EFFECT OF ALCOHOLIC CONTROL ACT 2010 OF KENYA ON ALCOHOL CONSUMPTION AMONG RESIDENTS OF NAIROBI COUNTY

BY

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A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI.

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DECLARATION

This Research Project report is my original work and has not been submitted for a degree or any other award in any other institution.

Sign.....Date.....6th August 2012.....

AKOTH DORCAS ELIZABETH

(L50/64219/2010)

This Research Project report has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

This Research Project report is dedicated to my husband, Max Stuart Oruo and my loving mother Jane Margaret Olando.

ACKNOWLEDGEMENT

I owe more than I can say to a large number of people who have contributed directly and indirectly to this work. I want to acknowledge and thank at least some of them without whose support this research project report would not have been a success.

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My gratitude goes to my cousins Ann and Mary Ang'wech for their advice, encouragement and who all managed to read my work thoughtfully, critically and most of all quickly, at a time when they were all extremely busy and hard pressed with other things.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS-Acquired Immune Deficiency Syndrome

CBOs-Community Based Organizations

CBS- Central Bureau of Statistics

DALY- Disability-Adjusted Life Years.

HIV- Human Immunodeficiency Virus

KEMRI-Kenya Medical Research Institute

K.Shs. – Kenya Shillings

MAPPM- Master of Arts in Project Planning and Management

MOE- Ministry of Education

MOH- Ministry of Health

NACADA-National Agency for the Campaign against Drugs

NGOs- Non Governmental Organizations

STI –Sexually Transmitted Infections

U.O.N- University of Nairobi

UNESCO-United Nations Educational, Scientific, and Cultural Organization

WHO- World Health Organization

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ABSTRACT

The study set out to investigate the effect of Alcoholic Control Act 2010 of Kenya on alcohol consumption among residents of Nairobi County. The objectives of the study were to establish the extent to which the Alcoholic Control Act affects the volume of sales of alcoholic beverages in Nairobi County, to determine to what extent the Alcoholic Control Act influences the time for alcohol consumption of residents in Nairobi County, to establish the extent to which the Alcoholic Control Act has influenced underage alcohol consumption, to investigate the influence of Alcoholic Control Act on amount of alcohol consumed by residents of Nairobi County.

Alcohol abuse is a serious health burden, and it affects virtually all individuals on an international scale. Health problems associated with alcohol abuse arise in the form of acute and chronic conditions, and adverse social consequences. Every year, alcohol abuse leads to 2.5 million deaths of people, that includes 320 000 young people between the age of 15 and 29. It is the third leading preventable cause of death, accounting to 4% of all deaths globally.

The study was conducted as a cross sectional descriptive survey. The target population was the residents of Nairobi County. The residents of Nairobi County were chosen as the population for this study. This was aimed at providing a wide range of opinions and experiences about the Alcoholic Control Act. Random Sampling was used in this study. The data was collected through questionnaires as the main technique.

Data was collected by the researcher over a period of three weeks by the use of self-administered questionnaires which were given to the sampled participants. The questionnaires were edited, coded and data was entered by the use of a Statistical Program for Social Scientists. Data was summarized by using descriptive statistics and presented in form of percentages, proportions and frequency tables.

Demographic factors, especially age, sex and marital status greatly influenced the decision of the respondents to consume alcohol. Most of the bar proprietors were against the Act since it affected their businesses. Majority of Nairobi residents consumed alcohol between 6-11pm before the enactment of the Alcoholic Control Act and between 7-11 pm after the enactment of the act. Underage persons were restricted in most businesses in Nairobi. Majority of the respondents consumed alcohol to have fun. Not much has been done to educate Kenyans on the dangers of alcoholism, its prevention and management.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The World Health Organization (WHO) estimates that there are about 2 billion (33%) people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorders (WHO, 2004) making alcohol the most widely used and abused substance world over (Basangwa *et al.*, 2006). Alcohol use, however, has serious health and social effects making its prevention and control a public health priority. According to WHO (2002, 2004), alcohol causes 1.8 million deaths (3.2% of total) one third (600,000) of which result from unintentional injuries. It also causes a loss of 58.3 million (4% of total) of Disability-Adjusted Life Years (DALY) of which 40% are due to neuro-psychiatric conditions.

The widespread use of alcohol is fuelled by ease of its production process that is a plain process of fermentation achieved by yeast acting on sugar and multiple daily usages for recreation, curative and religious purposes (Basangwa *et al.*, 2006).Alcohol consumption and abuse is influenced by multiple factors including gender, family history and parental influence. Men are more likely to use alcohol with some estimates indicating a ratio of 5:1 (Emmite and Swierzewski, 2008). Men are also at higher risk of heavy drinking and intoxication (Gmel, Rehm, & Kuntsche, 2003) and developing alcohol use disorders (Jhingan *et al.*, 2003). However, the number of women who drink, abuse, and become dependent on alcohol is rising.

A worldwide assessment of drinking patterns in 2000, showed that the European sub region containing Russia and other parts of the former Soviet Union had the most hazardous pattern of binge drinking and the highest consumption of alcohol per head 13.9 Litres of pure ethanol per year in people aged 15 and above (Rehm and Rehn 2003). 2001-03 estimates from the same source show a figure of 15.2Liters per head, (Rehm and Taylor 2006) which is consistent with indirect Russian estimates for the 1990s of 14-15Liters per person every year (Treml V, 1997). Although population surveys generally underestimate alcohol consumption, (Gmel and Rehm, 2004) cross sectional studies in Russia in the 1990s show frequent consumption of large quantities of ethanol mainly vodka on single occasions (Bobak and Pikhart, 2004). A study in Arkhangelsk, Russia (1999-2000) classified 75% of male industrial workers as harmful or hazardous drinkers using audit criteria (Nilssen and Archipovski, 2005). In 2002, in the

European sub region containing Russia. 19% of male mortality was attributable to alcohol compared with 3% in Western Europe, (Rehm and Patra, 2006) with almost identical attributable fractions estimated for Russia alone (Rehm and Popova, 2006).

A population based case- control study on hazardous alcohol drinking and premature mortality was undertaken in Russia. The life expectancy in Russia is low despite it being an industrialised country. In 2004 the life expectancy was 59 years for males and 72 years for females, mainly because of very high mortality at working ages (Shklonikov and Leon, 2004). Russian men have a probability of dying between 25 and 65 years of 0.55 compared with 0.15 for men in England and Wales (Human Mortality Database, 2007).This low expectancy coupled with a low birth rate, means that the Russian population is falling by 700 000 people per year. Mortality rates in Russia have greatly fluctuated over the past 20years (Human Mortality Database, 2007) as in other countries of the former Soviet Union (Mesle F, 2004). Although these fluctuations have been greatest for men, much the same trends are seen for women of working age (Leon and Chenet, 1997). Previous studies suggest that alcohol has had an important role in the high mortality rates (Shkolnikov, 1997).

Studies indicate that intoxication is the most common cause of alcohol-related problems, leading to injuries and premature deaths (Basangwa *et al.*, 2006). In Australia alcohol intoxication is responsible for 30% of road accidents, 44% of fire injuries, 34% of falls and drowning, 16% of child abuse cases, 12% of suicides, 10% of industrial accidents and 67% of the years of life lost from drinking (Government of South Australia, 2010) over a 25% of all drug-caused deaths and five (5) per cent of deaths from all causes (Health Department of Western Australia, 1998). Alcohol also leads to criminal behaviour – in Australia over 70% of prisoners convicted of violent assaults have drunk alcohol before committing the offence and more than 40% of domestic violence incidents involve alcohol.

About 10-15% of alcohol users develop alcohol dependence and become alcoholics. Anybody can become an alcoholic - age, education, intelligence or socio-economic status has nothing to do with it (Charles B.H, 2000).Alcohol consumption have been steadily increasing in developing countries like India and decreasing in developed countries. The pattern of drinking to intoxication is more prevalent in developing countries indicating higher levels of risk due to drinking. There are 62.5million alcohol users estimated in India and the per capita consumption

of alcohol has increased by 106.7% over the 15year period. Sale of alcohol has been growing steadily at 6% and is estimated to grow at the rate of 8% per year. (Benegal & Jain, 2000).

A study was carried out in India on the comparison of epidemiological patterns and gender and age differences in alcohol consumption. The men are the primary consumers of alcoholic beverages in India. However, the percentage of men who had consumed in alcoholic beverage in the previous year varied widely among different regions, ranging from 16.7% in Madras City in Southern India to 49.6% in a Punjab village in northwest India. Conversely, the alcohol consumption rates among women were consistently low that is less than 5 % (Isaac, 1998).

An epidemiological study that was undertaken in Mexico, the consumption of pure alcohol among people ages 15 and older ranged from 4.5 to 4.9 litres (Campillo et al.1987), the figures are based solely on legally produced alcoholic beverages and do not include the large quantity of illegally produced alcohol consumed (Campillo et al., 1988).The low per capita alcohol consumption in Mexico is that a high proportion of them do not drink. In fact only a small proportion of the Mexican population was responsible for most of the alcohol consumption; 75% of the available alcohol was consumed by only 25% of the drinkers (Natara Rey, 1995).Alcohol-related problems are reportedly common among the men (Medina Mora, 1998).This is because majority of them are regular drinkers while the women who consume alcohol are infrequent drinkers. The prevalence of drinking increases with increasing income but decreases with increasing age. (Medina Mora et al.1998).

In another study that was conducted among students at the University of Nigeria, Enkwechi (1996) noted significant differences between men and women with respect to influences on drinking. Women reported a greater need to consume alcoholic beverages at parties, whereas men reported that they were influenced by their parents drinking and by the desire to be accepted by friends. The men also believed more strongly than the women that alcohol helped enhance their sexual performance and calm their nerves. Enkwechi (1996) concluded that males are more likely to drink for psychological and social reasons than females. The recent studies have indicated that the drinking pattern of women in Nigeria is about 70%, 17% in Mexico and 5% in India respectively of the female population in the countries (Bennett, Grant & Sartorius, 1993).

Kenya is the second most drinking country on the continent after Botswana(NACADA,2005). 1.8million of its people are estimated to be alcohol addicts. Alcohol abuse affects 70% of families in Kenya (KEMRI ,1999). A survey conducted by NACADA indicates that upto 73% of Kenyans from the age of 10 years consume alcohol.(NACADA, 2005). Alcohol has become an important public health problem in the country arising from over consumption, intoxication and dangerous behavior upon consumption. It has contributed immensely to the high prevalence of HIV/AIDS in Kenya (Mwenesi, 1995).Although the alcoholic beverage industry contributes KSH 12 billion to the economy, most of it is spent to treat people with alcohol abuse related ailment(PanAfrican News Agency(Dakar), 2001) .Alcohol abuse in Central Kenya has greatly ravaged the population and its economy.Women in Central Kenya are bearing the consequences of alcohol abuse by their men in their families with a significant rise in the number of broken families, ruined lives and premature death especially among the male population.In a study that was undertaken in Central Province of Kenya on alcohol use, a baseline survey on magnitude, causes and effects from the perspective of community members and individual users (NACADA, 2010).The findings were;

1. Alcohol use is a major problem in the province owing to the high level of usage, increasing trend and ease of availability, affordability and accessibility.
2. More than 80 per cent of the respondents felt that the second generation alcohol was increasing, while 58 per cent expressed the view that the first generation alcohol was decreasing. However, a significant proportion of the respondents held the view that traditional liquor and chang'aa usage was more of constant than increasing or decreasing.
3. The second generation alcohol was the most available, affordable and accessible type of alcohol in the province. Chang'aa and traditional liquor were reported to be the least available and accessible types of alcohol.

The Alcoholic Drinks Control Act 2010 was signed into law by the Kenyan President, Hon. Kibaki on August 10th 2010.The gazzetted commencement notice was on 22nd November 2010 and the law took effect on November 27th 2010. It is commonly known as the "Mututho Law" because the bill was championed by the Naivasha MP John Mututho.

The object and purpose of this Act is to provide for the control of the production, sale, and use of alcoholic drinks. Alcohol has emerged as a major hindrance to the health, social and economic development of the people of Kenya. A study by National Agency for the Campaign against

Drugs (NACADA, 2007) was formed to enhance advocacy against drug abuse in Kenya. In 2007, parliament ratified the formation of the National Campaign against Drug Abuse Authority (NACADA Authority) to replace NACADA with a reinforced mandate and empowered it to co-ordinate a multi-sectored effort aimed at preventing, controlling and mitigating the menace of drugs and substance abuse within the Kenyan society. It was established by Legal Notice Number 140. Nationally 13% of the Kenyan population currently consumes alcohol, and that illicit brews and second generation alcohol including chang'aa are consumed by over 15% of 15-64 year olds. It has also emerged that alcohol abuse is responsible for a wide variety of harmful effects that Kenyans are exposed to ranging from failing health to diminished productivity, social disharmony, exposure to HIV/STIs infections and traffic accidents, among others (NACADA, 2007).

The law which restricts sale of alcohol, bar opening and closing times, prescribes penalties on offering brewers, sellers and the patrons. The bars operate from 5pm – 11pm on weekdays, from 2pm-11pm on the weekends and the night clubs operate until 3a.m. In the Act, persons seeking to manufacture or sell alcohol in a given locality must apply for license to do so from the new District Alcoholic Drinks Regulation Committee. All alcoholic drinks must have a visible WARNING message of potential health hazards associated with alcohol consumption. There will be no alcohol selling outlets in schools and within a radius of 300metres from any learning institution. Selling alcohol to persons under the age of 18years attracts a fine of Kshs. 150,000 or 12months imprisonment or both. Selling adulterated alcohol will attract a fine of Kshs. 10 million and finally there will be no promotion of alcoholic drinks in misleading or deceptive ways that create an impression that is good to drink alcohol.

The Act provides for NACADA Authority as the relevant agency to administer the Act in the following areas like;

(1) Maintaining data on alcoholic drinks consumption and deaths as well as carrying out research, documentation and dissemination of information on alcoholic drinks.
(2) Promoting national treatment and rehabilitation programs to help addicts.
(3) Advising the Minister on national policy to adopt regarding production, manufacture, sale, advertising, promotion, and consumption of alcoholic drinks.
(4) Advising the Minister on issues regarding; permissible levels of the constituents of alcoholic

drinks, harmful constituents, test methods to establish standards, information to be provided by the manufacturers in regard to the product and lastly packaging, sale and distribution of alcoholic drinks in a hygienic manner and with accurate content information displayed on the packaging.

NACADA is meant to educate Kenyans on the dangers of alcoholism. But so far there has been little education (clause 69), and the agency which is to give statistics on alcohol which they collect state that 15% of 15-64 years-olds in Kenya take illicit brews. Kenya's most popular illicit brew is going to be legalized (repeals changaa prohibition act (69). The Government is going to develop standards for changaa which is to be brewed and packaged in a manner similar to Uganda's Waragi and Tanzania's Konyagi, and sold in glass bottles larger than 250ML. There is now an alcoholic drinks control fund supported brewer, wholesale & retail licenses - and of money raised, not more that 15% will go to civil society groups and not more than 50% to the district alcohol committee (led by district commissioner). Being drunk in public can attract a fine of Kshs 500 or 3 months in jail. Alcohol has ravaged the county leading to death, blindness, family break-ups, but most important the waste of able bodied youth and men who would otherwise be engaged in productive agri-business like coffee, tea, milk, horticulture among others.

1.2 Statement of the problem

Alcohol abuse affects virtually all individuals on an international scale. Research has revealed that experimenting with alcohol and other drugs starts at primary school level (Ndegwa, 1980, & Gichuge, 1993). Similar studies from other parts of the world reveal that drug and alcohol use start as early as ten years (Jardine & Martin, 1984)

A favourite explanation of young people's alcohol and drug taking behavior is that it is a result of social pressure from their friends that is the peer group (Kembo, 1999).Peer groups teach new skills and attitudes that are sometimes different from those learnt from the family (UNESCO, 1982, & Ingerso, 1989).

There have emerged notable trends in the production, manufacture, sale, promotion and consumption of alcoholic drinks that tend to fuel alcohol abuse among residents in Nairobi County. Such trends can be addressed through the law with a view to reducing harm occasioned

by alcoholic drinks. The above concerns informed the need to develop legislation, Alcoholic Drinks Control Act 2010 that would address the entire spectrum of the alcoholic drinks industry from production to consumption. But more so, the legislation seeks, among other things, to mitigate the negative health, social, and economic impact resulting from the excessive consumption and adulteration of alcoholic drinks. On one hand business people are complaining and on the other hand parents, spouses and employees are also complaining.

1.3 Purpose of the study

The purpose of this study was to establish the effect of Alcoholic Control Act 2010 of Kenya on alcohol consumption among residents of Nairobi County.

1.4 Research objectives.

1. To establish the extent to which the Alcoholic Control Act affects the volume of sales of alcoholic beverages in Nairobi County.

2. To determine to what extent the Alcoholic Control Act influences the time for alcohol consumption of residents in Nairobi County.

3. To establish the extent to which the Alcoholic Control Act has influenced underage alcohol consumption in Nairobi County.

4. To investigate the effect of Alcoholic Control Act on amount of alcohol consumed by residents of Nairobi County.

1.5 Research Questions

1. To what extent does the Alcoholic Control Act affect the volume of sales of alcoholic beverages in Nairobi County?

2. What is the influence of Alcoholic Control Act on time for alcohol consumption of residents in Nairobi County?

3. How does the Alcoholic Control Act influence underage alcohol consumption in Nairobi County?

4. To what extent does the Alcoholic Control Act influence the amount of alcohol consumed by residents of Nairobi County?

1.6 Significance of the study.

The findings of this study are useful to the Government as they need to gauge whether the Alcoholic Control Act 2010 is bearing an impact as intended, to have the information to promote public awareness about the health consequences, addictive nature and mortal threat posed by excessive alcoholic drink consumption through a comprehensive nationwide education and information campaign conducted by the Government through the relevant Ministries, departments, authorities and other agencies including the relevant non-governmental organizations and civil society in Kenya.

The Ministry of Health also needs this information to provide training for the healthcare providers to acquire skills for proper information, dissemination and education on alcohol consumption.

The Ministry of Education will also find this information important, to integrate instruction on the health consequences, addictive nature and mortal threat posed by alcoholic drink consumption in subjects taught in public and private schools at all levels of education, including formal, non-formal and indigenous learning systems in Kenya.

The study is also very important to the manufacturers, retailers and consumers involved in the alcohol industry to understand the Alcoholic Control Act 2010 and the effects of alcohol consumption.

Lastly, the study will also give an insight to researchers and scholars in general by giving an axis and avenue for further research. Other than research alone, this study will give knowledge of study to scholars and thus adds to a pool of knowledge.

1.7 Limitations of the study

There were limitations in this study because first and foremost, the Alcoholic Control Act 2010 is still a contentious issue in Kenya. Majority of the Kenyans have not yet embraced the law and they lack a lot of information about it. This will therefore limit the amount of information needed from the respondents by the researcher.

Alcohol consumption and its associated effects is also a sensitive issue in Nairobi and many respondents were not be able to disclose the information required. The purpose of the study was explained clearly to the respondents before they filled in the questionnaires to eliminate any doubts and suspicions before they participated in the study.

1.8 De-limitations of the study

The study was conducted among residents in Nairobi County. In this study, Nairobi meant the City Centre and its surrounding areas. Nairobi is the Capital City of Kenya with a current estimated population of 3,000,000 (Paul Reiter, 2009).It is the most populous city in East Africa and the 12th largest city in Africa. The researcher having a background in Social Sciences, this gave her an easy time to carry out the research and to easily understand the target population. The Alcoholic Control Act 2010 is still a new concept in Kenya and the citizens still have a lot of interest since they are trying to implement it.

1.9 Basic assumptions of the study

In this study, it was assumed that the residents of Nairobi County sampled were from diverse backgrounds that are religious, social, economic, and cultural.

1.10 Definition of Significant terms used in the study

Alcohol- The most commonly used and abused drug which include beer, wine, and spirits. It is produced by the fermentation of yeast, sugars, and starches.

Alcohol abuse-It is a pattern of drinking that result in harm to one's health, interpersonal relationships or ability to work.

Alcohol consumption-Drinking of beverages that contain ethyl alcohol.

Alcoholic Control Act-It is a law that came about because of the alcohol abuse, which is the excessive and or unhealthy consumption of alcoholic drinks.

Alcoholic drink-Includes alcohol, spirit, wine, beer traditional alcoholic drink, and any one or more of such varieties containing one-half of one percent or more of alcohol by volume,

including mixed alcoholic drinks and every liquid or solid, patented or not, containing alcohol, spirits, wine or beer and capable of being consumed by a human being.

Alcoholism-It is a chronic disease that is caused by dependency on alcohol or alcohol addiction.

Binge drinking- A pattern of alcohol consumption that brings the blood alcohol concentration level to 0.08% or more.

Chang'aa- It is an illegal alcoholic drink which is distilled from grains like maize and sorghum and sometimes adulterated with jet fuel battery acid to accelerate fermentation and make it more potent.

Liquor-An alcoholic beverage made by distillation rather than by fermentation.

Methanol- is an industrial alcohol used in the manufacture of dyes and anti-freeze. It is added to the brew, known locally as chang'aa, to increase its intoxicating effects.

1.11 Organization of the study

1. The study is organized into Chapters One to Five. Chapter One is introduction which comprises background of the study, problem statement, purpose of the study, study objectives, research questions, significance of the study, limitations and de-limitations of the study, assumptions of the study and definition of significant terms are discussed.
2. Chapter Two reviews literature on how the Alcoholic Control Act 2010 affects the volume of sales of alcoholic beverages, time for alcohol consumption of residents, underage alcohol consumption and the amount of alcohol consumed by residents of Nairobi County.
3. In Chapter Three, the Methodology is presented. It comprises Research design, Target population, Sampling size determination, sample design, Methods of data collection, Validity of the instruments used, Reliability of the research findings and data analysis techniques.
4. Chapter Four presents the data analysis, presentation, interpretation and discussions. The results are organized based on the themes of the study;

demographic factors, volume of sales of alcoholic beverages, time for alcohol consumption, underage alcohol consumption and amount of alcohol consumed.

5. Chapter Five is the last chapter and gives a brief summary of findings, conclusions and recommendations which are based on the themes of the study; demographic factors, volume of sales of alcoholic beverages, time for alcohol consumption, underage alcohol consumption and amount of alcohol consumed.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature on the effect of Alcoholic Control Act on the volume of sales of alcoholic beverages, time for alcohol consumption, underage alcohol consumption and the amount of alcohol consumed.

2.2 Effect of Alcoholic Control Act on the volume of sales of alcoholic beverages.

The widespread use of alcohol is fuelled by ease of its production process that is a plain process of fermentation achieved by yeast acting on sugar and multiple daily usages for recreation, curative and religious purposes (Basangwa *et al.*, 2006).

There is no specific amount of alcohol that is sold to each and every adult to monitor the behaviour.A small community in Australia,achieved long-term reductions in a wide range of alcohol-related problems when the local Aborginal Council successfully advocated to limit sales of alcohol on Thursday paydays(WHO,2002).

In India,sale of alcohol has been growing steadily at 6% and is estimated to grow at the rate of 8% per year. (Benegal & Jain, 2000).

In a study conducted in Kenya, despite the increase in price and excise duty on alcohol there was no significant effect on the volume of sales.Promotion, alcohol brand, advertising and distribution channels played a key role in the increase of volume of sales of alcohol(EABL FY,2010).

2.3 Effect of Alcoholic Control Act on time for alcohol consumption.

Alcoholic beverages have been present in nearly all human societies for thousands of years.They were consumed locally and were rarely traded in markets.Measures to control and restrict alcohol availability were common, dating from earliest surviving legal documents of human societies(Rehm & Room, 2001).

In most developing societies, drinking is not part of everyday life, only in a few countries do substantial proportions of the populations drink daily or nearly everyday.The pattern of drinking

varies a great deal according to the societies.In Africa, many people who drink usually drink large amounts of alcohol especially in the weekends and every payday.The measures of high quantity drinking can demonstrate how often people become intoxicated (Gmel, Rehm, & Kuntsche, 2003). Drinking a high quantity with some regularity was the norm among male drinkers in a majority of the societies studied, while in most societies, high quantity drinking is uncommon among women. Drinking customs can also shape an individuals patterns of drinking. In drinking groups, customs of reciprocity may encourage heavy drinking while others drink only during communal celebrations (WHO,2002).

Although population surveys generally underestimate alcohol consumption, (Gmel and Rehm, 2004) cross sectional studies in Russia in the 1990s show frequent consumption of large quantities of ethanol mainly vodka on single occasions (Bobak and Pikhart, 2004).

Alcohol-related problems are reportedly common among the men (Medina Mora, 1998).This is because majority of them are regular drinkers while the women who consume alcohol are infrequent drinkers. The prevalence of drinking increases with increasing income but decreases with increasing age. (Medina Mora et al.1998).

2.4 Effect of Alcoholic Control Act on underage alcohol consumption.

A worldwide assessment of drinking patterns in 2000, showed that the European sub region containing Russia and other parts of the former Soviet Union had the most hazardous pattern of binge drinking and the highest consumption of alcohol per head 13.9 Litres of pure ethanol per year in people aged 15 and above (Rehm and Rehn 2003). 2001-03 estimates from the same source show a figure of 15.2Liters per head, (Rehm and Taylor 2006) which is consistent with indirect Russian estimates for the 1990s of 14-15Liters per person every year (Treml V, 1997).

An epidemiological study that was undertaken in Mexico, the consumption of pure alcohol among people ages 15 and older ranged from 4.5 to 4.9 litres (Campillo et al.1987), the figures are based solely on legally produced alcoholic beverages and do not include the large quantity of illegally produced alcohol consumed (Campillo et al., 1988).The low per capita alcohol consumption in Mexico is that a high proportion of them do not drink. In fact only a small proportion of the Mexican population was responsible for most of the alcohol consumption; 75% of the available alcohol was consumed by only 25% of the drinkers (Natara Rey, 1995).

Atleast 67 countries have minimum age limits on drinking, ranging in general from 16 to 21 and have shown to reduce youthful problems from drinking in the United States.It's not clear how effective limits are where they are less widely enforced, as is common elsewhere.In Kenya, the minimum age limit is 18 as per the alcoholic control act.No person holding a licence to manufacture, store or consume alcoholic drinks under the act shall allow a person under the age of 18years to enter or gain access to the area in which the alcoholic drink is manufactured,sold or consumed.Anyone who sells alcohol to an underage will be fined Kshs.150,000 or 12 months in prison or both.(Alcoholic Drinks Control Act, 2010). Due to these conditionalities, under age persons cannot publicly purchase and consume alcohol especially the branded drinks and the ban of alcohol being sold in satchets that is 250ml and below has also limited their drinking habits.

Studies indicate that up to 25% of children with an alcoholic parent will develop alcohol abuse or dependence (Basangwa *et al.*, 2006). The prevalence of alcoholism among individuals with alcoholic parents or siblings is two and half times that of the general population. The major familial risk factors for alcoholism include growing up with parents who are dependent on alcohol, use alcohol to cope with stress, and have coexisting psychological disorder(s). Others are family violence and having several close blood relatives who are alcohol dependent. Some two studies show that regardless of a family history of alcoholism, a lack of parental monitoring, severe and recurrent family conflict, and poor parent-child relationships can contribute to alcohol abuse in adolescents. Children with conduct disorders, poor socialization, and ineffective coping skills as well as those with little connection to parents, other family members, or school may be at an increased risk for alcohol abuse and/or dependence. Peers also influence drinking behavior(NACADA,2010).Lack of responsibility on the part of the alcoholic whether a man or woman leaves the partner to shoulder the responsibilities of their daily drinking spouses. Majority of households in rural areas and the slums are female-headed due to the males over indulgence in alcoholism leaving the women to bare the burden of raising up their children(NACADA, 2011).

2.5 Effect of Alcoholic Control Act on amount of alcohol consumed.

Alcohol consumption have been steadily increasing in developing countries like India and decreasing in developed countries. The pattern of drinking to intoxication is more prevalent in developing countries indicating higher levels of risk due to drinking. There are 62.5million alcohol users estimated in India and the per capita consumption of alcohol has increased by 106.7% over the 15year period.

The object and purpose of the alcoholic act in Kenya is to provide for the control of the production, sale and use of alcoholic drinks in order to;

1) Inform and educate the public on the harmful health,economic and social consequences of the consumption of the alcoholic drinks.

2) To adopt and implement effective measures to eliminate illicit trade in alcohol including smuggling, illicit manufacturing and counterfeiting.

3)Promote and provide for treatment and rehabilitation programmes for those addicted or dependent on alcoholic drinks. The government is promoting public awareness about the health consequences posed by excessive alcohol consumption through a nationwide education and information campaign conducted by the government through relevant ministries, departments, authorities, relevant non governmental organizations and civil society.Its carried out in the communities, learning institutions and at workplaces (Alcoholic Drinks Control Act, 2010).

Alcohol contributes to short-term effects including loss of work productivity through absenteeism, lateness or leaving early, feeling sick at work, having problems with job tasks, accidents, and damage to co-worker and customer relations (Blum, Roman and Martin, 1993; Gordis, 1999; Randerson, 2007). This further leads to organizational constraints in form of high turn-over and subsequent recruitment, consumption of health benefits, for example, in case of illness or accidents that would result to compensation (Randerson, 2007).

In the United States, alcohol abuse by employees is estimated to contribute to company loss of $100 billion a year (Buddy, 2003). Alcohol abuse in the work place has been an emerging issue in Kenya. The potential to negatively affect the health, safety, performance and productivity of employees which result in low business output in organizations(NACADA,2011). Furthermore,

alcohol abuse among employees can threaten public safety, for instance, in the case of neglect of essential duty as health or medical care, security or aggression among workers or with clients. Besides alcohol causes enormous psychosocial losses in terms of pain and suffering experienced by the users and their significant others as well as by the employer(NACADA, 2010).

Alcohol consumption and abuse is influenced by multiple factors including gender, family history and parental influence. Men are more likely to use alcohol with some estimates indicating a ratio of 5:1 (Emmite and Swierzewski, 2008). Men are also at higher risk of heavy drinking and intoxication (Gmel, Rehm, & Kuntsche, 2003) and developing alcohol use disorders (Jhingan *et al.*, 2003). However, the number of women who drink, abuse, and become dependent on alcohol is rising.

Jellink, (1969) observed that once a person becomes alcoholic, he or she no longer chooses how much to drink and cannot predict the outcome because of an overwhelming compulsion to drink regardless of financial state and health condition in the family. Alcohol abuse greatly has a negative impact on families in that the alcohol users lead a poor quality life that impacts negatively on the family.

According to Barlow (2000), alcohol is a threat to the family life and to harmonious interpersonal relations.Children who live with parents who are alcohol abusers lack natural interractions because the parents are either never around for them or the mood at home not being conducive for interraction.The boys miss being taught crucial male gender roles by their fathers because they are always drunk.This also affects the children of alcoholics not to attain higher education with a big proportion not completing or going beyond primary school. The alcoholics main concern would be to acquire alcohol and they tend to neglect their children. However, recent studies in the USA reported that lower educational levels and unemployment do not cause higher rates of alcoholism (Emmite and Swierzewski, 2008).

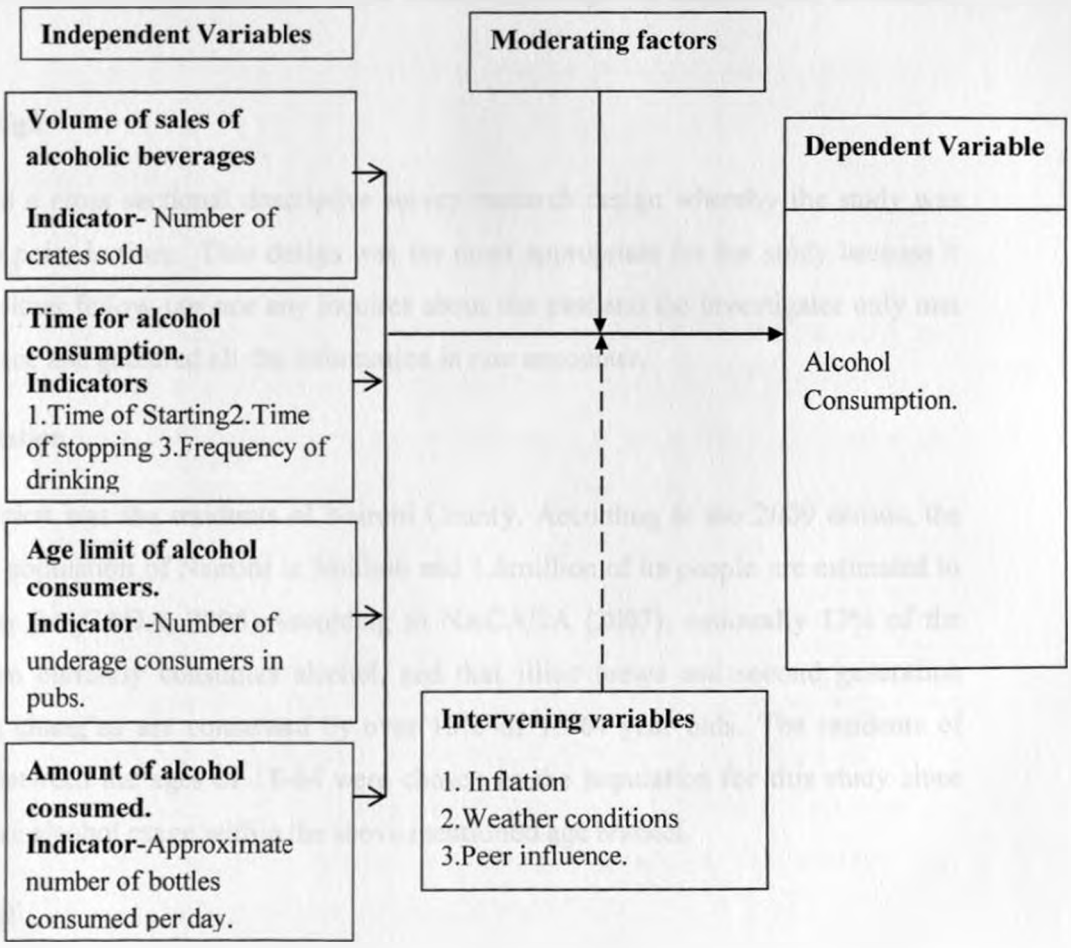
In the United States,studies reveal that 11-52% of all assaults occur in domestic settings, 12-18% of the murders annually are commited by spouses, and domestic violence calls are among the most frequent and dangerous for police officers.Children living in violent families face not only the risk of violence from parents, siblings or extended family members but may also be subjected to emotional abuse and neglect as a result.Alot of families experience alot of problems

brought by alcohol abuse like domestic violence, and divorce also topping the list.Alcohol is established to be having the strongest effect on domestic violence(NACADA, 2011).

2.6 Conceptual framework

The following is a conceptual framework useful for understanding the relationship between the dependent and independent variables in this study.

Figure 1:Conceptual framework



CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter sets out the methodology that was adopted so as to meet the objectives stated in Chapter One of the study in determining the effect of Alcoholic Control Act of Kenya 2010 on alcohol consumption among residents of Nairobi County.It focuses on the Research design, Target population, Sample size determination, Sample design, Methods of data collection, Validity of the instruments used, Reliability of the research findings and data analysis techniques used in the study.

3.2 Research Design

The study adopted a cross sectional descriptive survey research design whereby the study was carried out at one point in time. This design was the most appropriate for the study because it did not involve neither follow-ups nor any inquires about the past and the investigator only met the respondents once and gathered all the information in one encounter.

3.3 Target Population

The target population was the residents of Nairobi County. According to the 2009 census, the current estimated population of Nairobi is 3million and 1.8million of its people are estimated to be alcohol addicts (NACADA, 2005).According to NACADA (2007), nationally 13% of the Kenyan population currently consumes alcohol, and that illicit brews and second generation alcohol including chang'aa are consumed by over 15% of 15-64 year olds. The residents of Nairobi County between the ages of 18-64 were chosen as the population for this study since majority who abuse alcohol range within the above mentioned age bracket.

3.4 Sample design

Proportional or stratified random sampling was used in this study since the residents of Nairobi county were from different constituencies and social classes.From the constituencies in Nairobi County, sixty respondents were targeted from each constituency.

3.5 Sample size determination

The minimum sample size (**n**) required for this study was calculated using the formula.

$n=Z^2pq/e^2$ (Fisher et al, 1990)

Where **Z**= the value of the standard deviate at the 95% confidence level= (1.96).

p= the proportion of Nairobi residents hypothesized to be consuming alcohol = (67%) (NACADA, 2005).

q = 1-p

e= level of error allowable at the given level of confidence (95%) = 0.05

Therefore,

$n=1.96^2(0.67 \times 0.33)/0.05^2$ =**339**

For this study, a sample size of **339** was taken to be an adequate representation of the population.

3.6 Methods of Data collection

3.6.1 Piloting of the study

The questionnaires were pre-tested by the researcher's colleagues of Project Planning and Management at the Department of Extra-mural studies of the University of Nairobi, over a period of two days to detect any weakness in the instrument, a week before the actual study. After pre testing, the data collection instruments were adjusted as appropriate to enhance the validity of the data collected.

3.6.2 Validity of the instruments used

The validity of the instruments used for data collection were tested by a pre-test of the questionnaires by the researcher's colleagues of Project Planning and Management at the department of Extra-mural studies of the University of Nairobi, a week before the actual study. Any questions that were not clear were modified in order to improve on the validity of the responses that would later be obtained from the questionnaires.

As a way of improving the validity of the responses at the time of the actual data collection, the following measures were taken. First and foremost, for the confidence of the respondents not to be lost, the researcher introduced herself and the purpose of the study was fully explained to the respondents so that they don't withhold vital information. The researcher also ensured that

the questions were of proper scope and coverage, not biased and not too sensitive that motivated the respondents to co-operate or provide appropriate information. For confidentiality purposes, all the respondents were provided with an envelope to seal the filled questionnaire.

3.6.3Reliability of the instruments used

For the reliability of the instruments, a Test- retest method was used. The measurement instrument that was the questionnaire was implemented at two separate times for each subject. The correlation between the two separate measurements was then computed with an assumption that there was no change in the underlying condition between Test 1 and Test 2.Data was collected and analysed by the researcher to minimize error caused by different investigators.

3.7 Data Collection Procedures

Data was collected by the researcher over a period of three weeks by the use of self-administered questionnaires which were given to the participants after authority was granted by the administration of the learning institution or by individuals. The researcher first read the letter of transmittal to the sampled respondents and clarified all the concerns of the respondents before they filled the questionnaires.

3.8 Data analysis techniques

All questionnaires were edited and responses coded before data was entered into the computer by the use of the Statistical Package for Social Scientists (SPSS).Cross tabulation was the main method to be used for data analysis. Data was summarized and presented by using descriptive statistics in the form of frequency tables, percentages, and proportions.

Table 3.1: Operationalization Table

Objective	Variable	Indicators	Measurement Scale	Data Collection	Data Analysis
To establish the extent to which the Alcoholic Control Act affects the volume of sales of alcoholic beverages.	**Dependent.** Alcohol Consumption. **Independent.** Volume of sales.	Number of crates sold.	Ordinal	Survey	Descriptive
To determine to what extent the Alcoholic Control Act influences the time for alcohol consumption.	**Dependent.** Alcohol Consumption. **Independent.** Time for alcohol consumption	Time of starting. Time of stopping. Frequency of drinking.	Ordinal Ordinal Ordinal	Survey	Descriptive
To establish the extent to which the Alcoholic Control Act has influenced underage alcohol consumption.	**Dependent.** Alcohol Consumption. **Independent** Underage alcohol consumption.	Number of underage consumers in the pubs or clubs.	Ordinal	Survey	Descriptive
To investigate the influence of Alcoholic Control Act on amount of alcohol consumed by residents.	**Dependent** Alcohol Consumption. **Independent** Amount of alcohol consumed.	Approximate number of bottles consumed per day.	Ordinal	Survey	Descriptive

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTEPRETATION AND DISCUSSION

4.1.Introduction

This chapter presents the findings of the study on the effect of Alcoholic Control Act 2010 of Kenya on alcohol consumption among residents of Nairobi County. It is organized based on the themes of the study; volume of sales of alcoholic beverages, time for alcohol consumption, underage alcohol consumption and amount of alcohol consumed. The results are presented in tables and an interpretation and discussion is given after each table.

4.2.Response rate

A sample size of 339 respondents was targeted based on Fisher et al, 1990 formula for sample size calculation. The researcher therefore administered 339 questionnaires to the respondents. However, 225 questionnaires were returned giving a response rate of 66.4%.

4.3.Influence of Demographic Characteristics of the respondents on alcohol use.

The study sought to establish what demographic factors influence alcohol use among residents of Nairobi County.

From the study findings, age, sex, religion, marital status, number of years spent in marriage, place of residence, level of education and occupation seemed to influence alcohol use. Their responses were summarised as shown in the table below.

Table 4.1 TABLE ON THE DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

	Frequency	Percentage
Age (years)		
19 and below	13	6.0
20-24	38	17.7
25-29	69	32.1
30	46	21.4
35 and above	49	22.8
Sex		
Male	120	55.8
Female	95	44.2
Religion		
Catholic	92	42.8
Protestant	105	48.8
Muslim	14	6.5
Hindu	4	1.9
Marital status		
Single	93	43.3
Married	113	52.6
Separated	5	2.3
Divorced	1	0.5
Widowed	3	1.4
No of years in marriage		
Below 5 years	53	24.7
5-10 years	34	15.8
10-15 years	16	7.4
Above 15 years	19	8.8
N/A	93	43.3
Place of Residence of the Respondents		
Rural	12	5.6
Peri-urban	19	8.8
Urban slum	28	13.0
Urban middle class	128	59.5
Urban up market	28	13.0

Level of education of the Respondents		
Primary	11	5.1
Secondary	50	23.3
Tertiary	37	17.2
University	117	54.4
Occupation		
Employed	126	58.6
Unemployed	43	20.0
Self-employed	45	20.9
4	1	0.5

Majority of the respondents that were sampled in Nairobi County were of middle age 25-29 (32.1%) and the least were 19 and below (6.0%).The respondents were asked to state their sex and majority of them were male (55.8%) and the female were the least (44.2%).

Majority of the respondents (48.8%) were Protestants. The rest were Catholics (42.8%), Muslim (6.5%) or Hindu (1.9%).About the respondents' marital status shown in the table above, majority of them were married (52.6%). The rest were either single (43.3%), Separated (2.3%), divorced (0.5%) or widowed (1.4%).

For the respondents who were in marriage at the time of the interview, (24.7%) had stayed in the marriage for less than five years, (15.8%) for 5-10 years, (7.4%) for 10-15 years, (8.8%) reported to have stayed in marriage for more than 15 years and (43.3%) were not applicable.

Respondents were asked to state their place of residence. Majority of the respondents resided in the urban middle class (59.5%). The rest resided either in urban up market (13.0%), urban slum (13.0%), peri-urban (8.8%) or rural areas (5.6%).

On the level of education, (54.4%) respondents were in university or university graduates. The rest of the respondents' levels of education were secondary (23.3%), tertiary (17.2%), and primary (5.1%).Respondents were also asked to state their occupation. Majority of the respondents sampled were employed (58.6%). The rest of the respondents' were unemployed (20.0%), self-employed (20.9%) and others who did not indicate (0.5%).

4.4 Effect of Alcoholic Control Act on the volume of sales of alcoholic beverages of the respondents

The study sought to establish the effect of the Act on the volume of sales of alcoholic beverages in Nairobi County.

4.4.1 Operating hours of bars and clubs

The respondents were asked if they knew the operating hours of bars and clubs, (100%) reported that they knew.

Table 4.2: Operating hours of bars and clubs

	Frequency	Percentage
Yes	10	100
No	0	0.0

4.4.2 How the bar proprietors knew about Alcoholic Control Act

The respondents were asked how they knew about the act, (30%) reported that they knew through newspapers and the least (10%) heard through friends.

Table 4.3: How the bar proprietors knew about the Act

	Frequency	Percentage
Internet	2	20
Friends	1	10
Rumours	2	20
Newspapers	3	30
Bars and clubs	2	20

4.4.3 Age limit on customers

The respondents were asked if their businesses had age restrictions on customers, (90%) reported that they had. The rest (10%) had no age restriction. Their responses were summarised as below;

Table 4.4: Age limit on customers

	Frequency	Percentage
Yes	9	90
No	1	10

4.4.4 Reasons for no age restriction on customers

The respondents were also asked why their businesses had no age restrictions on customers. Since (90%) the question was not applicable to them. The rest (10%) had no age restriction because they wanted to increase their sales volume.

Table 4.5: Reasons for no age restriction on customers

	Frequency	Percentage
N/A	9	90
To increase sales volume	1	10

4.4.5 Trend of crates sold before the enactment of the Alcoholic Control Act

The respondents were also asked what the trend was of their businesses before the enactment of the Act. (90%) reported that their trend was increasing before the act. The rest (10%) experienced no change on their businesses.

4.4.6 Trend of crates sold after the enactment of the Alcoholic Control Act

The respondents were asked what the trend was of their businesses after the enactment of the Act. (50%) reported that their trend was increasing. The rest (40%) decreasing, (10%) there was no change on their businesses. Their responses were summarised as below;

Table 4.6: Trend of crates sold after the enactment of the Act

	Frequency	Percentage
Increasing	5	50
Decreasing	4	40
No change	1	10

4.4.7 The approximate number of bottles sold to a customer per day or night

The respondents were asked the approximate number of bottles sold to a customer per day or night. (60%) reported between 5-10. The rest (20%) below 5 and (20%) between 10-15 bottles. This finding is related to a study that was undertaken in Australia (WHO, 2002) there is no specific amount of alcohol that is sold to each and every adult to monitor the behaviour.A small community in Australia, achieved long-term reductions in a wide range of alcohol-related problems when the local Aborginal Council successfully advocated to limit sales of alcohol on Thursday paydays.

Table 4.7: Approximate number of bottles sold to a customer per day or night

	Frequency	Percentage
Below 5	2	20
5-10	6	60
10-15	2	20

4.4.8 The average amount of money spent by a customer per day or night

The respondents were asked to indicate the average amount of money spent by a customer per day or night in Kenya shillings. The majority (50%) stated between 1000-3000. The rest (40%) between 500-1000 and (10%) spent over 5,000shillings.

Table 4.8: Average amount of money spent by a customer per day or night

	Frequency	Percentage
500-1000	4	40
1000-3000	5	50
Over 5000	1	10

4.4.9 If the Act should be in operation

The respondents were asked simple questions to state if the Act should be in operation. The respondents (60%) stated that it should not. The rest (40%) indicated that the Act should be in operation.

Table 4.9: If the Act should be in operation

	Frequency	Percentage
Yes	4	40
No	6	60

4.4.10 Why the Act should be in operation

Majority of the respondents (20%) stated that it saves lives and (20%) reduces cases of alcohol dependency. The rest (10%) indicated that it reduces marital problems. This finding in relation to a study conducted in Kenya, despite the increase in price and excise duty on alcohol there was no significant effect on the volume of sales.Promotion, alcohol brand, advertising and distribution channels played a key role in the increase of volume of sales of alcohol (EABL FY, 2010).

Table 4.10: Why the Act should be in operation

	Frequency	Percentage
Saves lives	2	20
Reduces cases of alcohol dependency	2	20
Reduces marital problems	1	10
N/A	5	50

4.4.11 Why the Act should not be in operation

Respondents (50%) stated that it affects business operations and (10%) indicated that it led to business closure.

Table 4.11: Why the Act should not be in operation

	Frequency	Percentage
Affects business operations	5	50
Led to business closure	1	10
N/A	4	40

4.4.12 The initiative that the government should take to help enact the Act

Respondents (50%) stated that it affects business operations and (10%) indicated that it led to business closure.

Table 4.12: The initiative that the government should take to help enact the Act

	Frequency	Percentage
Clarify on laws and regulations	1	10
Include all stakeholders	3	30
Limit and control underage persons	1	10
Sensitize people about the act	2	20
Should scrap it	3	30

4.5 Effect of Alcoholic Control Act on the time for alcohol consumption of the respondents

The study sought to establish the effect of the Act on the time for alcohol consumption of residents of Nairobi County. From the study findings, time of consumption before enactment of the Act, time of consumption after the enactment of the Act, and the frequency of consumption influenced alcohol use.

4.5.1 Time of consumption before enactment of the Alcoholic Control Act

In the findings shown in the table below, a significant proportion of the respondents that were sampled reported that in Nairobi, alcohol consumption was high between 6-11pm (37.2%) before the enactment of the Alcoholic Control Act 2010 others consumed alcohol from 11pm till late. Very few respondents consumed alcohol before noon which apparently is the most productive hours of the day (3.3%).

Table 4.13: Time of consumption before enactment of the Act

	Frequency	Percentage
Before noon	7	3.3
After noon	16	7.4
6-11 pm	80	37.2
11pm till late	32	14.9
N/A	79	36.7
7	1	0.5

4.5.2Time of consumption after enactment of the Alcoholic Control Act

According to the findings shown in the table below, majority of the respondents consumed alcohol between 7-11pm (36.3%) after the enactment of the Act 2010, others consumed alcohol between 11-3pm (14.4%), and very few respondents consumed alcohol before 4pm (3.7%). This is because most of the bars were prohibited from operating before noon, 2pm and past 11pm.

In relation to the above findings, a study conducted by NACADA, 2010, alcohol drinking times is an important indicator of the alcohol problem since usage during day time or working hours would generally occur at the expense of engaging in social and or economic productive activity. Likewise late night drinking compromises sleep or rest time meaning that the individual may not be very productive in the following day.

Table 4.14: Time of consumption after enactment of the Act

	Frequency	Percentage
Before 4pm	8	3.7
4-7pm	19	8.8
7-11pm	78	36.3
11-3pm	31	14.4
6	79	36.7

4.5.3Frequency of alcohol use

The findings as shown in the table below, revealed that out of those who consumed alcohol, (31.6%) used it once to three times per month, (12.6%) used it thrice to four times a week, (10.2%) used it a few times a year and (8.8%) consumed alcohol daily. According to the study, (36.7%) of respondents had never consumed alcohol.

Table 4.15: Frequency of alcohol use

	Frequency	Percentage
Daily	19	8.8
3-4 times a week	27	12.6
1-3 times per month	68	31.6
A few times a year	22	10.2
Never	79	36.7

The above findings is related to a study documented by WHO,2002 that frequency of drinking occasions show how regular drinking is in a society. In most of the 12 developing societies for which detailed survey data were available, drinking is not a part of daily life. However, in half of the societies, substantial proportions of male drinkers report drinking at least once a week. The available evidence indicates, however, that in many societies, particularly Africa, many of those who drink usually drink large amounts especially during the weekends.

Table 4.16 Table on the frequency of alcohol consumption of the respondents

	Daily	3-4times a week	1-3timespermonth	A few times a year	Never
Age (years)					
19 and below	0(0)	3(23.1)	4(30.8)	2(15.4)	4(30.8)
20-24	4(10.5)	4(10.5)	8(21.1)	3(7.9)	19(50)
25-29	6(8.7)	3(4.3)	29(42)	9(13)	22(31.9)
30-34	5(10.9)	11(23.9)	16(34.8)	2(4.3)	12(26.1)
35 and above	4(8.2)	6(12.2)	11(22.4)	6(12.2)	22(44.9)

Sex					
Male	14(11.7)	21(17.5)	34(28.3)	7(5.8)	44(36.7)
Female	5(5.3)	6(6.3)	34(35.8)	15(15.8)	35(36.8)
Religion					
Catholic	8(8.7)	6(6.5)	37(40.2)	10(10.9)	31(33.7)
Protestant	9(8.6)	16(15.2)	28(26.7)	12(11.4)	40(38.1)
Muslim	2(14.3)	5(35.7)	0(0)	0(0)	7(50)
Hindu	0(0)	0(0)	3(7.5)	0(0)	1(25)
Marital status					
Single	7(7.5)	12(12.9)	32(34.4)	10(10.8)	32(34.4)
Married	10(8.8)	15(13.2)	32(28.3)	11(9.7)	45(39.8)
Separated	1(20)	0(0)	3(60)	1(20)	0(0)
Divorced	0(0)	0(0)	0(0)	0(0)	1(100)
Widowed	1(33.3)	0(0)	1(33.3)	0(0)	1(33.3)
Place of Residence of the Respondents					
Rural	1(8.3)	0(0)	3(25.0)	1(8.3)	7(58.3)
Peri-urban	1(5.3)	3(15.8)	5(26.3)	2(10.5)	8(42.1)
Urban slum	4(14.3)	2(7.1)	6(21.4)	2(7.1)	14(50)
Urban middle class	9(7)	15(11.7)	47(36.7)	14(10.9)	43(33.6)
Urban up market	4(14.3)	7(25)	7(25)	3(10.7)	7(25)
Occupation					
Employed	11(8.7)	13(10.3)	41(32.5)	11(8.7)	51(40.5)
Unemployed	6(14)	4(9.3)	12(27.9)	6(14)	15(34.9)
Self-employed	3(6.7)	9(20)	15(33.3)	5(11.1)	13(28.9)

Majority of the respondents that were sampled in Nairobi County who consumed alcohol were of middle ages 25-29. (42%)of this age bracket consumed alcohol 1-3 times per month, the least alcohol users were 19 and below (15.4%) who consumed alcohol a few times a year and

(4.3%) from the age bracket 30-34 consumed alcohol a few times a year. The male were the highest number sampled, (28.3%) were the highest alcohol consumers and they used it 1-3times per month while (36.7%) did not consume alcohol. The female were the least number sampled, (36.8%) were not consumers while (35.8%) consumed alcohol 1-3 times per month.(5.3%) of the female consumed alcohol daily.

Majority of the respondents who frequently consume alcohol as shown in the table above were Catholics. (40.2%) consumed alcohol 1-3times per month. Protestants (26.7%) consumed alcohol while Muslims were the least consumers (14.3%) of alcohol and they used it daily. About the respondents' marital status as shown in the table above, majority of the married respondents consumed alcohol 1-3times per month (28.3%) and also most of the single respondents, (34.4%) also consumed alcohol 1-3times per month. The least consumers were the separated (20%) consumed alcohol daily and (20%) a few times a year. The widowed were also among the least consumers (33.3%) consumed daily and (33.3%) consumed alcohol a few times a year.

The respondents who resided in the urban middle class were the highest in number. (36.7%) frequently consumed alcohol 1-3times per month. The respondents who resided in the rural were the least consumers (8.3%) consumed alcohol daily and (8.3%) a few times. Those who resided in the peri-urban (5.3%) also consumed alcohol daily as shown in the table above. The employed were the highest in number and (32.5%) frequently consumed alcohol 1-3 times per month. The least consumers were the self-employed (6.7%) who consumed alcohol daily.

4.6 Effect of Alcoholic Control Act on underage alcohol consumption

The study sought to establish the effect of the Act on underage alcohol consumption of residents of Nairobi County. From the study findings, the first age of consuming alcohol, age limits in the bars and the frequency of underage persons to bars and clubs.

4.6. 1 First age of consuming alcohol

According to the findings shown in the table below, majority of the respondents consumed alcohol between the ages of 15-30 (42.8%). The rest (11.2%) between the ages of 10-15, others between ages 30-45 (4.7%) and below 10 years (3.7%).

Table 4.17:	First age of consuming alcohol	
	Frequency	Percentage
Below 10 years	8	3.7
10-15 years	24	11.2
15-30 years	92	42.8
30-45 years	10	4.7
N/A	80	37.2
10	1	0.5

4.6. 2 Age limit in bars and clubs

According to the findings shown in the table below, (70.7%) reported that bars and clubs restricted underage persons. The rest (29.3%) disagreed.

Table 4.18: Age limit in bars and clubs

	Frequency	Percentage
Yes	152	70.7
No	63	29.3

4.6. 3 Underage person's frequency in bars and clubs

According to the findings shown in the table below, majority of the respondents disagreed that underage persons frequent bars and clubs (51.4%). The rest (48.6%) agreed.

Table 4.19: Underage person's frequency in bars and clubs

	Frequency	Percentage
Yes	104	48.6
No	110	51.4

4.7 Effect of Alcoholic Control Act on amount of alcohol consumed by the respondents

The study sought to establish the effect of the Act on the amount of alcohol consumed by residents of Nairobi County. From the study findings, time of consumption before enactment of

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the Act, time of consumption after the enactment of the Act, and the frequency of consumption influenced alcohol use.

4.7.1 Alcohol consumption

Majority of the respondents sampled were alcohol consumers (62.3%), the rest (36.7%) did not consume alcohol and other respondents (0.9%) did not indicate. Their responses were summarised as below;

Table 4.20: **Alcohol consumers**

	Frequency	Percentage
Yes	134	62.3
No	79	36.7
3	2	0.9

Table 4.21 TABLE ON ALCOHOL CONSUMPTION HABITS OF THE RESPONDENTS

	CONSUMES	DO NOT CONSUME
Age (years)		
19 and below	9(69.2)	4(30.8)
20-24	19(50)	19(50)
25-29	45(65.2)	22(31.8)
30-34	34(74)	12(26)
35 and above	27(55.1)	22(44.9)
Sex		
Male	75(62.5)	44(36.7)
Female	59(62.1)	35(36.8)
Religion		
Catholic	60(65.2)	31(33.7)
Protestant	64(61)	40(38.1)
Muslim	7(50)	7(50)
Hindu	3(75)	1(25)

Marital status		
Single	60(64.5)	32(34.4)
Married	68(60.2)	45(39.8)
Separated	4(80)	0(0)
Divorced	0(0)	1(100)
Widowed	2(66.7)	1(33.3)
Place of Residence of the Respondents		
Rural	4(36.4)	7(63.6)
Peri-urban	11(57.9)	8(42.1)
Urban slum	14(50)	14(50)
Urban middle class	84(66.1)	43(33.9)
Urban up market	21(75)	7(25)
Level of education of the Respondents		
Primary	4(57.1)	7(63.6)
Secondary	29(58)	21(42)
Tertiary	24(66.7)	12(33.3)
University	77(66.4)	39(33.6)
Occupation		
Employed	73(58.9)	51(41.1)
Unemployed	28(65.1)	15(34.9)
Self- employed	32(71.1)	13(28.9)

According to the table above, on alcohol usage by age, a significant proportion of the respondents rated the consumption of alcohol among people aged 19 years and below as "low" in comparison to the other age groups.Further, results point at the concentration of the drinking among the ages 25-29.Very high''usage was reported for ages 25-29 years. However, alcohol usage declined with reference to ages 24 and below.

This findings is similar to a study documented by WHO,2002 whereby atleast 67 countries have minimum age limits on drinking, ranging in general from 16 to 21 and have shown to reduce youthful problems from drinking in the United States.It's not clear how effective limits are where they are less widely enforced, as is common elsewhere.In Kenya, the minimum age limit is 18 as per the Alcoholic Control Act 2010.No person holding a licence to manufacture, store or consume alcoholic drinks under the act shall allow a person under the age of 18years to enter or gain access to the area in which the alcoholic drink is manufactured,sold or consumed.Anyone

who sells alcohol to an underage will be fined Kshs.150,000 or 12 months in prison or both.(Alcoholic Drinks Control Act, 2010). Due to these conditionalities, under age persons cannot publicly purchase and consume alcohol especially the branded drinks and the ban of alcohol being sold in satchets that is 250ml and below has also limited their drinking habits.

According to the sex of the respondents as shown in the table above, majority of them who consumed alcohol were the male(62.5%) and the female(62.1%) These findings are similar to studies that were conducted by Emmite and Swierzewski, 2008 that alcohol consumption and abuse is influenced by multiple factors including gender, family history and parental influence. Men are more likely to use alcohol with some estimates indicating a ratio of 5:1.Men are also at higher risk of heavy drinking and intoxication (Gmel, Rehm, & Kuntsche, 2003) and developing alcohol use disorders (Jhingan *et al.*, 2003). However, the number of women who drink, abuse, and become dependent on alcohol is rising.

Majority of the respondents who consumed alcohol (61%) were Protestants and the least users of alcohol were the Hindus.

As per the findings of this study, marital status also influenced alcohol use. The majority of the respondents sampled, were married and (60.2%) consumed alcohol while the least were the divorced who did not consume alcohol. These findings are similar to a study conducted in the United States,that revealed that 11-52% of all assaults occur in domestic settings, 12-18% of the murders annually are commited by spouses, and domestic violence calls are among the most frequent and dangerous for police officers.Children living in violent families face not only the risk of violence from parents, siblings or extended family members but may also be subjected to emotional abuse and neglect as a result.Alot of families experience alot of problems brought by alcohol abuse like domestic violence, and divorce also topping the list.Alcohol is established to be having the strongest effect on domestic violence(NACADA, 2011).

The respondents who resided in the urban middle class were the majority who consumed alcohol (66.1%) and the least consumers (36.4%) resided in the rural areas in Nairobi County.Most of the employed people (58.9%) consumed alcohol and the least consumers(65.1%) were the unemployed. The respondents whose level of education was university(66.4%) were the most consumers of alcohol and those whose level of education was the lowest that is primary, were the least consumers(57.1%) of alcohol in the County. In relation to this findings, two

studies show that regardless of a family history of alcoholism, a lack of parental monitoring, severe and recurrent family conflict, and poor parent-child relationships can contribute to alcohol abuse in adolescents. Children with conduct disorders, poor socialization, and ineffective coping skills as well as those with little connection to parents, other family members, or school may be at an increased risk for alcohol abuse and or dependence. Peers also influence drinking behavior(NACADA,2010).

4.7.2 Types of Alcoholic beverages

Type of alcohol consumed is very significant in understanding alcohol problem since there are different implications for lethality or negative effects depending on the type of alcohol consumed. It is a significant finding that a large number of the respondents were regular consumers' of beer (23.3%), wine (21.9%), either beer, wine and spirits (9.8%), and the least consumed was spirits (8.4%). (36.7%) did not consume any of the alcoholic drinks. The findings show that dependency was higher for beer in comparison with other drinks. Their responses were summarised as below;

Table 4.22: Types of Alcoholic beverages

	Frequency	Percentage
Beer	50	23.3
Wine	47	21.9
Spirits	18	8.4
Either of the above	21	9.8
N/A	79	36.7

4.7.3 Area of preference for alcohol consumption

The respondents' were asked the area they preferred to consume alcohol. Majority stated in night clubs (21.4%). The rest (17.7%) in bars, (10.2%) in members club, (14.0%) at home. Their responses were summarised as below;

Table 4.23: Area of preference for alcohol consumption

	Frequency	Percentage
Bars	38	17.7
Night clubs	46	21.4
Members club	22	10.2
Home	30	14.0
N/A	79	36.7

4.7.4 Reasons for alcohol consumption

Alcohol consumption, like any other cultural practice, is surrounded by popular beliefs. Respondents largely confirmed these beliefs with a significant number reporting that in their areas alcohol is believed to make people have fun (19.5%),help to interact with others(9.3%), cope with family stress(8.4%), relax (8.4%), helps relate with opposite sex(5.6%), helps to think and work smart (3.3%), has health benefits(2.8%), helps kill time(1.9%), helps deal with related stress(1.4%), makes them feel important (1.4%), enables them get business deals (1.4%).

Table 4.24: Reasons for alcohol consumption

	Frequency	Percentage
Makes me have fun	42	19.5
Help cope with family stress	18	8.4
Has health benefits	6	2.8
Helps relate with opposite sex	12	5.6
Makes me feel important	3	1.4
Enables me get business deals	3	1.4
Helps to work and think smart	7	3.3
Makes me relax	18	8.4
Helps to interact with others	20	9.3
Helps kill time	4	1.9
Helps deal with related stress	3	1.4
N/A	79	36.7

This finding in relation to a study that was conducted among students at the University of Nigeria, Enkwechi (1996) noted significant differences between men and women with respect to influences on drinking. Women reported a greater need to consume alcoholic beverages at parties, whereas men reported that they were influenced by their parents drinking and by the desire to be accepted by friends. The men also believed more strongly than the women that alcohol helped enhance their sexual performance and calm their nerves. Enkwechi (1996) concluded that males are more likely to drink for psychological and social reasons than females.

4.7.5 Reasons for not consuming alcohol

The reportage of protective factors ranged from a low of 0.5% for positive peer pressure and work commitment to a high of 13% for personal principles. Religious values and personal decisions with alcohol were found to be important protective factors. Medical reasons or illness and people's bad experience with alcohol were also important individual-level protective factors. Their responses are shown below;

Table 4.25: Reasons for not consuming alcohol

	Frequency	Percentage
Illness	4	1.9
Personal decision	24	11.2
Personal principles	28	13.0
Religious values	19	8.8
Peoples bad experience	3	1.4
Work commitment	1	0.5
N/A	135	62.8
Positive peer pressure	1	0.5

This finding is related to a study by NACADA, 2010 that reveal that some of the risk factors include: idleness, peer pressure, unemployment and work related stress. The risk factors also varied by gender. For instance, while more males used alcohol due to occupational factors (e.g. work related stress, idleness and unemployment) more of the females used it due to relational issues notably marital problems, problems with parents and peer pressure. Some of the reasons pointed out for taking alcohol include: to feel good or have fun, relaxation, cope with stress,

interact with others and kill time. Religious values, parental restrictions, positive peer pressure, work and school commitment, fear of stigmatization and people's bad experience with alcohol were found to be important protective factors.

4.7.6Amount of alcohol consumed by a customer per day or night

Majority of the respondents sampled consumed below five bottles (29.8%), the rest (24.7%) consumed five to ten bottles and other respondents (7.0%) between ten to fifteen bottles and (1.9%) above fifteen bottles. (36.7%) did not consume alcohol. Their responses were summarised as below;

Table 4.26: Amount of alcohol consumed by a customer per day or night

	Frequency	Percentage
Below 5	64	29.8
5-10	53	24.7
10-15	15	7.0
Above 15	4	1.9
N/A	79	36.7

4.7.7 Average amount of money spent by a customer on alcohol per month

Majority of the respondents sampled (18.6%) spent 1000-3000 Kenya shillings every month on alcohol. The rest (15.3%) spent 500-1000 shillings, (13.0%) above 5,000 shillings, (12.6%) below 500 shillings and (3.7%) spent. (36.7%) did not spend money on alcohol.

Table 4.27: Average amount spent on alcohol per month

	Frequency	Percentage
Below 500	27	12.6
500-1000	33	15.3
1000-3000	40	18.6
3000-5000	8	3.7
Above 5000	28	13.0
N/A	79	36.7

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1.Introduction

In this chapter, a summary of the findings of the study as well as the conclusion gathered from the analysis of the data. Findings have been summarized alongside the objective of the study. Conclusions have been drawn and recommendations based on the study findings given. Also, suggestions for further research are made.

5.2.A summary of findings

Demographic factors such as age, sex, religion, marital status, number of years spent in marriage, place of residence, level of education and occupation were found to significantly influence alcohol use or consumption.

Demographic factors, especially age, sex and marital status were found to greatly influence the decision of the respondents to consume alcohol.

The bar proprietors who were also the respondents seemed to be more knowledgeable on the Alcoholic Control Act 2010 and the associated effects of alcohol. Majority of the respondents 60% were against the Act since it affected their businesses and in worst cases led to closure of businesses.

Alcohol was highly consumed between 6-11pm before the enactment of the Alcoholic Control Act 2010 and between 7-11 pm after the enactment of the act. This is because bars were prohibited from operating before noon, 2pm, and past 11pm. Although late night drinking affects sleep or rest time meaning that an individual may not be productive in the following day.31.6% consume alcohol once to three times per month and the least 8.8% consume alcohol daily in Nairobi County.

Most of the respondents first consumed alcohol between the ages of 15-30 (42.8%). The rest (11.2%) between the ages of 10-15, others between ages 30-45 (4.7%) and below 10 years (3.7%).Underage alcohol consumption was restricted in most businesses and underage persons do not frequent bars and clubs because of the fines imposed on the bar proprietors or anyone in this industry.

Majority of the respondents sampled were alcohol consumers 62.3% and 36.7% do not consume alcohol. A large number of the respondents were regular consumers of beer 23.3% and the least consumed was spirits 8.4%. Most of the people prefer to consume alcohol in night clubs 21.4%, and the least 10.2% prefer members club. This was because of the availability of alcohol which was the most cited reason and cost 11.6% being the least cited reason.

Alcohol is believed to make people have fun, help to interact with others, cope with family stress, relax, helps relate with opposite sex, helps to think and work smart. has health benefits, helps kill time, helps deal with work related stress, makes them feel important, enables them get business deals.

5.3.Conclusions

From the study findings discussed above, the following conclusions were made. First, it was concluded that demographic factors such as age, sex, religion, marital status, being in marriage, place of residence, level of education and occupation influence the decision to use alcohol by residents of Nairobi. These factors are therefore important intervention points for the government as well as the Non-Governmental Organizations in the effort to minimize alcohol abuse or dependency.

Secondly, it was concluded that improving the level of knowledge of alcohol consumers and the bar proprietors on health related matters would reduce alcohol dependency or abuse among residents. It is also very important to the manufacturers and retailers involved in the alcohol industry to understand the Alcoholic Control Act 2010 and the effects of alcohol consumption.

Thirdly, the imposition of fines as per the act should still be in operation on all the stakeholders in the alcohol industry to reduce alcohol abuse or dependency. This would make the residents more productive economically and socially.

Finally, underage persons should be targeted more to restrict them for alcohol use. Increasing the age limit to 21 as currently suggested by the Naivasha MP, John Mututho should be in effect to restrict them from accessing bars and clubs.

5.4. Recommendations

The following recommendations were put forward based on the study findings discussed above;

1. The government should involve all the stakeholders in the alcohol industry in making of policies and laws.
2. Government should promote public awareness about the health consequences, addictive nature and mortal threat posed by excessive alcoholic drink consumption through a comprehensive nationwide education and information campaign conducted by the Government through the relevant Ministries, departments, authorities and other agencies including the relevant non-governmental organizations and civil society in Kenya.
3. The government and other Non-Governmental bodies should also sensitize the manufacturers, retailers and consumers about the Alcoholic Control Act 2010.
4. The Ministry of Health should provide training for the healthcare providers to acquire skills for proper information, dissemination and education on alcohol consumption.
5. The Ministry of Education should integrate instruction on the health consequences, addictive nature and mortal threat posed by alcoholic drink consumption in subjects taught in public and private schools at all levels of education, including formal, non-formal and indigenous learning systems in Kenya.
6. Poverty eradication efforts need to be stepped up in both urban slums and rural areas since there are residents who are poor and more likely to indulge in negative activities to earn a living. Such efforts need to target the youth as they are more vulnerable. This calls for gender considerations in the disbursement of the youth enterprise fund and in job creation for the youths.

5.5. Suggestions for further Research

1. Further research needs to be carried out in this area with different target populations and methodologies. For example, it would be important to conduct a similar study among residents of other counties and compare the findings.
2. Qualitative approaches to such research like key informant interviews and Focus Group Discussions are also likely to reveal more information on this highly sensitive topic if well designed.

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APPENDICES

APPENDIX I

LETTER OF TRANSMITTAL

Dear respondent,

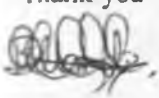
I am Akoth Dorcas Elizabeth, a Student at the University of Nairobi, College of Education and External Studies, School of Continuing and Distance Education, Department of Extra – Mural Studies pursuing a Master's Degree course in Project Planning and Management.

This is a Research Questionnaire on the Effect of Alcoholic Control Act 2010 of Kenya on alcohol consumption among residents of Nairobi County. All information given will be treated with confidentiality and shall not be traced to the person of the respondent.

Do not write your name on the questionnaire. Please answer all questions to the best of your knowledge.

Please respond by making a tick in the box provided against each response where applicable and give comments where necessary.

Thank you



APPENDIX II:

Questionnaire on the Effect of Alcoholic Control Act 2010 of Kenya on alcohol consumption among residents of Nairobi County.

Questionnaire No.....Date.....

For each question, kindly respond by placing a tick inside the box provided

PERSONAL BIODATA

1. Age (in completed years)

   □19 and below □ 20- 24 □25-29 □30-34 □35 and above

2. Sex

   □Female □Male

3. Religion

   □Catholic □Protestant □Muslim □Hindu

4. Marital status

   □Single □Married □Separated □Divorced □Widowed

5. If married, for how long have you been in marriage

   □ <5 years □5- 10 years □10- 15 years □ >15 years

6. Place of residence

   □Rural □Peri-urban □Urban slum

   □Urban middle class estate □Urban up market estate

7. Level of education.

   □Primary □Secondary □Tertiary □University

8. Occupation

   □Employed □Unemployed □Self employed

ALCOHOL CONSUMPTION HABITS (INDIVIDUALS/CONSUMERS)

9. Do you consume alcoholic beverages?

□Yes □No

10. If yes, which alcoholic beverage do you prefer to consume?

□ Beer □Wine □Spirits □Either of the above

11. Where would you prefer to consume alcohol?

□Bars □Night Clubs □Members clubs □Home

12. Give a reason for your answer in question 11 above.

□Confidentiality □Cost □Professionalism □Availability

13. What was your first age of consuming alcohol?

□ <10 □ 10-15 □ 15-30 □ 30-45 □ >45

14. What are the reasons for consuming alcohol?
(Multiple responses are acceptable)

□Makes me have fun □Helps me cope with family related stress

□It has health benefits □Helps me relate with opposite sex more freely

□Makes me feel important □Enables me get business deals

□Makes me work and think smart □Makes me relax

□Helps me interact or associate with others □Helps kill time

□Helps me cope with work related stress

15. If no, why don't you consume alcohol?
(Multiple responses are acceptable)

□ Medical reasons/illness □ Personal decision to lead alcohol free life

□ Personal principles □ Religious values

□ People's own bad experience with alcohol □ Work commitment

□ Parental restrictions □ Positive peer pressure □ Fear of stigmatization

16. What time would you consume alcohol before the enactment of the Alcoholic Control Act 2010?

□ Before noon □ After 12 noon □ 6-11p.m □ 11p.m till late night

17. What time would you consume alcohol after the enactment of the Alcoholic Control Act 2010?

□ Before 4p.m □ 4-7p.m □ 7-11p.m □ 11-3p.m

18. How frequently do you consume alcohol?

□Daily □3-4 times a week □1-3times per month

□A few times per year □Never

19. What is the approximate number of bottles you consume per day or night?

□ <5 □ 5-10 □ 10-15 □ >15

20. What is the average amount of money you spend on alcohol monthly in K.shs?

□ <500 □ 500-1000 □ 1000-3000 □3000-5000 □ >5000

21. Do bars or clubs have age limit restrictions on customers?

□Yes □No

22. Do underage persons frequent bars or clubs?

□Yes □No

Questionnaire on the Effect of Alcoholic Control Act 2010 of Kenya on alcohol consumption among residents of Nairobi County.

VOLUME OF SALES (BAR PROPRIETORS)

1. Are you aware of the Alcoholic Control Act 2010?

   □Yes □No

   If yes, what is it all about?

   .....

2. Is your business licensed?

   □Yes □No

3. Do you know the operating hours of bars or clubs?

   □Yes □No

   If yes, how did you know about it?

   □Internet □Friends □Rumours □Newspapers □Bars and clubs

   □Other specify.....

4. Does your business have age limit restrictions on customers?

   □Yes □No

5. If no, state the reasons why.....

   .....

6. What has been the trend of volume of crates sold before the introduction of the Alcoholic Control Act 2010?

   □Increasing □Decreasing □No change

7. What has been the trend of volume of crates sold after the introduction of the Alcoholic Control Act 2010?

   □Increasing □ Decreasing □No change

8. What is the approximate number of bottles sold to a customer per day or night?

□ <5 □ 5-10 □ 10-15 □ >15

9. What is the average amount spent by a customer in Kshs. per day or night?

□ <500 □ 500-1000 □ 1000-3000 □3000-5000 □ >5000

10. Has the media influenced the enactment of the Alcoholic Control Act 2010?

□Yes □No

If yes, how has it influenced? .....

.....

11. Do you think that the Alcoholic Control Act 2010 should be in operation?

□Yes □No

12. If yes, why do you think so?

□It saves lives

□It will reduce cases of alcohol dependency

□It reduces marital problems

□It saves the country the economic burden due to alcohol abuse

□Other countries have also legalised it

13. If no, why do you think so?

□ Affects business operations

□ Led to alcohol dependency

□ Led to businesses closure

14. What initiative should the government take to help in the enactment of the Alcoholic Control Act2010.....

.....

UNIVERSITY OF NAIROBI

COLLEGE OF EDUCATION AND EXTERNAL STUDIES
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N A I R O B I

24th July, 2012

REF: UON/CEES/NEMC/13/050

TO WHOM IT MAY CONCERN

RE: AKOTH DORCAS ELIZABETH -REG.NO. L50/64219/2010

This is to confirm that the above named is a student at the University of Nairobi College of Education and External Studies, School of Continuing and Distance Education, Department of Extra- Mural Studies pursuing a Masters in Project Planning and Management.

She is proceeding for research entitled **"influence of alcoholic control act 2010 of Kenya on alcoholic consumption among residents of NAirobi county."**

Any assistance given to her will be appreciated.

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CAREN AWILLY
CENTRE ORGANIZER
NAIROBI EXTRA MURAL CENTRE

Republic of Kenya

ALCOHOLIC DRINKS CONTROL ACT, 2010

AN OVERVIEW

SEPTEMBER 2010

INTRODUCTION

Alcohol abuse, which is the excessive and/or unhealthy consumption of alcoholic drinks, has emerged as a major hindrance to the health, social and economic development of the people of Kenya. A study by NACADA in 2007 revealed that nationally 13% of the population currently consumes alcohol, and that illicit brews and second generation alcohol including *chang'aa* are consumed by over 15% of 15–64 year olds.

It has also emerged that alcohol abuse is responsible for a wide variety of harmful effects that Kenyans are exposed to ranging from failing health to diminished productivity, social disharmony, exposure to HIV/STIs infections and traffic accidents, among others. Between April and August 2010, more than 45 people lost their lives while many others were blinded following consumption of adulterated alcohol in various parts of the country. These include 12 people who died in Nairobi's Shauri Moyo Estate in April 2010, the 5 victims who died in Thindigwa Village of Kiambu District in July 2010, the more than 23 people who died in Kibera Estate also in July 2010, and the 5 deaths confirmed in Laikipia in August 2010.

In previous incidents, 50 people died of *chang'aa* poisoning in Machakos in July 2005 while close to 512 persons were admitted to Kenyatta National Hospital suffering from *chang'aa* poisoning in November 2000.

There have emerged notable trends in the production, manufacture, sale, promotion and consumption of alcoholic drinks that tend to fuel alcohol abuse in this country. Such trends can be addressed through the law with a view to reducing the harm occasioned by alcoholic drinks.

The patterns include:

a) Increase in the number of alcoholic drinks selling outlets especially in urban residential areas, in or near learning institutions, in supermarkets and convenience stores, and in rural villages;
b) Easy accessibility to and excessive consumption of alcohol even by persons under 18 years;
c) Increase in adulterated alcoholic drinks and illicit brews leading to deaths and injury;
d) Aggressive marketing, promotion of alcoholic drinks especially with messages targeting young people and sponsorship of events for persons below the age of 18 years by the alcoholic drinks industry.

The above concerns informed the need to develop legislation, Alcoholic Drinks Control Act 2010, that would address the entire spectrum of the alcoholic drinks industry from production to consumption. But more so, the legislation seeks, among other things, to mitigate the negative health, social and economic impact resulting from the excessive consumption and adulteration of alcoholic drinks.

The Act is divided into parts with each addressing different issues related to alcoholic drinks control.

PART I – PRELIMINARY

The objective of the Act is to provide a law for the control of production, manufacture, sale, labelling, promotion, sponsorship and consumption of alcoholic drinks in order to:

(a) Protect the health of individuals
(b) Protect the consumers of alcoholic drinks from misleading and deceptive inducements
(c) Protect the health of persons under the age of 18 years
(d) Inform and educate the public on health effects of alcohol abuse
(e) Adopt and implement measures to eliminate illicit trade in alcohol like smuggling
(f) Promote and provide for treatment and rehabilitation programmes
(g) Promote research and dissemination of relevant information.

PART II – ADMINISTRATION

The Act provides for NACADA Authority as the relevant agency to administer the Act in the following areas:

1. Maintaining data on alcoholic drinks consumption and deaths as well as carrying out research, documentation and dissemination of information on alcoholic drinks. This will help the government to plan and implement measures of controlling alcohol abuse in the society.

2. Promoting national treatment and rehabilitation programs to help individuals who are dependent or addicted to alcoholic drinks.

3. Advising the Minister on national policy to adopt regarding production, manufacture, sale, advertising, promotion and consumption of alcoholic drinks.

4. Advising the Minister on issues regarding:
   (a) Permissible levels of the constituents of alcoholic drinks. This will enable the Minister to determine the acceptable levels of various ingredients of alcoholic drinks such as alcohol content.
   (b) Harmful constituents and ingredients of alcoholic drinks. This will ensure that manufacturers (for example brewers and distillers) of alcoholic drinks do not use harmful ingredients to produce alcoholic drinks. This will in addition reduce adulterations of alcoholic drinks.
   (c) Test methods in determining alcoholic drinks' conformity to established standards.
   (d) Information to be provided by manufacturers in regard to product composition, ingredients, hazardous properties and brand elements.
   (e) Packaging, sale and distribution of alcoholic drinks in a hygienic manner and with accurate content information displayed on the packaging.

5. The Act establishes the Alcoholic Drinks Control Fund which consist of monies received from licence and fees payable under the Act (for example brewer's, wholesale and retailer's licenses), grants and donations and funds received from property forfeited to government among others.

6. The Fund will be used to support research, documentation and dissemination of information on alcoholic drinks, promote national cessation programs for individuals who are dependent or addicted to alcoholic drinks, and assist operations of the District Committees (amount not less than 50% of the fund's annual income) and civil society programs (amount not less than 15% of the fund's annual income).

PART III- LICENSING

The Act seeks to strengthen the licensing regime for alcoholic drinks by repealing and enacting with modifications the Liquor Licensing Act. It provides that:-

1. Anyone intending to manufacture, sell, import or export alcoholic drinks will be required to apply for a license under the Act.
2. The District Alcoholic Drinks Regulation Committee to issue licences under the Act, inspect licensed premises and any other assigned function. The Committees will replace the current Liquor Licensing Courts and shall be established in every district.
3. District Committee is composed of District Commissioner (DC) who is the chairperson, District Medical Officer of Health, Officer Commanding Police Division (OCPD), District Environmental Officer, Local Authority representative, 3 residents appointed by Minister and one person designated by the relevant agency who is the secretary.
4. Persons seeking to manufacture or sell alcoholic beverages in a locality must apply for licence from the District Committee. District Committee informs public or residents of any applications and invites for any objection

5. District Committee will not grant any new licence for sale of alcoholic drinks unless it is satisfied that it would be in public interest to grant the licence and that the number of such premises in the locality is insufficient for the locality given the population density per square kilometre and permitted maximum number of such premises as prescribed. This will help to limit the number of alcoholic drinks selling premises which have been on the increase resulting in alcohol abuse.
6. No licensing of alcoholic drinks selling outlets in institutions of basic education and within a radius of 300 metres from any schools or learning institution for persons below the age of 18 years and in supermarket and retail chain outlets unless alcoholic drink selling area is not accessible by persons below the age of 18 years. This will protect children from easily accessible and available alcoholic drinks that are currently not controlled.
7. The three types of licenses to be granted under the Act are brewers, wholesale and retail licences. These are still the licenses currently being granted under the Liquor Licensing Act.
8. The owner or manager or employee of alcoholic drinks selling premises is permitted to eject drunk and disorderly patrons from premises. The owner or manager or employee of alcoholic drinks selling premises who allows drunkenness leading to violence within premises commits an offence
9. The owner of alcoholic drinks selling premises not to allow persons below the age of 18 years to access an area where alcoholic drink is manufactured, stored or consumed
10. District Committee may refuse to renew licenses on established grounds such as criminal record and failure to adhere to requirements under the license.

PART IV – GENERAL REQUIREMENTS FOR ALCOHOLIC DRINKS

The Act seeks to legalize the production and consumption of *chang'aa* by repealing the Chang'aa Prohibition Act. It provides for:-

1. The legalising of *chang'aa* and its manufacture to conform to prescribed standards (currently it is a prohibited alcoholic drink). The government through advice of the relevant agency shall develop standards for the manufacture of *chang'aa* that shall be followed. This will ensure that the drink is safe for human consumption. Currently, similar alcoholic drinks are sold in the market legally such as local and imported spirits, *Waragi* from Uganda and *Konyagi* from Tanzania.
2. The labelling of alcoholic drinks to differentiate between sales for local consumption and for export to eradicate smuggling of alcoholic drinks into and out of the country.
3. The prohibition selling of alcoholic drinks to persons under the age of 18 years. Failure to adhere leads to fine of Kshs. 150,000 or 12 months imprisonment or both.
4. For the displaying of signs at visible places to inform the public that alcoholic drink are not sold to persons below the age of 18 years.
5. The prohibition of sale of alcoholic drinks by way of automatic vending machine. Since the machines are not manned, it would be hard to prevent the young people from accessing alcoholic drinks.
6. The prohibition of sale of alcoholic drinks in sachets or in a container less than 250 ml. This is aimed at limiting the young people from accessing alcoholic drinks since selling in sachets makes easy for them to purchase the drinks.
7. Mandatory warning labels on information and potential health hazard as well as statement as to the constituents of the alcoholic drink. Such health warnings and messages include: excessive alcohol consumption is harmful to your health, excessive alcohol consumption can cause liver cirrhosis (liver disease) and not for sale to persons under the age of 18 years.

PART V- SALE & CONSUMPTION OF ALCOHOLIC DRINKS

The Act seeks to protect consumers of alcoholic drinks from misleading and deceptive inducements to consume alcoholic drinks and consequent dependence or abuse of them. It provides that:-

1. Drunkenness and being disorderly in public is outlawed and attracts a fine of Kshs. 500.
2. Selling to an already intoxicated person or encouraging the person to consume alcoholic drink is an offence.
3. Sale contrary to the Act attracts a fine of Kshs. 3,000.

4. Selling an adulterated drink or a non-alcoholic drink which is adulterated with alcohol is outlawed and attracts a fine of Kshs. 10,000,000.

PART VI- PROMOTION

The Act prohibits some modes of promotion of alcoholic drinks. For instance:

1. It prohibits promotion of an alcoholic drink except as prescribed in law.
2. It prohibits promotion of an alcoholic drink by means that are misleading or deceptive, or that are likely to create an erroneous impression about characteristics, health effects, health hazards or social effects of an alcoholic drink.
3. It prohibits publishing, broadcasting or dissemination of any prohibited promotion under the Act.
4. It prohibits promotion of an alcoholic drink so as to create the false impression that:
   (a) A link exists between consumption of that drink and social or sexual success;
   (b) Consumption of that drink is acceptable before or while driving, operating machinery, sports or other activities that require concentration in order to be carried out safely;
   (c) The alcoholic drink has therapeutic value or that it has ability to prevent, treat or cure any human disease;
   (d) It is wrong or foolish to refuse to drink.

PART VII- ENFORCEMENT

1. Under the Act, authorised officers are public health officers, officers appointed by any law to maintain law and order (such as DCs, DOs and Chiefs) or persons appointed by the Minister under the Act.
2. Powers of authorised officers shall include inspection for compliance, analysis and testing of alcoholic drinks, entry into premises and seizure of alcoholic drinks.

PART VIII- EDUCATION AND INFORMATION

The Act seeks to educate the public about the health, environmental, economic and social consequences of the abuse of alcohol. It calls upon the Government to:-

1. Promote awareness and education on health consequences
2. Ensure health service providers are educated on health impact of alcohol
3. Promote public awareness and education on health consequences of excessive alcoholic drink consumption
4. Collaborate with other stakeholders to provide training, sensitization and awareness on alcoholic drinks control
5. Integrate alcoholic drink matters into school curriculum
6. Ensure health service providers are educated and trained on health impact of alcoholic drinks and to form part of health care services.

PART IX- MISCELLANEOUS

The Minister is given power under the Act to make regulations (further rules to specify some issues in the law) to lay down rules for such issues as:

(a) Hours within which the sale of alcoholic drinks shall be permitted
(b) Substances to be declared as harmful constituents of alcoholic drinks
(c) Prohibit the addition or use of any harmful constituent or ingredient in the production of alcoholic drinks
(d) Control the labelling, packaging, sale or distribution of alcoholic drinks.