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FACTORS ASSOCIATED WITH NON ADHERENCE TO REGULATIONS ON SALE OF ALCOHOL BY ALCOHOL OUTLETS OPERATORS IN THIKA MUNICIPALITY, KIAMBU COUNTY

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P. W. GITAU, J. MUTAI, C. KIIYUKIA and M. GITONGA

**ABSTRACT**

**Objective:** To determine factors associated with non-adherence of existing alcohol regulations and policies on alcohol sale in Thika municipality Kiambu County.

**Design:** A descriptive cross-sectional study.

**Setting:** Thika Municipality, Kiambu County, Kenya

**Subjects:** Eighty nine (89) participants were enrolled in the study. Ten (10) Key Informant Interviews were conducted among the security personnel, health officers, managers and supervisors.

**Results:** Out of the 89 outlet operators enrolled in the study, (70.8%) among the respondents were not aware of the alcohol control act. Association between marital status and non adherence of the act was significant ( $p=0.003$ ). There was low knowledge of 5.6%, who were aware of when the alcohol act was implemented, majority who totaled to 70.8% were not aware on when the alcohol control policy came into existence. Majority of the respondent 62.9% reported not to adhere to the alcohol control act of 2010; also the study showed that 57.3% of the responded were not aware of measures to control illicit brew. From the In-depth interviews most of the respondents interviewed confirmed that many of the operators were not aware of the act and it was difficult to implement thus subjecting the consumers into alcohol abuse. They also confirmed that with lack of employment, many women engaged into the alcohol operations which also contributed to the breakdown of their families given the mode of operations.

**Conclusion:** This study concludes that there is failure in enforcement and adherence of the 2010 alcohol regulations. The study recommends the review of the alcohol control act of 2010 to ensure tough measures and penalties are adapted to anyone who fails to adhere to the act. Also there is need for awareness to be initiated to ensure members are informed and adhere to the policy. Setting up of an independent unit that will be mandated to enforcement and adherence of the 2010 alcoholic act.

**INTRODUCTION**

The lethal and harmful use of alcohol is locally and internationally increasing as a major risk factor for non-communicable diseases, infectious diseases and injury, disability and mortality caused by accidents, violence and crime. The unsafe use of Alcohol leads to over three million or the equivalent of 5.9 per cent of global deaths (7.6 per cent for men and 4.0 per cent for women) (1). Apart from such health consequences, excessive alcohol consumption has also been linked with various negative social and economic outcomes (2). Its economic impacts manifest at both the macro and micro level as countries incur the financial costs

of responding to the negative health and social consequences and households struggle to cope as breadwinners, mostly males, divert scarce family resources towards alcohol.

Developing countries and their populations suffer the most from such consequences. Globally, 320 000 young people aged 15-29 years die annually many of them being from Africa. These cases are from alcohol-related causes, resulting in 9% of all deaths in that age group. While adverse health outcomes from long-term chronic alcohol use may not cause death or disability until later in life, acute health consequences of alcohol use, including intentional and unintentional injuries, are far more common

among younger people (3, 4).

The unrecorded alcohol in Kenya constitutes traditional and illegal beverages such as, *chang'aa* that are poorly monitored for quality and strength and often contain impurities and adulterants. For instance *kumi kumi* is illicit liquor made from sorghum, maize or millet but contains methanol and is adulterated with car battery acid and formalin.

In Kenya only 15% of alcohol consumption is recorded and based on this measure Kenyans aged 15 years and above on average consume 1.74 liters of pure alcohol annually. This is a moderate level compared to some other African countries like Zimbabwe (5.08 litres) Tanzania (5.29 litres) and Botswana (5.38 litres). On the other hand, based on unrecorded alcohol the per capita consumption (15+) from 1995 was 5.0 litres, which compares with levels found in the high range African countries such as Swaziland (4.1 litres), Rwanda (4.3 litres), Burundi (4.7 litres), Seychelles (5.2 litres), Zimbabwe (9.0 litres) and Uganda (10.7 litres) (5).

Community studies (6, 7) indicate significant alcohol consumption in Kenya. The NACADA (6) countrywide survey indicated a current usage of alcohol (i.e., consumption in the last 30 days) among persons aged 15-65 years (n = 3,356) to be 14.2% with male consumption being 22.9% and female consumption being 5.9%. Other rates of consumption were: rural - 13.0 %, urban - 17.7%; legal / packaged alcohol - 9.1%, traditional liquor - 5.5% and *chang'aa* - 3.8%. Disaggregating by province, the lowest use was found in North Eastern (0 %) and Western provinces (6.8%) while the other six provinces were comparable with a range of 13% - 19% (i.e., Rift Valley - 12.5%, Eastern - 14.8%, Nyanza - 17.0%, Central - 17.7%, Coast - 18.6%, Nairobi - 18.6%).

The survey also looked at lifetime usage with the results showing 39% usage among 15 - 65 year olds (53.2% male and 25.8% female; 38.8% rural and 40.2% urban) and 8% among children aged 10 - 14 years (8.6% males, 7.1% females; 8.6% rural and 5.6% urban). The study further revealed that 2.4% of the children (10- 14 years old) had ever consumed *chang'aa* while 15% of 15-65 year olds had ever consumed the same highly potent illicit spirit. In terms of impact, the survey showed that 5% of alcohol users had ever sought medical treatment for alcohol related ailments.

## MATERIALS AND METHODS

The present study was conducted in Thika municipality, Kiambu County. Thika is an industrial town in Kiambu County, Kenya, lying on the A2 road 40 kilometers (25 mi) north east of Nairobi, near the confluence of the Thika and Chania Rivers. Thika has a population of 139,853 and is growing rapidly, as is the entire greater Nairobi area. Its elevation is approximately 1,631 meters (5,351 ft). Thika falls

under Kiambu County.

The study design was a mixed method study which used quantitative and qualitative techniques. The quantitative study comprised of alcohol outlets operators in Thika municipality. A random sampling technique was employed. The intended sample size was 89 which was calculated from the Thika municipality alcohol outlets register, code-02 March 2014.

Qualitative research entailed methods of inquiry aimed at gaining in-depth understanding of the concerns at stake. In this study, a qualitative method was applied to explore factors associated with non-adherence of regulations by the alcohol outlets operators. The qualitative method employed in this study was key informant interviews (KIIs), which was conducted amongst the management (managers, supervisor, foreman or the in charge) of seven alcohol outlets who were randomly selected, the police boss of the municipality, the public health officer and the office of the county government. In this regard ten interviews were conducted using a guide which captured issues. The researcher moderated the interviews while a field assistant took notes and tape-recorded as the same time, as backup.

The completed questionnaires were checked daily to ensure each question had been filled out correctly and that there were no gaps. The questionnaires were then numbered and coded for ease of handling.

Data from structured questionnaires were entered, checked and cleaned in Epi-info and then analyzed using SPSS version 16. Univariate analysis was performed in order to obtain descriptive statistics. Proportions, means and standard deviations were determined during the analysis. The results are presented in form of tables and charts. Bivariate analysis was also performed in order to examine association factors between the independent variables and non adherence of the alcohol act. The T-test was used to calculate statistical values for continuous variables whereas chi-square test was used for categorical variables to ascertain the relationship. Measures of association were considered statistically significant when p value was found to be equal to or less than 0.05.

The principle investigator transcribed the information from the key informant interviews. The data was then manually analyzed in relation to themes and the objectives of the study. Some of the themes included, awareness of the alcohol control act, factors leading to non adherence of the act, ways to mitigate the problem and challenges faced in fighting the problem of non adherence.

The proposal for this study was reviewed and approved by KEMRI Scientific Steering Committee (SSC) and Ethical Review Committee for scientific and ethical approvals before collection of data.

## RESULTS

*Socio-demographic factors:* A total of eighty nine outlet operators were enrolled in the study. The mean age of the outlet operators was 33 years, which was 37.1% of the total population, and the range was between 18 – 70 years. Out of 89 outlet operators, 75.35% of the operators were female leaving only 24.7% as the male operators in the region. This is clear that there was a high number of female involved in the sale of alcohol.

When asked about their level of education, it was

found that 52.8% of the respondent had attained secondary education with more of them being ladies, 30.3% having attained primary education.15.7%) had attained college level but due to unemployed they ended up becoming alcohol outlet operators and 1.1% of respondent had attained a tertiary education.

Concerning the period of operation, Out of the 89 interviewed 52.8% had been in operation for more than 6 years. 37.1% had been in operation for between 4 – 6 years and 10.1% had only been in operation for the last 3 years.

**Table 1**

*Socio- demographic characteristics of the respondent*

Characteristic	No. N = 89	percentage (%)
<b>Socio-demography</b>		
Age	18-30	7.9
	31-40	28.1
	41-50	37.1
	Above 50	27.0
Gender	Female	75.3
	Male	24.7
Marital status	Married	24.7
	Single	51.7
	Divorced	15.7
	Widow / widower	7.9
Education level	Primary level	30.3
	Secondary level	52.8
	College level	15.7
	Tertiary level	1.1
Duration as an outlet operator	1-3 years	10.1
	4-6 years	37.1
	Above 6 years	52.8
<b>Total</b>	<b>89</b>	<b>100.0</b>

*Alcohol supply and sale:* The study showed that majority of the respondent 53.8% open their outlets between 1-2 pm. 23.6% open between 4-5 pm, 20.2% open between 7 – midday and only 3% could not be able to explain the time they open on weekdays. The study also revealed out that 59.6% closed the outlet between 11-midnight, 12.4% close between 9-10 pm and 28.1% of the respondents failed to give the time they do close on weekdays.

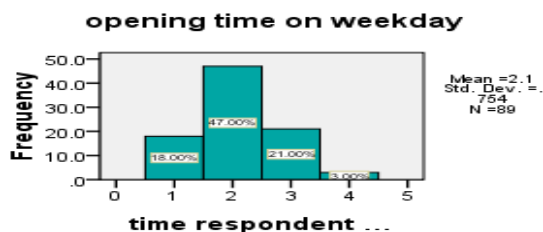
**Figure 1***Respondent who adhere to the alcohol control act*

Table 2 shows that 50.6% of the correspondent opened between 1-2pm a time which is against the stipulated time in the act. 34.8% opened between 4-5 and 14.6% opened between 7-10 am on weekend.

**Table 3***Time respondent opens alcohol outlet on weekend*

	Frequency	Valid Percent
7-10 am	13	14.6
1-2pm	45	50.6
4-5 pm	31	34.8
Total	89	100.0

The study also revealed that closing did not vary much since only 42.7% of the respondent close at morning hours meaning they run overnight selling alcohol. 34.8% don't close the outlet, 13.5% also fail to close due to the clients demand and 9% of the respondent close at midnight on weekend. 52.8% of the respondent doesn't ask for identification card, 36% of the respondent ask for id while 11.2% stated that it was not part of the requirement. This shows that many operators are not concerned with who comes to drink the brew thus they are only interested with the money.

This study found out that 11.2% outlets had bouncers and 10% had security people to do search and ask for national identity cards. 78.8% of the respondents did not fill in. Only 38.2% respondents do have a family fun day while the remaining percentage of 61.8 do not have a family fun day. For those who have family fun day, 38.2% of the alcohol outlets operators sell alcohol during family fan day while 61.8% do not sell.

It was found that 52.8% of the outlet were situated

in areas that was 300 metre from a school, which was high chance of selling of alcohol to underage who are school, going. While 33.7% had situated their outlet not near a school. 13.5% could not tell if their outlet was near a school or not.

**Table 3***Any school about 300 meters from the alcohol outlet*

	Frequency	Percent
Yes	32	36.0
No	39	43.8
Don't know	18	20.2
Total	89	100.0

Majority of the respondent 62.9% reported not to adhere to the alcohol control act of 2010 thus being left with only 37.1% who only adhere to the control act. This is shown from the figure below

*Alcohol regulation on the act:* There were no significant differences between adherence of the alcohol control act and age and education of the alcohol outlet operators since they presented a higher P Value of 0.185 and 0.588 respectively. However, there was a significant difference between adherence of alcohol act and the gender of the operator and the marital status of the operator. About 75.2% of the respondents who were female operated the alcohol outlet ( $p$  value=0.0001) whereas 51.7% of the respondents who were single parents operated the alcohol outlet ( $p=0.0030$ ) showing that the female and single mothers were likely to operate the outlets.

Looking at the association between education and the alcohol outlet operators, there was no significance differences. However this may change in the few years to come if the problem is not addressed as one of the middle aged mother stated that the operation of alcohol outlets was becoming the only thing one could engage in despite of his/her level of education to sustain them. This is seen by 52.8% of the respondents had attained high school level yet they were operating the outlets, this was vivid due to the lack of jobs in the area. Also 15.7% of the respondent despite having a college certificate had no option rather to engage into the outlet operation.

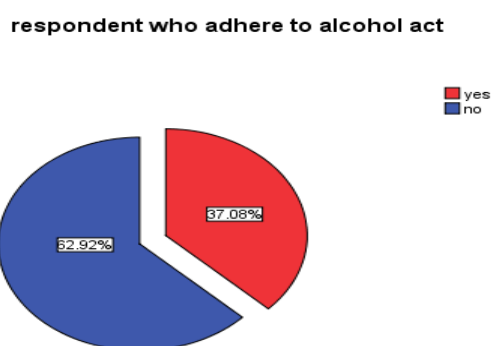
Asked the age they started the business we realize that there is an association between the age of the respondent and the outlet operators. Since majority of the operators were between the age of 41-50 years.

**Table 4**  
*Association between adherence to the alcohol and socio-demographic characteristics*

Variable	Those who adhere to alcohol control act N =89	P-Value
Gender		
Male	22 (24.7% )	0.0001
Female	67 (75.3%)	
Age		
18-30	7 (7.9%)	0.185
31-40	25 (28.1%)	
41-50	33 (37.1%)	
above 50	24 (27.0%)	
Marital status		
Married	22(24.7%)	0.0030
Single	46(51.7%)	
Divorced	14(15.7%)	
widow / widower	7(7.9%)	
Education		
primary level	27(30.3%)	0.588
secondary level	47(52.8%)	
college level	14(15.7%)	
tertiary level	1(1.1%)	

42.7% reported to sell 50 ml (atot) of alcohol, 11.24% reported to sell alcohol in amount that was less than 500 ml, 12.4% also sold the alcohol in amount that the client could afford while 33.7% could not tell the least amount of alcohol they sold.

**Figure 2**  
*Respondent who adhere to the alcohol control act*



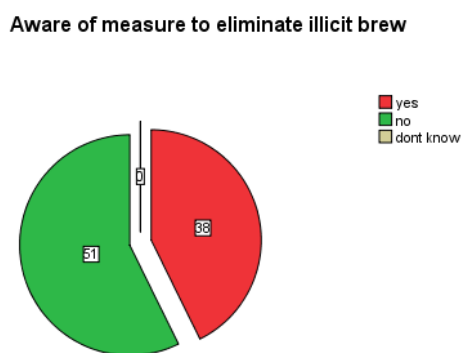
Asked about any excessive consumption of alcohol warning posts inside the outlet on the alcohol effects, the study found out that 31.5% said they have the posts in their outlets while 57.3% said they did not have the posts on the alcohol effects. 11.2% said he had never seen the posts on the warning of the alcohol effects.

64% of the operators reported not to have ever explained to clients the harmful effects of excess alcohol drinking while only 36% reported to have explained to the clients the harmful effects of excessive alcohol consumption.

42.7% of the operators reported that they were aware of the measures in place to eliminate illicit brew while 57.3% reported that they were not aware of the measures in place to eliminate illicit brew.

**Figure 3**

*Aware of measures to eliminate illicit brew*



Asked if they sold the alcohol using the automated vending machine, it was reported that 50.6% sold without using the machine while 49.4% were using the automated vending machine.

61.8% defined alcohol to be fit for consumption by checking at the KEBS mark only, 36% defined it using the diamond trade mark only while only 2.2% defined it using both kebs and diamond trade mark.

**Table 5**

*key features used to define a quality and fit for consumption alcohol*

	Frequency	Percent
KEBS mark only	55	61.8
Diamond trade mark only	32	36.0
Both KEBS and diamond trade mark	2	2.2
Total	89	100.0

*Alcohol control act awareness:* This study found out that 69.7% of the operators didn't know about alcohol control act of 2010, a few of the respondent were aware of the act, this shows that 6.7% reported to know the control act as the law governing alcohol production, 15.7% reported that it is an alcohol drink 7.9% reported not to know anything at all concerning the control act.

From the KII interviews, it was found out that 3 managers interviewed stated that agreed that it was a challenge adhering to the alcohol control act as per the regulations. They said due to the demand of their clients, it was hard to follow the opening and closing time as per the act thus being harassed by the police in several occasions.

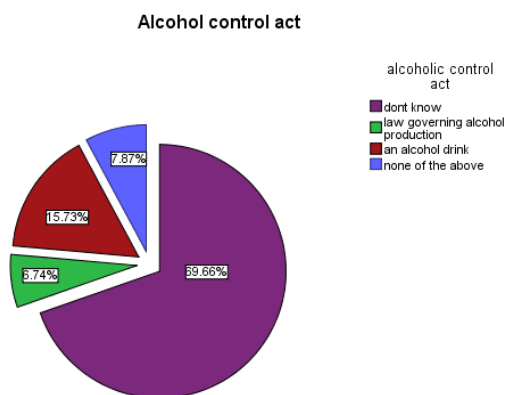
One of the three managers interviewed said it was his wish to ensure he adheres to the act and he was doing all he can in order to meet the regulations. "I have talked to my supervisors and operators on how we can adhere to the regulations and we are trying to find a solution on this given the nurture of the job".

The other two managers stated they would wish to follow the rules but due to the demand of the clients, it did not allow them. The same response was found in 3 out of the four supervisors interviewed.

How do you ensure the quality products are supplied? "By checking and marking the supplied products, being available the time of supply and ensuring there was no alteration of the drinks at any time." This was the response of the supervisors.

**Figure 4**

*Alcohol control act*



It was found out that 70.8% were not aware when the alcohol act was implemented, It was found out that 6.7% said that the act was not yet implemented, only 5.6% of the operators reported were aware of when the alcohol act was implemented, 7.9% found out that the act was implemented in November 2000 and 9.0% found out that it was implemented on November 2001.

It was found that 68.5% were aware of a fine of less than 1000 was being charged, 23.6% said they knew the fine charged was between 1000-5000, 6.7% were found that the fine charged was above 5000 while 1.1% were not aware of the fine charged.

The study found out that 41.6% stated categorically that there was nothing like selling alcohol to already intoxicated person and 36% reported that they were not aware if selling alcohol to already intoxicated person was wrong, 19.1% said that selling of alcohol to an intoxicated person was not wrong and 3.4% were the ones in favour of it being wrong.

42.7% reported that the fine charged on selling of alcohol contrary on alcohol act of 2010 was charged less than Ksh. 1000, 51.7% said one was charged between 2000-5000 and 5.6% reported a fine of between 5000- 10000.

Asked if they were aware of the fine charged on altering a drink, 67.4% reported not to be aware if 10m fine was charged while 32.6% reported that indeed it was true a altering a drink could attract a fine of 10million.

Among the 89 respondents who operated the outlet, 49.4% reported to be aware that selling alcohol to under 18 years old would attract a fine of 150000

plus 3 months imprisonment, while 16.9% said the offence could attract a fine of 500000 while 33.7% reported that it was not an offence to sell alcohol to a minor.

*Alcohol Act Awareness and Knowledge:* Looking at the alcohol act awareness by the operators the following results were reported. 69.7% reported that they it was wrong on a consumer refusing to take alcohol while 30.3% said it was not wrong for a client not to take alcohol. 41.6% said they had ever been arrested for failing to follow the law while a majority number of 58.4% said they had never been arrested. This was evidence from them giving the officers bribes for them not to be arrested and the offence was stated as failing to follow the law especially during the opening and closing hours. Only a figure of 31.4% reported that there was a time the district committee did not renew their license due to lack of cleanliness in their outlet while 68.5% said there was no time their license was not renewed. They said if there was a problem they did find out their way by sweet taking the officers. 66.3% reported to open their outlets before the stipulated time while 70.8% reported to close past stipulated time.

**Table 6**

*Alcohol control act awareness and knowledge*

Statement on Alcohol Awareness	Yes	No
It is wrong on refusing to take alcohol	62(69.7%)	27(30.3%)
Ever been arrested for failing to follow the law	37(41.6%)	52(58.4%)
Is there any time the district committee failed to renew your operational license	28(31.4%)	61(68.5%)
Do you open earlier before the stipulated time	59(66.3%)	30(33.7%)
Do you close past stipulated time?(11.00 pm)	63(70.8%)	26(29.2%)
Do you check the expiry date before selling the alcohol	38(42.7%)	51(57.3%)
Selling of altered alcohol or non alcoholic drink by respondent	38(42.7%)	51(57.3%)
Have you ever sold alcohol to under age clients	57(64.0%)	32(36.0%)
Do you lock your clients inside and sell them before or after stipulated time	58 (65.2%)	31 (34.8%)

28.1% reported that their premise were always inspected by the city council officers before their license was renewed, while 7.8% reported that it was the public health officers who inspected their premise and a majority of 64% indicated that no one did inspect their premise though their license was renewed.

**Table 7**

*who inspects your premise before license is renewed*

	Frequency	Percent
City council officers	25	28.1
Public health officer	7	7.8
None	57	64.0
Total	89	100.0

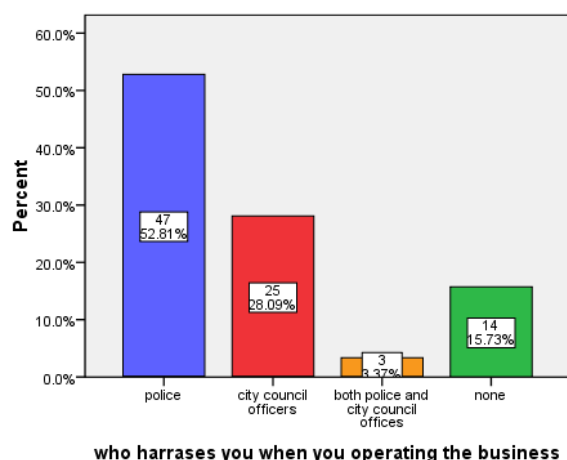
52.8% reported to be always harassed by the police, 28.1% said city council officers also do harass them severally, 3.4% stated that both police and city council officer could enter their premise and harass them and 15.7% reported not to be harassed at all.

Almost all the supervisors acclaimed that operating the outlets was becoming difficult day by day due to the daily harassment of the police and public health officers. One said

*"We are forced to close the outlet whenever we speculate that both police and public health officers are around, or else we have to bribe them to get ourselves out which has become a common"*

Also they are harassed whenever they get the school going children in the outlet, though the supervisors claimed that it was so hard to control selling of alcohol to the underage since at some point they bought the drinks at a high price than the normal clients.

**Figure 5**  
Operators harassment



## DISCUSSION

The study found 51.7% of those selling the drink were single parents who many of them had attained secondary level of education. This corresponds to the study done by NACADA across the country showing 55% of alcohol operators are single parents (5). The study also found 52.8% of the operators to open the outlets between 7 am –midday and closed between 11 – Midnight, this is contrast to the time set by NACADA in the regulation act which states that the time to open and close the outlets is to be between 5 –11 pm. The difference in this time implies that there is still high demand of alcohol and sellers have no choice than to go against the rules. With the favorable time for drinking to the consumers there remain high chances of moving from use to abuse. The sellers also claim that it is a choice of any client who chooses to drink excessively and become drunkard. With the operators not caring for their clients their interests was only what they received in regards to

their clients. 68.7% of the operators were aware of the fine charged and behaving disorderly in public.

The Alcoholic Drinks Control Act, 2010 controls and regulates the production, manufacture, sale, labeling, promotion, sponsorship and consumption of alcoholic drinks. The act ensures that it controls the health of individuals, consumers, children under age and also to adopt and implement measures to eliminate illicit brew. In this study, 62.9% of the outlet operators reported not to adhere to the alcohol act. This shows that the act despite of being implemented in 2010 is not being adhered to. A similar study done by NACADA reveals that 59% of the operators in the rural areas do not adhere to the act (8). With majority failing to adhere to the regulatory act, the study reported that not all measure in the act was being taken into account. Starting from the time and closing of the outlets during both weekdays and weekends was different from the time laid out in the act. The study reveals that during weekend majority of the outlets close in morning hours or they do not close at all.

With the study indicating that 52.8% of the outlets operators did not check for identification and with the same number of the outlets being situated 300 meters from learning institutions, it's clear that there is a high chance of alcohol being sold to the underage children which is an offence in the act. Thus, the study found 64.0% of the outlet operators had sold the drink to the underage children. According to (3) alcohol abuse among underage and more especially the school going children is high with 36.5% students admitting they frequently consume alcohol.

It is also clear from the study that almost all the measures have not been effected to the later, given the lack of adherence of the act. Many operators confessed that they were not aware of the alcohol control regulatory act of 2010. Of those interviewed 70.8% said they were not aware of when the act was implemented. This indicates that many were not aware of all the requirements they need to put into place. This is also evidenced in the study done by National campaign against drug abuse (9).

The study found 69.7% of the operators not to be aware of the alcohol control act of 2010, this shows that since the implementation of the act, only 6.7% were aware of the act and when it was implemented. With lack of knowledge on the act, the operators in Thika municipality conducted their business as usual with many conducting in fear of police and health officers. Majority stated that they had only heard of the act from friends but they could not tell what the act entails. The study also found that 47.2% of the outlet operators sold the alcohol in the 50 ml sachet called a tot. This is against the control act that only allows one to sell alcohol in the 250 ml sachet (9). It also found 64% outlet operators never had any warnings in the outlet while 57.3% reported not to be aware of the measures in place to eliminate illicit brew thus acting contrary to the NACADA



alcohol regulatory act which stated that "Mandatory warning labels on information and potential health hazard as well as statement as to the constituents of the alcoholic drink are to be placed in every alcohol selling point. 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 year" (10).

The study found several factors associated to the non adherence of the alcohol regulation act. It is clear from the study that factors like high number of customers, high demand of alcohol drink, bribe given to the officers who come for inspection and lack of enough information concerning the act among others led to respondents not to adhere to the regulation. A study done in Nigeria showed that being female, single and having a higher educational status were significantly associated with non-adherence to drugs control act (11). With many being unemployed and the outlet being their only source of livelihood they had to get involved into such factors to ensure they maintain their sales and meet their daily needs. The study found out that the operators claimed they were being pushed by the high number of customers who consistently demanded for the drink, hence majority of the operators locked up their customers inside the operators until they are done drinking.

The study found 69.7% of the operators claimed that it was wrong for an individual not to consume alcohol, thus showing how much they were not informed on the dangers of alcohol consumption. This is contrary to the act which states that reduction in alcohol consumption leads to a better responsible society. Also 64.0% of the operators said they had sold alcohol to underage giving a reason that they bought the drink at relatively high amount than the normal price. With this behavior it shows that the fight prohibiting selling of alcoholic drinks to persons under the age of 18 years is hard to be achieved only if strict measures adhered to are put in place. This is similar to the study done by both NACADA and ministry of education indicating that more than 50% of school going children had consumed alcohol among other drugs (12, 13).

64% of the outlets were not inspected by the officers; this was because they had to bribe the officer for them not to inspect their outlets since many of them did not meet the demands. This implies that the fight against alcohol has to employ new measures starting from the inspectors, police, and the sellers, if all of them take responsibility, everybody will adhere to the act. It is clear from the study that many operators do close the outlet whenever there is any inspection and if especially the police ambush them they still end up bribing them though after being harassed.

There is need to employ technology in order to fight this menace. This is by coming up with ways to ensure there is digital monitoring of all the outlets across Kiambu County and also in the whole country. By doing this we will be able to cure corruption in

the country, bring efficient services, reduce excessive consumption of alcohol and also ensure we bring up young people who are not consumed by this alcohol as we have experienced in the past.

In the qualitative study almost all the supervisors acclaimed that operating the outlets was becoming difficult day by day due to the daily harassment of the police and public health officers. One said "We are forced to close the outlet whenever we speculate that both police and public health officers are around, or else we have to bribe them to get ourselves out which has become a common" (supervisor, male, 29 years)

Another operator said;

*"Wao tunawapatia yao ya macho alafu kazi inaendelea"* (KII, male, 40 years)

Also they are harassed whenever they get the school going children in the outlet, though the supervisors claimed that it was so hard to control selling of alcohol to the underage since at some point they bought the drinks at a high price than the normal clients. This is similar to a study conducted in India on too much drinking of alcohol by underage children (1)

Also another operator reiterated that,

*"Sisi tunajua sheria lakini kazi lazima tufanye ndio tupate unga"* (KII, female, 38 years)

The police stated that they faced a lot of pressure and challenges from the outlet operators since it was so hard for them to adhere to the rules and even many did not understand the rules in place and the alcohol control act. They claimed that the outlets were opened and closed at totally odd hours far from the time stated from the act, also they had a problem with the clients since they would not get out of the outlets once they were excessive drunk.

The interviewed public health officer was clear and very tough on the way the outlets were operating. He stated that many had not renewed their license and also were operating in very bad conditions. He also said the outlet had become a den of crimes and abuse. Asked the number of those who had renewed their licenses he said that of the 89 outlet operators only 31 had renewed the license this year, which gives a percentage of 34.8% while last year only 41 had renewed resulting to 46.1%.

The officer reiterated that

*"Many do close during the time of inspection and license renewal then open later"* (KII, female, 25 years)

The officer then said

*"Plans are underway to close all the outlets who will not have renewed the license and who will also fail to meet the set conditions"* (police officer in Thika patrol)

Though the police stated they were doing all it take to ensure the law is adhered to it was clear from the operators that some of them contributed towards to not adhering to the law. Some responded were quick to note that:

*"Kushikwa tunashikwa kukiwa na msako lakini ukiwa na watu wako huko juu, utaachaliwa"* (KII, female, 40 years)

In conclusion, most of the outlet operators are not aware of the alcohol control regulatory act developed in 2010 by NACADA. With most of operators not being aware of when the alcohol act was implemented, there is need for the government and NACADA to review the act and ensure the extent and level of dissemination to all alcoholic operators.

There is also need for the body concerned to promote information and awareness on the alcohol act, its challenges, and effects acquired from the sale and consumption of alcohol. In line with the primary prevention of alcohol sale and abuse with "better information" on alcohol, there is room for more information on alcohol and its negative effects.

Beside the awareness of the act there is need to ensure not just the act but all that it entails are put into practice, the findings presented many abuse of the key provisions from the act such as the operation time, signs and information concerning alcohol effects, mandatory warning labels on information and potential health hazard, sale of alcohol to underage and the sale of alcoholic drinks in sachets or in a container less than 250 ml. All this among others the study found that they are not adhered to and thus there is need to bring awareness and ensure there is a routine monitoring of all the outlets.

Even though most of the outlet operators are aware of the risk factors associated with lack of adherence to the alcohol control act there is still need to promote information. This is evidenced from the study that shows the high level of bribes given to the officials who come to inspect the outlets and by closing down the outlets whenever they speculate there will be inspection. This shows that there is need to augment more inspections on the ground and to find ways to eliminate corruption issue since it has become a burden to the society.

There is need for increase of awareness on adherence to the alcohol control act. Review of the alcohol control act policy with the stringent measures on abuse of key provisions.

Enhance enforcement of the alcohol control act policy. Once the act is revised it is important to disseminate it to the relevant authorities and stakeholders.

The NACADA body should form a special unit mandated on making sure there is adherence on the alcoholic act 2010 since the police who have been given the mandate are failing as the enforcement arm. The policy should also be disseminated to operators to enhance awareness. The security personnel, public health officers, managers and supervisors will need to be trained on the policy to ensure they effectively enforce the policy at the outlets and any other areas where there is sell and production of the alcoholic drink in the outlets including monitoring the timing of opening hours of the bars.

The research office of NACADA should be allocated more funds so as to support research of this capacity in the country, this in return will aid

NACADA in making decision that are research based hence being effective.

NACADA body should introduce a compulsory awareness test to all alcohol outlets before they are allowed to start operations since according to this study there is no awareness of alcoholic act 2010.

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