

PRODUCTION AND CONSUMPTION OF NON-STANDARDISED ALCOHOL IN KENYA: WITH WHOM DOES THE BUCK STOP?

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ABSTRACT: *Realising that harmful alcohol drinking among Kenyans has reached alarming proportions, on July 1, 2015 the Government of Kenya through a presidential directive moved to destroy illicit liquor countrywide. By means of a critical-analytical approach, this paper argues that such a kneejerk political move cannot be effectual in solving the alcohol problem in the country. As pointed out by many commentators on the subject, insensitive drinking is a function of many factors, not just the availability of low-priced non-standard liquor. A broad-based approach to tackling the problem of production and consumption of such alcohol and irresponsible drinking in general ought to address social and economic issues such as poverty which results in production and consumption of cheap low-quality liquor and corruption in agencies charged with the responsibility of regulating and policing alcohol production and consumption. The paper primarily focuses on the role of the relevant government agencies as well as that of the primary socialisers, namely the family and the school in promoting sensitive alcohol production, drinking patterns and responsible citizenry, pointing out the need for a paradigm shift in the way the agencies address the problem.*

KEYWORDS: Family, government, insensitive drinking, non-standardised alcohol, school.

INTRODUCTION

Alcohol is any beverage that contains more than a specified minimum quantity of ethanol or ethyl. In Kenya a beverage is considered to be alcoholic if its alcoholicity is 0.5% or more (WHO, 2014: 338). People have consumed alcohol for ages. With reference to the current world generation, recent data gathered by WHO indicate that on average persons who are 15 years or older consume 6.2 litres of pure alcohol per year or 13.5 grams of pure alcohol per day (Ibid, 29)). Alcohol per capita consumption is defined by World Health Organisation (WHO) as ‘the per capita amount of alcohol consumed in litres of pure alcohol in a given population’ (Ibid, 28).

Depending on the drinking patterns, alcohol can have both positive and negative effects and consequences on the consumer and society. Drinking patterns refer to various ways of how people drink. They include:

- Who the drinkers are: their age, gender, health status, etc.;
- Where people drink: home, bars and restaurants, or illicit dens;
- When they drink: with meals, at gatherings, after day’s work;
- What individuals drink: standardised beverages or non-standardised traditional or illicit brews and spirits;

- How they consume these drinks: sipping them with meals or drinking in binges); and
- Duration of drinking: in one sitting or over an extended period of time) (ICAP, 2004).

To these we may add: why people drink, for example, for leisure, to drown their problems, etc.

Drinking patterns range from teetotallers (total abstainers), moderate (light) drinkers, excessive (binge) to dependent drinkers. Contrary to popular view, total abstention from alcohol has, in recent times, been medically demonstrated to be potentially harmful; it is associated with certain health risks (Grant and Litvak, 1998)). Consumption of alcohol in moderation can result in positive health outcomes such as insulating one against some coronary heart disease and type 2 diabetes mellitus. It can also enhance older people's cognitive function and minimize risk of dementia, which has afflicted about 47 million people around the world. Moderate drinking also has positive social effects such as improving sociability and overall quality of life. Most people around the world engage in drinking as a source of individual and social pleasure (Stimson, et al., 2006).

Generally, harmful alcohol consumption, associated with excessive and dependent drinking patterns, leads to health, social and economic harms. World Health Organisation Global Status on Alcohol report of 2014 indicates that about 16.0% of drinkers aged 15 years or older engage in heavy drinking. More than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries can be attributed to alcohol consumption. In 2012, the alcohol-related global burden of disease and injury accounted for 5.1 percent. In the same year, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption (WHO, 2014). Alcohol consumption is also a factor in some traffic accidents and injuries. Moreover, it can lead to social problems such as aggression among some individuals, failure to perform matrimonial duties, problems in the workplace, absenteeism and low performance, and problems in interpersonal relationships (Stimson, et al., 2006).

Though these ill effects of alcohol can result from insensitive drinking of any alcohol beverage, consumption of non-standardised liquor is a major contributory factor. A standard drink, whether it is beer, wine or spirit, contains between 8 and 14 grams of pure ethanol. In the case of nonstandard beverages, it is hard to estimate the amount of alcohol consumed by an individual. This makes it difficult for one to control own drinking. The problem of non-standardised alcohol is endemic in most parts of the world. WHO (2014) data indicate that in 2010 unrecorded non-commercial alcohol (illicit alcohol, illicit products, and surrogate alcohol) accounted for 24.8% and notes that the percentage could be bigger in some parts of the world, especially those peopled with low and middle income earners. The consumption of non-commercial alcohol against the total alcohol consumed is highest in the Eastern Mediterranean (57%), South-East Asia (47%), and Africa (30%) regions. For instance, 77% of alcohol consumed in Sri Lanka is illicit. This is also true of alcohol consumption in many African countries, including Ethiopia, Ghana, Zimbabwe, and Kenya where people drink more of traditional, counterfeit and non-standardised alcohol than standardised one (ICAP, 2012). Other surveys estimate the consumption of unrecorded alcohol to be about 50% and note that it is widely produced and consumed in countries such as Brazil, India, Mexico, Russia, Tanzania and Zambia. In Tanzania unrecorded alcohol beverage accounts for 90% of total alcohol consumed (Haworth and Simpson, 2004). The studies attribute this trend to the fact that local alcohol is generally less expensive than most commercial beverages, hence, its popularity among the low class members of society.

Kenyans, too, are lovers of liquor. The National Campaign Against Drug Abuse Authority (NACADA) report, National Survey on Alcohol and Drug Abuse, of 2012 established that 13.3% of Kenyans (more than 5 million people in 2015) consume alcohol. Of the total alcohol these Kenyans consume, about 74% is local (Odalo, 2007). Virtually every community has its own traditional beverage. Common traditional beverages include the distilled spirit, *chang'aa* (*wuruchi* or *wirgiik*), *busaa* (*molotek*), *muratina* (*kurubu*), *mnazi* and *miti in dawa*. Besides these and other traditional brews and spirits, Kenyans produce and consume surrogate alcohol. What makes the consumption of these beverages a risky undertaking is the fact that their quality cannot be guaranteed, for they are not subjected to quality checks. For instance, a study by Ndeti et al. (2012: 40) established that in rural Kibwezi and urban Kangemi areas the consumption of local beverages: *chang'aa*, *busaa*, *muratina* and *miti ni dawa* is common. A chemical analysis of samples of the beverages with regard to their alcoholicity was as follows: *chang'aa* 15.3% to 20.5% alcohol by volume; and *busaa*, *muratina* and *miti ni dawa* 3.9% to 5.4%. Some samples had lead and copper that was above recommended limits (Ibid, 43). Furthermore, some unscrupulous Kenyans adulterate local and surrogate alcoholic beverages by lacing them with toxic chemicals such as formalin, battery acid and jet fuel as way of enhancing the potency of the beverages. Unhygienic production process and addition of such harmful chemicals and substances at times leads to alcohol poisoning which in recent years has resulted in the death and loss of vision of some consumers.

Harmful drinking is endemic and calamitous in most parts of Kenya, especially Central Kenya. In 2010, NACADA did a baseline survey which confirmed the seriousness of the problem of alcoholism in the region to be acute. The authority made four key recommendations aimed at remedying the situation. That:

- 1) There be an increased community education on the adverse effects of alcohol at the individual, household and community level. This may include the provision of IEC materials, use of theatre, mass media and especially the local FM radio stations; games and sports and increased targeting of the youth.
- 2) Enhanced enforcement of the new legal provision on alcohol since it became evident that there was laxity in the enforcement of the old legal regime that governed the production and sale of alcohol in the country.
- 3) Pro-actively engage the community leaders in leading the campaigns against alcohol abuse in Central Kenya.
- 4) Working with relevant government departments to ensure that the youth are positively engaged into productive activities e.g. increased uptake of the devolved funds in a way that is beneficial to the youth (NACADA, 2010a).

These recommendations notwithstanding, the alcohol problem that was said to be acute in 2010 is more acute now (2015). For instance, Alcohol-attributable death toll in 2010 was 6557; in 2011, 5395; and in 2012, 7146. Death and hospitalization occasioned by binge drinking are still on the increase (NACADA, 2014). Over the past four years, more than 7000 people have died as a result of consuming harmful non-standardised alcohol.

What is particularly worrying is the realization that the majority of those affected by the alcohol menace are the youth, who are the most productive members of the society. Most Kenyans develop the habit of drinking at an early age when they are still in primary and secondary

school. The NACADA strategic plan for the period 2009 to 2014 approximates half of alcohol and drug abusers to be the youth aged between 15 and 29 years. This is bad news for Kenya because studies have established that early age drinking puts one at a greater risk of alcohol related harms later in life. Owing to their physiological state and adventurous nature, the youth are said to be more likely to be harmed by alcohol than mature people (Spear, 2004). Some youth engage in what Martinic and Measham (2008) call extreme drinking. What this boils down to is the fact that the young generation is being ruined by alcohol, and other drugs and substances of abuse. Besides, thousands of Kenyans have been crippled, maimed, rendered blind or become dependent on alcohol. For instance, during the crackdown on 'second generation' alcohol which made non-standardised alcohol to be 'unavailable,' more than ten alcohol dependent people died, while tens had to undergo a rehabilitation process. In order to be equal to the task of assisting alcoholics, NACADA planned to upgrade rehabilitation centres, especially those located in Central Kenya.

In the wake of the realization that harmful alcohol drinking is an epidemic that has plagued many parts of the country (particularly Central Kenya), on 1st July, 2015, the government of Kenya through a presidential directive moved to destroy illicit liquor countrywide. Such a move is, however, not good enough to solve the alcohol problem in the country. As pointed out by many commentators on the subject, irresponsible drinking is a function of many factors, not just the availability of low-priced non-standard liquor. This calls for a broad-based approach to the problem. A broad-based approach to tackling the problem of production and consumption of non-standardised liquor and irresponsible drinking in general ought to address social and economic issues such as the neglect of the male-child who is at times left to his own devices; poverty which results in production and consumption of low-priced low-quality liquor; unemployment especially among the youth who eventually become apathetic; and corruption in agencies charged with the responsibility of regulating and policing alcohol production and consumption. This paper critically examines the role of the government through its various agencies as well as that of the primary socialisers, namely the family and the school in promoting responsible drinking and citizenry.

METHODOLOGY

In so doing, the paper employs a critical-analytical approach with the principal focus on production and consumption of non-standardised alcohol. The preoccupation of philosophical analysis is clarity of thought and expression with a view to avoiding misunderstanding of the real issue in hand. In this respect, the paper finds the method handy in clarifying the alcohol issue in the light of how it is handled by various government agencies and primary socialisers. On the other hand, the critical method entails posing of questions in quest for the underlying meaning and truth. It is the critical understanding and evaluation of issues. This paper utilises the method to scrutinise the role played by government agencies, such as NACADA, KEBS, the National Police Service as well as the family and the school in fostering sensitive alcohol production and drinking patterns among Kenyans.

PROMOTING SENSITIVE DRINKING PATTERNS AMONG KENYANS

In traditional African societies, alcoholism was hardly a cause for concern. This was because of the strong social structures that were in place to provide effective social control. This situation, however, gradually changed with the advent of colonialism and westernisation (and recently globalisation) which undermined traditional African culture. Today traditional institutions no longer play a big role in controlling the behaviour of individuals and influencing their development. The role has been taken over by the government: initially the colonial governments and later independent African governments. Hence, this section examines the part played by the Government of Kenya in promoting sensitive alcohol production and drinking patterns among its citizenry. The paper also examines the role of two of the primary institutions of socialisation: the family and the school. The two have been chosen because they are instrumental in helping the state to socialise individuals into responsible citizens.

The Role of the Government in Promoting Sensitive Alcohol Production and Drinking

The government provides a legal framework for the production, distribution and consumption of alcohol. It also sees to it that the regulations are enforced. The main legal instrument is *Alcoholic Drinks Control Act, 2010* which replaced the *Liquor Licensing Act* which had been in force since 1957. The legislation provides a legal framework for the control of manufacture, sale, consumption, distribution and promotion of alcoholic drink in the country. Besides the Act, there is the *Alcoholic Drink Control (Licensing) Regulations, 2010*, which deals with the licensing process, institutional framework for the control of alcoholic drink, product safety, control of access and exposure to alcoholic drink by people under the age of 18 years, drinking patterns and control of intoxication, drinking environment and promotion of alcoholic drink. The Act also provides measures with regard to research and data management, alcohol education and public awareness. There is also a provision for each devolved government unit, specifically county governments, to make by-laws that can help to enforce and regulate the alcohol industry within their jurisdictions. Soon after the enactment of the Act, in May 2011 the ministry of State for Provincial Administration and Internal Security issued a document, *Guidelines for Implementing and Enforcing the Alcoholic Drinks Control Act, 2010*, providing guidelines on effective implementation and enforcement of the *Alcoholic Drinks Control Act, 2010*.

It is one thing to enact alcohol laws and formulate policies; it is quite another thing to implement them; hence, the importance of the National Police Service, the law enforcing organ. Under the current constitutional order, the National Police Service was established by Article 243 of *The Constitution of Kenya, 2010*. As law enforcers, it is their duty to see to it that Kenyans and other people within the Kenyan territory comply with alcohol laws and policies. In so doing, the police are supposed to be guided by the provisions of Article 244 Clauses (a) and (b) which state that they shall: (a) Strive for the highest standards of professionalism and discipline; and (b) Prevent corruption and promote and practice transparency and accountability. However, numerous surveys, such as those done by Transparency International, have indicated that the security organ is riddled with corruption. For example, the TI report of 2014 indicates that the police in the country received 43.5% of the total bribes extorted. It is little wonder that following the crackdown on illicit alcohol the Cabinet Secretary for Internal Security announced that 99 chiefs and assistant chiefs had been dismissed. He also revealed that 15 police officers and 5 officers in charge of police divisions and 7 officers in charge of police stations were said to be accomplices in the production and consumption of non-standardised alcohol. It is also ironical that some police officers are themselves alcohol dependent (Ombati, 2015). This is just but a tip of the iceberg.

The same malady of corruption seems to have afflicted the Kenya Bureau of Standards (KEBS). The bureau is a statutory body charged with, *inter alia*, the responsibility of standardisation in commerce and industry. With regard to alcohol, the body helps to determine the quality of alcohol beverages imported, produced, sold and consumed in Kenya. Sadly, the bureau does not seem to be equal to the task. For instance, following the president directive to crackdown on 'second generation' alcohol, the Bureau moved quickly to suspend 385 alcoholic brands it had previously certified! In a related development, the Interior Ministry suspended affected manufacturing companies' licences!

One important agency directly charged with the responsibility regulation of alcohol consumption is the National Campaign against Drug Abuse Authority (NACADA). It addresses the alcohol problem by providing education, public awareness, life skills, treatment, rehabilitation, and psycho-social support to people. It is also a key stakeholder in matters pertaining to policy formulation and capacity building.

On alcohol education, which entails informing key audiences about risks, benefits, and related issues, raising their awareness and ultimately attempting to change behaviour, the authority has displayed on its official website the ill effects of alcohol such as: Impairment of judgment; Impairment of physical coordination; dehydration; Skin disorders; Lung damage; Heart attack; Liver disease; cancers; Chronic pancreatitis; Diabetes; Psychosis; Work and family problems; dependence/addiction; and Death.

NACADA also operates a free all day hotline to enable people with alcohol and drug related problems be assisted. These and other efforts notwithstanding, the alcohol problem, especially with regard to harmful consumption of non-standardised products, has worsened over the past five years. In recent times, the authority has had to seek increased government funding to facilitate the establishment of rehabilitation centres for alcohol and drug-dependent people.

Parents and Parenting

The government may have failed to adequately address the alcohol problem in the country, but it is not entirely to blame for the high incidence of the problem. From a sociological standpoint, there are various social institutions, such as the family, religion and school, which help the state to exercise social control on its citizens. The family is a universal social institution in which social control begins. As primary socialisers and role models, parents exercise a lot of influence on their children's behaviour. Regarding alcohol consumption, studies by, among others, Houghton and Roche (2001) have established that parental alcohol consumption plays a significant role in the drinking behaviour of their children. Children whose parents are irresponsible alcohol drinkers or dependent are more likely to be themselves careless alcoholics (Chalder, Elgar & Bennett, 2006).

In Kenya, a survey done by NACADA in Nairobi confirmed that there is a significant positive correlation between parents' alcohol consumption and their children's alcohol use. Students whose parents use alcohol are said to be 2.7 times more likely to have consumed alcohol than those whose parents are teetotallers (NACADA, 2010b). This finds corroboration in Kenyan parents' dread for school holidays and other times (such as when teachers strike for pay increase) when they have to be with their children. They find their own children unhandleable! The prevalence of the alcohol problem, therefore, casts aspersions on the quality of parenting Kenyan parents and guardians subject their children to in view of their role as exemplars and primary socialisers. This situation obtains as a consequence of various factors, such as

commercialism and globalization which are steadily supplanting traditional family values. This has forced the family to relinquish some of its socialising functions to the school, where children spend the better part of their time.

Schools and Alcohol Education

The French sociologist, David Emile Durkheim (1858 - 1917), defines education as:

...the influence exercised by adult generations on those that are not yet ready for social life. Its object is to arouse and to develop in the child a certain number of physical, intellectual, and moral states which are demanded of him by both the political society as a whole and the special milieu for which he is specifically destined (Durkheim, 1956: 70 – 71).

Although Durkheim's conception of education suffers the setbacks of a purely conservative functionalist approach to education, he underlines the ontological necessity of the school in society. Like the family, the school can exercise immense influence on learners' behaviour and personal development mainly through the process of discipline properly construed as internally rather than externally caused. In practice, schools in Kenya use both coercive and humanitarian forms of social control. For instance, a study done by NACADA in public secondary schools located in Nairobi on the influence of the school environment students' initiation and continued use of drugs, established that: Alcohol is the most commonly used substance by students in schools. Students consume it at times when they are not under rigorous supervision such as when they are going home, during weekends at school, during school outings and trips, during evening meals and school competitions.

The sampled schools dealt with students found in possession of alcohol and other drugs in the following ways: suspension from school; guidance & counselling; prayers; expulsion from school; peer counselling; parent visits; punishment; and referral to rehabilitation centres (NACADA,2010c).

Schools are also expected to promote responsible drinking through the formal curriculum. Aspects of alcohol education are taught through subjects like Social Studies, Religious Studies, Biological Sciences and Life Skills Education. Furthermore, schools provide alcohol education through non-formal services such as guidance & counselling, and pastoral care. Alcohol education seeks to promote responsible drinking by raising awareness about alcohol consumption in order to enable one make informed decisions and choices about drinking. Generally, schools in Kenya through both the formal and non-formal curricula have abstinence as the ultimate aim of alcohol related topics. Consequently, the methodological approaches adopted are usually inclined to the traditional transmission model of education which is less attuned to generation Y and Z learners. Further to that, alcohol education programmes are premised on the assumption that if someone knows the facts about alcohol consumption, they will translate the knowledge into action. However, this is not always the case in the empirical order. It is not a surprise that the efforts schools make to promote abstinence and/or responsible drinking do not seem to bear fruit. As a result, alcohol problem among students and Kenyans continues to be a cause for concern.

CONCLUSION

It is apparent that the government's approach to the alcohol problem through rigid legislation and enforcement of laws and policies often undermined by pestilential corruption in regulatory and policing agencies is not effectual. The problem has been worsened by the failure of social institutions notably the family, religion and the school to socialise the young into responsible citizens. Where alcohol education is preferred, whether provided in the home, school and religious settings or government agencies such as NACADA, indoctrination has been the norm rather than the exception. Besides, alcohol education programmes are usually premised on the Platonic assumption that knowing about alcohol predisposes one to either abstain or drink responsibly, a postulation that is not guaranteed in the empirical order.

Hence, this paper deems it paramount for the Government of Kenya to undertake a paradigm shift in tackling the problem of harmful drinking. The shift should be from overreliance on strict laws and regulations punctuated by kneejerk reactions occasioned by incidents of alcoholism which has proved to be inefficacious in addressing the root causes of alcoholism. Such an integrative approach will address issues related to poverty, unemployment among the youth, corruption in regulatory and policing organs, poor parenting and schooling. In so doing, appropriate methodology better attuned to preventing harmful drinking should be employed. This way, the problem can be effectively mitigated.

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