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## Health and Social-economic Effects of Alcohol Abuse in Kenya's Context

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### **Abstract:**

*The issue of alcohol abuse in Kenya is deeply rooted and has continued to affect not only the health but also the social and economic well being of the youthful population. The main purpose of this paper was to review the health and social-economic effects of alcohol abuse in Kenya's context. The adverse health effects of alcohol involve many body organs and tissues. Alcohol affects mental health, the liver, muscles, reproductive system and the gastrointestinal tract. Fetal Alcohol Syndrome affects children born of alcoholic mothers. Other health problems incidental to intoxication include positional asphyxia and injuries. The social and economic effects of alcohol abuse on the other hand include family breakdown, loss of income among other related effects. Such effects can be devastating for the affected families and neighborhoods. This paper reviews various effects and further stresses the importance of treating alcoholism through initiating rehabilitation programs which should be individualized according to the specific situation of the affected person(s). While this paper provides a systematic review of literature on alcohol and its effects, there is a need to conduct empirical studies on the strategies that can be adopted to address the perennial problem of alcohol abuse in Kenya, especially among the youth.*

**Key words:** Alcohol abuse, Substance abuse, Alcohol abuse effects, Alcohol health effects, Alcohol social-economic effects, alcohol abuse treatment, alcoholism in Kenya.

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### **1. Introduction**

Alcohol abuse (harmful use of alcohol) is described as use of alcoholic beverages that has detrimental health and social consequences to the user and the society (WHO, 2014). Alcohol intoxication has been described as the condition of being insensible or stupefied through the action of alcohol in the affected person. Intoxication may be acute or chronic. Chronic intoxication is a prolonged state of drunkenness resulting from repeated alcohol intake before or soon after previously taken alcohol is metabolized (Keller & McCormick, 1982). Chronically intoxicated individuals may eat less, fail to go home and/or stay away from work.

The extent of intoxication is determined by the blood alcohol concentration (BAC). The illegal BAC limit for purposes of safe driving is set at 50mg/100ml (0.05% w/v) in many jurisdictions (AAAM, 2009) although it varies from zero to as high as 0.15% w/v. Physical symptoms of intoxication become evident at BAC levels of about 0.15% w/v on the ascent phase while individuals appear sober at about 0.20% w/v on the descent phase, as intoxication subsides.

BAC levels of 0.30-0.40% w/v usually drive the subject into unconsciousness while 0.50% w/v may cause death within an hour if untreated. However, clinical diagnosis of intoxication can be made at any point in the progression from 0.15% w/v onwards (Kaye & Haag, 1957). The health effects of alcohol intoxication are many and varied, involving many body organs and tissues including the central nervous system, heart, respiratory system, reproductive system, liver and the gastro-intestinal tract. Kenya as one of the developing nations experience a worrying trend of alcohol related problems. The workplace problems due to alcohol abuse have raised concerns in most organizations in the country. According to a study by Pamela, Kaithuru and Asatsa (2015), on Alcoholism and its Impact on Work Force in Kenya, alcohol has become a major threat and a challenge to a progressive economic development. Most employees who abuse alcohol show irregularity in work attendance, low productivity, hangovers, stress, financial problems, and health and safety risks. Another survey report released on April 2016 by National Authority for Campaign against Alcohol and Drug Abuse (NACADA) and Students Campaign against Drugs (SCAD) revealed that 36% of students consume alcohol. Then there are the psychological/behavioral and social effects. Chronic intoxication may also lead to tolerance and dependence, while abrupt cessation causes withdrawal symptoms which may be severe.

## **2. Health and Social-economic Effects of Alcohol Abuse**

### **2.1 Health Effects of Alcohol Abuse**

Alcohol abuse is associated with a large number of deaths and disorders (Gronbaek, 2009). The damaging effect of alcohol on the brain manifests as slurred speech, staggering, blurred vision and impaired memory among other symptoms. Intake of large amounts of alcohol within a short period of time may cause the subject to experience black out. During this time interval, the details of events cannot be recalled by the intoxicated person. Fetal Alcohol Syndrome (FAS) affects fetuses due to alcohol consumption by pregnant women. Children born with FAS may present with growth retardation, learning disability, microcephaly, poor coordination and hypotonia among others. Physical abnormalities affecting the ears, mouth, eyes, genitourinary tract, cardiovascular system and the musculoskeletal system may also be present. According to WHO, FAS is 100% attributable to alcohol (WHO, 2014).

Alcohol metabolism takes place principally in the liver. Heavy drinking may overwhelm the liver causing other substances that undergo metabolism in the liver and accumulate in the bloodstream. This may result into the development of conditions such as cirrhosis or cancers. Further, one class of substances may be affected is the lipids leading to hyperlipidemia. Alcoholic hepatitis is characterized by fever, elevated white blood cell count and jaundice. This condition may subside with cessation but it can also progress in some individuals. Continued alcohol consumption may see it progress to liver cirrhosis and eventually death (Mason, 2001).

Large amounts of alcohol irritate the stomach lining. This is coupled with increased acid secretion that may cause gastritis. The irritating effect of strong alcoholic beverages may cause direct injury in the mouth, the stomach and the esophagus. This may result in to the development of cancers of the stomach, oropharynx or esophagus. In some cases, this may lead to vomiting as a reflex action to remove the irritant (Jones, 1973).

A well-defined myopathy syndrome associated with chronic alcohol abuse was described in Russia. It was classified into subclinical, acute and chronic myopathy. The condition mainly affected muscles of the extremities but also other muscle groups such as abdominal muscles. Chronic alcoholic myopathy can cause sudden muscle weakness particularly of the legs and arms. In the long term, the condition may lead to muscle atrophy characterized by general muscular weakness (Rosenberg, 1973).

Alcohol abuse exposes the individual to many other risks. Highly intoxicated individuals are at risk of positional asphyxia due to awkward positioning of the neck when experiencing black out. They also risk contracting pneumonia as a result of vomitus inhalation (Ewing et al, 1978). Poor judgment increases the risk of contracting sexually transmitted diseases. It also adversely affects sexual performance by negatively impacting on male sexual hormones which may result in impotence in serious cases. Alcohol abuse is also associated with injuries (intentional and unintentional), increased risk of diabetes, various cancers and a number of infectious diseases (WHO, 2014).

Alcohol dependence results into cognitive, social and physiological tendencies developed after a repeated consumption of alcohol. The habit makes a powerful urge devour liquor, troubles in controlling its utilization regardless of hurtful outcomes. Such individuals give priority to alcohol use more than other activities, experience increased tolerance and occasional psychological withdrawal state (WHO, 2014). Dependence is attributed to a learned or conditioned state of reliance activated by internal and environmental stimuli and changes in the central nervous system caused through habituation or adaptation, or injury from the drug in question (Keller & McCormick, 1982).

The diagnostic criteria for alcohol dependence include tolerance, exhibited as either the need for progressively higher doses to achieve a comparative impact or an especially lessened impact with proceeded with utilization of a similar dosage. Withdrawal is

another foundation showing as a characteristic withdrawal disorder and the need to take alcohol to maintain a strategic distance from withdrawal manifestations. Essential social, recreational and occupational exercises are diminished or totally surrendered and a lot of time is spent in exercises identified with acquiring, utilizing and recouping from liquor. At long last, liquor utilization proceeds notwithstanding information of having persevering or repeating therapeutic or psychological problems (American Psychiatric Association, 2000). Besides the damage to the body organs and tissues, alcohol consumptions also cause injuries, violence and accidents. By extension, this affects the lives of those around the abusers. According to a study by Gronbaek, (2009) on the positive and negative effects of alcohol, it was found that many alcohol addicts experience poor nutritional status leading to dementia. Furthermore, alcohol abuse may be a contributing factor to brain damage since some part of brain may be affected by vitamin deficiency.

## **2.2 Economic and Social Effects of Alcoholism**

Alcohol abuse exerts a substantial socio-economic burden to individuals, communities and the country in general. Economic costs of consuming alcohol can be categorized into the following cost components; direct, indirect or intangible costs (Montarat, Yot, Jomkwan, Chanida, and Usa, 2009). The direct costs contributed by alcohol include costs for healthcare, prevention costs, crime and law enforcement costs, cost for property damage or loss, costs of alcohol beverage among others. On the other hand, indirect costs lead to loss of resources without any direct payment being made. These include; premature mortality costs, cost of reduced or lost productivity due to absenteeism or loss of employment and the associated crime cost like time loss for victims of crime. Lastly the intangible costs are represented suffering, pain and deterioration of the quality of life. These costs prevent individuals from achieving a progressive economic development.

A study conducted by Simone, Teresa, Elizabeth, and Suzanne (2013) also found that alcoholism contributes to poverty. This finding is attributed to both the direct and indirect costs associated with alcohol addiction. In serious cases, there have been instances where alcoholics and their close family members lose their personal belongings, furnishings or even their homes. Similarly, alcohol addicts often fall foul of the law and thus their families incur court fines and related expenses (Montarat et.al, 2009). Additionally, the costs of medical care due to frequent accidents and other medical problems are also exacerbated by alcoholism. The phenomenon is coupled with opportunity cost due to inability to work during intoxication or hospitalization.

According studies, poor parenting has been witnessed among the couples with alcohol addiction. For instance, American Academy of Experts in Traumatic Stress reported that in families where alcohol is being abused the behavior is very unpredictable and communication unclear. Such families are characterized with chaos and domestic violence which threaten the quality of family life. Then there is the risk of Fetal Alcohol

Syndrome (FAS) in children of alcoholic mothers. FAS cause mental retardation in children, difficulty in learning, problem solving and other anti social behaviours. The neighborhood in general suffers from security risks due to the violent tendency of alcoholics (Mahato, Ali, Jahan, Verma & Singh, 2009). The study also indicates that children born from parents abusing alcohol are likely to have learning disabilities thereby affecting their education performance.

Kenya as one of the developing nations experience a worrying trend of alcohol related problems. The workplace problems due to alcohol abuse have raised concerns in most organizations in the country. According to a study by Pamela, Kaithuru and Asatsa (2015), on Alcoholism and its Impact on Work Force in Kenya, alcohol has become a major threat and a challenge to a progressive economic development. Most employees who abuse alcohol show irregularity in work attendance, low productivity, hangovers, stress, financial problems, and health and safety risks. Another survey report released on April 2016 by National Authority for Campaign against Alcohol and Drug Abuse (NACADA) and Students Campaign against Drugs (SCAD) revealed that 36% of students consume alcohol. The trend was associated to the influence of peer pressure among the youths.

Other alcohol related problems include disruption of family and social relationships, aggression and emotion problems. Therefore, adequate interventions are needed to address the problem of alcohol abuse in our societies. The road map to this achievement can better be realized when the government, parents and other agencies work together towards a common goal.

### **3. Treatment of Alcoholism**

Since alcoholism is a complicated problem with multiple etiologies, its management is not straight forward. Treatment programs should be individualized, taking into account the causative factors, individual vulnerability and the degree of progression of the problem.

Perhaps the earliest treatment ever used for alcoholism is the drug disulfiram which has been used since the 1940s (Elder, 1988). The aim is to make alcohol abuse unattractive by pharmacologically causing a serious sickness in the alcoholic. However, it is mainly indicated for sporadic heavy drinkers with a positive desire to stop the habit. It is often only an interim measure. Rehabilitation programs use the behavioral approach in tackling the problem. The idea is to attempt to wean the alcoholic from their predicament through positive behavior change. Rehabilitation seeks to prolong the sober time established through external interventions to give internal controls time to develop. It also provides an opportunity for education and counseling. It allows a safe environment for expression of the repressed effect and provides a therapeutic community for social support.

Prevention of alcoholism may be primary, secondary or tertiary (Gail & Peter, 1986).

Primary prevention is targeted at potential alcoholics and seeks to prevent them from getting there. This is where prevention programs come in. Secondary prevention is about helping alcoholics to revert back to non-alcoholics. It is also about preventing or limiting the development of complications in alcohol abusers. Tertiary prevention is damage control aimed at preventing further damage to the patient, the family and the community. It also prevents the spread of harm to other people who are not yet affected but are likely to be affected in future. Successful treatment and rehabilitation is also likely to encourage others to seek help once they realize it's a treatable condition.

However, besides implementing the mentioned interventions in curbing alcohol menace, the bottom line remains with the society. The problem of alcoholism needs to be treated as societal problem (Donatus, 2011). The social institutions need to instill morals and ethical values and practices in the youths to avert the drinking culture among the youths. Support systems should be put in place to reduce stressors that are likely to lead people to alcoholism. The relevant institutions need to involve all stakeholders in every step towards alcohol management since it a problem we all need to address.

#### 4. Conclusion

Alcoholism has now become a family disease. The condition has no boundary as anyone can be a victim regardless of their age, education background, income level, social, or ethnic group. The far reaching effects of alcohol abuse range from health effects, socio-economic effects, and psychological effects among other effects. A strong cultural bond and attitude change need to be developed in various social institutions, ethnic groups with regard to use and treatment of alcohol. Therefore, the government needs to put in place adequate interventions to address the problem of alcohol abuse in Kenya. There is also a need to conduct further empirical studies on the strategies that can be adopted to address perennial problem of alcohol abuse in Kenya, especially among the youth.

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