] No [ ]

15. What is your general assessment on alcohol and drug abuse policy implementation in this university?

_____

_____

16. Why do you think students still abuse alcohol and drugs despite implementation of alcohol and drug abuse policy in this university?

_____

_____

17. How should alcohol and drug abuse be minimized in this university?

_____

Thank you.

APPENDIX D: INTERVIEW GUIDE FOR EXPERTS

1. Policy formulation

What is your general assessment on the Workplace ADA policy formulation in learning institutions?

Advice on how the formulation process should be handled? Who should be involved and when is the right time for the ADA policy formulation in learning institutions?

2. Policy implementation and enforcement

How would you assess the alcohol and drug abuse policy implementation and enforcement in learning institutions?

In your opinion, is the learning institutions implementing and enforcing alcohol and drug policy the way it should be? If not how should it be implemented and enforced?

In your opinion, how should the administrators and enforcement officers overcome the challenges of implementing and enforcing alcohol and drug policy?

In your opinion, policy process in learning institutions as it is now will it be able to meet the objectives of alcohol and drug policy?

Give suggestion on how alcohol and drug policy could be formulated, implemented and enforced more effectively.

Thank you