

ILLICIT BREW AND ITS IMPLICATION

Kenya's Shameful National Disaster of Illicit Brew



(REF: BBC News November, 2000)

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Presentation outline

1. Introduction/Background
2. The KNH Illicit Brew Study – November, 2000
3. Results/Findings of the KNH Study
4. Conclusion and Solutions/Recommendations

WHAT IS ILLICIT BREW ?

INTRODUCTION/BACKGROUND

What is illicit brew?

Illicit Brew or 'Changaa' is a brew laced with Methanol which is



➤ It is locally known as '*kill me quick*' drink because of its lethal properties.

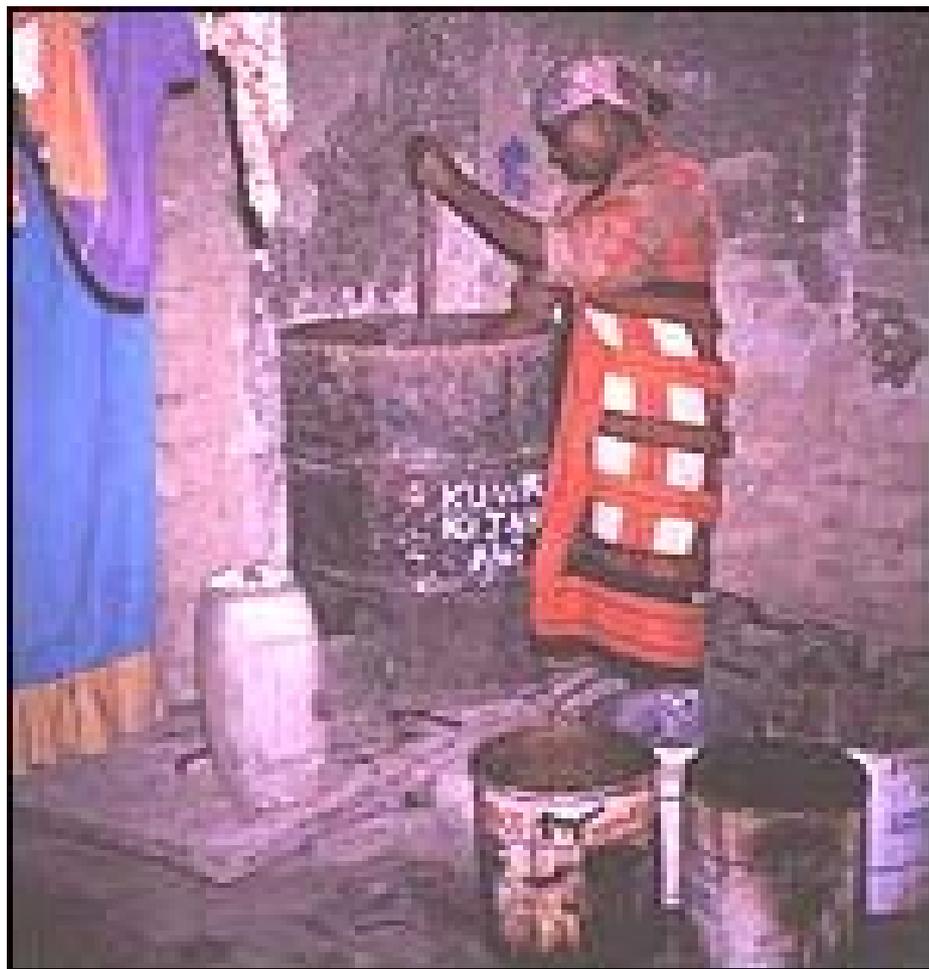
Strength of the Brew?

10 ml (2 teaspoons) of methanol can cause serious illnesses such as kidney problems, pulmonary odema, etc

50 ml (10 teaspoons) of methanol can lead to permanent blindness, coma and death.

It is brewed in hundreds of illegal drinking dens in Nairobi and across Kenya. Kenyans are turning to deadly, cheap brews because they are too poor to afford normal liquor.

➤ At a selling price of 10 cents a shot, the drink offers a much cheaper way of getting drunk than highly taxed legal beers and spirits.



PICTURE: The drink is often made by widows who depend on the trade for their livelihood.

THE ILLICIT BREW CRISIS

Statistics of illicit brew crisis in Kenya (1998-2005)

➤ In August, 1998 in Nairobi more than 80 people died in Kenya after drinking chang'aa or methanol poisoning.

➤ In November, 2000 in Nairobi, 512 people admitted for Changaa intoxication at Kenyatta National Hospital. Out of 512 admitted

- 137 people died

- 20 people became blind

- Others visually impaired and physically disabled

(Ref: BBC News 20th November, 2000)

➤ In July, 2005 in Machakos 50 people died of 'Changaa' poisoning.

Deaths are still on the increase despite government interventions

Psycho-Social Consequences of the brew

- Severe anxiety, trauma and depression due to partial/complete loss of vision or physical disability
- Families disrupted, which led to more problems
- Roles changed within relationships and for some victims life changed for ever
- Dependence on others for their survival
- Financial worries due to loss of income, family affected by poverty particularly if the person who died was the head of the family

All this leads to more poverty and more socio-economic problems

**THE KNH ILLICIT BREW STUDY
– NOVEMBER, 2000**

Kenyatta National Hospital Illicit Brew Study (Nov 2000)

The main objectives of the study were twofold:-

1. To investigate the circumstances under which the users took the illicit brew
2. To ascertain if there is a relationship between factors like availability of alcohol, peer pressure, idleness, curiosity, stress, family history of alcoholism, personal history of trauma, short or long term illness and alcohol intake.

Methods/Descriptions

- ❖ Questionnaire and an interview at the Recovery Wards of Kenyatta National hospital by 16 social workers for 7 days (17th Nov-23rd Nov, 2000)
- ❖ Random sample of 57 patients (45 males and 12 females) between the ages of 13-65 years

Role of social workers in the KNH study

- Social workers were trained as a group to assess and counsel during the crisis, for the purpose of research.
- Crisis counseling helped clients and their families whose internal resources were not adequately developed, to cope with the reality of the 'unexpected traumatic event'.
- Social workers besides providing victims with emotional support, assisted to reduce lethality and linked up victims with resources which alleviated their discomfort and helped them stabilize.

Results/findings of KNH study

➤ Descriptive statistics was used to analyze the data

➤ Data analyzed according to:-

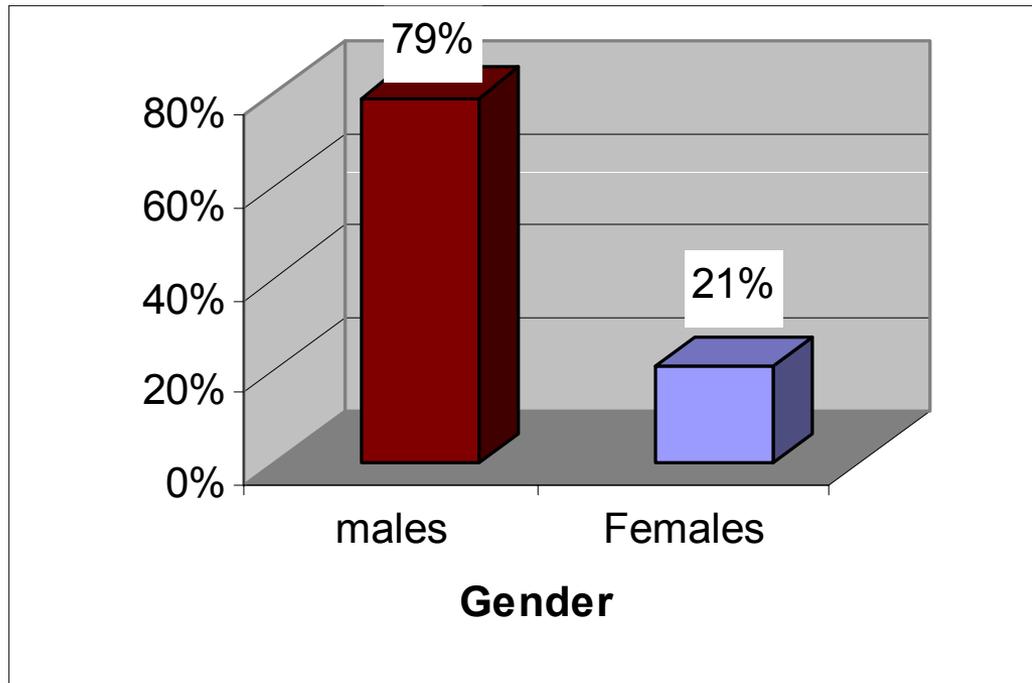
- demographics
- causes of alcoholism
- diagnosis
- treatment

Table 2-Analysis of the results

I. DEMOGRAPHICS

1. Gender

More brew was used by



➤ More males were in the study

➤ More males used the brew as more males compared to women were unemployed, idle or working as casuals which was more stressful than permanent employment

Table 2-Analysis of the results

2. Age-Range

More brew was used by

- **Young adults (22-30 years) 44%**
- Adults (31-45 years) 37%
- Adolescents (13-21 years) 3%
- Middle age (45-60 years) 5%
- Elderly (60+) 2%

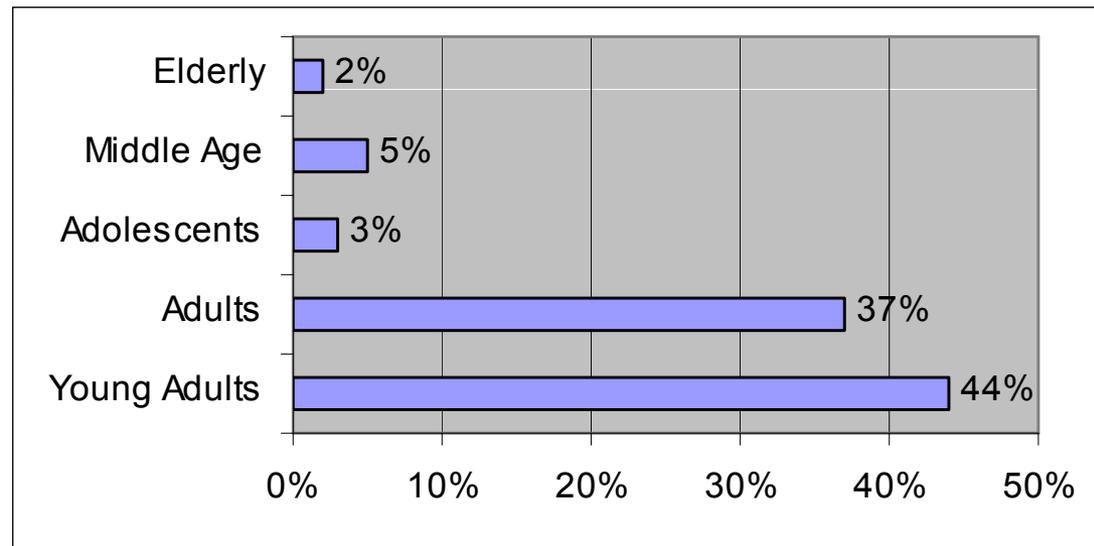


Table 2-Analysis of the results

3.Marital Status

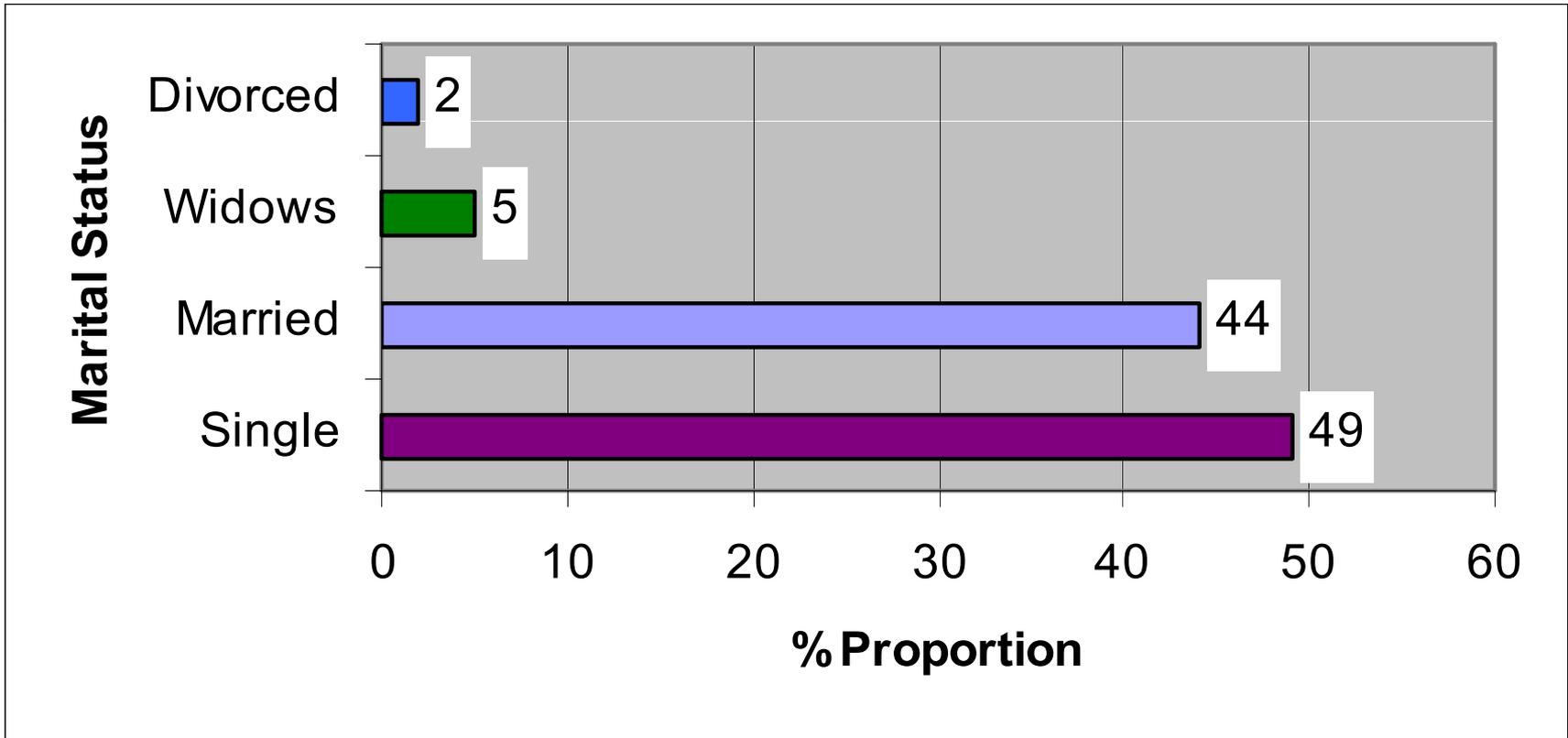
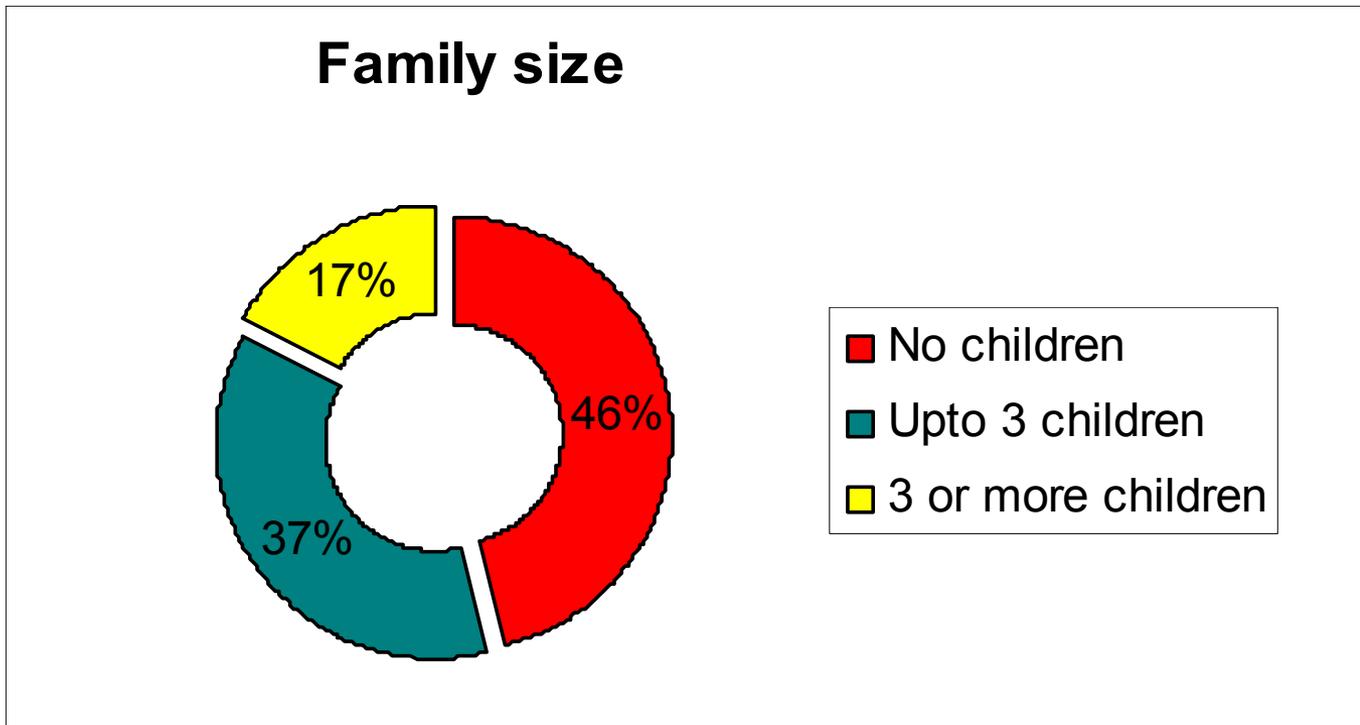


Table 2-Analysis of the results

4. Family Size

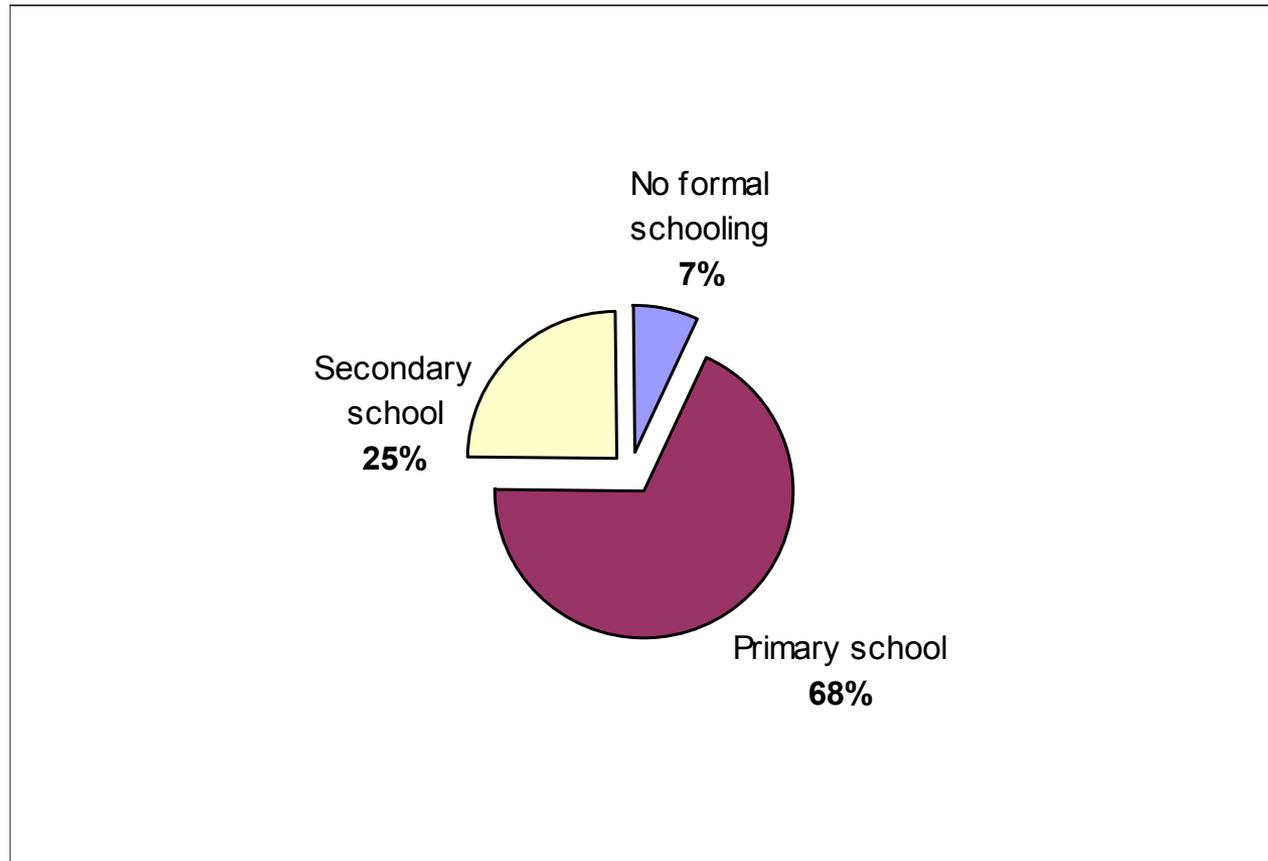
More brew was taken by victims with no children



46% were without children which could be because most of the abusers were single

Table 2-Analysis of the results

5. Educational Status



None with tertiary education or professional degrees, in fact most of them were either primary school dropouts or secondary school dropouts. In their language 'We could not afford school fees' indicating poverty.

Table 2-Analysis of the results

6. Occupation

Most of the abusers were

- **Manual workers (67%)**- matatu drivers, tailors, mechanics, house helps and masons who worked as casuals with no regular income which was more stressful than permanent employment
- **Unemployed/retrenched (19%)** - This group was idle and stressed therefore took the illicit brew to relieve them of stress, and took occasionally as they could not afford it everyday
- **Owners of small businesses (14%)** - selling vegetables, were peasant farmers or had a small butchery

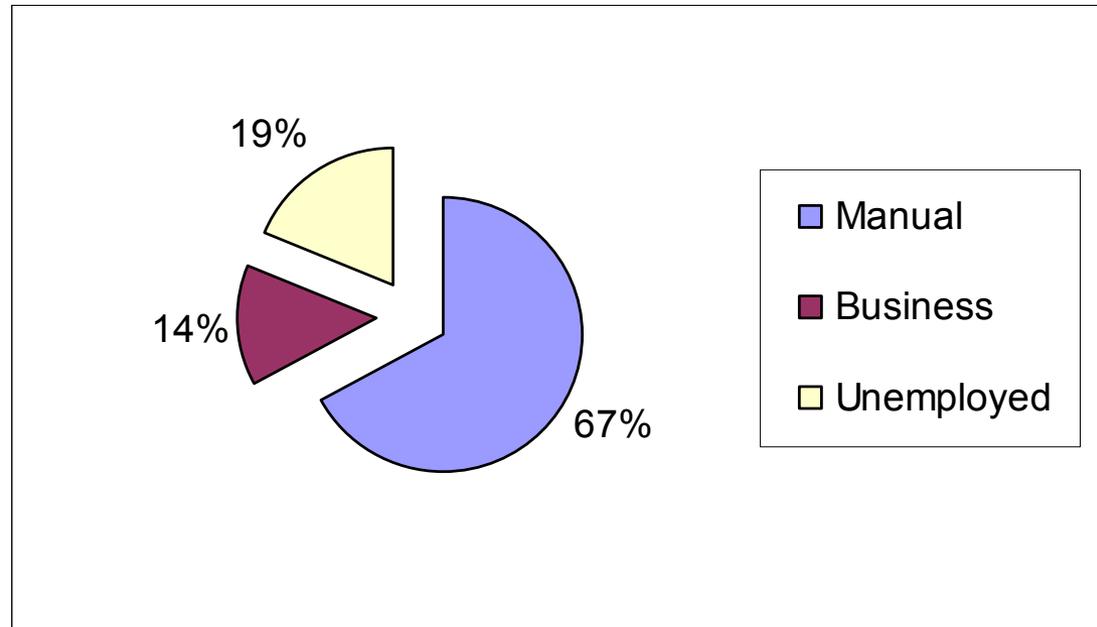


Table 2-Analysis of the results

7. Residence

Most of the abusers were

- **from Nairobi (89%)**
- from outskirts of Nairobi (11%)-Naivasha, Kajiado and Ruiru

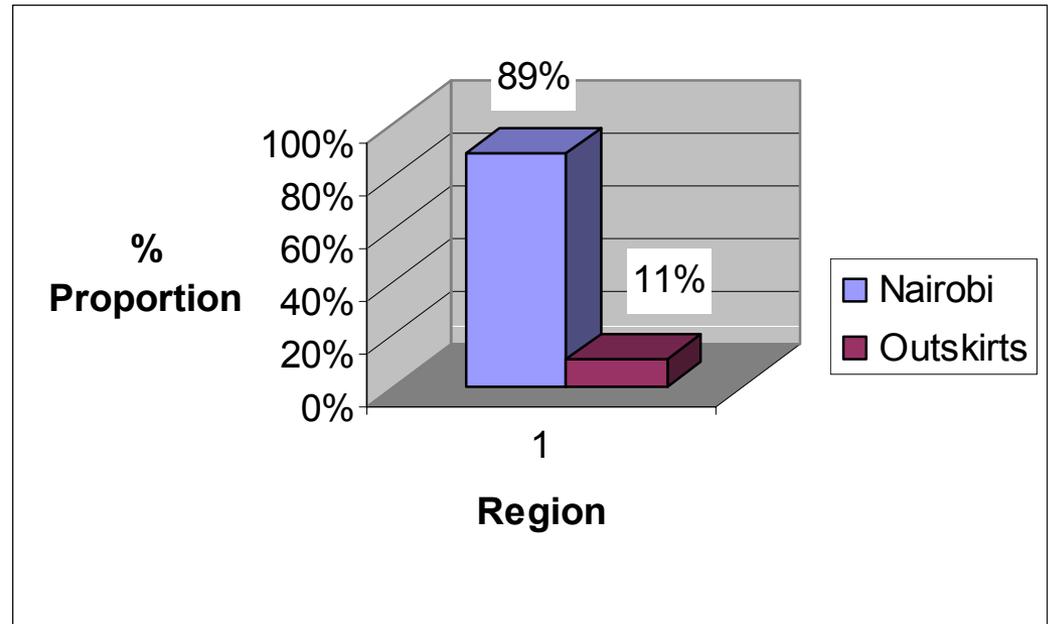
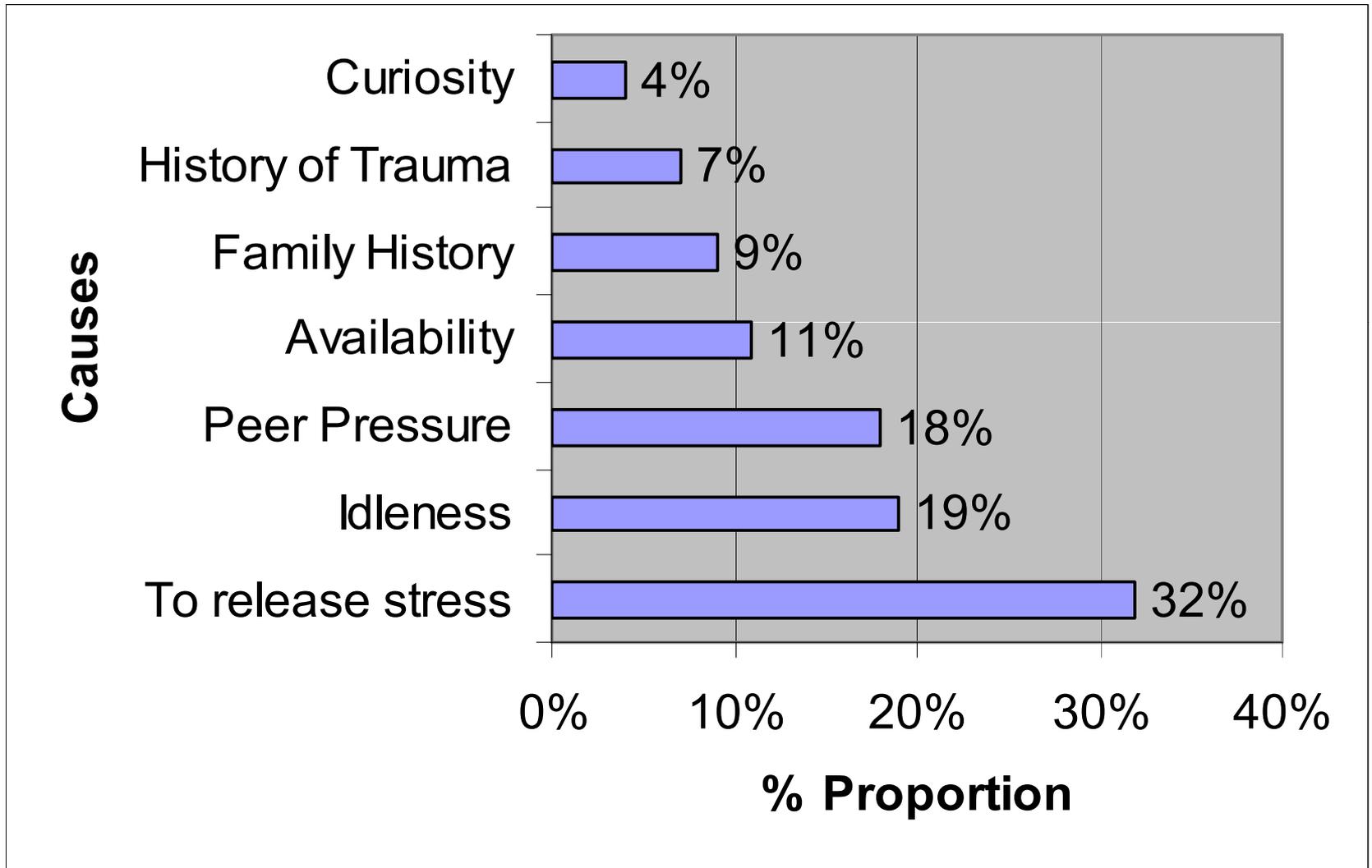


Table 2-Analysis of the results



II. Causes of Brew Use

1. To release stress (32%) -drank to experience changes in mood, emotion and behavior i.e. to feel euphoric and experience personality changes.
2. Idleness (19%) - casual jobs/no jobs
3. Peer pressure (18%)
4. Availability (11%)- *interesting findings:*
 - a) available as government legalized it
 - b) despite visual problems they went home and drank again
5. Family History (9%)
6. Personal history of trauma (7%) - **loss** of spouse/children, **assaulted** by thugs/boyfriends and **infidelity** of spouse culminated in divorce/separation
7. Curiosity (4%)

Table 2-Analysis of the results

III Diagnostic Impression

Alcoholism (100%)

- Addiction Problem (33%)-showed biological adaptation, physiological and psychological dependence, obsession and compulsion, loss of control over the drug and inability to cut down i.e. withdrawal symptoms
- Occasional use of the brew (67%)-Most drank once a week since last 3 months or 5/10 years because could not afford the brew everyday and drank when stress was too high.

Anxiety and depression (68%)

Loss of job or casual jobs with no regular income created stress and anxiety

Bereavement (14%)

Due to trauma of loosing spouse, children or family members or trauma of separation/divorce or assault by thugs/boyfriend

Family and marital problems (7%)

Due to drinking illicit brew, infidelity of spouses and polygamous marriages

Table 2-Analysis of the results

VICIOUS CYCLE OF ADDICTION

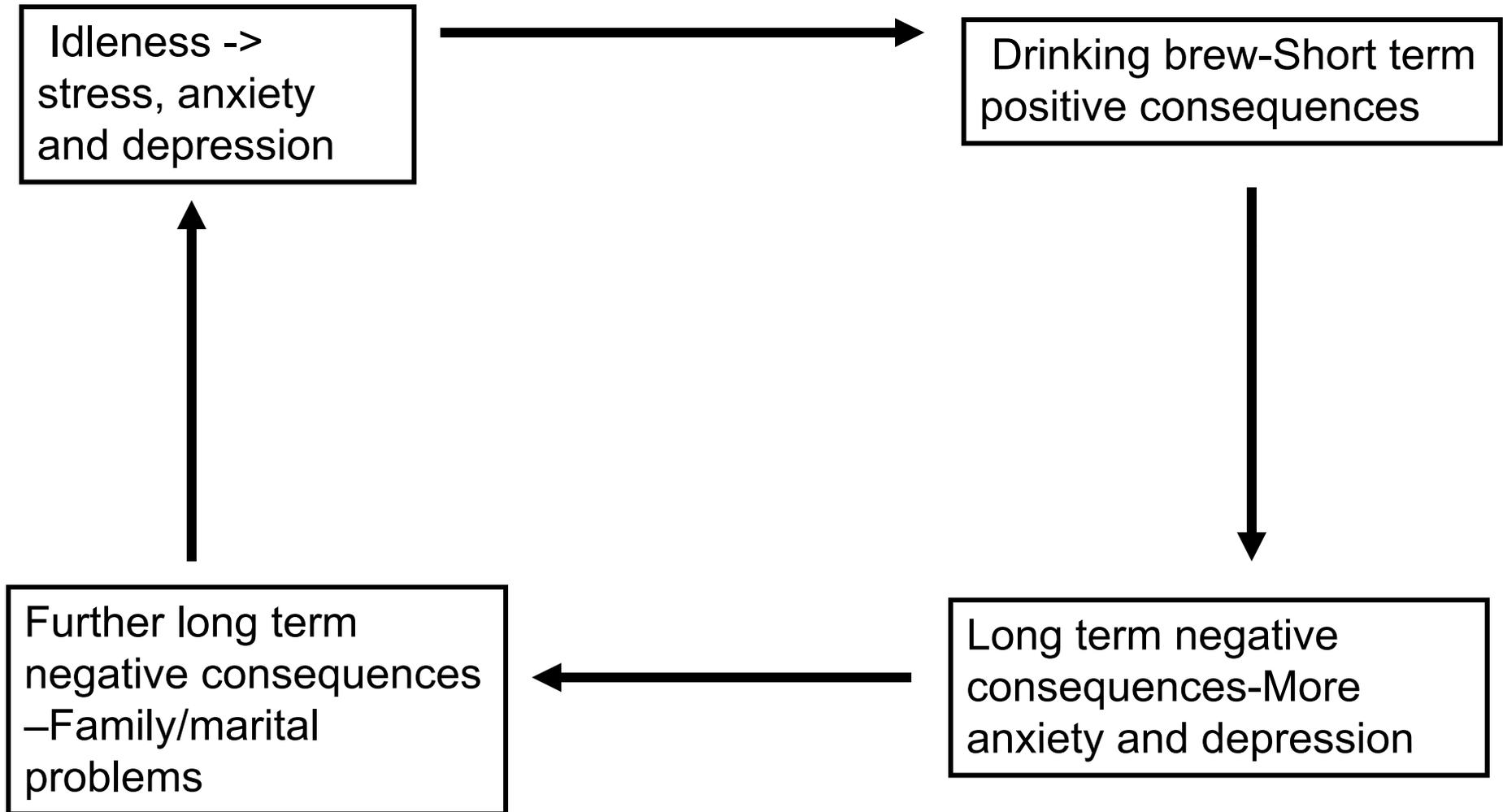


Table 2-Analysis of the results

IV Treatment

- **Assessments** – individual (100%)
 - group (34%)
 - family/marital (7%)

- **Counseling** – individual (100%)
 - group (34%)
 - family/marital (7%)

- **Referral to other departments/organizations (67%)**- visual problems i.e. .society for the blind or disabled, doctors, physiotherapists, occupational therapists and nutritionists

**CONCLUSION, SOLUTIONS
OR RECOMMENDATIONS**

Conclusion

1. To conclude the illicit brew was used more by:

young adult single males, who had no children, were primary school dropouts and casual manual workers from Nairobi and they drank brew to release stress.

It therefore shows that economic, educational and employment disadvantages were associated with stress and brew intake and in particular, the cheap illicit brew which had the greatest detrimental effects on our youth, the most productive age group.

2. Quantitative results confirmed the hypothesis put forth that:

- **Availability**
- **peer pressure**
- **Curiosity**
- **Idleness**
- **stress**
- **family history of alcoholism**
- **personal history of trauma**

are all conditions that are related to illicit brew intake.

- They drank more due to anxiety and depression than due to addiction problem as most of the victims were casual workers with no regular income which was more stressful than permanent employment.
- They drank occasionally as they could not afford the brew because of economic constraints and drank when stress was too high

Solutions/Recommendations

❖ Use of Inter-Sectoral approach

Government to use the 'inter-sectoral' approach where all the ministries are involved to tackle this urgent crisis. This may include:

1) Ministry of public Health

Creating "Rehabilitation Centers" or a "Helpline"

The Ministry of Public Health should offer a way out for addicts who want to be free of addiction but *need assistance*.

Since Kenya is a drinking country and even in our study 33% were addicted to the illicit brew, it is highly recommended that we put up the 'rehabilitation' centre.

Government should prioritize mental health services

This can encourage youth and families to **seek counseling, particularly those who have a genetic predisposition or inborn tolerance to the effects of alcohol.**

Individual counseling will enable this vulnerable/high risk group:

- enhance personal growth
- learn to develop new healthy responses to stress through motivational interview

Group counseling will enable them:

- reduce anxiety and depression when they find that others are sailing in the same boat.
- build supportive relationships, and learn social skills to cope with anxiety
- deal with personality difficulties which were social in origin.
- dispelling the myths and present straightforward facts on addiction
- give them the courage to face the problems which they denied exist.

Family counseling to be encouraged

Family members are 'co-dependents' who go through trauma when the addicts are intoxicated.

- Addiction is considered a 'family disease' as addicts distort the dynamics of the whole family.
- Focus on addicts communication and dependency needs

In short, 'addiction' counseling will help both addicts and their families RECOVER AND RE-BUILD THEIR LIVES AND LEAD NORMAL LIVES AGAIN.

Long-Term Recovery Programme

Addiction is a disorder of the entire self as it causes impairment in all areas of life,

A long term recovery program using the **holistic approach for the addict and his family** is important. Recovery means changing ones entire value system. **RECOVERY IS GRADUAL**. Here skills are imparted to the addict such as:-

- nutritional skills
- relapse prevention skills
- harm reduction strategies i.e. alcohol withdrawal skills
- recreational/life skills

In long term recovery program, integrate **family education programs**

- marriage /family enrichment programs_to change families
- coping skills like anger management, conflict resolution skills, positive parenting skills

ATTITUDES

BELIEFS

BEHAVIOURS

Motivate addicts and their families to change through

- awareness days
- video sessions
- group discussions
- written assignments
- drug refusal practice sessions

Finally motivate them through follow-up programs

2. Ministry of Medical Services

Review the cost of seeking addiction treatment in hospitals

Or they can try to provide free preventative, curative and rehabilitative health care service, ***build capacity and invest in health research.***

3. Ministry of Education

Generate 'awareness campaigns'

This can be done in high schools and communities to empower youth and adults with information earlier and more intensely on effects of addiction on a person's physical, emotional, mental, spiritual and social health.

Youth and communities to be encouraged to **own the Community Prevention Programs** that work.

4. Ministry of Communication

Recommended to use the media appropriately

This gives out correct messages to the public such as:

'The illicit Brew/ Changaa can kill'

' Illicit brew is associated with a new type of diabetes-
Diabetes Mellitus type 3' (Kenya Diabetic Association
health alert)

Thus the **power of advertisement** such as use of radio, TV, newspapers can not be underestimated to highlight stories of the deceased or those affected adversely by the illicit brew

5. **Ministry of Finances** is recommended to reduce the taxes on beers for economic access

6. **Ministry of Environment** to re-enforce policies regarding management of the toxic products as it is a health hazard and ministry to monitor brew production

7. **Ministry of Youth Affairs** to have more Youth Education Programs such as:
 - Poverty Eradication Programs which include business management skills

 - Positive Peer Programs such as Wellness Promotion Programs

Finally, after support from **Betty Ford**, the US president's wife has made addiction treatment more humane. Formerly addicts were shunned but now they are accepted as people who need help.

In fact most addicts need,

detoxification through partial hospitalization



supportive counseling through outpatient treatment

Thus this study emphasizes the role of research in the illicit brew crisis and is an eyeopener for the government, who must now take up the challenge to empower Kenyans to take charge of their own health as

'Good health is a basic human right and not a privilege'.

Any further questions??

Thank you for your valuable time!!!



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