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. In a nationwide survey conducted by NACADA Authority in 2007, statistics indicated that lifetime prevalence rate for alcohol was 39% and current prevalence rate was 13% for people aged between 15 – 64 years.

The number and frequency of deaths resulting from consumption of adulterated alcoholic drinks have reached alarming levels. Many people have lost their lives and many more lost their sight after consuming adulterated alcohol. 12 people died in Nairobi’s Shauri Moyo Estate in April 2010, 5 died in Thindigwa, Kiambu County in July 2010, 23 people died in Kibera in August 2010 and 5 died in Laikipia in August 2010.

Alcohol consumption and abuse is influenced by factors including gender, family history and parental influence. Men are at a higher risk of heavy drinking and developing alcohol use disorders. However, the number of women who drink, abuse, and become dependent on alcohol is on the rise.

The purpose of this study was to investigate the magnitude of alcohol use and the underlying causative factors and effects in Central province. The ultimate goal was to gather data and information that would assist in formulation and implementation of effective prevention and control policies and programmes. This study was conducted by NACADA Authority in the year 2010.

METHODOLOGY
This was a cross-sectional survey targeting community members and individual alcohol users from Central Kenya. The study sites were Kiambu, Kirinyaga, Murang’a, Nyandarua, Nyeri, Thika and Maragua (1999 Census). The sample was 500 households per District totaling to 3,500 respondents.

KEY FINDINGS
- **Magnitude:** alcohol abuse in Central Kenya is perceived to be a major problem due to high levels of consumption, ease of availability, affordability and accessibility.
- **Level of alcohol consumption:** About two thirds of community members reported high levels of alcohol consumption across the region. This ranged from a low of 51.5% in Nyandarua to a high of 75.4% in Kirinyaga.
- **Trends:** More than 80% of the respondents felt that second generation alcoholic consumption

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1 Second generation alcoholic brands refer to alcoholic beverages that have been lately introduced which are low priced and have high
was increasing. 58% felt that first generation alcohol was decreasing.

- **Availability, affordability and accessibility:** Second generation alcohol is the most available, affordable and accessible in the Region. Chang’aa and traditional liquor were reported to be the least available and accessible alcoholic drinks.

- **Drinking time:** Nearly 60% reported that alcohol is consumed before noon; the most productive hours of the day.

- **Alcohol usage by age and gender:** Consumption of alcohol among people aged under 18 years is “high”. “Very high” usage was reported for ages 25 – 34 years (males 79% and females 15%) and 19 – 24 years (males 77% and females 14%). Alcohol consumption among males aged 35 – 54 years was rated as “very high”. However, alcohol usage declined with reference to ages 55 years and above.

**INDIVIDUAL USAGE OF ALCOHOL**

- **Life time prevalence:** 29.6% of the community members surveyed had consumed alcohol at least once in their lifetime. However, the lifetime prevalence rate was higher among males than females with 53% and 8% respectively.

- **Current usage (last 30 days):** Consumption was estimated at 18% with a male rate of 34% while the female rate stood at 3%.

- **Type of alcohol:** Less than 50% of the respondents were consuming first generation alcohol, 40% second generation and 10% consumed other alcoholic beverages.

- **Frequency of use:** Individuals who reported to have consumed alcohol before noon were clustered under the second generation alcoholic drinks and chang’aa.

**RECOMMENDATIONS**

The study makes the following recommendations:

- Increased community education on the adverse effects of alcohol at the individual, household and community level. This may include the provision of Information Education and Communication (IEC) materials, mass media especially the local FM Radio Stations, games and sports as well as other initiatives targeting the youth.

- Enhanced enforcement of the Alcoholic Drinks Control Act, 2010 controlling the production, manufacture, sale, labeling, promotion, sponsorship and consumption of alcoholic drinks.

- Pro-active engagement of the community leaders in the campaign against alcohol and drug abuse in Central Kenya.

- Working with relevant Agencies to ensure that the youth are positively engaged in productive activities.

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alcohol content. Examples; Senator Keg, Kenya Cane, Iceberg, Marry Cane, Konyagi etc.