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Influence of Stakeholder's Engagement on Implementation of Drug and Alcohol Abuse Policy: A Case Study of Langas Estate Uasin Gishu County

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Abstract

Purpose: The purpose of the research study was to ascertain how the involvement of stakeholders affects the decline in substance abuse in Langas Estate. Specifically, the study was anchored on the following objectives; Public awareness, Capacity building and Policy implementation.

Methodology: The researcher adopted a simple random sampling approach who were to help present primary data. Primary data was gathered using surveys with closed ended questions, with focus being on Langas Estate, comprising youth and adults. Google forms were used as the primary data collection tool, with respondents receiving a link to the form, filling and submitting the completed forms. Microsoft Excel was used to code, tabulate, and analyze correctly completed surveys forms. To get a representative sample, a 5% margin of error and 90% confidence level and a 30% proportion was used. The calculated sample size was 229 respondents. Descriptive statistics included means, standard deviation, frequency and percentages. Data was presented in form of tables and graphs. Correlation and regression analysis were used to explore the strength between the independent and dependent variables.

Findings: The findings showed limited awareness of drug policies and education efforts based on low mean scores, reflecting gaps in the Belief System Model. Respondents disagreed that capacity building by entities like Nyumba Kumi is adequate, aligning with Family Systems Theory. Sentiment indicated ineffective policy implementation, tying to Problem Behavior Theory. The analysis reveals deficits in awareness, capacity building and policy implementation that likely perpetuate drug abuse, validating the study's theoretical framework. The study recommends stakeholders strengthen awareness campaigns, increase community empowerment programs, improve policy enforcement and funding support.

Unique contribution to theory, practice and policy: The study identifies the gaps that lie between policy implementation, drugs and substance abuse awareness campaign. It shows that the stakeholders are not doing enough to help curb the menace. There are still gaps to be filled especially in awareness campaign, capacity building and policy implementation. It this calls for the full engagement of national government, county government, chief, Nyumba Kumi initiative and NACADA to play their roles effectively in enforcement of the stated policies.

Keywords: Stakeholders, Illicit Brews, Addiction, Drug





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1.0 INTRODUCTION

The study's background, issue description, and specific and broad goals were highlighted in the research. This chapter goes through the reason, scope of the research, and study limitations.

1.1 Background to the Study

From a global perspective, the UN Office on Drugs and Crime (UNODC) World Drug Report for 2022 revealed that approximately 284 million individuals between the ages of 25 and 64 worldwide used drugs in 2020. This data suggests a concerning trend: more young people are engaging in drug use compared to previous generations (UNODC 2022).

In the African Region, the WHO/UNDCP Global project is supporting countries like the Republic of South Africa, Tanzania, and Zambia in developing and implementing evidence-based substance abuse prevention programs. However, healthcare experts point out that many African nations lack sufficient preventive services, particularly during initial contact. This deficiency is attributed to a shortage of educated staff, limited knowledge about effective prevention techniques, and the absence of successful programs that can be adopted (Mupara et al., 2022).

On a national scale, Kenya grapples with drug-related issues, mirroring challenges faced by other nations internationally. In Kenya, "substance abuse" encompasses a wide range of dependence-forming substances, including alcohol, prescription drugs, and illegal substances like cannabis, cocaine, and heroin (National Drug Masterplan 2013).

At the local level, Uasin Gishu County has not been immune to the problem of drug and substance abuse. Factors such as the influence of Gengetone music, poverty, and the prevalence of numerous drinking establishments have contributed to this issue (Koech, 2021). According to a report by The Star Newspaper, more than half of Uasin Gishu residents are involved in alcohol abuse, and as of 2023, there were over 1400 producers of illicit brews (Ndanyi, 2023). Despite the high number of substance abusers, there is a severe shortage of care facilities in the county. Jaguga et al. (2022) noted in their paper that the county lacks its own substance use treatment facility, resulting in a low bed-to-patient ratio of 174 beds for a population of 1.1 million.

Drug addiction, often referred to as substance abuse, is a medical condition that profoundly affects an individual's brain and behavior, rendering them incapable of regulating their consumption of prescribed or illicit drugs. According to NACADA, the most commonly misused substances in Kenya include alcohol, cigarettes, bhang, and miraa (khat). A recent NACADA survey highlights that 23.3% of Kenyans abuse at least one substance. Despite increased efforts to disseminate information about the adverse effects of drug and alcohol use, substance abuse remains a persistent issue. NACADA's primary objective is to spearhead a multi-sectoral campaign aimed at disseminating critical information about substance abuse and related harm prevention, management, and mitigation in Kenya. The organization is responsible for policy development and execution, research collaboration, and the expansion of the national substance abuse archive.

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Despite initiatives by NACADA and other organizations, substance addiction continues to rise, with over 30% of students using various drugs. It is crucial to understand stakeholders' perceptions of substance misuse and how these perceptions influence their actions regarding abuse prevention. Gaining insight into their perspectives is vital for crafting effective strategies to combat this problem and reduce substance abuse levels among Langas estate residents.

1.2 Statement of the Problem

The persistent and escalating issue of drug and alcohol misuse in Kenya presents a substantial challenge to individual well-being and the nation's overall progress. According to data from the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA), Uasin Gishu County, situated in Eldoret within the Rift Valley region, faces a particularly severe problem. When comparing drug use rates across various provinces, it becomes evident that Uasin Gishu County stands out with alarmingly high prevalence rates. While some provinces, such as Northern Eastern (0%) and Western (6.8%), exhibit relatively lower drug use prevalence (Nacada, 2017). Uasin Gishu county, in contrast, reports a significantly higher rate of drug misuse. Specifically, in Uasin Gishu County, the prevalence of drug abuse has reached a staggering 20%, far surpassing the national average (Jaguga et al., 2022). This alarming statistic underscores the urgent need for a comprehensive examination of the factors

2.0. LITERATURE REVIEW

2.1. Theoretical Framework

2.1.1. Family System Theory

Originally developed by Murray Bowen, Family System Theory presents a comprehensive framework for understanding family dynamics and their influence on individual behaviors, with particular relevance to drug and alcohol abuse (B. Johnson & Ray, 2016; Suppes, 2022). Key concepts include emotional fusion, self-differentiation, triangles, intergenerational transmission of behaviors, and the perpetuation of addictive behaviors through repeated family transactions (B. Johnson & Ray, 2016; Calatrava et al., 2022). Bowen emphasized the enmeshed nature of family systems and the challenges this poses for individual autonomy (Suppes, 2022). His theory extends to various aspects of family life including couple conflicts, symptoms in children, emotional cutoffs, and sibling positions (B. Johnson & Ray, 2016). Within the context of substance abuse, Family System Theory highlights how families may inadvertently enable addictive behaviors through acceptance or ineffective parenting (B. Johnson & Ray, 2016). It underscores the need for interventions aimed at disrupting dysfunctional family patterns and replacing them with healthier alternatives to break the cycle of addiction (Calatrava et al., 2022).

2.1.2. Belief System Model

The Belief System Model examines the fundamental role of belief systems in shaping human behavior and societal structures, with a focus on their influence on policy processes (Usó-

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Doménech & Nescolarde-Selva, 2016). Developed by Paul Sabatier, this model posits that shared beliefs align interest groups into advocacy coalitions that can lead to significant policy changes (Usó-Doménech & Nescolarde-Selva, 2016). It identifies deep core beliefs on morality, near-core policy preferences, and secondary beliefs on implementation (Usó-Doménech & Nescolarde-Selva, 2016). The model underscores how belief systems serve as the "glue of politics," underpinning decision-making and policy outcomes (Usó-Doménech & Nescolarde-Selva, 2016). In essence, it provides a robust theoretical foundation for comprehending the intricate interplay between belief systems and policy processes, shedding light on how shared convictions shape the trajectory of policies. This makes it a valuable framework for understanding the role of belief systems in formulating and implementing drug and alcohol abuse policies.

2.1.3. Problem Behavior Theory

Rooted in social psychology, Problem Behavior Theory offers a comprehensive framework examining problem behaviors like drug use within a broader societal context (Jessor et al., 2017). It recognizes the interplay between personality, environment, and behavior in creating a "problem behavior proneness" state (Jessor et al., 2017). The theory posits that cognitive constructs like values, beliefs, expectations, and attitudes significantly contribute to personality formation and connect to environmental factors, shaping individual behavior (Jessor et al., 2017). It underscores the logical alignments between personality and environment and how these drive the manifestation and evolution of behaviors like substance abuse (Jessor et al., 2017). Problem Behavior Theory highlights how cognitive constructs are shaped by social experiences, forming personalities and extending to environments to influence others' behaviors (Jessor et al., 2017). By providing a holistic perspective on the factors contributing to problem behaviors, this theory underscores the need for multi-dimensional interventions addressing the intricate connections between personality, environment, and drug use.

2.2. Empirical Literature Review

2.2.1. Public Awareness

Public awareness plays a pivotal role in successfully implementing drug and alcohol addiction policies by garnering public support and catalyzing behavioral change (Kendler et al., 2018). A multifaceted awareness approach is required, including media campaigns, educational programs, interpersonal communication, and alternative therapies (Glei & Preston, 2020; Guerrero et al., 2020). Media campaigns utilize television, radio, social media and print to deliver compelling messages about the risks of substance abuse (Glei & Preston, 2020). Educational programs not only inform about harms, but also build skills to resist societal pressures and promote self-awareness (Kendler et al., 2018). Alternative therapies provide healthy outlets like outdoor adventures and community service to reduce substance abuse (Glei & Preston, 2020). Intervention programs target high-risk individuals, offering counseling and crisis support (Guerrero et al., 2020). With diverse stakeholders involved, a well-funded, multifaceted approach is essential

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(Kendler et al., 2018). Campaigns must harness every communication avenue to deliver a sustained, compelling message and mobilize communities against substance abuse. Ultimately, public awareness aims to educate, inform and mobilize the public through diverse initiatives (Glei & Preston, 2020; Guerrero et al., 2020; Kendler et al., 2018). Effective implementation requires recognizing the range of available mediums and tailoring the message and modes of delivery to resonate across demographics. A coordinated, multi-channeled public awareness campaign can equip communities to combat substance abuse collectively.

2.2.2. Capacity Building

Capacity building encompasses institutional development, inter-agency collaboration, and community engagement, which are crucial for advancing drug and alcohol addiction policy objectives (Barry & Jenkins, 2007). Institutional development involves strengthening organizational capabilities through enhancing professional knowledge and skills, building partnerships, developing leadership, and garnering public support (Barry & Jenkins, 2007). Interagency collaboration promotes cooperation across agencies, groups and communities beyond just the health sector, coordinating governmental and community-driven efforts (Barry & Jenkins, 2007). Community engagement empowers citizens and populations to actively participate in prevention, recognizing the vital role of education, social services, justice and media (Barry & Jenkins, 2007). This inclusive approach broadens the impact of capacity building across influential sectors. Community involvement extends to proactive community policing where citizens and officers collaborate to address drug-related issues, enabled by officers' higher education levels (Murray, 2005). In summary, multifaceted capacity building addresses diverse stakeholder needs by emphasizing partnerships, knowledge sharing and community-driven initiatives across sectors to comprehensively combat substance abuse.

2.2.3. Policy Implementation

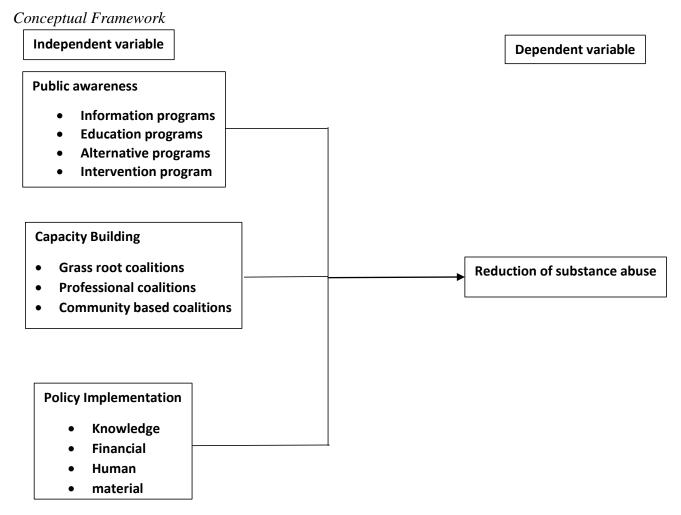
Policy implementation is fundamental for linking policy formulation to desired outcomes in addressing substance abuse (Olaniyi, 2019; Stensaker, 2020). It requires meticulous planning, resource allocation, communication and stakeholder engagement. Alignment between policy intent, resource allocation and concrete actions is essential for effective execution (Stensaker, 2020). This involves coordinating efforts across agencies, organizations and communities to achieve policy objectives. Public administrators play a key role in implementing policies approved by authorities, as mandated in the Kenyan Constitution regarding drug and alcohol abuse laws (The Alcoholic Drinks Control Act, 2010). Successful implementation entails marshaling resources, managing performance, and communicating desired outcomes (Stensaker, 2020). Policies are often broken into actionable programs with detailed plans, allocated resources, and progress metrics. Considering feasibility and standardized procedures promotes rather than hinders implementation (Olaniyi, 2019). In essence, implementation bridges policy formulation and outcomes by translating policies into tangible actions aligned with overarching objectives. Careful



planning and coordination across stakeholders ensures effective execution so that drug and alcohol addiction policies achieve their intended impact.

2.3. Conceptual Framework

Figure 1



Source: Author, 2023

2.4. Research Gap

While several studies have explored substance abuse, including Ndetei (2004), a comprehensive study specifically focusing on stakeholders' engagement in the implementation of drug and alcohol abuse policies remains lacking. This research aims to address this knowledge gap by investigating how public awareness, capacity building, and policy implementation collectively influence the reduction of substance abuse in Langas Estate, Uasin Gishu County.



3.0. RESEARCH METHODOLOGY AND DESIGN

3.1. Research Methodology

The respondents were chosen using random sampling strategy. Primary data was mostly used and gathered using surveys with closed ended questions.

3.2. Research Design

The research took a descriptive survey technique due to benefits like the inability to control variables and the Capacity to define what will happen.

3.3. Location of the Study

The study was conducted in Langas Estate in Uasin Gishu County, Kenya's Rift Valley.

3.4. The Study's Population

Langas approximate population is north of 100000 residents (infotrakresearch.com). A 5% margin of error, 90% confidence level and a 30% proportion was used. The calculated sample size was 229 respondents. The researcher successfully reached out to 200 respondents for the formal data collection.

The applicable formula is;

$$CI = \hat{p} \pm z \times \sqrt{\frac{p(1-p)}{n}}$$

Where:

Z		is	Z	score
p ̂	is	the	population	proportion
n		are	sample	size

3.5. Sampling Technique and Sample Size

Convenience non-probability sampling was used to do the research. Simple random sampling method was also used. The goal was to interview a sample of approximately 229 residents from Langas estate.

3.6. Data Collection Instruments

The respondents were provided with google forms questionnaires composed of closed-ended questions. To counter illiteracy, the researcher transcribed and verbal responses.

3.7. Pilot Study

Twelve respondents participated in data collection. The twelve respondents were excluded from the final sample population.



3.7.1. Validity of Research Instrument

A pilot test on twelve people from the target group was done to see if they can comprehend the surveys to ensure their validity. Pretesting revealed the errors and enhanced the responses.

3.7.2. Reliability of the Instrument

To determine the reliability of the results, Cronbach alpha figures were calculated for public awareness, capacity building and policy implementation using Microsoft excel. The desired alpha figures were $\alpha \ge 0.7$.

3.8. Data Collection Procedures

The researcher created a google form where the questionnaire were placed. Once ideal respondents were identified, the link was shared from where they filled in the questionnaire. For the illiterate individuals, the researcher read out the questions to them and transcribed the responses to google forms.

3.9. Data Analysis and Processing

The filled in form were downloaded from google forms in excel format. The data was analyzed through excel and presented via tables, graphs and charts.

3.10. Ethical Considerations

Informed consent was the basis of the entire research. The consent form provided in the appendix informed the respondents on what was expected.

4.1 DATA ANALYSIS AND PRESENTATION

The chapter presents the collected data from the research. The researcher approached 229 respondents and got feedback from 200 respondents. After cleaning and sorting of the data, 8 respondents were excluded due to incomplete fillings. Further, the researcher excluded the twelve individuals who took part in the sampling. In total, 192 responses were used for data analysis, attaining a 87% response rate, indicating success in the data collection process. Fincham, (2008) notes that a response rate higher than 80% is ideal as it offers a higher positive impact on the quality of the data.

4.2 Gender of Respondents

Gender	Responses	Percentage
Male	120	62.5%
Female	72	37.5%
Total	192	100%



Table 1: The Gender of Respondents (Author; 2023)

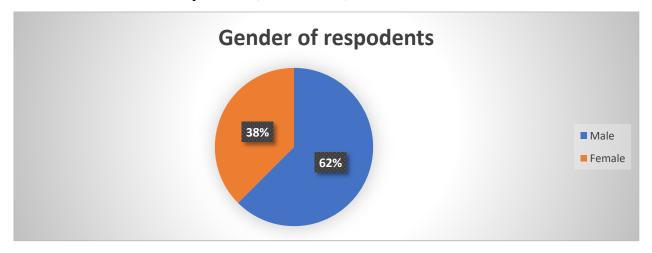


Figure 1: Gender of the respondents (Author; 2023)

From the table and chart 2, the majority of the respondents were male at 61% and 39% females. The information represents the respondents from Langas area, Uasin Gishu.

4.2.1 Gender and ADA Awareness

Regression Statistics				
Multiple R	0.064775028			
R Square	0.004195804			
Adjusted R Square	-0.001045271			
Standard Error	0.485642216			
Observations	192			

Table 2: Gender and ADA regression

The Multiple R value of 0.0647 in the table indicates that the relationship between the independent and dependent variables in the model is weak. The R square value of 0.004195 in the table indicates that the independent variables in the model explain very little of the variance in the dependent variable.

ANOVA					
	df	SS	MS	F	Significance F
Regression	1	0.18881119	0.188811	0.800562	0.372057502
Residual	190	44.8111888	0.235848		
Total	191	45			

Table 3: Anova summary of Gender and ADA policies.



The F-statistic of 0.800562 and a p-value of 0.3721 indicate that the regression model is not statistically significant. This means that there is not enough evidence to conclude that the independent variable(s) in the model have a significant effect on the dependent variable.

4.3 Education level of the Respondents

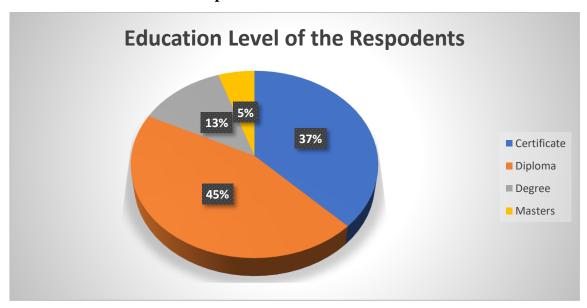


Figure 2: education level of the respondent's representation (Author; 2023)

The chart shows the education level of the respondents. From it, we depict that majority of the respondents have a diploma as the highest qualification level at 45%, Certificate holders represent 37% of the respondents 13% are bachelor holders while 5% have a master's certificate.

4.3.1. Education Level and ADA awareness

Regression Statistics				
Multiple R	0.0021018			
R Square	4.4176E-06			
Adjusted R Square	-0.0052587			
Standard Error	0.83324377			
Observations	192			

Table 4; Education level and ADA regression

The table indicates R-squared: 0.004417 and an Adjusted R-squared: -0.005258. Based on these figures, the model is not a good fit for the data. The R-squared value is very low, which indicates that the model explains very little of the variation in the dependent variable. Thus, education level explain little on the drug awareness campaigns



ANOVA					
	df	SS	MS	F	Significance F
Regression	1	0.000583	0.000583	0.000839	0.976917819
Residual	190	131.9161	0.694295		
Total	191	131.9167			

Table 5: Education level and ADA Anova

The ANOVA F-statistic of 0.800562 and a p-value of 0.9769 indicate that the regression model is not statistically significant. This means that there is not enough evidence to conclude that the independent variable(s) in the model have a significant effect on the dependent variable. The ANOVA results suggest that the model is not a good fit for the data. The independent variable(s) in the model do not have a statistically significant effect on the dependent variable.

4.4 Age Category of the Respondents

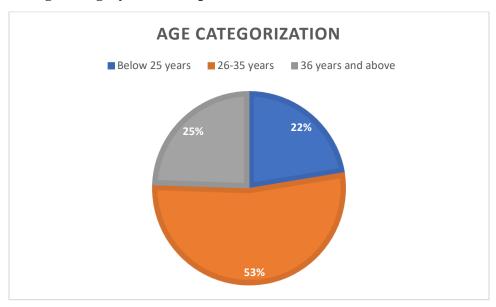


Figure 3: A representation of the age categorization of the respondents (Author; 2023)

The chart and table show the age categorization of the respondents. From it, most of the people who responded to the questionnaire were aged between 26-35 years, this represented 53% of all respondents reached. Individuals aged 36 years and above represent 22% while those aged 25 and below were 25% of the sample.



4.5 Years of Work Experience

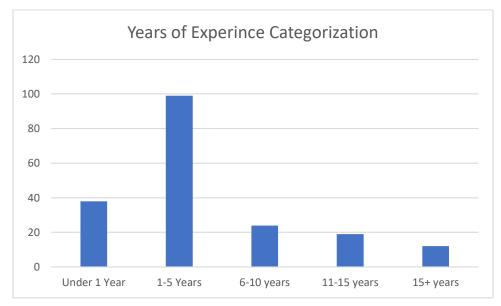


Figure 4: Years of work experience categorization (Author; 2023)

The chart and table shows the number of years that the respondents hold, in this case, 52% of the respondents have at least 1-5 years of experience, and they represent the majority of the respondents. Individuals with under 1 year of experience are at 20%. The respondents with 6-10 years of experience are at 13%, 11-15 years at 10% while 15 years or more are at 6%. This aligns with UNODC where youths are the majority affected by drug and substance abuse, forming the biggest part of the respondent (UNODC 2022).

4.6 Public Awareness on drug Related Policies

	Do the residents know Alcohol and Drug Abuse (ADA) policies?	Do your local administrative officials have information such as data/newsletter/booklets that can educate residents on the dangers of drug and alcohol abuse?	To what extent have social interactions increased awareness of substance abuse among the residents?	Has the NACADA awareness campaign program been done in the estate	
Mean	1.255208333	2.09375	2.161458333	1.130208333	
Standard Error	0.031546279	0.075368586	0.080220232	0.028479881	
Median	1	2	2	1	
Mode	1	2	2	1	
Standard Deviation	0.437118071	1.044337762	1.111564135	0.394628805	
Sample Variance	0.191072208	1.090641361	1.235574825	0.155731894	
Kurtosis	-0.726673541	1.096995086	0.382078007	17.34579842	
Skewness	1.131815121	1.120638836	0.947190267	3.698134672	
Range	1	4	4	3	
Minimum	1	1	1	1	
Maximum	2	5	5	2	
Sum	241	402	415	217	
Count	192	192	192	192	

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Table 6: Public awareness creation on drug related policies (Author; 2023)

The researcher focused on four fonts, the first area questioned whether the residents knew of any drug abuse policies, with expected responses being either a yes (2) or no (1). The mean score was 1.25, with one being the mode. The mean indicates that most of the respondents are not aware of any ADA policies. The second question focused on whether local administrators have information to educate residents. On a Likert scale, 5 indicates strongly agree while 1 indicates strongly disagree. A high number of the respondents held the opinion that there were no efforts to create awareness, with a mean of 2.09 and a standard deviation of 1.04. The data is based off a Likert scale, where 5 indicates a strong affirmation, while 1 indicates no affirmation to the question. The responses to social interactions indicate that majority of the respondents feel that social interactions play a little role in reducing the extent of drug abuse. The mean score was 2.16 with a standard deviation of 1.11. Lastly, the question of whether awareness campaigns are done in the estates indicates that little is being done. The expected responses were either a yes (2) or no (1). The mean was 1.13 and a standard deviation of 0.39, indicating little was being done to create awareness.

4.7 Capacity building on drug Policies

	Has Community	Non-Governmental	Have Churches in Langas	Is the chief actively
	Policing/Nyumbakumi	Organizations (NGOs) have	Estate involved	involved in sensitizing the
	initiative been fighting the	extended their social	themselves in reducing	residents to the harmful
	war against substance abuse	responsibility to reduce	drug and alcohol addiction	habit of drug abuse?
	in the estate	substance abuse.	among the residents	
Mean	2.289473684	2.328125	1.359375	2.385416667
Standard Error	0.075570594	0.080953383	0.034718359	0.077362297
Median	2	2	1	2
Mode	2	2	1	2
Standard Deviation	1.041668755	1.121722976	0.481071693	1.071963425
Sample Variance	1.085073796	1.258262435	0.231429974	1.149105585
Kurtosis	0.194096029	-0.00296942	-1.66846148	0.085388484
Skewness	0.758348444	0.763359517	0.590786218	0.675340904
Range	4	4	1	4
Minimum	1	1	1	1
Maximum	5	5	2	5
Sum	435	447	261	458
Count	190	192	192	192

Table 7: Table on capacity building

Capacity building on drug policies was examined on four fonts, the question on whether there has been community efforts in fighting substance abuse in the estate came first. Examined on a 5 level Likert scale, with 1 being strongly disagree and 5 being strongly agree. The results indicate a mean of 2.29, with an SD of 1.04, and a mode of 2. This shows that majority of the people feel that the government has not being doing enough to scale up the fight against drug abuse. The question on non-governmental organizations, and their efforts in reducing substance abuse was set. The average response was 2.33 and an SD of 1.12. This are the results got on a 5 tier Likert scale, with 1 being strongly disagree and 5 being strongly agree, 2 was the mode and a skewness of 0.7633,

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indicating that most data points are smaller than the mean. Have the churches in Langas taken part in lowering the drug and alcohol addiction? On a yes (2) or no (1) scale, majority of the respondents (Mode 1) responded with a no, bringing a mean of 1.36 and a skewness of 0.591, meaning that distribution is slightly skewed to the right. Lastly, question on the role of the chief was also raised. On a Likert scale, the respondents picked a figure, with 1 being strongly disagree and 5 being strongly agree. The mean score was a 2.39, a mode of 2 and a skewness of 0.675.

Capacity building aligns with the problem behavior theory, where the essence of the environment, personality and behavior impact on the drug use possibility. The literature shows that capacity building efforts are not in place to help control the risk of drug and substance use. Furthermore, the lack of a strong society shows that there is little social control, and subsequently, little capacity to counter drug use. Aligning with Burris et al (2020) findings on the need for integrated policies.

4.8 Policy Implementation

	Has Nacada Presence in the region improved the knowledge gap and reduced the number of substance abusers	Does the Public Administration regularly patrol the estate to prevent substance abuse?	Has the county government supported the residents financially in fighting drug abuse in the estate	Do the Rehabilitation centers have enough drugs to help drug abusers be reformed
Mean	2.026041667	1.322916667	2.345549738	1.182291667
Standard Error	0.084342136	0.033833709	0.082532544	0.02793611
Median	2	1	. 2	1
Mode	1	1	2	1
Standard Deviation	1.168678924	0.468813623	1.140622446	0.387094099
Sample Variance	1.365810428	0.219786213	1.301019565	0.149841841
Kurtosis	0.926729721	-1.432241646	-0.081403554	0.759363741
Skewness	1.261583046	0.763405156	0.73069693	1.658783395
Range	4	1	4	1
Minimum	1	1	. 1	1
Maximum	5	2	5	2
Sum	389	254	448	227
Count	192	192	191	192

Table 8: Table on policy implementation

Policy implementation was also under review, four items were examined under it, the first one being whether Nacada presence in the region has played any role in the in improving the knowledge gap and number of substance abuse. The results were examined on a Likert scale ranging from 1-5, with one being strongly disagree and five being strongly agree. The mean score was 2.03, with a standard deviation of 1.17. The mode was one, showing that most people strongly disagree with the notion that Nacada has played a role, the calculated skewness was 1.26. The second question was on whether public administration regularly patrols the estate to prevent substance abuse. The required responses were a yes (2) and no (1). A mean of 1.32 was recorded with the mode and median being 1. The standard deviation of 0.047 and skewness of 0.7634 were recorded. Most respondent thought that the county government has not supported residents in the fight against drug abuse in the estate, with a mean of 2.34 being recorded on a 5 tier Likert scale.

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The mode and median for the query were a 2, with a skewness of 0.731. Lastly, the question on whether rehabilitation centers have enough drugs was raised, with a 1 representing a no, and 2 representing a yes. A mean of 1.18 was recorded with a standard deviation of 0.3871. The mode and median were a 1, and a calculated skewness of 1.6587.

The findings indicate that NACADA, police patrols, role of county government and use of rehabilitation centers have not been effective in combating the abuse of drugs and substances in Uasin Gishu. Specifically, the implementation of the necessary policies isn't effective enough to warrant a reduction in the number of drug related incidences. Showing that a gap exist as stated by Stensaker (2020).

4.9 Reliability of Results

4.9.1 Public Awareness Reliability

ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Rows	295.9149	191	1.949293	3.126091	1.63E-21	1.224392
Columns	148.0139	2	74.00694	149.3278	1.22E-48	3.019349
Error	189.3194	382	0.395601			
Total	633.2483	575				
		Cronbach				
		alpha	0.797054			

Table 9; Public awareness Cronbach alpha calculation

4.9.2 Capacity Building

ANOVA						
ce of Varia	SS	df	MS	F	P-value	F crit
Rows	330.9931	191	1.732948	3.826125	3.98E-29	1.224392
Columns	127.6493	2	63.82465	140.9166	1.45E-46	3.019349
Error	173.0174	382	0.452925			
Total	631.6597	575				
		Cronbach				
		Alpha	0.738639			



Table 10; Capacity building Cronbach Alpha Calculation

4.9.3 Policy Implementation

ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	9.690104	1	9.690104	7.284039	0.007266	3.865917
Within Groups	508.1823	382	1.33032			
Total	517.8724	383				
		Cronbach				
		Alpha	0.862714			

Table 11: Policy Implementation Cronbach Alpha Calculations

The reliability test on the three metrics, i.e., public awareness, capacity building and policy implementation are α >0.7. Meaning they are good enough and can be replicated in a similar study. The reliability score was good for further summary and analysis. In a nutshell the reliability test affirms the theoretical literature on problem behavior theory, belief system model and family system theory. The lack of strong family institutions, negativity in beliefs associated with low income neighborhoods and low behavior standards common in less affluent areas collaborate with the theory.

4.6 Summary of Data Analysis

4.6.1 Personal Information

The collection of personal information formed the basis on which the researcher understood the population that they were focusing on. The researcher successfully reached out to more than 250 respondents, out of whom 200 affirmed the call and filled the questionnaire. Eight of the respondents were eliminated from the final tally due to data incompleteness, the researcher worked with 192 respondents. The 96% response rate is deemed adequate, and offers essential insight for data analysis. The majority of the respondents were male at 62% and 38% females. The information represents the respondents from Langas area, Uasin Gishu.

The education part shows that most respondents hold a diploma, with the diploma holders leading at 45%, certificate holders at 37%, 13% are bachelor holders while 5% have a master's certificate. Age wise, majority of the respondents are aged 26-35 years, representing majority of the respondents at 53%, individuals aged 36 years or more represent 25% while those aged 25 years and below represent 22% of the population. Experience wise, 52% of the respondents have between 1-5 years of work experience. Individuals with under 1 year of experience are at 20%. The respondents with 6-10 years of experience are at 13%, 11-15 years at 10% while 15 years or more are at 6%.

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4.6.2 Awareness on Drug Policies Summary

The analysis shows limited awareness of drug policies among residents, with a mean score of 1.25 out of 2 and mode of 1 when asked directly about policy knowledge as depicted in table 9. Most respondents felt local administrators do not sufficiently educate on drug dangers, with a mean of 2.09 out of 5 on the Likert scale where 1 is strongly disagrees and 5 strongly agrees as shown in Figure 9. On education efforts to the masses, the mode was 1, indicating most strongly disagree with sufficient education efforts currently. Similarly, social interactions were seen as playing a limited role in raising drug awareness with a mean of 2.16 as illustrated in Figure 9. On NACADA's awareness campaigns, the mean response was 1.13 out of 2 showing minimal outreach as per Figure 9.

To ensure reliability of the data, Cronbach alpha was determined, The Cronbach's alpha for the awareness measures was 0.7971 indicating good internal reliability. The data indicates significant room for improvement in raising public awareness through appropriate education materials, social engagement, and targeted campaigns by both local leaders and agencies like NACADA.

4.6.3 Capacity Building

The assessment of capacity building efforts in combating drug abuse also shows a need for improvement. On community initiatives by Nyumba Kumi, the mean response was 2.29 on a 5-point Likert scale indicating disagreement that enough is being done currently as shown in table 10. The role of NGOs was also seen as limited with a mean of 2.33 as illustrated in table 10. In terms of church engagement, the mode response was 1 out of 2, disagreeing that churches are actively involved as per table 10. Respondents felt chiefs are not sufficiently sensitizing people to drug dangers, with a mean of 2.39 as evidenced in table 10. The Cronbach's alpha of 0.7386 as shown on table 14 confirms good reliability of the capacity measures. Overall, citizens perceive major gaps via community structures, NGOs, religious institutions and local leaders. There appears minimal multi-stakeholder involvement and initiatives to empower the public to counter the drug problem based on the data.

4.6.4 Policy Implementation

Regarding policy implementation, NACADA's presence was not seen as impactful in improving knowledge and reducing drug abuse, with a mean of 2.03 disagreeing with their role as shown in table 14. Most respondents (mode=1) said public administrators do not regularly patrol to curb drugs as illustrated in table 14. There was also disagreement (mean of 2.34) with the statement that the county government has supported the fight against drugs. Rehabilitation centers were seen as lacking adequate resources by most (mean of 1.18). Cronbach's alpha was 0.8627, indicating reliable measures. Overall, the sentiment indicates ineffective policy implementation by agencies like NACADA, lack of enforcement efforts by public administrators, and insufficient government support - pointing to a need for more oversight, enforcement and funding. The survey reveals

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perceived deficits in execution of policies around awareness creation, deterrence and rehabilitation.

5.0 FINDINGS, CONCLUSION AND RECOMENDATIONS

The study aimed to determine how stakeholders' involvement decreases substance addiction in Langas Estate, Kenya. The objectives were to identify stakeholders' role in substance abuse awareness, establish their involvement in community policing to reduce abuse, assess implementation of abuse policies, and make policy recommendations. The research questions focused on stakeholders' roles in awareness, their extent of reducing abuse through policing, impact of policy implementation, and appropriate interventions. The theoretical framework included Family Systems Theory which views addiction as a family interaction pattern, the Belief System Model where values shape actions, and Problem Behavior Theory linking personality, environment and behavior as factors.

The findings showed limited awareness of drug policies and education efforts based on low mean scores, reflecting gaps in the Belief System Model. Respondents disagreed that capacity building by entities like Nyumba Kumi is adequate, aligning with Family Systems Theory. Sentiment indicated ineffective policy implementation, tying to Problem Behavior Theory.

5.1 Theoretical Framework and Findings

Family Systems Theory views addiction as a pattern of dysfunctional family interactions that reinforce problematic behaviors. The findings validated this by showing gaps in capacity building efforts by family and community structures like Nyumba Kumi and religious institutions that could have helped counter destructive addiction patterns. The mean scores of 2.29 for Nyumba Kumi and 1.36 for church engagement indicated lack of involvement by these societal units that are crucial touchpoints for families. Considering that Langas is a low income neighborhood, the family structure is broken down and the societal units that hold families together have little to play. This aligns with Family Systems Theory's view that robust local relationships are needed to break unhealthy family dynamics around substance abuse.

The Belief System Model highlights that individual and group values shape actions and policy decisions. The limited awareness around drug policies shown by the low mean score of 1.25 validated this theory - lack of awareness correlates with poor social beliefs around the acceptability of drug use. The data reflected that awareness creation efforts by leaders to shape healthy antidrug beliefs are currently inadequate, evidenced by the mean score of 2.09 for administrator education initiatives. This ties to the Belief System Model's emphasis that shaping mindsets and beliefs is key to address social issues like addiction.

Problem Behavior Theory associate's substance abuse with personality, environment and behavior. The perceived lack of policy implementation seen in the low mean scores for NACADA's impact, administrator enforcement and county government support aligned with this

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theory. The sentiment indicated that policies failed to positively alter addictive behaviors by shaping personalities and environments. Problem Behavior Theory advocates integrated policy interventions, but the findings point to ineffective current efforts on awareness, deterrence and rehabilitation policies that could modify behaviors and conditions.

In essence, the study validated that gaps exist in applying these theoretical frameworks effectively. Though Family Systems, Belief Models and Behavioral Theories offer value individually, an integrated approach drawing from each is needed. Enhanced efforts are required at family, individual, and policy levels to positively reshape addictive behaviors, beliefs, and environments. The findings aligned with the theories' principles, but highlighted the inability to translate these into practice currently. Tighter integration of awareness programs, community partnerships, and policy execution guided by these frameworks is required to achieve real-world impact.

5.2 Conclusion

The analysis reveals deficits in awareness, capacity building and policy implementation that likely perpetuate drug abuse, validating the study's theoretical framework. Stakeholders are currently unable to positively influence abuse through awareness, community policing and policy execution as envisioned by the theories. A concerted, multi-pronged effort is required to address these gaps using both bottom-up and top-down measures to alter behaviors and environments as highlighted in the frameworks. While the theoretical constructs were validated, their practical application is currently inadequate.

5.3 Recommendations

The study recommends stakeholders strengthen awareness campaigns, increase community empowerment programs, improve policy enforcement and funding support. The county government should increase engagement, oversight and rehabilitation support. Drug prevention should integrate personality, family and community-level interventions per the theories. Education, family counseling and community partnerships can help alter destructive behaviors. Further research can explore nuances in local engagement models, impact of rehabilitation programs, and beneficiaries' perspectives.

In summary, while there are gaps in the administration efforts, family system and community in combatting the drug menace. There are other areas that can be studied to help make the efforts more effective.

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